

The use of bioresonance diagnostics and therapy in men with chronic inflammatory diseases of the accessory glands

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The urgency of the problem

In domestic and foreign literature, the issue of the role of urogenital infections (UTI) in the development of inflammatory processes in the genitals in men is sharply discussed. This is due to the difficulties in diagnosing and treating some of them (viruses, Trichomonas, chlamydia), inaccessibility by the classical cultural research method. Difficulties are also caused by the pronounced adaptive variability of the causative agents of these diseases with the formed drug resistance. All this taken together creates the preconditions for the impossibility of reliably judging the effectiveness of the therapy used.

With the introduction of bioresonance diagnostics (BRD) and resonance homeopathy (RG) into medical practice, prospects have opened up to take a fresh look at the essence of the body's functioning during the infectious process, as an integral self-regulating system, to fully assess the effectiveness of the therapy.

The purpose of the present study was a comparative study of the diagnostic and control capabilities of the BRD using the "MINI-EXPERT-DT" apparatus of the "IMEDIS" company with basic and supplementary functions and traditional immunomicrobiological methods, as well as the assessment of the effectiveness of the treatment of chronic inflammatory diseases of the genital glands of various etiologies using traditional methods using resonance frequency therapy (RFT) and resonant homeopathy (RG) from the module "Medication SELECTOR" "IMEDIS".

Materials and methods

142 sick men were under observation. The most frequent clinical forms of diseases in them were chronic prostatitis (48 people), prostate vesiculitis (32 people), urethroprostatitis (37 people) and orchiepididymitis (25 people). The average age of patients ranged from 25 to 45 years, the duration of the disease ranged from several months to 10-15 years. Many of them in the past were previously treated repeatedly and unsuccessfully.

In the diagnosis of UGI, all available laboratory research methods and the multiresonance method were used to identify etiologically significant pathogens. The patients were tested for the presence of 13 types and groups of microorganisms - potential pathogens of UGI. These included chlamydia, mycoplasma, ureaplasma, Trichomonas, neisseria, gardnerella, escherichia, cocci, anaerobes and unidentified bacteria, candida, HSV types I and II, CMV, Coxsackie virus.

During the study, associated forms of IGO were very often registered. Therefore, both by laboratory methods and by means of bioresonance diagnostics, it was possible to detect a number of pathogens exceeding the number of examined patients. So, in 142 patients, 241 strains of pathogens were identified by laboratory methods. Their combinations in patients were very diverse.

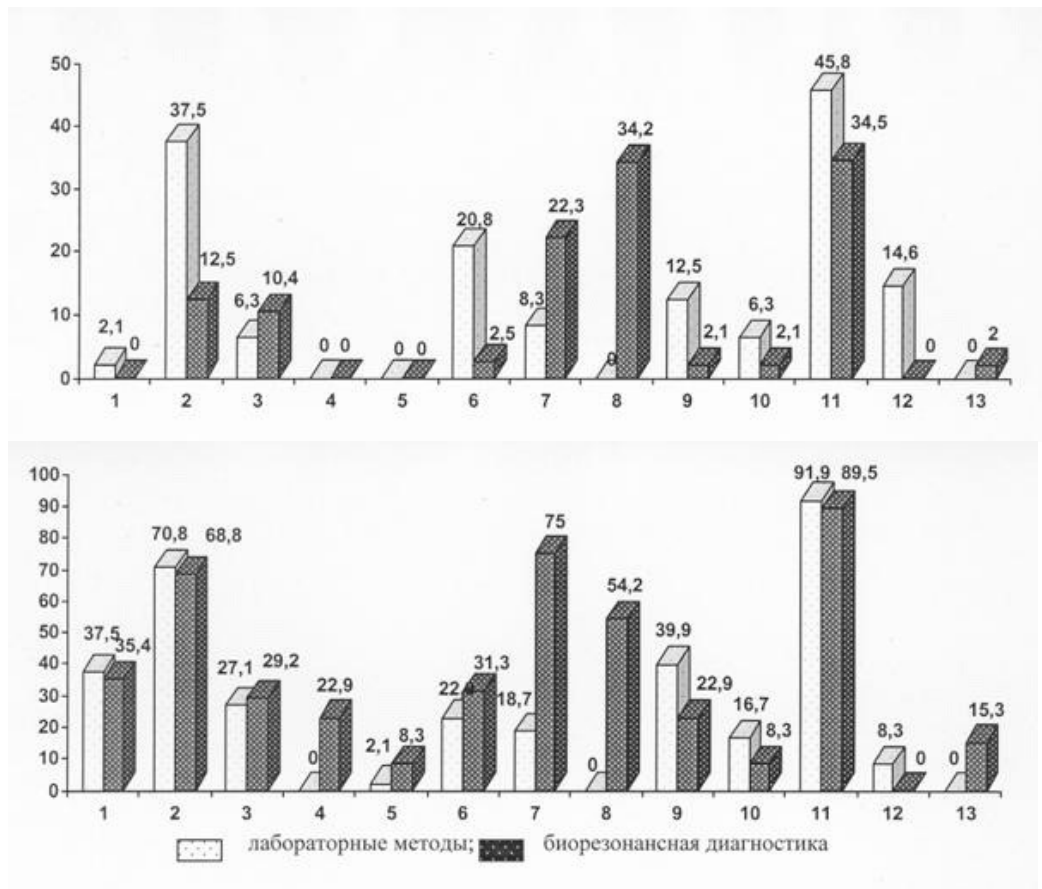
Comparative data on laboratory and bioresonance diagnostics of UHI before and after treatment are shown in Fig. one.

At the same time, the effectiveness of the compared diagnostic methods was not the same either before or after treatment.

In the initial state, the usual laboratory methods for isolating and identifying cultures of UHI pathogens turned out to be unavailable for viruses (HSV I, II, CMV, Coxsackie) and Trichomonas, while they could be detected with a fairly high frequency by a bioresonance method, respectively, in 54.2 %, 22.9% and 15.3% (Fig. 1).

Laboratory methods, in comparison with BRD, turned out to be less effective during this period when searching for other fairly accessible types of pathogens: ureaplasma (27.1% against 29.2%), Neisseria (2.1% vs. 8.3%), Gardnerell (22.9% vs. 31.3%), Candid (18.7% vs. 75.0%). In other cases (detection of chlamydia, mycoplasma, escherichia, cocci), they found in the initial period higher indicator abilities than bioresonance diagnostics. The reason for this, obviously, lies in the presence of scar or

fibrous tissue, which created interference fields for MRD during electropuncture testing. The fact of the presence of the pathogen in these cases was confirmed serologically.



Rice. one. Comparative effectiveness of traditional laboratory and bioresonance methods for detecting various types of UHI pathogens in patients before and after treatment (1 - chlamydia, 2 - mycoplasma, 3 - ureaplasma, 4 - Trichomonas, 5 - neisseria, 6 - gardnerella, 7 - candida, 8 - HSV I, II, CMV, 9 - Escherichia, 10 - cocci, 11 - anaerobes, 12 - unidentified bacteria, 13 - Cocksackie virus)

After the therapy (lower figure) in patients with IHI by all methods, a smaller number and range of positive findings were noted. Laboratory and bioresonance diagnostics of trichomoniasis and neisseriosis became equal in terms of negative results, and they approached in relation to the detection of chlamydia. The traditional laboratory diagnostics for viral infections remained untenable in terms of diagnostics, and the number of finds when searching by bioresonance method decreased the number of gardnerella, Escherichia, cocci (10, 6 and 3 times).

And so, a comparative analysis of generally accepted laboratory and bioresonance diagnostic methods made it possible to establish, on the one hand, their high value, on the other hand, complementarity, and on the third, interchangeability, for example, in viral infections.

At the same time, it should be emphasized that the absence of standard resonance codes for a number of UGI pathogens deprives the bioresonance method of a number of diagnostic capabilities, while laboratory methods have them.

Comparative evaluation of studies of BRD and LD (Table 1) showed a high frequency of coincidences with the culture method, less significant coincidence - with RIF (70.3% with 29.7% of discrepancies).

Table 1

Comparative evaluation of laboratory research (LD)
and bioresonance diagnostics (BRD)

Methods laboratory diagnostics	Total number research-vanii	Total parallel research donations	Comprehensive study results	
			Coincidences	Mismatch
			LD + BRD	LD - BRD
Cultural method	142	48	44 (91.3% ± 4.3)	4 (8.7% ± 16.3)
REEF	96	27	nineteen (70.3% ± 8.9)	eight (29.3% ± 17.2)
ELISA	66	sixteen	fourteen (87.5% ± 9.17)	2 (12.5% ± 33.0)
PCR	18	nine	eight (88.9% ± 11.9)	1 (11.1% ± 0.0)

Treatment of UGI patients consisted of traditional drug methods and their combination with resonance frequency therapy (RFT) from 4 to 6 procedures with an interval of 1–2 days in the "swing" mode for 30 min. with the recording of programs for sugar crumbs in the first session with a frequency of 30. During the next sessions, the intensity was set depending on the "fall" of the arrow by testing through the problem and then returning to 100. At the beginning, they acted on fungi, bacteria, and then viruses, the procedure was ended with the FM Bufo programs, fungal infection, FM Drosera, viroid burden, spores (patients had indications of viral and fungal infection).

Great importance was attached to the imposition trodes: "plates" to the legs, "loop" on the of the electric perineum, the "belt" covered the lower part "inductor" was installed on the projection of the body, the "solar plexus". At the therapeutic module "IMEDIS" intensity was set depending on the patient's threshold of sensitivity. Last 4 months we widely used the F. program, which eliminates the "mutated" forms of pathogens.

Resonant homeopathy (RG) was prescribed, it was envisaged to remove geopathogenic, radioactive loads, interference fields. At the same time, preparations of the companies "RAEYX", "ONOM", FM-complexes, preparations of the Endocrinotox, Detox series (Dr. Roy Martina), which do not require a novice doctor and labor-intensive repertorization, were widely used.

Complex drugs, which include drugs in the D6 potency, which resonate with the cell cytoplasm, and drugs in the D12 potency, which resonate with the cell membrane, lead to neutralization with the destruction of microbial forms antibiotic resistance, and on the other hand, stimulate the patient's defenses. Nevertheless, we did not abandon antimicrobial therapy, but unlike traditional approaches, their terms and frequency were reduced by two or three times less. Very often, representatives of unidentified pathogens were also present in the microbial landscape, in this regard, it becomes necessary to supplement the treatment with antibacterial drugs of a broad spectrum of action with a course of 5-10 days (instead of the usual 20-30 days).

Thus, the main clinical symptoms of the disease were eliminated in a week. After 3-4 sessions of frequency therapy, as a rule, the resonance spectra of many microbial strains were not determined. There were no side effects or complications during the 2-year period of the indicated treatment.

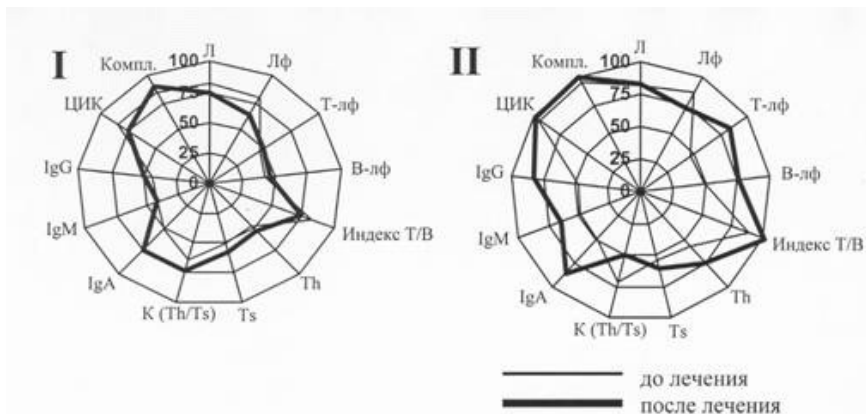
Consequently, the use of additional methods, such as RFT and RG, ensures almost complete recovery, shortens the treatment time by almost 2–3 times, reduces the duration of allopathic drugs intake by 3 times, and prevents recurrence of diseases. Destruction of resonant oscillations of UGI pathogens contributed to their elimination without additional pharmacological preparations and accelerated rehabilitation of patients (Table 2.)

table 2

General characteristics of the clinical and microbiological effectiveness of treatment UGI patients by disease nosoforms and different methods

No.	Nozo-shape	Number of patients	Therapeutic groups			
			Traditional therapy		Traditions. therapy + RFT + WG	
			Clinic. the effect.	Bacter. the effect.	Clinic. the effect.	Bacter. the effect.
I	Chronic cue is simple tovesiculitis	32	88.0	56.0	98.0	98.1
II	Chronic cue orcho-epididymitis	25	91.1	88.5	99.3	99.9
III	Chronic cue is simple tit	48	86.0	78.0	99.7	98.6
IV	Chronic urethral cue prostatitis	37	77.4	67.8	99.1	98.3
Total:		142	85.6	72.6	99.0	98.7

To assess the effectiveness of therapy for etiologically different types of UHI, we used indicators of the general immune status. The latter had a clear dependence on the method of therapy. They are shown in Fig. 3 in the form of 2 profiles. The initial level of T- and B-lymphocytes in patients with UHI did not reach the lower limit of the norm, and after treatment with traditional therapy (I) they were within its limits. In the second variant of treatment with RFT and RH, the indicators significantly changed for the better.



Rice. 2. Comparative indicators of the immunological status in patients with UHI during treatment by various methods (I - traditional therapy, II - traditional therapy + RFT + RG)

The content of immunoglobulins synthesized by B-lymphocytes in variant I before and after treatment had an optimal level only for the IgA class. The content of IgG and, especially, IgM was lower. Perhaps their relative deficit was due to their participation in defense reactions.

In the second treatment option with RFT and RH, the indices had significant shifts towards the activation of the immune link: IRI of T and B lymphocytes of cellular and immunoglobulin supply turned out to be more balanced, with a high level of the entire spectrum of the Ig class.

Conclusions:

1. Established the diagnostic value of frequency multiresonant indication etiology of UGI, the advantages of the latter as a screening method are shown: specificity, speed of obtaining a result, cost-effectiveness, high availability.
2. A comparative assessment of the combined treatment for various

clinical forms of IGO using the traditional method and in combination with RFT and RG. A clear clinical and microbiological advantage of the latter has been shown.

3. The absence of resonance codes for unidentified microbial species requires prescribing allopathic drugs.

4. Obtained diagnostic and therapeutic results when using bioresonance the method showed high prospects and the advantage of this direction.

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