

An example of diagnosis and treatment of complicated peptic ulcer disease according to the method of Professor A.A. Hovsepyan using the apparatus "MINI-EXPERT-D"

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Patient S., 28 years old. Suffering from duodenal ulcer for the last 6 years, the manifestation of which is frequent exacerbations complicated by bleeding.

In September 2000, according to urgent indications, the duodenal ulcer was excised, pyloroplasty, and the posterior wall ulcer was sutured. Despite the traditional anti-relapse therapy, the development of peptic ulcer disease progressed.

On October 22, 2004, the patient was again admitted to the hospital with complaints of general weakness, dizziness, black liquid stools.

Diagnosis: ulcer (2) of the duodenal bulb, gastrointestinal bleeding.

Conservative measures in the intensive care unit stopped bleeding, with a replacement purpose transfused 1.520 ml of erythromass. Hemoglobin at discharge - 96 g / l, receives conventional antiulcer therapy.

On November 22, 2004, a control EGD was performed: the esophagus is freely passable, the cardia closes, in the stomach there is a clear secret, convoluted folds, hyperemia of the mucosa; the gatekeeper gapes, in the bulb of the duodenum pronounced deformation, scar, ulcer 0.8 cm.

Conclusion: Chronic ulcer of the duodenal bulb with deformation.

On November 23, 2004, the patient turned to the Medical and Diagnostic Center "Medicine of the Future" with complaints of moderate weakness, decreased performance, some epigastric discomfort after taking even dietary food, and weight loss. The patient was in a state of depression: treatment in intensive care, blood transfusion, surgery and repeated bleeding left him no hope for a favorable outcome of the disease.

In the center, an examination was carried out with an emphasis on the state of the organs of the gastrointestinal tract by the method of the modified vegetative resonance test (ART +) with the construction of a pathophysiological chain by the method of Professor A.A. Hovsepyan.

As a result, the suboptimal state of the duodenum was revealed; when analyzing metabolic processes - the maximum indicators of anabolism and alkalinity against the background of pronounced depletion of the ANS of the 3rd degree, the presence of false polarity, the 5th degree of connective tissue insufficiency, the nutritional value of the medium of the 2nd degree.

Four therapeutic BR-preparations were made according to the method of Professor A.A. Hovsepyan, which gradually transferred the patient's duodenum to an optimal state: by correcting metabolic-trophic processes, acid-base balance, psycho-vegetative loads, normalizing endocrine systems, parameters of mineral metabolism.

On the control, after the fourth BR-drug was tested in potency D6, 12 duodenum first degrees

anabolism / catabolism, the first degrees of alkalinity / acidity, the first degree of tension of the ANS, the sixth degree of bactericidal activity, the absence of false polarity, the absence of psycho-vegetative loads, the tension of the endocrine system of the first degree.

By this time, the patient had undergone two parallel courses of resonance-frequency therapy of key pathogens identified by the maximum degree of slugging of the mesenchyme.

I course - the destruction of Campylobacter and Helicobacter in the stomach and intestines;

II course - suppression of the fungus mycosis fungoides.

During therapy (3 months), the patient noticeably gained weight (from 63 to 76 kg) with a height of 170 cm, blood counts returned to normal: HB 140 g / l. Expanded the diet, got rid of discomfort in the epigastrium, got stronger physically - efficiency increased, an optimistic mood appeared, no exacerbations of the ulcerative process were noted.

One month after the fourth BR-preparation, the fifth BR-preparation was made, which the patient will take for a longer time in order to correct the connective-tissue insufficiency of the duodenum.

At the follow-up examination a month later, therapy was carried out to remove the "engrams" to exclude the return of the chronic disease.

Conclusions:

1. Treatment with BR drugs according to the method of Professor Hovsepyan A.A. in the case of ulcerative defects, it is most effective, since it allows you to quickly stop the clinical manifestations of the disease, with further normalization of metabolic and trophic processes, and restore the damaged organ.

2. Control of the optimality of treatment chains minimizes exacerbation disease in the course of therapy, eliminates the breakdown of adaptation reserves.

3. Diversity of exposure with BR-drugs: correction psycho-vegetative loads, treatment of autoimmune processes, elimination of connective tissue insufficiency. Establishing the maximum degree of bactericidal activity, eliminating false polarity, normalizing the level of minerals and vitamins makes the process of organ restoration stable and irreversible.

4. The method of professor A.A. Hovsepyan allows you to significantly expand the possibilities of ART +, and allows bioresonance therapy to "close" the pages of the disease in the lives of many patients who were previously doomed to lifelong symptomatic therapy.

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