Functional megacolon and how to deal with it

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The treatment of chronic constipation in children has been and remains a difficult problem. Differential diagnosis of congenital (Hirschsprung's disease) and idiopathic, or functional, megacolon is also difficult, because even a histological examination of the intestine does not give a definite answer. The presence or absence of ganglion cells in the Auerbach plexus is not a definitive confirmation or denial of Hirschsprung's disease. Therefore, in the diagnostic plan, so far it is necessary to rely only on clinical and radiological data. So, the appearance of persistent constipation at a very early age, and radiographically - the expansion of the large intestine in front of its funnel-shaped stenotic area indicate a congenital megacolon. The prognosis with him is always serious. Less constipation appearing at a later age and radiologically characterized by a uniform expansion of all parts of the large intestine in the absence of signs of stenosis indicate an idiopathic, or functional, megacolon. It proceeds more benignly. Autonomic resonance test (ART) diagnosis and bioresonance therapy (BRT) facilitate both diagnosis and treatment of this disease.

Clinical example

Patient P., 12 years old. He suffers from persistent constipation, which bothers him from the age of 5. Stool 1-2 times a week. Often it was necessary to resort to enemas and laxatives. The feces are dense, large in diameter or in the form of "sheep feces". He underwent a full examination in October 2003 in the gastroenterology department of the regional children's hospital. At the same time, a general analysis of blood, urine without pathology, blood biochemistry is normal. Irrigoscopy revealed lengthening of the ascending colon and sigmoid colon, the distal rectal triangle is not clearly expressed. Conclusion: lengthening of the ascending colon and sigmoid colon. Atonic constipation. Surgical plasty of the anal sphincter was proposed, which the parents refused.

When examining on the device "IMEDIS-BRT-PC" by the ART method On December 1, 2004, the child had a total BI = 4; they were eliminated earlier. The head focus is the large intestine, its private BI = 9, it is the primary and most affected organ, it contains a chronic inflammatory process. The factors that cause it are mental stress of the 6th degree and Intox III. The DNA index shows minimal abnormalities. Other sources and fields of interference are not detected. Further testing revealed the following:

colon ↓ anabol. processes ↑ + feeder. 1 tbsp. ↓ + alkaline 2 tbsp. ↑ + exp. exhausted. immunity ↓ + chromosome XX-F ↑ + blue color 12 ↓

This is the pathophysiological chain of the patient with PCF-1.

The meridians on which the large intestine "sits" - the large intestine,

spleen and connective tissue degeneration. At the same time, the large intestine meridian is key, redundant, and maximally affected. Treatment
was carried out according to the principle of A.A. Ovsepyan. due pathophysiological chain of PCF-2:

colon anabol. percent 1 tbsp. + bacter. 6 tbsp. + alkaline 2 tbsp. + moderate. stress immunity

But in order for this PCF-2 to work, it is necessary to remove pathological vibrations from the large intestine. For this, the potency of the inverse color "blue-12" was selected along the key meridian of the large intestine under the load of Intox III and chromosome XX-F indicators, after which the BRT was carried out on it until the decrease in the measuring level was eliminated. Immediately after that, in the mode of simultaneous BRT along the meridian of the large intestine, spleen and connective tissue degeneration through Cu met. D400 bioresonance preparation BR-1 was recorded within 3 minutes.

The drug has been tested:
colon ↓ + BR-1 ↑ + optimal BI ↓

In the same mode, the daily dose of the drug was determined. Then, along the above meridians with a daily dose load of BR-1 + PCF-2, the factors necessary for its implementation were determined. They turned out to be minerals, vitamins, hormones, enzymes, Bach Flowers. All of them were included in the recipe as a complex preparation. After that, BRT was performed along the selected meridians for 20 minutes with a daily dose of BR-1 and a complex preparation. Its final result was recorded on crumbs on a hand electrode, after which this crumbs on the same meridians in the simultaneous BRT mode were transferred from the 4th to the 1st container of the apparatus within 3 minutes. The thus obtained BR-2 proved to be effective, but it did not bring the colon to the optimal index. Therefore, drainages were selected to eliminate this disadvantage. Drains in the "transfer" mode are added to the BR-2.

9.12.2004. The private BI of the large intestine changed from 9 to 6 with a total BI = 4. Indicators of the large intestine corresponded to PTsF-2; Intox III and mental stress were not determined. The course of treatment was interrupted by an acute respiratory illness of the child, and when he came to the appointment on December 30, 2004, his total BI fell from the 4th to the 5th, and the private BI of the large intestine dropped from the 6th to the 9th. BR-1 and BR2 did not work and were canceled. ART testing gave the following results:
platinum D1000 ↓ + colon ↓ + Intox III ↓ + chromosomes 19 and XX-F ↓

The color that normalized the chromosomes is "red-1". It should be noted that at this stage of treatment, the main factor negatively affecting the colon was again a genetic defect. Moreover, in addition to the pathological sex XX-F chromosome, the 19th autosome was revealed. The above PCF was associated with the large intestine meridian, connective tissue degeneration, and skin. Along these meridians with the PCF load and the inverse color "red-1" in the selected potency (the regulator is on
5) for 20 minutes, BRT was carried out, followed by recording the final result on the crumbs placed on the hand electrode. This crumble was then rewritten in a simultaneous mode along the same meridians from the 4th to the 1st

container. Thus, a new PDU was manufactured. In addition, new drains were re-selected, tested and recorded for the organs concerned.

On the next visit on January 9, 2005, the general BI returned to 4. The private BI of the large intestine moved from the 9th to the 7th, chromosomes XX-F and 19 from the 9th to the 4th, - optimal BI. All meridians are optimal. In the inversion of BRT and drains, the vagus gave the 6th index, the sympathicus - the 4th. A frequency of 7.7 Hz was selected, which brought the vagus and colon to an optimal state. This frequency, recorded on crumbs, tested and added to previous PDUs and drains.

In the next visit on 25.01.2005, the total BI was still equal to 4, the private BI of the large intestine rose to the 5th. Vagus and chromosomes are normal. The 7.7 Hz frequency drug did not work and was canceled.

02.25.2005. The private BI of the large intestine became equal to 4, i.e. optimal, and BI of the anal sphincter - 5. Hormones (aldosterone, androgens, growth hormone) and a frequency of 9.4 Hz bring the anal sphincter to an optimal state. The PDU and drains no longer worked and were canceled. Therefore, new drains were selected and tested for consistency and optimality - colon serum (OTI) and P-37 Dr. Reckeweg. A 20-minute BRT session was performed along the meridian of the large intestine, connective tissue degeneration, spleen and organ degeneration with a load of an organ preparation of the large intestine in the D6 + 9.4 Hz potency. At the end of the session in the 1st container through Cu met. D400 recorded a new BR-1 within 3 minutes. In addition, hormones and new drains were rewritten from the recipe for crumbs. Doses of all 3 drugs are tested for optimal BI and efficacy.

Visit 5.03.2005. The general BI changed from the 4th to the 3rd, and the private BI of the large intestine and anal sphincter in inversion with the above preparations also became optimal. The drugs continued to work on the pancreas and thoracic spine and skin, which in inversion gave BI = 5. The drugs were left for further treatment.

Constipation has become less persistent over the past 2 weeks. Stool - every day or every other day without enemas and laxatives.

Patient monitoring continues.

Malyavkin B.G. Functional megacolon, and how to deal with it // XI
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