

"IMEDIS-TEST" and BRT in the diagnosis and treatment of thyroid diseases in children and adolescents
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Studying the issues of etiology, pathogenesis, prevention and treatment of thyroid gland (thyroid) diseases in Georgia remains an urgent problem. In various regions of the republic, thyroid hyperplasia occurs in 49–90% of school-age children.

Despite numerous studies, there is still no reliable data on the reasons for such a widespread spread of thyroid pathology in Georgia.

The purpose Our work was to use the capabilities of the hardware-software complex "IMEDIS-EXPERT" to establish the main etiological factors of thyroid disease and develop effective methods of prevention and treatment.

By the method of vegetative resonance test (ART) "IMEDIS-TEST" 115 children and adolescents aged 7-18 years (female - 97, male - 18) were examined. Of these, 100 patients had diffuse euthyroid goiter (DEZ), and 15 had nodular goiter (see table).

table

Distribution of patients by age and degree of thyroid enlargement

Age	n	Ia	Ib	II	III	Nodular goiter	
7-10 years old	10	4	4	one	-	one	
11-15		67	18	25	13	4	7
16-18		38	eight	10	nine	4	7
Total		115	3	39	23	eight	fifteen

A complete clinical examination of the patients revealed. That all patients had clinical euthyroidism. And according to hormonal status (T3, T4, TSH, TSH), "laboratory" hypothyroidism or hyperthyroidism was detected only in 24 children (21%). Thyroid enlargement was determined according to the WHO classification (Ia, Ib, II, III grade), as well as echoscopically.

The following studies have been carried out:

1. Test for the presence of thyroid pathology: Org. Thyreoidea D4 - all 115 positive patients.

2. Of these, test: Org. Thyreoidea D4 + Nos. Struma Parenchimatosa (D15, D26, D32, D60) was positive in 100 children. And the Org. Thyreoidea D4 + Nos. Struma nodosa - at 15.

3. Test for the presence of radioactive (RA) load: An indication of the RA load was found in 104 (90%) patients. Of these, the load on the thyroid gland of the RA with iodine: Org. Thyreoidea D4 + I (beta, gama) D200 - had 92 (80%) patients (all patients with nodular goiter and 77 with DEZ).

4. Test for Org. Thyreoidea D4 + RA load I, II, III, IV st. revealed the following: RA load I st. was found in 56 (61%) patients, stage II. - in 36 (39%). RA load III and IV Art. not identified. RA load II Art. was found mainly in children with nodular goiter - in 12 (80%), with an increase in the thyroid gland III stage. - in 7 (88%) and II st. - in 19 (82%).

Thus, it was found that the level of RA load significantly influenced the degree of thyroid enlargement and the development of nodular goiter.

5. Test for electromagnetic (EM) force fields: Phosphorus D60 - was positive in 103 (89.5%) patients. Of these, the test for the presence of EM load on the thyroid gland: Org. Thyreoidea D4 + Phosphorus D60 was positive in 83 (72%) patients. EM load I st. on the thyroid gland was in 35 patients, stage II. - at 25, III Art. - at 16, IV Art. - in 7. EV the burden of III and IV century. were mainly detected in patients using mobile phones and computers (more than 2 hours a day). At the same time, RA and EM loads on the thyroid gland had 79 (69%) patients. Of these, with nodular goiter - 11 (73%), thyroid gland III stage. - in 7 (88%), thyroid gland II stage. - in 17 (74%).

Thus, EM load on the thyroid gland occurs quite often (more than 70% of cases), which indicates its significant role in the development of thyroid pathology.

6. The endocrine disruption (EN) test was positive in all 115 patients. Of them very weak EN - Hypophyse D6 - were found in 38 patients (33%), weak - Hypophyse D12 - in 45 (39%), strong - Hypophyse D30 - in 32 (28%). Very strong and extremely strong ENs were not identified. Strong EN was detected in 10 children (67%) with nodular goiter, in all patients with stage III. increase in thyroid gland and in 14 (61%) with an increase in thyroid gland II stage. Strong EN was found mainly in adolescents at puberty.

7. The test to determine the mental state showed that mental stress (PSN) determined to varying degrees in all 115 patients. PsN of the VII and VIII degrees was not detected in our patients. Of 15 patients with nodular goiter PsN VI Art. was at 8, V Art. - at 5 and IV st. - at 2. Of 23 patients with an increase in the thyroid gland II stage. PsN VI Art. was - at 6, V Art. - at 8, IV Art. - at 5.

Thus, it was found that high degrees of PsN (IV, V, IV grades) correlated with an increase in thyroid gland (III and II grades) and especially the presence of nodular goiter in children.

It should be noted that PsN in more than 80% of children and adolescents (94 patients) was detected in the form of impaired coordination between the psyche, the endocrine system and the outside world - the Hypothalamus D800 test. This confirms the opinion that thyroid diseases are an expression of a feeling of humiliation, a multitude of restrictions, the inability to do what one wants, hatred for the imposed in life, a victim, a failed personality.

8. Test for the presence of helminthic invasion: Nos. Enterobios vermicularis - beat positive in 80 patients (70%). Of these, 12 (80%) with a nodular goiter, 6 (75%) with an increase in the thyroid gland III stage. and 19 (83%) - with thyroid gland II Art. It can be seen that in the majority of patients with nodular goiter and with an increase in the thyroid gland II and III st. helminthic invasion was detected (80%). Thus, it can be assumed that helminthic intoxication is one of the leading factors in the development of thyroid pathology. Treatment for each patient was carried out according to an individual scheme and included the following:

1. Preparation of an individual BR-drug: antistruma - an inverted BR-drug with Thyroid gland on the TR and E meridian, bioresonance therapy.
2. Removal of RA and EM load: by ONOM firm, RA iodine nosode, frequency therapy - 6.2 Hz.
3. Treatment of helminthic invasion - homeopathy, resonance frequency therapy.
4. Correction of the patient's psychological attitude - psychotherapy, induction therapy, Bach flowers and Roy Martina preparations.
5. Homeopathic treatment - except for constitutional remedies (Ca carbonica, Ca phosphorus, Silicea, Phosphorus, Graphitus, Na mur., Ignatia, Pulsatilla, etc.) included a special combination of homeopathic remedies developed by us, tropic thyroid glands - the original preparation "Chikvisi".

Treatment lasted from 2 to 12 months in case of ECD. on average - 4-5 months. With nodular goiter from 6 to 18 months. on average - 12 months. Elimination of RA, EM load and helminthic intoxication was possible in 1-1.5 months. Correction of PsN was carried out constantly - for the entire period of treatment.

Normalization and significant reduction in the size of the thyroid gland, which was confirmed by echoscopic examination, was achieved in 90% of patients. Of 15 patients with nodular goiter, the nodes disappeared completely in 8, the rest showed a significant decrease in the nodes.

Conclusions:

1. The hardware and software complex "IMEDIS-EXPERT" and the method "IMEDIS-TEST" gives the ability to determine with high reliability all possible etiological factors in the development of thyroid pathology, which is practically not possible with other diagnostic systems.
2. According to our data, the development of thyroid pathology in children and adolescents is due to the presence of such mono or combined factors as RA and EM burden, mental stress, helminthic intoxication. Elimination of these factors is a prerequisite for effective treatment of thyroid disease.

3. APK "IMEDIS-EXPERT" It has unlimited possibilities (BR-therapy, preparation of the antistruma preparation; RA, EM and helminthic detoxification; homeopathy; induction therapy; resonance frequency therapy, etc.) for effective treatment of the most complex thyroid diseases.