Complex non-drug therapy of tuberculosis

Sadykov V.G., Tikhonova I.S.
(Center "IMEDIS", Moscow, Russia)

Currently, the use of energy-informational methods of diagnostics and treatment of tuberculosis pathology is becoming more and more effective [1-5]. We are sincerely pleased with the reports of our colleagues about the successes achieved. However, the problems associated with drug resistance, low therapeutic availability of certain subpopulations, intermittent growth and prolonged dormancy, as well as intracellular persistence of mycobacteria are still relevant. We bring to the attention of our colleagues our modest experience in this area.

Patient N. applied for a more precise diagnosis of not quite typical lung lesions. History of insulin-dependent diabetes mellitus and exudative pleurisy transferred in childhood. Three-fold culture of sputum for specific pathogens is negative. Blood tests are also not
informative. The patient refused the trial course of treatment with anti-tuberculosis drugs proposed by the phthisiatrician.

Diagnostics on the apparatus of the APK "IMEDIS-EXPERT" revealed cystic processes in the lungs with the participation of M. tuberculosis H37Rv (Czech Republic) and M. tuberculosis avium (1953), and through the sum of the nosodes of the tube preparations the indicator - Intracellular tuberculosis worked. In order to identify intracellular mycobacteria, a provocation was carried out with the frequencies of all mycobacteria present in the apparatus at an intensity of 30 units. Two days after the session, the following were also tested: M. tuberculosis Erdman (USA), M. tuberculosis MNC1394 (Denmark), M. tuberculosis bovis valee (1959), M. intracellularis MNC1337.

Bioresonance testing of specific drugs showed that not all drugs prescribed by a phthisiatrician are effective. We selected the optimal medicines, which turned out to be: rifampicin, rifabutin, isoniazid, with an increase to the maximum against the background of an enzyme supplement - biozyme. Given the absence of bacterial excretion (confirmed by repeated testing of all family members), the low efficiency of drug therapy for encapsulated forms, the difficulty of compensating for concomitant diabetes mellitus during treatment with antibiotics, at the patient's insistence, drug-free methods of treatment were chosen:

1. Periodic therapy of mycobacteria with the frequencies of the IMEDIS apparatus.
2. Constant suppression of mycobacteria by the frequencies of anti-tuberculosis drugs recorded on a long-term biocorrector.
3. Elimination of blockages and correction of a broken pathophysiological chains in the hearth.
4. Elimination of possible genetic predisposition (miasms).
5. Elimination of associated parasitic, fungal, bacterial and
viral infections using frequency therapy and resonant homeopathy;
6. Correction of immunity.

Frequency therapy was initially carried out with the MINIEKSPERT-T apparatus - a bipolar pulse with an intensity of 100 units. Then they changed to therapy with two intensities: 30 units. - for extraction from cells

and 100 units. - for suppression. However, frequent therapy sessions had a short-term effect. Perhaps this is due to the exhaustion and unresponsiveness of the nervous system in response to overstimulation by neurotropic impulses. The last one to be tested was A.A. Hovsepyan's version. with
optimized duration of a monopolar pulse, implemented through the APC. With its help, it is possible to suppress multidrug-resistant strains of mycobacteria (see further in the text). Moreover, it was noted that the change in the sensitivity to the information spectrum of antibiotics, leading to the emergence of drug resistance, did not change (or did not significantly change) the resonance of mutated mycobacteria with the reference frequency spectrum of mycobacteria recorded in the apparatus of APK IMEDISEXPERT. We hope that this observation will add optimism to the fight against drug-resistant pathogens.

It is known that at present there are no effective medications for the persistence of mycobacteria in foci of granulomatous inflammation, scars and fibrous foci. And, apparently, there is no special sense in long-term toxic chemotherapy for the patient. However, with the tested effectiveness and optimality of therapy, there remains a chance to get encapsulated mycobacteria. As a basis for a long-term bioinformatic effect on both a macroorganism and mycobacteria, a standard optimizing biocorrector "SHIELD" [6] was chosen, on the information matrix of which an individually selected complex was applied
homogenized anti-tuberculosis drugs. The composite placed in a plastic housing is suspended on the solar plexus area. The literature mentions the effectiveness of similar drugs [7], and, in particular, for this pathology [8].

Testing has shown that the combined use of rifampicin and rifabutin is less effective than the separate use. It also turned out that in the initial period, with the optimal daily duration of energy-informational exposure equal to six hours, the use of rifampicin therapy before, and rifabutin after 18.00 hours is more effective. Therefore, two biocorrectors were manufactured. The first contained informational copies of rifampicin and isoniazid, as well as an enzyme supplement - biozyme. The second is rifabutin instead of rifampicin.

A clear selectivity was revealed: rifabutin biocorrector interacts with M. intracellularis, and no - rifampicin does not. For chemotherapists, this fact may be interesting because the suppression of intracellular mycobacterium occurs in the absence of chemical penetration. While it is believed that with a small chemical difference, the best therapeutic efficacy of rifabutin against

intracellularly localized mycobacteria is due precisely
facilitated, in comparison with rifampicin, intracellular penetration of the pharmaceutical preparation. Along the way, it turned out that this biocorrector is also effective against the persistent hepatitis A virus in the liver.

M. bovis valee and M. tuberculosis MNC 1394, did not interact with M. intracellularis and hepatitis A.

Mycobacteria ceased to be detected 1.5 months after monotherapy with biocorrectors. In the future, while wearing biocorrectors
Approximately once every 2-3 months, these mycobacteria were activated, which was suppressed within 1-2 weeks without the use of means other than biocorrectors. That is, along with the bacteriostatic, the bactericidal effect is also manifested. The probable cause of repeated manifestations may be genotypic programming of the duration of dormancy and discontinuity in growth. Perhaps this is a manifestation of external activation [9, 10] - one of the moments we managed to record on the third day of a significant burst of solar activity.

After 6 months of using biocorrectors during the frequency stimulation of adhesion resorption, the appearance of drug-resistant forms of M. bovis and M. tuberculosis MNC 1394 was registered. This may indicate both the information availability of the mycobacteria placed in them and the effectiveness of therapy. It is known that drug-resistant strains are always present in the mycobacterial population and begin to prevail during chemotherapy [11]. So, by 18 months of chemotherapy, with 100% excretion with sputum, resistance to isoniazid is found in 100% of cases, to rifampicin - in 79% [12]. The forms we discovered were no longer tested after 4 sessions of frequency therapy with the optimized pulse. The mutated forms could be effectively suppressed both by the inverse spectrum of mycobacteria and by the sum of the spectra of drugs: PASK, capreomycin,

Thus, our experience has shown that the activated information copy of the used anti-tuberculosis drugs, due to the strict selectivity of exposure, high penetrating ability and the absence of toxicity, can be used in phthisiology and, especially effectively, on
early stages of the disease. Hard-to-reach, possibly testable, as well not always as mutagenic subpopulations of mycobacteria can be suppressed in desirable combination with resorption and antimicrobial frequency therapy resonant with an optimized pulse duration.

In the initial stages of treatment, the process of tuberculoma growth with the participation of M. intracellularis was recorded. In this case, the process is tested as a "benign tumor" with anabolism of 6 tbsp., Catabolism of 2 tbsp., Photon index 21, biological index 18, taking place against the background of chronic inflammation of 2 tbsp. with "extremely high degree of depletion of the immune system" and "alkalinity 3 tbsp." The presence of tuberculoma corresponds to the X-ray picture, and testing, as a benign process, corresponds to literature data [13]. The participation of M. intracellularis in the growth of tuberculoma is confirmed by the effectiveness of specific therapy - a decrease in anabolism to 2 tbsp. and photon index up to 16 against the background of rifabutin biocorrector, with rifampicin indifference.

In the course of treatment with the help of frequency therapy and resonance homeopathy, many concomitant parasitic, fungal, bacterial and viral infections have been eliminated. Of the identified, the pathogenesis of the pulmonary process was most aggravated, and perhaps provoked by Herpes simplex II, Actinomyces israelii, Ancylostoma (duodenale et caninum) [14].

For a long time, in the pulmonary foci, it was not possible to achieve a significant and

long-term improvement of metabolism, including with the help of regular bioresonance therapy. And only after the gradual elimination of blockages with the correction of the pathophysiological chain according to A.A. Hovsepyan. et al. [15] in the outbreak, a steady improvement in the main indicators gradually occurred. Full normalization achieved after connection at the last stage immunomodulator "Roncoleukin" 1 million units in 5 ml of saline with distribution in several points subcutaneously. Dosage, frequency of injections and duration of the course are tested individually.

Anamnesis and persistence of the disease were forced to search for a hereditary predisposition. And not in vain! At the fourth level, miasms of smallpox and tuberculosis viruses were found, with the latter being dominant. Within 3 months, using the Schimmel technique, it was possible to eliminate the smallpox virus miasm. Work with the tuberculosis miasm continues. We hope to prepare additional information for the next conference.

Last visit: lungs - no pathological fluctuations (mycobacteria are not tested) - thymus and spleen are not tested - I st. anabolism - photon index 8 - biological index 8 - bactericidal activity 5 tbsp. - cystic process - ischemia at the cellular level - depletion of the parasympathicus. What may indicate the development of one of the tuberculoma regression scenarios.

Currently, the patient's condition is satisfactory, an improvement in the X-ray picture has been outlined in the lungs, the treatment continues.

Literature

1. Sheshukov P.F. Gotovsky Yu.V. Experience in diagnosing tuberculosis by the ART method "IMEDIS-TEST" // Abstracts and reports. IX International conference "Theoretical and clinical Aspects application bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2003 .-- S. 348-352.

2. Sheshukov P.F. Gotovsky Yu.V. Modern approach to treatment patients with tuberculosis // the same place. Part I. - M.: IMEDIS, 2003. - S. 353–357.

3. Kovalev A.S., Ivanov N.V., Kovrizhenko A.V. et al. Optimization treatment of tuberculosis in modern conditions // Abstracts and reports. X International Conference "Theoretical and Clinical Aspects application of bioresonance and multiresonance therapy ". Part I. - M.: IMEDIS, 2004. - S. 371–377.

4. Malyavkin B.G. Once again about tuberculosis ... // Ibid. Part I. - M.: IMEDIS, 2004. - S. 377–382.

5. Shevchuk D.V. Millimeter resonance therapy in the treatment of patients tuberculosis // Materials (edit) Vii Russian congress phthisiatricians, "Pathogenetic and non-drug methods of treating tuberculosis ". - Moscow, 2003.

6. Panov A.F. Patents for inventions RF No. 2118544 and RF No. 2000109073.

7. Sobotovich S.L., Kazantseva M.N., Dudoladov V.V. et al. The matrix health // Abstracts and reports. IX International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M.: IMEDIS, 2003. - S. 162–164.

8. Yusupov G.A. Practical and research opportunities

electropuncture according to R. Voll. // Abstracts and reports. VII International conference "Theoretical and clinical Aspects application bioresonance and multiresonance therapy ". Ch. M.: II. 2nd ed. revised - IMEDIS, 2001. - pp. 304–309.

9. Borodulin B.E. Some manifestations of the tuberculous process in human and cosmoheliophysical factors // Biophysical and clinical aspects of heliobiology: Collection of scientific papers. - L .: Nauka, 1989. - S. 42–52. (Problems of space biology; V.65).

10. Gotovsky Yu.V., Perov Yu.F. Modulating action of external magnetic fields on the growth, development and pathogenicity of microorganisms // Abstracts and reports. IX International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part II. - M.: IMEDIS, 2003. - S. 31–62.

11. Chemotherapy for pulmonary tuberculosis. Ed. Khomenko A.G. - M., 1980.- P. 278.

12. Dobkin V.G., Faizullin D.R., Kuzmin G.P., Bagirov M.A. Ultraviolet laser radiation in local treatment of patients with drug-resistant destructive pulmonary tuberculosis // Materials of the VII Russian Congress of Phthisiologists, "Pathogenetic and non-drug methods of treating tuberculosis". - Moscow, 2003.

13. Klimenko P.D., Shevchuk D.V., Gelberg I.S. et al. results conducted studies of predicting and diagnosing tuberculosis by a combination of individual characteristic frequency (IHF) and etiological factor // Abstracts and reports. VIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. 2nd ed. - M .: IMEDIS, 2002. - S. 265–271.

14. Kempe N. Ideas of pleomorphism prof. Enderlein and their capabilities implementation using the "IMEDIS" system // Abstracts and reports of the X International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." Part I. - M.: IMEDIS, 2004. - S. 262–268.

15. Ovsepyan A.A., Machanyan A.S., Gotovsky Yu.V. Diagnostics and treatment gout using the hardware-software complex "IMEDIS-FALL" // Abstracts and reports. X International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2004. - pp. 199–216.

Sadykov V.G., Tikhonova I.S. Complex non-drug therapy of tuberculosis // XI :" IMEDIS ", 2005, vol. 1 - C.338-345