

The experience of using an electronic analogue of methotrexate in the treatment of a patient with viral pathology

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The aim of the study is to study the effect of the electronic analogue of methotrexate ("M") on the ability to accelerate the division of viruses in patients with viremia. Patients with genital herpes, Epstein-Barr virus, papilloma virus were studied. In patients, the titer of antibodies to the virus in the blood was necessarily determined.

The examination algorithm consisted of determining the frequencies of the viruses (viruses were tested using the thymus and spleen indicators), and assessing the degree of exhaustion and tension of the immune system. A pathological "chain" was compiled, which took into account the degree of anabolism and catabolism of tissues, acid-base balance, the degree of tissue insufficiency and other metabolic disorders in the affected organ. The degree of immune processes was necessarily determined through pointers. The viruses themselves were evaluated in terms of sensitivity to the intensity of frequency therapy, virus nosodes and efficacy to Labo'life drugs (viruses).

ART diagnostics allowed to divide patients into 2 groups. The first group gave a positive response to the frequencies of viruses, which were tested through the indicator "extremely high art. tension of the immune system" and was regarded as a state of autoaggression. The second group - through "depletion of the immune system" and was assessed as an immunodeficiency state. Taking into account the need to influence the autoaggressive component in various pathological processes, the drug methotrexate was investigated. This drug is a structural analogue and antagonist of folic acid. Folic acid is involved in the phases of hematopoiesis. With its lack, cellular mitosis is inhibited, as well as the growth of actively proliferating tissues, including bone mosaic.

Slowly dividing forms of viruses (CMV, Epstein-Barr, Coxsackie virus) are often the main reason for maintaining the pathological process. In the "dormant" state, they take intracellular forms, causing changes in metabolic processes in the cell.

Studies have shown that in such patients, the total biological and photon index will not differ much from the norm. Pronounced deviations will be on indicators of bactericidal activity and levels of load on the immune system. Possible manifestations of the state of autoaggression.

When the drug "M" and the viral nosode are introduced into the testing circuit, the load on the immune system changes.

In cases where the immune system is tested through "extremely high stress" markers, taking the drug translates the markers to "immune system depletion." Ceases to decline the measuring level when testing the thymus, while the total BI and PI and the BI and PI of the spleen increases sharply. The indicators of toxic load also increase by 1-2 levels, while the bactericidal index is restored to 5-6 degrees. When testing viruses, the value of the potency of the nosodes goes down from D30 to D6, and the intensity

effective frequency therapy of viruses increases to 100, which characterizes an increase in the activity of the division of the virus and its excretion into the intercellular space.

Observations of patients using an electronic analogue of metatrexate ("M"), when the body is affected by viruses and fungi, has shown its ability to influence the immune system as an immunomodulator.

In patients with a severe form of an autoaggressive process, the first effect of taking the drug is observed 2-3 weeks after the start of the drug. The required number of receptions and the number of globules of the electronic analogue decreases in the course of treatment. The selection of the dose is made taking into account the test "tolerance and effectiveness of the drug."

In connection with the results obtained, it can be concluded that the intake of an electronic analogue of methotrexate causes such a change on the part of the immune system, which causes the virus to actively divide and transfer it to the level of the intercellular space and the cell membrane, while the level of autoaggression decreases.

This is the most accessible level for exposure to both frequent therapy and allopathic drugs, if the virus needs to be eliminated.

In parallel, the effect of the drug on other identified microorganisms was studied. The most sensitive was the fungal flora.

Example

A mother with a child at the age of 9 was diagnosed with juvenile rheumatoid arthritis. For the period of examination, the boy was on the allopathic drug metatrexate for 3 months. Complaints: joint pain, high degree of asthenization, chorea-like obsessive movements, nosebleeds. According to the mother, the symptoms continued to increase with the prescribed treatment.

Diagnostics of ART allowed to reveal the viral nature of the process. Tested for the presence of Epstein-Barr Jg. The result showed the presence of antibodies to the virus. The treatment was carried out both by resonance-frequency therapy with antiviral frequencies, nosodes, and phytopreparations. The drug itself metatrexate was gradually replaced by an electronic analogue.

The duration and dosage of administration was determined by testing through the Ferrum met. D26 and Mn D26 and "immune system reactivity". The drug was taken throughout the course of treatment. In the course of treatment with frequencies, intoxication intensified in the first days. Detoxification therapy was prescribed.

In parallel, bioresonance therapy was carried out once every 2 weeks. The whole course was 3 months. Within 2 years, there was a complete remission ", both clinical and biochemical. The virus was not detected, the level of calcium in the blood was always within the normal range. 2.5 years later, after visiting the children's camp, the child developed a general malaise, pain in the joints.

The mother drew attention to a similar condition of the child at the onset of the disease. The examination revealed a virus in potential D200, "Very high degree of tension of the immune systems", high biological and photon indices, general and specific.

Correction of the immune system with metatrexate tested positive, and

the drug was used in the form of an electronic analogue. After 3 weeks, there was a pronounced clinical deterioration in the joints, as well as increased intoxication. A blood test for the Epstein-Barr virus showed an excess of the antibody titer in the serum by 5-6 times, including to the early Epstein-Barr antigen. 10 procedures of frequency therapy were performed against the background of an electronic analogue of the drug methotrexate, bioresonance therapy with an assessment of metabolic changes in the connective tissue during therapy, detoxification phytotherapy, as well as the drug Objective T. Control testing indicated a pronounced improvement in key test indicators. The child's clinical condition recovered within 2 months. Monitoring continues.

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