

## Treatment of benign prostatic hyperplasia using the hardware-software complex "IMEDIS-EXPERT"

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Benign prostatic hyperplasia (BPH) is a disease resulting from the proliferation of the periurethral prostate gland, leading to obstruction of the lower urinary tract.

At the age of 50, 50% of men have changes characteristic of BPH, at the age of 80 - in 90%.

Testosterone increases with age under the influence of 5- $\alpha$ -reductase enzyme activity. 5- $\alpha$ -reductase is converted to dihydrotestosterone. The latter stimulates the growth of the gland. The adenoma tissue compresses the lumen of the prostatic urethra, leading to obstruction of the lower urinary tract. As a result, two groups of symptoms are observed: a) obstruction symptoms (sluggish urine stream, feeling of incomplete emptying of the bladder, paradoxical ischuria), irritation symptoms (pollakiuria, nocturia, urgency) [1].

Although usually patients come with a diagnosis already made, we, in order to prevent diagnostic errors, first of all, carry out differential diagnostics with malignant processes.

prostate gland, then we exclude urethral strictures, prostatitis of various origins, diseases of the bladder, including neurogenic dysfunctions. One should not forget diseases such as diabetes, hypercalcemia, which are accompanied by nocturia.

6 people from 40 to 68 years old were under observation. The clinical picture (urgency, pollakiuria, nocturia) and the results of instrumental studies in 4 patients corresponded to the first stage of the disease, in 2 - to the second stage (in addition to the above signs, residual urine was noted immediately after urination).

The treatment was carried out in a comprehensive manner. At the first visit, a careful selection of homeopathic remedies was carried out. Of course, depending on the general complaints and the patient's condition, complex drugs from different companies were prescribed. However, preference has always been given to one particularly carefully selected homeopathic remedy. In our cases, these were drugs: selenium, sabal serryl, iodine, conium, mercury, corn silk. The appointment of a particular drug was carried out according to general and particular characteristics, i.e. according to the individual characteristics of the patient and local signs of the disease. When prescribing the latter, the presence of kidney stones and circulatory problems were taken into account.

Selenium was prescribed to a 68-year-old patient with laryngitis with mucus accumulation and discomfort in the throat. Sullen and irritable, he looked older than his years, dressed warmly, smelled of sweat, signs of the second stage of prostate hypertrophy were noted from the genitourinary system. The volume of residual urine according to ultrasound data was 65 ml.

Sabal serril (sawtooth) received the patient psychologically

unbalanced, hypochondriac, who did not like sympathy, he had an increase in the desire to urinate in a horizontal position, a decrease in potency, a feeling of a decrease in the size of the testicles and pain in them. He also complained of urgency, frequent urination in small portions, residual urine content of 25 ml.

Iodine was prescribed for concomitant thyroid problems. The patient is sullen, irritable, thin, hot.

Conium (spotted hemlock). The leading symptom for this appointment in our case was sweating during sleep with specific complaints associated with an increase in the periurethral part of the prostate (intermittent flow of urine, with a feeling of incomplete emptying of the bladder). "Sweat day and night, as soon as the patient falls asleep or even closes his eyes" EB Nesh [2] considers a characteristic feature of the conium, which is not found with any other remedy.

Mercurius solubilis. Weakness and increased reactivity, symptoms of prostate adenoma with signs of inflammation were combined.

Stigmata maitis (corn silk) was used in a patient with complaints of renal colic, sand was detected in the urine, and there were pronounced dysuric phenomena.

After individual selection and determination of the optimally suitable potencies and the number of globules, the rest of the treatment for all patients was carried out in a standard way:

1. At the beginning of therapy with an inductor located in the perineum and connected to the apparatus through the frontal electrodes input, the signals were recorded on the grains in the first cell against the background of bioresonance therapy in the "simultaneously" mode for 5 seconds and they were postponed.

2. Determined "suitable" frequency programs for the treatment of adenoma prostate for each patient individually.

3. Then the treatment was carried out with the corresponding tested frequencies with an amplitude of 30 srvc. units The duration of therapy for each frequency was 4–5 minutes.

4. Then the BRT was started. The frontal electrodes were connected to the input brass electrodes, which were placed on the pubis and sacrum, on the hand and foot electrodes were placed, respectively, the patient's feet and hands. The 50 times amplified signals received from the perineum were connected to the second cell. BRT continued until we got a measurable level of 50 ye at the total point of measurement of the prostate gland from both sides (V65 - located on the dorsal-lateral surface of the 5th metatarsal bone at the transition of the bone body to the head)

5. After reaching the normal measurement values at point V65 removed the inductor. The globules set aside before the start of BRT were placed in the third container, and the alpha reductase inhibitor finasteride was placed in the second container, and the recording was performed in the first container for 5 minutes. Thus, we are producing a BR-drug, which patients took 2-3 globules 3 times a day for one to two weeks, depending on the next visit.

At the next visits, the treatment was carried out in the above sequence.

The results of the work carried out showed that the proposed treatment regimen allows you to quickly and reliably improve the patient's condition. After 2-3 months of therapy (after 4-8 visits), the patient's complaints practically disappeared. Objective examination methods showed a significant reduction in the size of the prostate and the disappearance of the residual volume after urination. We invite our colleagues to apply the described therapy regimen in their practice and, if desired, summarize the results for joint publications in peer-reviewed periodicals.

#### Literature

1. A guidebook for a practical doctor. 2000 diseases from A to Ya. -M., 1998. - 1186 p.
2. Nesh Ye.B. Leading symptoms in homeopathy. - Kharkov, ed. "Progress, LTD ", 1993. - 224 p.

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