

Clinical case

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For several years, in cooperation with doctors of various specialties of MONIKI, we have been using the method of vegetative resonance test (ART) "IMEDIS-TEST" for the diagnosis and treatment of patients, among whom there are both children and adults. These are patients with a wide variety of clinical pathologies.

The ART method "IMEDIS-TEST" has established itself not only as a highly reliable diagnostic method, but also as one of the options for an adequate, effective treatment.

In this article, we would like to present to our distinguished colleagues a case from our clinical practice.

Patient N., 15 years old, was transferred from the Ivanteevskaya Central Regional Hospital with complaints of epigastric pain, nausea, vomiting. From 1.09.2005 to 21.09.2005, he was treated in the gastroenterology department of the MONIKI for chronic destructive pancreatitis in the acute stage, pancreatic tail cyst. Sick since August 2005, the disease is associated with a violation of the diet. Previously, he was repeatedly treated for duodenal ulcer, duodenitis. Upon admission to the hospital, the patient's condition was assessed as moderate, pale, pain syndrome was moderately expressed.

Survey results:

1. Complete blood count from 29.09.2005: hemoglobin 114 g / l; leukocytes 5.8 mld / l; ESR 24 mm / h.

2. General analysis of urine from 29.09.2005 g: protein 0.3 g / l; erythrocytes 10 in f / z; leukocytes 25 in f / z.

3. Biochemical blood test from 29.09.2005 g: ALT 78 units / l; serum iron 9.7 μ mol / l, -glutamyl transpeptidase 140 U / L.

4. Ultrasound of the abdominal organs in dynamics from 09/29/2005: signs edematous forms of acute pancreatitis, cholecystitis. From 24.10.2005: signs of pancreatitis and cholecystitis persist, the formation of pseudocysts was noted in the head.

5. RKT from 6.10.2005 g: chronic pancreatitis, the formation of pseudocysts at the level of the head, the previously identified reservoir of fluid in the region of the tail of the pancreas disappeared.

Against the background of the ongoing conservative therapy condition stabilized, abdominal pain and dyspepsia disappeared. However, given the persisting phenomena of pancreatitis according to ultrasound and CT data, the presence of pseudocysts in the tail of the pancreas, signs of stagnation in the biliary tract, data of fibrogastroscopy (erosive bulbitis, deformation of the bulb), the patient was referred for additional diagnostics and to resolve the issue of the possibility of therapy with using the method of vegetative resonance test.

The development of acute pancreatitis is mainly associated with taking medications, various infections (primarily viral), some systemic diseases or trauma.

As a result of the vegetative resonance test, the following data were obtained:

- average reserves of adaptation 4 degrees;
- Depletion of the immune system of a moderate degree;
- depletion of the endocrine system of the 3rd degree;
- lack of enzymes (enzymes);
- viral burden (Epstein-Barr virus, herpes simplex);
- burdening with yeast fungi (candida albicans);
- the presence of Helicobacter pylori, giardia lamblia, entameba histolytica;
- dysbiosis in the large intestine;
- organs of defeat: pancreas, stomach, gallbladder, colon, mucous membrane.

Taking into account the revealed indications, complex homeopathic preparations (electronic copies) were tested and selected. A course of bioresonance therapy (BRT) was carried out according to 4 strategies and resonance frequency therapy (RFT), taking into account the identified burdens.

After the therapy with repeated diagnostics using the ART method from November 8, 2005 - viral and bacterial burden, lampli, entameba, Helicobacter pylori were not tested. Mycotic burden, dysbiosis in the large intestine and a lack of enzymes persist. We determined good reserves of adaptation of the 3rd degree, good energy state, mild degree of tension of the immune system and endocrine system.

On ultrasound control from November 8, 2005, positive dynamics was noted: reduction in size pancreas, improvement in structure, the disappearance of pseudocysts, signs of stagnation in the gallbladder persist. On the FGS dated November 8, 2005 - there are no signs of bulbitis, erosion is scarred, there is no pylorospasm.

Overall well-being has improved significantly. The patient was discharged November 9, 2005 for outpatient treatment with recommendations to continue taking selected complex homeopathic medicines (Heel, ONOM, Dr. Reckeweg, Homeopharm).

Patient monitoring continues.

E.N. Petritskaya, L.F. Abaeva, N.V. Kartashova, E.Z. Druzyuk, M.Yu. Gotovsky A case from clinical practice // XII