

Achieving a sustainable response in the treatment of hepatitis C by the method
bioresonance therapy

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The wide, but not uniform distribution of parenteral viral hepatitis, including chronic hepatitis C (CHC), in different territories can be largely associated with the environmental conditions of the human environment, which reduce the body's resistance to infection and at the same time contribute to the spread of pathogens in the human population.

CHC is still studied only from traditional positions (clinic, virus, functional shifts), and no emphasis is placed on the so-called energy-information systems, in a wide variety and different in strength, but affecting the human body. They surround him in many, are capable of causing various breakdowns in him, and have a healing effect. Unfortunately, only in recent years, thanks to the works of Gotovsky Yu.V., they have attracted the attention of scientists and are widely used in the form of a vegetative resonance test (ART) and bioresonance therapy (BRT) with the use of IMEDIS equipment, both for diagnostic purposes, and for the treatment of various pathologies, including CHC. However, these works are just beginning, although their prospects in both practical and scientific medicine are enormous. The state of the immune system of the organism itself is of great importance in the CHC clinic. Without ensuring, in most cases, complete elimination of the virus, the immune system significantly affects the development of HCV infection. Long-term presence of HCV in the human body is determined by its ability to survive in conditions of a sufficiently intense and varied immune response. It should also be noted that many HCV virions are associated with serum lipoproteins (β -lipoproteins of low and very low density), which shield viral antigens, protecting HCV from antibodies. At the same time, this creates conditions for additional interaction of virions with cells - through receptors for low density lipoproteins. Long-term presence of HCV in the human body is determined by its ability to survive in conditions of a sufficiently intense and varied immune response. It should also be noted that many HCV virions are associated with serum lipoproteins (β -lipoproteins of low and very low density), which shield viral antigens, protecting HCV from antibodies. At the same time, this creates conditions for additional interaction of virions with cells - through receptors for low density lipoproteins. Long-term presence of HCV in the human body is determined by its ability to survive in conditions of a sufficiently intense and varied immune response. It should also be noted that many HCV virions are associated with serum lipoproteins (β -lipoproteins of low and very low density), which shield viral antigens, protecting HCV from antibodies. At the same time, this creates conditions for additional interaction of virions with cells - through receptors for low density lipoproteins. protecting HCV from antibodies. At the same time, this creates conditions for additional interaction of virions with cells - through receptors for low density lipoproteins. protecting HCV from antibodies. At the same time, this creates conditions for additional interaction of virions with cells - through receptors for low density lipoproteins.

purpose of work - to assess the effectiveness of the use of endogenous bioresonance therapy for chronic viral hepatitis C. A total of 45 people were treated with a diagnosis of chronic viral hepatitis C, without antiviral treatment. CHC was established according to generally recognized clinical and laboratory parameters (ELISA, PCR, biochemical data, anamnesis, complaints). General condition, biochemical parameters (ALT, AST, alkaline phosphatase, GGTP, total (direct) bilirubin, CBC, PCR, ELISA) were used as dynamic control. The division of patients into groups was not carried out.

Treatment method: all patients underwent endogenous bioresonance therapy; the pathogenetic modulated chain was used as a marker of the goal of therapy (A.A. Ovsepyan). BRT was carried out along the selected meridians that implement the target marker, in a simultaneous mode, along the golden ratio, through hand and foot plates. The target marker was on the MP throughout the entire time interval of therapy, the BR-drug was recorded according to

completion of the BRT session, under the control of ART, in 1 container of the device.

Results: I would like to immediately note that each patient, already in the course of therapy, noted an improvement in general well-being - relief of the main complaints, a significant improvement in the quality of life. A detailed analysis reveals the following: persistent improvement occurred in 70% of patients, relative improvement - in 30%; without improvement - there were no patients. Persistent improvement was understood as an improvement in the general condition, normalization of biochemical analyzes (no more than 1N). In 50% of people in this group, during PCR, negative results were obtained during dynamic observation for 1-3-5 months.

The relative improvement was understood as an improvement in the general condition, according to biochemical parameters, there is an increase of no more than 2N, according to PCR data, the presence of HCV RNA is determined.

Conclusions: at this point in time, we can say with confidence that BRT almost completely returns a patient with CHC to his usual mode of life, restores the quality of life, normalizes biochemical parameters (in most cases, leads to a complete restoration of constants).

This work on the study of the effect of BRT on CHC does not end, the plans are to draw up a complete algorithm for BRT modes for this pathology, to search for clear and stable algorithms for constructing the MC, to identify stable statistically reliable regularities between ART indicators and clinical and biochemical data.

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