

The use of vegetative resonance test and bioresonance therapy in diagnosis and treatment of diseases of the rectum

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Over the past 10-15 years, there has been a steady increase in diseases of the gastrointestinal tract, in particular, diseases of the rectum. This is primarily due to the impact of unfavorable environmental factors, physical inactivity, increased consumption of alcohol and highly refined foods, overeating. The most common are hemorrhoids, rectal fissures, anal itching, proctitis, anorectal abscesses, rectal fistulas. Brief clinical characteristics of these diseases are shown in Table 1.

Table 1

Clinical characteristics of diseases of the rectum

Nosological form	Clinical characteristics
Haemorrhoids	discomfort in the anus anal itching
	episodes of intestinal bleeding after a bowel movement
Fissure of the rectum	pain in the anus that gets worse during a bowel movement
	episodes of intestinal bleeding after a bowel
Anorectal abscess	movement dull pain in the anus
	often fever
Anal itching	itching
	burning pain in the anus pain
Rectal fistula	in the anus
	in some cases - subfebrile condition

In proctological diseases, it is often necessary to carry out certain surgical procedures (ligation and excision of hemorrhoids, dissection and excision of a fistula, opening an abscess, stretching the sphincter, excision of a crack), since drug therapy (local treatment with painkillers and anti-inflammatory drugs) is rarely effective.

Over the past year, we have observed 36 patients with various diseases of the rectum (Table 2).

table 2

Morbidity structure

Nosological form	Number of cases (%)
Haemorrhoids	32 (89%)
Fissure of the rectum	12 (33%)
Anal itching	23 (64%)
Proctitis	26 (72%)
Anorectal abscess	3 (8%)
Rectal fistula	5 (14%)

When diagnosing by the ART method, the "IMEDIS" equipment revealed a wide range of pathogens (Table 3).

Table 3

The spectrum of pathogens identified in patients (n = 36) using ART

Causative agent	Number of cases (%)
Helminths:	
Ascaris Lumbricoides	18 (50%)
Trichuris trichura	15 (42%)
Toksokara canis	14 (39%)
Enterobius vermicularis	28 (78%)
The simplest:	
Entameba histolytica	8 (22%)
if	12 (33%)
Trichomonas vaginalis	6 (16%)
Bacteria:	
Staphylococcus aureus	32 (89%)
Esherichia koli	36 (100%)
Shigella dysentery	18 (50%)
Proteus vulgaris	33 (92%)
Salmonella enteritis Pseudomonas	22 (61%)
aeruginosis (Pseudomonas aeruginosa)	19 (53%)
Gonococcus	2 (5.5%)

In 100% of cases, signs of dysbacteriosis of the small and large intestine were tested in combination with mycotic burden, in 80% of patients, depletion of the immune system of varying severity was detected, in 76% of patients - depletion of the endocrine system of varying severity.

Treatment was carried out:

1. Exogenous bioresonance therapy with fixed frequencies.
2. Resonant frequency programs for the treatment of diseases caused by helminths, protozoa, bacteria.
3. Preparation of general and private bioresonance preparations according to Yu.V. Gotovsky.
4. Appointment of bacteriophages and eubiotics.
5. The use of homeopathic preparations of the "Heel" company ("Esculus" locally and per os, "Nux Vomica Homaccord" per os, "Ubiquinone compositum" and "Coenzyme compositum" intramuscularly).
6. Use of homeopathic remedies from the IMEDIS selector: complexons of the firms "OHOM", "OTI", "Weleda".
7. Correction of the psycho-emotional state of patients ("Bach Flowers", drugs firms "Guna", "Medpharma").
8. Instillation of ozonated olive oil per rectum.

The results of the therapy are shown in Figure 1.



Rice. one. The results of the therapy

It should be noted that surgical intervention was avoided in 12 patients with indications for surgical treatment.

Conclusions:

1. The ART method allows you to establish the leading etiological factors of diseases rectum.
 2. Identification of the cause of the disease makes it possible to carry out not only symptomatic and pathogenetic, but also etiotropic treatment.
 3. An integrated approach to patient management improves efficiency treatment and even avoid surgical intervention in some cases.
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