

The use of the ART + method in the treatment of cystitis using the method
Hovsepyan A.A.

S.V. Marcinechko, O. V. Bessarabov
(Treatment and Diagnostic Center "Medicine of the Future", Kaliningrad, Russia)

Patient S., 42 years old, turned to the Medical Center of the Future with complaints of almost constant intense pain in the lower abdomen, aggravated by urination, accompanied by a strong burning sensation. Constant urge, urine is released drop by drop, the patient has been forced to use diapers for the last year.

The onset of the disease is associated with bladder catheterization in the postpartum period 10 years ago, after which the above complaints first appeared.

Permanent medicinal, phytotherapeutic, physiotherapeutic treatment using urological aids had a short-term effect.

Out of desperation, the patient, who is an employee of a public medical institution, turned to us for help.

Diagnostics was hampered by the fact that the patient could not sit for a long time because of the constant painful urge, the feeling of "burning" and pain, therefore the testing was carried out in a minimal volume with the identification of the main affected organ (bladder), organs of the "discharge" (liver, kidneys).

A pathophysiological chain was built along the urinary bladder, which revealed itself as a dominant toxic focus (via the Causticum D400 index): grade 6 catabolism, grade 6 acidity, 5 degree of VNS depletion, sympathicus D4.

Also, in the bladder, it was revealed: 2 degree of nutritional value, 21 biological index, 4 degree of DNA-index violation, high PRP, absence of oncoprotein.

Diagnostics of pathogens was carried out, the first place among which in terms of pathogenicity for the patient came out gonococci, brucella and mansoni schistosome.

Frequency therapy of these pathogens began immediately, during the manufacture of BR-drug No. 1, to which they switched after testing the patient.

BR # 1 made it possible to halve the inflammatory processes in the bladder, eliminate the 2nd degree of nutrition, reduce the degree of depletion of the ANS and establish the correct section of the ANS. At the end of the 30-minute session, the patient stopped pain, urge to urinate, the sensation of "burning" significantly decreased.

Over the next 10 days, frequency therapy of pathogens (gonococcus, brucella, Mansoni schistosome) was carried out, and all family members were treated (to exclude reinfection of the patient).

With an interval of 10–14 days, we made PDU No. 2, PDU No. 3, PDU No. 4, further correction of metabolic processes and acid-base balance, the state of the ANS, endocrine regulation, bactericidal action, psychovegetative loads were made, geopathogenic, electromagnetic, and radioactive loads were leveled.

When the patient appeared at PDU No. 2, there was a significant positive dynamics: pain, a burning sensation, endless urge no longer bothered, only periodic moderate discomfort at the bottom remained abdomen when urinating, urination from the patient refused - rhythm and volume diapers returned to normal.

Further, it was systematically carried out frequency therapy the remaining pathogens.

At the last session, the following parameters were set: anabolism 1 tbsp., Alkalinity 1 tbsp., VNS voltage 1 tbsp., Parasympathicus D6, 6 tbsp. bactericidal, tension of the endocrine system 1-2 tbsp.

The BR-preparations included drainage homeopathic complexes of various companies, which were tested individually.

The last PDU # 5, made for admission for the next three months, and involves the elimination of autoimmune processes and connective tissue failure of the organ.

So, by the time the last BR drugs were made and by the end of the frequency therapy, the patient felt completely healthy.

But it is known from experience that the body retains foci of those pathogens that caused the bladder disease - these are the organs of "discharge" (in this case, the kidneys and the liver), where there is also a second degree of "nutritional value", significant changes in the DNA index and maximum indicators of slugging (according to BI).

Therefore, the next stage in the treatment of our patient was the planned production of BR drugs for the liver and kidneys, which was also accompanied by frequency therapy to eliminate pathogens.

Only when these organs were brought to normal parameters for metabolic processes, acid-base balance, the state of the ANS, endocrine regulation, bactericidal activity could it be said that the patient was cured of chronic cystitis and the likelihood of relapse was reduced to naught.

Conclusions:

1. The bladder is a "grateful" organ, it lends itself well treatment with BR-drugs according to the method of prof. Hovsepyan A.A. The duration of the problem is not an obstacle.
2. Before starting testing, it is necessary to eliminate the "information blocks".
3. Preparation of BR-preparation even in the most acute stage of cystitis allows you to immediately significantly alleviate the patient's condition and can be a means of "first aid" in this situation.
4. To prevent the breakdown of the reserves of adaptation and possible complications, the measurement of new parameters is carried out according to the optimality - through Cu met. D400.
5. For a complete cure of the organ, it is necessary to eliminate pathological influences from other foci of infection - correction of the state of the "discharge" organs by metabolic processes and acid-base balance using the manufacture of BR-preparations.
6. The authors express their sincere gratitude to A.A. Hovsepyan. per

scientific developments that can significantly improve the quality of diagnosis and treatment of difficult patients.

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