

The use of targeted urine and blood autonosodes for treatment
chronic urethroprostatitis

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Introduction

Chronic prostatitis is one of the most common diseases of the genitourinary system in men, despite the use of various methods of treatment (medication and physiotherapy). therapeutic), achieving full and long-term remission is an intractable task. This is determined by the anatomical and physiological features of the prostate gland and the variety of etiopathogenetic mechanisms of its inflammation [1].

As you know, a disease such as chronic prostatitis is a very serious problem, both personal and social. According to official statistics, 60–70% of the adult male population suffers from chronic prostatitis. Various sexual dysfunctions, infertility as a result of chronic prostatitis, debilitating pain syndrome leave a negative psycho-emotional imprint on the patient, create difficulties in family relationships and in the labor sphere.

The biggest problem with chronic prostatitis is its treatment. For a long time, this disease has retained the status of "incurable", and all treatment consisted in stopping exacerbations of the inflammatory process throughout the patient's subsequent life.

According to the literature [3], in 94% of patients with chronic prostatitis, when diagnosed by the ART method in the urethra and in the prostate gland, pathogens are determined: chlamidia trachomatis, ureaplasma urealiticum, mycoplasma genitalium, mycoplasma hominis, trichomonas vaginalis, both monoinfections and in the form of mixed associations. Prostatitis caused by these pathogens is characterized by primary chronic and a low-symptom course, although when diagnosed by the method of R. Voll and ART and ultrasound examination, significant changes in the structure of the prostate gland are found. With this prostatitis, first of all, the copulative and reproductive functions suffer. Also characteristic for these types of urogenital infections is the absence of a local cellular immune response, which can cause poor clinical symptoms.

It is possible that this gap between infection and initiation of treatment is often the reason for insufficient effectiveness of therapy and requires multiple repeated courses of treatment.

Considering that young and middle-aged people suffer from urethroprostatitis and the fact that, despite repeated courses of therapy, it often turns out to be ineffective, and the disease often ends in infertility, therefore, the social significance of this pathology sharply increases [4].

Among the various forms of urethroprostatitis, I would like to single out one form, which is especially difficult to treat. This is urethroprostatitis caused by trichomonas vaginalis. There are patients in whom the elimination of Trichomonas cannot be caused by almost any method. For such difficult patients, a method of treatment with the help of targeted

autonosode of urine and autosode of blood.

Materials and research methods

Since January 2005, 8 patients with chronic urethroprostatitis have been selected for examination and treatment. The etiological factor has been proven *Trichomonas vaginalis*. The age of the patients ranged from 26 to 45 years, the duration of the disease from 2 to 10 years. Previously, all patients received from 4 to 20 courses of conventional treatment for chronic *Trichomonas urethroprostatitis*, including the last course in all included BRT, resonance frequency therapy, complex homeopathic preparations from the drug selector of the IMEDIS Center, and nosode therapy. All patients after the courses of treatment had a short-term (sometimes up to 3 months) clinical remission, however, with bacterioscopic and bacteriological studies, within 1-2 weeks after the end of treatment, *Trichomonas vaginalis* was again detected in the analyzes of urethral secretions and prostatic juice.

All patients underwent diagnostics by the method of vegetative resonance test and made a compact diagnosis [9]. The following groups of drugs from the drug selector were used as pointers: metals for chakra testing, meridian complex preparations, chromosomes, *Trichomonaden fluor nosode* in various potencies, OHOM preparations. The entire compiled compact diagnosis was rewritten into several globules and placed into a passive electrode for the patient. The vibrations recorded on the globules produced a stable reliable indication in ART. All patients underwent an inverse urine autosode in D12 (the preparation technique was described by the authors in previous articles). Several globules of the obtained inverse autosode were placed in a cup in container No. 2 of the apparatus for bioresonance therapy, the apparatus was switched to BRT mode or

drug testing. Our task was, using the potency regulator knob, to find such a value on the scale at which we would get the elimination of the decrease in the measuring level during ART. On the found readings of the potentiometer, rewriting was made from several globules of the inverse autosode of urine to a full bottle of pure homeopathic sugar crumbs in the transfer mode. The number and frequency of taking globules were selected by mental testing. This was the first drug that each patient took for about a month.

On the same day, the patient was selected for a Systemic Spiritual Adaptant (SDA), which was supposed to remove all pointers to a compact diagnosis based on the results of ART. The dose and frequency of SDA intake were selected according to the results of mental testing for 1 month [10].

The third drug, which was being prepared on the same day, was a targeted blood autosode. The autosode preparation technique is described in [8]. The targeting of the blood autosode was carried out using a technique similar to the targeting and potentiation of the urine autosode. Only for potentiation was taken a direct, and not an inverse nosode (5th potency according to Korsakov). The dose, frequency and number of doses were selected using mental testing.

After 2 weeks, the patient underwent repeated diagnostics using the ART method with a new compact diagnosis. Most often during reception

of the three drugs described above, pointers to chakra damage and pointers to meridian damage were no longer tested. Chromosomes, trichomonaden fluor nosode in higher potencies, OHOM preparations were reliably tested cystitis-urethritis, prostatitis-prostatic hypertrophy, drainage of male genital organs. All indicator drugs included in the compact diagnosis were recorded at 3 4 globules. Then the patient underwent chronosemantic therapy (CHT) [5, 8, 11], and several globules of targeted blood autosode were selected as a target marker, which were introduced into a passive electrode and caused persistent decreased indices on the main chiroglyphic lines of the palm. Information from points with increased indices, identified on the main chiroglyphic lines of the palm, was taken directly with a probe for chronosemantics, i.e. through the nest of container # 2. If the patient had clinical exacerbation (pain syndrome, dysuria, discharge from the urethra) during the period of the CTT, then the urine autosode in D12 or urethral discharge placed in a passive electrode in the form of a piece of cotton wool moistened with them, wrapped in foil was chosen as a target marker. Then the target marker gave lower values at the points of the main chiroglyphic lines of the palm. Points with increased indices were marked, and information in inversion was taken from them with a probe for chronosemantics, i.e. through the nest of container # 3. Direct or inverse information signals were recorded on 6-8 globules in container # 1 of the apparatus for BRT. Then, after removing the target marker, we placed a globule with a compact diagnosis recorded on it into the passive electrode; the device readings during ART were low. Four globules from the number recorded during XST were placed in container No. 2, and potentiation was performed on the potentiometer scale from "7" to "0". The indicator of the potentiometer at which it was possible to completely eliminate the decrease in the measuring level and stably hold it at 80 Direct or inverse information signals were recorded on 6-8 globules in container # 1 of the apparatus for BRT. Then, after removing the target marker, we placed a globule with a compact diagnosis recorded on it into the passive electrode; the device readings during ART were low. Four globules from the number recorded during XST were placed in container No. 2, and potentiation was performed on the potentiometer scale from "7" to "0". The indicator of the potentiometer at which it was possible to completely eliminate the decrease in the measuring level and stably hold it at 80 Direct or inverse information signals were recorded on 6-8 globules in container # 1 of the apparatus for BRT. Then, after removing the target marker, we placed a globule with a compact diagnosis recorded on it into the passive electrode; the device readings during ART were low. Four globules from the number recorded during XST were placed in container No. 2, and potentiation was performed on the potentiometer scale from "7" to "0". The indicator of the potentiometer at which it was possible to completely eliminate the decrease in the measuring level and stably hold it at 80 and potentiation was performed on the potentiometer scale from "7" to "0". The indicator of the potentiometer at which it was possible to completely eliminate the decrease in the measuring level and stably hold it at 80 and potentiation was performed on the potentiometer scale from "7" to "0". The indicator of the potentiometer at which it was possible to completely eliminate the decrease in the measuring level and stably hold it at 80 and potentiation was performed on the potentiometer scale from "7" to "0". The indicator of the potentiometer at which it was possible to completely eliminate the decrease in the measuring level and stably hold it at 80 \$ 90 scale, was considered the matched potency of the chronosemantic drug. Environmental testing was carried out at the end points of the Life, Head and Heart lines, as well as at the intersection points of the main chiroglyphic lines on the patient's palm. the remaining 4 globules of the adaptant were transferred to a glass of pure homeopathic sugar grains in the drug testing or transfer mode. The number of globules, frequency and number of doses were determined by the method of mental testing. A similar course of treatment took from 1 to 2 months, then a month break was made and a second course was repeated. Six patients underwent 3 courses of treatment, two patients underwent 4 courses of treatment.

results

In all patients, after the first course of treatment, the clinic of the disease disappeared, disappeared in bacteriological and bacterioscopic studies of prostatic juice and urethral secretions of trichomonas vaginalis. In four patients, signs of inflammation (leukocyturia, urethral filaments, mucus) remained, but the pathogen could not be detected.

Bacteriological and bacterioscopic examinations of urethral secretions were carried out monthly throughout the year. After the first course of treatment, no patient excreted trichomonas vaginalis, indications for repeated courses of treatment were a slight deterioration or appearance

signs of inflammation in the tests of prostatic juice or smears from the urethra. All patients fully recovered copulatory and generative functions (according to the results of spermogram - normozoospermia).

conclusions

Methods for preparing targeted urine and blood autonosodes, together with XST techniques can be quite effective for specific and nonspecific urethroprostatitis, copulative and generative dysfunction. for treatment complicated

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