

The results of using targeted blood autonosode and SDA in urogenital infection

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Urogenital infections are common diseases both in outpatient and inpatient obstetric and gynecological practice. The causative agents of these infections are a wide range of different microorganisms, and there are significant differences in etiology, depending on the involvement of various parts of the genitourinary system. In particular, typical bacteria predominate in the etiology of cystitis and pyelonephritis: E. coli and other enterobacteria, staphylococci, enterococci. At the same time, with infection of the vagina and cervical canal, the role of atypical microorganisms with a predominantly intracellular localization increases, which, as a rule, are sexually transmitted: Chlamydia trachomatis, Mycoplasma spp., Ureaplasma urealyticum. Neisseria gonorrhoeae is also of some importance.

Urogenital infections (UTI) are widespread among women. About 1 million women suffer from cystitis and vaginitis every year. Secondary complications of these diseases lead to infertility or an increased risk of premature delivery. Despite the great importance of these infections, the approaches to their therapy have not undergone significant changes in recent years. Antibiotics remain the main drugs in the treatment of UGI

and antimycotics, however, with an increase in antibacterial resistance and during the effectiveness of these funds decreases, it is pregnancy their use not always acceptable.

In the environment of bioresonance therapy, a number of techniques have been developed and are widely used to actively combat this pathology. The aim of the study is to study the effectiveness of targeted blood autonosode (NANCr) on nosodes of identified infectious agents.

The study included 28 people (12 men, 16 women, the average age was 37.4 years) with urogenital infection, confirmed by clinical and laboratory methods (ELISA, PCR, complaints, anamnesis), the results of ART using the hardware and software complex "IMEDISEXPERT" ... The division of patients into groups was not carried out due to the assessment of the overall effectiveness of this technique.

Methodology: using ART, the selection of the corresponding nosodes of the urogenital tract was carried out with the subsequent recording of all nosodes on homeopathic crumbs to create a total target marker (MC). Targeting was carried out through the BRT module in the drug testing mode without connecting leads, the gain corresponded to the range of 4.8-5.5 units in the process of loading the MC. In addition to NANCr, the systemic Spiritual Adaptant (SDA) selected "directly" from the proposed list of medicines of the APK "IMEDIS-EXPERT" was used in the treatment. The dosage of drugs was carried out through the load of the patient MC.

Results: against the background of taking NANCr and SDA, a fairly quick and stable therapeutic effect is noted. All patients noted the absence of

related complaints against 2-3rd day of taking drugs. The therapeutic effect was assessed according to laboratory data, which were prescribed after the normalization of ART tests. In all cases, there was a lack of laboratory data (ELISA, PCR) characterizing the presence of infectious agents.

I would like to note that in the presence of up to 3 infectious agents in the urogenital tract, a single preparation of these drugs is sufficient and the normalization of laboratory data occurs at 16-Day 18, and with 3 or more, two targeting procedures are required, and the normalization of laboratory control indicators corresponds to 26-34 days.

Conclusions: Based on the data obtained, the use of NANCr + SDA for urogenital infection can be a fairly effective and versatile method. Unfortunately, the number of observations does not allow for statistically correct conclusions and recommendations. Work in this area continues.

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