

The use of endogenous bioresonance therapy in the treatment of paragonimiasis  
lungs (case from practice)

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Among the natural focal diseases of the south of the Far East and Primorye, parasitic invasions, and in particular paragonimiasis, occupy a special position also because it was here that the larval (larval) form of this invasion was first described.

Paragonimiasis is a parasitic disease caused by a fluke - a pulmonary fluke. Refers to trematodosis, proceeds with damage to the lungs, subcutaneous tissue and skeletal muscles, less often the brain. The widespread prevalence of invasion in animals and humans in countries with a warm climate: Africa, Southeast Asia, South America, India, Sri Lanka, Japan, China, Korea, on the islands of the Pacific Ocean, on the southern coast of the Sea of Okhotsk. In our country, limited foci are found in the Primorsky and Khabarovsk Territories, the Amur Region, in the lower reaches of the Amur and Ussuri. A high intensity of the invasion of crayfish was noted in the rivers of the western part of the region, which have a common water basin with China. It has been known in humans for over 100 years. The natural susceptibility of people is high. Sporadic and group diseases are registered. More than 20% of patients under the age of 16.

Clinical example

Patient "X" has been ill for 30 years. *Paragonimus westermanii* was first identified in the laboratory in 1992. Since 1975, the patient has noted the presence of such complaints as: severe general weakness, rapid fatigability, hyperhidrosis phenomena, persistent dry cough and skin rashes of a psoriatic nature, clinical blood test - eosinophilia, in 1991 foot eczema first appeared. The disease proceeded with periodic remissions up to 1-3 months. Until 1992, the clinical diagnosis was not made, after the pathogen was identified, two courses of the drug were carried out "Praziquantel", according to the instructions and the clinical picture of the disease. After chemotherapy, there was a prolonged remission for 4 years, after which the symptoms returned again. In June 2005, patient "X" applied to the "SYNERGY" medical center. According to ART data, the diagnosis was made: paragonimiasis of the lungs. The following indicators were tested in the lung tissue - low level of bactericidal activity, depletion of the immune system, hypofunctional areas with catabolic phenomena 1 tbsp. and a shift of the acid-base balance towards the acidic medium up to 3 tbsp. For BRT, the following was used: information modeling of the physiological processes of the lung tissue using specific VRT pointers, the choice of meridians that trigger these processes. The BRT was carried out along the selected meridians in a simultaneous mode, the therapy / pause time - according to the "golden ratio", the duration of the BRT was controlled by the ART method. At the end of the BRT session, the BR-drug was recorded, the dosage of the BR-drug was determined through the simulated physiological chain.

Using the technique of modeling pathophysiological processes

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(Ovsepyan A.A.), it was possible to change the metabolic and chemical processes in the lung tissue, to raise the bactericidal activity of the environment to 5 tbsp. While taking the BR-drug, there is a positive trend - no complaints, normalization laboratory parameters.

Conclusions: usage of endogenous bioresonance therapy in mono-mode, allows for adequate therapy of parasitic invasions of parenchymal organs, without the use of any external therapeutic interventions, both informational and chemical in nature. Adequately constructed criterion of therapy, in the BRT mode, allows full start the compensatory and regulatory processes of the body with subsequent the restructuring of functional systems, which leads to a therapeutic stable result.

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