Experience of using BRT in urological practice A. Musaev (Athens, Greece)

The study included 56 patients with various urological pathologies. Treatment in all cases was carried out using bioresonance therapy (BRT) (7–12 sessions per course of treatment). Recovery was established by the normalization of laboratory tests and ultrasound data.

24 people were treated with a diagnosis of chronic prostatitis. The course of therapy consisted of 7 BRT sessions. At the end of the main course, recovery occurred in 22 patients (normalization or significant improvement in the analysis of prostate secretions was recorded), improvement was noted in one patient. In one more patient with sclerosing prostatitis, no changes were recorded.

Six patients were observed with a diagnosis of chronic pyelonephritis. All have a drug allergy, antibiotic and sulfonamide intolerance. Treatment with the BRT method (7-15 sessions) was carried out, as a result of which all patients recovered.

Two patients were treated for chronic cystitis. Both showed resistance to antibiotic therapy (based on the results of urine culture) and ineffectiveness of local treatment (instillations). After the BRT course, both patients recovered.

Twelve patients with renal colic were treated with endogenous BRT. As a result, recovery was observed in 10 patients, and in two improvement (dulling pain).

With a diagnosis of stage II prostate adenoma, 12 people turned to whom planned surgical treatment was recommended. After the BRT course (12-14 sessions), everyone recovered: clinical symptoms disappeared, according to ultrasound, the size of the prostate normalized or significantly decreased (by 0.5-1 cm), urine analyzes returned to normal.

Analysis of the results of treatment with the BRT method indicates its high efficiency, the absence of side effects and complications. It is possible to use BRT as a mono-method for the treatment of this group of patients. Bioresonance therapy can also be recommended as an emergency aid in cases of renal colic.

In conclusion, I would like to say a huge thank you to the entire team of the IMEDIS Center for their help.

A. Musaev Experience of using BRT in urological practice // XII