

Possible applications of BRT in urological practice

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Practically unlimited possibilities apparatus firms IMEDIS helped me to search for options that would optimize the treatment process in urological patients. Moreover, some of my patients expressed dissatisfaction not with the results of treatment, but with the long periods of onset of the effect in pathology complicated by erectile dysfunction. I think that it would be wrong to recommend the widespread introduction of the techniques described below due to their invasiveness and the need for appropriate training (doctor's experience, sterilization of instruments, etc.). However, these techniques will be of interest to those doctors who are important both the results of the patient's release from the pathogenic flora, and the timing of the restoration of the functions of the affected organs, in particular the prostate gland.

I would like to give examples of the use of BRT by the method of direct contact of the active electrode with with the affected organ, in particular in the the prostate gland. Silver wire high form of a stainless steel wire or sample was electrode inside a catheter made of polyvinyl chloride, at the end of which there were numerous small holes. Immediately before the procedure (about half an hour), an electrolytic solution of silver of the required concentration was prepared. As you know, such a solution has the highest bactericidal and antiviral effect. A catheter with an electrode was inserted intraurethally into the posterior urethra, i.e. into the prostate gland. Effective E programs were preliminarily tested. More often they were E9, E18, E22 programs. As you know, these programs work with congestive prostatitis, dyshormonal prostatopathies, prostate adenoma, orchiepidymitis, weakening of potency, etc.

The foot electrodes for the lying patient were attached to the soles of the feet. A small amount of electrolytic silver solution (3.0-5.0) was poured into the catheter. A wire from the active electrode from the socket of the MINI-EXPERT-DT apparatus was attached to the metal fitting of the urethral electrode. The intensity was selected taking into account the patient's sensations either in the area of the foot electrodes or in the area of the posterior urethra. Feelings should be clear, but gentle. The exposure time depended on the patient's tolerance to the given procedure, most often 5-6 minutes at any particular frequency. Sometimes, with some success, I used intraprostatic resonance-frequency therapy for local effects on Trichomonas, bacteria, gonococci, chlamydia, viruses, based on the fact that, being in the tissues of the prostate gland, these pathogens are practically inaccessible to antibiotics and protistocidal drugs. At the same time, I noticed that sometimes two or three procedures are enough for the ART method not to detect pathogens either in the prostate gland or in nearby organs. True, they could remain somewhere away from the uro-genital tract, but the restoration of sexual function took place in a fairly short time (3-4 weeks), the urination process clearly improved, pain sensations disappeared, vigor and energy appeared.

Example 1

Patient T., 63 years old, retired, complained of frequent urination, nighttime urge up to 3 times, feeling of incomplete emptying of the bladder. At the same time, the sexual function is practically not impaired. Has sexual contact with his wife once every 7-10 days. Treatment at the place of residence with a urologist gave short-term results. The PSA level fluctuates at different times, the highest level 1 month before contacting me is 7 ng / ml. Outpatient diagnosis: prostatic hypertrophy of the I - II degree. Palpation I identified a significant increase in the size of the prostate gland, pain on palpation, smoothness of the median groove.

In the study of native, prostate secretion under a microscope: leukocytes up to 10 in the field of vision, lecific grains in the field of glass, macrophages 2-3 in the field of vision and up to 8-10 large oval-pear-shaped formations (Trichomonas ?!). He explained to the patient the possible cause of his disease, especially since the Trichomonas nosode was tested by the ART method and proposed a method of local action on parasites. The patient agreed. The procedures were carried out 3 times a week. Frequencies were supplied to the prostate gland through the urethra according to programs F214, F410. Each for 5-6 minutes. As the number of procedures increased, the patient began to notice that he was less likely to get up at night to empty the bladder. After 6 procedures, I got up no more than 1 time per night, and sometimes did not get up at all. In parallel with intraurethral RFT, he received drugs from the ONOM company tested through the "effective medication": DRE 10 (drainage of male genital organs) and DIS 2 - (detoxification for bacterial lesions). When at the end of the 3rd week of treatment I performed a control palpation of the prostate gland, I was very surprised, because the gland decreased in size by almost half, the median groove began to be clearly defined, and the consistency of both lobes was uniform, densely elastic, almost painless. In the future, the patient kept in touch with me by phone. For six months he did not complain of worsening urination. He began to recommend me and my method of treatment to his friends. However, as he later admitted, his acquaintances did not believe him and preferred the treatment generally accepted in official medicine, including the advertised drugs. DRE 10 (drainage of male genital organs) and DIS 2 - (detoxification in case of bacterial infection). 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Example 2

Patient A., 46 years old, complained of weakening of potency, discomfort during urination, sometimes lumbago in the perineum, weakening of the urine stream, feeling of incomplete emptying of the bladder. In the secret of the prostate from 21.09.2004, leukocytes 35-40 in the field of vision, lecith.grain in a significant amount, atypical macrophages 2-3 in the field of vision. (Trichomonas?).

In the discharge of the urethra, leukocytes are in large numbers, in places completely, the flora is scarce - coccobacilli. Found Trichomonas. The patient was offered treatment on IMEDIS equipment, but he preferred the treatment accepted in official medicine, although he was warned that a cure with antibiotics and protistocidal drugs is highly doubtful. From my past experience of working for many years as a venereologist and urologist, I knew this well enough, but the patient did not heed my arguments.

Trichomonas, candidiasis, gardnerella, cytomegalovirus were tested using the ART method. They started treatment with antibiotics against the background of pyrogenal and

protistocidal drug "Tiberal". Urethral bougienage was performed locally, intraurethral electrophoresis with electrolytic silver solution was performed. Urination began to improve literally from the first procedures. The quality of spontaneous (morning) erections improved slightly. After 2 weeks of treatment, I decided to apply frequency therapy with the E1 and E9 programs by inserting an active electrode into the posterior urethra. After 2 days, the patient happily informed me that he had had sex with a good quality wife (with a condom). Apparently, considering himself recovered, he stopped treatment. However, when after 2 weeks he brought his wife for examination, I did a control test on ART and him. Testing showed the presence of Trichomonas and cytomegalovirus. At the same time, the spouses categorically denied having sex without a condom. In the future, I treated him with drugs "Spec. Tuya ", FMK" Prostata "and at the same time

intraprostatic frequency therapy according to programs F214, F410 and F471, each frequency worked for 5 minutes in 1 session. One week later, the nosodes of Trichomonas and cytomegalovirus were not tested. The wife was treated with preparations of resonant homeopathy "Spec. Tuya "and FMK" Female endocrine system ", and resonance-frequency therapy for the identified pathogens was carried out. Six months later, the condition is consistently good. Sex life is full.

This case shows that, firstly, the treatment of genital infections with antibiotics and protistocidal drugs, even against the background immunostimulating therapy is ineffective, and, secondly, even in the presence of a chronic urogenital infection, stimulation of the prostate gland with suitable frequencies can trigger the mechanism of functioning of the affected organ due to an improvement in its trophism, and, possibly, neutralization of pathological dominant frequencies in the structures of the brain.