

## Echinococcosis. Experience of using transfer factors (Case from practice)

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According to the US Statistical Office of Health for 2004, orthodox medicine reveals 20% of pathology in humans; 80% latent course of diseases, carriage of bacteria, viruses, invasions.

Echinococcosis of the liver and lungs in 91% of cases occurs without symptoms, and is detected as an accidental finding (according to a number of authors: Bronstein A.M., Tokmalayev A.K., etc.). The orthodox approach is surgical practice, which does not always give a positive result: complications and relapses are possible, which is confirmed by my 15-year practice as a radiologist for computed tomography in the conditions of the Central Military Hospital.

Infection with echinococcosis can occur at any age. The latency period lasts from 5 to 20 years or more. The nature of the symptoms depends on the location, shape, growth rate of the cyst (cysts) and the pathological changes caused by it.

In the "Eliseeva Methodological Center" in 2005 I observed 5 cases of echinococcosis.

The ART method on the IMEDIS equipment allows you to independently diagnose, detect echinococcosis for the first time, and observe patients after multiple surgical interventions.

### Clinical example

Patient A., 56 years old, applied to the Eliseeva Center. Professional artist who has dedicated her life to cynology.

Complaints on admission: weakness, shortness of breath, cough, sweating.

Echinococcosis was detected 5 years ago; underwent two torocular surgeries, including one on an open heart; the postoperative scar does not close for 6 months; osteomyelitis of the sternum; mediastinitis. The patient started looking for treatment options and turned to the Center.



Rice. one. Computed tomography: In the left lung, a fluid cyst up to 4 cm in diameter with a clearly visible capsule. Free fluid in the pericardium.

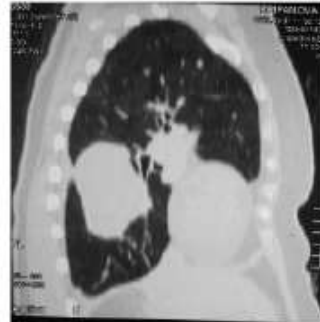


Rice.

2. Computed tomography: In the projection of the posterior wall of the left ventricle encapsulated liquid volumetric formation of a rounded shape up to 2.5 cm in diameter.



Rice. 3.CT scan:



Rice. 4.Computed tomography:  
Frontal  
reconstruction.  
Sagittal reconstruction.

I perform ART. In the algorithm, I can recommend using succinic acid as a test indicator for echinococcosis. The patient is testing geopathogenic load, mental problems, decreased endocrine system function, the frequency of echinococcosis, chlamydia, Coxsackie virus.

I prescribe frequency therapy, BRT, OBR, PBS, nemosol, transfer factor and transfer factor plus according to the scheme we have developed.

The state of health improved after 1 month; the postoperative suture was closed after 2 months; the phenomena of mediasthenitis, osteomyelitis were stopped; after 6 months there is no radiation load, the state of the immune system has improved, the psychological load has decreased. Some of the frequencies of echinococcus are not tested. Chlamydia and Coxsackie virus are not tested.

Control CT after 6 months: elements of calcification in previously identified foci. Echinococcosis serology: decrease in antibody titers.



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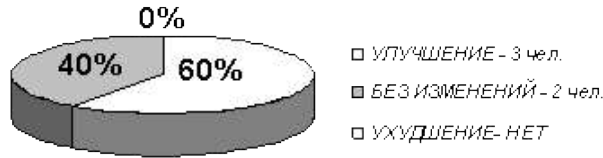
b)



in)

Rice. five. Control study after surgery. Computed tomography: Phenomena of sternum osteomyelitis, mediasthenitis, pericarditis. The cysts are removed. Signs of dissemination in both lungs.

Result: out of 5 cases: improvement - 3, no changes - 2, there was no deterioration.



Rice. 6. Treatment dynamics.

Conclusion:

1. The ART method allows the primary detection of echinococcosis.
2. Frequency therapy allows for effective therapy of echinococcosis.
3. Transfer factors contribute to an effective increase in immunity and accelerate recovery.

Literature

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