

Experience in using the hardware and software complex "IMEDIS-
EXPERT "in gangrene therapy
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Gangrene - as a type of necrosis, it can develop in tissues (skin, subcutaneous tissue, muscles) or in organs. Distinguish between wet and dry gangrene. Dry gangrene develops in patients with slow the progression of circulatory disorders, which leads to tissue dehydration and mummification. A demarcation shaft is formed. The tactic is wait-and-see. Operation at the level of the demarcation shaft.

Wet gangrene develops in patients with acute circulatory disorders (thrombosis, arterial embolism, damage and compression of large vessels). Swelling of tissues develops, necrotic tissues that do not have time to dry become a good breeding ground for infection. The demarcation shaft is not formed. The operation is urgent, much more proximal from the visible border of the lesion.

The therapy was carried out in three patients with the above pathology. Diagnostic studies and therapy were carried out using the equipment of the IMEDIS Center. In all cases, drugs of chemical origin within the entire period of treatment was not prescribed.

Patients received surgical treatment and categorically refused surgical treatment. branch, where

Patient A. 1954. Gangrene of the right foot. Thrombosis a. dorsalis pedis developed after taking alcohol surrogates. Studies by the Voll method on the hardware-software complex (APC) "IMEDIS-EXPERT" revealed low values on the liver meridian. Sycotic miasm.

Patient D. 1957 Diabetic gangrene of the right foot. Osteomyelitis. Condition after amputation of the left lower limb at the level of the lower third of the thigh for diabetic gangrene. Voll studies revealed low values in the pancreatic canal. Luesin miasm.

In both cases, the principle of the miasmatic approach to the treatment of chronic diseases (prorosis, sycosis, luezin, tuberculin) was observed, and drainage therapy was selected accordingly. Biresonance therapy (BRT) on an autonomous apparatus was carried out daily for 4-5 hours, for 2 weeks along the identified meridians with low indices, with the recording of pathological fluctuations followed by multiple inversion. Resonance frequency therapy for infections was not performed. A clear positive dynamics was visually manifested from the second week. The restoration of tissue trophism began from the rear of the foot and in the projection of the first toe, then the next 2-5 toes. By the end of the second week - complete restoration of tissues, capillary pulse. Follow-up for 6 years.

A special case worthy of attention is patient S.

Born on August 13, 2004. The child was discharged from the surgical department of the regional 02.02.2005, with a diagnosis of viral and bacterial infection, pneumonia of newborns, focal, acute, complicated form. NK II, Toxicosis II. Raynaud's syndrome with impaired microcirculation. Dry necrosis of the terminal phalanges of the fingers and toes. Condition after surgical treatment of congenital kidney disease. A consultation was held in the hospital with the participation of the chief surgeon of the region. The operation - excision of the ureterocele, antireflux operation on the right with a single Cohen block with resection of both ureters in length and width was performed in Almaty, in the RCH "Aksai" on 14.12.2004. She was discharged from the RCH in a satisfactory condition. The study on the autonomic resonance test (ART), due to the child's age and the lesion of all fingers of the extremities, was carried out through the mother on February 4, 2005. At the first and second levels, through the ferrum metallicum D60, key pathological frequency spectra were revealed in the right kidney, intoxic II.III, HIV I in potency D3 - D60, Epstein - Barr virus D3 - D200, right kidney cyst, severe depletion of the immune system, catabolism 3 tbsp., acidity 6 tbsp., BI - 5/19/21; FI 1/7/8/15, luesin miasm.

It turned out to be curious that BI 21, FI 15 corresponded to the ileum. At the third level, key pathological frequency spectra were revealed in the right and left kidneys, HIV I. At the fourth level, key pathological frequencies in the ileum, the Epstein-Barr virus, were identified. The dominant infection is the Epstein-Barr virus. On examination, a clear edema, moderate hyperemia of the hands and feet. The skin at the level of all phalanges of the fingers and toes, black nails. The condition was regarded as chroniosepsis, complicated by DIC syndrome. Dry gangrene of fingers and toes. Blood tests for HIV did not confirm the ART data. Epstein-Barr virus tests have not been performed.

Analysis of BI 21, FI 15, information tests at the 4th level, allowed us to assume the most pronounced energy disorders at the level of the ileum. The decision seemed absurd.

The possibilities inherent in the hardware-software complex (AIC) "IMEDIS-EXPERT" in similar severe cases did not fail earlier. And yet, a pathophysiological chain (PTPC) was created through Ferrum met. D60, where the ileum is taken as the key organ - catabolism 5 tbsp., Acidity 5 tbsp. Through this PTFC, drainage preparations, luesinum C100 with a subsequent increase in potency, organopreparations in the D6 potency, with strengthening through the 4th container, were selected. The dosage of the drugs is selected through the optimal adaptation reserves. Adaptive bioresonance therapy was carried out through the channels, in the frequencies of which PTPC is realized, resonance frequency therapy for the detected viruses. The therapy was carried out daily for 14-15 hours, for a total of 7 days. The treatment was interrupted due to family circumstances. Despite the short course of complex treatment,

demarcation shaft, thereby avoiding surgical intervention. Then, point enlightenment appeared on the nail bed of all fingers, followed by the expansion of the enlightenment zone against the background of restoration of the color of pathologically altered soft tissues in the projection of the proximal phalanges sequentially: from black to brown and flesh. The restoration of the preserved distal phalanges was observed after the termination of BRT for

throughout the month. It was possible to completely restore the 1st and 5th fingers of the right hand and foot with the nail bed. There was a spontaneous amputation of the terminal phalanges of the left hand fingers, 2-4 toes of the right foot, the terminal and middle phalanges of the right hand and left foot. A long course of treatment could probably provide significantly better results. Follow-up for 1 year.

Conclusions:

1. Clinical diagnoses reflect only fragments of pathological process and changes in other organs and systems are not always taken into account (Bobrovskaya A.N.). AIC "IMEDIS-EXPERT" in the diagnostic mode makes it possible to obtain reliable integral information about the pathological process with all interrelationships with other organs and organ systems, which predetermines the outcome of therapy. Adaptive bioresonance and multiresonance therapy inherent in the APC, to use the allow maximum internal reserves of the patient himself.

2. The results of therapy confirm right of choice miasmatic approach to problem solving and the reliability of diagnostic tests.

3. APK "IMEDIS-EXPERT" can be used as in the case chronic diseases, and in the case of emergency conditions in patients with a surgical profile.

4. The results of therapy, even in such hopeless cases when the problem should have been solved only surgically, testify to the high efficiency of the methods and principles of therapy used in the agro-industrial complex, regardless of the etiological moment and allow doctors of a therapeutic profile to expand the range of problems to be solved.

Literature

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