Complex non-drug therapy of tuberculosis (Continued)

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This article continues the publication of the results obtained during the treatment of a complex multifactorial case of tuberculosis [1].

In previous work, we described the positive results achieved during therapy. Testing was carried out with the additional use of the device "MINI-EXPERT-D" (method VRT +). Despite the improvement in the condition at the surface levels, the problem was identified at the deeper ones, therefore, there is a high probability of its manifestation in the future. We were also not satisfied with the degree of morphological improvements in the lungs.

In the study of tubintoxication, the presence of high potencies of Tuberculinum bovis (associated with DNA abnormalities) was diagnosed with the help of APK "IMEDISEXPERT". Applied nosodotherapy, increasing potencies of tuberculin. As expected, the LM potencies used in accordance with modern guidelines [2] turned out to be the mildest and most effective. In the second month of nosodotherapy, at Level 1, the presence of M. bovis valee genetic material was again diagnosed (1959). After another 6 months, the frequency of M. bovis was no longer tested.

After the removal of toxic loads at Levels 1 and 2, the long-eliminated M. intracellularis MNC1337 and M. tuberculosis MNC1394 (Denmark) reappeared. LM potencies of specific nosodes were not used. Although, in our opinion, it is LM potencies that form a field with strictly specific characteristics, which effectively and optimally affects all levels of localization of the pathogenic factor.

Diagnostics using the ART + method showed the presence at Level 4 of the key miasms of Herpes and Psora, which were eliminated with the help of Agaricus muscarius D200. At Level 3, the key viruses were Epstein-Barr and Coxsackie B-4, which were eliminated Crotalus horidus D50 and D30. Interestingly, the miasm of tuberculosis could not be detected during this examination at deep levels.

After removing loads from deep levels with drugs Agaricus muscarius D200 and Crotalus horidus D50 and D30, at 3, 4 Levels the indicator of the miasm of tuberculosis worked. Testing was carried out through an additional filter Agaricus muscarius D12, apparently eliminated the interference introduced by the fungi.

These screening fungi at Levels 1-3 were Torulopsis glabratis and Cryptococcus neoformans. It is possible that there was a fungal infection of one species, which has common frequencies with the second.

Based on the fact that the group of frequencies F. contains high-frequency harmonics reaching the depths of the cell, and also proceeding from the fact that the apparatus "MINI-EKPERT-D" allows you to selectively select the spectra of vibrations from different cellular levels, we tried to determine which fragments of mycobacteria are included in the composition of the identified tuberculous miasm. The frequencies found corresponded to M. intracellularis MNC1337 - frequency pattern F.511 and M.tuberculosis MNC1394 (Denmark) - F.525 frequency pattern. In favor of the fact that the information is obtained from the depths of the cells. and not from the upper levels, says that when diagnosing F and F. frequencies at the surface levels, no resonance was observed. Tuberculin F.534 was also tested along with mycobacteria.

The analysis of the case suggests that two types of fungi may be associated with tuberculous pathology. The first is deep, supportive and protective of mycobacteria (Torulopsis glabratis and / or Cryptococcus neoformans). The second is superficial, probably attracted by the body in order to somehow restrain the progression of the tuberculosis process in case of insufficiency of its own immunity (Actinomyces Israeli). It is known that it is the radiant fungi of the genus Actinomyces that produce the anti-tuberculosis antibiotic streptomycin [3]. Note that unlike others (Mucor mucedo, Mycot. Fluor), this fungus was very common in the lungs, and its removal caused great difficulties [1]. It is also possible that actinomyces Israeli was once entrenched as a result of massive streptomycin therapy (anamnesis data). Anyway,

The data obtained expand and supplement the teachings of G. Enderlein and his followers about the possibility of satellite symbiosis of mycobacteria and fungi, when, releasing metabolites, they mutually stimulate the growth of each other, enhancing the general virulence. However, we do not share the opinion that it is impossible to radically get rid of such satellites.

It also turned out that the frequency spectra of Torulopsis glabratis and Mycobacterium intracellular (corresponding to M. intracellularis MNC1337 of the RFT module) correlate with each other [4]. This should be taken into account in differential diagnosis and interpretation of results.

Interesting results were obtained with regard to the concomitant disease in this patient with type 1 diabetes mellitus. During the diagnosis at Level 4, the disappearance of the "Diabetes" indicator was noted against the background of the simultaneous inclusion of drugs in the chain: tuberculosis D60 miasm (Schimmel) andAgaricus muscarius D12. Level 3 diabetes was no longer tested against the background of inverse drugs of Epstein-Barr and Coxsackie B-4 viruses.

Retrospective analysis made it possible to draw up a picture of the development of diabetes mellitus in this case. Diabetes is due to genetic predisposition due to:

a) TBS-miasm (the main pathogenetic component of M. intracellularis MNC1337), identified starting from Level 4;

b) fungi Torulopsis glabratis / Cryptococcus neo-formalism, identified starting from Level 3. These factors allowed for the development of essudative pleurisy for 11 years;

c) the presence of herpes-psoric miasm, allowed the Epstein-Barr and Coxsackie B-4 viruses to penetrate at the age of 14, with the development of infectious mononucleosis and the manifestation of the clinical picture of diabetes mellitus;

As a result of BRT therapy and homeopathy for 3 years without specific antibiotic therapy:

- indicators of regeneration are tested in the pancreas;
- stabilization of pathological changes is observed in the lungs (no index of necrosis and high catabolic and anabolic indexes;

- the condition is assessed as clinically satisfactory.

Conclusions:

1. Formed clinical picture of tuberculosis hereditary factors that can be not only various mycobacteria, but also corresponding fungi. Fungi can shield mycobacteria by interfering with diagnosis with their own biofield. The role of pathogenetically significant viruses is also great, as they disrupt the neuroregulation of an adequate protective response in foci of infection.

2. Treatment of tuberculosis cannot be considered effective and complete without restoring a full-fledged energy-informational response of the genome.

3. Diabetes can be caused by a combination of tuberculosis, herpetic and psoric miasms. Intracellular mycobacteria, fungi torulopsis glabratis and cryptococcus neoformans, Epstein-Barr and Coxsackie B-4 viruses can act as pathogens.

Literature

1. Sadykov V.G., Tikhonova I.S. Complex non-drug therapy tuberculosis // Abstracts and reports of the XI International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonant therapy." Part I. - M.: IMEDIS, 2005. - pp. 338–345.

2. Abakarov M.G. The use of the vegetative resonance test in Classical Homeopathy: A Methodological Guide. - M .: IMEDIS, 2005.

3. Navashin S.M., Fomina I.P. Handbook of antibiotics. 3rd ed. - M., 1974.

4. Strelnik OV Experience in the treatment of bronchial asthma // Abstracts and reports X International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." Part II. –M .: IMEDIS, 2004. - P. 103.