

Alternative treatments for adenoid vegetations

N.V. Kartashova, E.N. Petritskaya, L.F. Abaeva, I.S. Tikhonov
(MONIKI named after M.F. Vladimirov, Moscow, Russia)

Adenoids are pathological growth (hyperplasia of connective and lymphoid tissue) of the pharyngeal tonsil. May occur in isolation or in combination with enlarged palatine tonsils. The pharyngeal tonsil is well developed in childhood; From about 12 years old, it decreases, and in adults it often completely atrophies. Adenoids are more often observed in children 3–10 years old, but can occur in the first years of life, and after puberty. The development of adenoids is promoted by childhood infectious diseases, often recurring viral and microbial inflammatory diseases of the upper respiratory tract, immunodeficiency states, a tendency to allergies, the role of a hereditary factor is not excluded.

The main symptoms of adenoid vegetations are: violation of nasal breathing, abundant secretion of mucous secretions with chronic swelling and inflammation of the nasal mucosa. Adenoids, by blocking the pharyngeal openings of the auditory tubes and disrupting the normal ventilation of the middle ear, can cause hearing loss. Frequent complications of chronic adenoid vegetation include: violation of the formation of the bone skeleton (breathing through the mouth leads to deformation of the facial skull, malocclusion, high, "gothic palate", "adenoid face", chest deformity (flattened and sunken).

Against the background of hypoventilation of the lungs, neurological symptoms often develop: impaired depth of sleep, decreased memory, attention, delayed mental and speech development, headaches as a result of obstructed outflow of blood and lymph from the brain caused by congestion in the nasal cavity, enuresis, chorea-like movements of the facial muscles, laryngospasm, asthmatic coughing attacks.

For diagnostics, posterior rhinoscopy, digital examination of the nasopharynx and X-ray examination are used. There are three degrees of adenoids: I degree - small adenoids, cover the upper third of the opener; II degree - medium-sized adenoids, cover two-thirds of the opener; Grade III - large adenoids, covering the entire or almost the entire opener. The size of the adenoids does not always correspond to the pathological changes in the body caused by them. The main traditional treatment is surgical, however, in 30% of cases, the adenoids recur. deleting the effect, we do not delete the cause.

Adenoids are rarely an independent disease of the upper respiratory tract, more often their appearance is associated with a malfunction of the internal organs and "breakdown" of the immune response mechanisms to the presence of infection in the nasopharynx and oral cavity, gastrointestinal dyskinesia and intestinal dysbiosis, parasitic burdens. Homeopathic and bioresonance treatment is effective both as an independent method and in combination with procedures performed by an ENT doctor.

In bioinformatics medicine, conservative treatment of adenoids is possible, because the reason is treated - lowered immunity, when the body cannot respond to the introduction of the pathogen qualitatively, it responds

quantitatively - the proliferation of connective and lymphatic tissue. Correctly selected treatment will increase immunity and lead to regression adenoid growths.

In the conditions of outpatient consultations of MONIKI, we attempted to develop a methodological approach to the treatment of patients with hyperplasia of the pharyngeal tonsils, directed by an ENT doctor.

When diagnosed by the method of autonomic resonance test (ART), the following were identified:

1. In 87% of cases, bacterial burdens of the nasopharynx (staphylococcal, streptococcal flora, meningococcal flora, pneumococcal and rarely gram-negative flora).

2. Dyskinesia of the biliary tract and in 90% of cases of dysbiosis intestines.

3. Neurological complications were often the result of a general intoxication.

During the initial visit, the patient was taken to measure the following parameters:

- the degree of immune tension or exhaustion;
- the degree of vegetative burden and the causative organ;
- presence of intoxication and specification of pathogens;
- the presence of intestinal dysbiosis and gastrointestinal dyskinesias.

A patient management plan was drawn up:

1. Measures to eliminate dysbiosis (targeting feces to the lifeline or carrying out BRT according to 3-4 strategies (methodological recommendations of LB Kosareva on dysbacteriosis).

2. Targeting blood to a list that includes all tested organs, necessarily thymus, lymphoid tissue, spleen, pancreas and small intestine, as organs involved in the formation of immunity + list of infectious agents (lecture course by AE Kudaev).

3. According to the pathophysiological chain, according to the principle of similarity, the palatine tonsils were used (there are no pharyngeal tonsils in the selector) and the degree of connective tissue insufficiency, lymphatic burden, and through the pointer Intox I or II - infectious agents, organ biochemistry and vegetative stress. Organs-helpers, as a rule, were the small intestine (with proliferation) or the pancreas (with active inflammation - adenoiditis) (lectures by A.A. Ovsepyan).

4. Also were selected choleric, lymphatic drainage, immunostimulating complex homeopathic drugs. Has proven itself well anti-inflammatory and absorbable homeopathic preparations according to the scheme: Iodine D6 and Mercurius solubilis D6, 4 globules 2 times a day, Calcium phosphoricum D12 and Silicea D12, 4 globules 1 time a day.

5. An OBR-preparation was created with connection to the 2nd container of the apparatus of the OP of the mucous membranes of the nose in D6, all organopreparations of the nose in D6, thymus D6, all mucous membranes of the gastrointestinal tract D6 + Cu met. D6. The therapy is carried out according to the "golden ratio", according to the hourly activity of the meridians. A drug

we write down in 2-3 minutes. The drug is taken 1 globule once a day.

This approach has shown good treatment results in most cases. At the moment, children are under observation with a diagnosis of III-IV degree adenoids from the ENT department, whose parents refused surgical treatment. The final survey data will be presented in a year.

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- M.: "IMEDIS", 2008, v.1 - P.114-

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