The role of the small intestine in the development of diseases of the gastrointestinal tract and chronic inflammatory processes in other systems

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Introduction

We offer you an original method of treating acute and chronic diseases of the gastrointestinal tract (GIT), chronic inflammatory diseases of the respiratory system, diseases of the joints, and the autonomic nervous system (ANS). It lies in the fact that the overwhelming majority of diseases of the gastrointestinal tract and the respiratory system can be corrected by restoring the correct functioning of only the small intestine. The dominant role of the small intestine in the solution of the above tasks follows from its normal physiology.

The main function of the small intestine is to participate in digestion. Digestion is a complex physiological and biochemical process of physical and chemical changes in food intake in the digestive tract. In the small intestine, hydrolysis of macronutrients ends and the main absorption of nutrients and electrolytes dissolved in water occurs.

In addition to digestion, the small intestine plays an important role in the immune response. The immune system works throughout the body. However, there are special places where the cells of the immune system organize into specific structures. They are classified into central lymphoid tissue (bone marrow, thymus) and peripheral lymphoid tissue (lymph nodes, spleen, and mucosal-associated lymphoid tissue). We are primarily interested in the lymphoid tissue associated with the small intestine. It consists of Peyer's patches and diffusely distributed lymphoid cells, plasma cells in the intestinal lamina. The intestinal lymphoid aggregates contain a variety of B-lymphocytic follicles and T-lymphocytic zones.

Peyer's patches are fairly large accumulations of lymphoid tissue in the small intestine. The epithelium covering them contains a large number of intraepithelial lymphocytes. Some of these epithelial cells have complex microfolds on their surface. These are known as M cells. They are believed to be important for the transfer of antigen from the intestinal lumen to Peyer's patches. It is believed that Peyer's patches are responsible for the development of an immune response within the mucosa. The cellular composition of Peyer's patches is approximately the same as the composition of lymph nodes: there are T and B cells (the former are somewhat larger), and T cells are represented almost exclusively by αβT lymphocytes with a ratio of CD4 + helper cells and CD8 + killer cells of about 2: 1. There are more T cells than B cells. Some of these T cells develop not in the thymus, but in the mesentery.

The humoral component is of particular importance in the development of the immune response of the intestinal lymphoid tissue. In Peyer's patches, antigens stimulate B-lymphocyte precursors and memory cells. The cells move to the mesenteric lymph nodes, where they are included in the immune response. Activated lymphocytes pass through the thoracic duct into the bloodstream. These cells then settle in the intestines and carry out their

final effector functions.

So, today it is known that the lymphoid tissue of the small intestine is involved in the formation of immunity only in the intestine itself. Its main task is to determine the antigens coming from food according to the principle of friend or foe. But physiology is a developing science, and our bioresonance therapy sometimes, on the basis of the results obtained, allows us to draw conclusions that are somewhat beyond the scope of known theories. Namely, against the background of the conducted bioresonance therapy only of the small intestine, it is possible to obtain an immune response to infections that extend far beyond the intestine.

Materials and methods

Treatment at each session begins with diagnostics and correction of chakras and removing the induced fields. Correction is carried out using the method of chronosemantics.

The second stage is correction of amino acids (necessarily!). The amino acid correction technique is described in detail in the theses of the XIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy" (in the author's article).

In the process of working on the problem of restoring low potencies, it was necessary to conclude that functional disorders can be removed with amino acids, and organic ones, mainly, by bioresonance therapy (BRT). But without preliminary correction of amino acids, the bioresonance preparation (BRP) has frequencies in its spectrum that correspond to false polarity. I think there is no need to explain what it is fraught with. Therefore, it is undesirable to skip the amino acid correction step.

Further diagnostics-therapy can be represented by the following steps:

one. Diagnostics of the helminthic invasion

It is known that more accurate testing is obtained through some kind of pointer than just directly. Testing nosodes of helminths directly leads either to overdiagnosis or to a negative result. This is due, firstly, to the huge number of nosodes, and, secondly, to the fact that the helminth has a wide electromagnetic spectrum, and cross-resonance is possible. Testing through organopreparations (OP) of those organs in which helminths may be located is an even more laborious process. After analyzing all of the above, the conclusion suggests itself that there must be some kind of general indicator that allows testing invasions. This indicator can be blood OD + its biological index (BI) + bactericidal level. That is, we see some kind of intoxication in the blood, and through its maximum level, it is possible to accurately test the nosodes of invasions.

2. Next, we determine the lowest and highest potencies organopreparations of the hypothalamus, thalamus, reticular formation, pineal gland; respiratory system (especially tonsils), stomach, its mucosa, duodenum (by divisions), ileum, jejunum and mucous membrane of the small intestine, all divisions and mucous membrane of the large intestine, liver, biliary tract (Biliary tract),

pancreas, all plexuses. This is mandatory, the list of OPs is supplemented depending on the pathology (urology, gynecology, joints, etc.).

3. We look at high potencies of the stomach, duodenum 12, small and colon (in turn), which medium is acidic or alkaline. Usually acidic is tested. In this case, we start the treatment with high potencies.

Across the maximum potency of the OP of the ileum, jejunum and mucous membrane of the small intestine we build a real pathophysiological chain. Through her we select homeopathy, look, there is whether violations suction microelements, vitamins.

Next, it is necessary to identify all the nosodes of bacteria and fungi present in the patient's respiratory system, gastrointestinal tract, connective tissue.

Disable everything. Through testedhigh potencies of the respiratory system (without a chain) we look at the inversion of the nosodes of bacteria and fungi (drugs "Medpharm"), which can live in this area, very carefully staphylococci and streptococci. (In no case should you look at the nosodes as a group, only in order!).

Across high potencies of the OP of the stomach + 12 duodenal ulcer look at the inversion of Campylobacter and Helicobacter.

Across high potencies of all parts of the small + large intestine we test all bacteria and fungi that can inhabit this section of the gastrointestinal tract. Do not forget to test the protozoa, especially Trichomonas, which are often found in the colon in chronic colitis.

If there is an articular syndrome, then look also bacteria, fungi through the OP of the soft tissues of the joints.

4. We build the ordered chain. For this, the Ilium OP, skinny, mucous we put in potency, one step higher than the tested one. For example, if D12 was tested, then set D15.

The ordered chain includes all tested nosodes of bacteria, fungi, protozoa in inversion, trace elements, vitamins directly. We write the ordered chain on crumbs.

5. We select the organ-assistant, its chain.

6. During therapy at the end of the chain, all tested nosodes, homeopathy in addition.

BRT is carried out through a "belt" inductor placed on the gastrointestinal tract along all meridians. The drug is recorded in 1 container.

7. Dosage selected through testing ordered for therapy chains. When testing the daily dose, the initial measuring level is restored. Most often these are 10-15 globules.

The drugs are taken for 2–4 weeks. With a correctly recorded PDU, there are no exacerbations.

At the next session, we first look at amino acids, then acid-

alkaline balance (ACR) in the stomach, small intestine, large intestine. If the acidic environment is tested in at least one department, then we repeat the previous session.

Namely, just as in the previous session, the target organ is the ileum + lean + mucous membrane of the small intestine.

That is, we carry out therapy at high potencies until an alkaline medium is determined on them.The alkaline medium can usually already be tested when the potency is even higher than D6, with the exception of children or those who are not chronically ill, their norm can be determined after 2–3 weeks. If a patient with a chronic disease of the respiratory system is on therapy, then before proceeding to the next stage, it is necessary to make sure that an alkaline environment is also tested on the mucous membranes of the nose, throat, trachea and bronchi (an acidic environment can persist on the tonsils for a long time) ... If an alkaline medium is tested in the gastrointestinal tract at high potencies, and an acidic medium is tested on the mucous membranes of the respiratory system, then it is necessary to conduct a session of antibacterial BRT at high potencies of the nose, throat, trachea, bronchi. Otherwise, you can get an exacerbation of bacterial infections.

If an alkaline medium is tested in all departments, although the potency may be D10, D12, then we proceed to the second, very important stage.

It turns out that through the low potencies of the small intestine we can activate cellular immunity.

1. Through low potencies of the iliac, lean and thin mucosa intestines we look at the real chain (the medium is usually acidic, even if alkaline is tested at high potency) and through it we select a homeopathic remedy (drainage), see if there is a violation of the absorption of microelements, vitamins.

2. Through high potencies of the pituitary gland, thalamus, pineal gland, reticular formations we test the nosodes of viruses in inversion, first of all, we are interested in Coxsackie viruses, cytomegalovirus.

Across high potencies of the autonomic plexus, trigeminal nerve testing the corresponding virus nosodes.

If the patient has hepatitis, then through the OP of the liver we look at the corresponding nosodes.

Often, mycosis fungoides is tested through low potencies of the mucous membrane of the small and large intestines, very rarely - other fungi (we removed others through high potencies).

Against the background of all detected viruses connected in inversion, not a single potency of all parts of the small intestine should be tested. If they are tested, then either some of the nosodes were not watched, or they included something superfluous.

3. Lining up the ordered chain, iliac, skinny, mucous small intestine we put in potency one step below the tested. For example, we tested D5, put D4. At the end of the ordered chain, all detected nosodes of viruses, fungi are connected in inversion.

4. An assistant organ, its chain is selected;

5. During therapy at the end of the chain, all identified nosodes + homeopathy selected through a real chain, trace elements, vitamins.

BRT is carried out through a "belt" inductor placed on the gastrointestinal tract along all meridians. The drug is recorded in 1 container.

6. Dosage selected through testing ordered for therapy chains. When testing the daily dose, the initial measuring level is restored. Most often these are 10-15 globules.

The drugs are taken for 2-3 weeks. There should be no exacerbations.

Against the background of this drug, all parts of the gastrointestinal tract, all parts of the ANS, including the plexus, should be normalized.

If an exacerbation occurs, then it can most often be caused by bacteria or fungi, which were not elementary during therapy at high potencies.

A very important point that determines whether or not there will be a result from the therapy is not only the choice of the OP of the target organ, i.e. organ that we treat, but also its potency. When forming the ordered chain, we set the potency one step higher or lower than the one actually tested.Why is this done?

If we simulate a normal chain on some OP, in some potency, write it down on a crumble and look through it to see what happens, then we can determine that will improve, if there is a norm in this place. For example, in reality, all parts of the small intestine are tested in potencies from D5 to D12. If on these potencies we in turn simulate the norm (1 stage of catabolism + 1 stage of alkaline medium + indication of the tension of the vagus in D6 + 6 stages of bactericidal activity) and through it to see what will change, then usually nothing happens. But if we simulate the norm for potency a step lower (or higher) than tested, then in some version all parts of the entire gastrointestinal tract will be tested in D6. Therefore, it is with this simulated potency that the treatment should be started.So you can definitely determine with what - start treatment with high or low potencies. This applies not only to bowel therapy, but also to any other organs.

Assistant bodies when treating the gastrointestinal tract, the liver, pancreas, RES, thymus are usually tested. They can be help organs singly or in pairs. If a patient has hepatitis, then the liver is not a helper organ.

Examples of

1. B-th V., 32 years old, a doctor-pharmacologist by profession. Addressed with complaints about frequent (daily) and pronounced sympatho-adrenal crises. General weakness, irritability, unstable stools (alternating constipation-diarrhea). Allopathic, physiotherapeutic, psychotherapeutic treatment was ineffective. There was no improvement at all. Medical history for about 2 years, significant deterioration in the last 3 months.

When diagnosing metagonimosis, clonorchis sinensis, filariasis, ascariasis were tested. On the liver - intoxication with heavy metals. Hypothalamus - several types of Coxsackie virus.

Anthelmintic therapy was carried out with the drug Vermox in a dosage

2 tablets 2 times a day for 3 days. There was a significant improvement in well-being: crises became weaker and less frequent. A week later, BRT was carried out on the D15 potency of the small intestine according to the above-described method with recording the BRP. According to the patient, from the first day of taking the drug, the crises stopped almost completely.

After therapy with PDB, recorded at the D4 potency of the small intestine, all symptoms were arrested. For the final completion of the treatment, therapy was carried out with the recording of BRP on the liver to remove heavy metals. BRT directly in the central nervous system was not required. Positive follow-up of the disease for 1 year.

2. B-th D., 45 years old. Appealed with a diagnosis: gastric ulcer, aggravation; accompanying diagnoses: atonic constipation; hemorrhoids in the acute stage; insomnia.

Against the background of the therapy carried out according to the above-described technique, subjectively, there was an improvement in well-being in the first week of taking BRP. Objectively: recovery after 1.5 months of treatment, during which 2 sessions were conducted with the recording of BRP at high potencies of the small intestine OP and one session with the recording of BRP at low potencies of the small intestine. To consolidate the results, therapy was carried out for another 1.5 months until the stable normalization of indicators during the vegetative resonance test.

3. B-th K., 6 years old. Has complained of monthly purulent sore throats accompanied by fibril temperature and symptoms of intoxication for 3 years. Significant deterioration in well-being during the last 6 months.

Testing revealed the following invasions: ascariasis, phillariasis, crooked head, clonorchis sinensis, metagonimiasis. Was carried out anthelmintic therapy with the drug Vermox in a dosage of 0.5 tons, 2 times a day for 3 days. BRT followed by BRP recording was performed only at high potencies of the small intestine (3 sessions), which alternated with therapy sessions at high potencies of the nose, throat, trachea, bronchi (2 sessions). The total treatment time is 3 months with complete recovery. Positive follow-up of the disease - 1.5 years.

Conclusions:

1. The small intestine is the main link in the development of acute and chronic diseases of the gastrointestinal tract.

2. The lymphoid tissue of the small intestine is involved in immune responses for outside the intestines. Its normalization is effective in chronic diseases of the respiratory system, diseases of the joints, functional disorders of the ANS.

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