

# The first experience of complex treatment of tuberculosis infection of various localizations in assistance to APK "IMEDIS-EXPERT"

V.N. Pastukhov, N.A. Pastukhova  
(MC "Health Formula", Yekaterinburg, Russia)

In modern healthcare, the problem of detecting and treating tuberculosis (T) remains relevant. For example, the incidence of T in various regions of the Ural Federal District over the past 10 years has remained at the level of 56.4-127 per 100 thousand population, the prevalence - from 130 to 301.8 with mortality from 9.3 to 39.8. At the same time, the incidence rate does not actually change, while the mortality rate tends to increase: 13.4 in 1996, 19.8 - in 2005. An equally important problem is the high level of multidrug resistance of mycobacterium tuberculosis (MBT) as in newly diagnosed patients, and in the contingents. A characteristic feature is a low level of detection of patients with extrapulmonary localizations of T, the proportion of which among all patients is 1.4-5.3% [4].

Not being able to carry out a statistical analysis, we nevertheless drew attention to the frequent detection of T with both pulmonary and, predominantly, extrapulmonary localization in patients seeking help at the MC. This prompted the development of an algorithm for a diagnostic study in order to determine the significance of T in the pathological process in a patient and to develop a scheme for his treatment.

## Materials and methods

Examination and treatment of 40 patients with different localizations of the T process were carried out. Data on the distribution of patients by sex and age and on the localization of the process are presented in tables 1, 2.

Table 1

Distribution of patients by sex and age

	18-30 years old	31-50 years old	60 years	Total
Men	one	10	4	fifteen
Women	7	sixteen	2	25
Total	eight	23	five	40

table 2

Distribution by localization

Lungs	3
Bronchoadenitis	2
Genital tract	eleven
Urinary 6	6
Joints / vertebral.	4
Leather	3
Eyes / conjunct.	2
Plural	3
Nervous. sist.	6

Most of the patients are women, which corresponds to the structure of visits to the center. A small number of patients with lesions of the pulmonary system is due to the fact that the bulk of these patients are observed in specialized institutions.

The main group consisted of patients with lesions of the genitourinary system. All patients with kidney and bladder disease had a long history (from 1 to 7 years) and were observed in the general network for nonspecific recurrent infection.

Lesions of the genital organs. Men (3) with a diagnosis of chronic prostatitis with hypertrophy / adenoma of the gland, a long history and a mixed nature of the infection (genital + T). Women (5) under the age of 25 years with severe disorders of the reproductive cycle, in whom damage to the ovaries was regarded by us as a consequence of T. vaccination. T lesion of the fallopian tubes and endometrium (3) in combination with genital infection.

Patients with diseases of the t / hip joints (3) and spine (1) received treatment for arthritis and osteochondrosis for a long time.

Skin lesions in all cases were multiple in nature and accompanied psoriasis.  
(2) and eczema (1).

Eye lesions were expressed in long-term conjunctivitis that did not respond to standard therapy.

The lesions of the nervous system were of a mixed, viral-bacterial nature and had a clinical picture of demyelination syndrome or peripheral neuritis.

Patients with multiple localizations were treated in a common network with diagnoses: consequences of severe trauma, psychoasthenic syndrome, metastatic lesions of the lungs and spine.

Patients with pulmonary localizations who applied against the background of ineffective treatment in specialized institutions had a classic confirmation of the diagnosis of T.

An attempt to conduct a joint research with the Research Institute of Phthisiopulmonology, unfortunately, failed due to the lack of interest on the part of the opposing side.

Diagnostics and subsequent treatment were carried out at the APK "IMEDIS-EXPERT".  
Diagnostics using the ART method, electro-acupuncture, bioresonance and induction therapy, treatment with nosodes, elements of chronosemantics, energy-information copies of allopathic means were used.

### Results

Recognition of tuberculosis infection as the leading or "significant" in the pathogenesis of the disease was carried out according to the following criteria:

1. Subacute or chronic nature of the course of the disease, which has clinical symptomatology;
2. Possibility of attributing the patient to the "risk" group for tuberculosis;
3. The autoimmune nature of the inflammatory response, tested through the problem organ and nosode of the office;
4. Identification of MBT nosodes on the problem organ in potency D0-6.

Therapy T was carried out according to the scheme:

1. Removal of blockades of mesenchyme, geopathogenic, electromagnetic and radiation loads traditional methods.
2. Appointment of targeted ART preparations, blood and urine autosonodes [2].
3. Long-term, until the end of the course of treatment, reception of the energy-information copy of the mixture isoniazid and 5-fluorouracil with the development of these drugs in the BRT regimen during patient treatment sessions [5].
4. Treatment of the affected organs in the BRT mode in sessions of 10-15 minutes with the creation of pathophysiological chains and their correction at the next visit of the patient [1, 3].
5. Correction of psychoemotional status using during therapy sessions and appointments in the form of preparations of Systemic Spiritual Adaptants "and preparations of" Medpharma ".
6. Conducting general symptomatic therapy using induction programs, drains, organopreparations.
7. Electropuncture therapy with MBT frequencies.
8. Treatment of concomitant infections.

We consider the use of targeted ART preparations and blood and urine autosonodes, an energy-informational copy of a mixture of isoniazid and 5-fluorouracil, and treatment of the affected organ in the BRT mode through pathophysiological chains reproduced at each visit as the main moments of therapy that determine the treatment result.

The task of prescribing targeted ART preparations and blood and urine autosonodes is the adaptation and activation of the patient's body systems to solve general promising problems of self-fulfillment. We prefer to prescribe these drugs at the initial stages of treatment after compensating for external loads and increasing the reserves of adaptation.

The use of a drug mixture consisting of isoniazid and 5-fluorouracil as etiotropic therapy for T has shown high efficacy in the experiment and clinic, which made it possible to introduce their energy-information copies into the therapy regimen.

The use of pathophysiological chains that simulate the current picture of the disease allows tracking the dynamics of the process and promptly correcting it.

The duration of treatment ranged from 2 to 3 months with sessions of therapy 1 time in 1–2 weeks. The intake of energy-informational preparations is constant during the course of treatment.

Treatment results are positive in all cases. Clinical symptoms begin to decrease after the first treatment session and disappear by the end of the first month of treatment. Exceptions are patients with neurological deficits, the correction of which takes a longer time and is not directly related to the effectiveness of antibiotic therapy. Along with a decrease in clinical symptoms, there is a gradual decrease in bacterial contamination. Complete elimination of MBT, according to testing, occurs between the second-third month of therapy.

Thus, the ART method significantly expands the possibilities of detecting tuberculous lesions of extrapulmonary localization, which in classical medicine is a far from resolved task, potentially allowing significant adjustments to be made in the understanding of the epidemiology and pathogenesis of the disease. On the other hand, the use of multicomponent, pathophysiologically grounded, BR-therapy shows its undoubted advantage over drug chemotherapy both in terms of effectiveness and in the ability to avoid negative consequences associated with long-term use of anti-tuberculosis chemotherapy drugs. There is also no doubt that the presented algorithm for the diagnosis and treatment of T will require further improvements and clarifications and, which seems extremely important, but is currently difficult to implement,

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