

Case from practice

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Patient A., 24 years old. She turned to CEIM on November 21, 2006 with complaints of being overweight (131 kg with a height of 175 cm, body mass index - 33 kg / m²), irregular bowel movements, frequent abdominal pain, lack of menstruation for two years. There were no pregnancies.

Weight gain occurred within 5 years after surgical treatment of a rupture of the ligaments of the left knee joint in 2001 and a long course of antibacterial and hormonal anti-inflammatory therapy of postoperative arthrosoarthritis.

After this treatment, she was observed by a gynecologist-endocrinologist in connection with the onset of dysmenorrhea. In 2002-2004. received substitution hormone therapy. Since 2005 she has been examined and treated for infertility. Diagnosed with chlamydia, atrophic changes in the ovaries.

When contacting CEIM, as a result of the examination of the endocrine system and the gastrointestinal tract by the method of vegetative resonance test, it was revealed:

- depletion of the endocrine system of the 5th degree for follicle-stimulating hormone and estrogen;
- fungal burden of the hypothalamic-pituitary system;
- chlamydia;
- candidal intestinal dysbiosis, giardiasis, teniasis.

The patient was prescribed a diet in order to reduce excess weight according to the author's methodology of the center, resonant frequency therapy of the identified bacterial and fungal infection, parasitic invasion was carried out, bioresonance therapy was carried out, and homeopathy was prescribed.

Due to inaccuracies in diet and irregular attendance at monitoring, weight loss for 6 months of treatment was only 8 kg, but in December 2007 the patient reported her pregnancy at 24 weeks.

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