

On the importance of chronic foci of infection
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The importance of chronic foci of infection and the need for their sanitation in the treatment of various diseases are well known, but in practice, their successful finding is not always possible.

In the work of a practical doctor, I regularly had to search for foci of inflammation due to "fever of unknown origin", changes in the clinical analysis of blood: leukocytosis, accelerated ESR, normochromic anemia. Physical, laboratory and instrumental research methods took a lot of time, were quite traumatic (puncture, biopsy) and rarely yielded results.

Turning to the ART method provides not only a successful search for a focus of chronic inflammation, but also its effective sanitation.

The analysis of twenty-six cases of long-term (from 6 to 20 months) treatment of patients with recurrent and frequently occurring inflammatory processes of various localization was carried out. Ante- and retrospective analysis and targeted diagnostics revealed chronic foci in all cases. In 16 (61.5%) cases, they were bony sinuses of the facial skeleton and mastoid processes, in 8 (30.7%) - teeth and gums, in 1 (3.8%) - posterior volvulus of the knee joint. In all cases, an additional survey provided information about the diseases of the indicated areas previously transferred or existing at the time of examination.

The search for the primary focus was carried out using the "dominant focus - interference fields" or the DIS and DRE preparations of the ONOM company.

Targeted diagnostics using the ART method made it possible to identify a wide range of microorganisms in the foci: protozoa, bacteria, viruses, fungi. At the same time, representatives of almost all pathogens of previously transferred diseases were tested.

A feature of the treatment of these patients was that when using all known methods of exposure - bioresonance, electropuncture therapy, allopathic drugs - when a therapeutic effect was achieved in the area of initial complaints, the foci of infection remained intact. We see the reason for this in the emergence of cellular and tissue barriers around the foci. We were able to achieve success in treatment only with the use of drugs aimed at the focus. After remediation of the primary focus of infection, improvements in the "dropout sites" were achieved automatically.

Example 1

Patient E.M. complained of double vision, headache, unsteadiness when walking, impaired coordination. Multiple sclerosis was diagnosed with repeated neurological examination in a polyclinic and a hospital. The diagnosis was applied for ART after a long period of ineffective treatment by a neurologist. The ART diagnostician revealed damage to the central cerebral structures, signs of meningitis and encephalitis, caused by bacterial flora from the primary focus in the roots of the teeth of the upper jaw. Remediation of foci of inflammation and placement

dentist with subsequent BR-therapy significantly improved the patient's condition: her eyesight improved, she works on a PC, is engaged in translations, began to walk independently, and does gymnastics every day. At the present time he is continuing observation and treatment.

Example 2

Patient K.L. applied after returning from a foreign trip with respiratory symptoms, pain in the right hypochondrium, right shoulder and collarbone, pain in the wrist, knee joints, lower back, lethargy, sweating, fever for a long time to subfebrile values. She addressed these complaints and was hospitalized sequentially in 2 leading hospitals of the city, where examination and treatment did not give a convincing diagnosis or effect. In addition, the attempt at hormone therapy caused many side effects, which prompted the patient to completely abandon the therapy recommended by official medicine. Diagnostics using the ART method revealed a multiplicity of inflammatory foci. Against the background of BRT, unfortunately, there were several periods of improvement and relapses, although the patient's condition improved significantly relative to the time of treatment. After volvulus of the knee joint was considered the primary focus (history of 15 years) and sanitized, pain and inflammation in other foci were stopped, the condition improved, ESR decreased from 62 to 13 mm.

Thus, the identification of the primary (chronic) focus of inflammation and its timely sanitation is of paramount importance and ensures a stable result of treatment.
