Using modeling techniques to treat patients with chronic infections

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In the process of working with patients who had various infections, a high bacteriostatic and bactericidal efficiency of the methods of bioresonance therapy was shown.

However, there are patients who, after treatment, after a certain period of time (1–2 months), repeatedly contacted us about inflammatory processes in the same organs. Re-examination, as a rule, revealed new infections. Analyzing the data of these patients, it was revealed that, as a rule, those patients in whom a decrease in local immunity was determined, and the bactericidal activity in the studied organ was reduced or corresponded to different degrees of nutritional value, are usually re-treated for various inflammatory processes.

Based on the foregoing, we came to the conclusion that as long as there are favorable conditions in the body or organ for the development of various infections, no matter how well we treat these infections, we still will not cure this patient, because instead of the "removed" infections, new ones will appear. , which we observe in practice.

We have developed an algorithm for the treatment of infections, in which the main condition for treatment is the restoration of local immunity and bactericidal activity of the affected organ, if the process is localized, or of the whole organism, if the process is generalized. The nature of infections at this stage of treatment is not of fundamental importance.

For clarity of the above, consider a specific example of treatment using this approach.

Patient AT, 28 years old, was treated by gynecologists for 6 months with a diagnosis of chronic vaginitis, which was caused by fungi of the genus Candida, staphylostreptococcal flora, the presence of gardnerella, Trichomonas. The patient received antibiotic therapy with local procedures with the simultaneous treatment of her husband. After each next menstrual cycle, the patient's condition sharply aggravated.

During the examination by the ART method on November 12, 2005, the following data were obtained. The affected organ is known - the vagina. Thus, we obtained the following pathophysiological link: Vagina D10, 15, 30 + Catabolic processes 1, 2, 3 degrees + Acidity 1, 2, 3, 4 degrees + depletion of VNS 1, 2, 3 degrees + parasympathicus D10, 15, 30 + Bactericidal 1 degree + depletion of the immune system 1, 2, 3, 4 + spleen D10, 15, 30 + depletion of the endocrine system 1, 2, 3, 4 + androgens, estrogens, cortisol + Intox I + staphylostreptococcus, candida, gardnerella, trichomonas ...

All parameters that do not correspond to the norms of this body must be connected in inversion, necessary in a straight line, i.e. Vagina D10, 15, 30 + catabolic processes 1, 2, 3 degrees (in inversion) + acidity 1, 2, 3, 4 degrees (in inversion) + depletion of VNS 1, 2, 3 degrees (in inversion) + Parasympathicus D10, 15, 30 + Grade 6 bactericidal activity + immune system depletion 1, 2, 3, 4 (in inversion) + spleen D10, 15, 30 + endocrine system depletion 1, 2, 3, 4 (in

inversions) + androgens, estrogens, cortisol + staphylo-streptococcus, candida, gardnerella, Trichomonas (in inversion), connect from the selector and write them into 2-3 globules of sugar. crumbs for 1-2 minutes. We transfer the resulting preparation into the second container of the device and turn on the BRT in the drug testing (MT) mode without connecting the electrodes.

Next, we must find an organ that can provide us with such a state in the vagina, which we ordered, and find out how, i.e. in what potency and with what metabolic shifts, it should work. The patient was tested: Pancreas D10, D12, D15 + catabolism
1, 2, 3 degrees + alkalinity of 1 degree + depletion of VNS 1, 2, 3 degrees + parasympathicus in D10, 12, 15 + tension of the immune system 1, 2, 3, 4 + spleen D5, 4, 3 + tension of the endocrine system. 1, 2, 3 + glucocorticoids, androgens, estrogens, cortisol (hormones are tested in complex potencies) + (in inversion) staphylo-streptococcus, candida, gardnerella, trichomonas.

Add the address - vagina, i.e. Pancreas D10, D12, D15 +
catabolism 1, 2, 3 degrees + alkalinity 1 degree + depletion of ANS 1, 2, 3 degrees + parasympathicus in D10, 12, 15 + tension of the immune system 1, 2, 3, 4 + spleen D5, 4, 3 + tension of the endocrine system ... 1, 2, 3 + glucocorticoids, androgens, estrogens, cortisol (we test hormones in complex potencies) + (in inversion) staphylo-streptococcus, candida, gardnerella, Trichomonas + vagina D10, 15, 30.

We turn off the MT and under load conditions with this complex in the BRT mode, we determine the meridians that will give a decrease in the measuring level. According to the identified meridians with frontal electrodes, under load conditions with this complex, we carry out therapy until we get an answer. Then we record in the first container of the device for 2-3 minutes. Determine the dose, which was 8 globules. This will be BR-drug 1, it will normalize local immunity and ensure normal bactericidal activity in the vagina.

For the treatment to be final, we need to change the homeostasis of the body in such a way that it matches the state that we are causing. To do this, we have a tested number of globules, i.e. 8, put it into the load in the second container of the apparatus and turn on the MT mode. Let's check the state of the hypothalamus and its parameters, which should be Hypothalamus D10, 12 + anabolism 1 + alkalinity 1 + depletion of the ANS 1, 2, 3 + sympathicus D10, 12, 15.

Considering the role of the hypothalamus in the reactivity of cellular immunity, a decrease in the tone of the sympathicus in the hypothalamus will lead to the activation of cellular immunity in the periphery. Since the address cannot be set on the central nervous system, we use type 2 chains, i.e. Hypothalamus D10, 12 + anabolism 1 + alkalinity 1 + depletion of VNS 1, 2, 3 + sympathicus D10, 12, 15. Connect from the selector and write sugar on 2-3 globules. crumbs for 1-2 minutes. We transfer the resulting drug to the second container and turn on the BRT, in the drug testing (MT) mode without connecting the electrodes.

Next, we must find an organ that can provide us with such a state on the hypothalamus, and find out how, i.e. in what potency and with what metabolic shifts, it should work. The patient was tested Small intestine D10, 12 + catabolism 1 + alkalinity 1 + VNS voltage 1,

2, 3, + sympathicus D5, 4, 3 + tension of the immune system 1, 2, 3 + thymus D5, 4, 3.

Since we have entered the peripheral structures, we must use type 1 chains. That is, Small intestine D10, 12 + catabolism 1 + alkalinity 1 + VNS voltage 1, 2, 3 + sympathicus D5, 4, 3 + immune system voltage 1, 2, 3, + thymus D5, 4, 3. Connect from the selector and we will write down on 2-3 globules of sugar crumbs within 1-2 minutes. We transfer the resulting preparation into the second container of the device and turn on the BRT in the drug testing (MT) mode without connecting the electrodes.

Next, we must find an organ that can provide us with such a state in the small intestine, and find out how, i.e. in what potency and with what metabolic shifts, it should work. The patient's pancreas was tested, i.e. Pancreas D10, 12 + catabolism 1, 2 + alkalinity 1 + VNS depletion 1, 2 + sympathicus D10, 12 + immune system voltage 1, 2, 3 + spleen D5, 4, 3 at the end we connect the address, i.e. Pancreas D10, 12 + catabolism 1, 2 + alkalinity 1 + VNS depletion 1, 2 + sympathicus D10, 12 + tension of the immune system 1, 2,

3, + spleen D5, 4, 3 + small intestine D10, 12. Turn off the MT and under load conditions with this complex in the BRT mode, we determine the meridians that will give a decrease in the measuring level.

According to the identified meridians with frontal electrodes, under load conditions with this complex, we carry out therapy until we get an answer. Then we record in the first container of the device for 2-3 minutes. At the same time, an entry was made on a sodium bicarbonate solution for douching. Determine the dose, which was 4 globules. This will be BRPP 2.

Literature

1. Colombo B.W. Histocompatibility testing. In: DP Stites, AI Tet (eds.). Basic and Clinical Immunology (7th ed.). Norwalk, CN: Appleto and Lange, 1991. Pp, 295 311.

2. Dupont B. (ed.). Immunobiology of III.A, Vols, 1 and 2. Histoccmpati bility testing, 1987. - New York: Springer-Verlag, 1989.

3. Schwartz BD The human histocompaUbility human leukocyte antiger (HLA) complex. In: Stites D, P "Tcrr AI (eds.). Basic and Clinical Immunology (7th ed.), Norwalk, CN: Appleton and Lange, 1991, pp. 45-60."

4. Terasaki PI Cccka M. (eds.). Clinical Transplants, 1991. Los Angeles; UCLA Tissue Typing Laboratory, 1991.

5. Tsuji K. et al. (eds.). HLA 1991, Vols 1 and 2. - Oxford University Press, New York, NY, 1992.

6. Adelman D.C. Functional assessment of mononuclear cells. Immunol. and All. Clin. North Am. 14: 241-263, 1994.

7. Aral K. et al. Cytokines: coordinators of immune and inflammatory responses. Ann. Rev. Biochem. 59: 783,1990.

8. Goodman JW The immune response. In: DP Stites, AI Terr (eds.), Basic and Clinical Immunology (7th ed.). East Norwalk, Conn,: Appleton and Lange, 1991, Pp. 34–44.

9. Kamani NR, Douglas SD Structure and development of the immune system.

In: DP Stites, AI Terr (eds,), Basic and Clinical Immunology (7th ed.), East Norwalk, Conn .: Appleton and Lange, 1991. Pp. 9–33.

10. Shearer WT, Huston DP The immune system. An overview. In: E. Middleton, CE Reed, EF Ellis, N, F. Adkinson, JW Yuninger, WW Busse (eds.) 5 Allergy Principles and Practice. St. Louis: Mosby, 1993. Pp. 3-21.

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