

### Hyperthermia of unseen genesis

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Hyperthermia of unclear genesis, lasting for a long time, occupy a certain place in therapeutic practice.

Difficulties in diagnostics can be associated with various factors, for example, due to the limited laboratory research. Sluggish processes without a pronounced clinical picture of the disease and other factors complicate the process of making a diagnosis, and, accordingly, a tactical approach to treatment. The percentage of such patients is quite high and is of great social importance. Long-term chronic temperature reactions can accompany both chronic processes in the stage of exacerbation and diseases requiring surgical intervention. Despite the developed clinical and laboratory diagnostics, the diagnosis requires a thorough understanding of the diagnosis. The ART method (autonomic resonance testing) allows the doctor to study the patient's condition in more detail. The ability to differentiate the main source of toxic load greatly facilitates the choice of treatment tactics. The use of RFT (resonance frequency therapy) at selected frequencies helps the physician to ensure that the correct therapy is correct. active programs have an effect on the ANS, causing a faint sensation from a directional magnetic field. The lack of sensitivity to RFT requires a more careful selection of the selected characteristics of therapy. If therapy only affects metabolic processes, there may be no sensitivity. The lack of sensitivity to RFT requires a more careful selection of the selected characteristics of therapy. If therapy only affects metabolic processes, there may be no sensitivity. The lack of sensitivity to RFT requires a more careful selection of the selected characteristics of therapy. If therapy only affects metabolic processes, there may be no sensitivity.

#### An example of a diagnostic and therapeutic approach

Purpose of the study - find out the reason for the prolonged temperature in the patient against the background of active anti-inflammatory drug treatment.

#### Research results

The patient went to the clinic MONIKI them. M.F. Vladimirovsky with the main diagnosis: Prolonged fever of unknown origin, Concomitant: Adenoma of the prostate gland 1 tbsp., Polycystic kidney disease., Chr. cystitis.

Upon admission, complaints of general weakness, increased sweating, pain in muscles and joints, an increase in body temperature in the evening to 38.2 ° C for 2 months.

Objectively. Pharyngoscopy showed that the mucous membrane of the pharynx was moderately hyperemic, the musculoskeletal system and the articular-ligamentous apparatus were unremarkable. Auscultation: vesicular breathing, no wheezing, my tongue is wet. The abdomen is soft and painless. Pounding along the lumbar region is painless on both sides. Dysuric disorders are not observed. Lymph nodes on palpation without features. There are no meningeal symptoms.

Common blood analysis. From 17.07.08: HB - 93 g / l, er. - 10x12 / l, 2.8; thrombus. - 325, lake. - 10.6; p / i - 4%; s / i - 80%, e - 2%, l - 11%, m - 3%, Coe - 53 mm / h.

General urine analysis. 07/15/08: Rel. Dense. 1020, reaction. 5, protein - 0.1 g / l, leukocyte. p / z 1-3. Biochem. an. blood from 22.07.08: protein - 66 g / l, urea - 5.2, creatinine - 95, bilirubin - 23, ALT - 59, AST - 25.

C-react protein ++.

An. blood test for malaria: Plasmodium malaria was not detected.

AN urine on BC. neg.

Nasopharyngeal swab: Streptococcus fecalis.

Blood sugar 3.5 mmol / l.

RPGA for intestinal flora: neg.

Culture for sterility and blood culture from 12.07 08: No microbial growth. No pathology was found on the radiograph of the paranasal sinuses. Irrigoscopy. There are no organic changes in the large intestine.

X-ray of the stomach in the esophagus stomach 12-p. there are no organic changes in the intestine. X-ray of the paranasal sinuses: No pathology.

Chest X-ray: There are no pathological changes in the lungs. The heart and aorta are not changed.

Ultrasound from 1.07.08: LIVER parenchyma is heterogeneous 2 degrees. From the side of the pancreas, the gallbladder and spleen, an age-old burrow. KIDNEYS. No calculi, size 108L,

110P. Left kidney - subcapsular cyst 32/36 mm. THYROID. Diffuse nodular changes in the gland. In the right lobe there are colloidal nodes of 1.5–3.0 mm. In the left - isoechoic node 6/4.

Myelogram from 17.07: no pathology.

The test for tuberculosis is negative.

Additional diagnostics was carried out using the method of vegetative resonance test (ART).

As a result of diagnostics, the zone of maximum toxic load and the primary organ of the lesion - the lower jaw - were revealed. The patient indicated that 2 months before the onset of the inflammatory process, he consulted a dentist with a diagnosis of periodontal disease, gum ulcers. Replacement has been made dental crowns.

On the eve of the disease, there was general hypothermia.

Table 1

Comparative diagnostics using the ART method

Examination dates	8.08.08	12.08.08	08.21.08	09.24.08
Temperature, ° C	38.5 evening 37.1 morning	37.6 in the evening 36.9 morning	36.8 pm 36.2 morning	36.7 in the evening 36.5 morning
Night sweats	++++	+++	++	--
Dominant focus defeat	Lower jaw lymph nodes of the lower jaw. Parasternal lymph nodes, Intestinal lymph nodes.	Kidneys, Lymphatic knots intestines	kidneys	Prostate, kidneys
Activity level rec. processes (by scale 1-6)	6	4	one	Neg.
Mycoses	Actinomyces Israel	Actinomyces Israel	Actinomyces Otr. Israel	
Pathogenic bacterial Flora	Alpha streptococcus, green streptococcus	Alpha- streptococcus, greening streptococcus	greening streptococcus	trichomonas
Carriage of viruses	Herpes 1.2			
Epstein virus Barra	Herpes 1.2			
Epstein virus Barra	Herpes 1.2			
Epstein virus Barra	Herpes 1.2			
Epstein virus Barra				
The level of toxic load (scale 1-22)	21	17	10	2
Onco test	Negative.	Negative.	Negative.	Negative.
Organs and systems with toxic load	Biliary tract. Pilorich. section of the stomach. The lymph nodes intestines, parasternal, chin. Peritoneum, Disorders in the lower jaw of the kidney.	Lymphatic cue nodes intestines. Peritoneum, kidneys.	Peritoneum, kidneys.	Kidney
Dominant toxic focus	The lymph nodes intestines.	Kidney	Kidney	Thick intestines
Benign test veins neoplasms	Left kidney cyst	Left cyst kidneys	Left cyst kidneys	Left cyst kidneys

The immune system	Expression degree of depletion	Moderate degree exhaustion	Expressed voltage	Moderate voltage
Autoimmune process	neg.	neg.	neg.	neg.
Blood sample ESR mm / h	53	53	57	48
BRT	OBR + MK of the meridian in shortage + BWR	Not was carried out	The control drugs + MK meridian in disadvantage.	The control fortunes health.
RFT		10 sessions	The control frequencies	

After the first examination, RFT with frequencies corresponding to actinomycosis was assigned to the zones of maximum damage (lower jaw and abdomen). The treatment was accompanied by autonomic reactions with tingling sensations, hot flushes to the areas of the lower abdomen and lower jaw. In addition, the patient noted slight tingling sensations in the head, neck and solar plexus area. Against the background of the started treatment during the first week, the temperature curve changed, with a decrease in temperature peaks in the evening. Subsequently, autonomic reactions became less pronounced with localization in the projection of the left ureter. Palpation of this zone, according to the patient, also gave discomfort. Subsequent procedures, carried out against a background of normal temperature, did not induce vegetative reactions. The treatment was carried out under the control of a vegetative resonance test. The number of procedures was also determined by testing for sensitivity to electromagnetic vibrations corresponding to actinomycosis.

#### The discussion of the results

Thus, on the basis of the above table, it can be seen that the ART method allows the doctor to obtain additional information about the disease of a patient suffering from a prolonged increase in temperature. At the same time, ART allows you to determine the cause-and-effect relationship diseases. In this case, the entrance gate of the infection was revealed - the gum.

#### Pathogenesis of the development of actinomycosis

IN the present time found that pathogens actinomycosis are gram-positive bacteria - microaerophilic, aerobic and anaerobic actinomycetes. The main predisposing factor for the penetration of actinomycetes into the body, along with a decrease in the body's immune-protective forces, is the injury of the barrier integuments. The development of actinomycosis can also be facilitated by cervical erosion, previous infections, hypothermia, chronic appendicitis, appendicomy, chronic adnexitis, paraproctitis, dental interventions, etc.

#### Differential diagnosis of actinomycosis

Diseases differentiated from actinomycosis are determined depending on the form, stage and local location of the pathological process in the external and / or internal genitals. These include: nonspecific inflammatory process, phlegmon of retroperitoneal tissue, tuberculosis, chronic adnexitis, uterine myoma, tubo-ovarian tumor, cancer, acute and chronic appendicitis, appendicular infiltration, pyosalpinx, chronic purulent vaginal-swelling, furunculosis pyoderma of the external genital organs, etc.

From the presented localizations and stage dynamics of the actinomycotic process, it follows that the clinical picture of this disease is diverse and changeable, and it is difficult to give a typical characteristic of each of these forms. The initial stage of acute disease is an inflammatory process that leads to the formation of an abscess or, if the course is chronic, tissue proliferation develops, and multiple small abscesses are formed. Rarely, in cases where bone tissue is involved, osteoclastic and osteoblastic changes may occur. Initial actinomycotic lesions usually develop in tissues adjacent to mucous membranes, which are natural habitats

causal agents. The most commonly affected areas are: cervicofacial, thoracic and abdominal, rarely skin, bones, or the central nervous system (CNS). After penetration of the pathogen into the tissues, the infection tends to progress slowly, regardless of the natural boundaries of the organ. Sometimes hematogenous spread is observed, in which the central nervous system (brain abscess) or natural cavities (empyema) may be involved. There is a characteristic tendency to both remission and exacerbation of symptoms, regardless of the conduct of antibiotic therapy. Due to the fact that actinomycosis in humans is endogenous infections, it is difficult or impossible to determine their incubation period. It is believed that it takes approximately 4 weeks for the first clinical signs to appear, however numerous reports say

Long-term use of antibiotics in the chronic course of actinomycosis causes resistance, which explains the lack of a therapeutic effect.

#### conclusions

The ART method provides high information content in terms of determining parasitic, bacterial and mycotic loads, the ability to indirectly influence the body by exposure to a magnetic field with clearly defined frequency ranges, allows monitoring the dynamics of the patient's condition, assessing the duration and number of procedures required for treatment. This diagnostic method allows, taking into account the patient's individual sensitivity to therapy, in the shortest possible time to diagnose and carry out treatment, if necessary, prescribing drug therapy.