The role of chlamydial mycoplasma infections in the formation of chronic diseases N.P. Staritskaya (medical center "Bioresonance", Minsk, Belarus)

For seventeen years I worked as a district doctor as a pediatrician. Actively promoting a healthy lifestyle, conducted interviews with sex sprouts on education. Focusing the attention of children on dangers trapping on the way of growing up, introduced them to infections sexually transmitted diseases - chlamydia, trichomoniasis, ureaplasmosis, etc. I knew that sometimes there is respiratory chlamydia. In general, she had the knowledge of an average district doctor. After getting to know information medicine, everything changed! The results of work and research have exceeded all expectations. Having opened the curtain of our inner microcosm, I realized that this is not chaos. Life in it proceeds according to strict laws, the microcosm is in equilibrium, and the organism, as a self-sufficient system, supports it. When the balance in the microcosm is disturbed, and the body cannot cope with it, then a disease arises.

In the entire mass of chronically ill patients who "passed through my hands", a large share in the etiology is occupied by "atypical" infections (chlamydialmycoplasma), approximately 70%! I was shocked! I must say that I very carefully conduct diagnostics, and before saying "yes" I will check and double-check in all systems. I will briefly touch on the clinical manifestation of chlamydial-mycoplasma infection. It is multifaceted: from adenoiditis, tonsillitis, sinusitis to chronic obstructive bronchitis, pancreatitis, sometimes turning into diabetes mellitus ("agerelated"), arthritis, some of which occur "under the mask" of rheumatoid, gouty, damage to the motor zone of the brain, cerebellum ("disease Parkinson's "), retinitis, labyrinthitis (VVD), neuritis of the auditory nerve (deafness), spondylitis, (progressive osteochondrosis, arthrosis deformans),

Two people with lymphogranulomatosis were examined after chemotherapy and radiotherapy. Despite the previous treatment, a chronic chlamydial process in the area of the lymphatic system, supported by autoimmune aggression, was tested! I painstakingly studied the places where the infection spread throughout the body. The results surprised me a lot, to say the least. When examining a primary affected organ,

a positive answer in 90% of cases was given by the palatine tonsils - "upper floor", and only in 10% - the organs of the small pelvis - "lower floor". This indicates the ways of introducing infection into the body. In cases where the primary affected organ is "upper floor", ART gives a positive response to the presence of congenital toxic information (99%), and if the "lower floor" is triggered - acquired toxic information. That's when the infection is transmitted sexually!

This begs the question - why did this happen? Apparently, the era of antibiotics (more than 60 years) upset the balance in the microbial world (taking antibiotics without indications) and the layer of "banal" flora has decreased. The balance was upset, and the holding moment for the deep infection was loosened, which, possibly, manifested itself at the end of a person's life with a decrease in his reserves (destruction of the biological system). Now this infection "has risen up" and occurs in young people, children who are just starting to live. The body fights infection, hence disease appears. I will not dwell on what chlamydia is, I will just remind you that it is an intermediate form between a bacterium and a virus, and it is located inside the host (human) cell. For a long time it can persist, be in an inactive state and, under favorable conditions for it, go into an active state. Everyone has their own "hour" of this transition, and it depends on the state of the immune system, living conditions.

Let's follow this path. Let's start with the birth of a child. Mom is outwardly healthy. Pregnancy was threatening (80% of women have some kind of abnormalities during pregnancy). Anamnesis: tonsillitis in childhood. With age, the mother and grandmother of the woman in labor developed problems with the joints, pancreas, and lungs ("age-related"). Agree a typical anamnesis. At birth, the child was rated 8-9 points on the Apgar scale - a risk group for CNS pathology (hypoxia). 90% of children have risks. If a child grows up in good conditions, there is no contact with infections, then he does not get sick often. From the moment a child starts attending kindergarten, a child with a chronic process, hitherto hidden, begins to get sick often and joins the ranks of the CWD army (often sick children). Often, chronic adenoiditis and tonsillitis undergo surgical treatment on the principle "no organ - no problem". If the child's immunity is reduced, and there is no upper barrier for infection, then the disease deepens. Obstructive bronchitis becomes quite frequent manifestations, when autoimmune aggression is connected, then they give the ARB infectious-allergic status with all the ensuing consequences. If the spleen is included in the process, then an immunodeficiency state develops, and then it is very difficult to get out of the disease state. By the age of five, immunity is formed, children "outgrow", get sick less often. The chronic process goes into a drifting state, and it can last for a very long time. In men, if this condition is not provoked by extreme living conditions, it lasts up to 35-40 years of age, then "age" creeps out - osteochondrosis, sciatica ... exacerbation of all chronic pathology. In girls - during puberty - dysmenorrhea, inflammation of the ovaries, fallopian tubes, which often end in the development of cystic and adhesive processes leading to infertility. If the pregnancy has taken place, it proceeds with problems of varying severity. The child is born infected, and the tonsils become the first barrier and reservoir of infection, and then - according to the worked out scenario. After giving birth, the woman is shaken, the immune system is activated, the infection is localized and again "drifts". She is waiting in the wings, which comes with the moment of menopause, and now the infection will manifest itself in all its glory: all chronic processes become aggravated (see description above), painful old age sets in. "What would you like? It's age! If you woke up after forty and nothing hurts, then you are dead! " Sound familiar? This is a frequent response from a doctor to annoying chronicles. which often end with the development of cystic and adhesive processes leading to infertility. If the pregnancy has taken place, it proceeds with problems of varying severity. 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For the last ten years I have been working in the admission department of an infectious diseases hospital. A large stream of patients passes through my hands. Already in progress

collecting anamnesis, you see what the child is like and what awaits him in the future. Recently, more and more often in the hospital, children are examined for chlamydia, but they do not always get a positive result. At the heart of 70% of chronic pathology of the bronchopulmonary system in young children is atypical flora - chlamydial-mycoplasma (this information sounded from the mouth of a pulmonologist professor!). Our data is the same!

The treatment is carried out comprehensively, all problems are taken into account. BRT is carried out - exogenous, endogenous, IPM, homeopathic medicines are selected. The therapy is under the control of the adaptation reserves with an output to the optimal level. The resulting drugs are tested for tolerance and efficacy. On average, it takes 3-4 months to restore balance and up to six months to restore the body. We meet with patients depending on their condition after 1–2 months. Upon recovery, many come to control in 4-6 months (here the initiative is already in the hands of the patient, they become fans of this method and promoters of a healthy lifestyle).

So, coming to the end of our conversation, I want to say that this method is the future!

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