Experience in the use of bioresonance diagnostics and therapy for opisthorchiasis

A.S. Murzataev, E.K. Khanmurzina, E. I. Bazhenov (LLC "Progress-Med", Strezhevoy, Tomsk region, Russia)

Introduction

Due to the location of the Tomsk region in the water area of the Ob-Irtysh basin and the active consumption of river fish by the population, opisthorchiasis remains one of the socially significant problems for the region. The incidence in the region over the past 10 years has been in the range of 600-700 cases per 100 thousand population, which is 18-20 times higher than the average for the Russian Federation.

Thus, according to the annual state statistical reporting on infectious diseases in Strezhevoy for 2008, parasitic pathology prevailed among other infectious diseases (excluding influenza and acute respiratory infections). Opisthorchiasis invariably occupies the 1st place in the structure of parasitic diseases. With this background of a decrease in other parasitic diseases (giardiasis, ascariasis, enterobiasis, etc.) in 2008, an increase in the incidence of opisthorchiasis by 4.2% was noted. Opisthorchiasis was treated only in 26.3% of adults and 20% of children.

The methods for diagnosing opisthorchiasis used in practical health care are not effective enough, and the treatment is unsafe. As clinical practice and our work show, in some cases it is not always possible to diagnose opisthorchiasis by conventional diagnostic methods: feces analysis, bile analysis, enzyme immunoassay.

For the treatment of opisthorchiasis in official medicine, only one drug is offered - praziquantel. Several lines of information about the side effects of the drug are significantly at odds with the opinion of patients who have experienced its side effects. In some cases, doctors and patients themselves refuse to re-treat with praziquantel. But what about children, especially if the child is young?

In this situation, a promising direction is the use of bioresonance diagnostics and therapy of opisthorchiasis, the methods of which are described in the materials of the International conferences "Theoretical and clinical aspects of the use of electropunctural diagnostics and multiresonance therapy ". Studies by a number of authors have shown a higher detection rate of opisthorchiasis by the methods of bioresonance diagnostics, the safety and effectiveness of treatment when using bioresonance therapy [1–4].

This paper presents the experience of introducing the method of vegetative resonance test (ART) into clinical practice, in order to detect opisthorchiasis, assessing the effectiveness and safety of treatment with resonant frequency therapy with F programs in combination with the antiparasitic herbal preparation "Eksol", produced by the firm "Biolit", g Tomsk.

Material and methods

Diagnostics and treatment were carried out in patients who applied to the clinic with suspected opisthorchiasis. In a number of cases, patients were referred for re-treatment of opisthorchiasis, in whom previously deworming was carried out with chloxyl, biltricide or ecorsol.

For diagnostics and treatment, the device "MINI-EXPERT-DT" (autonomous) was used. Testing was carried out by the ART method "IMEDIS-TEST" using potentiated preparations of helminths (from a set of cassettes for ART). Taking into account the literature data on the important role of opisthorchis in the processes of carcinogenesis [5], we used the morphological scale of L.B. Makhonkina and I.M. Sazonova [6], according to which a number of indicators were assessed: chronic inflammation; allergy without autoaggression; allergy with a risk of autoaggression; autoimmune, autoaggressive processes; pre-oncological process. Resonance frequency therapy (RFT) was carried out with the frequency programs F394 and F395 using magnetic inductors [7].

Research results and discussion

During the period from 2007 to 2008, 95 patients turned to the clinic. By ART, opisthorchiasis was detected in 82. Of these, 8 were children (4 were of preschool age and 4 were of school age). In 28 adult patients, opisthorchiasis was diagnosed earlier, of which 13 were treated with chloxyl or biltricide. In some cases, twice. Some patients have used ecorsol for treatment.

Diagnostics

The testing was carried out in a screening mode and did not cause negative reactions in young children. To verify opisthorchiasis, conventional diagnostic methods were used. At the same time, there have been cases when ART served as the main method of establishing a diagnosis. Thus, the parents of an 11-year-old child turned to the clinic, who had low-grade fever and malaise for 1.5 years. Repeated
examination at the place of residence, in the clinics of Tomsk, Novosibirsk did not reveal the reasons. Analysis of the results of the examinations, the "fish" anamnesis, suggested opisthorchiasis. Testing showed the presence of opisthorchiasis in potencies - D3, D6, D12. According to the morphological scale, the presence in the body of chronic inflammatory and autoimmune, autoaggressive processes associated with opisthorchiasis. After preliminary preparation, a course of RFT was carried out. During the next 1.5 years, there were no complaints. The temperature is within normal limits. In ART, opisthorchiasis and related indicators are not determined.

As a rule, the patients who applied for the examination for the first time had opisthorchiasis in potencies D3, D6, less often - D12. This was accompanied by the presence of chronic inflammation, less often - allergies with a risk of auto-aggression or an autoimmune, auto-aggressive process. In patients, for a long time suffering from opisthorchiasis, not only the above processes were determined, but also pre-oncological indicators. Among those surveyed, the presence of pre-cancer process was identified in three patients.

1. Patient 55 years old, a native of the Tyumen region. Opisthorchiasis for the first time identified 34 years ago, treatment with chloxyl. History of stumectomy for thyroid cancer, cholecystectomy, Lyme disease, pancreatitis, hypertension, diabetes mellitus. Doctors refused to re-treat opisthorchiasis with biltricide. We carried out the treatment with positive clinical symptoms. Pre-oncology is not tested.

2. The patient is 47 years old. Opisthorchiasis was first identified thirteen years ago.

Deworming was not carried out. We carried out the treatment with good clinical effect. Pre-oncology is not tested.

3. Patient 57 years old. Opisthorchiasis was detected for the first time. History of severe hepatitis A. During this period, hepatitis C.

Therapy

Treatment of opisthorchiasis was carried out after a 2-week preliminary preparation, including taking hepatosol, choleretic drugs and "blind" probing. The intensity of exposure and the duration of RFT were selected individually for each patient. Eksol was prescribed according to the recommendations specified in the annotation to the drug. In the course of therapy, we did not notice any side and toxic effects. At the end of the course of treatment, all patients showed a significant improvement in their well-being, pain and skin manifestations were practically stopped, and the temperature returned to normal.

An interesting pattern should be noted in a number of patients with hypertension. After the course of treatment, a gradual decrease in the elevated blood pressure level was observed, and the patients reduced the dose of their antihypertensive drugs.

After the end of the main course of treatment, rehabilitation treatment was carried out for a month, including adherence to a diet, taking hepatoprotectors, choleretic and rejection of the use of river fish.

In those cases when opisthorchiasis was tested again in patients three months after treatment or opisthorchiasis eggs were detected, a second course of treatment was recommended.

These cases were isolated.

And at the end of the analysis of the work carried out, we present the data of follow-up observation during the year: when interviewing patients who underwent treatment, there were no cases of recurrence of clinical signs of the disease. Only two patients came back again due to detection of opisthorchiasis during laboratory examination.

Conclusions:

1. Vegetative resonance test can be used as an effective screening method for earlier detection of opisthorchiasis and makes it possible to monitor the completeness of the treatment process.

2. The course of opisthorchiasis, as a rule, is accompanied by chronic inflammatory process in the hepatobiliary system and allergization of the body, less often leads to the development of autoaggression. The long course of opisthorchiasis invasion increases the risk of developing oncopathology.

2. Bioresonance diagnostics allows you to identify patients at risk development of oncopathology.

3. Application resonant frequency therapy in complex with antiparasitic phytopreparation "Ekorsol" during treatment opisthorchiasis at in adults and children, including young children, it has a good clinical effect.

Literature

1. Gotovsky Yu.V., Yankova LB Helminthiasis and chronic cholecystitis //

Abstracts and reports of the IX International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." Part II. - M .: IMEDIS, 2003. - S. 270–276.

2. Eliseeva O.I. Opisthorchiasis and cholangiocarcinoma // Abstracts and reports VI International conference on the "Theoretical and clinical aspects use of bioresonance and IMEDIS, multiresonant therapy ". Part II. - M .: 2000. - pp. 145–147.

3. Goryacheva M.V., Travnikova T.Yu. Promising directions diagnosis and treatment of opisthorchiasis // Abstracts and reports of the XII International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy ". Part II. - M .: IMEDIS, 2006. - S. 220-225.

4. Salnikova T.V. Complex treatment of opisthorchiasis invasion. Abstracts and reports of the XI International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2005. - S. 349–353.

5. Bronstein A.M., Tokmalaev A.K. Human parasitic diseases: Protozoses and helminthiases: Textbook. allowance. - M .: Publishing house of RUDN, 2004 .-- 207 p.

6. Makhonkina L.B., Sazonova I.M. Resonance test. Possibilities diagnostics and therapy. - M .: Publishing house of RUDN, 2000 .-- 740 p.

7. Gotovsky M.Yu., Perov Yu.F., Chernetsova LV. Bioresonance therapy. - M .: IMEDIS, 2008 .-- 176 p.

A.S. Murzataev, E.K. Khanmurzina, E.I.Bazhenov Experience in the use of bioresonance diagnostics and therapy for opisthorchiasis "- M .:" IMEDIS ", 2009, vol. 2 - P.145-151