Bioresonance therapy in the treatment of rheumatoid arthritis

according to the method of Professor A.A. Hovsepyan

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Rheumatoid arthritis is a systemic disease of the connective tissue, manifested mainly by chronic progressive inflammation of the joints. The etiology of this disease is unknown. The most common immuno-genetic theory of the onset of rheumatoid arthritis,
suggesting the presence of a genetically determined defect in the immune system. The pathogenesis is associated with autoimmune disorders, primarily with rheumatoid factors (antibodies To immunoglobulins) and immunocomplex thymic processes that lead to the development of synovitis, and a number of cases and in generalized vasculitis. Deformation of the joints with Rheumatoid arthritis is associated with the formation and proliferation of granulation tissue in the synovial membrane, which gradually destroys the cartilage and subchondral parts of the bones with the appearance of usures (erosions), the development of sclerotic changes, fibrous, and then bone ankylosis. The characteristic subluxations and contractures are due, in part, to changes in the tendons, bursae and capsule of the joint.

The disease presents with persistent arthritis (usually polyarthritis) with early and preferential involvement of the metacarpophalangeal, proximal interphalangeal, and metatarsophalangeal joints. In principle, virtually all peripheral joints can be affected. A sensation of morning stiffness, pain, swelling of the joints, hyperemia of tissues over the joints (the color of the skin in this area does not change), symmetry of arthritis are characteristic. Typically, a gradual or subacute onset of the disease with undulating fluctuations in the severity of symptoms (sometimes even more or less prolonged remissions are noted), a slow but steady progression of arthritis, and the involvement of all new joints. Sometimes rheumatoid arthritis begins and for a long time can manifest itself as monoarthritis of a large, often knee joint. A variant of the acute onset of the disease is known, in which, in addition to joint damage, there is a high fever and extra-articular manifestations (serositis, carditis, hepatolienal syndrome, etc.). The advanced stage of the disease is characterized by deforming arthritis.

Treatment of patients with rheumatoid arthritis is one of the most intractable problems of modern orthopedics. It is important not to
only preventive, but also therapeutic measures for the initial disease. stages Untimely started treatment leads to loss work capacity and disability of patients.

Methodology of Professor A.A. Hovsepyan allows you to stop joint pain and manifestations of rheumatoid arthritis, using only BR-drugs, completely eliminating drug therapy. For this, it is necessary to diagnose a key problem using the ART method with the construction of a pathophysiological chain according to the method of Professor A.A. Hovsepyan. In the presence of pain, symptomatic relief of pain is first performed. At the same time, in the order of BR-drug 1, only the degree of tension of the sympathetic part of the ANS is set in inversion, without correcting other parameters

chains. The pain usually stops or is significantly reduced already during the BRT session. The patient takes this BR-drug for 2–2.5 weeks. During this time, the pain syndrome stably stops or comes to a minimum. Only after that you can start treating the underlying problem.

For this, it is necessary to diagnose a key problem using the ART method with the construction of a pathophysiological chain according to the method of Professor A.A. Hovsepyan. Through the AKI, the most affected organ is determined (usually, it is connective tissue, synovial membrane, tendon, periosteum, joint as a whole, etc.). If such bodies with similar
There are several pathophysiological processes, then all problem organs with the same potency are connected in the selector.

It is necessary to identify all the factors that provide this pathophysiological process in problem organs. In particular, it is necessary to determine the degree of bactericidal activity in an organ with a dominant toxic load. After that, an indicator of tension or depletion of the immune system is tested, followed by the determination of the section of the immune system - the spleen (neurohumoral immunity, thymus - cellular immunity). Then, pointers to a bacterial or viral burden are included, followed by the determination of a specific type of pathogen. Testing through indicators of tension or depletion of the corresponding part of the immune system of the identified infections allows one to judge the degree of toxicity (if depletion of neurohumoral immunity) and virulence (if the tension of neurohumoral immunity).

You can see the presence of metabolic hypoxia, exclude connective tissue insufficiency. The degree of lymphatic congestion will indicate the severity of the disease. Some patients need to determine psycho-vegetative loads.

By sequential preparation of BR-preparations (often 2-3 consecutive BR-preparations) on problem organs with correction
pathophysiological processes, there is a stable improvement in the patient's condition. Drug therapy for such treatment is used extremely rarely, which is very welcomed by patients, reducing their financial costs and eliminating the side effects of drugs.

Conclusions: method of professor A.A. Hovsepyan has shown high efficiency in the treatment of almost any disease. And in cases of acute pathology, especially with severe pain syndrome, this method makes it possible to stop the pain already during the BRT session.

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