

Irritable bowel syndrome
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Irritable bowel syndrome is a functional bowel disease characterized by abdominal pain, diarrhea, or constipation. 15–20% of the world's adult population (about 22 million) suffer from this disease.

W. Gumming first described a typical clinical picture of a patient with this syndrome in 1849, and then William Osler (1892) designated this condition as mucous colitis. Subsequently, the terminology of this disease was presented as spastic colitis, intestinal neurosis. The term Irritable Bowel Syndrome (IBS) was coined by De-Lor in 1967. In 1988, the IX World Congress of Gastroenterology in Rome officially approved the term "Irritable Bowel Syndrome" (IBS). The criteria for IBS were determined: IBS is defined as discomfort or pain in the abdomen lasting at least 12 weeks, characterized by two signs - decrease during bowel movements, are associated with a change in stool frequency, a change in the consistency and appearance of feces. In addition, there is a decrease in the intensity of pain (discomfort) after stool. Attention should be paid to the fact that IBS is a daytime guest, nighttime bowel movements are not typical for him. Patients with IBS have many extraintestinal symptoms, some of which are associated with dysfunction of other digestive organs, and others with impaired autonomic nervous system and psychological status. The latter cause rapid fatigue, weakness, headaches, decreased appetite, sleep disturbances, parasthesias, palpitations, sweating, bouts of "lack of air", increased urination, low-grade fever. In scientific research, attention is often paid to the growth of actual anxiety in these patients. As you know, the symptom of anxiety is a marker of mental and psychological distress, as a symptom of pain in the event of a somatic illness. In addition, many researchers believe that that psychoemotional stress plays an important role in the development of IBS. Hence IBS is a psychosomatic illness.

If allopathic medicine has figured it out in general terms in the diagnosis of intestinal IBS, it has reached a dead end in therapy. In addition to symptomatic treatment (antispasmodics, rarely antidepressants or tranquilizers and regulators of intestinal motility, as well as diet and regimen), nothing significant is offered.

Thanks to the hardware and software complex "IMEDIS-EXPERT", carrying out diagnostics using the method of autonomic resonance test (ART), it is possible to carry out a more subtle diagnosis of IBS and, therefore, to prescribe a specific treatment. The research algorithm is well known, but it is important to start the research by examining all known loads. One cannot neglect such a block of loads as geopathogenic, radioactive and electromagnetic. In the presence of any of them, problems may arise both in diagnosis and in therapy.

It is often said that IBS is an irritable head syndrome, ie.

this disease is located on the brain-intestine axis. Therefore, at the next stage, we must check the presence of mental, psychological and psycho-vegetative stress. Chronic stressful exposure to a person causes an increase in the above loads. Indicators of psychological stress are usually always tested in IBS. Depressive manifestations develop rather quickly in emotionally labile individuals. To correct this condition, we must determine how deeply identified psychoemotional problems are. In the case of positive testing of R. Martin's preparations (Flowerplex), we can talk about the situational problems of today. In the case of positive testing of drugs from the Bach Flowers group, deep psycho-emotional problems will be solved.

A good effect in correcting the psychoemotional background is provided by the use of induction programs of exogenous bioresonance therapy. Direct testing of induction programs leads to their choice, as a rule - these are programs of rest, stress, depression. Special attention should be paid to the programs of event regulation 1 and 2, thanks to which the events in which the patient is located are more consciously and structured. Thanks to these programs, we will be able to break the vicious circle that aggravates the situation: the incomprehensibility of the patient's condition is leveled, as a result of which anxiety is deactivated and, accordingly, the emotional-vegetative tension is reduced, which, in turn, will lead to an improvement in somatic health.

Chakra drugs play an important role in the treatment of IBS. For this, it is necessary to test both the chakras themselves and the meridian complex chakra preparations. In this case, there is no need to rush to conclusions, because at the first examination, chakra preparations may not be tested due to slugging of the mesenchyme or the presence of geopathogenic, radioactive or electromagnetic loads. To correct this condition, drainage preparations are prescribed. Prescribing chakra drugs eliminates lingering vegetative disorders of the segmental type. Until the emotional problem is eliminated at the level of the restored chakras, the body constantly returns to vegetative imbalance, which will lead to somatic manifestations due to unresolved emotional conflict. Disturbances in the first and second chakras can form irritable bowel syndrome, both in the form of constipation and chronic diarrhea. The task of the second chakra, among many other functions, is to normalize the vital energy of the first chakra. An important role in the treatment of IBS is played by the meridian complex drug Chakra-1 (the meridian of the small-colon-kidney). Its positive testing indicates the increased activity of this complexone. Having recorded this drug on crumbs, having tested the dose using ART, we will reduce the activity of intestinal motility, thus removing spastic abdominal pain and frequent urination.

One of the leading drugs in the treatment of IBS is an autonosode prepared from the patient's feces. The patient's feces are recorded in inversion at the position of the potency regulator knob at 7 for two or three globules of granulated sugar. Then these globules are placed in the second container of the apparatus, the potency regulator knob is set to the third

position, and the autonosode preparation is recorded in the first container. The dosage of the drug is selected using ART. It is advisable to create an autonosode on a monthly basis.

Attention should be paid to the fact that in acute conditions the autonosode and the chakra preparation should be taken after meals in case of discomfort every 15 minutes until the symptoms disappear. We must not forget that without the use of induction programs, as well as drugs that normalize the psycho-emotional background, we will not achieve a positive therapeutic effect.

In this article, we discussed the treatment of IBS in the form of abdominal pain and diarrhea. It should be noted that the treatment is long-term. It is quite difficult to change the patient's life situation, but the positive effect occurs rather quickly, literally in the very first days of the start of therapy, and the quality of life during the treatment will improve quite significantly. Treatment using this technique completely frees the patient from taking allopathic drugs.

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"- M ." IMEDIS ", 2010, v.1 - C.160-164