

Combined use of induction therapy, homeopathy and organopreparations for inflammatory diseases of female genitalia

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Inflammatory diseases of the female genital area often become protracted, with organ dysfunctions and are difficult to treat. In addition, over time, they can go into a destructive-degenerative phase.

The doctor's task is to destroy infections, stop inflammation and autoimmune processes, restore immunity and impaired organ functions.

For this purpose, allopaths use courses of antibiotics, hormones, non-steroidal anti-inflammatory drugs, immunomodulators, etc.

This treatment is generally accepted, but it is generally known to have side effects.

With the help of exogenous bioresonance therapy (BRT), in combination with individually selected homeopathy and changing the potency of the corresponding organopreparations (OP), it is possible to regulate the strength and nature of the immune response, eliminate antigens, and then restore the functions of organs.

Materials and methods

The equipment of the company "IMEDIS" was used in the work. Local (through the UMT "inductor") or general (through the UMT "belt") exogenous BRT was carried out at fixed frequencies [3-5]. The UMT was connected to the MINIEKSPERT-DT apparatus (Apparatus for electropunctural diagnostics, electro-, magnetic and light therapy), which generated the required frequencies. Then MINIEKSPERT-DT was connected through the MT socket with the IMEDIS-BRT-PC medication selector for simultaneous therapy with frequencies and homeopathic remedies connected to them through the selector.

Own research

The study included 27 women aged 16 to 50 years.

1. With acute oophoritis - 4 cases.
2. With endometriosis - 17 people, of which in 6 cases, accompanied by adnexitis with pronounced oophoritis.
3. With chronic oophoritis and hydrosalpienx - 1 case.
4. With menstrual irregularities - 5 cases.

The diseases of the female genital area considered in this work: endometriosis, oophoritis, salpingitis are caused by microbes, viruses, the simplest, against the background of a miasmatic predisposition, are aggravated and provoked by physical, chemical and psycho-social stress. Hormonal dysfunction, autoimmune and adhesions can accompany or occur during illness.

All of the above etiological factors aggravate and distort the immune response towards its inadequacy, hypo- or hyperergy, and sometimes

side autoaggression. It is known what genital cells refer To sequestered antigens, that is, they are located behind the blood-brain barrier (BBB) and do not come into contact with the cells of the immune system that respond and stop the immune response. Therefore, there is normally no synthesis of antibodies to the germ cells. From the point of view of nature, it is advisable to protect against mutations and preserve the species. However, if the BBB is damaged by the above factors, then the immune response to sequestered antigens quickly becomes inadequate, autoimmune and protracted.

Consequently, acute oophoritis, ideally, should be stopped immediately so that it does not turn into a chronic process with damage to the germ cells.

1. Acute adnexitis with severe oophoritis in all four cases was stopped by anti-inflammatory frequency of 9.6 Hz and additionally E9 and E8, intensity - 30, for 10-12 minutes 1 time a day, with the connection of an organopreparation (OP) of the company "WALA" Ovarium 12, drainage means of the company "OHOM" [1], FM-complexes, selected by ART testing. During exogenous BRT, the organopreparation was connected for 1 minute, and the drainage means for 3 minutes.

The condition improved in 1-3 days, the pain disappeared, and according to the results of ultrasound, the size of the ovary decreased to normal. Then the patients underwent a course of homeopathic therapy and exogenous BRT in a planned manner, followed by instrumental and laboratory monitoring of the recovery.

2. There were 17 patients with endometriosis under our supervision. By the results of ultrasound, M-ECHO from 8 to 14 mm on the 7-8th day of the menstrual cycle. In 10 cases, endometriosis was combined with chronic adnexitis, of which in 6 cases, chronic adnexitis proceeded with pronounced oophoritis.

In all cases of endometriosis and adnexitis, the ART method was used to determine dysbacteriosis with burdening microbes of the intestinal group and microorganisms tropic to the urogenital sphere: chlamydia, ureoplasma, gardnerella, different types of mycoplasmas, as well as herpes viruses type I, II, cytomegalovirus, in two cases on this the background was tested for the EpsteinBarr virus.

In seven cases, endometriosis was complicated by profuse uterine bleeding. Of these, in three cases there was a burden of aspergillus, in two - with Klebsiella oxytocy, in two - with coagulo-positive staphylococcus.

According to our observations, these same microorganisms can cause very heavy bleeding in men and women, including nosebleeds. In addition to the above-described seven cases of endometriosis, in the remaining ten examined bleeding was not so threatening, and did not require urgent hysteroscopy with curettage of the uterine cavity.

Given the polyetiology, the complexity of the pathogenesis and, in some cases, the presence of acute conditions (bleeding, oophoritis), the treatment of endometriosis was staged, that is, acute conditions were stopped first.

Uterine bleeding was stopped by the previously described method [2]. The UMT "belt" was located on the stomach, or on the chair on which the patient was sitting. From the device "MINI-EXPERT-DT" to the inductor was fed a frequency of 2.5 Hz, intensity - 30, 10-12 minutes several times a day, with connected to

her across selector: homeopathic drug Millefolium 3, complex homeopathic preparations of the company "OHOM"; OP of the company "WALA" Uterus 3. Potency of the organopreparation The uterus was chosen in order to improve the nutrition of the organ, its stimulation and stimulation of uterine contractility. The threatening bleeding stopped very quickly. Based on the ultrasound results, the next day no emergency hysteroscopy with curettage was required.

However, in the future, for prophylactic purposes, the patients were prescribed the drug Millefolium 3 and a frequency of 2.5 Hz during menstruation, the intensity was 30, recorded on homeopathic grits. Such treatment was carried out only at the peak of bleeding, so as not to affect the general blood clotting in the body. In addition, the same prophylactic treatment was periodically prescribed to other patients with endometriosis and bleeding, which were not threatening and did not require emergency curettage.

The next stage, after the relief of acute conditions, was the elimination of pathogenic microbes and protozoa. For this purpose, the corresponding F and E programs were used with an intensity of 100, 8–8.5 minutes each. Periodically, nosodes selected by testing were connected to them, and in parallel, constitutional homeopathic medicines with FM complexes were prescribed. In the intervals between sessions of exogenous BRT, the patients took the same drugs, recorded on homeopathic crumbs.

After the elimination of pathogens, the inflammatory process decreased, MEcho tended to normal, and clinical manifestations improved.

In a number of cases, according to the diagnostic criteria of the Medpharma firm, the tests for endometriosis became negative, and the index "inflammatory proliferation of the endometrium" was tested. This index has not been tested after several months of treatment.

In 4 persistent cases, the next stage of treatment with organopreparations was required. From the third day of the menstrual cycle, to its middle, Endometrium D6 from WALA was prescribed, then a break was made for 1 day and until the first day of the next menstrual cycle, OP Uterus D6 from WALA was prescribed.

In some cases, the cycle was additionally regulated by drugs in four phases of the menstrual cycle, 7 days each phase (according to the method of Yu.V. Gotovsky). The drugs were taken 1 grain in the morning and at lunchtime 40-60 minutes before meals. In all cases, good results were obtained: in all cases, M-Echo returned to normal, the menstrual cycle became regular.

There were 10 patients with chronic adnexitis, including 6 cases with oophoritis. The diagnosis of "oophoritis" with an autoimmune component was made in cases when the OP Ovarium from WALA was tested in 10–12 dilutions. At the I and II stages of treatment, this drug was used exclusively to diagnose the degree of inflammation and the presence of an autoimmune process. At the first stage of treatment, therapy was carried out aimed at reducing inflammation and arresting autoimmune reactions. For this purpose, we used exogenous BRT with fixed frequencies E9; E8; 9.6 Hz - intensity - 30, 10-12 minutes 2 times a week, in combination with OHOM drainage means, FM complexes and individually selected homeopathy. Simultaneously with this, antimicrobial therapy was carried out, as in the treatment of endometriosis.

During the mass death of microorganisms and the release of their toxins,

it is undesirable to use organopreparations in order to avoid targeted penetration of damaging factors into the diseased organ.

In this regard, at this stage of treatment of endometriosis with oophoritis, the organopreparation Ovarium was not used. However, after elimination of microbial antigens, Ovarium OP was used to restore ovarian function, 2 times a week, starting from the 12th to the 3rd dilution against the background of the use of homeopathic remedies. Each dilution of the organopreparation was prescribed for 2-3 weeks with a two-week break. Until the full restoration of all functions of the ovary.

3. Salpingo-oophoritis with hydrosalpienx on the right - 1 case.

At the beginning of the disease, antibiotics, anti-trichomonas drugs, and probiotics were used. Treatment and examination by a gynecologist.

When testing by the ART method, microbes of the intestinal group (*Helicobacter*, *salmonella*, *sarcina*, *clostridia*), genitourinary (*chlamydia*, *ureaplasma*, *gardnerella*, *Trichomonas*), herpes viruses type I, II, cytomegalovirus.

Considering that the patient received antibacterial allopathic therapy and the acute inflammation was reduced, the treatment began with the elimination of microorganisms as described above, while using the E191 frequencies; E204 (with inflammation of the fallopian tubes) and E167 (restoration of patency of the fallopian tubes), intensity - 30, 10-12 minutes each. A few months later, during a gynecological examination and salpingography, no hydrosalpinx was found. The fallopian tubes are passable. Aftercare for OP according to the above scheme.

4. Irregular menstrual cycle - 5 patients aged 16 to 22

years old. After examination by the ART method, the elimination of microbes of the intestinal group and in two cases of *chlamydia* was carried out in the manner described above.

In addition, natural vitamins of group B were prescribed in the first half of the menstrual cycle, then there was a break for one day, and in the second half of the menstrual cycle, natural vitamin C, from Vitamax XXI century, was prescribed until the first day of the next menstruation. Then the course was repeated. In all cases, the menstrual cycle returned to normal within 3-5 months. In two cases, against this background, the desired pregnancy occurred.

Conclusions:

1. According to our observations, *aspergillus*, *klebsiella oxytocy*, *staphylococcus coagulo positive* can cause profuse bleeding, including with endometriosis. The use of induction therapy in combination with homeopathy acts quickly and effectively enough to stop such bleeding.

2. Treatment of diseases of the female genital tract: salpingo-oophoritis, acute oophoritis, endometriosis, should be staged:

a) removal of acute conditions: bleeding and autoimmune oophoritis using induction therapy, organopreparations and homeopathic remedies. Without the induction of an immune response to exoantigens at this stage;

b) elimination of bacterial and other exoantigens with stimulation of an adequate immune response with connection to anti-inflammatory

exogenous BRT and homeopathy, selected according to the etiopathogenetic principle without the use of organopreparations at this stage, because the regulation of the adequacy of the immune response was carried out by connecting the appropriate nosodes of microbes to anti-inflammatory induction frequencies, so there was no point in additionally regulating reactivity, including organopreparations in therapy together with nosodes of microbes.

c) restorative and regulatory therapy, using exogenous BRT, individually selected homeopathic remedies and organopreparations with a change in potency from the 12th to the 3rd - was used 2 times a week in courses of 2-3 weeks with a two-week break in order to improve the health of the corresponding organ.

3. If anti-inflammatory and organotropic drugs are used during therapy frequency, it is possible to simultaneously solve other problems, for example, eliminate microbes or their toxins in the above described way, induce an adequate immune response to exoantigens, without provoking inflammatory, including autoimmune reactions. Recall that at this stage it is better not to use oral medications, since the function of regulating immunity here is performed by nosodes connected to anti-inflammatory frequencies.

In allopathy, these problems are solved by the simultaneous prescription of antibiotics and hormones. However, in this case, all the consequences of hormonal and antibiotic therapy arise, including dysbiosis, superinfection, impaired immunity and reactivity of the body.

4. The use of organopreparations in the required potencies can regulate the nature of the immune response. Suppress autoimmune processes (in 10-12 dilutions), and then in other dilutions (low) to stimulate the restoration of this organ.

5. In case of menstrual irregularities, aggravated by dysbiosis, sometimes antibacterial frequency and homeopathic therapy is enough, followed by the regulation of the menstrual cycle, in a known way, oral intake of natural B vitamins in the first half of the cycle, then a 1-day break and intake of natural vitamin C in the second half of the menstrual cycle.

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.: "IMEDIS", 2010, v.1 - C.220-228