Treatment of ulcerative colitis. Case from practice

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In March 2007, the mother of a 4-year-old girl applied with a diagnosis of ulcerative colitis (NUC). From the anamnesis: a child from the 2nd pregnancy, which proceeded without features, the second urgent delivery without pathology. From 1.5 years constipation, manifestations of atonic dermatitis appeared. WITH For 2.5 years, blood in the stool was added, and therefore, in January 2007, the girl underwent a colonoscopy with biopsy from the straight, sigmoid, descending and transverse colon, and in March 2007 - sigmoidoscopy. diagnosis: erosive colitis. Installed NUC in the stage of moderately expressed. Prescribed long-term activity. therapy with sulfasalazine, suppositories; child disability. In the made out neuropsychiatric status, it is expressed emotional lability, tearfulness, anxiety.

NUC is a chronic inflammatory disease of the colon mucosa resulting from the interaction of genetic factors and environmental factors, which is characterized by recurrent exacerbations. Unlike Crohn's disease, NUC only affects the colon.

Crohn's disease is a chronic nonspecific granulomatous inflammation of the gastrointestinal tract, which can affect all parts of the gastrointestinal tract, from the oral cavity to the rectum. It is characterized by transmural inflammation (that is, affecting all layers of the digestive tube), lymphadenitis, the formation of ulcers and scarring of the intestinal wall. If the process is localized only in the large intestine, then the clinical picture in granulomatous colitis and proctitis may be indistinguishable from ulcerative colitis.

Until now, the exact cause of these diseases remains unknown. Among the reasons are hereditary (or genetic), infectious, immunological factors. The prognosis in both cases is unfavorable, the threat of complications, lifelong therapy using hormones, immunosuppressants.

With ART, the following was revealed:

- geopathogenic load of the 3rd degree with influence on the pelvic organs;
- electromagnetic load of the 1st degree with an effect on the spinal cord;
- psycho-vegetative load of the 4th degree;
- moderate tension of the immune system;
- the primary affected and at the same time the most affected organ - the large intestine;
- in which the following morphological changes are tested: chronic inflammation, erosive-ulcerative and autoimmune processes;
- dysentery amoeba (Entamoeba histolytika) D6, 12, 30;
- Shigella Kruse D6, 12, 30, 100, 200 (tested through Intox III);
- Crohn's disease D100, 200 (the index was tested during repeated examination).

The treatment was carried out in several stages. At the first stage, frequency therapy was selected to relieve stress, to etiological factors; as well as frequent symptomatic antiulcer, anti-inflammatory therapy,

drains "ONOM", correction of the psycho-vegetative state with drugs "GUNA", induction programs P7, P9, bioresonance therapy, color therapy. The frequency of treatment is once every 2 weeks.

Already in the second week, the girl's condition improved - the stool returned to normal, there was no blood in the stool, the child became calmer. Immunosuppressive therapy was canceled, anti-inflammatory suppositories were prescribed, reflexotherapy with the DENAS apparatus with the use of Malavtilin cream.

On retesting after 1 month, the autoimmune process was no longer tested, but allergies persisted with the risk of autoaggression, chronic colitis D12, 30 and chronic proctitis D12, 30 were also diagnosed. On sigmoidoscopy (in April 2007), acute fissures of the anus were revealed. There was no data on the presence of erosion.

At the 2nd stage of treatment, private BR-drugs were created, MPs were added to erase congenital toxic information, drugs were selected to correct dysbiosis, including deep-acting antifungal drugs (PM BiRo, inflammation), as well as to correct the lack of trace elements and vitamins (magnesium, silver, vitamin B12) and the treatment of concomitant skin rashes. The frequency of treatment is once every 2 weeks.

At the 3rd stage of treatment, therapy was prescribed for the restoration of the intestinal mucosa with drugs "GUNA" F-Plex, MK 5 (large intestine meridian). At the same time, the girl felt good. The stool became regular, without blood impurities. The disability issue was dropped. The child is allowed to attend childcare facilities without any restrictions.

Follow-up - 3 years. Once a year, the girl underwent control testing. There are no data for NUC.

Conclusions: in this case, the child had a combination of dysentery amoeba and bacterial dysentery with hereditary toxic information from Shigella D200 and Crohn's disease D100, 200. According to the date of birth (March 28, 2003), the girl's large intestine meridian was genetically weakened. Perhaps the combination of these factors led to such a severe course of the disease at an early age.

Vegetative resonance test allowed install launcher etiological factor and with the help of the "IMEDIS" equipment, successfully treat a disease that is considered incurable and doomed a child to disability.

Literature

1. Human parasitic diseases. A guide for physicians edited by Academician of RAMS V.P. Sergiev. - St. Petersburg, Folio, 2006.

2. Samokhin A.V., Gotovsky Yu.V. Practical electropuncture according to the method Voll. - M .: IMEDIS, 2006.

3. Pediatrics. Management / Edited by R.E. Berman, V.K. Vaughan. - M .: "Medicine", 1993.

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