Electropuncture testing of medicines, increasing the temperature of the human body

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Give me the power to induce fever, and I will cure all diseases. "
Parmenides, Greek physician, approx. 500 BC

Body temperature is a protective and adaptive reaction of the body, in which the processes of innate and adaptive immunity are activated. Hyperthermia belongs to the category of systemic influences, accompanied by a significant mobilization of energy resources and plastic reserves of the body. One of the main ways to maintain the normal functioning of the immune system and restore immunity in immunodeficiency states is the use of immunomodulators. The most adequate to the human body are natural, natural, so-called, endogenous immunomodulators, which are based on substances that take part in the regulation of immune processes in the human body.A large group of substances of endogenous origin (interleukins, tumor necrosis factor, interferon) can cause an increase in body temperature. These substances are called endopyrogens. There are 2 large groups of interferon (IF) drugs, divided according to the production technology: human 1st generation (obtained from donor blood) and recombinant 2nd generation, obtained by biotechnological genetic engineering methods. Recombinant IF is IF-alpha2a - reaferon. Which, as an immunomodulator, is used in the treatment of tumors and, in particular, renal cell carcinoma. For example, O.V. Kravets, S.M. Kostenko et al. (1999), used intramuscular injection of reaferon, starting from 3 million units and increased a single dose of administration by 1 million units with each subsequent course of treatment. The course of treatment is 10 injections. The total course dose is from 30 to 100 mln. Unit of reaferon. A positive effect of treatment was noted, but the optimal single dose of reaferon, which would be effective for any patient, has not been determined. D.Kh.D. Mikich (2005) used for generalized forms of renal cell carcinoma intramuscular injection of interferon at 18 million units three times a week, a total dose of 25–45 million. the conclusion that the optimal dose of interferon (one-time starting, one-time follow-up and course) and the mode of administration, which would be acceptable to all patients with various forms of renal cell carcinoma, have not yet been determined.

Like all interferons, reaferon has pyrogenic properties, which are considered a side effect of the drug. However, it is known

(OV Zaitseva, 2003) that the optimal condition for the natural production of interferons is a body temperature of 38 degrees Celsius. Therefore, the pyrogenic properties of reaferon, apparently, can be used to regulate immunity through hyperthermia.

Taking into account the above, it can be assumed that the dose of reaferon (including the starting dose) administered to the patient for the prevention and treatment of metastases of renal cell carcinoma should increase the body temperature to 37.5-38.0 degrees Celsius to create optimal conditions for the body to produce endogenous interferon. Undoubtedly, it is the starting dose of any medication, including reaferon, that determines the primary response of the most important systems of the patient's body to the injected drug. Obviously, to obtain a given body temperature (37.5–38.0 degrees Celsius) in response to an administered medication that can cause an increase in body temperature, a strictly defined dose of the drug is required. From our point of view, the temperature reaction of the body in response to each, including the starting, dose of reaferon can be predicted by the method of electropuncture drug testing according to R. Voll. The basis of drug testing according to R. Voll,

We have taken 0.9% sodium chloride solution, which is isotonic to human blood plasma, as a universal substrate that carries the energy-informational wave characteristics of the human body temperature.

Clinical example. Patient F ..., 1949, case history No. 653 / I, was admitted to the urology department of the Rostov Research Oncological Institute with complaints of hematuria. As a result of the examination, the diagnosis was made: cancer of the right kidney with metastases to the lungs.
02.03. In 2010, he underwent an operation: nephrectomy on the right. The histological conclusion No. 848586 - clear cell kidney cancer with invasion of the kidney capsule, poorly differentiated. After surgery from 17.02. 2010 to 05.03. 2010 received a course of immunotherapy with reaferon. Method of treatment: 17. 02. 2010, the optimal starting dose of reaferon was determined by the method of electropuncture diagnostics according to R. Voll (EAF). When testing by the EAF method, after loading with a marker of the temperature of a physiological solution of 37.5 degrees, the indicators of the control points of measurement (CTI) on the meridians of the lymphatic system, nervous degeneration, blood circulation, epithelial and parenchymal degeneration, allergies, triple heater were 40-50 conventional units. When tested by the EAF method after loading with a body temperature marker of 38.0 degrees, the CTI indicators on the above meridians were 50–55 conventional units. The selected temperature marker of the saline solution is 38.0 degrees. the parameters of the scale of the device for the EAF after the load of the CTI of the above-described energy meridians were optimal - 50–55 units. When tested by the EAF method with a reaferon dose marker of 1 million units, the CTI indicators on the above meridians were 40–45 conventional units.

When testing the CTI of the same meridians by the EAF method with a reaferon dose marker of 2 million units, the CTI indicators on the above meridians were 50–55 conventional units. For further testing, a temperature marker of 38.0 degrees and a dose of reaferon of 2 million units were selected. since after loading the CTE of the above-described energy meridians of the patient and the parameters of the scale of the device for the EAF were optimal. With the joint, simultaneous testing of the selected markers of body temperature - 38.0 degrees and the dose of reaferon - 2 million units, the CTE indicators on the above meridians showed 50–55 conventional units. This study suggested that for a dose of Reaferon of 2 million IU, the patient's body temperature may rise to 38.0 degrees. The dose of reaferon 2 mln IU was taken as the optimal starting dose for starting reaferon therapy of a patient with renal cell carcinoma. 5 hours after the intramuscular injection of 2 million units of reaferon, the patient's body temperature rose to 37.8, another hour to 38.1 degrees Celsius and was held for 2.5 hours, followed by a decrease to normal. There were no complications after the introduction of reaferon that required drug treatment. The course of treatment is 10 reaferon injections. Each subsequent dose of reaferon was selected by testing through a body temperature marker of 37.5–38.0 degrees Celsius. The patient's subjective well-being during treatment was There were no complications after the introduction of reaferon that required drug treatment. The course of treatment is 10 reaferon injections. Each subsequent dose of reaferon was selected by testing through a body temperature marker of 37.5–38.0 degrees Celsius. The patient's subjective well-being during treatment was There were no complications after the introduction of reaferon that required drug treatment. The course of treatment is 10 reaferon injections. Each subsequent dose of reaferon was selected by testing through a body temperature marker of 37.5–38.0 degrees Celsius. The patient's subjective well-being during treatment was

satisfactory.

22 patients were examined using this technique. When testing the set body temperature and the corresponding dose of reaferon by the EAF method, complete coincidence between the resonant wave and actual body temperature indicators after the administration of the dose of reaferon selected by testing by the EAF method was in 5 (22.7%) patients. In 15 (68.2%) patients, the difference between the tested temperature of the saline solution and the dose of reaferon by the EPD method and the actual clinical indicators of body temperature after the administration of the tested dose of reaferon was 0.1–0.3 degrees, and in 2 patients the difference between the tested and real temperature was 0.5 degrees (9.1%).

Thus, the method of electropunctural diagnostics according to R. Voll can be used to select the starting and subsequent doses of reaferon, for example, in the treatment of patients with renal cell carcinoma.

Literature

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