

On the possibilities of using the vegetative resonance test and bioresonance therapy in the diagnosis and correction of gluten enteropathy

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nutrition
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Introduction

Relevance studying gluten enteropathy (gluten-sensitive modern celiac disease) for medicine is increasingly determined by meeting difficult to diagnose in the practice of a doctor and polyetiological, polysyndromic health disorders and diseases, both among adults and children. This group consists of such nosologies as anemia of unspecified genesis, gastroenteropathy, often recurrent pancreatitis, allergic dermatoses, as well as autoimmune diseases, lag in physical and sexual development, etc.

The results of a study by foreign authors and data from the Scientific Society of Gastroenterologists (GGG) of Russia indicate that celiac disease is not a rare disease, as it was commonly believed, but occurs in 3–3.5% of the population and can cause a number of syndromes and diseases. There is evidence that celiac disease poses a risk of developing cancer of the digestive system. As emphasized in the recommendations of the IHG, if this pathology is suspected, it is necessary to determine antibodies to gliadin in the blood serum, however, this technique is available only for the population of large centers.

As a rule, zabo Leaning begins to develop in childhood, it can be hidden take a long time with signs of hypovitaminosis, etc. uninformative manifestations. In the future, in adults, the disease can proceed in atypical forms with a predominance of extraintestinal symptoms caused by malabsorption and immune shifts (autoimmune diabetes, thyroiditis, etc.). Celiac disease is more common in women than in men. Symptoms of the disease in adults are often poorly expressed, and for a long time the illness can be manifested by gastric and intestinal dyspepsia, and the development of asthenic syndrome, increased fatigue.

Material and methods

The material was the results of the autonomic resonance test (ART) over the past two years. The data of 109 patients were analyzed, including 83 adults and 26 children.

Research results. Studies have shown that when analyzing clinical anamnestic data, a suspicion of cereal intolerance was noted in 4.3% of the surveyed. The most frequent complaints were frequent fetid stools, pain in all parts of the abdomen, and bloating. Every third had skin manifestations. but

retrospective analysis suggests that often indirect signs indicating this pathology were not taken into account or were regarded as of little significance.

Clinical example

Ch-va A.S., 5 years old. The mother came after a 2-year "search for a diagnosis" and ineffective treatment from doctors of different specialties.

Anamnesis: breastfeeding for up to 1 year, after the child's transfer to normal nutrition to the present, according to the mother, the child has unstable stools, rumbling in the abdomen worries, especially at night, and skin rashes are often recorded. The child does not recover, lags behind in physical development, the skin cracks. The search for the cause of the disease and treatment by a gastroenterologist, dermatologist and allergist did not give relief. The child was prescribed a hypoallergenic diet.

Objectively: the child looks painful, the skin is pale, dry, the turgor is reduced, scratches on the skin of the elbows. Tongue "geographic", cracks in the corners of the mouth. Submandibular and inguinal lymph nodes are enlarged - lymphadenopathy. The rib cage is asymmetric in front, with some bulging on the right. The abdomen is soft, b / b, the liver is not enlarged.

When testing by the ART method, an allergy to wheat was revealed, there were indications of a depletion of the immune system, the predominance of catabolic processes, enterocolitis, burden with lamblia, *Kingella kingae*, and a deficiency of microelements.

Considering the aggregate data obtained, recommendations are given:

- exclude cereals (bakery products) from the diet;
- detoxification and drainage with homeopathic medicines ("Heel");
- endogenous BRT;
- exogenous BRT (E-programs);
- Chelated macro- and microelements (zinc and others);
- olive and flaxseed oil (as sources of vitamin E and polyunsaturated fatty acids).

Follow-up data after 4 weeks: the child's stool became less frequent, only pale pink areas remained on the skin, the itching stopped, during which time the child gained 900 grams in weight. According to the mother, when the child consumed white bread, gastrointestinal disorders were observed twice, which confirms the presence of celiac disease.

The child was additionally prescribed probiotics (normoflorins L and B).

Dynamic observation indicates an improvement in the child's condition, follow-up is 7 months.

Considering that genetic factors play a role in the development of celiac disease and among the patient's closest relatives, according to research data, the incidence of the disease varies from 2 to 12%, we also conducted studies in the child's mother (38 years old). She had low nutrition, dry skin, and when the anamnesis was clarified, it was revealed that there is constant frequent bowel movements, suffers from chronic pancreatitis and, as the patient put it, "cannot gain normal weight." With ART, indications of intolerance to wheat and barley were obtained. The patient was prescribed appropriate treatment.

Discussion

Considering that celiac disease is not a rare disease and

its small symptoms are not taken into account by doctors in clinical practice, and the disease can also occur in latent, refractory, atypical, asymptomatic forms, bioresonance methods can be used both in the diagnosis and in the treatment of celiac disease, as well as during dynamic observation of this category of patients. Studies on the detection of antibodies to gliadin, endomysium and intestinal tissue transglutaminase show that in risk groups (with genetic factors, visceropathies, autoimmune diseases) celiac disease occurs hundreds of times more often than in the general population. This can be explained by a significant proportion of its latent, low-symptom forms, which often deprives patients of their entire life from receiving etiotropic therapy, which consists in excluding gliadin-containing products from the diet, i.e. cereals.

Conclusions:

1. ART as a highly informative and non-invasive method can be used in the diagnosis of allergies and intolerances to cereals, i.e. to gliadin.
2. BRT and homeopathic remedies as safe and highly effective therapeutic technologies can be recommended in the complex treatment of celiac disease (celiac disease) in children and adults with strict adherence to the restriction in the diet of cereal products.

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Z.S. Teregulova, B.F. Teregulov On the possibilities of using the vegetative resonance test and bioresonance therapy in the diagnosis and correction of celiac disease // XVIII