Experience of using a complex of bioresonance therapy and cryotherapy in the treatment of frequently ill children and adults

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Relevance of work

Influenza and acute respiratory diseases rank first in the frequency and number of cases in the world and account for 95% of all infectious diseases. In Russia, annually from 27.3 to 41.2 million sick with influenza and other acute respiratory viral infections are registered.

Despite the annual events held by the state, including advertising of immunomodulators and multivitamins, the closure of children's institutions for quarantine during periods of epidemic trouble, as well as specific immunization, the incidence of influenza and acute respiratory infections is not decreasing.

In the period from January to March 2011, the excess of the epidemic threshold for influenza based on data from the Research Institute of Epidemiology of the Russian Academy of Medical Sciences in Siberia was by 527.8%, in the Volga Federal District - by 245.8%, in the North-West District - by 175%, in In the Far Eastern District - by 243.3%, in the Central District - by 205.7%. The average length of sick leave was 9.8 days.

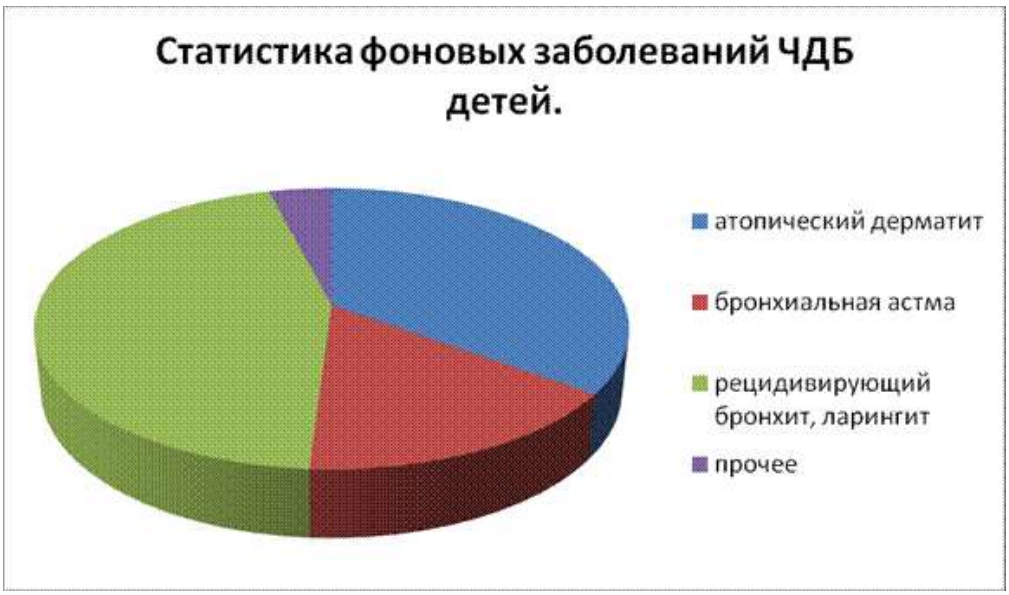
The morbidity figures require significant material costs, causing serious economic damage associated both directly with the cost of treatment and with the loss of working time both for the sick themselves and for caring for sick children.

The greatest contribution to seasonal morbidity is made by the morbidity of children. The high incidence of repeated infections of viral or bacterial origin in children has always been a very serious problem. Such patients are commonly referred to as "frequently and long-term ill" (FDI). Numerous authors have shown the persistence of a steady increase in the number of children belonging to the BDS group, accounting for 20–65% of the pediatric population, while the resistance (nonresponsiveness) of this category of patients to traditional methods of therapy is noted.

BHR accounts for 50-60% of all registered diseases. About 20% of children suffer from acute respiratory infections almost every month. The maximum incidence of acute respiratory infections among children is observed at the age of 6 months to 6 years and ranges from 4 to 6 diseases per year, among schoolchildren the incidence decreases to 2–5 cases per year, and among adolescents it does not exceed 4 diseases throughout the year [3]. In 40% of cases, by the age of 7–8 years, chronic pathology is formed in children with a chronic disease, while the increase in chronicity is proportional to the increase in the frequency of ARI episodes during the year. ARVI in CHD children are often characterized by a protracted course and the addition of complications in the form of exacerbations of chronic foci of bacterial infection of the upper respiratory tract, respiratory and urogenital tract. It is noted that among the BHP of children, chronic diseases of the nasopharynx and lungs are much more often detected, bronchial asthma, allergic rhinitis are more common and more severe, the frequency of rheumatism, glomerulonephritis and a number of other diseases is higher. It was noted that children in adolescence are prone to chronic diseases of the gastrointestinal tract, vascular dystonia, they develop neurotic reactions more easily, they get tired faster, and learn worse [3].

All children who applied to our center had dermorespiratory syndrome against the background of intestinal dysbiosis.

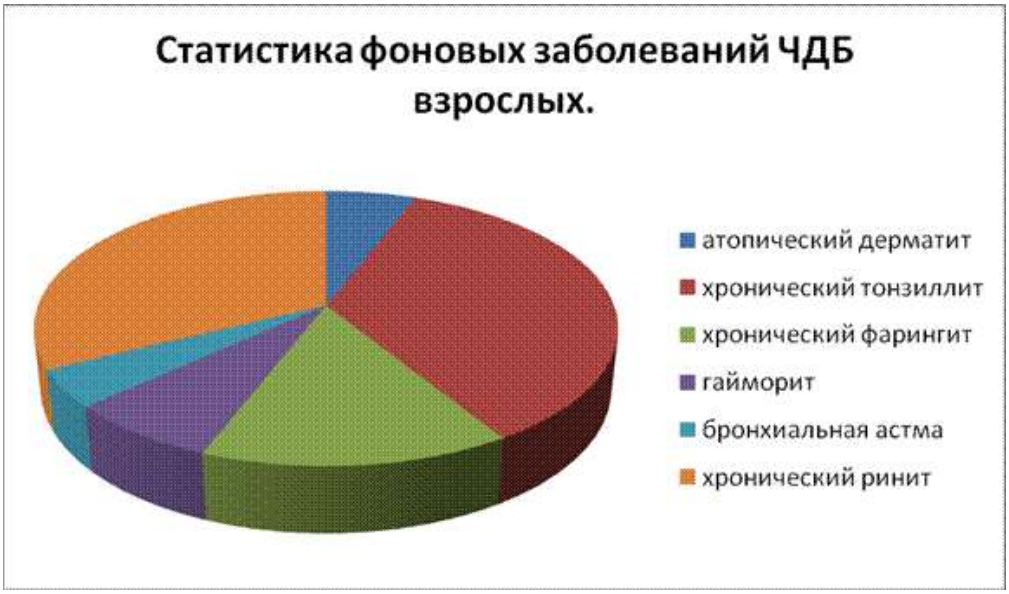
The statistics of the background diseases of the RHI of children according to the appealability to our center is presented in Fig. one.



Rice. one

At the same time, it should be noted that according to our data and the data of some authors [1] for adult patients, NPH includes persons with acute respiratory infections more than 2-3 times a year with a disease duration of 7 to 14 days or more. At the same time, it should be noted that in more than 50% of cases, adult subjects from among the BDI in childhood also belonged to the group of frequently ill patients. About half of them had remission within 4–6 years, which they reached, as a rule, during puberty. Subsequently, a return to frequent acute respiratory infections occurred against the background of various provoking factors: severe psychoemotional or physical stress, surgery, anesthesia, trauma, severe flu, chickenpox, transferred at the age of over 18, the use of glucocorticoids and NSAIDs.

The statistics for the background diseases of the NRD in adults are presented in the diagram.



Rice. 2

All patients who applied to the center were examined:

1. Careful collection of anamnesis of life and illness.
2. UAC in dynamics.
3. OAM in dynamics.
4. Biochemical blood test.
5. Sowing from the pharynx and nose to flora.
6. Feces for dysbiosis.

7. Examination by an otolaryngologist.

8. Sowing from the pharynx and nose for cytology,

9. Screening test according to the Nakatani method.

10. Vegetative resonance test on an apparatus for electropuncture diagnostics and therapy "MINI-EXPERT-DT" (State license No. 42 / 97-063-1071 of 22.10.1998, certificate of conformity ROSS RU IMO2.V07583 No. 3695669).

11. 2 children - study of serum immunoglobulin A.

12. 10 children - immunogram.

When collecting an anamnesis of a child's life, attention is drawn to:

- in 35% of children, parents suffer from various types of allergic diseases;
- 56% of parents before and during pregnancy were carriers of chlamydia, mycoplasmas, ureaplasmas, an exacerbation of herpes infection during pregnancy was observed or a high titer of Ig G immunoglobulins to herpes viruses, cytomegalovirus, chlamydia was found in their blood;
- 69% of mothers report frequent throat problems or have a diagnosis chronic tonsillitis, pharyngitis.

In the KLA, in 55% of cases, we observed an increase in the number of lymphocytes above the age norm and in 37% - an increase in the number of stab neutrophils in the leukocyte formula. ESR variability from 2-3 mm / h to 17 mm / h.

No pathology was detected in OAM.

Throat swabs and cultures showed 100% seeding of opportunistic and pathogenic flora - Staphylococcus aureus was sown more often than others (67%), in 39% - staphylococcus epidermidis, in 40% - alpha-hemolytic streptococcus, in 16% - beta-hemolytic streptococcus, 3% - klebsiella, 38% - mushrooms of the genus Candida.

Feces culture showed the presence of intestinal dysbiosis with a predominance of the same flora as in the nasopharynx, the presence of hemolyzing enterobacteria and a predominance of intestinal sticks with weak enzymatic properties.

According to the immunogram, all children have decreased serum immunoglobulin A, which indirectly indicates decline secretory immunoglobulin A on mucous membranes. Above the norm is the phagocytic index of and the level of T-suppressors.

Examination by an otolaryngologist showed in 100% of cases the presence of diseases of the tonsils (chronic tonsillitis - 57%) and the posterior pharyngeal wall (chronic pharyngitis - 34%). Chronic vasomotor or allergic rhinitis was diagnosed in 45 children aged 8–17 years.

The ART method allows you to: identify organs with various disorders; determine the effectiveness and tolerability of medications; determine the indications for the use of nosode therapy and find the key nosode; identify allergic burden and choose an effective medication; identify geopathogenic, radioactive and electromagnetic loads; identify a violation of the acid-base balance, etc. A blood test for helminths, lamblia, often carried out in the outpatient service, is replaced by a vegetative resonance test. The correlation of the vegetative resonance test data with the indicators of the bacteriological and immunological laboratory data carried out by our center (Table 1) makes it possible to use this test as reliable.

Table 1

Correlation of ART data with laboratory service indicators

Vegetative data resonance test	Laboratory service data	% match
Cellular immunity strain	Immunogram - an increase in the T cell link	100 %
Humoral immunity strain	KLA increase in the number of eosinophils	98%
Intestinal bacterial burden Streptococcus Staphylococcus Proteus Klebsiella Mushrooms	Feces for dysbiosis in the tank. laboratories Streptococcus Staphylococcus Proteus Klebsiella Mushrooms	 95% 100 % 65% 78% 45%
Bacterial burden of the tonsils Streptococcus Staphylococcus Proteus Klebsiella Mushrooms	Sowing from the throat and nose on the flora Streptococcus Staphylococcus Proteus Klebsiella Mushrooms	62% 100 % 56% 49% 67%
Viral burden (with virus type) Herpes virus CMV Chlamydia Toxoplasmosis	Blood for antibodies to viruses Herpes virus CMV Chlamydia Toxoplasmosis	 100 % 85% 53% 45%

The ART method allows early diagnosis of various pre-pathological disorders at the preclinical stage of the development of the disease, when its symptoms are not expressed or absent. This makes it possible to identify preclinical forms of diseases and, if necessary, additional examination by other methods.

This diagnostic system allows you to identify the causes of the immunodeficiency state in each individual patient, to narrow the list of necessary clinical, bacteriological, immunological studies, to select the most effective drug treatment, resonance frequency and induction therapy, to determine the need and type of cryotherapy (cryosanation or cryohardening).

Therapy in our clinic includes pathogenetic and symptomatic therapy in the treatment of frequently ill children and adults:

1. Resonant frequency therapy of diseases caused by viruses, bacteria, the simplest, helminths on the apparatus on the apparatus for electropuncture diagnostics and therapy "MINI-EXPERT-DT".
2. Endogenous bioresonance therapy in order to correct the immune status for apparatus for adaptive bioresonance therapy "IMEDIS-BRT-A".
3. Homotoxicological preparations of the "Heel" company.
4. Homeopathic and endogenous immunomodulators.
5. Bacteriophages, probiotics and prebiotics for the treatment of dysbiocenosis.
6. Homeopathic nosodes.
7. Constitutional homeopathic remedies.
8. Enzymes, vitamins and other medicinal products by appointment.
9. Local cryotherapy of the lympharyngeal ring.
10. General cryotherapy.

A total of 800 adult patients who applied to the center gave 4380 cases of acute respiratory infections and influenza a year. Patients endured part of the diseases "on their feet" without seeking medical help and self-medication. Upon treatment, the average length of sick leave was 9.8 days. After treatment, the same 800 people in 5 years gave 304 cases of acute respiratory infections, influenza. Basically, it was the flu during

epidemics. Moreover, these were people either with background immunosuppressive diseases (chronic hepatitis, rheumatoid arthritis, bronchial asthma), or people forced to work in the foci of infection (teachers, doctors), and patients with psychosomatic disorders. The average length of sick leave among those who applied was 6.2 days.

All BDS children were prescribed therapy for intestinal dysbiosis according to the above scheme. The course of treatment lasted 6-9 months. Most of the children (clinical group 1), with the written consent of their parents, underwent a course of gentle cryodestruction of the tonsils in chronic tonsillitis and cryotherapy of the posterior wall in chronic pharyngitis. Children whose parents did not give consent to cryotherapy (clinical group 2), along with the treatment of dysbiosis, received conservative treatment of the oropharynx (washing of the tonsils, instillation of drugs, local immunomodulators).

The most impressive results were obtained in the first clinical group. We estimated the absolute number of colds in the year following the year during which a course of complex treatment with cryosanation of the nasopharynx was carried out. For 381 children who were sick 3464 times before the course of treatment- 114 cases of acute respiratory infections! But even in this case, the severity of acute respiratory disease (the degree of increase in body temperature, the absence of bronchial obstruction, neurotoxicosis, etc.) and its duration decreased.

We managed to get the figures of acute viral morbidity 3-4 years after the end of the cryosanation course: 52 cases of acute respiratory infections, acute respiratory viral infections, flu for 381 children per year!

It is not difficult to calculate the economic effect of the obtained result - 3464 cases of diseases with an average positive sick leave of 9.8 days before the child's treatment and 52 cases with an average sick leave of 5.2 days.

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