

Toxoplasmosis and concomitant infections.

The method of refined diagnostics by the method of vegetative resonance test

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Disease, called toxoplasma, it happens congenital and acquired.

In patients with congenital toxoplasmosis, central nervous system lesions dominate - encephalitis, epileptiform syndrome, oligophrenia, as well as eye damage. In women, late puberty, menstrual irregularities, and primary infertility are noted. 15% of patients with chronic toxoplasmosis, as a rule, become disabled.

With age, patients have an increase in symptoms and severity of the disease. As noted by the researchers of toxoplasmosis, in most patients, specific therapy was not effective.

In preschool children with latent toxoplasmosis, repeated studies after 5 years in a number of cases revealed symptoms of chronic toxoplasmosis and the appearance of complications.

Clinical example

A mother and her 9-year-old son came to complain about the appearance of epileptic seizures in the last year. The attacks were repeated monthly throughout the year. The child was examined, Cytomegalovirus was detected and calcifications were found in the brain. Prescribed antipsychotics, antiviral therapy. Epileptic seizures began to appear less frequently, but did not disappear. A study for toxoplasmosis has not been conducted.

Toxoplasmosis is tested in the head, spleen, and genitals when testing according to the method of refined diagnostics by the method of autonomic resonance test (ART). Cytomegalovirus and Epstein-Barr virus are also being tested. From the anamnesis: the boy was born prematurely (7 months), with slight squint, with increased muscle tone. But from 5 to 8 years old he was healthy. Taking into account the anamnestic data, prematurity, congenital strabismus and X-ray indications (calcifications), it can be concluded that the child has congenital toxoplasmosis, which occurs latently from 5 to 8 years. Cytomegalovirus was a complicating and triggering moment of exacerbation of the process in the brain and, as a consequence, the appearance of epileptic seizures.

The patient was prescribed exogenous bioresonance therapy for all identified infections, immunomodulator Transfer Factor Advance. It is recommended to do tests for toxoplasmosis. After 2 weeks, my mother called and said that toxoplasmosis was detected, titer 1: 350, the treatment was continued. Reappointment after 3 months - no seizures. The above treatment is recommended quarterly courses, control in a year.

The main manifestations of acquired chronic toxoplasmosis are as follows: chronic intoxication and subfebrile condition, lymphadenopathies, including mesenteric adenitis, enlarged liver, spleen, changes in the heart, chorioretinitis, uveitis, diencephalic syndrome, neuroses, impaired autonomic nervous system, myositis, and obstetric pathology.

Naturally, a toxoplasmosis infection alone cannot cause as many diseases and symptoms in humans. Researchers of toxoplasmosis have noted very often co-infections complicating the clinical picture of diseases. Combinations of toxoplasmosis infection with tuberculosis, herpes, streptococcal infections and staphylococcal infections were noted (I.S. Therefore, with acute and chronic toxoplasmosis with the introduction of the above infections, lesions of internal organs are noted, these are: interstitial pneumonia, hepatitis with impaired liver function, myocarditis, myocardial dystrophy, gastroenterocolitis, mesenteric adenitis. IN

X-ray studies (and now, MRI) M.G. Smaykina (1971) found calcifications in patients with toxoplasmosis not only in the brain, but also in skeletal muscles and lung tissue, as a trace of specific myositis and pneumonia that had passed there.

A.P. Kazantsev (1971) pointed out that: "patients with toxoplasmosis, due to the insufficient familiarity of doctors with this disease, for many years, 10-15 years, are unsuccessfully treated under a variety of other, erroneous diagnoses." The same situation, according to our Center, is taking place in our time.

Due to the complexity of the diagnosis of toxoplasmosis, ART should play an important role.

Over the past 3 years, 15638 people with various diseases were examined in our Center, in 65% of cases toxoplasmosis was tested. In the clinical course, 38% of patients were found to have a latent form (potency D60), 20% had a chronic course, 32% had a subacute form and an acute form in 12%. And, as a rule, these patients have a combination of toxoplasmosis with viral infections.

Cytomegalovirus is a frequent companion of *Toxoplasma* (40% of cases). Herpes viruses are also common - Epstein-Barra (25%) and herpes type 1 (22%), as well as Coxsackie virus 4 (18%), bacterial infection: streptococci (8%), staphylococci (17%), chlamydia (12%), ureaplasma (14%), etc.

Clinical example

Patient O.K., 30 years old. She turned to the Center with complaints of high temperature 38–39 ° C for 2 weeks, nausea, headaches, was examined by several professors, underwent CT scan of the brain, biochemical tests, was examined for many diseases and infections. The diagnosis was not made, and there was no relief. In ART, toxoplasmosis D12 and cytomegalovirus D5 were tested. BR-preparations were created, RFT was performed, nosodes were given. The temperature returned to normal on the second day of treatment, the headache and nausea disappeared. At the control after 2 weeks, and then after 3 months - the state of health is good, there are no complaints.

Most physicians using the ART method attach great importance to secondary infections, rather than toxoplasmosis. In this connection, the treatment is delayed and passes with subsequent relapses.

Why are there so many co-infections with toxoplasmosis? In 1987, scientists discovered the ability of *Toxoplasma* to change the immune system.

Patients with chronic toxoplasmosis have secondary immunodeficiency. In this connection, the presence of a concomitant infection is explained.

During the examination by the ART method, the doctors of our Center revealed a combined lesion with toxoplasmosis and helminthic invasions, predominant among which are opisthorchiasis and clonorchiasis. These parasitic diseases are very serious and dangerous to the body. Secondary immunodeficiency in toxoplasmosis allows these parasites to gain strength and spread in the liver and pancreas.

According to the statistics of our Center, today clonorchiasis and opisthorchiasis are increasingly spreading among residents of Moscow and the Moscow region. Clonorchiasis, opisthorchiasis are biohelminthiasis caused by Chinese and Siberian fluke. In terms of body structure, clonorchs are similar to opisthorchs, but of a larger size (length 13–20 mm, width 3–4 mm).

Infection with clonorchiasis occurs when inadequately processed fish, shrimp and other seafood are consumed. Infection with opisthorchiasis occurs when eating river fish.

The clinical picture and symptoms of toxoplasmosis in combination with opisthorchiasis or clonorchiasis is diverse: allergies with itching, dyspeptic symptoms, often exacerbated gastroenterocolitis, pancreatitis, hepatocholecystitis, pain in the heart, muscles, joints, migraines, decreased vision, hearing, pain in the heart come to the fore, neurosis. Depression with anxiety-hypochondriac syndrome, insomnia may develop. Sometimes the course of the disease is further complicated by the removal of the gallbladder, but the person's pain and problems remain.

It should be noted that parasitological confirmation of the diagnosis becomes possible at the 4th week after infection, when helminth eggs appear in the duodenal contents and feces.

ELISA methods for the diagnosis of clonorchiasis and opisthorchiasis are insufficiently sensitive and nonspecific.

Blood tests for these parasites, as a rule, are not carried out and for many years, and possibly the rest of their lives, patients will go from doctor to doctor.

As a rule, they come to us for research many years after the initial introduction of the infection, already desperate to receive help. The human body is already accustomed to its cohabitants - infections, and parasites in a chronic form exist in an anabiotic or low-life state. Therefore, the usual study of ART may not give a resonant response, both to toxoplasmosis, and to clonorchiasis, opisthorchiasis. It is especially difficult to identify clonorchiasis, because there is only one frequency in the selector for it. The importance of identifying and treating clonorchiasis and opisthorchiasis is also explained by the possibility of complications such as cirrhosis of the liver and cholangiocarcinoma.

In our Center, we use the method of refined ART diagnostics, which allows us not to miss these infections.

The technique is as follows: when testing a certain infection by the ART method, the patient slowly drives the inductor in the area of the projection of the organ under study, in this case, the liver, pancreas. Sometimes it is necessary to pass the inductor several times over the projection of the organs until their electromagnetic oscillations are activated, and we get

resonant response. When testing for toxoplasmosis, we drive the inductor over the head, areas of the liver, spleen, kidneys, genitals and other problem areas.

Applying the method of refined ART diagnostics in our Center, only in the last year, out of 500 patients, 15% of combined toxoplasmosis with clonorchiasis and 30% with opisthorchiasis were detected. These patients have been treated by various doctors for many years, and without receiving any help, they turned to us.

Clinical examples

1. Patient L.N., 39 years old. Has complained of headaches, which practically did not remove anything, constipation for 20 years, stool after an enema, heaviness in the right hypochondrium, nausea. Was examined in various clinics several times, underwent cleansing courses. There was no improvement. On ultrasound - diffuse changes in the liver and pancreas. When tested by ART: toxoplasmosis in the pituitary gland, pia mater, blood, brain. In the liver and pancreas - clonorchs.

After BRT, RFT, taking BR-drugs in 3 weeks, the stool is independent, headaches became less frequent. The treatment continues.

2. Patient D., 20 years old, student. Appealed with complaints of memory loss, absent-mindedness, weakness, frequent colds, unstable stools.

I could not pass the winter session in any subject. When tested: toxoplasmosis D8 - brain, spleen, hypothalamus, Coxsackie virus D15, herpes virus 1 D15; opisthorchiasis in the liver and pancreas. Prescribed treatment: BRT, RFT, nosodes. Control is appointed in a month.

3. Patient M., 63 years old. Appealed with complaints of constant nausea, poor sleep, increased blood pressure, palpitations, headaches, melancholy for 14 years. She was examined three times at the Institute of Neurology, several times MRI of the brain was done - without pathology. There is no official diagnosis. From the anamnesis: at the age of 7 years, meningitis, 5 days was unconscious. The ART method revealed the depletion of the endocrine and immune systems. Revealed toxoplasmosis D8 in the kidneys, liver, myocardium, adrenal glands, hypothalamus, blood; Coxsackie virus 4 D15 in the hippocampus, hypothalamus, in the pia mater; in the liver and gallbladder - clonorchs. After BRT, RFT, the use of nosodes, immunocorrectors, after one month - the endocrine system - tension of the 4th degree, immunity - a pronounced degree of tension. Tested: Toxoplasmosis D30, Coxsackie virus D200. Clonorchis persist in the pancreas, headaches and nausea have disappeared, sleep improved. The treatment continues.

Conclusions:

1. The combination of toxoplasmosis with viral infections and helminthic invasions (clonorchiasis and opisthorchiasis) gives a varied clinical picture, chronic disease and complications.

2. The method of refined diagnostics of ART allows timely identification of

chronic infections in humans that persist for a long time in the body.

3. Timely diagnosis of co-infections will allow not only cure the patient, but also prevent the development of formidable complications.

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