

Vegetative resonance test as a key  
to deciphering dystrophic changes in the prostate gland  
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The classifications of prostatitis are extensive, taking into account the clinic, etiology and pathogenesis of the disease. We decided to pay attention in the classification to the type of prostatitis: non-infectious prostatitis. It is sometimes called prostatosis, prostatitis without prostatitis, congestive prostatitis, prostatism, prostatoneurosis, etc.

With non-infectious prostatitis, clinical methods in the prostate gland reveal the following changes:

1. Focal limited or total tight-elastic compaction on the background uniformly reduced gland without significant changes in its shape.
2. Diffuse or focal compaction at normal size and shape or with slight deformation of the organ.
3. Change in shape due to atony and retraction of the upper segments and a tight-elastic seal of the lower segment of the gland, usually crescent-shaped.

At the same time, patients note discomfort in the perineum and anus, a decrease in the amount of ejaculate, a violation of fertile and copulative functions. Primary sterility is characteristic (with infectious prostatitis, secondary sterility prevails). A typical clinical sign of androgen deficiency - sickle syndrome, is much more common in "non-infectious prostatitis" than infectious.

It is these patients who often have a clear clinical picture of prostatitis who often turn to the urology offices of polyclinics, but in laboratory tests, as well as in the study of the secretion of the prostate gland, they did not reveal any pathological changes in the secretion of the prostate, or any infections, the so-called STDs (sexually transmitted diseases), nor bacteria related to opportunistic pathogens.

Out of those who applied to the Eliseeva Medical Center in 2011, I tested 26 patients with symptoms of prostatitis, but with no identified infectious agents by clinical methods (clinical data are presented in Table 1).

Table 1

Clinical symptoms of prostatitis in 26 examined patients

	Infectious prostatitis (17 patients)	Non-infectious prostatitis (9 patients)
Neurological		
Sleep disturbance	7	nine
Increased nervousness	10	eight
Obsessive states	6	6
Local		
Prostatalgia	17	2
Changes in the shape, size, consistency of the prostate gland	17	nine
Increased leukocyte reaction of the secretion of the prostate gland	17	0
Pathological discharge from urethra Detection of STD	eight	one
pathogens	17	0

In 17 patients out of 26, the following was tested: latent gonorrhoea (10 people), schistosomiasis (3 people), latent chlamydia and Trichomonas (4 people). Thus, the ART method is irreplaceable in the diagnosis of latent urological infections.

In nine patients, no STD pathogens were detected by the method of autonomic resonance test (ART). Also excluded from the study were patients with schistosomiasis and trichomoniasis diagnosed during ART. My goal was to try, using ART, to assess the factors that could contribute to morphological changes in the prostate gland in the absence of inflammatory processes in it.

All nine patients had previously been examined in urology offices at their place of residence. The full range of laboratory studies did not reveal any STD pathogens in them, as well as opportunistic bacteria.

However, the ART method in all patients revealed a number of serious complications of a parasitic nature on the part of the liver and intestines. Giardia was tested in eight patients in the liver and intestines, in two - hepatic fasciola and in 1 - hepatic echinococcosis.

In the upper intestine, duodenal hookworm was tested in three patients, pork tapeworm in two, and ascariasis in three.

In the lower intestine (colon and rectum), pinworms were tested in five patients, whipworm in 2, and toxocariasis in 1. The list of other indexes positively tested by ART is given in table. 2.

table 2

	Number of patients
Anamnestic	
Past masturbation abuse Past acute or chronic prostatitis	nine 6
According to ART data	
High degree of stress on the immune system	nine
Chronic degenerative processes in the prostate	7
Testosterone deficiency	7
A strong degree of tension of the autonomic nervous system:	nine
by sympathetic ANS	4
by the parasympathetic division of the ANS	five
Parasitic burden of the liver Parasitic burden of the upper intestine	nine nine
Parasitic burden of the lower intestine	7
Metabolic hypoxia in the prostate gland	6
Prostate ↓ + Thrombosis ↑	five
Prostate ↓ + Fibrosis ↑ Sickle prostate symptom	five nine

In this regard, it should be remembered that the liver partially performs the function of testosterone synthesis in the body and its toxic burden in one way or another can lead to androgenic insufficiency.

In addition, there is undoubtedly the toxic effect of parasites located in the anatomical vicinity of the prostate gland on blocking interoreceptors designed to perceive both hormone molecules and other substances useful and necessary for the organ (vitamins, enzymes, high molecular weight proteins, etc.)

Thus, based on the data obtained, it can be concluded that liver damage by infectious agents and the toxic effect of infections in organs close to the prostate can contribute to the occurrence of non-infectious, reactive prostatitis.

The treatment of patients with non-infectious prostatitis presents certain difficulties for general urological practitioners. However, doctors who are proficient in ART and BRT can handle this task.

At the first stage, we carried out the reorganization of the body from infection by resonant frequency exposure.

After the complete elimination of parasites, the second stage of treatment was carried out - bioresonance therapy (BRT) twice a day for two months. In parallel with BRT, patients received drugs - electronic analogues, recorded on the homeopathic grits of the Endocrinotox series by Roy Martin: Endocrinotox No. 21 (a complex drug for the treatment of prostate diseases), "Endocrinotox" No. 2 (a complex drug for the regulation of neuroendocrine function in men), "Endocrinotox" No. 25 (drug for the treatment of disorders of the psychoneuroimmuneendocrine system).

The third stage was the intake of a complex preparation, recorded on the apparatus for BRT in a circular therapy mode without connecting electrodes. The composition of this drug from the selector was taken from the tissue serotherapy preparations of the "OTI" company - prostate serum No. 44 and the serum of the tissues of the male genital organs (testicles, prostate, seminal vesicles) No. 45, as well as regeneration preparations from the "Dickerhoff Pharma" company (connective tissue, adrenal glands, male placenta, prostate, testicles, thymus).

The result of this approach to the treatment of prostatosis was not only the disappearance of subjective sensations, but also the restoration of sexual function, an increase in libido. In all nine patients, palpation revealed the absence of compaction of the lower segments of the prostate parenchyma, which indicated the restoration of the structure of the glandular tissue by about 75%, which was confirmed by ultrasound.

Conclusions:

1. The ART method is indispensable in the diagnosis of latent urological infections.
2. Damage to the liver by infectious agents and the toxic effect of infections in organs adjacent to the prostate can contribute to the onset of non-infectious, reactive prostatitis.
3. ART and BRT are able not only to identify the cause of prostatitis, but also to cure, even in cases where there is no infection in the prostate itself.

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