

Resistance to therapy

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This article examines resistance to therapy in the broad sense of this concept, both to biophysical and biochemical methods of treatment, because, according to the author, the mechanisms of resistance are the same.

The urgency of this problem is evidenced by the fact that in 2011 World Health Day was declared by WHO as a day to combat drug resistance. The implication of the statement by Margaret Chan, Director-General of WHO, on April 7, 2011, is that humanity is threatened by a post-antibiotic era in which most common infectious diseases will have nothing to treat due to the development of antimicrobial resistance (AMR).

Among the main factors contributing to AMR, WHO bulletin 194, February 2011, cites the following:

- inadequate national commitment to a comprehensive and coordinated response, uncertain reporting and insufficient community engagement;
- weak or absent surveillance and monitoring systems;
- inadequate systems to ensure the quality and uninterrupted supply of medicines;
- inappropriate and irrational use of drugs, including in animal husbandry;
- poor practice for infection prevention and control;
- depleted arsenals of diagnostics, drugs and vaccines, as well as insufficient research and development of new drugs.

So why do some patients respond to treatment easily and quickly, others with difficulty, some come with almost the same problems after a while, no matter how well they are treated. Why do infections almost never stick to some, while others hardly lag behind? Is it all about immunity and heredity? And why, with the invention of more and more new medicines and methods of influencing the disease, the number of sick people does not decrease?

I consider the above problems from the point of view of many years of practical experience in the use of combined ART-BRT techniques. Is everything as hopelessly intimidating as the WHO bulletin says? My practical experience shows that it is not.

In my opinion, the mechanism of resistance to therapy with both biochemical drugs (antibiotics, etc.) and biophysical factors (BRT) lies in the structure of the hierarchy of the microworld, the essence of which is reduced to the "matryoshka principle": smaller parasites (infections) parasitize in (on) larger ones, which ensures the survival of their biological species even when exposed to seemingly effective drugs and BRT techniques.

The fact is that even effective drugs and BRT programs do not fully achieve their goal, when, for example, viruses and bacteria "hide" in cells and tissues of another biological species to eliminate

which requires the selection of already other drugs and (or) methods of exposure. On the way to effective therapy, a barrier of biological membranes of cells of a different type rises. Being in cells of a different biological species, while maintaining virulence, the infection can remain invisible, since there are no biochemical markers of its presence in the body. It will manifest itself only with the death of cells in which it is as a result of therapy or other unfavorable factors.

The "matryoshka principle" explains the majority of relapses in chronic diseases and the so-called homeopathic medicinal and other "exacerbations" in the treatment of most patients. Ancient wisdom says that what is in it can pour out of a jug. So, when treating some biological species (for example, protozoa), viruses, bacteria, miasms, biologically active substances (BAS) that were previously inaccessible to the immune system due to the barrier of biological membranes enter the internal environment of the body, like from a Trojan horse ... The "biochemistry" of the pathological process is turned on, which will determine the corresponding clinical manifestations of the disease.

The main storage or reservoir in nature (and in the human body), in my observation, is protozoal infection. Stable in itself, it is a storage and carrier of numerous viruses, bacteria, fungi, miasms, both in the natural environment and in the human body. It is protozoal infection (all its many types), in my opinion, that falls under the classical definition of Hahnemann - what he called the term Psora. Omnipresent, multifaceted, the mother of all diseases, like a Trojan horse, is a conduit for secondary infections in the human body and is monstrously adapted to various types of therapy.

I know that my opinion is not indisputable, and I will be grateful to those who confirm or deny it.

Today when energy-informational the medicine proved my consistency, and continues to improve biophysical methods of diagnosis and therapy, I consider them the best options for overcoming AMR. The methods of ART and BRT are supported by their safety, relative ease of use, mobility and high efficiency of application with the possibility of maximum personalization of treatment. In the words of ancient healers, TUTO, CITO, JUCUNDE (safe, fast, pleasant - a doctor should treat.

A.V. Makarevich Resistance to therapy // XVIII

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