

Experience in the application of methods of bioresonance and frequency therapy  
in the treatment of HIV infection

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Now, perhaps, there is no such adult person in the world who would not know what HIV infection is. The "plague of the 20th century" has quietly entered the 21st century and continues to progress.

The HIV pandemic has spread to almost all countries. In the Russian Federation, the prevalence of infected in 2008 was 412 thousand, of which 20 thousand are children.

According to statistics, about 9000 people are infected annually in the world, and in Russia - at least 100.

HIV infection is a long-term current infectious disease with an incubation period from several weeks to several months. Susceptibility to HIV is universal. However, a lower probability of sexual transmission is observed in individuals with a homozygous form of the CCR5 gene and in the formation of specific IgA genital mucosa.

The markers of this disease are antibodies to HIV (appear several weeks after infection), the virus or its fragments (RNA), CD 4 lymphocytes. Infected people are infectious for life. The average duration of the disease is 7-10 years. The minimum life expectancy is 3 months, the average - 13 years. The older the person is, the faster the infection progresses.

The immunodeficiency virus is localized in T- and B-lymphocytes, macrophages, promyelocytes, megakaryocytes, etc. It is contained in all biological fluids, but the most important for transmission are blood and semen.

The main cause of secondary injury and death is opportunistic diseases (OCD), which lead to AIDS. Their development and course determine the clinical picture and severity of the disease. The success of treatment, the duration and quality of life of patients depend on the timely diagnosis of OZ.

Etiology: OZ - fungi: candida, clinic: esophagitis, fungemia, stomatitis, visceral candidiasis; cryptococci (meningitis); aspergillosis (sinusitis - 1 is more often detected at autopsy); endemic mycoses (histoplasmosis, coccidioidosis, blastomycosis). Protozoa: toxoplasma (cerebral toxoplasmosis), pneumocystis (pneumonia), isosporos, leishmania, trypanosomes, microsporidia. Bacteria: mycobacterium tuberculosis, atypical mycobacteriosis, syphilis, bacterial pneumonia. Viruses: cytomegalovirus, herpes simplex virus type 8 (Kaposi's sarcoma), herpes simplex virus 1 and 2, herpes Zoster, Epstein-Barr virus (vol. Leukoplakia), human papillomavirus (cervical cancer). Helminths: strongyloidiasis. Tumors: lymphogranulomatosis, Burkett's lymphomas, sarcomas.

Opportunistic diseases (infections) differ from other diseases primarily by their atypical course, often in the form of mixed infections. They are also characterized by a gradual onset, slow development, the absence of pathognomonic symptoms, a recurrent course, a frequent combination

infections with each other. A varied clinical picture, sometimes blurred, makes it very difficult to diagnose opportunistic diseases.

There are also great difficulties in the treatment of OZ. As a rule, due to late diagnosis, severe condition of patients, severe immunodeficiency, long-term life-long treatment in combination with HAART is required (highly active antiretroviral therapy - taking three or four antiviral drugs, as opposed to monotherapy used previously). It would seem that the virus is suppressed, primary and secondary diseases are under control, the patient is recovering before our eyes ... But there are pitfalls here - side effects from HAART: liver necrosis, pancreatitis, nephrotoxic effect, kidney stones, bone marrow suppression, toxic epidermal necrolysis, hypersensitivity reaction, etc.

Here it is worth considering whether there are other new methods of diagnosis and therapy of HIV infection in modern medicine, which uses the latest advances in science and technology.

#### Clinical example

In June 2012, a woman, born in 1966, came to our center with complaints of weakness, increased fatigue, headache, petechial rash on the skin of the trunk and extremities, a periodic increase in body temperature (37.5 -C), an increase in the cervical, submandibular , inguinal lymph nodes.

The ART method revealed the geopathogenic load of the 4th stage, the radioactive load of the 1st stage, the electromagnetic load of the 4th stage, the stress of the endocrine system of the 5th stage, the mental load of the 7th stage, a very high degree of depletion of the immune system, chr. gastroduodenitis, liver hemangioma, uterine myoma, papillomavirus infection. Bacterial burden of the upper respiratory tract: alpha-streptococcus, Klebsiella pneumoniae; genitourinary system: ureaplasma. Among viruses, except for HIV, HSV types 1 and 2 were tested; from candida mushrooms. Measles, rubella, acute respiratory infections, mononucleosis were excluded, and a diagnosis of HIV infection was made.

The patient was referred for a consultation with an infectious disease specialist at the place of residence and an additional examination. Our diagnosis was confirmed by PCR: viral load  $11.4 \times 10^4$  (114 thousand), the number of CD 4 - 316 cells. The patient was registered, but chose to be treated with us, deliberately refusing HAART.

Prescribed: frequency therapy 6.2 Hz, Bach Flowers, ChBR, OBR-drugs, tested drugs from Heel: Engystol, Gastricumel, Hepel, transfer factors from 4Life. Recommended resonance frequency therapy of pathogenic flora, including HIV.

On repeated testing of the patient (one month later) after therapy with homeopathic remedies and two seven-day, with an interval of 10 days, courses of frequency therapy - HP load 2 tbsp., Electromagnetic burden 2 tbsp., Mental load 5 tbsp., High degree of depletion of the immune system. From pathogenic flora candida and HIV. PCR control: viral load -  $9.0 \times 10^4$  (90 thousand), CD 4 - 380 cells. The treatment was continued.

August 2012 - immune status: viral load -  $2.1 \times 10^4$  (21 thousand), CD 4 - 435 cells.

November 2012 -  $7.1 \times 10^3$  (7 thousand), CD 4 - 387 cells (at that time the patient fell ill with acute respiratory infections).

January 2013 -  $5.75 \times 10^3$ , CD 4 - 485 cells.

The patient feels satisfactory, no complaints. Monitoring and therapy continues.

Conclusions: bioresonance and frequency therapy combined with symptomatic selected homeopathic therapy, resolution of the patient's psychological problems, is effective for the treatment of HIV infection.

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