

## Casuistic localization of echinococcus. Treatment methods

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In clinical diagnostics, ART doctors paid little attention to the world's smallest tapeworm, echinococcus. Apparently, with its localization in the intestine, it does not bring any particular troubles to a person. Perhaps, if they accumulate a lot, intestinal dysbiosis or irritable bowel syndrome (IBS) develops. "IBS is a functional disorder characterized by chronic abdominal pain, discomfort, bloating, and abnormal bowel motility." IBS in the scientific literature is described as follows: "in the absence of any organic causes." But the researchers - doctors working on the equipment of the "IMEDIS" company know that there is always a cause that is not detected by clinical studies and analyzes, but is revealed using the ART method. One of these reasons for the development of IBS is the tapeworm - echinococcus.

In the scientific literature, much attention is paid to echinococcosis, which affects the body in the form of cysts. Previously, in Central Russia, they did not attach any importance to this parasite. As it sounded: the final or primary owners of echinococcus are wolves. And since there are no wolves, then there is no problem. But, apparently, the arrival of contaminated meat from distant countries led to the fact that the final or primary owners of echinococcus were humans, dogs and domestic animals fed with contaminated meat.

To understand the whole mechanism of infection and development of the disease, let's look at the development cycle of the parasite. Immediately I focus ATTENTION ON the formshuman lesions by echinococcus: IF HUMAN OR ANIMAL EATING INFECTED MEAT, then they become the final hosts of echinococcus. THEY DEVELOP THE INTESTINAL FORM of echinococcosis. IF THE SAME INFECTION HAPPENS WITH OSCE-CHANGED PRODUCTS, THEN THE CIST FORM DEVELOPS.

Echinococcus is a small worm. The body length of the worm at the mature stage (strobila) is 3-5 mm. Its head is equipped with suction cups and two rows of hooks. The neck of the echinococcus is very short, and there are only 3 or 4 segments in the helminth. The posterior segment, the largest, makes up more than half of the body and is considered sexually mature. Such a mature segment, having separated from the worm, throws out eggs, which are excreted with feces, infecting the soil, grass and water bodies. But the segments can stand out from the anus and actively, as they have mobility. Such movement of the segments worries the animal, so it bites, licks the anal area, contaminating the wool. Eggs also remain active on the soil surface and can spread within a radius of 25 centimeters. In the external environment, the eggs of echinococcus remain viable for a long time.

There are two types of echinococcosis foci - natural and synanthropic. The natural focus is formed without human participation, its existence

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supported by wild herbivorous mammals (roe deer, elk, deer) and wild predators eating these animals (wolves, foxes). The synanthropic focus is created as a result of human activity, it is formed by domestic farm animals (sheep, goats, etc.) - intermediate owners and dogs - the final owners. The use of dogs as watchmen and helpers of shepherds contributes to the spread of echinococcosis, as sick dogs contaminate pastures, which creates conditions for the infection of herbivores. The insides of sick animals are often fed to dogs, as a result of which the epidemic process goes on continuously.

Now the primary host of the helminth is our pets - dogs, which we can feed with contaminated meat. Infection of herbivorous animals occurs when they eat grass seeded with Echinococcus eggs. For humans, the route of infection through the mouth is also relevant. Having stroked, petted his own or someone else's dog, worked in the garden, and then forgot to wash his hands, a person runs the risk of contracting echinococcosis.

Human infection occurs when eating vegetables, berries, contaminated with the secretions of predators containing helminth eggs. Eggs can also be found on the fur of infested dogs, so after handling them, you should always wash your hands to avoid contamination. Flies can carry eggs of echinococcus on food products. Human infection occurs mainly in the warm (but not hot) season, when the most favorable conditions are created for the preservation of helminth eggs in the environment. And in water at a temperature of +18 ° C ... +20 ° C eggs remain invasive for up to 2 weeks

Susceptibility to echinococcosis is general, but children are especially often infected, which is probably due to their less strict adherence to the rules of personal hygiene. Once in the stomach of the intermediate host, the shell of the echinococcus egg dissolves, and young scolexes are released. With the help of their hooks, they penetrate into the intestinal mucosa and then, with the flow of blood and lymph, are carried through the organs. Echinococcus can affect all organs and systems without exception: from the brain, eye orbits, spinal cord, thyroid gland to the lungs, liver, kidneys, uterus, etc. Echinococcal cysts develop in the organs.

In this article, I want to draw the attention of doctors to the intestinal form of echinococcus - tapeworm. As I already wrote, this form is often practically not felt by a person. As a rule, people get used to discomfort in the intestines and do not pay attention to it, they are not examined. But sometimes there is a casuistic defeat of the rectal echinococcus eggs. Most likely, this is due to the scratching of the anus by a person, or the loose state of the mucous membrane, hemorrhoids. But it can also be assumed that the active segment, which spreads the eggs with great force, as a result of which they scatter 25 centimeters, injected them under the rectal mucosa.

Here are 3 clinical examples from practice. They all have in common: prolonged suffering, going to clinics, taking anthelmintic drugs, and palliative care.

### Clinical examples

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1. Patient, 10 years old. I came with my grandmother. Complaints of complete fecal incontinence in for 2 years. For this reason, the boy cannot go to school and communicate with people for 2 years. The expiration of feces goes on constantly, the boy is always in pads. For 2 years, they went to various clinics, underwent examinations, but proctologists could not identify the cause of the atony of the rectal sphincters. The operation was not offered because it would have led to a negative result. One of the proctologists even told the boy's grandmother: "He was probably born with the wrong orientation, and therefore his anus is gaping." Thus, the child was doomed to a lifelong disability.

Using the ART method, I test for the presence of echinococcus eggs in the rectum.

Turundas soaked in liquid albendazole were prescribed into the rectum once a day. The magnetic insoles were "charged" with the frequencies of echinococcus, which were applied in the coccyx area during the day and at night to the anus, wrapped in a bandage. After 3 months, my grandmother called and said that the child had constipation, i.e. the sphincters are working. A micro enema was recommended, after which the child's intestines were emptied. In the following days, he was all right with emptying. The boy began to attend school, he began a full life.

2. A 62-year-old man complained of severe pain in the rectum. V for 2 years he could not sit, as in this position the pain increased sharply. The patient repeatedly went to various clinics, where he was treated with painkillers, but the pain did not stop. The man was driven to despair - he could not sit at all, slept for 4 hours, then woke up with pain. He said: "If you don't help, then I'm done, I don't want to live like this anymore."

Echinococcus eggs in the rectum were tested using the ART method in the patient. Turundas with liquid albendazole were prescribed to the rectum and frequency therapy with the frequencies of echinococcus. After 3 days he shouted into the telephone receiver: "It doesn't hurt. I am sitting! Thanks!" Treatment continued for 3 weeks until complete recovery.

3. Woman, 45 years old. Has complained of frequent bleeding from a straight line intestines. She was operated twice for small hemorrhoids. But the nodules grew back and the bleeding continued.

Echinococcus eggs in the rectum were tested by ART. Turundas moistened with liquid albendazole and frequency therapy with the frequencies of echinococcus were prescribed.

After 2 weeks, the release of blood ceased and after a month the hemorrhoid nodules resolved.

It should be noted that in all three patients echinococcus was tested only in the rectum. Previous treatment appeared to cure them of the tapeworm, but the eggs that penetrated the rectal mucosa continued to cause inflammation and tissue intoxication.

Conclusions:

1. It is necessary to thoroughly test the tape form of echinococcus in intestines and rectum. This localization causes gastrointestinal dyspepsia and irritable bowel syndrome. Localization of eggs in the rectum can cause hemorrhoids, pain, inflammation and bleeding that cannot be treated with palliative methods.

2. Treatment with exogenous bioresonance therapy quickly leads to positive results.

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