

Patient's case
with autoimmune disorders of unexplained origin

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Recently, more and more patients have been admitted to our center, the diagnosis of which depends on the profile of the medical institution to which patients are admitted at the very beginning.

In the fall of 2011, a 28-year-old patient was admitted to our center with the following complaints: epigastric discomfort (documented stomach ulcer), recurrent tingling sensations in the heart, hypotension, blood pressure surges, low blood sugar, joint pain (laboratory tests showed high level of anti-cardiolipin antibodies of the IgM class). During a consultation at the Clinic for Immunological Diseases in Lodz, she was diagnosed with lupus erythematosus. When I went to the blood disease clinic in Katowice, she was diagnosed with antiphospholipid syndrome, but "it should be treated in the same way as lupus." The patient had "thrombosis on an immunological background", the doctors predicted treatment with steroids and Heparin preparations (Clexane injections 3 times a day) "for the rest of her life." From the anamnesis: the last attempt to get pregnant ended in miscarriage.

The results of laboratory tests: 04/17/2010 - IgM anticardiolipin antibodies - 133.32; 09/27/2010, anti-cardiolipin antibodies IgM - 81.12.

Treatment with the MORA Super apparatus two years earlier felt subjectively better, but the research results were unchanged.

For the purpose of diagnostics and therapy, the methods of SGD, ART and BRT were used. During the SRS, it was found: hyperergy, mild sympathicotonia, overload of the immune system, the general type of regulation is limited. In ART, the main diagnostic algorithm was used, proposed at a visiting conference in Katowice (Poland) in 2009 by D.D. Tikhomirov.

When diagnosed by the ART method, the patient was found to have a second-degree geopathic load, a moderate psycho-vegetative load (Thalamus D4), an indicator of auto-aggressive processes on the lien / pancreas meridian. Biological factors through Intox II, Metabolics preparations and Dr. H. Schimmel's miasms include herpes virus D60. In the course of treatment, the drainages of the company "OHOM" DRE 4, DRE 3 were used for drainage of the pancreas and biliary tract, DRE 15 - for drainage of the hypothalamus-adrenal glands, the immunocorrector Sin 39 from the company "OHOM", Bach Flowers + Rayex 4+ preparations (with to eliminate the geopathogenic load). Endogenous BRT was performed in the D / T mode along the worst meridians with an inversion of 30 seconds for 4 strategies with a transition to strategy 1, with special emphasis on strategy 3 (adaptive learning). Exogenous BRT: Cerebral program,

Prescribed 8 granules 2 times a day until 12 o'clock.

Dynamics: after the 2nd visit, the patient felt subjectively better, after the 4th visit, she felt clearly well. After 8 visits, the results of laboratory tests returned to normal (re-examination of the IgM level from 12.12.2011

- the result is negative). Follow-up after three months: the patient is in good condition, physically and professionally active, the IgM level from 02/29/2012 - a negative result.

Thus, we can conclude that the algorithm for diagnostics and therapy proposed by D.D. Tikhomirov at the conference in 2009, allows:

- significantly reduce the inspection time;
- clearly and clearly define the hierarchy of importance for the body of external and endogenous, physical, chemical or biological factors, which, in this way;
- allows you to quickly and efficiently, through the D / T mode and relying on monitoring, to carry out the therapy process;
- the use of segmental diagnostics makes it possible to implement the principle "from the general to the particular."

Literature

1. Materials of the conference "Theoretical and clinical aspects of BRT and ART", Katowice, November 2009.
2. Abstracts and reports "Theoretical and clinical aspects of the application bioresonance and multiresonance therapy". 2002-2009.

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