

"Know the enemy by sight"

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The virus is a difficult enigma for modern medicine, because it constantly changes the composition of its hereditary material.

The kingdom of viruses is diverse and changeable, they are capable of causing more and more diseases, their aggressiveness increases in the modern ecologically destructive world.

Viruses are pure parasites; they exist only at the expense of the cells of other organisms. Viruses constantly affect humans, such as measles, chickenpox, adenoviruses, influenza, hepatitis A, B, C, a group of herpes viruses. No one has refuted Zilber's theory that viruses play a significant role in the epidemiology of cancer. The hereditary information of the virus enters the host cell and is incorporated into the hereditary material of the host (DNA, RNA) using its own enzymes. Now the virus takes over the control over the information of the vital activity of the cell. An exchange between fragments of the human gene and the gene of the virus can have fatal consequences - neoplasias can occur. This mechanism is known for the example of papillomavirus, which often degenerates into skin cancer.

A special place is occupied by herpes viruses, there are more than 100 types of them, they are characterized by high virulence, resistance to drug and antiviral therapy, relapses and complications.

The sexual revolution ended with the complete victory of viruses - comments are superfluous about AIDS and hepatitis C.

Why are degenerative diseases of the musculoskeletal system so rejuvenated? We are talking about the polyetiology of arthrosis, arthritis, osteochondrosis, but after more than 10 years of marker diagnostics, we have been detecting mixed mixtures of viruses, chlamydia, ureaplasma, bacterial burdens in different variants. Therefore, in choosing a therapy strategy, it is important not only to "know the enemy by sight", but also to represent the degree of generalization of the process, as well as the adaptive capabilities of organs and systems.

It is interesting that a number of well-known osteopaths do not recognize such a diagnosis as osteochondrosis, and the pain syndrome is associated only with a chronic inflammatory process in the tissues of the spine.

If you suspect a viral burden of the body, it is most advisable to build a diagnostic algorithm as follows:

1. Assess the state of the immune system using both the ART method and traditional immunological studies.
2. Determine the type of virus, the place of its localization and the degree of generalization process.
3. Investigate the adaptive capabilities of the patient to select an adequate therapy.
4. Create a therapy algorithm, excluding its negative impact on organs and

systems and the organism as a whole.

Strategies for possible therapy for various types of viral infection: 1.

Endogenous BRT with an individual selection of strategies and creation potentiated autonosode (5 sessions with an interval of 7 days).

2. Selection of immunocorrective therapy from both constitutional drugs, and so from natural drugs Transfer-factor, Transfer-Edwards (firm 4-Life), Proteflazid (Ukraine).

3. Therapy with drainage preparations "ONOM", "O.T.I.", R. MARTINA.

4. If the type of virus is known and the burden is tested after a course of therapy, then we conduct homeopathic vaccine therapy, anti-relapse BR-therapy with targeted autonosodes.

As a rule, the patient's treatment occurs in the phase of generalization of viral invasion. When exposed to a virus with the help of bioresonance and other types of therapy, we stop the processes of active vital activity and replication of the virus, which gives an erroneous idea of the death of the virus. Since the virus is an intracellular parasite, it can persist deep in the tissues of organs, therefore, repeated courses of therapy must be carried out, despite a positive initial result. The reason for the repeated appeal may be:

1. Reinfection.
2. Decreased or weakened immune status
3. Not a sufficiently complete medical complex.

We analyzed 47 patients with recurrent muscle pain syndrome associated with osteochondrosis of the spine. 92% were found to have Herpes Simplex, Zoster or Epstein-Barr viruses. As a rule, pain syndrome was treated as osteochondrosis by conventional methods with temporary improvement or no improvement, but without an emphasis on influencing the virus. Carrying out the above treatment algorithm made it possible to obtain a positive result in 96% of patients, but only 30% of them underwent a second course of anti-relapse therapy.

Difficulty in treatment was observed in 8% of patients in whom CMV (cytomegalovirus) was additionally tested, although according to statistics by the age of 35 it is found in 40% of the population, and by the age of 50 - 98% of those infected, which significantly weakens the human immune mechanisms, for a long time clinically not manifests itself, disguising itself as an acute respiratory viral infection, revealing itself during the diagnosis using the ART method or during the generalization of the process, which leads to hepatosplenomegaly and even paralysis. Unfortunately, the definition of these pathogens is not included in the mandatory clinical diagnostic standards.

Conclusions:

1. It is necessary to clearly identify all persistent types of viruses when complex ART examination, since they are a risk factor in the development of generalization of the process and immunosuppression.

2. It is recommended the targeted use of autonosodes and homeopathic

vaccine therapy.

3. Anti-relapse complex BR-therapy significantly optimizes the results of treatment in general.

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