

Method for detecting associated infections

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The most reliable knowledge comes through personal experience.

Infectious diseases have accompanied humanity at all times. Even the ancient Greek physician and naturalist Hippocrates (about 460–377 BC) suggested that the cause of epidemics is the penetration of certain substances into the human body that are in the surrounding air and soil - miasms. And the ancient Greek philosopher Aristotle (c. 384–322 BC) believed that the cause of most diseases is the spread of a living disease-causing agent between people.

Most modern researchers of infections agree that they are actively involved in many, at first glance, completely non-infectious diseases [1]. The works of scientists have long been known that confirm the infectious nature of a number of not only cardiovascular, endocrine or oncological [6], but also mental diseases [4, 5]. Since viruses can affect the human genome, the most bizarre types of psychopathies are possible on favorable genetic grounds (for example, sexual orientation disorders, which have now assumed the dimensions of an epidemic in Europe [4, 7]).

The word "infection" comes from the Latin infectio - pollution. An infectious process is a complex interaction of a micro- and a macroorganism in certain environmental conditions. It manifests itself at all levels of the human body: submolecular, subcellular, cellular, tissue, organ and organism levels, which is the essence of the infectious process [2]. Even, according to the most conservative estimates, infections account for about 40% of the total structure of human diseases [3].

The simultaneous or sequential effect of several infectious agents on the human body is commonly called the term "associated infections" [2]. The combined effect of pathogens is not a simple addition of the effects of individual agents, but a complex and ambiguous infectious process that is increasingly common.

The increase in the frequency of diseases caused by associated infections in modern life is facilitated by many exogenous factors:

- irrational use of antibacterial, antifungal or antiviral therapy, which, more and more often, gives rise to mutant infections;
- ineffective vaccination against constantly mutating infections (for example, influenza), which leads to undesirable changes in the immune system;
- voluntary and constant increase in the electromagnetic load on your body (excessive enthusiasm for mobile communications, home routers, Wi-Fi, GPRS);

- the growing background of radioactive radiation, as a consequence of man-made disasters;
- toxic and chemical effects on the body through "modern" food products, household items, clothing, construction or finishing materials;
- genetically modified food products practically unexplored during long-term use.

The result of such an active influence of a person "on himself" in some cases is the appearance of persistent immunodeficiencies and the impossibility of an adequate response even to banal infections; in others, there is an immediate or delayed type of hypersensitivity to infectious allergens, which the immune system had to recognize and neutralize. As a result - the formation or sudden exacerbation of severe chronic pathology.

Let us give an example of associated infections in bronchopulmonary diseases. Reference: Legionella can multiply inside the simplest microorganisms - in amoebas. One amoeba can contain up to 1000 Legionella cells [1]. The source of amoebas for humans is water and soil (dust), and the source of Legionella is air conditioners, air humidifiers, inhalers, which can create a finely dispersed bacterial aerosol. Increasingly, with severe broncho-pneumonia and bronchial asthma, simultaneous damage to the respiratory tract by technogenic legionella and amoeba is recorded. It is believed that up to 13% of pneumonia of unknown etiology is caused by legionella [9].

We use the following method for diagnosing associated infections, which schematically looks like this:

1. In the software "IMEDIS-EXPERT" in the window "Vegetative resonance test" in the section "ART pointers" in the "Testing medicines" folder, we find the pointer that causes the maximum decrease in the initial measuring level and through it we look for a pointer to the optimal therapy step, which gives a confident restoration of the measuring level.

2. Through the identified pointer, we find an organ with inflammatory or degenerative manifestations, which must be acted upon. It is worth noting that the test indicator for the optimal step of VV therapy (veratrum viride) is triggered most often - in 70–80% of cases.

3. Option A: leave the found one connected as a pointer organopreparation (during testing, the measuring level decreases) and through it we sequentially test the nosodes of all infectious agents of the surface level (restoration of the measuring level). Variant B: we use as an indicator the sum of several (three, five) organopreparations, we test the nosodes of infections through them. For a quick search and ease of testing, we divided all infectious nosodes and organopreparations into groups according to each meridian.

4. The sum of nosodes identified by infectious agents is recorded on carrier in container 1. The created drug is taken by the patient in resonance

quantity.

5. We test through the identified pointer to the optimal step of therapy, selected organopreparation.

6. If during testing of organopreparations (p. 5) there is a recovery the initial measuring level, then we again test infectious agents through an organopreparation from the group of interest to us. Newly identified agents represent a deeper or associated layer of infections.

7. We repeat the procedure with the transfer of information to the carrier and again give the received drug to the patient.

8. The criterion for the maximum detection of infections in a given organ, which the organism is able to "show" us at the time of testing, we consider when, after the patient receives information about all the identified infectious agents, the organopreparation ceases to restore the measuring level when testing through the pointer to the optimal step.

In conclusion, we would like to express the wish that the arsenal of the hardware and software complex "IMEDIS" is regularly replenished not only with new therapeutic, but also modern diagnostic indicators, incl. infectious diseases.

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