

New Aspects of Correction of Antiviral Immunity

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American scientists, on the basis of many years of research, have established that 8% of the human genome has been replaced by viruses. 50% of people in their genes contain the Epstein-Barr virus, which causes malignant tumors of the immune system. Herpes simplex virus is infected with 97% of people. What is the conclusion made by the scientists? We are all 8% mutants already.

P. Vidzheka (2002) believes that violations at the genetic level indicate that a person is at the bottom of an abyss, from which one cannot get out. Genetic diseases are believed to be incurable. Electro-puncture diagnostics (EPD) examination of newborns who have not received a single vaccine makes it possible to establish that they are all 100% infected already in utero. We previously established by the concentration of IgM, less often IgA in the umbilical cord blood, that newborns in ecologically dirty areas are 100% infected already in utero (E.A. Beisembaev, 1997). Even if the child was not vaccinated, he received the viruses from the mother, and the mother from his mother from generation to generation. Viruses, passing through the human body, become more pathogenic. A child, not yet born, gets various infections, and he is also injected with live microbes and viruses in vaccines from the first day of birth. The microorganism, under certain circumstances, can suppress the immune response against itself. Viruses, integrating into the genes of the host cells, become "their own" and are transmitted vertically. Transplacental transmission of viruses predisposes to persistent infection. This does not mean that all patients and newborns are at the bottom of the abyss. S. Tonegawa in 1987 was awarded the Nobel Prize for the discovery of the genetic principle of the formation of the diversity of antigen-recognizing receptors of lymphocytes. These discoveries suggest not only that genes are knocked out by viral genes, but also that viral genes can be knocked out of the genome. At least the genes of somatic cells are removed from the genome during cell differentiation. The microorganism, under certain circumstances, can suppress the immune response against itself. Viruses, integrating into the genes of the host cells, become "their own" and are transmitted vertically. Transplacental transmission of viruses predisposes to persistent infection. This does not mean that all patients and newborns are at the bottom of the abyss. S. Tonegawa in 1987 was awarded the Nobel Prize for the discovery of the genetic principle of the formation of the diversity of antigen-recognizing receptors of lymphocytes. These discoveries suggest not only that genes are knocked out by viral genes, but also that viral genes can be knocked out of the genome. At least the genes of somatic cells are removed from the genome during cell differentiation. being incorporated into the genes of the host cells, they become "their own" and are transmitted vertically. Transplacental transmission of viruses predisposes to persistent infection. This does not mean that all patients and newborns are at the bottom of the abyss. S. Tonegawa in 1987 was awarded the Nobel Prize for the discovery of the genetic principle of the formation of the diversity of antigen-recognizing receptors of lymphocytes. These discoveries suggest not only that genes are knocked out by viral genes, but also that viral genes can be knocked out of the genome. At least the genes of somatic cells are removed from the genome during cell differentiation. being incorporated into the genes of the host cells, they become "their own" and are transmitted vertically. Transplacental transmission of viruses predisposes to persistent infection. This does not mean that all patients and newborns are at the bottom of the abyss. S. Tonegawa in 1987 was awarded the Nobel Prize for the discovery of the genetic principle of the formation of the diversity of antigen-recognizing receptors of lymphocytes.

If measles, poliomyelitis and other infections are detected in a newborn, a lifelong medical treatment should be given from such vaccinations. In addition, it is important not to make the infection sick. Therefore, it is necessary to constantly maintain the immune system in good shape, since all people have these viruses in a different set, especially with unexplained chronic fatigue. All these viruses must be knocked out in advance with homeopathic nosodes and transfer factors (TF), classical and advanced. Moreover, it is necessary to "knock out" the viruses all at once, since each virus suppresses the immune response against itself, which reduces the antiviral immunity in general. To get rid of one virus, you need to get rid of all viruses at once.

After taking individually selected dilutions of all viral vaccines and other viruses at one medical appointment, one grain of each with an interval of 1-3 minutes (Epstein-Barr virus, herpes simplex and zoster, hepatitis B and C virus, poliomyelitis, measles, rubella, mumps, cytomegalovirus,

Variolinum, etc.) it is necessary for 10-30 days or more to continuously take the necessary doses of TF classic and TF advanced, 2-8 capsules each 1-3 times a day. The required dose of TF is determined by the EPT and is individual for each patient. Reception of nosodes of viruses and viral vaccines and the course of TF must be repeated at each dose. At the same time, the number of nosodes taken decreases at each intake, and their dilutions increase over time in a wide range from 3C to trillion. Which nosode needs to be taken only once, and which 4-5 times, is determined using EPD. For some patients, nosodes of certain viruses are not prescribed at all, and sometimes they are prescribed only at the second appointment. Sometimes it is necessary to start nosodotherapy with 50M dilutions and higher.

George Withoukas blames vaccinations for neuromuscular disorders, multiple sclerosis and Alzheimer's. In countries where vaccination was introduced long ago, multiple sclerosis and dementia are widespread, and in Arab and African countries, where they began to vaccinate relatively recently, this disease does not yet exist. Since medicine promotes timely prevention of diseases, it turns out that it is necessary to prevent senile dementia from childhood. The most likely candidate for treating these conditions is a homeopathic dilution of a vaccine containing measles, rubella or hepatitis B virus and TF.

For more information on post-vaccination complications and methods of rehabilitation for them, see the Tinus Smits review, which shows that post-vaccination reactions are best removed with vaccine nosodes, and not with Thuya or Silicea, as is commonly believed. In our opinion, after giving the nosodes of all viral vaccines in very high dilutions, Tuy should be prescribed, less often - Silica or a constitutional drug.

A post-vaccination reaction can be established not only on the day of vaccination, but also after tens of years. To remove the side effects of vaccination, we prescribe homeopathic dilutions of vaccines to patients at the age of 30 and 70, and even more so to children. In this case, the studied pathological symptom disappears only after the treatment is carried out with a homeopathic dilution of the vaccine.

If the virus replaces the genes responsible for speech, then the child develops autism after vaccination. In order to rehabilitate such patients, medicine organizes an autistic society, but the longer the child undergoes such rehabilitation, the more difficult it is to cure him.

A 2.5-year-old girl, who had previously had an excellent vocabulary, stopped speaking after another vaccination. She was treated for several months by pediatricians and neurologists without effect. At the first admission, she received five potentiated vaccines (poliomyelitis 200, measles 1M, rubella 100, variolin 500, hepatitis B virus 10M), each once and TF classic and TF advanced, 2 capsules each 3 times a day for a month. At the second admission a month later, she received three vaccines in an even higher dilution (poliomyelitis 50M, measles 10M, Variolinum 1M) with TF, 5 capsules each once a day. At the third reception, a very

talkative girl. What a pleasure it was to listen to her intelligent chatter beyond her age. Never heard a more beautiful childish speech, as if the child wanted to speak out for a long period of silence.

Injection of the polio virus can cause paralysis of a specific muscle group. The virus can paralyze the respiratory muscles, resulting in poor breathing. Moreover, he can develop one pneumonia after another. In such cases, the vaccine nosode helps. The poliomyelitis vaccine in homeopathic dilution can also help with infantile cerebral palsy, myotonic syndrome, dolichomegacolon with a complete cure and refusal of the operation, since it is possible to remove intestinal paralysis. Scientific medicine treats dolichomegacolon as a congenital and acquired deformity. But the deformity does not go away in 1-2 weeks. The age of the treated patients is from 1 to 25 years. All patients stopped constipation, which was from birth, the general condition improved dramatically, hair stopped falling out. Fecal and urinary incontinence due to sphincter paralysis,

Viruses for the polio vaccine were obtained from cultures derived from monkey kidney cells. It is no wonder that, once in a child's body, vaccine viruses colonize the kidneys of children, causing various renal pathologies. Almost all patients with kidney disease need to take 3-4 times homeopathic dilutions of poliomyelitis vaccine with increasing dilution over time. For example, we succeeded in homeopathic dilution of this vaccine 2 weeks before the planned operation to straighten the shriveled kidney in the child and prevent its removal. This vaccine in homeopathic dilution allows to treat inflammation of the kidneys, relieve arterial hypertension of renal origin, strabismus and snoring in children.

Why should a child who is infected during pregnancy or during childbirth also add vaccine viruses? It is not clear why, having found the hepatitis B virus in the umbilical cord blood of newborns, doctors wait 6 months until hepatitis B develops. These 6 months are called the incubation period of the disease. The child is turned into an infection incubator. Why is the disease called hepatitis if there is no clinical hepatitis during these 6 months? Viruses are much easier to kill before they have damaged liver cells. It turns out that hepatitis is not a disease, but a complication? Moreover, with other hepatitis, the latent period of the disease without liver damage sometimes lasts for decades. The safest and most effective treatment is hepatitis B nosode with advanced TF.

Official statistics say that measles vaccinations kill or disable one child in every 100,000 vaccinated. Measles vaccine viruses grown on culture made from human cells can be to blame for a variety of pathologies and such patients are helped by homeopathic dilution of the measles vaccine. Our children are injected simultaneously with three viruses: measles, rubella and mumps. Professor P. Vorobyov said in a television broadcast on 6 July 2013 that "the death rate from measles is so low that it is equal to the likelihood that a brick will fall on your head on the street." In any preparation of normal

Human immunoglobulin is full of antibodies against measles, which is why this drug was previously called the anti-measles gamma globulin. Such high titers of antibodies are possible only if the measles virus is found in the body of donors. Why then revaccinate?

Influenza infection is most likely from people who are chronic carriers of the influenza virus. Science recognizes that the flu virus causes only acute illness. We believe that the influenza virus in some people can persist in the epithelium of the trachea (chronic tracheitis, chest pain when coughing), in the vascular endothelium (obliterating endarteritis, intermittent claudication, when muscle pain occurs from vasospasm and the person is forced to stop) or in the nervous system (encephalitis A, Econo's encephalitis, flu-like condition with drowsiness and subsequent focal symptoms). All patients are helped by rimantadine (manufactured by Santo) in larger doses than usual. The dose and duration of rimantadine administration is determined by drug testing. You can speed up your recovery with TF. So we cured an uncountable number of patients with chronic tracheitis, 5 patients with obliterating endarteritis and one with Economo's encephalitis. Obliterating endarteritis is an "incurable" disease leading to amputation of limbs, which we have so far quickly cured with a 100% positive result.

Patient A., 86 years old. Got sick 3 years ago after getting a flu shot. When walking, pains appear in the calves. He is diagnosed with obliterating endarteritis. Prescribed rimantadine 3 times in turn, 5, 4 and 3 tablets, then 3 tablets 3 times a day for 3 days, then 2 tablets 3 times a day for 1 day, then 1 tablet 3 times a day for 2 days. At the same time he took TF advansd 7 capsules 3 times, TF classic - 5 capsules 3 times, TF cardio - 2 capsules 2 times and TF glucoach - 2 capsules 2 times. The endarteritis clinic has disappeared.

Vaccination against smallpox turned out to be the most "successful", since the virus remained in the body of all vaccinated and was passed on to the offspring. J.T. Kent in his lectures reported that "if the paralysis does not go away with homeopathic treatment, then smallpox vaccination is to blame." We have seen an effect in the treatment of infantile cerebral palsy when given to children with Variolinum. Their grandparents were vaccinated with smallpox. If in children it is possible to cause real smallpox eruptions on the skin and mucous membranes, then at the same time there is an improvement in the coordination of movements. So the long-term effects of vaccinations can also appear in the third generation.

Child A., 5 years old, is diagnosed with cerebral palsy from birth. At birth, she was vaccinated with the polio vaccine. Delivery was performed by caesarean section under general anesthesia. A child in the womb, not yet born, receives curariform paralyzing drugs. After taking Variolin 50, rashes on the skin similar to smallpox were observed once, and the patient's coordination of movements improved. The very next day, the child was able to stand and take 3 steps without support. Only the girl's grandparents were vaccinated against smallpox. Then, after taking the curariform drug Nux vomica at 1000 and then 10000 dilutions, the patient began to take up to 10 steps without support. When tested, the polio vaccine came up at 200

dilution once. The patient makes up to 40 steps without support. Obviously, in a girl, the cause of the development of paralysis is complex and mainly iatrogenic, i.e. caused by drugs and vaccines. Within a few months of treatment, significant progress was achieved in the child's condition, while the 5-year standard rehabilitation by neuropathologists did not give any effect. Now the girl is a good student, she goes to school and to the store. A very active and cheerful child.

Experts at a scientific conference said that such children do not need (?) In medical care and should be under the care of social services. Our report on the effective treatment of childhood paralysis was dismissed by them as "unscientific."

Back in 1908, John Henry Clarke described cases of successful cure of tumors of both mammary glands and severe neuralgic pain during menstruation by taking homeopathic nosodes of smallpox vaccine or Thuja in increasing dilutions. Moreover, in the process of treatment, smallpox eruptions repeatedly appeared on the skin of the mammary glands. According to his observations, homeopathic treatment of cancerous tumors is more successful if patients have not undergone surgery.

The rubella virus is known to cause fetal malformations, perinatal mortality and miscarriage. Cases of fetal malformations that developed after rubella vaccination are described.

We observed a child with a fever for 2 years associated with immunization against rubella. Fever has been associated with overproduction of IL-6. The homeopathic nosode of rubella vaccine 1M and TF classic and advanced, prescribed 3 capsules 3 times a day, helped.

Several patients with chronic rubella were observed, which was confirmed by enzyme immunoassay and PCR diagnostics. In the course of treatment, women developed small-spotted eruptions characteristic of rubella with a characteristic stage in the appearance of a rash (behind the ears, then on the face, trunk and then on the lower extremities). The rash was scant and not as pronounced as in the classic course of measles rubella. Nevertheless, the appearance of such rashes marked the recovery of patients, which was confirmed by subsequent negative examination results. Our observations show that not only is the transition of acute conditions into chronic ones possible, but also, with proper treatment, it is possible to transfer chronic diseases into acute ones with subsequent recovery. After taking the rubella nosode, patients should be warned about the need to control the appearance of the rash, primarily behind the ears. The administration of TF can also lead to the appearance of rashes.

Endocrinologists call diabetes mellitus a non-infectious epidemic, although it is likely caused by mumps and hepatitis C. Diabetes mellitus affects people who have a history of mumps or have been vaccinated against mumps. The hepatitis C virus can be transmitted with saliva (E.S.Belozarov et al., 2009).

Literature.

1. Beisembaev E.A. Immunorehabilitation of patients with acute and chronic infections: A guide for doctors and students of medical universities. vol. 1. - Gylym, Almaty, 1997.
 2. Belozarov E.S., Bulankov Yu.I., Ioannidi E.A. Slow infections - Elista: ZAO NPP "Dzhangar", 2009. - 320 p.
 3. Vijaka P. Predictive homeopathy. Part 1. Theory of suppression / Per. from English - M.: Similia, 2002. -- S. 128.
 4. Clark. J.G. Homeopathic treatment of tumors. - M.: Gom. medicine, 2004. - 88 p.
 5. Tinus Smits. <http://www.tinusmits.com/english/pvs/>
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