

The use of ART and multiresonance therapy  
in the diagnosis and treatment of toxocariasis  
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The urgency of the problem

Toxocariasis is widespread and registered in many countries. Human infection occurs as a result of swallowing *Toxocara* eggs with food, water, or in contact with pets (dogs).

The symptomatology of toxocariasis is not very specific and has similarities with the clinical symptoms of the acute phase of other helminthiasis. The disease is characterized by a prolonged and recurrent course, polymorphism of clinical manifestations, with a predominant lesion of internal organs and eyes. This is a larval, chronic tissue helminthiasis. Toxocariasis is characterized by the formation of granulomas. They are composed of clusters of eosinophils, neutrophils, lymphoid cells, histiocytes, and macrophages. In these granulomas, some of the larvae die, but most of them remain alive inside these granulomas for a very long time. Periodically, the larvae are selected from the granulomas and again begin to migrate through the circulatory system. Thus, the disease is exacerbated. Numerous granulomas are found in the liver, lungs, myocardium, lymph nodes, and brain. Lung damage is manifested by symptoms of bronchitis, often with an asthmatic component. Some patients have lesions of the spleen and kidneys. In others, the disease is accompanied by a rash on the skin. Sometimes arthralgias and synovitis occur due to the deposition of immune complexes in the synovial membrane of many joints.

The course of visceral toxocariasis is often accompanied by low-grade fever, anemia and persistent leukocytosis, eosinophilia, and increased ESR. Toxocariasis can be very difficult, sometimes without any symptoms, and only an increased content of eosinophils in the blood indicates the disease. As a rule, this disease is not diagnosed in a timely manner. Often a person is sick for several months, is being treated for an acute viral infection, bronchitis, pneumonia, skin allergy, etc. The diagnosis of this invasion presents certain difficulties, and if the treatment is not carried out in a timely manner, the disease can take on a chronic course. Differential diagnosis is carried out with the migratory stage of other helminthiasis (ascariasis, opisthorchiasis, strongyloidosis), lymphogranulomatosis, etc.

Thanks to the IMEDIS equipment, we are able to trace the development of the disease, find its cause, identify not only the type of parasite, but also the affected organ, as well as select the optimal treatment for a particular patient.

Clinical example 1

A mother with a 1 year old child came to the appointment, complaining of low-grade fever, changes in urine tests: leukocytes - 10-12 in the field of view, according to Nechiporenko - 7200, erythrocytes - 1000, ESR in blood tests - 25, leukocytes - 11 thousand ., eosinophils - 10. The disease began a month ago with an increase in temperature

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up to 38 ° C, treated with antibiotics, the temperature dropped. After 2 weeks, the temperature rose again to 38 ° C, inflammatory changes in the blood and urine tests, a course of antibiotics was prescribed again, after which the temperature dropped. After 2 weeks, a new rise in temperature. Mom turned with the child to our Center.

Diagnostics was carried out using the ART method: a high degree of tension of the immune system, violations of the kidney meridian, bacteria and parasites are tested through the Intox II indicator. Ureaplasma and Pseudomonas aeruginosa were found in the kidneys. Toxocar was found in the pyelorenal zone of the kidneys and urethra. From a conversation with her mother, it turned out that a dog lives at home, and on the eve of the first attack of the disease, the girl was playing in the sandbox. Mom and grandmother have a history of pyelonephritis caused by ureaplasma. Treatment with drainage preparations was carried out, ChBR, OBR were made. Blood and urine tests returned to normal. There were no more attacks of the disease.

### Clinical example 2

A 53-year-old woman came for an appointment with complaints of prolonged cough for 4 months, weakness, fatigue, low-grade fever. She was treated with antibiotics several times without effect. Was examined for tuberculosis, cancer. When referring to a blood test: ESR - 36, leukocytosis - 14 thousand, eosinophils - 10%. Radiography of the lungs revealed volatile infiltrates. The ART method revealed toxocariasis of the lungs, which was confirmed by laboratory: ELISA 1: 800. Drainage preparations were prescribed, PBS prepared, resonance frequency therapy was carried out (the course of treatment was 10 procedures). After a specific effect, fixed frequencies were sequentially connected to the therapy for pathogenetic and symptomatic treatment. A week later, the cough went away, the state of health improved, the blood test returned to normal. Monitoring continues.

### conclusions

ART is a highly specific, informative technique in research for helminthiases, including toxocariasis.

Conducting drainage therapy in combination with the creation of a PBS allows to stop an acute condition, subsequent therapy is aimed at normalizing laboratory parameters, preventing relapse of the disease.

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