Possibilities of using electropunctural diagnostics and bioresonance therapy in patients with toxoplasmosis

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Toxoplasmosis is a parasitic disease caused by the intracellular protozoa Toxoplazma gondii, characterized by various clinical manifestations of damage to the nervous system, eyes, skeletal muscles, myocardium, liver, spleen, lymph nodes, and female genital organs. According to modern literature, about 1 / 4–1 / 3 of the world's population is infected with Toxoplasma.

The development cycle of Toxoplazma gondii occurs with a change of hosts. The final owner is cats and other representatives of the feline family (lynx, puma, jaguar, etc.), intermediate - birds, various mammals, including humans. In the human body, Toxoplasma multiplies in any nuclear cells of the hysteophagocytic system (connective tissue hysteocytes, capillary endothelium, Kupffer's liver cells, alveolar and peritoneal macrophages, cells of the reticular tissue of hematopoietic organs, blood monocytes). Immediately after entering the intestine, Toxoplasma is spread by the lymphogenous and later hematogenous route. With the blood stream, they enter the internal organs, causing inflammatory processes in them.

Distinguish between acquired and congenital toxoplasmosis. For humans, the source of causative agents of invasion with acquired toxoplasmosis are:

- faeces of animals (cats, dogs, rats) in violation of hygiene;
- meat, milk, eggs contaminated with Toxoplasma and eaten raw or insufficiently thermally processed;
- meat and skins of invaded animals, it is possible for the pathogen to penetrate through damaged skin during their processing;
- donated blood and organs during transplantation;
- blood-sucking insects - a transmissible route of infection.

With congenital toxoplasmosis, the source of transplacental invasion for the fetus is the mother with toxoplasmosis.

By the nature of the course of acquired toxoplasmosis, acute, subacute, chronic, inapparent (subclinical) and carriage are distinguished.

Due to the fact that acquired toxoplasmosis, in the overwhelming majority of cases, proceeds in a subclinical form (cold) or in the form of a carrier, there is practically no accounting for the incidence. The patient remains untreated, or a short-term antibiotic is ineffective. An acute disease ends either with clinical recovery, with the preservation of Toxoplasma cysts in the tissues and the transition to a carrier or an outcome in a chronic course.

Over the past five years (2008–2013), an increase in the number of patients with toxoplasmosis has been noted in our medical practice. Approximately every 4th patient is infected with Toxoplasma. The complaints in these patients were of a general nature: fatigue, headache, weakness, emotional instability,

subfebrile condition and specific: arthralgias, severe allergies (with the use of hormones), enterocolitis, hepatitis of unknown etiology, the formation of hemangiomas in the liver parenchyma, splenomegaly with thrombocytopenia and increased bleeding (the medical card is diagnosed with spleen cancer), pyelitis, eye damage the form of chorioretinitis, uveitis, optic nerve atrophy, retinal hemorrhage with loss of vision, inflammatory diseases of the female genital organs. The most difficult course was chronic acquired toxoplasmosis with involvement of the structures of the brain and its membranes in the process, which was characterized by a long-term course with periodic exacerbations and significant polymorphism of clinical manifestations with impaired intelligence and memory, asthenia, panic attacks, derealization phenomena and other psychological disorders. The MRI showed calcifications in the brain. All these patients underwent various numerous laboratory and instrumental studies, many diagnoses were made, but no one guessed to carry out serological diagnostics to detect toxoplasmosis.

The use of the vegetative resonance test "IMEDIS-TEST" allows you to identify the affected organ and diagnose an infection in it. In most cases, the presence of toxoplasma was tested (for example, with an ovarian cyst, toxoplasma was tested in the pituitary gland) in patients with one or another dysfunction of the immune and endocrine systems.

Our practical experience with patients infected with Toxoplasma allows us to draw some conclusions regarding the body's immunological response to the presence of this infection. It is known that Toxoplazma gondii induces the formation of specific antibodies in the host organism, which restrict the reproduction of the parasite. However, these antibodies are not able to prevent the long-term stay of parasites in the tissues of organs at the stage of cysts.Antigenic metabolites produced by cysts maintain a certain level of humoral immunity, and also cause the development of delayed-type hypersensitivity, which leads to an allergic restructuring of the body and a wave-like reaction of the immune response. In support of this, autoimmune processes with a high degree of tension of the immune system, allergic inflammation in the vessels of the kidneys, in the spleen, and platelets with a severe degree of thrombocytopenia were tested in some patients. Most patients develop a state of immunodeficiency with secondary invasion of viral and bacterial flora. Viral infection is most often represented by herpes viruses Epstein-Barr and Coxsackie, papilloma viruses, HIV. The combination of papilloma virus and toxoplasma was often determined in patients with cancer of the cervix, eye, kidney, ovary, bladder, and liver. Hepatitis with Toxoplasma and Epstein-Barr virus is clinically difficult. Of the bacterial flora, the most often present are mycoplasmas, leptospira, Borrelia or Listeria (which also affect the reticuloendothelial system). We concluded that toxoplasmosis is a marker of immune system dysfunctions, just like the AIDS virus.

Based on the capabilities of APK "IMEDIS-EXPERT", we use the following

diagnostic and treatment algorithm:

1) We filter organic products through the Phosphorus D32 test indicator (the most affected organ): Phosphorus D32 ↓ + organopreparations ↑.

2) Through the selected organic preparations, we successively filter the test indicators of metabolic states, Hamer foci (organopreparations of the central nervous system, spinal cord), homeopathic remedies, chelators, nosodes, etc.

3) We build a pathogenetic address chain for the most affected organ and then select its normal metabolic chain, which it should be normal.

4) Through a complex filter (normal metabolic chain + address (the most affected organ) we filter the meridians.

5) Conduct sequential BRT along the selected meridians with included in the selector by the normal metabolic chain, the address (the most affected organ), homeopathic remedies and drains, bactericidal D6, nosodes of infections (toxoplasma, viruses, etc.).

It is important to carry out BRT once every 3-4 weeks and use no more than two organs as an address. Gradually, from session to session, the number of affected organs decreases, which is immediately reflected in the clinical course of the disease: patients present fewer complaints, their quality of life improves, and the test results return to normal.

Conclusions:

1. Toxoplasmosis is a chronic infection that does not have a clear clinical pictures, accurate laboratory confirmation, effective drug treatment. Official medicine considers toxoplasmosis dangerous only for pregnant women and dispensary observation for the prevention of congenital toxoplasmosis and examination in dynamics (once every 1-2 months) during pregnancy are subject only to non-immune (immunonegative) women in order to detect fresh infection. Since acute and subacute toxoplasmosis are absolute indications for prescribing drug treatment, treatment of chronic toxoplasmosis is practically not carried out due to the low effectiveness of chemotherapy for this category of patients.

2. According to our practical observations, toxoplasmosis causes changes immunity with the appearance of either immunodeficiency or autoimmune conditions.

3. After the transferred toxoplasmosis, irreversible changes in the structures of the brain, eyes, internal organs, leading to disability.

4. ART makes it possible to detect toxoplasmosis, both in acute and chronic period of the disease.

5. Conducted multiresonance therapy in combination with homeopathic drugs lead to an improvement in the condition of patients and an increase in their quality of life.

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