Dientamebiasis in the practice of vegetative resonance test

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Dientamoeba fragilis is a flagellate amoeba that parasitizes the human colon and causes various gastrointestinal disturbances, both acute and chronic. It is assumed that Dientamoeba fragilis parasitizes only in humans, does not form cysts and does not penetrate into tissues. The generic and specific name of the pathogen was due to the presence of binuclear trophozoite and the fragmented nature of nuclear chromatin. The diameter of the amoeba is 7–12 μm and forms pointed or leaf-shaped pseudopodia. When stained, most trophozoites show two characteristic nuclei, which contains a large granular karyosome. There are also large mononuclear trophozoites.

It is generally accepted that the pathogen is transmitted from person to person by the fecal-oral route, due to the specificity of the parasite's habitat in the large intestine. However, the prevalence of this parasite is different from that of other intestinal protozoa; the frequency of its detection in homosexuals does not correlate with the frequency of oral-anal intercourse, in addition, dientameb trophozoites are rapidly destroyed in water, in gastric juice. Several studies have found that the invasion caused by it is often combined with enterobiasis and it has been suggested that the spread of trophozoites is facilitated by Enterobius vermicularis (pinworms) in whose eggs similar structures were found. This biocenosis occurred 9–20 times more often than could be expected if they coincided by chance.

Dienthamoeba are cosmopolitan parasites. The prevalence of invasion in different population groups ranges from 1 to 38%: it is especially high among crowded people (in particular, in boarding schools, prisons and hostels) and among travelers. In the United States, according to research, prevalence rates of dienthamebiasis range from 1.4 to 18.6%. High rates are observed among children under the age of 10, in organized groups, communal groups, as well as among missionaries working in tropical countries [4].

Canadian researchers with help analysis indirect immunofluorescence was tested in 189 healthy children aged 6 months and older. up to 19 years old for antibodies against Dientamoeba fragilis and found in 172 (91%) of them a positive reaction when the serum dilution is 1:10 or higher, which indicated a high prevalence of this parasite.

Although dienthamoebas are considered harmless commensals in the crypts of the colonic mucosa, they can act as a chronic irritant causing excess mucus secretion and increased intestinal motility. During pathomorphological examination, fibrosis penetrating into the lymphoid cells was found in the operatively removed vermiform processes containing

mucosal tissue [3, 4].

In the acute course, the disease begins with dyspepsia, abdominal pain in combination with watery diarrhea, fever, weakness and fatigue are possible. In the chronic course - the stool is mushy or viscous, with an admixture of mucus more often, less often of blood, abdominal pain lasts for months and years. Often, diarrhea alternates with constipation, flatulence and fatigue are observed, and mild eosinophilia is possible. In most cases, the invasion is asymptomatic. In the absence of other pathogens of intestinal infections in the clinic, patients with isolated dienthamebs had diarrhea - in 58% of cases, with blood or mucus in feces - 11%, pain in the abdomen - 54%, and itching in the anus - 11% [3].

Diagnosis is based on the detection of the parasite in feces, and 3 fecal samples should be examined within 3–6 days. In fresh feces, Dientamoeba fragilis actively moves, but it quickly degrades in the external environment and becomes round, so that it becomes difficult to distinguish it even for an experienced laboratory assistant. Feces should be examined warm or placed in a preservative - polyvinyl alcohol.

The purposethis study was to examine prevalence Dientamoeba fragilis among patients with diseases of the gastrointestinal tract.

Materials and methods

The object of the study was 54 patients (2011–2013) with diseases of the gastrointestinal tract. The age of the surveyed ranged from 5 to 70 years, of which 39 were female and 15 were male. With diagnoses "chronic pancreatitis" - 49 people, "irritable bowel syndrome" - 36, which were established by generally accepted academic criteria and methods. The patients underwent diagnostics of the vegetative resonance test using the MINI-EXPERT-DT apparatus with software (IMEDIS, Moscow).

Research results

Patients who did not notice improvement from the therapy carried out on an outpatient basis and for several years suffered from the above diseases turned to the center.

Aimed diagnostics by the method of ART of the affected organs was carried out with the determination of foci and fields of interference, the presence and degree of exogenous loads, determination of the focus of lesions by microbial, viral, mycotic and parasitic burdens, the state of the immune system.

In a study of 38 patients (women and children) with a diagnosis of chronic pancreatitis, and among them there were 16 patients with a concomitant diagnosis of type 2 diabetes mellitus, Dientamoeba fragilis was identified in 29 with irritable bowel syndrome.

Almost always there was a violation of the acid-base balance towards acidification and an indication of a substantial toxic burden in the studied organs. There was intestinal dysbiosis, a deficiency of a number of enzymes and vitamin and mineral deficiency, especially of group B, biotin,

microelements - zinc, copper, calcium, silicon.

VNS tension of 1-3 degrees and psycho-vegetative loads, disturbances in the corresponding meridians (pancreas and spleen, large intestine, etc.) were revealed in all examined patients. The tension of the immune system reached 2–3 degrees, and the depletion of the immune system was tested in 16 patients.

In addition to Dientamoeba fragilis, Giardia (38%), roundworms - roundworms (27.7%), pinworms (51.8%), strongyloids (16.6%) were tested. Viral burden caused by Epstein-Barr viruses, herpes types 1, 2, has been tested in almost everyone; bacterial burden - salmonella, shigella, escherichia; mycotic - fungi of the genus Candida.

We would like to draw attention to Dientamoeba fragilis - a pathogen about which there is so little information in the literature and it practically remains a mystery to most researchers due to the fact that it can occur in perfectly healthy people without causing complaints, and its role in the occurrence of pancreatic diseases and 12 duodenal ulcer is practically not established. Considering this fact, we decided to test the F187 program through the biological indices of these organs in individuals diagnosed with Dientamoeba fragilis.

These patients underwent exogenous bioresonance therapy using the F.187 program with a negative waveform lasting from 17 to 28 minutes. In this case, there was a complete elimination of the pathogen. Control testing through appropriate filters testified to the achievement of a therapeutic effect.

The course of treatment also consisted of the elimination of all identified disorders, against the background of drainage therapy with the use of ONOM drugs and homeopathic remedies (lymphomyosot, etc.); sorbents (polysorb, enterosgel), correction of acid-base balance mainly due to a selected diet and herbal medicine (previously tested plants in combination).

Positive dynamics was noted in the majority of the surveyed within 2–3 days from the start of treatment. Of 16 patients with "diabetes mellitus", 7 returned to normal glucose levels after a full course of therapy after 1.5 months.

conclusions

Thus, Dientamoeba fragilis may be the cause of the development of diseases of the gastrointestinal tract. The literature does not describe the habitat of the parasite in the tissue of the pancreas, but we found it in 78% of cases of chronic pancreatitis. In 81% of cases, irritable bowel syndrome is accompanied by the presence of Dientamoeba fragilis in combination with other intestinal parasites. Dienthamebiasis in isolation did not occur in any case: there were certainly other pathogenic agents with which symbiosis probably exists.

List of used literature

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