The frequency of detecting disorders of the intestinal microbiota in the routine practice of a reflexologist, clinical significance and the possibility of correction by the method of bioresonance therapy

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Introduction

In recent years, great importance in the development and persistence of various pathological conditions in humans has been attached to the state of the intestinal microbiota. It is known that microflora covers and lines human tissue both inside and outside. This invisible "organ" weighs several kilograms and has about 10fourteen cells of microorganisms, which is an order of magnitude higher than the number of the host's own cells, i.e. person. Healthy skin, normal digestion, resistance to external infection (state of immunity) of a person is largely determined by the stability or health of the intestinal microflora. The latter is not just a collection of different types of microorganisms, but a single interconnected community - in fact, biofilms [1]. Such an organization provides significant stability and the possibility of survival even when the conditions of existence change, and for the human body this means ensuring the homeostasis of organs, the function of which depends on the microbes inhabiting them. However, this advantage of collective response (collective immunity of biofilm) also has negative aspects.

- this community is difficult to manage with its imbalance, therefore, probiotics recommended for detecting intestinal dysbiosis often do not give the expected effect from them, especially with their short-term use. Artificially grown microorganisms, even useful ones, are foreign for the microbiota of a particular person and do not take root, are rejected due to biological incompatibility. In this regard, the possibilities of correcting the intestinal microbiota by the method of bioresonance therapy seem promising, which does not provide for the introduction of foreign microorganisms, but offers the possibility of targeted correction of the identified changes.

Materials and methods

The survey data were analyzed using the electroacupuncture vegetative resonance test (ART) using a continuous sample of 103 patients who first applied to the Center for Resonant Medicine "INFOMED" with various complaints consistently over the last three months of 2015. During the initial examination, all patients had a thorough anamnesis, clarified complaints and reasons for referral. All patients underwent a comprehensive examination by the ART method [2] in order to assess the state of their immune system, autonomic nervous system, the state of allergies / tendency to autoimmune reactions, to identify infectious burdens of various organs and systems, and to identify dysbiosis of the small and large intestines. Testing of all these parameters was carried out using an electrotherapeutic apparatus "PROLOG-02

EPT "(manufactured by NPP" REMA "RB, RU IM-7.5253 / 0903).

Results and discussion

Among the 103 patients examined, there were 68 women and 35 men aged 1 to 78 years (mean age 30 years; 95% CI 30–37). Dysbiosis of the small intestine during the initial examination was detected in 29 people, i.e. in 1/3 of patients, and dysbiosis of the large intestine - in 48 patients, i.e. in almost half of the patients. At the same time, the simultaneous presence of dysbiosis of the small and large intestines was observed in 13 patients, and the number of patients with dysbiosis of any localization was 58 people, i.e. more than half of the examined persons. Given the lack of selection of patients with this pathology for analysis, these data indicate a high frequency of detection of intestinal dysbiosis in the population. It should be noted that significant differences in the incidence of intestinal dysbiosis among men and women,

Analysis of the revealed microbial burden in patients showed that in all 100% of patients with dysbiosis of any localization, fungal burden was tested, both in active form (in 38% of patients) and in the form of spores (in 62% of patients). While in patients without dysbiosis, the frequency of detection of fungal burden was 11% (active infection) and 17% of patients (disputes). Thus, significant differences were revealed in the frequency of detecting fungal burden between groups of patients with and without dysbiosis ($p = 0.002$ for active infection and $p < 0.001$ for spores).

With dysbiosis of the small intestine, 59% of patients had an active fungal burden, which was observed only in 13% of patients without dysbiosis of the small intestine ($p < 0.001$); there were no significant differences in burden of spores in the groups with and without small intestine dysbiosis (41% and 43%, respectively). At the same time, in the presence of dysbiosis of the large intestine, 35% of patients had active burdening with fungi, while in the absence of it, active burdening was detected only in 18% of patients ($p = 0.05$). Spore aggravation was found in 65% of patients with colonic dysbiosis and in 23% of patients in its absence ($p < 0.001$). Thus, with dysbiosis of the small intestine, active fungal burden prevailed significantly, while with dysbiosis of the large intestine, burden with fungal spores prevailed.

The analysis of clinical symptoms from the gastrointestinal tract identified in patients (pain in the epigastric region and in the abdomen, bloating, constipation, diarrhea and other manifestations of dyspepsia) showed no significant differences in patients with and without dysbiosis, i.e. ... this symptomatology is not very informative for identifying the state of intestinal dysbiosis. There were also no significant differences between groups with and without dysbiosis in the frequency of detection of chronic gastritis, enteritis, cholecystitis and colitis. At the same time, the obtained significant differences in the frequency of detection of tumors of the female genital organs in women with dysbiosis are of great interest ($p = 0.04$).

There were no significant differences between the groups in the frequency of detection of burdening with viruses, individual identified species of bacteria, chlamydia, mycoplasma and ureaplasma.

All patients underwent sessions of exogenous and endogenous bioresonance therapy (BRT), from 1 to 7 sessions, on average - 4, aimed at eliminating the identified infectious burden, as well as correcting other identified types of loads with the inclusion of drainage mono- and complex homeopathic preparations [2 , 3]. In addition, in order to prolong the effect, the patients were prescribed a BR-drug for administration in between sessions.

In the overwhelming number of patients, after the course of treatment, correction of dysbiosis of the small and large intestines was noted, and the detected fungal burden was tested only as a burden of spores. All patients showed a significant improvement in the state of the immune and autonomic nervous system.

conclusions

Thus, intestinal dysbiosis is a frequent pathology in routine clinical practice, in which the burden of the active form and fungal spores prevails. BRT is an effective method for correcting intestinal dysbiosis, which makes it possible to achieve a significant improvement in the condition of patients after the first course of treatment. Nevertheless, long-term therapy is required to correct long-term severe conditions (for example, such as tumors of the female genital area in women with intestinal dysbiosis), as indicated by the persisting burden of fungal spores.

Literature

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