

Microbiology through the prism of bioresonance therapy

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A systematic approach to diagnostics and treatment considers the patient as a single system of interacting and mutually influencing subsystems at different levels of the body.

But the effectiveness of therapy depends not only on the systemic method of treatment, but also on the individual approach to each patient. There cannot be a common pattern for everyone. We begin to treat one patient with the correction of the central nervous system, another - with the restoration of the interaction of various body systems, the third must first be prescribed drainage therapy, and so on.

How to choose the right tactics and treatment strategy? What methods to use and what drugs to prescribe in order to get a quick and high-quality result. For this, a systemic complex index of the SPU (the sum of pathogenetic indexes) has been proposed. It is through him that all steps in the patient's therapy are determined.

At a certain stage of treatment, such a step is the use of nosodes of fungi, protozoa, bacteria and viruses. Testing through the SPU, we determine the need and timeliness of the use of nosodes of pathogens.

This article is some interesting observations of the human microworld. We can diagnose and influence human pathogenic microflora using nosodes of fungi, bacteria, protozoa and viruses. As we know, if any nosode of infection is tested directly, then this means that, most likely, this pathogen is present in the body, and it is not optimal. That is, not a single nosode should be tested in a perfectly healthy organism. What picture do we see when diagnosing a patient? This is usually a fairly extensive list of fungi, bacteria, protozoa, and viruses.

There are several methods for the selection and appointment of nosodes.

First of all, it is necessary to decide whether or not it is necessary to prescribe a nosode or nosodes in a given session. If we assign, then

- a) in what form (direct or inverse), b) in what quantity (one or more), c) in what potency,
- d) perhaps, in a particular case, it is more correct to carry out resonance-frequency therapy
- e) or can use allopathy?

All these issues are easily resolved through any systemic index, for example, through the SPU (the sum of pathogenetic indexes).

If the need to use nosodes is being tested, then it is worth considering some points:

1. Only key nosodes need to be assigned. The key is that a nosode, when applied, all other nosodes are no longer tested. The appointment of a key nosode allows for rapid results with minimal use of the patient's reserves. This is especially important when treating

patients with severe multi-link pathology, with reduced reserves, in the elderly, etc.

2. Application of mushroom nosodes. It's always possible to spot one, sometimes two key fungus, when using the nosodes of which all other fungi are no longer tested. An interesting fact: Candida (any) has never been tested with a key fungus! The question arises about the meaning of active suppression of candida by allopathy.

3. Application of protozoan nosodes. This is a very large and interesting topic. First, the protozoan key nosode suppresses all protozoa and all bacteria. That is, bacteria are secondary to protozoa! Even in acute conditions such as: acute bronchitis, acute pyelonephritis, adnexitis, etc. the appointment of a key nosode of one protozoan suppresses the activity of all pathogenic bacteria within 2–7 days of therapy. Surprisingly, even STIs obey this rule.

Perhaps this is explained as follows: there are some pathogens that block the immune system, and if you act on them, then the immune system will cope with the rest easily and quickly.

Secondly, in the very family of protozoa there are those that are key, and those that are always secondary.

3. Always ARVI, ARI and Influenza are secondary. There is no point in chasing more and more acute viruses. It is necessary to identify and prescribe the key nosode of the fungus and protozoa in combination with drainage homeopathy. Recovery occurs in 1-3 days.

4. Nosodes of fungi and protozoa are used together.

5. At a certain stage of therapy, it becomes necessary to prescribe the key nosode of the chronic virus. And then a drug is used, consisting of the sum of key nosodes: one mushroom, one protozoan and one chronic virus.

6. Together with the application of the sum of nosodes, a drainage homeopathic therapy.

The use of this therapy algorithm reduces the list of tested nosodes in a patient by 2–3 times in 5–10 days. That is, the activity of pathogenic microflora decreases along with the improvement of all systemic indicators. Quite often there are situations when, for one reason or another, we do not prescribe an autosode or a bioresonance drug. In these cases, the proposed option is a worthy alternative.

It should be noted that the described technique is not complete without taking into account many other factors. Therefore, it is only part of systemic therapy. It can claim independence only in acute cases.

Clinical example

Patient K., 5 years old. Complaints about temperature 38.5; strong, moist cough, shortness of breath, profuse pus-like nasal discharge; general pronounced weakness. The above symptoms took about 5 days to develop progressively. Has been ill for 6 months, was treated by a pediatrician, changed 3 antibiotics. There hasn't been a day in 6 months

without a runny nose and cough.

Due to the patient's condition of moderate severity, a minimum diagnosis was carried out and treatment was prescribed according to the above algorithm. It is recommended for the mother, if there is no significant improvement in the child's well-being within the next 24 hours, to hospitalize him.

During the diagnosis, helminths were not identified. The key fungus is *Aspergillus niger*, the key protozoan is *Infusoria* (balantidiasis). Recorded together in inversion and scheduled every 3 hours. This is the first drug. The second drug - "BLUE 43 Bronchitis-Cough", Appointed every hour. The third drug - "Monetolist Sunflower" is selected and targeted through a transparent SPU marker. It is recommended to add an allopathic treatment in the form of Ornidazole. Ornidazole tablets have been tested through a complex BR-index. Prescribed ½ tablet 1 time per day for 3 days. Drinking plenty of fluids is mandatory.

According to the mother, there was a moderate improvement in the condition over the next 24 hours. Further, after the first intake of ornidazole (on the second day from the start of therapy), there was a sharp improvement in the condition. The child was completely healthy 7 days after receiving bioresonance therapy at the doctor's office.

As an example, the case of an acute condition is described as simple and indicative. In the treatment of chronic diseases, the therapy regimen is much more complicated. And this algorithm is only a part of it.

Kazantseva, M.N. Microbiology through the prism of bioresonance therapy / M.N. Kazantseva // XXIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M.: IMEDIS, 2017. - S. 113-116.

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