

Everyday "exotic"  
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Sharing our experience with colleagues, we all, as a rule, talk about our achievements, successes, incredible cases of curing intractable diseases. Voluntarily or involuntarily, we create for ourselves the aura of a doctor for whom there are no white spots in the methods of bioresonance therapy (BRT) and autonomic resonance test (ART), especially if we have more than 15 years of experience in this field. At the same time, almost none of the colleagues talks about those cases in practice when all the applied knowledge and skills did not help to find out the nature of the disease, in the treatment of which, at best, it is possible to achieve only an improvement in the condition. Of course, you need to share positive experiences that will help other colleagues. But we must also talk about what did not work out. At the same time, all your "failures" to analyze and find a solution, even if it takes a lot of time.

Here it must be said that any profession (including the medical one) requires a professional to work hard in achieving new knowledge and reasonable fanaticism. Without constant study of the experience of other professionals, without studying literature in your profession, it is impossible to reach new heights. It should be remembered that the next peak is only a step to new knowledge.

I would like to tell you about several cases of failure in treatment, which clearly demonstrate all of the above. Since the size of the article is limited, in the given examples I will describe the essence of the problem without unnecessary details.

### Clinical examples

1. Man, 79 years old. Enlarged prostate, difficulty urinating, phlebeurysm. He was treated by a urologist for a long time, by a vascular surgeon. After 1 year, due to the fact that the symptoms were increasing due to the large size of the prostate, urologists performed an operation. Urination became free. After 1 year - trophic ulcers of the lower third of the right leg. Outpatient treatment with a vascular surgeon was successful - the ulcers closed. But after a few months, everything happened again.

The patient turned to us. During ART, the prostate burden with *Trichomonas* and parasitic burden with roundworms, causing inflammation in the veins of the leg, were revealed. After the treatment with BRT, EPT (2 sessions, 2 days in a row), a positive trend was observed, although it was not possible to achieve complete disappearance of all symptoms. Their lack of expression was fine with the patient, and he decided to stop the treatment. But after a while, the previously described symptoms reappeared, including trophic ulcers on the lower leg again, and some difficulty in urinating. This time the patient did not come to us, but was treated by a vascular surgeon and urologist.

This incident made us think that our previous diagnosis

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(ART), although it was as extensive as possible, proceeding from the thesis that we are treating not a disease, but a patient, but still it did not take into account something. We began to study literature and found a possible reason for our failure. They invited a patient to our appointment and found a mistake in our previous work. But more on that later - after giving the next example.

2. Girl, 20 years old. Violations of the monthly cycle, accompanied by pain lower abdomen, rashes in the genital area. Allergic manifestations on the skin of the trunk appeared 2 weeks before the intake. Was treated by a dermatologist. The causes of the allergic rash could not be found.

During testing, we revealed a burden of the uterovaginal and pelvic plexuses with herpes simplex virus type 2 and roundworms. Underwent treatment (BRT, EPT, pyrantel) - all manifestations disappeared after the first session. However, after the next monthly cycle, pains in the lower abdomen appeared again, albeit not expressed, herpes rash (but very minor). Since the work with this patient was carried out later than with the man in the above-described case, we quickly discovered our mistake in the diagnosis. But more on that later - after the next example.

3. Woman, 82 years old. Severe swelling of the legs (more on the right), cyanosis of the skin in this area, violation of trophism in the same place. She was treated by a vascular surgeon with insignificant positive dynamics. The treatment we started, taking into account the two cases described above, led to a pronounced positive dynamics of the state of the legs: swelling, cyanosis, and trophic disorders were stopped in one session of therapy.

Here we could give more examples, but these cases are enough to illustrate our mistakes and the importance of constant self-improvement.

So what were these mistakes, and how did we find them? Found the answer in the book of Professor E.A. Beisembayev [1]. There is a description of cases in [2].

Our mistakes:

1. When testing a parasitic burden, we, having found a burden roundworms, stopped searching for other parasites.

2. Despite the fact that we always collect anamnesis in great detail, in the example 2 did not pay attention to the fact that the patient's allergic rash did not appear immediately, but some time after she felt a bite while swimming in the Mediterranean Sea. The water was contaminated with some kind of debris that interfered with swimming, but it was simply dispersed by the oars.

3. We could not assume that it is possible to get infected with the "exotic" overseas countries. They did not take into account that our people visit many countries of the world and bring us "goodies".

What was this factor that led to troubles in the patients described above? The answer turned out to be simple - they were schistosomes! Many will exclaim that the schistosoma is something from the field of exotic, it is somewhere in Japan

or in other countries, but not here. It turns out that this exotic is already commonplace in Russia.

Infection occurs only in freshwater reservoirs (schistosomes do not live in seawater), mainly in stagnant ones, or near the coast, where the water flow is not very fast. Cercariae (the phase of development of schistosomes) easily penetrate the skin, biting through it. This process is either not felt in any way, or is perceived as a single bite without external manifestations. After about a week, an allergic reaction occurs in the form of hives. Most often, the development of schistosomes occurs in the pelvic organs. The male has a groove along the body, and the female is located in it. Copulation occurs constantly, up to 5000 eggs are released per day. Eggs have hooks that catch on the walls of blood vessels so that they are not washed away with blood. Once in the bladder or intestines, they are released into the environment. Massive seeding with eggs, leads to damage to the surrounding organs (bladder - calcification, gynecological problems, phlebitis, thrombophlebitis ...). The lifespan of schistosomes is up to 40 years.

How did the patient in the second example get infected if she was swimming in the Mediterranean? And she swam in the place where the river flows into the sea ...

Treatment: the combination of EPT (F140 and F141) with nemosol is most effective (the dose must be tested).

#### Literature

1. Beisembaev E.A., Kenenbaeva B.E. Recovery is a doctor's collaboration and the patient. 4th ed., Rev. and add. - SPb, 2012. -- 357 p.
2. Teregulov B.F. Experience in the use of electropunctural diagnostics and bioresonance therapy of schistosomiasis in mining workers // Abstracts and reports. XXII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M.: IMEDIS, 2016. - pp. 125-126.

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