

Using resonant frequency programs for leptospirosis
for the treatment of diseases of unknown etiology

S.N. Guseinov, T.S. Huseynov

(Medical center "Edelweiss", Krasnogorsk, Russia)

Leptospirosis is an acute infectious disease caused by the bacteria *Leptospira*. The source of infection is wild and domestic animals (mice, rats, gophers, dogs, cows, pigs, horses). Infection occurs through the penetration of leptospira through damaged skin or through the mouth (contact with animal hair or water from polluted reservoirs, drinking contaminated water, milk, dairy products, meat of sick animals).

The disease often begins with chills, fever, severe headache and muscle pain. In some patients, jaundice develops, the color of urine and feces changes. Leptospirosis is often complicated by failure of the kidneys, liver, meningitis, bleeding, hemorrhages (skin, eyes, internal organs). Other complications are also possible.

The symptoms of leptospirosis are similar to the symptoms of a number of other diseases (acute viral infections, hemorrhagic fevers, viral hepatitis, brucellosis, trichinosis, borreliosis, anaplasmosis, ehrlichiosis, viral encephalitis, meningitis, etc.). It is difficult even for an experienced infectious disease specialist to distinguish between these diseases by symptoms. Most patients with leptospirosis are treated not by infectious disease specialists, but by other doctors (therapists, pediatricians, neuropathologists, hepatologists, urologists, and others). To confirm the diagnosis, studies and tests are prescribed: ultrasound, X-ray, CT, MRI can show changes in internal organs that are observed in many other diseases. Sometimes leptospira can be detected in blood by direct microscopy of a crushed drop in a dark field or by culture of blood, urine, cerebrospinal fluid. Serological diagnostics, PCR are also used. The results of microscopy depend on the qualifications of the specialist, the stage of development of the disease and some other factors. The results of serological tests and PCR tests can be confusing to doctors. A negative analysis can be in the case of:

- when there is no infection;
- when there may be an infection, but there are not enough antibodies for the biochemical reaction of their detection.

A positive analysis can be:

- when there is an infection;
- when the infection once was, but for various reasons the leptospira died, only antibodies to them remained.

Leptospirosis is common in all regions of the world except the Arctic. More than half of the cases of the disease are difficult, patients need intensive care.

Millions of people are in daily contact with animals, drink water, eat meat, milk, dairy products. Rats and mice, dogs, cows, horses live near people and can pollute water and food. So sick

leptospirosis should be a lot. I worked in Moscow as a therapist, ambulance doctor, resuscitator, and saw thousands of patients. However, before working with the equipment of the IMEDIS Center, I did not see a single patient diagnosed with leptospirosis. I will give interesting examples from our practice that confirm that leptospirosis is a neglected, poorly diagnosed disease.

Clinical examples

1. Patient K.O., 33 years old. Diagnosis: allergy, Quincke's edema. Ill for 3 months back, when a chill suddenly appeared, all muscles ached, the temperature rose to 38 ° C. She was treated with antibiotics as prescribed by a therapist. After about 2 weeks, the pains disappeared, the temperature returned to normal, but the chills recurred periodically. A red, itchy rash appeared on the face and chest. The therapist and allergist thought it was a drug allergy, but the treatment did not help. A month ago, the patient's face and throat were swollen, and it became difficult to breathe. For four days she was treated in the intensive care unit with a diagnosis of Quincke's edema. The condition improved, the swelling went away, but the rash reappeared. Ultrasound, general, biochemical and other analyzes and studies are within normal limits. Using the IMEDIS equipment, we diagnosed *Leptospira* in the patient's liver. We selected frequency programs. As a result of therapy, the patient's condition began to improve. After 2 months, the patient had no complaints. Follow-up - 1 year. The patient is healthy.

2. Patient L.Yu., 43 years old. Applied 2 years ago with a diagnosis of syndrome Sjogren, endometriosis. For more than 10 years, the patient was worried about dry mouth, dry skin, lack of tears, diffuse hair loss. In addition, she complained of abdominal pain, a tendency to diarrhea, and prolonged periods - up to 10 days. In blood tests, leukocytes are at the lower limit of the norm, ESR is 30–80 mm / hour. Using the equipment of the IMEDIS Center, we diagnosed the patient with a dog tapeworm in the intestines, Manson's schistosomes in the walls of the veins of the ovaries, uterus, excessive negative effects. We selected frequency programs. After 2 months, the patient's condition improved significantly. Tears appeared. Dry mouth is gone, dry skin and hair loss are reduced. Stool, menstruation, complete blood count, ESR - 22 mm / hour normalized. After 5 months, the patient had no complaints.

However, after another 7 months, the patient came to us again. She said that 3 weeks ago, she and her family flew to the Hawaiian Islands for a vacation. On the plane, she began to have severe pains in the muscles of the back, chills, and her temperature rose to 40 ° C. During the flight, the patient took various medications, but they did not help. In the USA she was taken to a hospital, examined and treated for 10 days. The temperature dropped to 38 ° C, the chills recurred periodically, all muscles were very sore. They could not establish the cause of the disease. According to the patient, she was counting the days when she would come to us. We diagnosed leptospirosis using the equipment of the IMEDIS Center. We selected and assigned frequency programs. After 2 weeks, the patient has no complaints. Follow-up - more than 1 year, satisfactory condition.

3. Patient K.A., 2.5 years old. At the age of 7 months and 1 year 4 months underwent pneumonia. After 2 years, the diagnosis was chronic allergic bronchitis, bronchial asthma. Doctors prescribed inhalers with berodual and seretide. Asthma attacks have become less frequent. Using the equipment of the IMEDIS Center, we diagnosed a sick leptospira in the bronchi. We selected frequency programs. After 2 months, there are no complaints. He does not take medications, attacks of bronchial asthma did not recur. Follow-up - 2 years. The patient is healthy.

4. Patient A-KG, 14 years old. According to the mother, 4 months ago the child had daily severe headaches, temperature 37.2 ° C. Because of poor health, he often returned from school before the end of classes. We consulted a pediatrician, a neurologist. MRI of the brain did not reveal any pathology. Blood tests revealed antibodies to cytomegalovirus. Other analyzes are within normal limits. They were treated with engystol, pain relievers, anti-inflammatory drugs, antibiotics, but the treatment did not help. The doctors decided that the boy was feigning illness and referred him to a psychologist who recommended rest. After rest, the headaches became less frequent, but the temperature began to rise to 37.4 ° C, and drowsiness appeared. The boy slept up to 20 hours a day! Diagnostics in a private clinic in Moscow did not reveal any pathology. The head physician of this clinic advised the patient's mother to examine him on the devices of the IMEDIS Center. We diagnosed leptospira in the cerebrospinal fluid. We selected and assigned frequency programs. The patient's condition began to improve. After 3 weeks, the patient had no complaints.

5. Patient G. Sh., Born in 1962. A brother of one of the authors. Lives in Azerbaijan. Diagnosis: swelling of the sinuses of the nose with spread to the left orbit. Exophthalmos.

CT conclusion of 04/10/2015: Soft tissue formation covering the left ethmoidal sinus, partially sphenoidal sinus, passing into the medial wall of the orbit of the left eye, causing exophthalmos. Rhinoscopy, biopsy, surgery were recommended.

The patient turned to us. It turned out that he had been ill for only about 10 days. Within 4 days there was a temperature up to 38 ° C, chills, which disappeared after taking the medication. But soon the left eye turned red and became very painful. The oculist diagnosed conjunctivitis, prescribed drops and ointment. The pain and redness of the eye intensified, the protrusion of the left eye appeared and began to grow, the edema of the left infraorbital region. The otolaryngologist recommended a CT scan.

Diagnostics on the equipment of the IMEDIS Center revealed leptospira, which caused extensive inflammation of the sinuses of the nose, spreading to the left eye. We selected and assigned frequency programs. The patient's condition began to improve rapidly. At the insistence of his relatives, doctors, on the 4th day from the beginning of our treatment, we had a CT scan. By this time, the swelling of the face, redness and protrusion of the eye had passed.

CT findings from 04/15/2015: residual effects of inflammatory

changes.

Follow-up - 2 years. The patient is healthy and working. Unfortunately, detection of tumors on CT scan has a hypnotic effect on many doctors. And when conducting differential diagnosis, leptospirosis is not taken into account.

6. Patient MV, 46 years old. Diagnosis: brain tumor. According to the patient, 4 months back he had almost constant headaches in the frontal region, memory worsened. He was treated in the hospital. Epileptic convulsions developed in the evening 2 months later. The patient was urgently hospitalized. After treatment with antiepileptic drugs and dexamethasone, seizures did not recur.

MRI result: tumor of the right frontal lobe of the brain with hemorrhage, astrocytoma? glioblastoma? The tumor diameter is 36 mm. Blood tests and other tests are normal. The patient was sent to the Moscow Institute of Neurosurgery. The result of the research carried out there: the diagnosis should be differentiated between lymphoma, herpetic encephalitis, anaplastic glioma. To clarify the diagnosis, we decided to do an operation - a stereo tactical biopsy. Scanning the brain with contrast revealed a slight edema of the brain tissue and a tumor measuring 2.5-3 mm. In such situation. The doctors decided to finish the operation. It was recommended to have an MRI scan in 1 month.

The patient came to us on the recommendation of our former patient. Using the equipment of the IMEDIS Center, we diagnosed leptospirosis with inflammation of the pia mater and brain tissue. We selected and assigned frequency programs. Follow-up - 1.5 years. The patient has no complaints.

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