

## Treatment of autoimmune thyroiditis with bioresonance therapy and vegetative resonance test O.V.

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## Treatment of autoimmune thyroiditis with bioresonance therapy and vegetative resonance test

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## RESUME

Research results of diagnostics and therapy of autoimmune thyroiditis (Hashimoto's thyroiditis) with complex use of vegetative resonance test (VRT) and bioresonance therapy (BRT) are presented. It's shown that diagnostics and therapy of this nosology with these methods has its peculiarities. A uniform algorithm for diagnostics and therapy of thyroiditis is used in this research, what can be considered as a significant step of VRT and BRT methods towards evidence based medicine. The conclusion about hidden conditionality of autoimmune thyroiditis by chronic viral infections was done. New controlling signals (informational preparation Anaferon, Triton regeneration and Triton metamorphosis) showed as effective measures for antiviral and rehabilitation direction of Hashimoto's thyroiditis therapy were tested.

Keywords: Hashimoto's thyroiditis.

## SUMMARY

The paper presents the results of a study on the diagnosis and treatment of autoimmune thyroiditis (Hashimoto's thyroiditis) using the combined use of autonomic resonance test (ART) and bioresonance therapy (BRT). It is shown that both diagnostics and therapy of this nosology have their own characteristics due to the use of these methods. The study used a uniform algorithm for the diagnosis and treatment of thyroiditis, which can be considered as an essential step of ART and BRT methods towards evidence-based medicine. The conclusion is made about the latent causation of autoimmune thyroiditis by chronic viral infections. New control signals were tested (information drugs Anaferon, Triton regeneration and Triton metamorphosis), which proved to be effective tools, respectively,

Key words: Hashimoto's thyroiditis.

The development of new methods of therapy for autoimmune thyroiditis (Hashimoto's thyroiditis) is an urgent problem of modern medicine. The orthodox (generally accepted) approach to their treatment is only substitution therapy, not restorative therapy. Therefore, it is guaranteed to give adverse long-term consequences (complete or partial degeneration of thyroid tissue) [1]. The possibility of approaching Hashimoto's thyroiditis as a disease of viral etiology, autoimmune in the form of its course, is not sufficiently highlighted in the available literature.

In the course of the study, the authors tested two hypotheses regarding the nature and methods of therapy for autoimmune thyroiditis:

- autoimmune thyroiditis may be due to latent chronic a disease of the thyroid gland of viral etiology, which, due to certain features of the patient's constitution, proceeds, externally, as an autoimmune process. Therefore, the elimination of a viral infection affecting the thyroid tissue will stop the development of the disease and alleviate the patient's condition;

- subsequent restoration of tissues and functions of the thyroid gland can be carried out using special regeneration signals: recording of the regeneration process of a newt limb (signal "Triton regeneration")

The authors used the autonomic resonance test (ART) to diagnose the processes occurring in the thyroid gland, and the methods of bioresonance therapy to construct control signals for the therapy of autoimmune thyroiditis.

#### Research Objectives

1. Development of a unified standard algorithm for diagnostics and therapy Hashimoto's thyroiditis in the framework of the systemic nosological approach.

2. Testing the hypothesis of the latent causation of autoimmune thyroiditis chronic viral diseases of the thyroid gland.

3. Checking the developed algorithm for diagnostics and therapy of thyroiditis Hashimoto's.

4. Evaluation of the effectiveness of information drugs Anaferon (electronic copy), Triton regeneration and Triton metamorphosis as integral elements of the complex therapy of Hashimoto's thyroiditis.

#### Study design

The study was conducted in 2012–2014. in the clinic "Vitamed", Gabrovo. The study involved 16 female patients with Hashimoto's thyroiditis, aged 9 to 65 years. The duration of the disease at the time of treatment in different patients ranged from several months to 17 years. All patients gave informed consent to the study. In all cases, also with the informed consent of the patients, no other methods of treatment were used, except for the information therapy described below and hormone replacement therapy, which was canceled as the patient's condition improved. At the beginning of the examination, all patients who took part in it took the drug L-thyroxine in doses ranging from 50 to 150 mg per day.

For diagnostics and therapy, an apparatus was used for

electropuncture diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy according to BAT and BAZ "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005

### Survey scheme

In all cases, the patient underwent primary and repeated general diagnostics using the ART method, in accordance with the approved methods [1-3].

In particular, to assess the general health of a patient using ART, his biological indices, adaptation reserves, the presence of radioactive, electromagnetic and toxic burdens, the degree of oncological resistance, and others were determined.

The examination to determine the state of the patient's thyroid gland included the following sequence of tests:

1. Testing of organopreparations of the thyroid gland in potencies D3-D30 with the purpose of determining her dysfunction. Test-indicators of organopreparations of the thyroid gland, giving a resonant response, were combined into a total test-indicator  $\Sigma$  of organopreparations of the Thyroid gland.

2. Detection of resonance chains of  $\Sigma$  Organopreparations of the Thyroid gland  $\downarrow +$  Degree of catabolism activity  $\uparrow$  in order to determine the average (by the amount of organopreparations) indicators of its anabolism or catabolism.

3. Revealing resonance chains of the type  $\Sigma$  Organopreparations Thyroid Glands  $\downarrow +$  Degree of catabolic activity  $\uparrow +$  Degree of acidity  $\downarrow$  in order to determine the average indicators of its acid-base balance.

4. Identification of resonance chains of the type  $\Sigma$  Organopreparations Thyroid Glands  $\downarrow +$  Degree of catabolic activity  $\uparrow +$  Degree of acidity  $\downarrow +$  Degree of tension / depletion of the ANS  $\uparrow$  in order to determine the state of its autonomic innervation.

5. Identification of resonant chains of the type  $\Sigma$  Organopreparations Thyroid Glands  $\downarrow +$  Degree of catabolic activity  $\uparrow +$  Degree of acidity  $\downarrow +$  Degree of tension / depletion of the ANS  $\uparrow +$  Anaferon  $\downarrow$ , in order to confirm the viral etiology of the pathological process in it.

The Anaferon test-index was chosen as an indicator of the viral etiology of the pathological process due to the fact that in the presence of viral burden the body's need to produce excess amounts of interferon increases, and, consequently, its sensitivity to factors that reduce the amount of this protein. This thesis completely correlates with the provisions [2], according to which a drug suitable for therapy gives a positive test.

6. Identification of resonant chains of the type  $\Sigma$  Organopreparations Thyroid Glands  $\downarrow +$  Degree of catabolic activity  $\uparrow +$  Degree of acidity  $\downarrow +$  Degree of tension / depletion of ANS  $\uparrow +$  Anaferon  $\downarrow +$  Nosode of the Virus  $\uparrow$ , in order to determine the specific type of virus that caused the pathology.

7. The criterion for making an ART diagnosis "Thyroid disease viral etiology" was the identification of at least one resonant chain of the form  $\Sigma$

Organopreparations of the Thyroid Gland ↓ + Degree of catabolic activity ↑ + Degree of acidity ↓ + Degree of tension / depletion of ANS ↑ + Anaferon ↓ + Nosode of the Virus ↑.

The testing procedure, in order to determine the state of the thyroid gland, as well as the subsequent therapy algorithm, did not differ for patients of different age groups.

#### Therapy regimen

The therapy was carried out in accordance with the methodological guidelines for BRT [4] in two stages: at the first stage, the task was to eliminate viruses, presumably parasitizing in the patient's thyroid gland, at the second stage, to regenerate thyroid tissue and restore its functions. The systemic nosological approach (SNP) to therapy was used, which consists in step-by-step compensation with therapy drugs for the patient's individual test-indicator - KMH and its subsequent enhancements. (The patient's test indicator KMH is the sum of biologically significant signals "written off" using special BRT techniques from the end and nodal points of the main chiroglyphic lines of his palms [5]). Gains KMX, hereinafter referred to as KMX2, KMX3 and so on, were carried out on the device "IMEDIS-EXPERT", by rewriting the original test-pointer through container No. 4 of this apparatus for a certain amount of homeopathic grains placed in a glass located in container No. 1. In the process of rewriting, it was checked that the amount of homeopathic grits for which it is applied is sufficient for a direct positive test (the effect of "lowering the measuring level").

In all cases, and at all stages of therapy, the initial (non-amplified) CMH of the patient was made at the beginning of the next therapy session. Subsequent enhancement of CMH was always created after the initial enhancement was compensated, at the previous step of the SNP, preceding the therapy drug, the tested dose of which was taken by the patient. In work, the Nth gain of KMX is designated KMX-N, for example, KMX-2, KMX-3, and so on.

When describing therapy drugs, the following abbreviations are used:

- electronic potency  $Pot_{\alpha}$ , drug Z, obtained by rewriting it from container No. 2 to container No. 1, with the position of the knob of the regulator of amplification of the signal of the AIC "IMEDIS-EXPERT" in the position  $\alpha$ , and compensating the individual test-indicator KMX (respectively KMX-N), that is, such that:

$KMX \downarrow + Pot_{\alpha} Z \uparrow$ ,

denoted, briefly, through  $Z / KMX$  (respectively,  $Z / KMX-N$ ). The value of  $\alpha$  is not included in the final designation of the resulting drug, since it is an individual parameter that depends on the ratio of the effects of drugs Z and KMH on the patient's body;

- the electronic potency of the blood autosode (ANKr-a) of the patient, the KMX marker compensating for it is designated as  $NANKr / KMX$ . If this autosode was previously rewritten through container No. 3 of the "IMEDIS-EXPERT" apparatus, then the corresponding preparation is designated as  $iNANKr / KMH$ ;

- special drugs - Systemic Spiritual Adapters described in [6] and abbreviated as ATS.

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At the first stage, all patients received the following set of drugs aimed at eliminating viruses parasitizing in the thyroid gland:

1. NANKr / KMX or (iNANKr) / KMX, depending on whether there was positive or negative False polarity test.

2. Cerebral response to the patient's therapeutic resonance load chain (mall):

$\Sigma$  Organopreparations of the Thyroid gland  $\downarrow$  + Level of catabolism  $\uparrow$  + Degree of acidity  $\downarrow$  + VNS voltage  $\uparrow$  + Anaferon  $\downarrow$  + Potentiated snake venom  $\uparrow$  / KMX-2.

In the process of building this chain, test indicators were used for the Levels of catabolism, the Degree of acidity and the VNS voltage, which were identified during the diagnostic ART examination.

Potentiated Snake Venom is an electronic copy of the snake venom homeopathic remedy taken from the selector. As "Potentiated snake venom" such a homeopathic preparation of snake venom and such a potency were selected that ensured the fulfillment of the following condition:

KMH2  $\downarrow$  + SEC  $\uparrow$  (1)

It was always possible to find such a drug, and often there were several of them. In the course of therapy, all snake venom test indicators found in the selector were used, most often Lachesis, Crotalus, Naya and Elaps. Virus nosode condition  $\downarrow$  + "Potentiated snake venom"  $\uparrow$  has not been tested. Condition (1) was considered the criterion for choosing the constructed resonance chain for therapy.

3. SDA / KMH-3.

This scheme was repeated several times (from 2 to 6) until criterion A was met:

Criterion A. Absence of a positive test with viral nosodes, with filtration through the composite test-index  $\Sigma$ Organopreparations of the thyroid gland: if ( $\Sigma$ Organopreparations of the thyroid gland)  $\downarrow$ , then ( $\Sigma$  Organopreparations of the thyroid gland + Nosode of the virus)  $\downarrow$ , for all viruses in the selector nosodes.

Criterion A was used as a criterion for the end of the stage of antiviral therapy.

If criterion A was met, criterion B was checked. Criterion B. Against the background of fulfillment of criterion A, a positive test:

- with at least one of the potencies of the thyroid gland organopreparations, so that it is possible to construct a composite test-index  $\Sigma$ Organopreparations of the thyroid gland  $\downarrow$ ;
- at least one of the potentials of newt regeneration preparations, during filtration through the composite test-pointer  $\Sigma$ Organopreparations of the thyroid gland  $\downarrow$ , so that for this potency the following condition is fulfilled:  $\Sigma$ Organopreparations of the thyroid gland  $\downarrow$  + Potency of Triton regeneration  $\uparrow$  or + Potency of Triton metamorphosis  $\uparrow$  ".

Criterion B was used as a criterion for the body's readiness to restore the functions (regeneration) of the thyroid gland.

If criteria A and B were met simultaneously, the doctor proceeded to the stage of restoration of functions (regeneration) of the thyroid gland according to the scheme:

1. Cerebral response to the patient's load with a resonant chain " $\Sigma$

Organopreparations of the thyroid gland ↓ + Potency Triton regeneration ↑ or +  
Potency Triton metamorphosis ↑ "/ KMH;

2. SDA / KMH-2,

which was also repeated one to three times.

In the case when criterion A was met, but criterion B was not met, the patient underwent intermediate constitutional therapy according to the scheme:

1. NANKr / KMH;

2. Cerebral response to the patient's load with a test indicator Element selected based on the criterion: Element / KMX 2, that is, KMX 2 ↓ + Element ↑;

3. SDA / KMX3,

up to the fulfillment of criterion B. After that, they proceeded to the stage of restoration of the thyroid gland functions.

Thyroid hormones and TSH were monitored monthly. As the gland recovered, the daily dose of L-thyroxine taken by the patient decreased, up to cancellation.

The duration of therapy, carried out according to the specified algorithm, ranged from 9 months to 2.5 years, depending on the age, individual constitution, duration of the disease and the degree of damage to the patient's thyroid gland at the time of initiation of treatment.

## Research results

### Diagnostics

The ART diagnosis "Viral thyroid disease" was made to all 16 patients who applied, although, of course, the degree of thyroid lesion (tested potencies of the corresponding organopreparations), the revealed degrees of catabolism, acidity and tension or depletion of the ANS were different. In all cases, catabolic processes of varying degrees of activity and an acidic state of tissue metabolism in the patient's thyroid gland were revealed, which was noted by the type of diagnostic and therapeutic resonance chains used in the work.

Were identified different types of viruses, tested in the tissues of the thyroid gland of the examined.

From the above table, it can be seen that Epstein-Barr viruses, Cytomegalovirus, Herpes Zoster, Herpes simplex, Herpes type 6, and measles and rubella, influenza and ARI viruses were detected (up to 8 different viruses in one of the patients). For example, Coxsackie viruses were not detected.

Note the weakly expressed cumulation (accumulation) of the identified test-indicators of nosodes of viruses with increasing age of the patients. This cumulation, apparently, can be explained by repeated viral infections of the already weakened thyroid tissue.

Table 1

Test pointers for nosodes of viruses detected in patients:

Пациент	Возраст, лет	1. Герпес симплекс	2. Герпес зостер	3. Герпес Тип 6	4. Цитомегаловирус	5. Эпштейн- Барр	6. Вируссы гриппа	7. Корь	8. Краснуха	9. Аденовирусы
1. А	9		+					+		
2. Б	17	+	+						+	
3. В	19					+	+			
4. Г	20					+				
5. Д	22	+	+			+				
6. Е	27		+					+		+
7. Ж	30	+	+					+	+	
8. З	32			+		+				
9. И	33			+	+			+		
10. К	35						+		+	
11. Л	35	+	+		+	+	+	+	+	+
12. М	40	+								+
13. Н	43		+	+	+	+		+		
14. О	52	+					+			+
15. П	56					+		+	+	
16. Р	65	+			+	+				

### Therapy

In all 16 cases, after several cycles of antiviral therapy (the first stage of therapy), criterion A was met, which, within the framework of ART and BRT, can be considered as the elimination of viruses from the thyroid gland. After the elimination of the viral burden, the drug Anaferon was always stopped being tested, but, as a rule, some potencies of the organopreparations of the thyroid gland (others, compared to the beginning of therapy) were continued to be tested. That is, by the end of the stage of antiviral therapy, the function of the thyroid gland was not fully restored in any patient. In all cases, however, a partial restoration of its function was noted, which was manifested in the dynamics of the tested potencies of the organopreparations of the thyroid gland: the disappearance of autonomic resonances with the lowest (of those tested before the start of therapy) their potencies.

In 11 cases out of 16, when criterion A was fulfilled, criterion B was simultaneously fulfilled, that is, the state of the patient's body, after the completion of antiviral therapy, made it possible to immediately proceed to the stage of restoration of thyroid gland functions.

In 5 cases, the state of the patient's body required an additional stage of constitutional therapy, and in three cases Iodine acted as a constitutional element, in one case Selenium and in one case Silicea (Silicon). In these 5 patients, criterion B began to be met

after 1–3 month cycles of constitutional therapy, which made it possible to proceed to the stage of restoration of thyroid gland functions in them as well.

By the end of therapy, all 16 patients had:

1. Complete restoration of thyroid function, confirmed the results of hormonal studies (thyroid hormones and TSH are normal, against the background of complete abolition of L-thyroxine).
2. Absence of signs of thyroid lesion during ultrasound; examination. Table 2 shows the dynamics of reducing the doses of L-thyroxine and the normalization of the hormonal status of patients during therapy.

Here, the first group of measurements corresponds to the condition of patients at the beginning of the examination, the second to the end of the cycle of antiviral therapy, and the third to the end of treatment (clinical recovery).

The follow-up of therapy to date ranges from 2 months to 3.5 years. No relapses were noted.

table 2

Dynamics of the hormonal status of patients during therapy

Паци- ент	Возраст лет	Доза заместитель- ной терапии при об- ращении. L-тироксин	До лечения			После цикла проти- вовирусной терапии			По окончании лечения		
			T3	T4	TTГ	T3	T4	TTГ	T3	T4	TTГ
1. А	9	125 mg	3.06	11.93	4.16	2.99	12.11	2.34	2.82	10.67	2.03
2. Б	17	75 mg	5.4	12.40	4.12	5.10	12.14	4.42	5.75	14.17	3.53
3. В	19	75 mg	3.65	15.33	3.48	4.17	15.45	3.79	3.66	12.12	3.17
4. Г	20	150 mg	2.10	9.55	21.66	2.55	10.48	14.14	2.88	12.10	4.10
5. Д	22	150 mg	2.57	11.77	10.89	2.98	11.84	6.58	3.13	12.73	4.01
6. Е	27	150 mg	2.77	12.77	12.56	3.32	11.55	5.12	3.03	12.32	4.02
7. Ж	30	150 mg	3.01	10.51	14.42	5.01	12.97	5.44	3.72	11.44	3.97
8. З	32	50 mg	2.08	9.85	2.09	2.78	10.53	4.89	3.11	11.26	3.52
9. И	33	100 mg	2.69	10.32	3.55	3.14	10.43	3.12	2.48	9.97	3.01
10. К	35	125 mg	3.52	10.33	3.04	3.41	9.98	4.32	2.53	10.02	3.96
11. Л	35	50 mg	5.01	12.55	3.32	3.12	10.18	4.12	2.95	9.77	2.08
12. М	40	50 mg	3.15	11.44	2.73	2.94	10.77	4.03	2.99	10.97	3.16
13. Н	43	75 mg	4.32	12.55	4.11	3.51	12.00	3.74	3.51	10.44	2.53
14. О	52	125 mg	3.65	10.32	3.42	3.76	10.72	3.94	3.97	11.02	3.01
15. П	56	100 mg	2.75	9.94	2.04	3.79	9.98	3.69	2.98	9.88	2.77
16. Р	65	150 mg	2.95	9.38	2.77	3.49	10.72	3.99	3.84	11.67	3.01

## Discussion

1. Type of diagnostic resonance chains identified in patients in general, it is combined with the idea of Hashimoto's thyroiditis as an inflammatory process of viral etiology that occurs in the thyroid gland. This approach should be considered, in a sense, an alternative to orthodox ideas about the etiology of this disease [10]. Therefore, in the course of therapy, it is necessary to take into account (not reflected in the ART diagnosis!) The autoimmune component of the pathological process, regardless of whether it is primary or secondary.

2. It was precisely taking into account the autoimmune component that the choice of the type therapeutic resonance chain. Replacing the detected Nosodes of viruses with



"Potentized snake venom" was due to the authors' ideas about the mixed action of potentiated snake venoms. These drugs, from our point of view, successfully combine antiviral and anti-immune action.

3. Also, taking into account the autoimmune component, the choice of criterion B is determined, to start the restoration of the thyroid gland and the presence of the drugs Triton regeneration and Triton metamorphosis in the therapeutic signal at this stage. The fact is that, according to the authors, Triton's preparations have a pronounced anti-autoimmune effect, which ordinary organopreparations do not have. Pilot attempts to restore thyroid tissue using pure organopreparations led to an increase in antibody titers and recurrence of the pathological process.

4. Tab. 2 should only be considered in conjunction with table. 3 reflecting the dynamics of decreasing the daily dose of L-thyroxine. In the normal course of the disease, the indicators of the hormones T3, T4 and TSH with the introduction of a suitable dose of Lthyroxin. Since initially all patients received this dose, what matters in this case is not a change in the amount of hormones T3, T4 and TSH during therapy, but, on the contrary, the preservation of the normal corridor in which the reference values of the concentration of these hormones are located, subject to a gradual decrease in and, finally, the abolition of the daily dose of L-thyroxine.

5. Of course, more research is needed to allow link the orthodox and proposed approaches to autoimmune thyroiditis. It is possible that a genetic predisposition to this disease causes an inadequate immune response to a number of viruses that enter the thyroid gland. As a result, instead of eliminating the virus, autoaggression to its tissues occurs, which leads to the development of the disease. In this case, the elimination of viruses can lead to the cessation of the autoimmune response and complete recovery, which is not allowed by the modern paradigm.

Table 3

Dynamics of the daily dose of L-thyroxine during and after therapy

Пациент	Возраст лет	Суточная доза L-тироксин до начала терапии (на момент ее начала)	Суточная доза L-тироксина после окончания первой (антивирусной) фазы терапии	Суточная доза L-тироксина после первого цикла терапии с целью регенерации	Суточная доза L-тироксина после окончания терапии
1.	9	125 mg	75 mg	25 mg	0 mg
2.	17	75 mg	25 mg	12.5 mg	0 mg
3.	19	75 mg	50 mg	25 mg	0 mg
4.	20	150 mg	75 mg	50 mg	0 mg
5.	22	150 mg	100mg	75 mg	0 mg
6.	27	150 mg	50mg	12.5 mg	0 mg
7.	30	150 mg	75 mg	50 mg	0 mg
8.	32	50 mg	25 mg	6.25 mg	0 mg
9.	33	100 mg	25 mg	6.25 mg	0 mg
10.	35	125 mg	50 mg	12.5 mg	0 mg
11.	35	50 mg	25 mg	12.5 mg	0 mg
12.	40	50 mg	12.5 mg	6.25 mg	0 mg
13.	43	75 mg	50 mg	12.5 mg	0 mg
14.	52	125 mg	75 mg	50 mg	0 mg
15.	56	100 mg	75 mg	50 mg	0 mg
16.	65	150 mg	75 mg	25 mg	0 mg

#### conclusions

1. A unified standard algorithm for the treatment of Hashimoto's thyroiditis has been developed within the framework of the systemic nosological approach.
2. It has been shown that, from the standpoint of ART, the main etiological factor Hashimoto's thyroiditis is a chronic viral infection that parasitizes the thyroid gland.
3. The developed algorithm for the treatment of Hashimoto's thyroiditis showed a high effectiveness in a pilot clinical trial.
4. Shown the effectiveness of information drugs Anaferon, Triton regeneration and Triton metamorphosis as integral elements of the complex therapy of Hashimoto's thyroiditis at the stage of restoring the functions and substrate of the patient's thyroid gland.

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