ELIS Research and Development Enterprise

Electromagnetic Field Treatment Device

DETA AP-20

Guidelines

The latest scientific opinions on the fight against parasites

A unique medical procedure

DETA·ELIS

MISSION TO CURE

Guidelines developed by:
S.P. Konoplev,
T.N. Ghannam

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Guidelines

Foreword: History of the Invention and Evidence

The history of the "DETA-AP-20" device's invention dates back to the beginning of the last century. The first investigations into the impact of various frequencies on viruses, bacteria, helminths, fungi and protozoa was undertaken by Royal Raymond Rife, who spent more than two decades in painfully laborious research to discover an incredibly simple and new approach to curing literally every disease on the planet.

In 1920, Rife built a universal microscope which was capable of magnifying objects 60,000 times their normal size. Rife became the first human to actually see a live virus.

And this took place back in an age when electronics and medicine were still just evolving. Rife painstakingly identified the individual spectroscopic signature of each microbe, using a slit spectroscope attachment. He slowly rotated block quartz prisms to focus light of a single wavelength upon the microorganism he was examining. This wavelength was selected because it resonated with the spectroscopic signature frequency of the microbe based on the now-established fact that every molecule oscillates at its own distinct frequency. The result of using a resonant wavelength is that microorganisms which are invisible in white light suddenly become visible when the color frequency resonates with their own spectral signature.

Rife was thus able to see these previously invisible organisms

and observe them actively invading tissue cultures. Rife began to develop a method to destroy these tiny killer viruses. He used the


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same principle to kill them, which made them visible: resonance. By increasing the intensity of the frequency emission which resonated with these microbes, Rife increased their natural oscillations until they were destroyed by this frequency. Rife called this frequency "the mortal oscillatory rate", or "MOR", and importantly, it did no harm to the surrounding tissues.

It took Rife many years until he discovered the frequencies which specifically destroyed herpes, polio, spinal meningitis, tetanus, influenza, and an immense number of other dangerous disease organisms.

Unfortunately, the genius of Royal Rife was not recognized by his contemporaries. The pharmaceutical industry was against conducting painless therapy that cured 100% of patients and did not cost anything, apart from a small amount of electricity. Orthodox medicine, unfortunately is expensive medicine, and resents and seeks to neutralize and/or destroy those who challenge it.

In 1971, Royal Rife died at the age of 83. Fortunately, his death was not the end of his electronic therapy. A few humanitarian doctors and engineers reconstructed his tools, and kept his genius alive. Rife technology became public knowledge in 1986 with the publication The Cancer Cure That Worked of Barry Lynes.

Physical and biological basis of the method

The main sources of electric and electromagnetic signals in humans are: muscle activity, for example, rhythmic contractions of the heart muscle, bio-electrical activity, i.e. transmission of electrical impulses from sensory organs to the brain and signals from the brain to the organs and the metabolic activity of organs and systems, i.e. the body's metabolism. Many microorganisms, protozoa, fungi, bacteria and viruses, do not have nervous and muscular systems, so the source of electrical and magnetic fields is their only metabolic activity. Any life form has its own unique spectrum of frequencies, i.e. it has its own specific vibration spectrum characterizing the specificity of the metabolic processes (metabolism) that occurs in it, as well as the nature of chemical bonds in macromolecules of pathogens. From the point of view of biophysics, metabolism is association and dissociation, formation of new and collapse of previous compounds, i.e. what distinguishes living things from non-living matter. This process involves charged particles: ions, polarized molecules and dipoles of water molecules. The movement of any charged particle creates a magnetic field around it, and the accumulation of charged particles creates an electric potential. These assumptions allow recovery in a person which is not chemical, i.e. medicinal, but from physical methods, in particular the influence of electromagnetic fields (EMF). Metabolic processes occurring in the infectious agent produce electromagnetic waves with a frequency that depends on the intensity of metabolism and its character.

Under the influence of active energy with resonance frequency on chemical bonds in macromolecules of pathogens,

there is a sharp increase in oscillations and, consequently, the destruction of chemical bonds in them and destruction of infectious agents. In order to suppress the vital activity of certain microorganisms, it is not necessary to introduce antibiotics, antiparasitic or antifungal agents into the body, i.e. use harmful methods of drug therapy. Knowing the frequency of metabolic activity of certain agents can act on their frequency oscillations, which would disrupt their own rhythms and thereby inhibit their normal vital activity. Figuratively speaking, the aim of therapy is, by broadcasting specific frequencies, to deactivate fungi, viruses, bacteria, protozoa and helminths that have infiltrated the body, and enable excretion from the body of toxins resulting from their destruction, without harm to the body, due to the impact of dynamic frequencies on the chemical bonds in macromolecules of the causative agents.

Resonant frequency therapy based on the frequencies Royal Rife, can effectively treat diseases caused by pathogens of any kind, different localization in organs and tissues throughout the process, without harm to the pathogen.

Years of development at ELIS Research & Development Enterprise have ended in success, and now a device that implements this unique technique has become available to a wide range of customers. Today's "DETA-AP-20" medical device uses Rife's frequencies to destroy bacteria.

During large-scale clinical trials of the "DETA-AP" device carried out for ELIS Research & Development Enterprise, leading specialists from medical clinics in Russia proved the high effectiveness, safety and ease of use of the electromagnetic therapy instrument in inpatient and outpatient conditions for

many diseases of infectious nature. The clinical effectiveness of "DETA-AP-20" medical device as monotherapy is comparable with, and in many cases exceeds, multi-component drug therapy, which allows fast, pronounced and complete recovery of many hard-to-treat diseases. The use of specially selected programs of electromagnetic therapy significantly reduces symptoms and reduces the likelihood of complications. The "DETA-AP-20" treatment device is compatible with all known therapy methods. It can reduce the use of drugs in complex use of the device with the latter. The application of electromagnetic therapy may provide invaluable assistance in the event of contraindications to medical therapy, such as allergies, for example. There are currently no portable electromagnetic therapy devices similar to "DETA-AP" that implement Rife methodology.

The creating of the "DETA-AP" electromagnetic therapy medical device opens up new possibilities in the treatment and physiotherapy of complex pathologies, and for the first time places the method on a par with modern highly therapeutic techniques.

The application of the "DETA-AP-20" device has no contraindications and can be used in adults and children, from birth, subject to observation of treatment methods.

Medical device "DETA-AP-20" can be programed with any twenty of the 1,500 available treatment programs. As a result of statistical analysis, the most common and most aggressive pathogens were selected for the starter set.

Preface

The deplorable global statistics for parasitic diseases served as the reason for creating this set of programs. The urgency of the problem is that all doctors of traditional medicine are certain of the current epidemic of parasites while conventional medicine does not conduct statistical surveys or research in this area. Parasitic diseases have no symptoms per se and may appear in the form any disease. Moreover, the waste products of parasites have a profound toxic effect on the body, complicating the course of somatic disease. Existing treatment regimens do not envisage detoxification and antiparasite therapy, but are most often directed towards suppressing symptoms, and as a result - leading to more toxic stress. In general practice, there is no suspicion for parasites. Tests for helminths and protozoa are very rarely prescribed. Also, these diagnostic methods used at present provide poor results. However, complications caused by parasites, deserve particular attention.

Everybody thinks that the issue is not one of personal concern. However, if you have ever experienced any of the following, then there is a possibility you are infected:

- You have pets.
- You have eaten unwashed vegetables, fruit or berries.
- You have eaten rare/raw meat, fish or seafood.

Moreover, helminth eggs can be present on banknotes, the handrails of public transport, in earth and water, i.e. everywhere.

What is the situation? There is only one: to start treatment today. Today's market is filled with all sorts of agents "protect-

ing against worms". These include well-established agents and agents with unproven effects. We must remember one thing: the death of the parasites is will cause toxic stress. Above all, the body must be eliminated of toxins that have already accumulated before antiparasitic treatment.

List of treatment programs

1. Drainage therapy

A necessary element in creating an effective schedule of antiparasite therapy is observance of specific phasing in the restoration of disrupted regulatory processes in the body, activating the detoxification function, and stimulation of protective immune mechanisms. It is influence in key areas on the diseased body that leads to change, without which it is usually impossible to provide a new quality of health with the presence of a pathological process.

The main stage of any treatment of acute and chronic diseases should of course be to eliminate the level of intoxication syndrome. This is the aim of drainage therapy. Irrespective of the specific clinical symptoms of intoxication and localization of the main pathological process, at the same time as the treatment programs, a targeted impact on the function of certain organs and systems is conducted, which is, above all, the activation of excretory functions of the body. Since the accumulation of toxins occurs for the most part in the intercellular space and is excreted by the lymph, it is necessary to help the body rid itself of toxins by targeting the lymphatic system. Impact on the lymphatic and immune systems in drainage therapy not only eliminates toxins, but also increases resistance to infection.

Application:

The “Drainage therapy” program should be conducted after the end of treatment programs. The frequency of application depends on the degree of intoxication: the higher toxicity, the

more frequent the need to use it. The drainage program can be used 2-4 times a week. It will reduce the potential consequences associated with active destruction of microorganisms during treatment programs. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

2. Ascarids

According to WHO, almost 75% of the world's population is infected with parasites, regardless of quality of life! This statistic is the same for developing countries and prosperous, developed countries.

According to the same source, a large number of diseases are either directly caused by parasites, or are the result of the life of parasites in our bodies! Currently, the most common helminthiasis is ascariasis (often as enterobiasis).

Pathogen. Ascariasis occurs because due to parasitism of large roundworm (ascaris lumbricoides) in the human body.

In ascariasis, the only source of infection is the infected person. Eggs excreted in the stool are not infectious, so people with ascariasis cannot infect others, even in close everyday communication. Helminth eggs excreted in feces of should reach maturity by developing in soil. Formation of the larvae in the egg takes place in 10-12 days under favorable conditions.

Human infection with ascarid eggs takes place by contact of the human body with contaminated water, unwashed fruit or vegetables or from unwashed hands.

Pathogenesis. Mature eggs swallowed by a human turn into larvae in the small intestine, and they penetrate the intestinal wall, enter the blood capillaries and then migrate through the bloodstream to the liver and lungs. In addition to the intestine, liver and lungs, ascarid larvae are also occasionally found in the brain, eye and other organs. They feed on blood serum and erythrocytes. In the lungs, the larva actively enter the alveoli and move to the oropharynx where sputum is swallowed with larvae. Once in the intestine, the larvae reach maturity within 70-75 days, when the female will lay eggs. The life expectancy of adult ascarids is up to one year, after which it dies and is excreted together with the feces. Therefore, the presence of ascarids in one person for several years is only explained by re-infection.

The symptoms of early-phase clinical manifestations of ascariasis caused by ascarid larvae migration in the bloodstream are diverse. Moderate infection at this stage is often asymptomatic.

In the event of mass infection, there is general weakness, malaise, headache, fatigue, and the appearance of itchy rashes on the skin, such as urticaria. Less commonly, there is pulmonary pathology in the form of a cough with phlegm, and with an asthmatic component, shortness of breath and chest pain.

The second, intestinal phase of ascariasis most often occurs with mild symptoms: dyspeptic disorders (unstable stools, pain in the parumbilical area), weight loss, neurasthenia, and diminished work capacity.

However, sometimes there is a serious nature: focal lesions observed in the lungs, hives, fever, bowel obstruction, liver abscesses and appendicitis. Ascariasis enables the progression of infectious diseases in chronic form, and worsens the course of many diseases.

Accurate diagnosis of first-phase ascariasis is based on detection of ascarid larvae in the sputum. Radiography may be of great help in the migration phase of ascariasis. Diagnosis of the late (intestinal) stage is based on the detection of ascarid eggs in the feces. The intestinal phase of ascariasis, excretion of ascarid eggs is possible, provided that there are individuals of different sexes in the intestine. If ascariasis is suspected, tests should be carried out three times with intervals of 1-2 days. Enzyme-linked immunosorbent assay (ELISA) is widely used in modern laboratory diagnosis of ascariasis.

Application:

The "Ascaris" program is used for one month at all phases of ascariasis. The frequency of use is no more once every 3 days. The course of treatment is not less than 10 sessions.

After the "Ascaris" antiparasitic program, the "Drainage therapy" detoxification program is recommended. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

It is necessary to normalize the stool: empty the intestines every day for effective elimination of parasites and their toxins. It is advisable to combine the anti-worm program with taking

infusions, or tinctures (wormwood, hairgrass, burdock root, cloves, etc.). In an overreaction of the body, enterosorbents can be used.

The criteria for cure is the disappearance of clinical appearance and the absence of helminth eggs in feces (after testing three times).

3. Pinworms

The disease caused by pinworms is called enterobiasis. This is a very common disease, often appearing in children. It must be remembered that if helminthiasis is found in one family member, it is likely that all other family members are infected as well. Therefore, treatment must be carried out by all children and adults in the family at once.

The enterobiasis pathogen is the pinworm. Pinworms are small worms that live in the lower small and large intestines. Pinworm eggs are found in the skin folds around the anus, and they are rarely found in the feces.

Females, containing 5,000-15,000 eggs each, unable to grip on to the intestinal wall, move down to the rectum and crawl from the anus to lay eggs in the perineum. After the laying the eggs, the female dies. The life span is no more than a month. In the event of pinworms penetrating the appendix, they can cause appendicitis.

During sleep, a person infected with pinworms contaminates their hands, nails, and clothes with helminth eggs when

scratching the skin of the perineum. The eggs of pinworms move from bedclothes and hands to all domestic and work goods and foods. Shaking hands is also a way to transfer the eggs of pinworms. After eggs enter the bowel, larvae is produced and after 2-4 weeks they develop into adult worms, and the whole cycle repeats again.

Symptoms. A very important sign indicating the presence of pinworms is itching around the anus, requiring scratching of the area. Itching often occurs in the evening or at night during sleep. Sometimes, abrasions are produced as a result of scratching. On noticing these symptoms, steps are required for dehelmintization.

In young girls, pinworms may make their way into the genital tract. This leads to vaginitis, accompanied by itching. There may be a discharge from the genital tract.

When in the body, pinworms produce toxins that affect the nervous system, causing irritation and depression.

Diagnosis. There is not normally any need to confirm diagnosis, but if necessary, your doctor may conduct a further examination with a piece of adhesive tape and a microscope (adhesive tape is applied to the buttocks and then examined under a microscope; if there are pinworm eggs on the skin, they will be detected).

Application:

The “Pinworms” program is used once every 3 days. The course of treatment is not less than 10 sessions.

For the purpose of detoxification, "Drainage therapy" is recommended after the antiparasite program. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

It is necessary to normalize the stool: empty the intestines every day for effective elimination of parasites and their toxins. It is advisable to combine the anti-worm program with taking infusions, or tinctures (wormwood, hairgrass, burdock root, cloves, etc.). In an overreaction of the body, enterosorbents can be used.

Prevention

To prevent the disease, the cleanliness of hands (especially in children) needs to be monitored, children's nails need to be kept short, thorough washing is required in the mornings and evenings and underwear must be changed daily. In cases of increased risk of infection (kindergartens and summer camps), it is recommended to wear close-fitting underwear which should be changed daily, boiled and ironed. Potties should be rinsed with boiling water.

Observation after treatment continues for 6 weeks. Controlled tests for patients with clinical symptoms are carried out 3 times with an interval of 1-2 days. The first control examination is performed 6-7 days after treatment.

4. Giardia

Giardia is a parasitic protozoan flagellate. Giardia is common in all parts of the world and the incidence is infection is high: one in five people in the world is infected with giardia, and this figure increases considerably every year. Giardia prevalence among children varies from 27-70%.

Humans are the source of infection (patient or carrier). Infection occurs through the mouth by ingestion of food or water contaminated with giardia, and when passing giardia to the mouth with dirty hands. It has been established that the chlorine, most commonly used for water purification, does not have any destructive effects on giardia cysts.

The disease caused by giardia is called giardiasis.

Giardia parasites live in the small intestine, bile ducts and gall bladder. Once in the gastrointestinal tract, they multiply very quickly, irritating the mucous membrane.

Giardia exists in two forms: vegetative (mobile) and in the form of cysts.

Symptoms. When people are infected with giardia, there is pain in the upper abdomen, around the navel, rumbling and bloating of the stomach. There may be constipation alternating with diarrhea (the feces are yellow with mucus). Giardiasis can cause duodenitis, pancreatitis, enteritis, hepatitis and cholecystitis, a manifestation of the disease of local character. Often giardiasis hepatitis is observed: liver enlargement and induration. Often it is associated with lesions of the pancreas.

Giardiasis is often accompanied by symptoms of intoxication: fatigue, tearfulness, lethargy, headaches and depression. This may be due to the decay of giardia and accumulation of their metabolic products in the bowel. Often allergies, joint pain, itching and fever is observed.

Diagnostics include microscopy of the stool or duodenal contents to detect giardia cysts. In chronic forms, the excretion of cysts is periodic, so to confirm the diagnosis, it is recommended to test the feces 3-4 times at various intervals (7-8 days).

Application:

The "Giardia" program is intended for the treatment of giardiasis. It should be carried out at intervals of 1-3 days for 1 month (10-15 times). The frequency of application depends on the state of health after carrying out repetition of the program. If after repeated sessions there is pain in the left upper quadrant, the interval between sessions should be increased. For the purpose of detoxification, "Drainage therapy" is recommended after the treatment program. It can be applied several times daily, as required. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

The criteria for being cured is the disappearance of giardia cysts in the stools or duodenal contents after treatment. It is recommended that testing is carried out 3-4 times at various intervals (7-8 days).

5. Helicobacter

Helicobacter is currently considered as a factor of chronic inflammation of the stomach: helicobacteriosis, which enables the development of gastritis, peptic ulcer and gastric tumors. The World Health Organization defines helicobacter as a group I carcinogen. This means that the impact helicobacter on the incidence of tumors in the stomach and duodenum has been proven. Helicobacter is capable of living in the stomach for a long time, are resistant to aggressive factors in the stomach and can change its acidity. An infected person is a source of helicobacter.

Actively multiplying, the microorganism excretes a number of enzymes that have a damaging effect, promote the secretion of hydrochloric acid and lead to a reduction of the protective properties of the mucous membrane. Helicobacter pylori infection can cause inflammation of various parts of the stomach and duodenum. Moreover, an increase in the number of helicobacter in gastric juices suppresses the immune system.

Symptoms may not appear immediately. Helicobacter becomes active at a time of weakness of the body and during failure of the reactions of the immune system. Stress, a change in diet or acute infections exacerbate disease. The patient is troubled by belching, abdominal pain, a burning sensation and nausea. These unpleasant and painful sensations are caused by the increased acidity of gastric juices, which is a consequence

of helicobacter. Gastric mucous membranes are inflamed, and erosion and ulceration may appear on the surface.

Testing for helicobacter infection is required if:

- you have chronic gastritis, a gastric or duodenal ulcer, which you cannot recover from, and you have not had tests for helicobacter pylori (check this with your doctor);
- a member of your family has helicobacter;
- you have "strange" stomach pain, heartburn, or heaviness in the stomach.

Diagnosis:

High diagnostic accuracy is achieved by combining various methods:

- a blood test. Identification of helicobacter antibodies. They indicate an infection, but the test may be a false negative in the case of recent infection and false-positive after successful treatment;
- fiberoptic gastroduodenoscopy. During the examination of the stomach, an endoscopy, a tiny piece of the gastric mucous membrane is taken (biopsy). It can be examined under a microscope to detect helicobacter.
- breath test: based on a biochemical method for indicating of helicobacter due to urease activity.

Application:

The program should be applied in the event of presence of helicobacter with a gastric or duodenal ulcer, gastritis and gastroduodenitis: daily, once a day for two weeks.

The drainage program must be used to remove intoxication. Depending on the severity of the intoxication syndrome, the

program can be used 1-2 times per day. A prerequisite for carrying out treatment is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

The criteria for recovery is:

- the disappearance of clinical symptoms,
- the absence of helicobacter in fiberoptic gastroduodenoscopy,
- a negative breath test.

If laboratory findings confirm the presence of infection, it is recommended to repeat the treatment.

6. Candida

The diseases caused by fungi are called mycoses. The most common cause of fungal infections are fungi of the candida genus, which stand separately in the classification of fungal infections because they cause a wide range of infections: from relatively "harmless" diseases of the skin and mucous membranes to the deep processes which can affect almost any organ, frequently creating a threat to the lives of patients. According to WHO, one fifth of the world's population suffers, or has suffered from, various forms of candidiasis. Candida is an infection which primarily affects the human body weakened by exposure to various unfa-

vorable factors, changing ecology, extensive use of chemicals at home or at work, and the use of various medicinal agents, particularly antibiotics and immunosuppressants. The growing number of invasive treatment and examination methods with various foreign bodies spending a long time in the bloodstream have led to the fact that over the past two decades, the candida genus, which was a pathogen rarely encountered, has become one of the main pathogens to cause serious infections. In fact, Candida fungi occupy fourth place by frequency of microorganisms excreted from the blood and first place by hospital mortality from septic condition in the U.S. and Europe.

The fungus colonizes on the skin or in the mucous membranes of the organs, such as: in the mouth (thrush, is more commonly found in newborns), in the intestine (the main cause of intestinal dysbacteriosis are fungi of the candida genus) into the vagina (in cases of urogenital candidiasis or thrush) in the urinary tract (in cases of urolithiasis and pyelonephritis). Candidiasis is accompanied as a concomitant infection in many diseases: of the ENT organs, skin and urogenital system. The fungus is much more marked in the presence of diabetes mellitus or other chronic diseases that lead to reduced immunity. The most dangerous candidiasis includes: pulmonary candidiasis, candida meningitis and candida endocarditis.

The duration of the course of candidiasis may be measured in months or even years. In some cases, periodic recurrences occur throughout one's whole life.

Diagnosis.

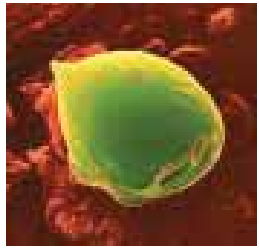
To obtain reliable data, it is most expedient to carry out microscopy of smears in combination with culture methods of examination. Microscopy is one of the most affordable and simplest methods to detect the fungus, its mycelia and spores.

Application:

Candida treatment should begin by eliminating the causes that led to the occurrence of the disease. Antibiotics must be stopped, as should hormonal medication, and metabolism should be restored. The program should be applied 1-3 times per day, depending on the severity of the candida lesions. In mild and moderately severe infections, the program should be applied for 2-4 weeks, in severe cases: more than a month until full restoration of the natural microflora.

The criteria for cure is the disappearance of clinical symptoms and a negative smear microscopy conducted a week after treatment. Detection of candida by a control after this deadline requires repetition of the course of therapy for 2 weeks. It is appropriate to conduct laboratory examination before and after treatment in the same laboratory, using the same diagnostic tests.

7. Trichomoniasis



Trichomoniasis is caused by the trichomonas vaginalis protozoan.

Trichomoniasis occupies first place among diseases of the genitourinary tract. In addition, trichomoniasis is top among sexually transmitted diseases. According to the World Health Organization, 35% of the world's population suffers from trichomoniasis. Men and women suffer from trichomoniasis with equal frequency, although the disease among in men usually goes unnoticed.

Urethritis caused by trichomonas may be accompanied by a slight mucous discharge which does not cause any concern. As men practically remain healthy and unaware of the disease, it is not treated and he serves as a constant source of infection.

Symptoms among men: the disease is usually asymptomatic. Sometimes men with trichomoniasis have the following symptoms: urethral discharge, pain and burning during urination, and lesions of the prostate, which are symptoms of prostatitis. In men, prostatitis is the most common complication of trichomoniasis. Untreated trichomoniasis can lead to the spread of inflammation in the epididymis, which is often causes infertility and can become chronic and difficult to treat.

Symptoms among women: vaginal discharge (usually yellow, sometimes with an unpleasant smell); itching and redness of the vulva; pain during urination, pain during sexual intercourse. In the course of chronic trichomoniasis, there may be

no symptoms, but they appear when there is a weakening of the immune system.

Diagnosis. Most often, clinical diagnosis can be confirmed by microscopy of moist smears. To confirm diagnosis, PCR of a normal smear is repeated.

Application:

Treatment programs are recommended based on clinical findings. In an acute process, the program is used 2-4 times daily until symptoms disappear, but for not less than 10 days. In chronic carrier states: 1-2 times per day for 10-14 days. After completing a treatment program, a drainage program should be added to prevent intoxication.

Sexual partners must be treated to avoid reinfection.

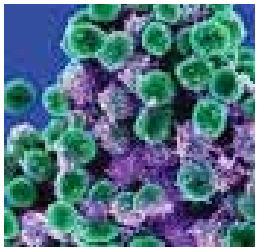
The criteria for recovery is:

- the disappearance of clinical symptoms,
- the negative PCR results.

Microscopic examination shall be carried out not earlier than 1-2 weeks after treatment due to the possibility of obtaining false negative results. DNA diagnostics (PCR) carried out less than 3-4 weeks after treatment may provide false positive results due to the possible retention of devitalized microorganisms or their remnants.

Detection of trichomoniasis by a control after this deadline requires repetition of the course of therapy for 2 weeks. It is appropriate to conduct laboratory examination before and after treatment in the same laboratory, using the same diagnostic tests.

8. Chlamydia



Chlamydia is the most common sexually transmitted microorganism. Since the early 1980s, attention has significantly increased to chlamydia as the cause of inflammatory diseases of the genitals, and consequences of these diseases on reproductive health and newborns.

Chlamydia differs from all other microorganisms by its very special life-cycle. Chlamydia is similar to a virus in that it is entirely intracellular bacteria: it is dependent on the nutrients and energy of the host cell.

It is mainly spread by sexual means. The incubation period ranges from 7 to 30 days (usually 7-14 days). Urogenital manifestations of chlamydia infection do not differ from other sexually transmitted diseases. Discharge from the urethra (men) and vagina (women) of white or yellow color, or transparent, may be experienced. Sometimes there is pain, or a burning sensation when urinating. With the development of complications, there may be complaints of pain in the perineum, scrotum, rectum in men while women may have pain in the lower abdomen and in the lumbar region. However, in 50% of chlamydia cases, the disease is asymptomatic.

Above all, chlamydia infection can cause complications. In men, the most common complication is inflammation of the epididymis: epididymitis. In women, the most common complication of chlamydia is inflammatory diseases of the uterus

and uterine appendages, which are a major cause of female infertility. Another complication of chlamydia is Reiter's syndrome, which manifests itself as inflammation of the urethra (in women, the cervical canal of the uterus), eyes and joints. It should be noted that the risk of complications increases with repeated chlamydia infection. Chlamydia infection of newborns during delivery by a sick mother often leads to inflammation of their lungs (pneumonia) which is extremely severe and with a high fatality rate.

Diagnosis:

The most informative diagnostics method is DNA (PCR).

Application:

The program is designed to treat diseases caused by chlamydia. Treatment programs are recommended based on clinical findings. In an acute process, the program is used 2-4 times daily until symptoms disappear, but for not less than 10 days. In chronic carrier states: 1-2 times per day for 10-14 days. If required, a drainage program can be added to prevent intoxication.

The criteria for recovery is:

- the disappearance of clinical symptoms,
- the negative PCR results.

PCR examination should be carried out not less than 3-4 weeks after treatment due to the possibility of obtaining false positive results due to the potential retention of devitalized microorganisms or their remnants.

Detection of chlamydia by a control after this deadline requires repetition of the course of therapy for 2 weeks. It is appropriate to conduct laboratory examination before and after treatment in the same laboratory, using the same diagnostic tests.

9. Mycoplasma

Mycoplasma is similar to bacteria and viruses in its structure. Mycoplasma is the smallest known free-living organism, differing from bacteria by the lack of cell walls, and from viruses by its DNA content and growth in an environment without cells.

There are several different species of mycoplasma that cause infection in humans: the most important among them are associated with inflammatory processes in the small pelvis, M. genitalium and ureaplasma urealyticum. M. hominis is the most common organism found in genital tract infection. Mycoplasmosis infection primarily occurs through sex and extremely rarely via everyday contact.

The duration of the latent period of the disease lasts from 3 days to 5 weeks, and on average is 15-19 days.

In men, the urethra, seminal vesicles, testes, epididymis, prostate and bladder are affected.

In women, the urethra, vagina, cervix and body of the womb, fallopian tubes, ovaries and pelvic peritoneum are affected.

The lesions are characterized by a variety of clinical forms, from acute to oligosymptomatic manifestations. Urogenital mycoplasmosis is not significantly different clinically from the lesions of other etiology (gonorrhea, trichomoniasis). Some have no subjective perception, while others are extremely diverse.

If the urethra is affected in men, there is a scanty emission in the mornings. Most cases of affected epididymides, seminal vesicles and prostates are accompanied by an undefined drawn-out pain in the groin, perineum or scrotum. The main danger is that mycoplasma and ureaplasma, if untreated, can cause chronic mycoplasmosis. The consequences can be serious diseases, such as chronic prostatitis, vesiculitis, chronic bilateral epididymitis (inflammation of the testicles), cystitis or pyelonephritis. Without treatment, the symptoms disappear quickly and the inflammation becomes chronic. The infection remains in the body, and after a while it becomes worse.

Mycoplasmosis in women may cause symptoms of chronic or acute inflammation of the female genital organs and urinary system. Mycoplasma infection should be considered as a suspected cause for a variety of pathological conditions: spontaneous abortions, babies with low birth weight, pneumonia in infants, stillbirths, post-natal infection, infertility and pelvic inflammatory diseases.

The diagnosis of infection is based on the body's excretion from the focus, and an increase in specific antibodies.

- Growing of live bacteria cultures obtained from infected tissues.
- Immunofluorescent methods (IFA).
- DNA diagnostics (PCR).

Application:

The program is designed for the treatment of urogenital mycoplasmosis and ureaplasmosis. The treatment period is individual. Treatment usually takes 2-3 weeks. Treatment programs are recommended based on clinical findings. In an acute process, the program is used 2-4 times daily until symptoms disappear, but for not less than 10 days. In chronic carrier states: 1-2 times per day for 14-20 days.

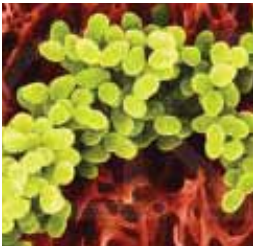
Sexual partners must be treated to avoid reinfection.

For the purpose of detoxification, "Drainage therapy" is recommended after the treatment program. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

The establishment of recovery from mycoplasma and ureaplasma infection should be made taking into account the diagnostics method. Culture examination shall be carried out not earlier than 2-3 weeks after treatment due to the possibility of obtaining false negative results. DNA diagnostics (PCR) carried out less than 3-4 weeks after treatment may provide false positive results due to the possible retention of devitalized microorganisms or their remnants.

Detection of mycoplasma and ureaplasma by a control after this deadline requires repetition of the course of therapy for 2 weeks. It is appropriate to conduct laboratory examination before and after treatment in the same laboratory, using the same diagnostic tests.

10. Staphylococcal infection



Staphyloccal infection is one of the most frequently occurring infections. This is due to the high prevalence of staphylococci in nature. Staphylococci are found on the skin, in the air, water and soil. For humans, several types of staphylococci are of particular importance, and especially the staphylococcus aureus. Staphylococcus aureus is the causative agent of such afflictions as boils, styes, pyodermia (staphyloderma), sore throat, wound abscesses, panaris (inflammation of the skin around the nail), as well as food poisoning and severe infections occurring in blood poisoning. It should be noted that in the occurrence of staphyloccal infection, a major role is played by reduced functioning of the immune system.

Staphylococci enter the body through the skin and mucous membranes, and are spread by drops and dust in the air. Staphylococci condition secondary diseases in influenza and wound infections, as well as postoperative sepsis. It has been established that staphylococci are the cause of 48-78% of cases of acute respiratory tract diseases. Staphylococcal sepsis and staphylococcal pneumonia in children are particularly serious diseases. The use of food (cheese, cottage cheese, milk, cakes, ice cream, etc.) contaminated with staphylococci pathogens may cause food poisoning.

Due to the widespread use of antibacterial agents, there have been significant changes in the severity and prevalence

of staphylococcal diseases because of the resistance of microorganisms to antibiotics. Throughout the world, there has been an increase in the frequency of the occurrence of diseases caused by staphylococci.

Application:

The "Staphylococcal infection" treatment program is for diseases caused by staphylococci: sore throats, otitis, sinusitis, wound abscesses, boils, etc. The treatment program should be started immediately after the onset of the disease. It should be conducted every 2 hours until the disappearance of all symptoms. The more pronounced the symptoms of disease, the more often the program should be used. As symptoms subside, the program should be used less frequently.

The drainage program should be used to remove intoxication, 2-4 times a day, depending on the severity of the intoxication syndrome. A prerequisite for treatment is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

The use of the program as a preventive measure is not recommended.

11. Streptococcal infection

Streptococcal infections are diseases caused by bacteria of the streptococcus genus.

Streptococci form a widespread group of microorganisms, among which are saprophytic and pathogenic types. Pathogenic streptococci (dangerous to humans) are found on the skin, on the mucous membranes of the upper respiratory tract and the intestines. Streptococcal infection is common and is often associated with other, most commonly suppurative, pathogenic flora (e.g. staphylococci, colibacillus, etc.) causing acute inflammation of the upper respiratory tract, abdominal and urinary tracts, skin and soft tissues, etc.). Streptococcus is the causative agent of scarlet fever, as well as many human diseases. Streptococcal sore throat is very common. Most people suffer from angina (streptococcal sore throat, or acute tonsillitis) several times in their lives. The disease may occur in very severe form with a high fever or be mild, with little or no symptoms. Streptococcal infection is more severe than the more insidious staphylococcal infections and its complications are worse. Streptococcal infection can lead to a number of serious diseases, including incurable ones, such as rheumatic fever, affecting the joints and heart, glomerulonephritis, leading to renal dysfunction, purulent arthritis, often requiring surgery, sinusitis, osteomyelitis, pneumonia, etc.

A serious complication of the disease caused by streptococcus is infective endocarditis.

Hemolytic streptococcus causes a skin disease called erysipelas. Through damaged skin, streptococcus can also penetrate the bloodstream and infect any organ or cause generalized infection and sepsis.

Application:

The "Streptococcal infection" treatment program is for diseases caused by streptococci: sore throats, otitis, sinusitis, erysipelas, scarlet fever, etc. The treatment program should be started immediately after the onset of the disease. It should be conducted every 2 hours until the disappearance of all symptoms. The more pronounced the symptoms, the more often the program should be used. As symptoms subside, the program should be used less frequently.

The drainage program must be used to remove intoxication. Depending on the severity of the intoxication syndrome, the program can be used 2-4 times per day. A prerequisite for carrying out treatment is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

12. Colibacillus

Escherichia coli is a colibacillus, a permanent resident of the large intestine in humans and animals. This bacteria is considered a conditional pathogen, i.e. under certain conditions it can cause disease. Colibacilli become pathogenic when there is a significant increase in their number or change in their properties. With prolonged use of antibiotics, a variety of colibacillus variants are revealed in the human intestinal tract.

These are modified escherichia that can cause disease, not only in the gastrointestinal tract (gastroenteritis, travelers' diarrhea, dysbacteriosis, cholecystitis), but also in other organs. The bacterium can be a causative agent of mixed infection (appendicitis, diabetic foot), or the sole agent. The appearance of escherichia coli in the trachea in humans can mean either a carrier state or infection (tracheitis or pneumonia). Development of sinusitis, otitis and other diseases of the upper respiratory tract caused by colibacilli is also possible. In bacterial vaginosis, cystitis, pyelonephritis, prostatitis and prostate adenoma, colibacilli are often detected. Colibacilli can cause inflammation in any organ affected by low immunity, and most often during treatment with antibiotics. Escherichia coli can cause abscesses and wound infections of various localization. Colibacillus infection may be the causative agent of purulent arthritis, paranephritis, entophthalmia, acute thyroiditis, brain abscess-

es, endocarditis, osteomyelitis, sinusitis, pneumonia and other infections. Infants, the elderly and weak people are particularly susceptible to the pathogenic action of colibacilli.

Diagnosis.

Since the localization of colibacilli can vary, the examination material for bacteriological analysis takes place at the place of infection: blood, urine, swab, purulent discharge, etc.

Application:

It is recommended carry out a treatment program if it is definitely known or suspected that the agent (or one of the agents) of the disease is colibacilli. It should be conducted 2-4 times a day until the disappearance of all symptoms.

The drainage program must be used to remove intoxication. Depending on the severity of the intoxication syndrome, the program can be used 2-4 times per day. A prerequisite for carrying out treatment is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

13. Onychomycosis

Onychomycosis is a fungal infection of the nails. Onychomycosis is found in 10-20% of the population and totals approximately 30% of nail diseases.

The predisposing factors for development of onychomycosis include the following:

- mechanical injury to the nail plate;
- the presence of professional chemical hazards and (constant contact with water, synthetic detergents, degreasing agents, which may soften the nail plate);
- wearing shoes made of synthetic materials (creating a damp and warm environment conducive to the growth and reproduction of fungi);
- individual characteristics of sweating (with a predominance of a sympathetic type of vegetative system: cold, damp hands and feet);
- wearing tight, narrow shoes, and consequent development of foot deformities;
- anatomical features of the foot (narrow intervals between toes and related poor aeration of the foot);
- the presence of metabolic disorders (e.g. diabetes);
- peripheral neuropathy and neuritis (Raynaud's syndrome);
- disturbance to venous or arterial circulation (varicose veins, obliterating endarteritis);
- immunodeficiency of various origins.

Infection of the nail plate on the foot occurs mainly from public saunas and swimming pools. Flaking with pathogenic fungi from patients with fungal infection of the foot falls on the floor, benches, railings, sidewalks, carpets and bedding. Under conditions of high humidity, fungi can both survive for a long time, and breed, turning them into an intensive source of infection. Transfer between family members is common due to the sharing of footwear, towels, sponges, and insufficient cleaning of the bath after washing.

Symptomatology. Lesion to the nail plate is the main manifestation of onychomycosis. Most often, the nails on the feet are affected (80%), less frequently on the hands, and there can be simultaneous lesions to the feet and hands.

It should be noted that the appearance of nails may in some cases be the same as in onychomycosis, or diseases non-fungal in nature. Therefore it is necessary to consult a dermatologist in order to establish a diagnosis.

For onychomycosis, not only a change in the nails is characteristic, but also allergic alteration of the body. In addition, fungi can produce toxins, and the possibility of lymphohematogenous infection has been demonstrated.

Diagnosis. Unfortunately, it is not always possible to clarify the etiology of onychomycosis by laboratory means due to technical difficulties in such determination of fungal infection. Most often, diagnosis is by examination of changes in the nail plate.

Application:

The program is designed to treat diseases causing fungal nail infections. The program should be carried out once per day for 1 month. As the nail plate regrows, depending on the effectiveness of the therapy, the healthy part of the nail should grow with a shiny, smooth surface.

Before carrying out the program, a foot bath with acidified water is recommended.

During treatment, it is recommended to wear cotton socks and treat shoes with antifungal solutions.

14. Papillomavirus infection

The human papilloma virus belongs to the papillomavirus genus of DNA viruses. There are more than 100 known types of this virus.

The human papilloma virus selectively infects the epithelium tissue of the skin and mucous membranes. It causes warts, genital warts, various benign and malignant tumors. In addition, asymptomatic infection is possible. The infection was long considered to be a benign disease, if unpleasant. It is currently considered to be the most serious sexually transmitted infection. Simple warts affect up to 25% of people. They are most frequently found in children. Plantar warts are widespread, and teenagers and young adults often suffer from them. Plantar warts may cause pain.

Genital warts is one of the most common sexually transmitted diseases.

In women, the human papilloma virus causes cervical dysplasia, which is commonly found in cytology smears from the cervix. Cervical dysplasia with the presence of the human papilloma virus is considered to be a precancerous condition.

Epidemiological research has shown that the papillomavirus plays an important role in the pathogenesis of cervical cancer. More than 90% of patients with cervical cancer have cells containing the human papilloma virus.

Condyloma acuminata and wart infection takes place through physical contact and domestic contact (via household goods). Minor injuries to the skin and mucous membranes aid contamination.

Laryngeal papillomatosis is a rare disease. In young children, it is caused by infection from the mother during childbirth, and in adults via oral sex.

Different types of papillomavirus also cause precancerous lesions and cancer.

Diagnosis: for warts and genital warts, it is simple - they are visible to the naked eye. If the vagina and cervix are affected, a gynecologist should be consulted, and diagnosis confirmed by cytology smears from a cervical biopsy.

The most sensitive and specific diagnosis method to determine the type of human papilloma virus is considered to be PCR.

Application:

The antiviral program for the treatment of the papillomavirus is recommended 1-2 times daily for a month. There is not usually any need to include the drainage program. If desired, it can use be used once a day.

The criteria for recovery are negative laboratory findings conducted one month after treatment. If laboratory findings confirm the presence of infection, it is recommended to repeat the treatment.

Sexual partners must be treated to avoid reinfection.

15. Herpes

Herpes is one of the most common viral infections. Approximately 90% of people in the world are infected with herpes. Only 5% of infected people show symptoms of disease, and it occurs without other clinical manifestations.

Herpes viruses are mainly transmitted by contact of body fluids from an infected person (blood, saliva, semen and mucous secretions). Herpes is frequently transmitted by people who have no symptoms or do not even know that they are infected.

Type I herpes simplex virus, where the visible symptoms of the disease are called cold sores, infects the face and mouth and this is the most frequently manifested form of infection. The second most common infection is type II herpes simplex virus which causes infection of the genitals. It has now been

established that often a rash on the lip and genital sores are caused simultaneously by two serotypes of the herpes simplex virus: HSV-1 and HSV-2.

In the case of primary infection, the disease may be asymptomatic, but manifestation of certain symptoms is possible. In day 2-14 after infection, there are local and general symptoms of this infection and the formation of cold sores. The patient may complain of headache, malaise and fever. After 2-3 weeks, the symptoms disappear, and in the next few weeks the healing of the damaged epithelium takes place. After infection with the virus, the infection ascends to the peripheral nerves of the ganglia, where it remains for life. When active, the virus spreads along the nerve to the initial lesion. Clinical manifestations in recurrences are weak and the period of healing of the epithelium is up to 10 days. About half of patients with recurrent infection complain of itching, burning and tenderness of lymph nodes.

Factors contributing to the appearance or recurrence of herpes are:

- reduced immune response,
- hypothermia and overheating of the body,
- concomitant diseases,
- medical procedures.

The herpes virus can cause:

- Inflammation of the mouth (stomatitis) and gums (gingivitis).
- Lesions to the skin and mucous membranes (herpes of the face, lips, etc.).
- Lesions to the female genital organs and damage to reproductive performance.

- Lesions to the cornea and other structures of the eye, optic neuritis.
- Herpetic angina, inflammation of the pharynx, vocal ligaments, lesions in the ear, vestibular disorders.
- Herpetic bronchitis and pneumonia.
- Lesions to the heart (myocarditis, myocardiopathy).
- Lesions to the lymph nodes.

Diagnosis.

The following methods are used in the diagnosis of herpes infection:

- PCR (polymerase chain reaction);
- immunofluorescence and enzyme-linked immunosorbent assay (ELISA);
- Identification of specific antibodies in serum (IgM, IgG).

Application:

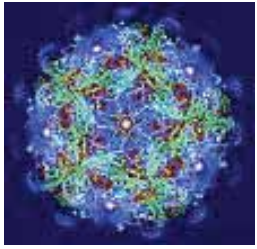
It is best to begin treatment during the first signs of herpes sores. The antiviral program for the treatment of the herpes virus is recommend every 2-3 hours until the disappearance of lesions, and then 1-2 times per day for a week. After the program, the drainage program should be used. In chronic carrier states it is sufficient to use the program 1-2 times per day for 10-14 days.

The criteria for recovery of the herpes simplex virus are the disappearance of clinical symptoms, and negative laboratory findings conducted one month after treatment. If laboratory findings confirm the presence of infection, it is recommended to repeat the treatment.

Sexual partners must be treated to avoid reinfection.

Attention! Resistant immunity is not formed after treatment. On repeat infection of influenza-like conditions, there are eruptions at the site of infection.

16. Epstein-Barr virus



The Epstein-Barr virus (EBV) is one of the most insidious infections of the herpes virus family.

The Epstein-Barr virus is widespread. Most often, infection takes place in early childhood and adolescence, so more than 90% of adults have already had the infection in one form or another.

The Epstein-Barr virus is discharged in saliva and is transmitted by kissing: children are infected by adults and young people from each other. Infection via less close contact is rare. In addition, the virus is transmitted via blood transfusions and bone marrow transplants.

Symptoms. After the incubation period, which can last up to 1-2 months, the virus begins to actively multiply in the cells of the nose and pharynx, as well as the lymph nodes. The disease begins with fever and a sharp rise in temperature to 38-40 degrees C, acute respiratory symptoms, a sore throat, pharyngitis and fever. Patients may complain of headache, sweating and pain when swallowing.

Having multiplied, the virus enters the bloodstream and spreads to all organs of the body. Virus particles are found in the salivary glands, cervix, lymph nodes, liver and spleen. The

impact of the virus on the immune white blood cells is expressed by a sharp decrease in their number and properties.

In long-term carriers of the Epstein-Barr virus, chronic fatigue syndrome often develops. The syndrome is characterized by a constant feeling of tiredness and diminished work capacity in previously healthy people with no apparent disease or other causes that can cause such a condition. At the same time, they may experience nonspecific symptoms: a low fever, chronic pharyngitis and swollen lymph nodes.

They may experience muscle and joint pain, sleep disorders, memory loss, depression, rapid changes in body weight, impaired function of the gastrointestinal tract, decreased appetite, arrhythmia, dysuria, symptoms of allergies and hypersensitivity to drugs, sun and alcohol. This condition continues for six months or more and has a tendency to worsen.

The following diseases have a proved association with Epstein-Barr virus infection.

- Stevens-Johnson syndrome
- Hepatitis
- Herpes
- Infectious mononucleosis
- Alice in Wonderland syndrome (Todd's syndrome)
- Non-Hodgkin's lymphoma, including Burkitt's lymphoma
- Primary cerebral lymphoma
- Hodgkin's disease (lymphogranulomatosis)
- Nasopharyngeal carcinoma
- Herpangina
- Multiple sclerosis
- Hairy leukoplakia

In the diagnosis of Epstein-Barr virus infection, determination of antibodies to antigens of the virus is of great significance. Antibody dilution to early antigens (IgG EA) correlates with the severity of the disease, and is the most reliable indicator of infection. Recently, PCR has started to be used for the diagnosis of EBV infection.

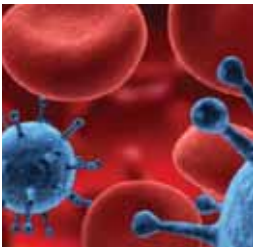
Application:

The program is used depending on the severity of the process and on the severity of clinical manifestations. Use in the case of infectious mononucleosis should be frequent and must be combined with a drainage program. In the acute period, the program is conducted every 2 hours. As the process subsides, the frequency of use should decrease. In the treatment of chronic forms of the disease, the program is carried out twice a day.

The criteria for recovery are negative laboratory findings conducted one month after treatment. If laboratory findings confirm the presence of infection, it is recommended to repeat the treatment.

Sexual partners must be treated to avoid reinfection.

17. Cytomegalovirus



The cytomegalovirus (CMV) pathogen belongs to the herpes virus family. The virus has an affinity for salivary gland tissue and is stored in the body for life. Cytomegalovirus infection is detected in 40% of people. CMV is not very contagious. Prolonged, close contact or multiple contacts are usually required for infection.

CMV infection occurs: by airborne drops and contact: from saliva by kissing, sex, blood transfusion and organ transplant, intrauterine infection, infection of the child at birth and through breast milk from a sick mother are possible.

The incubation period ranges from 20 to 60 days.

The most common CMV infection manifests itself as an acute respiratory viral infection. In this case, patients complain of weakness, lethargy, fatigue, headaches, rhinitis, inflammation and salivary gland enlargement with copious saliva and whitish coating on the gums and tongue.

The generalized form of CMV infection affects internal organs. There is inflammation of the liver, adrenal glands, spleen, pancreas and kidneys. This form is accompanied by frequent "idiopathic" pneumonia, bronchitis that responds poorly to treatment, a decline in immunity, and decreased platelet count. Frequently the veins in the eye, wall of the intestine, the brain and peripheral nerves are affected. Parotid and submaxillary salivary glands are raised, there is inflammation of the joints and a skin rash.

Pathology in pregnancy, the fetus and newborn are the most serious complications of CMV infection. The maximum risk of this developing this disease occurs from infection of the fetus during pregnancy. CMV is one of the most common causes of miscarriage.

Intrauterine CMV infection of the fetus leads to severe diseases and lesions of the central nervous system (delay in mental development, hearing loss). In 20-30% of cases, the child dies.

There are three main groups of patients for whom control over the activity of CMV is relevant:

- Pregnant women
- People suffering from recurrent herpes
- Patients with an impaired immune response

Diagnosis:

- PCR.
- Serodiagnosis.
- IgM antibodies may indicate primary infection or worsening of chronic infection.
- IgG antibodies indicated that a person is infected. IgG remains for life.

Application:

The program is recommended in the case of CMV infection, primary infection, exacerbation of chronic infection and preparation for pregnancy. The frequency of program use is 1-2 times per day for 2 weeks.

The criteria for recovery from cytomegalovirus infection are negative laboratory findings conducted one month after treatment. If laboratory findings confirm the presence of infection, it is recommended to repeat the treatment. Sexual partners should be treated simultaneously to avoid reinfection.

18. Flu with a respiratory component

Flu is a severe viral infection that affects people irrespective of gender or age. It is an acute disease, characterized by expressed symptoms: high fever, intoxication, catarrh (rhinitis, cough).

Flu epidemics occur every year, usually during the cold season. Each year, and 500 million people become ill with influenza in the world, 2 million of whom die. When repeated periodically, influenza and acute respiratory diseases rob us of about a year of productive life. People spends these months in a helpless state, suffering from fever, general weakness, headache, and intoxication from poisonous viral proteins. In severe cases of flu, there are often irreversible lesions to the cardiovascular system, respiratory system and central nervous system that trigger heart disease and vascular pneumonia.

The flu virus is easily transmitted. The most common means of transfer is by air. When infectious people and virus carriers cough, sneeze or talk, particles of saliva, mucus and sputum with pathogenic microflora, including influenza viruses, are expelled from the nasopharynx.

Typically, flu begins quickly, with a headache, chills, fever, muscle aches, malaise and symptoms of an affected mucous respiratory tract, such as coughing and a sore throat. There is often pain when moving the eyes, photophobia and pain in the eyes. The onset is so severe in most cases that the patient can accurately indicate its time.

The severity of the disease depends on general health, age, and on whether the person has been in contact with this type of virus before.

Respiratory symptoms often become worse when the general symptoms subside. This often is caused by adjoining bacterial flora. Cure in this case requires the use of antibiotics in the selected treatment programs.

Flu complications. Common flu complications are rhinitis, sinusitis, bronchitis, otitis, aggravation of chronic diseases and bacterial superinfection. The body weakened by flu often suffers from bacterial infections (pneumococcal, streptococcal and staphylococcal).

The most frequent complication of flu is pneumonia: primary viral, secondary bacterial or mixed viral and bacterial. Primary viral pneumonia is rare, but the most serious. It starts like flu, however progresses steadily, and is accompanied by a constant fever and shortness of breath.

Application.

The "Flu with respiratory component" program is used during the first signs of flu. Use should be frequent and must be combined with a drainage program. In the acute period, the program is conducted every 2 hours. As the process subsides, the frequency of use should decrease. For prevention during

an epidemic, the program is carried out twice a day. In the event of complications during flu, concomitant bacterial infection, use the anti-bacterial programs “Staphylococci”, “Candida albicans” and “Streptococci”.

Diagnosis.

On the basis of just one clinical event of influenza, it is difficult to distinguish it from acute respiratory infections caused by other viruses. At the outbreak of seasonal flu, any feverish acute respiratory disease, especially with a typical acute onset and general severe symptoms, is most likely to be flu.

19. Antiseptic

Our world is populated by countless tiny organisms: germs. They are in the air, water, soil, and on the skin in humans. Normally there is balance between humans and their biological microflora. In the process of evolution, microbial associations have formed which constitute the normal microflora of man, have a positive impact on many vital processes in the body and perform useful functions. Microorganisms living on the skin and mucous membranes are in a state of dynamic equilibrium with each other and with the body.

They support immunity and prevent the reproduction of pathogens. In the event of violation of the relation of microorganisms due to antibiotic treatment, stress, weakened immunity, eating disorders, etc., conditionally pathogenic flora are activated or there is reproduction of pathogenic of them, causing disease. Such situations may arise in the violation of integrity of the skin and mucous membranes, possibly with sec-

ondary infection against a background of an ongoing inflammatory process. In such situations, The "Antiseptic" program is indispensable as therapy.

The program is used to destroy or suppress growth and reproduction of potentially harmful microorganisms on the skin, mucous membranes or in wounds, and for the prevention or treatment of inflammatory processes. Application of the program in good time prevents the spread of infection in the body. The advantage of this program is the high activity when used in the vast majority of microbes (antibacterial, antifungal and antiviral activity), and the absence of toxicity (including the lack of allergenic activity). The activity of antiseptic treatment does not depend on the location or extent of the inflammatory process, and it does not develop resistance of microorganisms. In addition to the antimicrobial activity, the program activates the local immune system and has an anti-inflammatory effect. As a result of the "Antiseptic" program, symptoms of inflammation are reduced, including swelling, pain and redness.

Application

The "Antiseptic" program may be used for all inflammatory processes in the body. The frequency of application depends on the degree of the inflammatory process. For unidentified infections, the program is applied every two hours until complete recovery. If the microorganism that caused the inflammation is known, it is recommended to carry out the appropriate program for the treatment of infection, and use the "Antiseptic" program twice a day.

For the purpose of detoxification, "Drainage therapy" is definitely recommended after the treatment program. It can be ap-

plied several times daily, as required. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

20. Inflammation

Inflammation is a complex defense response to various stimuli (mechanical, physical, chemical, biological etc.). The inflammatory response is directed at destroying the agent that caused the damage and restoring damaged tissue. Inflammation is local appearance of a reaction of the whole body, since all processes are carried out by a general reaction of the body controlled by the nervous and endocrine mechanisms. The general condition of the body, its resistance, nutrition and age affect the appearance and development of inflammatory processes. Along with these products of inflammation in the blood have an impact on the entire body. The course of the inflammatory process depends on many factors, but primarily on the body's condition of reaction. With increased reaction, the disease is acute, and in other cases is sub-acute, protracted or chronic with periods of aggravation and remission.

The most common cause of inflammation is infection. The infection and inflammatory response is a defense reaction, where the main goal is to prevent the spread of infection in the body. Development of the inflammatory process may be due to

infection of the body by pathogenic microorganisms (bacteria, viruses, protozoa, fungi), and occur against a background of activation of conditionally pathogenic microflora with a decrease in the immunological defense mechanisms of the body. Irrespective of the location of the inflammatory process and origin of the etiological factor in the area of inflammation, there is always a standard set of changes which manifest themselves as redness, swelling and increased temperature at the site of inflammation, as well as pain and dysfunction of the organs and tissues affected.

Inflammation accompanies many diseases and can be localized in any organ. It is the symptoms of inflammation that cause suffering and force people to seek help. Long-term, chronic inflammation is characterized by changes in the tissues, organ function becomes damaged and can lead to irreversible consequences. Therefore, the main aim of treatment for any disease of infectious or noninfectious nature, after impacting the cause of disease, is the elimination of the inflammatory process. In order to alleviate inflammation, the "Inflammation" program is used. The program restores blood flow, removes biologically active substances and pathological substrates from the area of inflammation resulting from the disease, and supports the inflammatory reaction. There is improvement of oxygen flow to the tissues, which helps improve metabolism, reduce the risk of complications and promotes regeneration.

Application.

The "Inflammation" program is recommended for all diseases involving inflammatory reactions, with the aim of reducing

them. The frequency of application depends on the severity of the inflammatory reaction and can be used 1-3 times a day. You must first identify the cause of the disease and conduct an appropriate treatment program, as well as use an anti-inflammatory program as an accompaniment.

For the purpose of detoxification, “Drainage therapy” is recommended after the treatment program. It can be applied several times daily, as required. A prerequisite for carrying out drainage therapy is to drink plenty of clean, a non-carbonated and unboiled water, equivalent to not less than 30 ml. per kilogram body weight per day.

Conclusion

Medical device “DETA-AP-20” can be used successfully with any illness not requiring urgent medical attention, provided the correct diagnosis has been made. A physician must be consulted for guaranteed therapeutic effect.

“If the diagnosis is correct,
then the treatment is appropriate”
is one of the oldest doctrines
in Nei Jing acupuncture.

Follow this and
Be Healthy!

Notes

DETA·ELIS

MISSION TO CURE

4 office 2408, Savelkinskiy Pr., Zelenograd, Moscow, Russia, 124482
Tel.: +7 (495) 981-91-62, +7 (495) 981-91-60
e-mail: elis@deta-elis.ru
www.deta-elis.ru