



# DETA AP 20

# USERS MANUAL



## DETA AP 20

### 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, parasites such as 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 colour 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 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 which control all metabolic processes (metabolism) as well as the nature of the chemical bonds in all molecular structures, including microorganisms.

From the point of view of biophysics, metabolism is the building and destruction of various compounds in the body which involves charged particles such as ions, polarized molecules and dipoles of water molecules. These metabolic processes are what differentiate living from non-living organisms. In addition, the movement of any charged particle creates a magnetic field around it, and the accumulation of charged particles creates an electric potential.

The aim of using resonant frequencies is to deactivate microorganisms such as fungi, viruses, bacteria, protozoa and helminths that have infiltrated the body. The frequencies that resonate with these microorganisms cause "electroporation" to occur which is a rapid vibration of their molecular structure that literally makes them disintegrate, much like a bridge would be destroyed when trapped in resonant winds.

These resonant frequencies that are based on the work of Dr Rife, can effectively destroy many different pathogens while the body needs to clear their toxins that are released.

During the last 20 years, the DETA-AP devices have been placed through rigorous research and clinical trials in Russia to determine their effectiveness. Indeed, the research found that the Deta AP was equally effective at eliminating a wide variety of microorganisms as prescription medications are. The advantage is that there are no side-effects, unlike many of the prescription drugs used today.



The Deta AP is unique in the world of bioresonance devices. Its main benefits are:

- The Deta AP is portable - most bioresonance devices are large and sit in health practitioners clinics
- It is convenient for the patient - they do not have to travel to the practitioners clinic
- Cost effective - saves time, therapist fees as well as travelling expenses
- Can be used by the whole family
- Can be used by the family's pets
- The Deta AP is programmable using the Therapy 8.0 USB stick - this makes the Deta AP unique in the field of bioresonance devices
- The Deta AP can be programmed with over 1,500 frequencies covering a huge array of parasites, protozoans, micoplasmas, bacteria, fungi and viruses
- The Deta AP, using the Therapy 8.0, can be bespokely programmed using the therapist's own frequencies and programme complexes
- The Deta AP is so easy to operate a 5-year old can learn
- Over the long run it saves on family medical expenses, as well as avoiding the side effects of prescription medication
- It can be used for preventative health, not only treatments

The DETA-AP bioresonance device is safe and can be used with both adults and children, even neonates, assuming the correct treatment protocols are followed.

## Preface

One of the main reasons for why the Deta AP was developed by Dr Konoplov and his team of scientists was the statistical research available on the epidemic of parasites and the damage these are doing to humanity as a whole. Parasitic diseases generally have no symptoms per se and may appear in the form of any disease. Moreover, the waste products of parasites have a profound toxic effect on the body, complicating the course of disease and causing undiagnosable symptoms.

Most medical treatments do not make the effort to test for parasites and other microbes that may be underlying many symptoms and diseases, let alone advising the patient to detoxify. To the contrary, they are focussed on "symptom suppression" and making the body more toxic with the various chemical drugs that presently exist, with all their side effects.

It is estimated that more then 60% of people on planet Earth carry at least one parasite. Many people carry several different species. Most parasites are picked up by humans from inhaling or swallowing parasite eggs that may be present in:



- Household pets - they do not use toilet paper when defaecating, so will sit on carpets and furniture leaving the eggs of parasites that dry and are inhaled
- Eating unwashed vegetables, fruit or berries
- Eating rare/raw meat, fish or seafood - Sashimi is notorious for carrying many parasites as it is raw fish

Moreover, parasite eggs can be present on banknotes, the handrails of public transport, public toilets, in the soil and water and many other places.

It is probably safe to say that all humans throughout their lives will be infected with some sort of parasite or microbe in their lives. Now bioresonance technology can help us and our loved ones to protect and clear against these microbes easily and safely without resorting to harmful drugs.

### Deta-AP Therapy Device for Treating Bacteria, Viruses, Fungi and Parasites



The death of a parasite occurs when the resonant frequency matches that of the parasite in question. This is the phenomenon of bioresonance.

The Deta-Elis AP device contains programmes with specific frequencies for killing bacteria, viruses, fungi as well as a wide variety of parasites.

All living organisms have their own resonant frequency or "personal vibrations." If one can match these frequencies or vibrations exactly, then

the microorganism will absorb this energy and burst and die. This is how the Deta Elis AP device works - it produces these exact frequencies that zap the microorganisms in the body and kill them. This is truly cutting-edge, 21st century medicine!

These devices work using a carrier frequency of 27 MHz and sideband frequencies within a frequency range of 0.1 Hz to 100 Hz. The Deta AP 20 has 20 pre-installed programmes in total.

These programmes contain a wide array of frequencies for eliminating all types of microorganisms such as roundworms, Mycoplasma, trichomoniasis, onychomycosis, Staphylococcus, Streptococcus, chlamydia, herpes virus, Epstein-Barr virus, Cytomegalovirus, Candida and many others.



The operation of the devices is really quite simple, with an on and off switch and an up and down arrow for scrolling through the programmes that appear on the small screen. It is much like operating your mobile phone, but imagine if your mobile phone could cure so many different pathogens while it sits in your pocket - this is exactly what the Deta Elis AP device can do.

This therapeutic device can also be programmed using over 1,500 programmes by purchasing the [Therapy 8.0 USB](#) stick - it is like having your "personal doctor" in your pocket! This device can help to eliminate from the body a huge amount of microorganisms such as:

Viruses - 90 different types  
Bacteria - 91 different types  
Fungi - 61 different types  
Protozoa - 31 different types  
Helminths - 33 different types

## OPERATING INSTRUCTIONS

### Introduction

The device is designed for individual use and has been certified by a number of authorities:

- In clinical practice by health professionals
- Outpatient use
- Home use
- Certified by the Ministry of Health of the Russian Federation, the Ministry of Israel and the German authorities (by April of 2014).
- Patented in 73 different countries

The DETA AP is extremely easy to operate. The BLUE or GREEN button on the bottom right hand corner of the device is the ON/OFF switch - simply hold down for a couple of seconds and it will turn on. If you do not start the device, it will switch off automatically within 30 seconds.

The two middle buttons are for scrolling up or down in order to find programmes.

The RED top button is the START button - as soon as you have identified the programme you wish to use, simply press this button for a couple of seconds and the device will begin running this programme.

You will see the timer on the screen clocking backwards.

When the programme completes the device will switch itself off automatically.



There is no pause button, so as soon as you begin a programme and need to have a shower, you can simply leave the device aside while it is still running and wear it again as soon as you complete your shower.

### **PLACE THE DEVICE WITH THE SCREEN FACE AWAY FROM THE BODY!**

It is best that the device touch the body with the screen-side facing away from the body as the antenna is on the back of the device. It is fine to run it over your clothes or under the pillow. However, even if the device is held 10 cm (4 inches) or so from the body, it still is effective.

The DETA AP can be run in the evening while sleeping - simply place it under your pillow and sleep. Alternatively, it can be run at any time during the day. It can be placed in your pocket, hang around your neck or placed on your belt using the special cases made by the company.

**Contraindications:** People with organ transplants as up-regulating the immune system could lead to organ rejection and complications. Also, pregnant women should be careful not to kill off too many microbes and cause the elimination of toxins.

### **Applications of the Deta AP**

The DETA AP 20 device is designed for exogenous bioresonance therapy of a wide range of health conditions by using low-energy electromagnetic radiation on the body. The device operates at frequencies from 0.1 Hz to 10 KHz.

The DETA AP 20 allows you to help health conditions that are a consequence of microorganisms such as parasites, bacteria, fungi and viruses.

The use of the device is really simple, easy to understand, and requires no special training. The strong therapeutic effect is achieved due to the deep penetrative capability of the electromagnetic fields on the body. The high precision rate of setting the frequency provides the possibility of aiming at a particular type of infectious pathogen and destroying it.

The DETA AP 20 portable device, comes pre-installed with 20 programs. Each program is designed to treat a particular microbe or help to up-regulate organ systems.

Main specifications of the device:

The device requires 2 standard AA batteries

- Device dimensions: 115 x 70 x 25 mm
- Device weight: not more than 0.15 kg or 150 grams

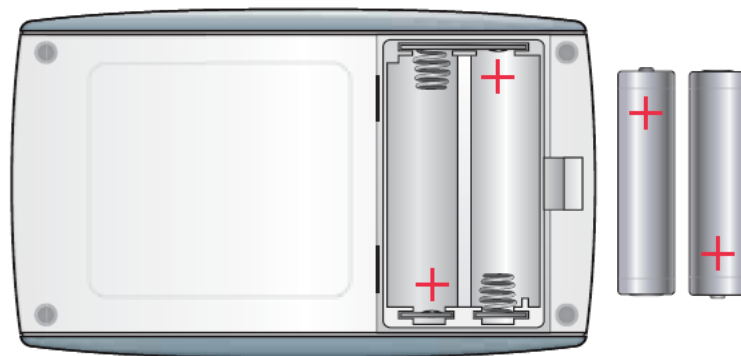


- Frequency range 0.1 Hz - 10 kHz or 10,000 Hz
- Number of pre-installed programs: 20
- Accuracy of the entire frequency range  $\pm 1\%$
- Program storage time: minimum 5 years
- Input current during operation: not more than 12.0 mA; 6.0 mA during standby
- Continuous operating time of the device: not less than 20 hours
- Operation mode setup time: not more than 2 seconds
- Average service life of the device: minimum 5 years
- Warranty: 18 months

The DETA AP 20 can also be programmed with a further 1,500 programmes using the [Therapy 8.0 USB](#) device, making it extremely versatile in treating a wide array of health issues.

### Getting started

Insert the batteries into the battery compartment, observing correct polarity (see figure below). The device will now start and perform a test for functionality. The appearance of a message on the display and audible signal indicates the functionality of the device.



To change the batteries, open the battery compartment on the bottom of the housing. Do not attempt to open it with scissors or a knife. This can cause damage to the latch and the cover will no longer close. The DETA AP 20 will retain the stored treatment programs whilst changing the batteries.

**Attention!** The device is designed to control the battery discharge: when the supply voltage during operation of the device falls below 2.7 V, the display shows "Low battery", accompanied by an audio signal of three beeps and switches off. To continue operation, it is necessary to change the batteries.





## Operation

Switch on the device, by pressing the GREEN or BLUE bottom button and hold it for 3 seconds (this helps to protect against accidental pressing) before moving to the treatment program selection mode. A single audible signal should sound.



The display will read:

- the name of the program in the top row
- the programme number in the second row towards the left of the screen
- the program time in hours, minutes and seconds towards the right of the screen; e.g. 1 00:20:00...
- the battery indicator towards the right of the screen.

After switching on the operating mode, the device switches to "Select Program". If no programs have been selected within 30 seconds, the device switches off.

- Programs are selected by clicking on the UP and DOWN arrows.
- To start the program, press the RED button at top of the device.
- The device will count down in reverse order. When this countdown reaches zero it will switch off automatically.
- You can stop the programme at any time by pressing the blue button.

The programme stops and the device switches to "Select Program". Pressing the RED button again restarts the programme from the beginning as there is no pause button.

For optimal results it is best for the device to be placed on the body with the keys facing away from you as the emitting antenna is located on the back of the device. The device can be placed in your breast pocket, around your neck or on your belt or under your pillow.

To switch the instrument off, press BLUE button and hold for 2 seconds until the audible signal. The off delay was especially designed so the device is not switched off by accident whilst in your pocket.



## Directions for Use of the Device

**Point of effect:** Due to the high penetrative capability of the electromagnetic field, it is not necessary to remove clothing. It is advised to place the device close to the part of the body with the problem to obtain the most pronounced therapeutic effects.

**Course of treatment:** the ideal would be to visit a Deta Elis Practitioner who has been trained to use the diagnostic equipment in order to identify the specific pathogens - this will enable one to specifically programme the device for the specific pathogen. If this is unknown and you programme a frequency of a pathogen that you do not have, basically nothing will happen as there will be no resonant effect and the person will come to no harm whatsoever.

It should be noted that during therapy, the underlying disease may be aggravated, which may be accompanied by general tiredness, temperature, weakness, brain fog, headache and general malaise which is associated with the elimination of the infectious pathogen. In this event, you should use detoxification programs more frequently, and drink sufficient pure drinking water. The treatment course procedure indicated for each disease should be strictly adhered to in order to attain maximum benefits.

## Key programmes on the DETA-AP 20

The following programs are pre-installed on the Deta-Ap 20 device. As already mentioned above, there are also over another 1,500 programmes that can be installed by your health practitioner after taking an appropriate medical history or scanning the patient using the Deta Elis Professional diagnostic device.

### PROGRAMMES

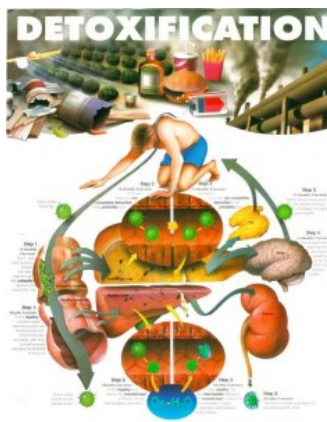
1. Drainage Therapy: Elimination of toxins from the body
2. Roundworms: ascaris, nausea, teeth grinding (bruxism), headache, lack of appetite, abdominal distension - see Video [Ascaris Worms - live operation](#)
3. Nematodes (Enterobius): pinworms or threadworms causing itching in the anus, irritability, depression - see [video on Nematodes](#)
4. Giardia protozoa: abdominal pain, constipation, diarrhea, allergies, pancreatitis, hepatitis, anaemia - see [Video on Giardia](#)
5. Helicobacter Pylori bacteria: gastric and duodenal ulcer, gastritis, heartburn, nausea, dry mouth, belching (burping) - see [Video on H. pylori](#)
6. Candida albicans fungus: fungal infections, dysbiosis, nail fungus, vaginal discharge, infertility, fatigue, bowel distension - see [Video on Candida albicans](#)
7. Trichomonas protozoa: pain, burning sensation during urination, itching, irritation, prostatitis, cystitis, infertility - see [Video on Trichomonas vaginalis](#)



8. Chlamydia (Chlamydia) protozoa: inflammation of genital tract, fallopian tubes, urethritis, infertility, salpingitis, abdominal pain - see [Video on Chlamydia](#)
9. Mycoplasma: groin pain, inflammation, prostatitis, cystitis, pyelonephritis, miscarriages, infertility - see [Video on Mycoplasma](#)
10. Staphylococcus bacteria: tonsillitis, wound suppuration, styes (abscess on the eyelid), flu, sepsis, poisoning, enterocolitis - see [Video on Staphylococcus](#)
11. Streptococcus bacteria: sore throat, tonsillitis, pneumonia, sinusitis, tonsillitis, otitis media, lymphadenitis, skin rash, purulent arthritis, rheumatism, kidney disease, osteomyelitis, Scarlet fever - see [Video on Streptococcus](#)
12. Escherichia coli bacteria: gastroenteritis, diarrhea, dysbiosis, cholecystitis, tracheitis, arthritis, adenoma - see [Video on E. coli](#)
13. Onychomycosis fungus: fungus on nails - see [Video on Onychomycosis](#)
14. HPV (Human papilloma virus): warts on penis and vagina, papillomas, dysplasia and cancer of the cervix - see [Video on HPV](#)
15. Herpes virus: itching, burning, soreness, rash on genitals and lips, blistering of the skin, infertility - see [Video on Herpes](#)
16. Epstein-Barr virus (EBV): Lymphoma, fatigue, neck pain, sleep disorders, depression, arrhythmia, allergy - see [Video on Epstein Barr virus](#)
17. Cytomegalovirus (CMV): malaise, fatigue, headache, inflammation of the liver, spleen, pancreas, kidneys - see [Video on CMV](#)
18. Avian respiratory virus: fever, chills, weakness, headache, symptoms of bronchitis and rhinitis - see [Video on Avian Respiratory Virus](#)
19. Antiseptic program: infections including unidentified infection, inflammation, swelling, pain, redness
20. Inflammation: various types of inflammation, redness, swelling, fever, colds - see [Video on Inflammation](#)

## LIST OF TREATMENT PROGRAMMES

### 1. DRAINAGE THERAPY



A necessary element in creating an effective schedule of anti-parasite 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.

One of the most important issues in the treatment of any acute and chronic diseases should be the elimination of toxic by-products from die-off of microbes. This is the main aim of drainage therapy.

Since the accumulation of toxins occurs for the most part in the intercellular space (matrix) 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” programme should be conducted after the end of any treatment programme. The frequency of application depends on the degree of intoxication: the higher the 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 programmes. A prerequisite for carrying out drainage therapy is to drink plenty of clean, non-carbonated water, equivalent to not less than 30 ml. per kilogram body weight per day.

## 2. ASCARIDES



According to the World Health Organization (WHO), almost 75% of the world’s population is infected with parasites, regardless of their social status! This statistic is the same or higher 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 lifecycle of

parasites in our bodies!

Currently, the most common helminth is Ascariasis (often as Enterobiasis). Ascariasis occurs due to parasitism of large roundworms (*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 faeces will reach maturity by developing in the soil. Formation of the larvae from the egg usually takes 10-12 days under favourable 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.

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 enters the alveoli and moves to the oropharynx where sputum containing larvae is



swallowed. Once in the intestine, the larvae reach maturity within 70-75 days, when the females will lay eggs. The life expectancy of adult Ascarids is up to one year, after which it dies and is excreted together with the faeces. Therefore, the presence of Ascarids in one person over several years can only be explained if the person becomes re-infected.

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 periumbilical area), weight loss, neurasthenia, and low energy with diminished work capacity.

However, sometimes there are more serious symptoms such as: 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 exacerbates 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 faeces. The intestinal phase of Ascariasis, excretion of Ascarid eggs is possible, provided that there are worms of both sexes in the intestine. If Ascariasis is suspected, faecal tests should be carried out over a number of days, taking three samples spaced out every 2 days.

Enzyme-linked immunosorbent assay (ELISA) is widely used in modern laboratory diagnosis of Ascariasis.

However, with Bioresonance testing using the [DETA PHARMA](#) or [DETA PROFESSIONAL](#) it is now very easy to identify these parasites in the body due to a resonance effect.

### **Application:**

The “Ascaris” programme is used for between 30 - 40 days at all phases of Ascariasis. The frequency of use is daily with a break every Sunday. In some chronic cases it may be necessary to extend this to more days of treatment.



After the “Ascaris” antiparasitic programme, the “Drainage therapy” detoxification program should be run. A prerequisite for carrying out drainage therapy is to drink plenty of clean, non-carbonated water, equivalent to not less than 30 ml/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, cloves, black walnut, burdock root).

The criteria for cure is the disappearance of clinical symptoms and the absence of helminth eggs in the faeces (after testing three times). Alternatively, the parasite should not be detectable on resonance testing using the DETA PROFESSIONAL or DETA PHARMA.

### 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 faeces.

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, the area surrounding the anus. After laying 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 the pinworms can move from the bed linen, as well as our hands, to kitchen benches and foods. Shaking hands is also a way to transfer the eggs of pinworms. After eggs enter the bowel, larvae are 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, sometimes with severe scratching. 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 de-worming.

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 daily for 30 - 40 days.

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, noncarbonated water, equivalent to not less than 30 ml/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, walnut tincture, cloves, burdock root).

**Prevention:** To prevent Enterobiasis, 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.



#### 4. GIARDIA



Giardia is a parasitic protozoan flagellate. Giardia is common in all parts of the world and the incidence of 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 faeces 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 faeces 3-4 times at various intervals (7-8 days). Bioresonance diagnostics using the Deta Professional by a Deta health professional is also possible.

**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 are 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 can lead to the development of gastritis, peptic ulcer and gastric tumours. The World Health Organization defines Helicobacter as a group I carcinogen. This means that there is a clear relationship between the Helicobacter and the incidence of tumours in the stomach and duodenum.

Helicobacter is capable of living in the stomach for a very long time, and are generally resistant to medication as well as being able to change the stomach acidity, making it more alkaline.

Actively multiplying, the microorganism excretes a number of enzymes that have a damaging effect on the stomach mucosa which 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 tend to proliferate more when there is a weakened immune system. Stress and a change in diet or acute infections exacerbate symptoms related to Helicobacter. 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 identifying 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
- fiber optic gastroscopy. During a gastroscopy exam of the stomach, 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 identifying helicobacter due to urease activity.

**Application:** The programme should be used daily for two consecutive weeks. The drainage program must be used to remove intoxication at the end of the Helicobacter programme - this can be run up to twice daily. A prerequisite for carrying out treatment is to drink plenty of clean, non-carbonated water, equivalent to not less than 30 ml/ kilogram body weight per day.

The criteria for recovery are:

- the disappearance of clinical symptoms,
- the absence of Helicobacter on gastroscopy,
- a negative breath test.
- No detection on bioresonance testing

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 the World Health Organisation, 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 that has had



the bowel ecology weakened by use of antibiotics, cortisones and immunosuppressants.

Candida fungi are the fourth most prevalent microorganisms causing disease, and it comes first for causing hospital mortality from septic conditions 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) in 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 treatment for 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 Candida 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 consecutive 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 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 case, the *Trichomonas* program is used 2-4 times daily until symptoms disappear, but not for less than 10 consecutive days.

In chronic carrier states: 1-2 times per day for 10-14 consecutive days. After completing a treatment program, a drainage program should be added to prevent intoxication.

Sexual partners must be treated to avoid re-infection.



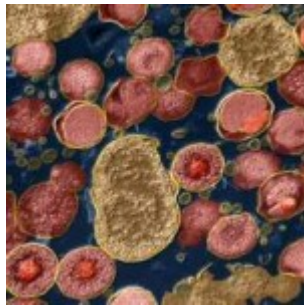
The criteria for recovery is:

- 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 further 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, Chlamydia has become prominent as the cause of inflammatory diseases of the genitals, and the consequences of this on reproductive health and newborn babies.

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 colour, 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.

Chlamydia infection can cause more serious complications. In men, the most common complication is inflammation of the Epididymis, known as 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 consecutive days. If required, a drainage program can be added to prevent intoxication.

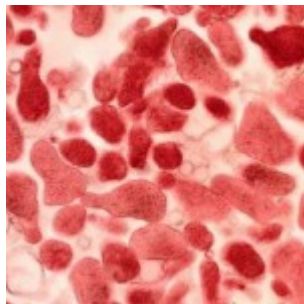
The criteria for recovery are:

- the disappearance of clinical symptoms
- 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 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 (Gonorrhoea, 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 excretions, 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 consecutive 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 not for less than 10 days.

In chronic carrier states: 1-2 times per day for 14-20 days.

Sexual partners must be treated to avoid re-infection.

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 noncarbonated water, equivalent to not less than 30 ml/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 consecutive weeks. It is appropriate to conduct laboratory examination before and after treatment in the same laboratory, using the same diagnostic tests.

## 10. STAPHYLOCOCCAL INFECTION



Staphylococcal 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, pyoderma (staphyloiderma), sore throat, wound abscesses, paronichia (inflammation of the skin around the nail), as well as food poisoning and severe infections occurring in blood poisoning. Reduced functioning of the immune system is imminent with Staphylococci infections.

Staphylococci enter the body through the skin and mucous membranes, and are spread by drops and dust in the air. Staphylococci can cause secondary problems such as 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



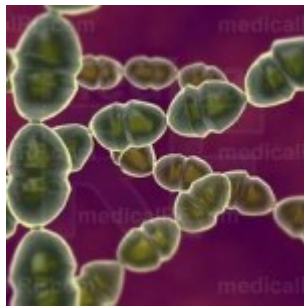


abscesses, boils, etc. The treatment program should be started immediately after the onset of the disease. It should be conducted every 2 hours until the disappearance of all symptoms.

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 symptoms. A prerequisite for treatment is to drink plenty of clean, non-carbonated water, equivalent to not less than 30 ml/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 health complications 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.

Haemolytic 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.



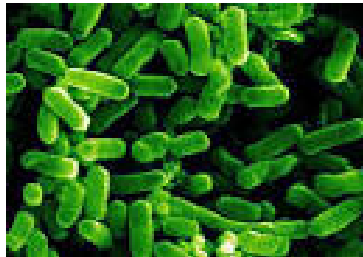
**Application:** The “Streptococcal infection” treatment program is for diseases caused by Streptococci: sore throats, otitis, sinusitis, erysipelas, scarlet fever, etc. The treatment program should be started immediately after the onset of the disease. It should be conducted every 2 hours until the 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 symptoms, the program can be used 2-4 times per day. A prerequisite for carrying out treatment is to drink plenty of clean, non-carbonated water, equivalent to not less than 30 ml/kilogram body weight per day.

## 12. COLIBACILLUS (E. COLI)



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, traveller’s diarrhoea, 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 abscesses, 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, it is best to take specimens directly from the place of infection: blood, urine, swab, purulent discharge, etc.

**Application:** It is recommended to 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 symptoms, 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/kilogram body weight per day.

### 13. ONCHOMYCOSIS



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 re-grows, 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. PAPILOMAVIRUS INFECTION (HPV)



The Human Papilloma Virus (HPV) belongs to the Papillomavirus genus of DNA viruses. There are more than 100 known types of this virus.

The HPV selectively infects the epithelium tissue of the skin and mucous membranes. It causes warts, genital warts, various benign and malignant tumours. 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 re-infection.



## 15. HERPES



Photo courtesy of CDC - Dr. Hermann

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 recommended 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 re-infection.

**Attention!** Resistant immunity is not formed after treatment. On repeat infection of influenza-like conditions, there are usually 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





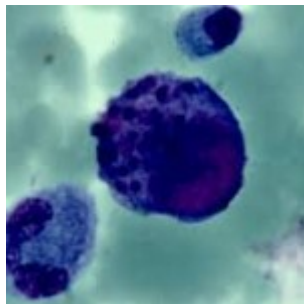
reliable indicator of infection. Recently, PCR has started to be used for the diagnosis of EBV infection.

**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 re-infection.

## 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 can be 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 foetus and newborn are the most serious complications of CMV infection. The maximum risk of this developing this disease occurs from infection of the foetus during pregnancy. CMV is one of the most common causes of miscarriage.

Intrauterine CMV infection of the foetus 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:

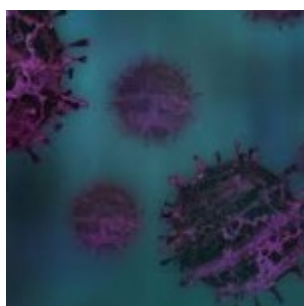
- PCR
- Serodiagnosis
- IgM antibodies may indicate primary infection or worsening of chronic infection
- IgG antibodies indicated that a person is infected. IgG remains for life

**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 re-infection.

## 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 spend 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 super-infection. 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 secondary 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 programme for the treatment of infection, and use the “Antiseptic” programme twice a day.

For the purpose of detoxification, “Drainage therapy” is definitely 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, and equivalent to not less than 30 ml. per kilogram body weight per day.

## 20. INFLAMMATION



Inflammation is a complex defence 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 defence 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 defence 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 non-infectious 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.

### 1) Drainage Therapy

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.

### 2) Roundworms (Ascaris)

Roundworms, or nematodes, are parasites that can infect people. They usually live in the intestines. There are different kinds of worms that can cause infection, and they can range in length from 1 millimeter to 1 meter.

Most often, eggs or larvae live in the soil and get into the body when you get them on your hands and then touch your mouth. Some can also get into the body through the skin.

Like other parasitic diseases, roundworm infections happen more often in warm, tropical climates. Ascariasis is the most common roundworm infection, and affects as many as 1 billion people worldwide.

**Signs and Symptoms:** The signs and symptoms of roundworm infection include:



- Ascariasis
- Cough
- Shortness of breath
- Abdominal pain
- Nausea and diarrhoea
- Blood in the stool
- Weight loss
- Fatigue
- Presence of the worm in vomit or stool

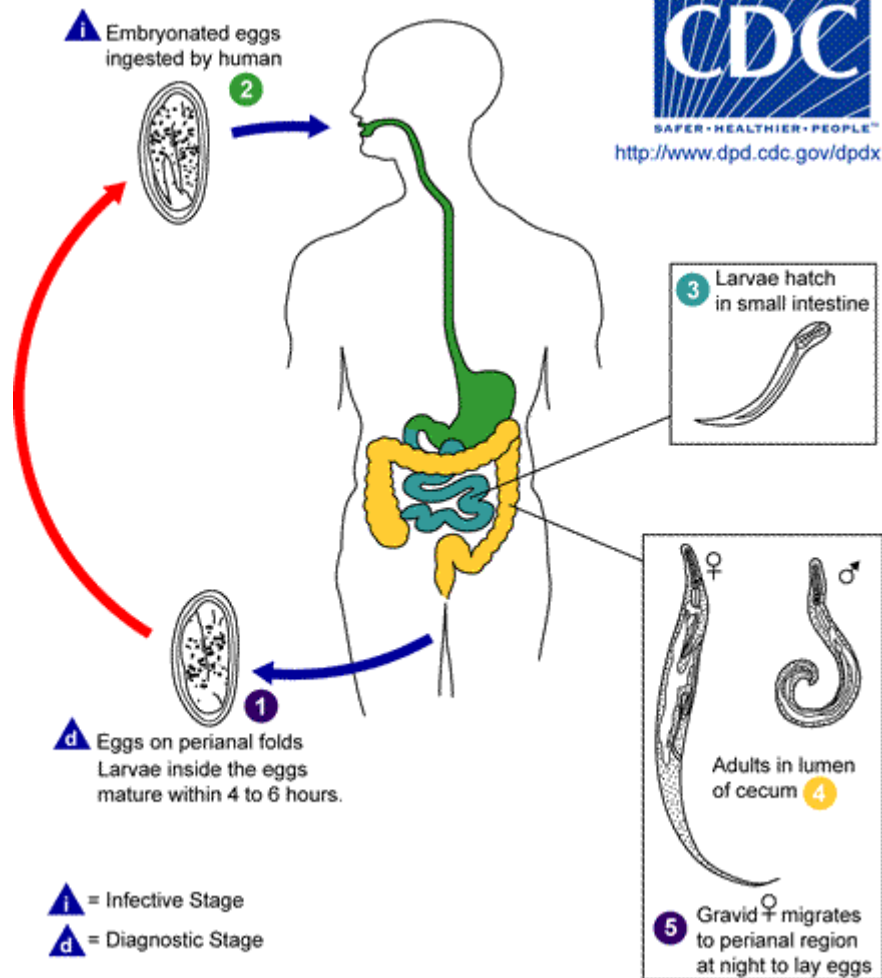
The programme Ascaris is used for one (1) month in all phases of ascariasis. The programme should not be run more often than once every three days and this cycle should be run for about 40 days.

After completion of the programme, you should run the “detoxification” programme and make certain that you evacuate your bowel at least once a day in order to effectively eliminate the dead parasites and their toxins.

If one wants to use other herbal remedies and supplements then this is not a problem. Drinking 2 - 2.5 litres of water daily is crucial to proper elimination of toxins.

### 3) Nematode Threadworm (Enterobius)

The nematode (threadworm) *Enterobius vermicularis* (previously *Oxyuris vermicularis*) also called human pinworm. (Adult females: 8 to 13 mm, adult male: 2 to 5 mm.) Humans are considered to be the only hosts of *E. vermicularis*.



Eggs are deposited on perianal folds 1. Self-infection occurs by transferring infective eggs to the mouth with hands that have scratched the perianal area 2. Person-to-person transmission can also occur through handling of contaminated clothes or bed linens. Enterobiasis may also be acquired through surfaces in the environment that are contaminated with pinworm eggs (e.g., curtains, carpeting). Some small number of eggs may become airborne and inhaled. These would be swallowed and follow the same development as ingested eggs.

Following ingestion of infective eggs, the larvae hatch in the small intestine 3 and the adults establish themselves in the colon 4. The time interval from ingestion of infective eggs to oviposition by the adult females is about one month. The life span of the adults is about two months. Gravid females migrate nocturnally outside the anus and oviposit while crawling on the skin of the perianal area 5. The larvae contained inside the eggs develop (the eggs become infective) in 4 to 6 hours under optimal conditions 1. Retroinfection, or the migration of newly hatched larvae from the anal skin back into the rectum, may occur but the frequency with which this happens is unknown.





This programme should be run once every 2 days for 40 days.

Upon completion of the programme it is helpful to use the detoxification programme to help flush out the toxins created by the dying parasites. Drink at least 2 - 2.5 litres of water and have at least one bowel movement per day.

#### 4) Giardia Parasite

Giardia is a microscopic parasite that causes the diarrheal illness known as Giardia (also known as Giardia intestinalis, Giardia lamblia, or Giardia duodenalis) is found on surfaces or in soil, food, or water that has been contaminated with faeces from infected humans or animals.

Giardia is protected by an outer shell that allows it to survive outside the body for long periods of time and makes it tolerant to chlorine disinfection. While the parasite can be spread in different ways, water (drinking water and recreational water) is the most common method of transmission.

Giardiasis is the most frequently diagnosed intestinal parasitic disease in the United States and among travellers with chronic diarrhoea. Signs and symptoms may vary and can last for 1 to 2 weeks or longer. In some cases, people infected with Giardia have no symptoms.

Acute symptoms include:

- Diarrhoea
- Gas
- Greasy stools that tend to float
- Stomach or abdominal cramps
- Upset stomach or nausea/vomiting
- Dehydration (loss of fluids)

Other, less common symptoms include itchy skin, hives, and swelling of the eye and joints. Sometimes, the symptoms of giardiasis might seem to resolve, only to come back again after several days or weeks. Giardiasis can cause weight loss and failure to absorb fat, lactose, vitamin A and vitamin B12.

In children, severe giardiasis might delay physical and mental growth, slow development, and cause malnutrition.

This programme Giardia on the Deta Elis device is designed to treat giardiasis. The programme should be run every second day for 30 times, making a total of about 15 runs. If there is pain in the upper left side of the body during use, then it is best to decrease the frequency of use to once every 3 days until the pains abate.

Upon completion of the program against giardiasis, it is appropriate to use the programme for detoxification to make certain that you clear the toxins



from the body which result from the dying parasites. In addition, drink at least 2 - 2.5 litres of water during these treatments, as well as having at least one bowel movement per day.

### 5) Helicobacter Pylori Bacteria

It is estimated that 50% of the population worldwide has infection by Helicobacter pylori which is considered a risk factor for various digestive diseases like gastritis, gastric and duodenal ulcer, MALT lymphoma and gastric cancer. The fact is that the infection is acquired early in childhood and remains in adult life. Although childhood is a critical period for the natural course of infection the main route of transmission is still under discussion.

Helicobacter pylori (H. pylori), previously named Campylobacter pyloridis, is a bacterium found in the stomach. It was identified in 1982 by Australian scientists Barry Marshall and Robin Warren, who found that it was present in patients with chronic gastritis and stomach ulcers, conditions that were not previously believed to have a bacterial cause.

It is also linked to the development of duodenal ulcers and stomach cancer. However, over 80 percent of individuals infected with the bacterium are asymptomatic and it has been postulated that it may play an important role in the natural stomach ecology.

This programme should be used when there are stomach problems such as gastritis or duodenal ulcer as a consequence of Helicobacter pylori - there are simple blood and breath tests that can confirm the presence of these bacteria.

The programme should be run daily for two weeks and the bacteria can be tested for again.

Running the detoxification programme, as well as drinking plenty of water and having regular bowel movements is important, as mentioned in other programmes above.

### 6) Candida Fungus (Candidiasis)

More and more practitioners around the world are agreeing that there are three major aetiological factors underlying all chronic diseases - Fungal causes, Heavy Metals and Parasites. There is also a causal link between all three factors.

Every person lives in a virtual sea of microorganisms, (bacteria, viruses, fungi, etc.). These microbes can reside in the throat, mouth, nose, intestinal tract, almost anywhere; they are as much a part of our bodies as the food we eat. Usually, these microorganisms do not cause illness, unless our resistance becomes lowered.



Candida albicans is yeast that lives in the mouth, throat, intestines and genitourinary tract of most humans and is usually considered to be a normal part of the bowel flora (the organisms that co-exist with us in our lower digestive tract). It is actually a member of a broader classification of organisms known as fungi.

C. albicans is a diploid organism which has eight sets of chromosome pairs. Interestingly, Candida is one of the few microorganisms that has a diploid gene controlling the same protein - this means that it is capable of pleomorphic activity being able to mutate forms from the budding form to the mycelial, pathogenic form. Its genome size is about 16 Mb (haploid), about 30% greater than S. cerevisiae (baker's yeast).

C. Albicans and C. glabrata are the two most common Candida species that cause Systemic Candidiasis. There are 81 different types of Candida species such as C. glabrata, krusei, lusitaniae, parapsilosis, tropicalis etc.

The problem begins when the normal, budding Candida species that we have in our gut, which 90% of babies are born with, actually changes form to the mycelial or hyphae form which is pathogenic or disease-causing.

This only happens when the internal milieu of the gut and other tissues becomes more acidic, either through taking a variety of drugs that wipe out the lactobacillus species, or through eating very acidic foods such as sugar and other refined products.

It appears that this change in pH can trigger genes in the Candida to begin a pleomorphic change into a stealth organism that is very virulent - it can increase itself from 1 to 100 cells in 24 hours. These 100 cells can then produce 100 each in the next 24 hours, and so on - by the 5th day you have 100 million Candida cells - this is really explosive growth!

This programme should be used for treating Candidiasis - it can be run 1 - 3 times per day, depending on the severity of the symptoms. Caution is required as when Candida is killed off, it releases 79 different types of mycotoxins that can cause a number of detox symptoms. Begin with one run daily for a few days to see how you feel.

Running the detox and drainage programmes immediately after the Candida programme is wise to help clear the toxins, as well as drinking plenty of water and having regular bowel movements.

Run the programme for two weeks generally, and four weeks if the case is chronic.

Taking probiotics during the treatment is also wise to help repopulate the bowel flora and balance the good and the bad bacteria in the gut. Avoiding



antibiotics is important otherwise these also kill the good bacteria which will further aggravate the Candida.

## 7) Trichomonas Protozoan Parasite (Trichomoniasis)

This is a very common sexually transmitted disease (STD) that is caused by infection with a protozoan parasite called *Trichomonas vaginalis*. Although symptoms of the disease vary, most women and men who have the parasite cannot tell they are infected.

Trichomoniasis is considered the most common curable STD. In the United States, an estimated 3.7 million people have the infection, but only about 30% develop any symptoms of trichomoniasis. Infection is more common in women than in men, and older women are more likely than younger women to have been infected.

About 70% of infected people do not have any signs or symptoms. When trichomoniasis does cause symptoms, they can range from mild irritation to severe inflammation. Some people with symptoms get them within 5 to 28 days after being infected, but others do not develop symptoms until much later. Symptoms can come and go.

Men with trichomoniasis may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.

Women with trichomoniasis may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, white, yellowish, or greenish.

This programme can be used 2 - 4 times per day in the acute phase of the illness. Use for a minimum of 10 days, or until the symptoms disappear. In chronic cases, it is best to use 1 - 2 times daily for 14 days.

It is best to drink plenty of water daily as well as have regular bowel movements to help eliminate the toxins from the die-off from the body.

## 8) Chlamydia Bacteria

Chlamydia is a common sexually transmitted disease (STD) caused by a bacterium. Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's organs.

Chlamydia is known as a 'silent' infection because most infected people have no symptoms. If symptoms do occur, they may not appear until several weeks after exposure. Even when it causes no symptoms, chlamydia can damage a woman's reproductive organs.

In women, the bacteria first infect the cervix (structure that connects the vagina or birth canal to the uterus or womb) and/or the urethra (urine



canal). Some infected women have an abnormal vaginal discharge or a burning sensation when urinating.

Untreated infections can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Even if PID causes no symptoms initially, it can lead to infertility (not being able to get pregnant) and other complications later on.

Chlamydia can also infect the rectum in men and women, either through receptive anal sex, or possibly via spread from the cervix and vagina. While these infections often cause no symptoms, they can cause rectal pain, discharge, and/or bleeding (known as "proctitis"). Some infected men have discharge from their penis or a burning sensation when urinating. Pain and swelling in one or both testicles (known as "epididymitis") may also occur, but is less common.

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2011, 1,412,791 cases of chlamydia were reported to CDC from 50 states and the District of Columbia, but an estimated 2.86 million infections occur annually.

A large number of cases are not reported because most people with chlamydia do not have symptoms and do not seek testing. Chlamydia is most common among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

People get chlamydia by having sex with someone who has the infection. "Having sex" means anal, vaginal, or oral sex. Chlamydia can still be transmitted even if a man does not ejaculate. People who have had chlamydia and have been treated can get infected again if they have sex with an infected person.

Chlamydia can also be spread from an infected woman to her baby during childbirth.

Any sexually active person can be infected with chlamydia. It is a very common STD, especially among young people.

It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

In the acute phase of the disease, the programme can be used 2 - 4 times per day until symptoms disappear - this will be at least 10 days. In chronic cases, the programme can be used 1 -2 times daily for approximately 14 days.



Running the detox programme after each treatment is wise, along with plenty of water and bowel elimination.

### 9) Mycoplasma Cell-Wall Deficient Bacteria

Mycoplasma refers to a genus of bacteria that lack a cell wall - these are normally referred to as cell wall deficient organisms (CWD). Without a cell wall, they are unaffected by many common antibiotics such as penicillin or other antibiotics that target cell wall synthesis.

Several species are pathogenic (disease-causing) in humans, including *M. pneumoniae*, which is an important cause of atypical pneumonia and other respiratory disorders, and *M. genitalium*, which is believed to be involved in pelvic inflammatory disease.

Mycoplasma are the smallest living cells yet discovered, can survive without oxygen and are typically about 0.1 micrometres in diameter.

This programme can be run 2 - 4 times per day in acute cases, and 1 -2 times daily in more chronic cases - a total of 2 -3 weeks will be required to eliminate this CWD bacterium.

### 10) Staphylococcus Bacteria

Staph is short for Staphylococcus, a type of bacteria. There are over 30 types, but *Staphylococcus aureus* causes most staph infections (pronounced "staff infections"), including:

- Skin infections
- Pneumonia
- Food poisoning
- Toxic shock syndrome
- Blood poisoning (bacteremia)

Skin infections are the most common. They can look like pimples or boils. They may be red, swollen and painful, and sometimes have pus or other drainage. They can turn into impetigo, which turns into a crust on the skin, or cellulitis, a swollen, red area of skin that feels hot.

Anyone can get a staph skin infection. You are more likely to get one if you have a cut or scratch, or have contact with a person or surface that has staph bacteria. The best way to prevent staph is to keep hands and wounds clean.

Most staph skin infections are easily treated with antibiotics or by draining the infection. Some staph bacteria such as MRSA (methicillin-resistant *Staphylococcus aureus*) are resistant to certain antibiotics, making infections harder to treat.



This programme can be used where the staphylococcus bacterium is suspected, as in cases of sinusitis, tonsillitis, otitis, open wounds and the like.

Begin the programme immediately after symptoms appear and run it every 2 hours until full eradication of the symptoms. As soon as the symptoms begin to abate the programme can be run less often.

It is critically important to drink lots of water, run the detox and drainage programmes and have regular bowel movements to eliminate the toxins from the body.

## 11) Streptococcus Bacteria

Strep is short for Streptococcus, a type of bacteria. There are two types: group A and group B.

Group A strep causes:

- Strep throat - a sore, red throat, sometimes with white spots on the tonsils
- Scarlet fever - an illness that follows strep throat. It causes a red rash on the body
- Impetigo - a skin infection
- Toxic shock syndrome
- Cellulitis and necrotizing fasciitis (flesh-eating disease)

Group B strep can cause:

- blood infections
- pneumonia
- meningitis in newborns.

A screening test during pregnancy can tell if you have it. If you do, I.V. antibiotics during labour can save your baby's life. Adults can also get group B strep infections, especially if they are elderly or already have health problems. Strep B can cause urinary tract infections, blood infections, skin infections and pneumonia in adults.

This programme can be used for any diseases related to Streptococcus infections such as tonsillitis, otitis, Erysipelas, Scarlet fever and others. The program must be applied immediately after the onset of illness. Use the programme every 2 hours until full eradication of all symptoms. The more intense are the symptoms of the disease, the more frequent use of the programme. As the symptoms subside, use the programme less frequently until symptoms abate.



In addition, it is always wise to run the drainage programme immediately after running the Streptococcus programme to help clear the accumulated toxins from the body.

Drinking plenty of water - 2 - 2.5 litres a day is also imperative.

## 12) Escherichia Coli Bacteria

Escherichia coli (abbreviated as E. coli) are a large and diverse group of bacteria. Although most strains of E. coli are harmless, others can make you sick. Some kinds of E. coli can cause diarrhoea, while others cause urinary tract infections, respiratory illness and pneumonia, and other illnesses.

Virulent strains of E. coli can cause gastroenteritis, urinary tract infections, and neonatal meningitis. In rarer cases, virulent strains are also responsible for hemolytic-uremic syndrome, peritonitis, mastitis, septicemia, and Gram-negative pneumonia.

UPEC (uropathogenic E. coli) is one of the main causes of urinary tract infections. It is part of the normal flora in the gut and can be introduced many ways. In particular for females, the direction of wiping after defecation (wiping back to front) can lead to faecal contamination of the urogenital orifices.

This programme can be used when there is suspicion that the underlying causes of the symptoms are related to E. coli bacterial infection. This can be used 2 - 4 times per day until the symptoms have abated. Immediately after running the E. coli programme, the drainage programme should also be run to help the body eliminate the toxins from the bacterial die-off. Lots of water to also flush the toxins.

## 13) Onychomycosis Fungi

Onychomycosis (also known as "dermatophytic onychomycosis," or "tinea unguium") means fungus of the nail. It is the most common disease of the nails and constitutes about a half of all nail abnormalities.

This condition may affect toenails or fingernails, but toenail infections are particularly common. The prevalence of onychomycosis is about 6-8% in the adult population.

The most common symptom of a fungal nail infection is the nail becoming thickened and discoloured: white, black, yellow or green.

As the infection progresses the nail can become brittle, with pieces breaking off or coming away from the toe or finger completely. If left untreated, the skin can become inflamed and painful underneath and around the nail.





There may also be white or yellow patches on the nail bed or scaly skin next to the nail. There is usually no pain or other bodily symptoms, unless the disease is severe.

People with onychomycosis may experience significant psychosocial problems due to the appearance of the nail, particularly when fingers - which are always visible - rather than toenails are affected.

The causative pathogens of onychomycosis include dermatophytes, *Candida*, and non-dermatophytic moulds.

This programme should be used once daily for 30 days. Adding one drop of liquid Grapefruit extract to each infected nail also helps. You can also bathe your feet in warm water and add a few drops of tea tree oil.

#### 14) HPV (Human Papilloma Virus)

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 types of HPV that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat.

HPV can cause serious health problems, including genital warts and certain cancers. There is no certain way to tell who will develop health problems from HPV and who will not. In most cases HPV goes away by itself before it causes any health problems, and most people who become infected with HPV do not even know they have it.

HPV is not the same as herpes or HIV (the virus that causes AIDS). Both viruses can be passed on during sex, but they have different symptoms and cause different health problems.

Most people with HPV never develop symptoms or health problems. Most HPV infections (90%) go away by themselves within two years. But, sometimes, HPV infections will persist and can cause a variety of serious health problems. Health problems that can be caused by HPV include:

- ✚ Genital warts (warts on the genital areas)
- ✚ Recurrent respiratory papillomatosis (RRP), a rare condition in which warts grow in the throat
- ✚ Cervical cancer, cancer on a woman's cervix; and other, less common, but serious cancers, including genital cancers (cancer of the vulva, vagina, penis, or anus), and a type of head and neck cancer called oropharyngeal cancer (cancer in the back of throat, including the base of the tongue and tonsils).

All cases of genital warts and RRP, and nearly all cases of cervical cancer, are caused by HPV. A subset of cancers of the vagina, vulva, anus, penis, and oropharynx, are caused by HPV.



The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.

Use the programme one or two times a day for 30 days.

## 15) Herpes Virus

Herpes represents a range of infections caused by different types of the herpes virus. Cold sores around the mouth can be a symptom of Herpes Simplex Virus Type 1 (HSV-1). Genital herpes, with symptoms including lesions on or around the genitals and rectum and even thighs and buttocks, is caused by Herpes Simplex Virus Type 2 (HSV-2) and is sexually transmitted.

Herpes Simplex Virus Type 1 (HSV-1), which causes cold sores, is transmitted by direct contact with body fluids, such as saliva (through kissing). It can be transmitted by oral sex, too.

Sharing towels or razors with an infected individual can also result spread the virus. Doctors refer to the cold sores as recurrent herpes labialis; they are also known as fever blisters.

Nearly one-third of U.S. children ages 6 to 13 have tested positive for HSV-1 antibodies. More than 25 percent of children were infected by age 7 and most adults are infected. However, recurring cold sores appear in just 14 to 40 percent of those infected. There is no cure, but antiviral medication can reduce the frequency and severity of outbreaks.

Herpes Simplex Virus Type 2 (HSV-2), or genital herpes, is transmitted by sexual intercourse or direct contact with a herpes sore. It can lay dormant for long periods in an infected person.

People infected but who do not show symptoms can still spread the disease. About 16.2 percent of U.S. residents between ages 14 and 49 are infected with genital herpes, according to the CDC. Condoms and abstinence are among the prevention strategy. There is no cure, but antiviral drugs can cut down on the frequency and severity of outbreaks.

There are other forms of the herpes virus:

Herpes zoster causes shingles

Scientists speculate that chronic fatigue might be caused by herpes virus 6 (HHV-6).

Some studies suggest HSV-1, the herpes that causes cold sores, and may play a role in the development of Alzheimer's disease.

It is best to run this programme every 2 - 3 hours immediately after the first symptoms appear. Keep running until the disappearance of the blistered



lesion, then continue running 1 - 2 times a day for one week. If chronic, then run 1 -2 times daily for two weeks.

Always run the drainage and detox programmes immediately after each treatment in order to eliminate the toxins from the body.

### 16) Epstein-Barr Virus (EBV)

Epstein-Barr virus, frequently referred to as EBV, is a member of the herpes virus family and one of the most common human viruses. The virus occurs worldwide, and most people become infected with EBV sometime during their lives. In the United States, as many as 95% of adults between 35 and 40 years of age have been infected. Infants become susceptible to EBV as soon as maternal antibody protection (present at birth) disappears.

Many children become infected with EBV, and these infections usually cause no symptoms or are indistinguishable from the other mild, brief illnesses of childhood. In the United States and in other developed countries, many persons are not infected with EBV in their childhood years. When infection with EBV occurs during adolescence or young adulthood, it causes infectious mononucleosis 35% to 50% of the time.

Symptoms of infectious mononucleosis are fever, sore throat, and swollen lymph glands. Sometimes, a swollen spleen or liver involvement may develop. Heart problems or involvement of the central nervous system occurs only rarely, and infectious mononucleosis is almost never fatal.

There are no known associations between active EBV infection and problems during pregnancy, such as miscarriages or birth defects. Although the symptoms of infectious mononucleosis usually resolve in 1 or 2 months, EBV remains dormant or latent in a few cells in the throat and blood for the rest of the person's life. Periodically, the virus can reactivate and is commonly found in the saliva of infected persons. This reactivation usually occurs without symptoms of illness.

This programme can be run every 2 hours in acute crises, and twice a day in more chronic cases. It is best to run the programme until symptoms subside.

### 17) Cytomegalovirus (CMV)

Cyto Megalo Virus (CMV) is a common virus that can be contracted through contact with the saliva or urine of children. Toddlers often get CMV infections at preschool. Pregnant women can take steps to reduce their risk of exposure to CMV.

While many people have never heard of it, cytomegalovirus, or CMV, is a common virus that infects people of all ages.



Most CMV infections are “silent,” which means that the majority of people who are infected with CMV have no signs or symptoms. However, pregnant women who are infected can transmit CMV to their foetuses, causing a congenital CMV infection.

A “congenital” infection is one that is transmitted from mother to baby during the pregnancy. Congenital CMV infection can cause hearing loss, seizures and developmental disabilities.

People who are infected with CMV can transmit the virus from their body fluids, such as urine, saliva, blood, breast milk, and semen. The virus is generally passed from infected people to others through direct contact with body fluids. CMV can be sexually transmitted, or it can spread from mother to foetus through the placenta. It can also be spread through transplanted organs and blood transfusions.

This programme should be run 1 - 2 times per day for 14 days.

### 18) Respiratory Flu

While a common cold, including chest cold and head cold, can be caused by more than 200 viruses, seasonal flu is caused by either influenza A or B viruses.

Flu causes a sudden high temperature, headache and general aches and pains, tiredness and sore throat - can also lose your appetite, feel nauseous and have a cough.

Flu symptoms can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better.

If you have flu, you generally start to feel ill within a few days of being infected.

Symptoms peak after two to three days and you should begin to feel much better after a week or so, although you may feel tired for much longer.

This programme for flu can be run every two hours as soon as the first symptoms of the flu appear. Continue using until the symptoms subside and then use less and less. For prevention during the winter months, the programme can be run a couple of times per day.

It is good to run the drainage and detox programmes after each treatment.

### 19) Antiseptic Program

This is a programme that can be used when the body has any type of inflammation from any causes. The programme can be run every 2 hours



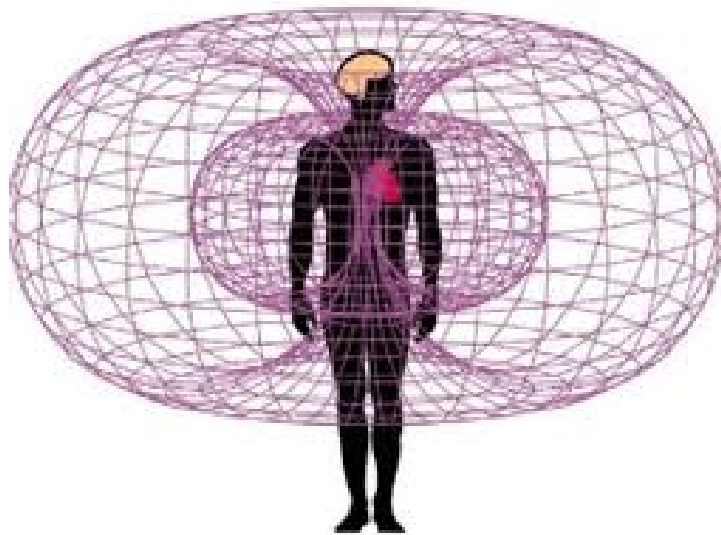
until a full recovery is made. Under other circumstances, the programme can be used a couple of times per day until the inflammation abates. It is also wise to run the drainage programme 2 - 3 times per day in order to help eliminate toxic build-up in the body. Drink plenty of water - about 30 ml per kg body weight.

## 20) Inflammation

This programme can be run every time there is some sort of inflammation in the body causing pain and discomfort. This can be run 1 - 3 times daily.

It would be good to run the drainage and lymph detox programmes immediately after this.

Drink plenty of water to flush toxins out.



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