Practical approach to handling infections

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Infection is the state when germs like bacteria, viruses, fungi and parasites invade and grow by multiplying in the body.

Infections by prions (e.g. Creutzfeldt-Jakob disease), which are a type of protein that can trigger normal proteins in the brain to fold abnormally, will not be discussed here.

An infection can begin anywhere in the body and may spread through it. Disease can develop when the cells in the body get damaged as a result of the infection, leading to the appearance of symptoms of an illness.

It's also possible to have an asymptomatic infection. Some examples of infections that don't always cause symptoms include HPV, gonorrhea, and Chlamydia.

Types of infection acc. to their duration

Acute infections are the ones that, after their onset, they progress quite rapidly and are over after days or within 4 weeks.

Subacute infections last between 1 to 3 months.

Chronic infections can last for weeks, months, or a lifetime.

Recurrent infections are the ones that appear in the same organ a number of times during the year.

Latent infections may even not cause symptoms at first but can reactivate over a period of months or years.

Common infections

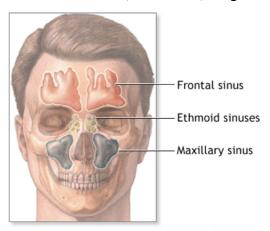
Respiratory tract infections include sinusitis, tonsillitis, sore throat, bronchitis, and pneumonia. Viruses and/or bacteria may be responsible for respiratory tract infections.

Otitis media is the official name for an infection or inflammation of the middle ear. Both bacteria and viruses can cause ear infections, which commonly occur in babies and small children.

Urinary tract infection (UTI is a bacterial infection of the bladder, urethra, kidneys, or ureters. The most common of all is cystitis (bladder inflammation).

Genital infection is an infection caused by viruses (often HPV, genital HSV), bacteria or yeast.

Sinusitis happens when the tissue lining of any of the sinuses becomes swollen or inflamed due to a virus, bacterium, fungus or allergies.



When sinusitis is caused by bacteria, there will be yellow or green phlegm, nasal congestions, postnasal drip, and pressure in the sinus cavities.

Acute sinusitis has the shortest duration from 1-4 weeks. It can be caused by viruses, bacteria and allergies.

Subacute sinusitis symptoms can last for up to 3 months. This condition commonly occurs with bacterial infections or seasonal allergies.

Chronic sinusitis symptoms last for more than 3 months. They're often less severe. Bacterial infection may be to blame in these cases. Additionally, chronic sinusitis commonly occurs alongside persistent allergies or structural nasal problems.

Most sinus infections are viral, caused by the common cold virus. The most common bacteria causing sinusitis are Streptococcus pneumonia, Hemophilus influenzae, Staphylococcus aureus and Moraxella catarrhalis. Aspergillus fumigatus is associated with chronic invasive fungal sinutitis.

Treatment of acute conditions:

• Germ elimination programs; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: nasal secretion and/or vials with the pathogenic frequencies.

Output: mat on the back.

- Sinusitis programs; 3104.0, 3105.0, 500.3 with input the narrow flexible applicator on the congested sinuses and output the mat on the back. Input cup: nasal secretion.
- Lymph drainage programs; 653.0, 3429.0, 3430.0 with input on the blocked sinuses and mat on the back. Input cup: nasal secretion.

You may consider adding the substances complex of Sinusitis from the 2nd channel.

Recurrent and chronic conditions:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Scar interference programs; 910.5, 900.2, 927.3, 341.4
- Meridian programs; depending on the sinuses different meridians might be affected. Check the bladder (390.3, 391.7), stomach (330.4, 331.9) and large intestine (220.2, 221.10) meridian programs.
- Chakra programs (5th and 6th chakra); 532.1, 940.1 (5th), 231.5, 940.1 (6th)
- Connective tissue programs; 3016.0, 3040.0
- Tissue block programs; 915.2, 918.0, 433.2
- Lymph drainage; 653.0, 3429.0, 3430.0, 930.3, 830.3
- Mucosal problems; 3440.0, 3041.0, 3042.0, 3089.0
- Chronic allergies (check the central foods and inhalation allergens) and germ elimination (the same programs as in treatment of acute cases).

With the exception of the chakra and allergen/pathogens elimination programs the input will be a flexible applicator on the affected sinus(es). The output will be the mat on the back. You may include nasal secretion in the input cup and substance complexes from the 2nd channel.

Tonsillitis is an inflammation (swelling) of the tonsils.

The tonsils are part of the lymphatic system and act as filters, trapping germs that could otherwise enter the airways through the mouth and nose and cause infection. In the case they get overwhelmed by bacteria or viruses they get swollen and inflamed.

Tonsillitis caused by a virus is most common in children over age two. There are three types:

Acute tonsillitis. These symptoms usually last 3 or 4 days but can last up to 2 weeks.

Recurrent tonsillitis. This is when one gets tonsillitis several times in a year.

Chronic tonsillitis. This is when there is a long-term tonsil infection.

Tonsillitis is caused by bacterial or viral infections.

A common cause is the A group Streptococcus (strep) bacteria, which can also cause strep throat. Tonsillitis caused by bacteria is more common in children ages 5-15.

Another common bacteria causing tonsillitis along with Streptococcus bacteria is Haemophilus influenzae and, less often, Moraxella (Branhamella) catarrhalis. White patches or puss on the tonsils is a sign of bacterial infection.

Common viruses that cause inflammation of the tonsils include:

- Adenoviruses
- Influenza virus
- Epstein-Barr virus
- Parainfluenza viruses
- Enteroviruses
- Rhinovirus
- Herpes simplex virus

Treatment of acute tonsillitis

• Germ elimination; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: saliva and/or vials with the pathogenic frequencies.

Output: mat on the back.

- Lymph meridian programs and lymph programs; 200.3, 201.2, 3428.0
- Increase powers of resistance; 570.1 (consider increasing the time)
- Summer flu; 3103.0
- Sore throat, bronchial disease; 3417.0, 459.0
- Tonsillitis; 3067.0, 3068.0

Treatment of recurrent and chronic tonsillitis

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Scar interference programs; 910.5, 900.2, 927.3, 341.4
- Lymph meridian programs and lymph programs; 200.3, 201.2, 3200.0, 3201.0, 3428.0, 3429.0, 930.3, 830.3
- Chakra programs (5th chakra); 532.1, 940.1
- Increase powers of resistance; 570.1
- Connective tissue; 3016.0, 3040.0
- Tissue block programs; 915.2, 918.0, 433.2
- Jaw joint block; 3425.0, 530.2, 570.9
- Chronic allergies (foods, inhalation allergens) and germ elimination (same programs as for the treatment of acute conditions)

Pharyngitis or sore throat is pain, scratchiness or irritation of the throat that often worsens when one swallows.

The most common cause of a sore throat is a viral infection, such as a cold or the flu. A sore throat caused by a virus resolves on its own.

Other viruses that may cause pharyngitis are:

- EBV (mononucleosis)
- Measles virus
- VZV (Chickenpox)
- Sars-CoV-2 (COVID-19)

Strep throat (streptococcal infection), a less common type of sore throat caused by bacteria, normally requires treatment with antibiotics to prevent complications.

<u>Treatment of acute cases</u>:

• Germ elimination; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: saliva and/or vials with the pathogenic frequencies.

Output: mat on the back.

- Lymph meridian programs and lymph programs; 200.3, 201.2, 3428.0
- Increase powers of resistance; 570.1 (consider increasing the time)
- Summer flu; 3103.0
- Sore throat, bronchial disease; 3417.0, 459.0

Treatment of recurrent and chronic cases:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Scar interference programs; 910.5, 900.2, 927.3, 341.4
- Lymph meridian programs and lymph programs; 200.3, 201.2, 3200.0, 3201.0, 3428.0, 3429.0, 930.3, 830.3
- Chakra programs (5th chakra); 532.1, 940.1
- Connective tissue; 3016.0, 3040.0
- Check for GERD; 3101.0, 3102.0, 827.1, 241.2, 461.3, 200.2, 211.6, 861.1
- Chronic allergies (foods, inhalation allergens) and germ elimination (same programs as the treatment of acute conditions, test for Helicobacter pylori)

Bronchitis is when the bronchial tubes that carry air to the lungs get inflamed and swollen.

There are two types:

Acute bronchitis. This is more common. Symptoms last a few weeks, but it doesn't usually cause problems past that time.

Chronic bronchitis. This one is more serious. It keeps coming back or doesn't go away.

Treatment of acute bronchitis:

• Germ elimination programs; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1 Input cup: saliva/phlegm and/or vials with the pathogenic frequencies.

Output: mat on the back.

- Broncho virus program; 454.0
- Lung meridian programs; 210.3, 211.9, 3210.0, 3211.0
- Toxin elimination program; 970.5
- Bronchitis programs; 423.1, 800.2, 240.3
- Bronchial disease; 459.0

Treatment of chronic bronchitis:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Lung meridian programs; 210.3, 211.9, 3210.0, 3211.0
- Toxin elimination program; 970.5
- Connective tissue programs and tissue regeneration; 3016.0, 3040.0, 3124.0, 3125.0 (input on the bronchi)
- Tissue block programs; 915.2, 918.0, 433.2 (input on the bronchi)
- Bronchial disease; 459.0
- Dry cough program; 540.0
- Germ and allergens (foods, inhalation allergens) elimination programs (same programs as the treatment of acute conditions)

Otitis is a general term for inflammation or infection of the ear.

It can either involve the external ear (outer ear and ear canal), the middle ear or the inner ear.

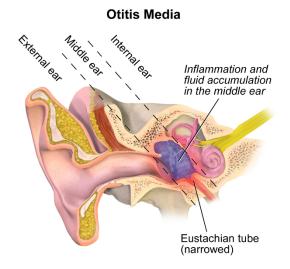
Otitis media is inflammation or infection located in the middle ear. Otitis media can occur as a result of a cold, sore throat, or respiratory infection.

Middle ear infections are usually a result of a malfunction of the Eustachian tube, a canal that links the middle ear with the throat area. When this tube is not working properly, it prevents normal drainage of fluid from the middle ear, causing a build up of fluid behind the eardrum.

When this fluid cannot drain, it allows for the growth of bacteria and viruses in the ear that can lead to acute otitis media.

About 3 out of 4 children have at least one episode of otitis media by the time they are 3 years of age.

Otitis media can also affect adults, although it is primarily a condition that occurs in children.



The most common bacterial pathogen in acute otitis media (AOM) is Streptococcus pneumoniae, followed by Haemophilus influenzae and Moraxella (Branhamella) catarrhalis. These three organisms are responsible for more than 95% of all AOM cases with a bacterial etiology.

The common cold, flu, allergies and fungi can lead to middle ear infections. Other upper respiratory problems, such as sinus or throat infections, can lead to middle ear infections, as the bacteria make their way through the connected passageways and into the Eustachian tubes.

Otitis externa is a condition that causes inflammation (redness and swelling) of the external ear canal, which is the tube between the outer ear and eardrum. It is often referred to as "swimmer's ear" because repeated exposure to water can make the ear canal more vulnerable to inflammation.

Most cases of otitis externa are caused by bacteria, although the condition can also be caused by fungi.

Otitis interna or labyrinthitis is the inflammation of the inner ear where the sensory organs for balance and hearing are located.

The causes of otitis interna might be a viral (common cold, flu, herpes viruses) or bacterial infection.

Treatment of acute otitis:

• Germ elimination; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: earwax and/or vials with the pathogenic frequencies.

Output: mat on the back.

- Meridian programs; 370.2, 371.9, 290.5, 291.3 (input on the ear)
- Lymph programs; 930.3, 830.3, 3429.0, 3430.0 (input on the ear)
- Acute tissue process; 922.2 (input on the ear)
- Earache programs; 530.3, 500.6 (input on the ear)

Treatment of recurrent and chronic otitis:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Scar interference programs; 910.5, 900.2, 927.3, 341.4 (input on the ear)
- Meridian programs; 370.2, 371.9, 290.5, 291.3 (input on the ear)
- Connective tissue programs and tissue regeneration; 3016.0, 3040.0, 3124.0, 3125.0 (input on the ear)
- Tissue block programs; 915.2, 918.0, 433.2 (input on the ear)
- Indication programs; 522.3, 502.3 (input on the ear)
- Allergies (check for food and inhalation allergens) and germ elimination (same programs as the treatment of acute conditions)

Cystitis is the medical term for inflammation of the bladder.

Most of the time, the inflammation is caused by a bacterial infection.

A bladder infection can become a serious health problem if the infection spreads to the kidneys.

The most common bacteria that cause inflammation of the bladder are: Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Proteus vulgaris, Enterococcus faecalis, Pseudomonas aeruginosa, and Staphylococcus saprophyticus.

Treatment of acute cystitis:

 Germ elimination; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: urine and/or vials with the tested bacteria (vials).

Output: mat on the back.

- Check the bladder meridian programs (390.3, 391.7), the general detox program (970.5), the programs for irritable bladder (490.1, 950.3, 3018.0), for abdominal complaints (3112.0)
- Check the acute tissue process program; 922.2
- The indication program 3411.0 (acute cystitis)

For these programs add urine into the input cup and use the square flexible applicator on the bladder for input and the modulation mat on the back for output.

Treatment of recurrent or chronic cystitis:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Check the scar interference programs; 910.5, 900.2, 927.3, 341.4
- Check the second and first chakra programs (970.2, 341.7, 901.1)
- Check the bladder meridian programs (390.3, 391.7, 3210.0, 3221.0), the general detox program (970.5), the programs for irritable bladder (490.1, 950.3, 3018.0), for abdominal complaints (3112.0)
- Check the programs for tissue regeneration (3040.0, 3016.0, 3124.0, 3125.0)
- Tissue block programs; 915.2, 918.0, 433.2

For all the abovementioned programs use the square flexible applicator on the bladder for input and the modulation mat on the back for output. We may include urine in the input cup.

• Run elimination programs with the tested bacteria and/or urine sample.

Vaginitis is an inflammation of the vagina that can result in discharge, itching and pain. The cause is usually a change in the normal balance of vaginal bacteria or an infection. Reduced estrogen levels after menopause and some skin disorders can also cause vaginitis.

The most common types of vaginitis are:

Bacterial vaginosis, which results from a change of the normal bacteria (lactobacilli) found in the vagina to overgrowth of other bacteria (anaerobes). The most common pathogenic bacteria Gardnerella vaginalis, Prevotella spp., Peptostreptococcus and Bacteroides spp.

Yeast infections, which are usually caused by the naturally occurring yeast fungus Candida albicans.

Trichomoniasis, which is caused by the Trichomonas vaginalis one-celled parasite and is commonly transmitted by sexual intercourse.

Other sexually transmitted vaginal bacterial infections are caused by Chlamydia and Neisseria gonorrhoeae. The viruses HPV (human papilloma virus) and HSV (human herpes virus) are also transmitted through sex causing viral vaginitis.

Treatment of acute vaginitis:

• Germ elimination; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: vaginal discharge and/or vials with the pathogenic frequencies (bacteria, yeast, virus).

Output: mat on the pelvic area (the woman can sit on the modulation mat or have it in front so that it covers the pelvic area).

Treatment of chronic and recurrent cases:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Check the scar interference programs; 910.5, 900.2, 927.3, 341.4
- Check the first chakra programs; 970.2, 341.7
- Connective tissue programs; 3016.0, 3040.0
- Tissue block programs; 915.2, 918.0, 433.2
- Check program 3112.0 for abdominal complaints.

For all the above programs the applicator placement is as follows:

- o Input applicator: brass plate on which the woman will sit (in her clothes).
- Output applicator: The mat is placed along the back.
- Test and run the program sequences 10325/10326 as described for acute cases of vaginitis.

Prostatitis is inflammation (swelling) of the prostate gland.

This condition can come on at any age but, most frequently, between 30 and 50.

There are 2 main types of prostatitis:

Acute prostatitis – where the symptoms are severe and come on suddenly; it's rare, but potentially life-threatening and requires immediate treatment.

Chronic prostatitis – where the symptoms come and go over several months; it's the most common type.

Chronic prostatitis can develop into the chronic pelvic pain syndrome: this is described as inflammatory or non-inflammatory, depending upon the presence or absence of infection-fighting cells in the urine, semen, and prostatic fluid. Often no specific cause can be identified. The symptoms can come and go or remain chronically.

The organisms primarily responsible for acute bacterial prostatitis are also those responsible for most urinary tract infections;

Gram-negative members such as Escherichia coli, Proteus mirabilis, Klebsiella species, Enterobacter species, Pseudomonas aeruginosa, and Serratia species. Of these, E. coli is involved most often and has been shown to increase biofilm formation.

Gram-positive Enterococci bacteria account for 5-10% of documented prostate infections. Other obligate anaerobic bacteria and gram-positive bacteria rarely cause acute bacterial prostatitis. Staphylococcus aureus infection due to prolonged catheterization may occur in the hospital. Other occasional causative organisms include Neisseria gonorrhoeae, Mycobacterium tuberculosis, Salmonella species, Clostridium species, and parasitic or mycotic organisms.

Treatment of acute cases:

• Germ elimination; if available run the PS 10325/10326. Alternatively, you can run the programs 191/193 after adjusting the amplification level and time duration. You can also test and use the programs 978.2, 971.0, 998.1

Input cup: semen and/or vials with the pathogenic frequencies (bacteria, yeast).

Output: mat on the pelvic floor (the man sits on the modulation mat).

Check the bladder meridian programs (390.3, 391.7), the general detox program (970.5)

- Check the acute tissue process program; 922.2
- Check program for abdominal complaints; 3112.0

Treatment of chronic and recurrent cases:

Preparatory steps for the subsequent indication treatment:

- Radiation exposure related programs; 700.3, 701.1, 702.0
- Elimination organs strengthening; lungs, liver, kidneys, large intestine, skin

Indication treatment:

- Basic therapy programs; preferably the extended basic therapy programs with input on the problem area [10250, 10251, 10252, 10255]
- Check the scar interference programs; 910.5, 900.2, 927.3, 341.4
- Check the first chakra programs; 970.2, 341.7
- Connective tissue programs; 3016.0, 3040.0
- Tissue block programs; 915.2, 918.0, 433.2
- Check programs for prostate complaints; 580.4, 321.3, 811.2, 402.2
- Check program for abdominal complaints; 3112.0

For all the above programs the applicator placement is as follows:

- o Input applicator: brass plate on which the man will sit (in his clothes).
- Output applicator: The mat is placed along the back.
- Test and run the program sequences 10325/10326 as described for acute cases of prostatitis.

Case presentations

Case 1:

A 4-year-old girl was brought to my office for treatment due to susceptibility to frequent colds, which lead to ear infections.

Her ENT doctor told her parents that she would need a surgery to place tubes in her ears.

We conducted 3 sessions during which, amongst other preparatory programs (basic programs, scar interference, meridian programs) her immune system was fortified (program 570.1), and earwax was used in the input cup to eliminate the pathogens causing her ear infections.

One year later she hadn't developed another ear infection and she had got sick less frequently. Her appetite had been restored and she didn't look like a malnourished child anymore.

Case 2:

A female patient came for treatment with acute bladder infection.

Her urine culture had shown an infection with Proteus.

In her treatment her urine was included as well as the frequency of the bacterium. Her symptoms subsided after the 1st session, and were gone after the 2nd one.

She had a urine culture repeated after the second treatment, which came out negative.

Case 3:

Another female patient came for treatment with one of her symptoms being a recurrent bladder infection.

Our energetic testing showed stress by E. Coli and Ureaplasma.

She had 3 sessions, which included elimination of the bacteria, support of the bladder with the meridian programs and the irritable bladder programs.

After these 3 sessions her symptoms disappeared.

Case 4:

A female patient came to my office in July due to recurrent cystitis accompanied with fungal vaginitis.

Her treatment included scar interference programs, detoxification support of the bladder, bladder meridian support programs, elimination programs with the tested pathogens (E. Coli, Gardnerella and Candida).

After 3 sessions none of the pathogens were testing any more, though her symptoms had subsided after the 1st session. She remains without symptoms until this day.

Case 5:

A male patient came for treatment in September due to chronic prostatitis.

He had had the condition for over 10 years. His last antibiotic treatment was in June. He was on it for 6 weeks.

His semen culture had identified E. Coli and Proteus.

Our bioenergetic testing showed stress by E. Coli and Candida.

Within 3 sessions we were able to eliminate these pathogens using inverting programs. We also supported the detoxification of the body and the prostate with the prostate programs. His new semen culture after the 3rd session came out negative.

Summary

In general, acute infections are treated with the main focus on eliminating the causal pathogen. Whenever possible, the body's substances can be used for that. The treatment can be further supported with indication programs that target the symptoms. When caught in the early stage, one session can be enough. Otherwise, usually up to 3 sessions, 1-2 days apart.

Recurrent infections need more groundwork, meaning the main focus is on balancing the susceptible organ by restoring and fortifying the flow of energy (scar interference fields, meridians, chakra, connective tissue, tissue blocks) and, then, on eliminating the causal stress factors. Treatments are repeated 3-5 times, 1-3 weeks apart.

Especially in chronic and recurrent cases, it's a profoundly fulfilling experience to be the facilitator of a treatment that changes people's quality of life.