

Use of Infrared Resonance Therapy (IRT) in Covid-19 Patients



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Abstract

Currently, scientists and doctors from all countries are taking part in the development of effective methods of treatment and prevention of Covid 19 (8). The literature contains data on the use of visible and invisible light ranges, in particular infrared therapy in the treatment of various diseases (4,7,10). Unlike other types of infrared therapy, IRT uses pulsed medium and long-wave infrared radiation in the range from 2 to 45 microns, which is generated by emitters covered with functional ceramics. The developer of functional ceramics and the IRT method is Professor R. Rakhimov et al. (Scientific and Production Association "Physics-Sun" Institute of Materials Science of the Academy of Sciences of the Republic of Uzbekistan). For emitters covered with functional ceramics, there is an FDA USA certificate and a hygienic certificate of sanitary and epidemiological surveillance of the Republic of Uzbekistan. When the primary radiation source (spiral or filament) is turned on, its energy is transformed by functional ceramics into a pulsed medium-wave and long-wave narrow-spectrum infrared range. In IRT, ceramic emitters are used to restore immunity (KL), to restore microcirculation, to remove hypoxia in organs (ZB), to destroy viruses (RC, RV), bacteria (GI), fungi (AF). The literature contains data on the use of IRT in the treatment of various non-infectious and infectious diseases, including viral (ARVI, HIV, viral hepatitis, herpes, etc.), bacterial, fungal diseases (5,6). However, these works did not study the possibility of using IRT in the treatment of Covid 19, including in patients with chronic concomitant pathology, with a protracted course of the disease and poorly responding to standard drug therapy [1].

Keywords: Infrared resonance; Therapy; Covid-19 patients; Therapist; Physiotherapist; Cardiologist

Purpose of the Study

To assess the possibility of using IRT in the treatment of patients with Covid-19 with a protracted course of the disease and poorly responding to standard drug therapy [2].

Research Objectives

- To study the effect of IRT on the course of Covid-19 in patients who do not respond well to standard drug therapy.
- To study the effect of IRT on Covid-19 in patients with a protracted course of the disease.

Material, Methods of Research and Treatment

10 patients with Covid-19 with moderate-severe course of the disease aged 25-60 years were under observation. Among them were 4 women and 6 men. Some patients had concomitant chronic diseases- ischemic heart disease (1) hypertension (1), diabetes mellitus (1) laryngeal cancer grade 3, laryngectomy, tracheostomy, condition after chemotherapy (1), viral hepatitis C (1), chronic tonsillitis, tonsilogenic intoxication, atrial premature beats (1).

Diagnostics of Covid-19, the course of the disease, and drug treatment were carried out according to the recommendations of the Ministry of Health of the Republic of Uzbekistan, WHO for the treatment of Covid-19. Group 1 included patients with a moderate course of Covid-19 (5). Despite the ongoing standard drug therapy for Covid 19, their condition did not improve, on the contrary, it worsened. Side effects of hormone therapy (increased blood sugar, increased blood pressure) were observed in 2 patients, a side effect of anticoagulant therapy (hemoptysis) in 1 patient. In 3 patients, the side effects of antibiotics (upset stools, poor appetite, bloating). In 3 patients, MSCT showed an increase in the percentage of lung damage from 5% to 30%. reduction of saturation from 95% to 92%. Group 2 included 5 patients who, after discharge from the hospital, continued to complain of weakness, rapid fatigue, muscle pain, sweating, low-grade fever, and upset stools (constipation, diarrhea). With the consent of the patients, they received IRT. When performing IRT, RC, ZB, GI, KL, AF lamps were used [3,4].

Treatment Results

Patients of group 1 after the 5th session noted an improvement in their well-being, their body temperature returned to normal, after the 10th session, saturation was within the normal range of 95-96%. After the 15th session, the patients noted a decrease in sweating, an increase in physical activity, a normalization of the stool and were discharged from the hospital in a satisfactory condition. Patients of group 2 after the 5th session of IRT noted an improvement in well-being, improved sleep, normalization of body temperature. stopped complaining about muscle pain and headache. After the 10th session, they noted an improvement in the tolerance of household loads, stopped complaining about coughing and sweating After 14 sessions, they noted an improvement in exercise tolerance. They did not have any medical contraindications to work. It should be noted that during IRT, all patients did not show any deterioration in their health and clinical condition [5,6].

Conclusions

a) IRT promotes the recovery of patients with Covid-19 with a protracted course and poorly responding to standard drug therapy.

b) IRT helps to restore physical performance and ability to work in patients with Covid-19 with a protracted course and poorly responding to drug therapy [7].

c) 3. IRT does not cause a worsening of the clinical condition in patients with Covid-19 with a protracted course, poorly responding to standard drug therapy, concomitant chronic diseases.

d) IRT can be used as an effective, safe method in the complex treatment of patients with Covid-19 [8].

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