

Overcoming Antibiotic Resistance Through a Different Paradigm? Documented Cases of Resolved Pneumonia and H. Pylori Infection without the use of Antibiotics

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CASE REPORT

ABSTRACT

The presented cases suggest that microbial drug resistance may be overcome rather through enhanced host immune response using energetic vaccines than “stronger” antimicrobial agents. While this paradigm concerns the interface of biology and physics, its application is easily grasped by physicians because it is based on established medical knowledge.

KEYWORDS

Energetic vaccines, Antimicrobial resistance, Antibiotic resistance, Bacterial drug resistance

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INTRODUCTION

Despite the use of multiple generations and 10 different classes of antibiotics, antimicrobial resistance (AMR) remains the leading international health concern with high morbidity, hospitalizations, mortality, and related economics [1]. Lower respiratory infections cause the highest mortality with 1.5 million cases in 2019. Additionally, antibiotics are associated with many chronic diseases, including malignancies, adding further morbidity, mortality, and an economic burden [2]. Antibiotics also lead to potentially lethal fungal infections and compromise the overall host resistance through damaging immune cells, the microbiome, and possibly the human genome that contains numerous bacterial remnants [3-4]. All of these factors question the viability of the current paradigm of “stronger” pharmaceuticals that only perpetuate their predestined evolutionary defeat and if the sought solution is to come from a host’s enhanced immune response using a vaccine-like model. This would also raise the host’s future immune resistance to infections, unlike “stronger” antibiotics. While conventional vaccines cannot be used as therapeutics or even prophylaxis since their production timing is far outpaced by the ongoing microbial mutations due to billions of used annual antibiotic courses worldwide, the full body of science offers a different option. It concerns well-established matter-energy duality and natural resonant frequency concepts in physics which cover all matter in the universe, including microbes and humans. The physics and science of water support that molecular energy fields of microbes can be imprinted in water that becomes a putative energetic vaccine, without scientific conflicts [5-11]. Since human organs, including the immune system, also obey the duality concept and fundamentally function through electromagnetic signaling, their response to novel vaccines is obligatory [12-14].

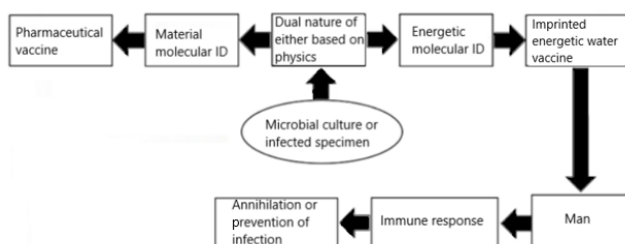


Figure 1: Reflecting the overall scientific premise.

There are two technological platforms for water programming. One is through subjecting an original substance, such as a microbial culture or infected bodily fluids, to serial dilutions and mechanical impacts, as used in homeopathy. Despite traditional labeling of these remedies as “overdiluted

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placebos,” materials scientists deem this a “distortion of and ignorance in science” that confuses physics with chemistry [15]. The American FDA and its counterparts worldwide registered energetic vaccines that were prepared through this method from infected bodily fluids. Unlike pharmaceutical vaccines, these are also successfully used therapeutically and established a high safety record. Physicians may also use the greatly shortened Korsakov’s preparation method for this purpose [16]. The other preparation platform uses an automated water imprinting device that obviates direct contact with microbes (US patent #10941061). This also renders clinical versatility by individually adjusting a charge of an energetic vaccine according to infection severity. Electronic copying of homeopathic water preparations based on physics has been scientifically validated [17].

Nobelist, and virologist Montagnier, among other researchers, has produced successful experimental evidence of biological responses to electronically transmitted energetic microbial preparations in water, with water imprinting being owed to its conduction properties [18-19].

METHODS

All of the utilized microbial and a few toxicological energetic preparations were obtained from homeopathic pharmacies. The aforementioned imprinting device was used to adjust the energetic potencies of these remedies according to the patient’s clinical needs and to prepare energetic antidotes against pollutants. The antidotes were produced using the corresponding water samples with absorbed tobacco smoke and polluted house air and in the case of the mosquito oil spray, directly from it. Both patients signed informed consents concerning the unorthodox nature of this approach.

CASE OF REVERSED PNEUMONIA

A 48-year-old male reported in July 2019 that after using an oil spray against mosquitoes, he and his friend developed a severe respiratory illness. The patient developed 103°-105°F fever, right-sided chest pain, productive with yellow-green mucus cough, and fatigue for 10 days. His pertinent environmental history included smoking, exposure to dust from refinishing old furniture, and a propane gas leak in his camper. Also, the smells of mold and a gas stove in his girlfriend’s house aggravated the cough and fatigue. Natural gas, like all fossil fuels, contains mercury and other toxic metals [20]. The chest x-ray revealed a right middle lobe infiltrate consistent with pneumonia however, the patient refused antibiotics due to becoming chronically ill with fungal infections following prolonged antibiotic courses in the past for Lyme disease from some alternative Lyme “specialists.” Because of his refusal, not having health insurance, and being financially strained, he was spared the expense of a sputum culture and an antibiotic sensitivity test.

Considering that environmental pollutants cause impairment of local and systemic immunity, the treatment addressed both infectious and toxicological agents [21-22]. Following the first two energetic preparations, Streptococcus pneumoniae, and combined lung with mercury, the patient reported a prompt marked decrease in fever, cough, and fatigue. After the third remedy, an energetic antidote against his girlfriend’s contaminated house air, the cough, fever, and chest pain ceased and he resumed full-time work. Before repeating the chest x-ray, three weeks later, he repeated the Streptococcus pneumoniae remedy and took the tobacco smoke antidote, due to the return of a mild nonproductive cough.

The chest x-ray reported a small infiltrate reduction. Because of becoming clinically free from pneumonia, and the aforementioned fiscal circumstances, a second follow-up chest x-ray was postponed and he was periodically managed clinically for his usual adverse environmental exposures and intermittent upper respiratory infections over the winter. For these, he received energetic vaccines of Mycoplasma pneumoniae, Influenza A plus B, Pseudomonas aeruginosa, Stochybotrys chartarum and antidotes against propane gas, and mosquito oil spray. His final chest x-ray repeated some six months later read “no evidence for acute focal alveolar infiltrate or consolidation that would represent pneumonia.”

The four-year clinical follow-up did not indicate a recurrence of pneumonia.

According to his narrative, his friend was treated with several courses of antibiotics in an ICU and as an outpatient for pneumonia, but never fully recovered.

CASE OF APPARENT ERADICATION OF H. PYLORI INFECTION

Sixty-nine-year old male presented in May 2015 with stomach pain for three months. His environmental history was significant for having six amalgam fillings over decades that contain 50% mercury that also has significant gastrointestinal adverse effects [23-24]. While the ordered H. Pylori testing was pending, he received an energetic H. Pylori vaccine, and stomach mucosa-mercury antidote, a day apart. Following these, the pain ceased and a stomach biopsy in July confirmed H. Pylori. He refused the gastroenterologist-prescribed two-week antibiotic course and acid blockers and opted for weekly H. Pylori energetic vaccines, totaling three doses. Since he remained free of pain, he kept postponing retesting for H. Pylori until March 2017 when the breath test that was ordered by his gastroenterologist returned negative. The six-year follow-up indicated freedom from stomach pain.

DISCUSSION

In the author’s 30-year experience using this paradigm against a variety of infectious diseases, antibiotics have proven unnecessary. While the setting of physician practices precludes the proper methodological rigor, whenever positive outcomes are also met with considerable scientific support and the absence of scientific conflicts as in these cases, such methods deserve formal scrutiny. The presented cases followed more inclusive models of finding solutions by striving to match the complexities of the problem at hand, instead of just relying on hammer-nail acts like antimicrobial agents. Even when the latter seems successful in the short term, the detriment, in the long run, is common since these acts leave out important components of the problem.

As stated by decision scientist, retired MIT physics professor George Pugh, unless a problem is addressed through an optimal description, “absurd solutions” follow. The corresponding number of therapeutic means used in these cases attempted to optimally match their individual complexities. The latter is to include the very terrain for infections, commonly compromised mechanical, chemical, and cellular defenses of mucosal surfaces [25]. The dysfunction is commonly caused by environmental pollutants that are ubiquitous in the bodies of modern populations, with tens of millions of mercury fillings alone being annually implanted just in the US. As is the case with the ignored role of toxicants in the pathogenesis of infections, leading to the exorbitant use of antibiotics so is a fundamental property of the living – electromagnetism – that expands potential solutions to the different therapeutics when effective pharmaceuticals are lacking [14].

CONCLUSION

Enhancing the body's innate ability to defeat infections is in line with evolution and if carried through the pertinent body of science might solve antimicrobial resistance faster than the circular searches for "better" pharmaceuticals.

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CONFLICT OF INTEREST DISCLOSURE

The author holds a patent for the Therapeutic Frequency Imprinting Device.

REFERENCES

- 1) Naghavi M. Global burden of bacterial antimicrobial resistance in 2019: A systematic analysis. *Lancet*. 2022, 399:629-655.
- 2) Blaser MJ. Missing microbes: How the overuse of antibiotics is fueling our modern plagues. *Faseb J*. 2014, 28:3821-3822.
- 3) Hernández-Chávez MJ, Pérez-García LA, Niño-Vega GA, Mora-Montes HM. Fungal strategies to evade the host immune recognition. *J Fungi*. 2017, 3:51
- 4) Han H, Yan H, King K. Broad-Spectrum antibiotics deplete bone marrow regulatory T cells. *Cells*. 2021, 10:277.
- 5) Frohlich H. Biological coherence and response to external stimuli. *Biological Coherence and Response*. 1988, 268.
- 6) Reguera G. When microbial conversations get physical. *Trends Microbiol*. 2011, 19:105-113.
- 7) Posfai M, Dunin-Borkowski RE. Magnetic nanocrystals in organisms. *Elem*. 2009; 5:235-240.
- 8) Binhi VN. Magnetobiology: Underlying physical problems. *Bioelectrochemistry (Amsterdam, Netherlands)*. 2002, 59: 473.
- 9) Srivastava Y, Sassaroli E, Swain J, Widom A, Narain M, et al. Non-chemical signatures of biological materials: Radio signals from COVID-19?. *Electromag Biol Med*. 2020, 39:340-346.
- 10) Jonas W, Dillner DK. Protection of mice from tularemia infection with ultra-low, serial agitated dilutions prepared from francisella tularensis-infected tissue. *J Sci Explo*. 2000, 14:35-52.
- 11) Camerlink I. Homeopathy as replacement to antibiotics in the case of escherichia coli diarrhoea in neonatal piglets. *Homeopathy*. 2010, 99:57-62.
- 12) Dürr H. Are Biology and medicine only physics? Building bridges between conventional and complementary medicine. *Bull Sci Tech Soc*. 2002, 22:338-351.
- 13) Smith C. Is a living system a macroscopic quantum system?. *Frontier perspectives*. 1997, 7:1.
- 14) Yurkovsky S. Can immunity be digitally guided to defeat COVID-19 and future pandemics?. *J Immunol Inflammation Dis Ther*. 2022, 5:2.
- 15) Roy R, Tiller W, Bell I. The structure of liquid water; novel insights from materials research; potential relevance to homeopathy. *Mater Res Innovations*. 2005, 9:98-103.
- 16) Yurkovsky S. Biological, chemical, and nuclear warfare: Protecting yourself and your loved ones: *The Power of Digital Medicine*. 2003, 93-105.
- 17) Korenbaum V, Chernysheva T, Galay V, Galay R, Ustinov A, et.al. On the reliability of spectral evidences of electronic copying phenomenon used to produce homeopathic-like preparations in complementary medicine. *Water A Multidiscip Res J*. 2019, 11:1-13.
- 18) Montagnier L, Aïssa J, Ferris S, Jean-Luc Montagnier, Lavallée C. Electromagnetic signals are produced by aqueous nanostructures derived from bacterial DNA sequences. *Interdisciplinary Sciences. Comput Lif Sci*. 2009, 1:81-90.
- 19) Pollack G. The fourth phase of water: beyond solid, liquid, and vapor. *Water*. 2013, 5:638-639.
- 20) Klaasen C. Casarett and Doull's toxicology: *The Basic Science of Poisons*. 1995, 709.
- 21) Burns L, Meade B, Munson A. Toxic responses of the immune system in Klaasen, C. Casarett and Doull's Toxicology, McGraw Hill. 1995.
- 22) Linde K, Jonas WB, Melchart D, Worku F, Wagner H, et.al. Critical review and meta-analysis of serial agitated dilutions in experimental toxicology. *Hum Exp Toxicol*. 1994, 13:481-92.
- 23) Mutter J, Naumann J, Sadaghiani C. Amalgam studies: disregarding basic principles of mercury toxicity. *Int J Hvg Env Heal*. 2004, 207:391-397.
- 24) Chang L. *Toxicology of metals* by CRC Press, Inc. 1996, (1st Edn):169-483.
- 25) Nataro JP, Cohen PS, Harry MLT, Weiser JN. *Colonization of mucosal surfaces*, ASM Press. 2005, 89.