Dr Allen′s device for kidney care by dissolving renal calculi naturally prevents people with kidney stone disease from the development of secondary high blood pressure or diabetes

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Abstract

Allen's therapeutic devices (DATD) that provides Thermobalancing therapy (TT) is a class 1 medical device, so it can be used by everyone at home. 2 thermoelements in DATD accumulate the body heat and become a source of energy. The application of these thermoelements to the back, to the projection of kidneys by DATD dissolves renal calculi gradually. This method for treatment of chronic internal diseases was granted with the US patent as "Therapeutic Device and Method". It is a fact, confirmed by different clinical investigations that extracorporeal shock wave lithotripsy (ESWL) have serious side effects that can ended with the development of high blood pressure and diabetes. Kidney surgeries, even minimal invasive percutaneous nephrolithotomy (PCNL) can develop severe complication, including secondary hypertension. The only way to dissolve kidney stones without side effects is to use DATD. This new therapy is based on a new understanding of the origin of diseases. According to TT, all chronic internal diseases have the same root, the pathological activity of capillaries. These changes in the small blood vessels, the focus of hypothermia becomes a continuous trigger in the affected tissue, which gradually increases the pressure in the affected organ that leads to its malfunction. The clinical investigations confirmed the effectiveness of TT in 124 men with BPH and 45 men with chronic prostatitis. The collected data during the last decade has shown that TT with DATD has dissolved any type and size of kidney stones in all users. People usually forget about kidney stones within days. However, they should use DATD for several months, depending on the size of renal calculi. Thus, to avoid secondary hypertension and diabetes people with kidney stone disease should use DATD as the first line treatment.

Introduction:

Infection is a major cause of morbidity at all stages of chronic kidney disease and can directly contribute towards patient mortality. CKD patients may be at an increased risk of infection due to various reasons, including background impairment in host immunity, or from devices such as central venous catheters or Tenckhoff catheters for the purposes of haemodialysis or peritoneal dialysis, respectively. Therefore, infection prevention and management in the CKD population requires holistic care. Pharmacological and nonpharmacological approaches are critical for attaining optimal outcomes. Patient level nonpharmacological strategies include education on hygiene, prevention of skin breakdown, optimal glycaemic control, and nutrition. Hospital level nonpharmacological interventions include policies on reducing device insertion, optimal device insertion techniques, hand washing, and auditing of infection rates. Pharmacological intervention centres on antimicrobial and antiseptic agents, as well as vaccination. This narrative review will discuss the potential mechanisms of action and role of honey in infection management in the general population, epidemiology and special challenges of infections in CKD populations, and the clinical trial evidence pertaining to the safety and efficacy of honey for the prevention and treatment of infections in CKD population.

Infectious Chronic Kidney Diseases:

People with CKD are 3 to 4 times more likely to sustain serious infections than the general population. For those on dialysis, the mortality risk from sepsis increases up to 50 times for CKD patients and up to 20 times for kidney transplant recipients compared with the general population. The most commonly described infections are bloodstream, skin, internal organ, and device-related infections. Device-related infections constitute the single largest group of serious infections in the renal population and include exit site/tunnel tract infections and bacteraemia complicating haemodialysis catheters and peritonitis complicating peritoneal dialysis catheters. Haemodialysis catheter infections occur at a rate of 1–10/1000 catheter days and peritoneal catheter infections at one episode/seven to 200 patient months.

Conclusion:

Honey is an appealing addition to our weaponry against infections due to its broad antimicrobial effect without inducing resistance. These properties are particularly attractive in CKD patients in whom infections, including those caused by MROs, are more prevalent due to background immunodeficiency state, increased frequency of device insertion, and health care utilization.Whilst there is much experimental evidence to support the biological plausibility of honey as an effective therapeutic agent, data from clinical trials, predominantly studied in the areas of wound infection or management, have been inconsistent. There is also a paucity of large randomised controlled trials examining the effectiveness of honey as both a prophylactic and therapeutic agent for infection. Moreover, the limited data so far available are difficult to interpret due to small sample sizes and generally suboptimal methodological quality. It may be that honey has limited applicability in subgroups like patients with diabetes mellitus. Some studies also highlight the issue of compliance with interventions using honey, with high treatment withdrawal rat. The cost-effectiveness of honey is also difficult to ascertain with contrasting reported outcomes.