

Diagnostic and therapeutic efficiency of bioresonance technologies in the complex treatment and rehabilitation of patients with hemorrhagic fever with renal syndrome

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The problem of hemorrhagic fever with renal syndrome (HFRS) remains relevant due to high morbidity, lack of effective etiotropic therapy, an increasing number of severe forms, complications and residual manifestations [1-3]. Rational complex treatment of patients with HFRS is mainly aimed at eliminating the main clinical syndromes of the disease: general toxic, hemorrhagic, abdominal, cardiovascular, neuroendocrine, as well as the treatment and prevention of possible complications - toxic-infectious shock, acute renal failure, disseminated intravascular coagulation, bacterial infection. In this regard, the improvement of methods for diagnosing HFRS and the search for new pathogenetic methods of treatment and rehabilitation of patients are of great importance.

Thanks to advances in the field of diagnostics in recent years, the arsenal of laboratory methods for determining the etiology of most infectious diseases has expanded significantly: from traditional bacteriological, immunoassay and molecular genetic to electropuncture diagnostic methods [7-8].

Currently, the Center for Intelligent Medical Systems "IMEDIS" (Moscow) has developed equipment, compiled and implemented in practice the corresponding algorithms for diagnosis and treatment. We used the hardware and software complex "IMEDIS-Expert", which makes it possible to conduct an integral assessment of not only the infectious burden of the body, but also the state of the key pathogenetic links of HFRS using the methods of the electro-acupuncture vegetative resonance test (ART) "IMEDISTEST" and segmental bioelectronic functional diagnostics (SFD) ... The undoubted advantage and advantage of these methods is its non-invasiveness and ease of qualitative assessment in a short time frame (no more than 15-30 minutes).

Diagnostic electropunctural testing by the ART method was carried out in 198 patients (men) according to our developed examination algorithm for HFRS, depending on the severity of the disease (mild, moderate and severe) and the time of observation [9]. The examination was carried out on the 3-5th day of the initial (general toxic) period, the 9th day of the peak period (oliguric or the period of hemorrhagic manifestations and the development of acute renal failure), the 14th day of the period of extinction of symptoms (polyuretic or early convalescence), 21- e day and within 1.5 months of early

recovery period.

As criteria for evaluating the effectiveness, a point system was used for the leading HFERS syndromes (general toxic, hemorrhagic, renal, hemodynamic, abdominal, neuroendocrine), which were compared with diagnostic scales of biological indices (general, organ), endocrine, immune, adaptive reserves, rows of homeopathic potencies of nososes. HFERS (from D0 to D400) according to the data of ART and SFD methods, as well as generally accepted and special studies (markers of endotoxycosis, immune and hormonal status).

In the course of diagnostic testing, a significantly significant difference was found in the results of ART and SFD methods depending on the severity, periods of the disease and options for complex treatment: in the observation group (with the inclusion of endogenous bioresonance therapy - BRT) and comparison (against the background of standard drug therapy).

In the initial period in patients with HFERS with mild severity, the general toxic syndrome was confirmed by ART and SFD by the presence of an acute inflammatory process, pronounced tension of the immune and endocrine systems of grade 3, autonomic nervous system of grade II, and a decrease in adaptation reserves to an average level of grade II. Primarily affected organs, distributed according to their severity in the following sequence: pituitary gland, hypothalamus, pineal gland, optic nerve, retina and choroid; brachial plexus; vagus and sympathetic nerves, meridians with maximum disturbances (bladder and posterior median) and the predominance of cerebrovascular syndrome (according to SFD data).

In the group of HFERS patients with moderate severity, identical dynamics were observed towards an increase in the severity of the inflammatory process, lymphatic burden, tension of the immune and endocrine systems up to 4-5 degrees, the autonomic nervous system up to III degree, and a decrease in adaptation reserves to a low level of II degree. The number of primarily affected organs increased, among which, in terms of the severity of disorders, were: pituitary gland, hypothalamus, kidneys, bladder, heart, vagus and optic nerves, retina and choroid, brachial, lumbar and sacral plexuses, thyroid gland, adrenal glands (cortex and medulla), pancreas, prostate. The meridians of the kidneys, bladder,

In the group of HFERS patients with severe severity, the severity of the general toxic syndrome was confirmed (according to ART and SFD) by the transition to the zone of depletion of the immune and endocrine systems of the I-II degree, adaptation reserves to the level of low III-IV degrees and the tension of the autonomic nervous system of the IV degree. The list of primary affected organs additionally included the lungs, liver, as well as the meridians of the small intestine and lungs with maximum impairment and energy deficiency. According to SFD data, the immunodeficiency state prevailed in 73.4% of patients against the background of the prevalence of

urogenital syndrome - in 86.7% and low level acute stress.

The revealed changes made it possible to once again be convinced of the multiple organisms and consistency of disorders in patients with HFRS. The presence of the identified connections between the primary affected organs and meridians confirmed the mechanism of the development of the pathological process in patients with HFRS with mild severity when projecting on the model of resonance chains according to HW Schimmel [10] according to the "CNS" type, and when the process manifests itself in patients with HFRS with moderate and severe degree of the "Kidney" type, which determined the further tactics of selecting the optimal ways of correction.

At the same time, we drew attention to the presence of persistent cerebral syndrome in all patients with HFRS, regardless of the severity and timing of follow-up (according to SFD data).

A detailed study using the ART method was able to identify and confirm the presence of a significant specific viral burden (HFRS virus) of autonomic nerve formations located, as expected, in the region of the cervical and lumbar thickening. This allowed from the first days of treatment to use the contact method of endogenous BRT with the imposition of a magnetic inductor, "belt" and "loop" along the spine and on the projection zones of these formations. Endogenous BRT turned out to be expedient and especially effective in the first days of the initial period of the disease in all groups, provided there was sufficient drainage therapy, which was confirmed by the dynamics of the increase in the potency of the HFRS nosodes. During monitoring using the ART method to assess the effectiveness of the use of BRT in all cases in the initial period in patients with HFRS, the most optimal was the meridian BRT along the spleen-pancreas meridian. In the group of patients with HFRS with moderate severity during the entire initial period, the meridian of choice and impact was again the meridian of the spleen - pancreas and the meridian of the kidneys, as well as in patients with HFRS with severe course in the first 3 days. During the height of the disease (5-12 days) in both groups of patients with HFRS, the meridians of the liver or gallbladder were used for BRT. In the group of patients with HFRS with moderate severity during the entire initial period, the meridian of choice and impact was again the meridian of the spleen - pancreas and the meridian of the kidneys, as well as in patients with HFRS with severe course in the first 3 days. During the height of the disease (5-12 days) in both groups of patients with HFRS, the meridians of the liver or gallbladder were used for BRT. In the group of patients with HFRS with moderate severity during the entire initial period, the meridian of choice and impact was again the meridian of the spleen - pancreas and the meridian of the kidneys, as well as in patients with HFRS with severe course in the first 3 days. During the height of the disease (5-12 days) in both groups of patients with HFRS, the meridians of the liver or gallbladder were used for BRT.

During periods early convalescence (14th-2nd day) and early restorative (21-60 days) during BRT, the blood circulation and kidney meridian was used. In all cases, there was a significant difference in the degree of compensation for pathological changes, primarily in preventing the progression of the severity of the infectious process and the development of severe complications (acute infectious shock, DIC syndrome, acute renal failure, uremia, etc.).

Proof of this served positive changes paintings the infectious process by syndromes, and not only by their quantitative, but also qualitative signs of the manifestation of symptoms. This was most significantly manifested in patients with mild HFRS in terms of the severity of clinical symptoms of general toxic (duration of fever, headache, weakness in terms of their severity), hemodynamic (systolic blood pressure and pulse rate) and renal (duration of oliguria and

polyuria, back pain) syndromes, the leveling of which was recorded on the 2nd, 5th and 14th days, respectively, while in the patients of the comparison group, identical indicators reached the normalization limits only on the 3rd, 9th and 25th day. Unidirectional dynamics was observed in groups of patients with HFRS with moderate and severe severity, which concerned not only the above symptoms of general toxic, hemodynamic and renal syndromes, but also clinical manifestations of hemorrhagic (visual impairment, hemorrhages on the skin and mucous membranes) and abdominal (nausea and vomiting ; hypo- or anorexia) syndromes, as well as according to the results of "markers" - indicators of traditional laboratory, as well as biochemical (average molecular peptides), immunological (Ig classes A, M, G, T and B lymphocytes), hormonal (ACTH, cortisol, prolactin, TSH, T₃, T₄) and functional (ECG, EEG) studies.

When comparing the results of the ART and SFD protocols with the causal chains of the relationship of organs and systems in the development of the pathological process, some regularities appeared that explain the mechanism of action of endogenous BRT. In all cases, the core of the pathology in patients with HFRS was the primary element "water" associated with the meridians of the kidneys and the urinary bladder. When analyzing the material from the standpoint of the laws of surface and internal interaction (U-sin), BR-drugs reliably neutralized the destructive connections affecting the primary affected organs, primarily the kidneys and the bladder, by creating sanogenetic compensation mechanisms. If at the initial stage of the development of this disease, the primary element "earth" (stomach, spleen, pancreas) was the point of application for the formation of creative connections, then, as the severity of the process progressed, this concerned the primary element "tree" (liver, gallbladder) and "fire" (heart, small intestine, blood circulation, endocrine system) with the formation of a powerful sanogenetic block at the level of these three primary elements. The proof of this was a comparative analysis of the results of dynamic testing by the ART and SFD methods in patients with HFRS during the course of endogenous BRT.

So, in the observation group in patients with mild HFRS, already on the 3rd day during BRT, there was no indication of the interest of the bladder meridian, while in the comparison group this was stated before the early recovery period (30–35 days). In the observation groups in patients with HFRS with moderate and severe severity on the day of discharge from the hospital (day 21), violations were recorded only on the meridian of the endocrine system, in contrast to the comparison group, where violations on the meridians of the kidneys, urinary bladder were clearly manifested at the indicated time. , heart, blood circulation, endocrine system. At the same time, positive dynamics was also noted on the scales of biological indices (general and organ), adaptation reserves, which was illustrated by a reliable approach of their levels to the corridor of optimal values in the observation groups,

At the same time, this was confirmed by the nature of changes in the potency values of the homeopathic series of HFRS nosodes: during the course of BRT, respectively, in the main group of mild patients with D₃₋₆ to D_{thirty} on

3rd day, D_{thirty} - D₅₀ - 5th day, D₁₀₀ - D₂₀₀ - on the 14th day, on the 5th, 9th, 21st days with an average and on the 9th, 14th, 28th days with a severe degree, while in the comparison groups the revealed dynamics was recorded with a delay in patients with mild severity for an average of 4 - 5 days, 7 - 9 days with an average and 14 - 15 days with a severe course of HFRS.

A high degree of reliability and specificity of the ART method was revealed, which was 92.3% for the indicated disease using serological methods of express indication - enzyme-linked immunosorbent assay (ELISA) and ART in patients with HFRS. In addition, in cases of discrepancy in the results according to the protocols of the studies carried out using the ART method, it was possible to suspect and then confirm the presence of other etiologic agents (leptospirosis, influenza, tick-borne encephalitis) associated with this infection, thereby facilitating the process of early differential diagnosis in stationary conditions.

Thus, the methods of ART and SFD can be used not only as a preventive and early differential diagnosis at the clinical stage, but also as a method of express control over the effectiveness of treatment at different periods of the disease. The presence of the indicated advantages of the ART methods "IMEDIS-TEST" and SFD, taking into account the high sensitivity and reliability of the methods, the ease of carrying out in a short time, put them in a row competitive with traditional methods of specific diagnostics for infectious diseases.

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