

## Effect of Chronic Infection on Immune Reactivity

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Most patients who have to seek medical attention have a chronic infection. Respiratory tract infections are more common in children.

In chronic inflammatory lung diseases, pronounced immune disorders are noted: suppression of local immunity, a decrease in the number and inhibition of the function of T-lymphocytes, especially T-suppressors, an imbalance of the B-link of immunity and humoral factors of natural anti-infectious resistance, the formation of autoimmune reactions against antigens of the lung tissue.

In patients with chronic bronchopulmonary pathology, suppression of the antioxidant system is found against the background of LPO activation in proportion to the severity of the pathological process.

The content of T cells and their regulatory subpopulations is inversely correlated with the level of LPO and CIC products, which can be explained by the immunosuppressive effect of LPO on the immune system, mainly its cellular link. This leads, on the one hand, to suppression of the severity of immune reactions, an imbalance of regulatory subpopulations, on the other, to provocation of the development of allergies, on the third, to functional and destructive changes in the cells of the bronchopulmonary and other body systems, and on the fourth, to disorders of the neuroendocrine regulation of homeostasis.

In maintaining the process, microflora plays a role, especially various microbial, microbial-viral associations. Other factors also affect: stress, hypothermia, medications. Quite often, traditional treatment - corticosteroids, antibacterial drugs - aggravate immunological deficiency, violates colony resistance. In patients with bronchial asthma, the amount of IgE in the discharge from the nose and bronchi increases in comparison with their content in the blood. At the same time, the level of IgA decreases in the presence of a purulent pulmonary infection, there is a depression of the function of alveolar macrophages, a decrease in the content of cells of lymphoid populations, an increase in the number of neutrophils in bronchoalveolar secretion, which coincides with a decrease in the bactericidal activity of neutrophils.

Chlamydia is often tested for chronic bronchopulmonary pathology. According to the literature, they are found in 17% of children with chronic cough, 20% of pneumonia is caused by this infection. Chlamydia refers to intracellular microorganisms. They have a 2-phase life cycle and exist in the form of elementary bodies, which are an infectious form, and reticular bodies, which are a non-infectious form that is inside the cell and capable of division. The duration of the intracellular cycle of chlamydia development is 48–72 hours.

Intracellular microorganisms do not have the ability to block the immune defense mechanisms of the host cell. Under certain conditions, L-forms of transformation and persistence of chlamydia are possible. In a latent state, the biochemical and antigenic properties of the microorganism change, and

it becomes unavailable for detection by conventional diagnostic tests. But at the same time, the pathogen retains the ability to resume both active growth and the process of transformation into infectious forms.

In chronic infection, it is necessary to act not only on the infectious agent itself, but also on the body's immune reactivity. This can be done with the help of drugs (sodium nucleinate, bronchomunal, ribomunal, thymus preparations, immunoglobulins, polyoxidonium, transfer factor, lycopid, vitamins, quercetin, ginseng, ant tree bark, aloe, lemongrass, chlorophyllipt, echinacea, cat's claw, etc. ), or with the help of bioresonance therapy.

ART allows assessing the state of immune reactivity, adaptive capabilities of various organs and systems. It is necessary to see in which organ the "failure" occurred (thymus, spleen, pharyngeal lymphoid ring, intestines, etc.) and conduct bioresonance therapy in order to correct the condition

of these organs. Can combine treatment bioresonance therapy, immunomodulatory drugs and homeopathy.

### Practical example

Patient M., 6 years old. The parents consulted about frequent respiratory diseases. The child began to get sick in the fall, and one acute respiratory disease was replaced by another until the summer.

From the anamnesis: a child from 1 pregnancy against the background of a constant threat of termination of pregnancy, 1 urgent delivery by caesarean section, breastfed up to 1 month. Before pregnancy, my mother treated her infection (chlamydia, ureaplasma, CMV). Objectively at the reception: the skin is pale, dry, submandibular and cervical lymph nodes up to 1 cm, painless, loose tonsils, up to 1.5 cm in diameter, a lot of mucus. Vesicular breathing, no wheezing. Rhythmic heart sounds. Liver + 1 cm below the costal margin. Departures are normal. According to ART positively tested electromagnetic load 1 tbsp., Low reserves of adaptation, an extremely high degree of depletion of immunity, stress load of 5 tbsp. Among infections, hemolytic streptococcus, chlamydia, CMV, intestinal lamblia were found. Exogenous bioresonance therapy of these infections was carried out, endogenous bioresonance therapy with the subsequent recording of the PBS for the correction of the intestine, thymus, adrenal glands sequentially, the preparations "Raex", homeopathic preparations (sulfur 6, phosphorus 6, esculus 6, bryony 6, antimonium tartaricum 6, rus toxicodendron 6, thuja 6, phytolyakka 6). Herbal preparations were selected through the reserves of adaptation (she alternately took quercetin, pau de arco, spirulina). Correction of treatment was carried out once every 2-3 months. After 1 year, objectively, the child became more active, a blush appeared on the cheeks, the lymph nodes decreased to 0.5 cm, the tonsil on the right - up to 1 cm, the tonsil on the left up to 0.5 cm, no mucus, liver + 0.5 cm below the edge of the costal arch ... During the year, the child suffered 2 acute respiratory infections, each of which lasted no more than 10-12 days. adrenal glands sequentially, were prescribed preparations "Raex", homeopathic preparations (sulfur 6, phosphorus 6, esculus 6, bryony 6, antimonium tartaricum 6, rus toxicodendron 6, thuja 6, phytolyakka 6). Herbal preparations were selected through the reserves of adaptation (she alternately took quercetin, pau de arco, spirulina). Correction of treatment was carried out once every 2-3 months. After 1 year, objectively, the child became more active, a blush appeared on the cheeks, the lymph nodes decreased to 0.5 cm, the tonsil on the right - up to 1 cm, the tonsil on the left up to 0.5 cm, no mucus, liver + 0.5 cm below the edge of the costal arch ... During the year, the child suffered 2 acute respiratory infections, each of which lasted no more than 10-12 days. adrenal glands sequentially, were prescribed preparations "Raex", homeopathic preparations (sulfur 6, phosphorus 6, esculus 6, bryony 6, antimonium tartaricum 6, rus toxicodendron 6, thuja 6, phytolyakka 6). Herbal preparations were selected through the reserves of adaptation (she alternately took quercetin, pau de arco, spirulina). Correction of treatment was carried out once every 2-3 months. After 1 year, objectively, the child became more active, a blush appeared on the cheeks, the lymph nodes decreased to 0.5 cm, the tonsil on the right - up to 1 cm, the tonsil on the left up to 0.5 cm, no mucus, liver + 0.5 cm below the edge of the costal arch ... During the year, the child suffered 2 acute respiratory infections, each of which lasted no more than 10-12 days. Herbal preparations were selected through the reserves of adaptation (she alternately took quercetin, pau de arco, spirulina). Correction of treatment was carried out 1 time in 2-3 months. After 1 year, objectively, the child became more active, a blush appeared on the cheeks, the lymph nodes decreased to 0.5 cm, the tonsil on the right - up to 1 cm, the tonsil on the left up to 0.5 cm, no mucus, liver + 0.5 cm below the edge of the costal arch ... During the year, the child suffered 2 acute respiratory infections, each of which lasted no more than 10-12 days. Herbal preparations were selected through the reserves of adaptation (she alternately took quercetin, pau de arco, spirulina). Correction of treatment was carried out once every 2-3 months. After 1 year, objectively, the child became more active, a blush appeared on the cheeks, the lymph nodes decreased to 0.5 cm,

### Conclusions:

1. ART and BRT help us in the diagnosis and treatment of chronic infectious pathologies.
2. BRT treatment does not harm the body, without damaging homeostasis, but

on the contrary, it restores it.

Literature

1. Clinical immunology and allergology / Ed. A.V. Karaulova. - Moscow: Medical Information Agency, 2002.
2. Clinical and fundamental physiology / Ed. A. Kamsky and A. Kamensky. - M.: Academy, 2004.
3. "Infectious Diseases" scientific pr. journal of the Russian society infectious disease specialists, 2004, volume 2, number 4.
4. Granitov V.M. Chlamydia. - M.: Medical book / N. Novgorod: NGMA, 2002.

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