

Treatment of chronic viral hepatitis C (HCV) with BRT, EPT with using Transfer Factors (TF)

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As you know, viral hepatitis C (HCV) belongs to one of the most common groups of human viral diseases, united by the syndrome of primary liver damage. The hepatitis C virus contains a positive single-stranded RNA consisting of 10 thousand bases encoding more than 30 thousand amino acids. In the human body, the virus multiplies in the cells of the liver, blood and spreads to all cells. The hepatitis C virus is a serious public health problem due to the high incidence of chronic forms in persons with acute hepatitis. The source of infection are patients with acute and chronic forms and, most dangerous, asymptomatic virus carriers. The most dangerous in terms of HCV transmission are fibrinogen, antihemophilic factor, concentrates VIII, IX, X of blood clotting factors. HCV causes bridging necrosis of hepatocytes, focal necrosis of the liver, inflammation of the portal zones is less pronounced. Damage to the bile ducts with the appearance of a sharply altered epithelium in them can be considered specific. It should be remembered that HCV plays a role in the pathogenesis of other liver diseases such as biliary cirrhosis and hepatocellular carcinoma.

According to the statistics of the Eliseeva Methodological Center, people with chronic HCV come to us, as a rule, or the hepatitis C virus is detected by chance on a vegetative resonance test (ART), which indicates an asymptomatic virus carrier. We studied the course and outcomes of HCV in a group of patients (5 women and 7 men). The diagnosis of HCV was based on the results of ART, in particular, the depletion of the immune system, F frequency of HCV and HCV RNA were tested in 100% of cases. To clarify the diagnosis, the patients were offered additional research methods: ultrasound of the liver, the level of bilirubin in the blood, the study of the level of AST, blood ALT, PCR for direct detection of antigen - HCV RNA (qualitative and quantitative methods). Thanks to ART, an analysis of HCV transmission routes was carried out. VRT made it possible to establish that in most patients, hepatitis C virus infection was associated with transfusion of blood and / or its components. Infection of other members of the group was associated with diagnostic and treatment measures performed in clinics and other medical institutions, or the hepatitis C virus was obtained through sexual contact.

For the treatment of HCV patients, we have developed a treatment regimen. To improve the indicators of liver function, we recommended that patients take milk thistle herb as a phytohepatoprotector; a course of treatment was prescribed with homeopathic preparations of the company "Heel" (hepar compositum, hepel); BRT was used along the tested meridians to restore the affected energy meridians, in particular, a BDS drug was prepared along the liver meridian using the E frequencies of HCV in time modulation. The most effective was the use of the above methods of therapy with the addition of immunomodulators Transfer factors (TF) and resonance-frequency therapy with HCV frequencies. The course of treatment before the first

control testing was prescribed for at least 1–1.5 months. At home, patients were advised to follow a sparing diet (table No. 5) and abundant alkaline drink (Borzhomi, Essentuki No. 17, No. 4), which have choleric action. The effectiveness of the treatment was assessed by the results of ART and the control of laboratory research methods: improving the function of the immune system, reducing the titer of the hepatitis C virus in the blood, normalizing the level of ALT, AST. The patients noted an improvement in their general well-being.

Example # 1

In September 2006, a 32-year-old woman came to our Center with complaints of general weakness, increased fatigue, a feeling of heaviness in the epigastric region and right hypochondrium, recurrent itching of the skin. On objective examination, the skin is of normal color, the liver is at the edge of the costal arch. Hepatitis C virus D30 was detected after ART. The following treatment was recommended: OBR, CBR drugs along the liver meridian; Hepel 1 tab. 3 times a day, Gepar compositum 3 times a week No. 10, Transfer factors (TF) according to the developed scheme, BRT, RFT with hepatitis C virus frequencies, frequency therapy with E-frequencies of hepatitis C virus. Before and after treatment, PCR was recommended, which gave the following result:
09/29/2006 - HCV RNA in blood 2+ (1:10); 11/09/2006 - HCV RNA in the blood is doubtful. Objectively, the patient noted an improvement in general well-being, weakness, fatigue, and a feeling of heaviness in the right hypochondrium disappeared. Treatment and follow-up continues.

Example No. 2

In June 2006, a 45-year-old patient with an established HCV diagnosis came to our Center. Based on the results of a diagnostic study of HCV RNA PCR by a semiquantitative method in blood 6+ (1: 1,000,000). Based on the results of testing by the ART method, treatment was recommended according to the scheme developed by us. After a month, the titer of HCV RNA in the blood is 4+ (1: 1000). Treatment and follow-up continues.

Conclusions:

1. Using the method of BRT, EPT for the treatment of chronic diseases allows you to actively improve the overall well-being of patients with HCV without the use of orthodox treatment methods.
2. TFs contribute to a rapid decrease in hepatitis C virus titers blood, which indicates their high antiviral activity.

Literature

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