

Opisthorchiasis - a familiar stranger

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Opisthorchiasis - helminthiasis, striking predominantly hepatobiliary system and pancreas, characterized by prolonged with frequent flow, flowing exacerbations, contributing to the occurrence of primary cancer of the liver and pancreas.

Etiology. The causative agents of opisthorchiasis are two types of trematodes of the family Opisthorchidae: *Opisthorchis felinus* and *Opisthorchis viverrini*. *O. felinus* (synonyms: cat fluke, Siberian fluke) has a flat body 4–13 mm long and 1–3.5 mm wide. At the stage of puberty, *O. felinus* parasitizes in the intra- and extrahepatic bile ducts, in the gallbladder, pancreatic ducts of humans, cats, dogs, foxes, polar foxes and some other carnivores. The intermediate host of the helminth is the freshwater gill mollusk *Bithynia leachi*. Additional hosts are fish of the carp family: ide, dace, chebak, European roach, roach, tench, rudd, carp, bream, silver bream, podust, asp, bleak. *O. viverrini* very close to *O. felinus*. The length of the helminth is 5.4–10.2 mm, the width is 0.8–1.9 mm. At the stage of puberty, it parasitizes in the bile ducts, in the gallbladder and the ducts of the pancreas of humans, cats, carnivorous animals, civets, dogs. The intermediate hosts of the helminth are mollusks of the genus *Bithynia*, additional hosts are freshwater carp fish.

Epidemiology. Opisthorchiasis is a natural focal disease. Opisthorchiasis caused *Opisthorchis felinus*, often found in the population of the Ob and Irtysh basins (Western Siberia, Kazakh Republic), Kama (Perm region), Dnieper (some regions of Ukraine), registered in the basins of the Volga, Don, Donets, North. Dvina, Neman. The main focus of viverra opisthorchiasis is Thailand; this helminthiasis has been registered in India and on the island of Taiwan. Infection of humans and mammals occurs when eating raw, insufficiently fried and slightly salted fish with helminth metacercariae.

Pathogenesis. When the opisthorchis larvae enter the human intestine with the eaten fish, they leave the surrounding membranes and through the common bile and pancreatic ducts penetrate the liver, gallbladder and pancreas, where after 2 weeks they reach sexual maturity and after a month they begin to lay eggs

Symptoms and course. The incubation period for opisthorchiasis lasts 2-4 weeks. In the early phase of opisthorchiasis, there may be an increase in body temperature, pain in muscles and joints, vomiting, diarrhea, soreness and enlargement of the liver, sometimes the spleen also increases, allergic skin rashes, leukocytosis with eosinophilia in the blood, often a leukemoid eosinophilic reaction. In the late phase of opisthorchiasis, the main complaint of patients is indications of pain in the epigastrium and right hypochondrium; in many, they radiate to the back and sometimes to the left hypochondrium. Often, the pain is aggravated in the form of attacks of biliary colic. Dizziness, headaches, dyspeptic disorders often occur. Some patients indicate insomnia, frequent mood swings, increased irritability. Body temperature

subfebrile or normal. The liver is often enlarged and hardened. Usually there is a uniform increase in the organ, but in some patients, its right or left lobe is predominantly increased. Liver functions (protein-synthetic, pigment, antitoxic) with uncomplicated opisthorchiasis are normal or slightly impaired. If there is a history

viral hepatitis and when complicated by a secondary bacterial infection of the biliary tract, severe liver dysfunction may occur.

The gallbladder is often significantly enlarged and tense.

Palpation of the pancreas is painful, in some patients hyperesthesia of the skin on the left is revealed. There is a decrease in the content of enzymes (trypsin, amylase, lipase) in the duodenal contents and an increase in the concentration of trypsin, antitrypsin, amylase, lipase in the blood, diastase in the urine. In some patients, disorders of the endocrine function of the pancreas occur in the form of fasting hyperglycemia. On the part of gastric secretion in half of patients with opisthorchiasis, a decrease in acidity or achilia is revealed. On the part of the blood, eosinophilia is most characteristic, reaching a high degree in many patients; moderate anemia with normo- or macroblastic type of hematopoiesis is often observed.

Analysis of the symptomatology of opisthorchiasis shows that cholangitis is always revealed in patients to one degree or another; dyskinesias of the biliary tract often occur, less often - angiocholecystitis and chronic hepatitis; chronic pancreatitis is common; in some patients, zooparasitic cholangitis cirrhosis of the liver develops, which differs in comparative the good quality of the course. It is not so rare that opisthorchiasis occurs in an erased form. Complications of opisthorchiasis include purulent cholangitis, rupture of cystic dilated bile ducts with the subsequent development of biliary peritonitis, acute pancreatitis, primary liver cancer.

Opisthorchiasis must be differentiated from ARI, pneumonia, TPZ, viral hepatitis, acute intestinal diseases, diseases blood, acute surgical diseases.

But the manifestations of the disease do not always fit into the traditional academic framework.

Let me give you an example.

Patient E., 48 years old, applied to CEM on 30.08.2006 with complaints of a feeling of pressure in the neck. Since she had previously found nodules in the thyroid gland, she underwent an ultrasound examination of the thyroid gland. The ultrasound diagnostic doctor confirmed the presence of nodal processes, noted that they were not growing, but she saw a helminth in the gland, which she told the patient about.

Ultrasound data: right lobe - 3.2x1.7x1.6 cm, left lobe - 3.0x1.6x1.5 cm; isthmus - 0.4 cm; echo is usual, the structure is diffusely heterogeneous (single hyperechoic inclusions d - 0.1-0.2 cm), on the left is a rounded anechoic neoplasm, with a septum inside, d - 1.0x0.7 cm with clear contours. Lymph nodes are not visualized. Conclusion: ultrasound signs of nodular pathology of the left lobe, cyst of the left lobe of the thyroid gland. Chronic thyroiditis.

A survey was carried out using the method of vegetative resonance test

(ART), which revealed:

- geopathogenic load on the thyroid gland;
- parasitic burden (opisthorchiasis in the pancreas and thyroid glands);
- nodal processes in the thyroid gland.

Therapy:

- a course of treatment with BRT (general and specific BR-drugs, selected through the optimal step along the RA);

- course of resonance frequency therapy (anthelmintic, 6.2 HZ);
- treatment with drainage homeopathic preparations ("OHOM", FM-complexes);

- nosodotherapy;

- diet therapy;

As a result of the treatment he makes no complaints. Treatment continues.

The above example shows the possibility of casuistic localization of any infectious agent, once again proves the unique capabilities of the method.