

Treatment of chronic hepatitis C virus infections

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The hepatitis C virus (HCV) was discovered in the late 1980s, but it has probably been circulating in the human population for a long time. The polymerase chain reaction for the detection of this virus in blood was developed in the early 90s; in Russia it has been widely used for screening the population since the late 90s. As the number of people examined in Russia increases, the number of carriers of this virus is growing. It has been established that the virus is mainly (90% or more) transmitted by syringe injections. It has been proven that sterilization of reusable syringes by boiling did not prevent the transmission of the hepatitis C virus. Disposable syringes have been widely used in Russia since the mid-90s, the use of only disposable syringes prevents the transmission of this virus among people, so the largest number of carriers of the virus can be expected among people older 10-15 years old.

It has been established that acute hepatitis caused by a virus hepatitis C, ends in 70% of cases with chronicity of this infection. This is observed 6 months after an acute illness and often proceeds without pronounced symptoms of hepatitis, and manifests itself in the presence of hepatitis C virus RNA in the blood, an increase in blood aminotransferases (alanine and aspartate transferase), and an increase in the level of bilirubin in the blood. Other markers of this infection are antibodies to the virus or antigens of the virus.

Prospective studies have shown that after 20 years, in 7-16% of cases, chronic HCV infection ends with fibrosis or cirrhosis of the liver, which leads to severe disability with subsequent rapid death (US Consensus, 2002). Along with this, other studies in the United States indicate low mortality (0.1%) among people with chronic HCV infection (out of 2.7 million people with chronic HCV infection registered in 1988-1994, in 1999 only 4000 deaths were due to HCV infection). From this it follows that each living person has a much higher probability of dying under the wheels of a car than the likelihood of developing cirrhosis in people with chronic HCV infection.

Risk factors for the development of cirrhosis are alcohol abuse, advanced age at the time of infection, male sex, concomitant HIV infection, non-alcoholic fatty liver degeneration, hepatotoxic medications, and environmental disturbances.

The current treatment for chronic HCV infection is intramuscular injection of interferon (PEG-intron) twice a week with simultaneous administration of ribavirin for 6 months. The effectiveness of such treatment for hepatitis C virus genotypes 1a and 1b (they are observed in 70-75% of people with chronic HCV infection) is 42-46%, for other viral genotypes - 76-78%. Serious side effects of this treatment occur in 20% of individuals.

In 30% of people with chronic HCV infection alanine transferase not increased, in 40% it was increased by no more than a factor. For these people (70% with chronic HCV infection) there is no need for interferon treatment, but dynamic monitoring of the liver and

the level of the virus in the blood. Thus, according to modern scientifically grounded concepts, 30% of people with chronic HCV infection are subject to treatment with interferon drugs, the effectiveness of which is 50%. Due to the high cost of treatment with interferon drugs (about 5000 USD), no more than 10% of the number of people who are shown it can afford such treatment, i.e. only 3% of people with chronic HCV infection. The question arises of how to help 9/10 of the people who are indicated for interferon therapy, and how to help 70% of people with chronic HCV

an infection for which treatment with interferon is not indicated.

The concept "Program regulation of the organism" (Boris Aleksandrovich Neiman (M., URSS, 2004) organically combines the ideology of the patriarchs of the homeopathic approach, bioresonance therapy, the principles of Chinese therapy with the latest achievements in the field of physicochemical biology and medicine. According to this concept, the doctor's task is to restore (normalize) the programmed regulation of the body. Therefore, we have chosen homeopathic drugs as medicinal products, as natural environmental factors, under the influence of which evolution took place and the programs of living organisms were formed.

Clinical examples

1. Patient, 37 years old. Appealed on 12.07.2002 with the content of the RNA of the virus hepatitis C in blood 10^7 (semi-quantitative analysis). Biochemical parameters of the liver are within normal limits. She has been treated for chronic HCV infection since 1999. She has been taking Rheoferon since March 2001. Complains (as soon as she began to take Rheoferon) of a severe headache, hair loss, bleeding gums, memory loss.

Appointment: 1) Lachesis 30 (preparation prepared on the device of the "IMEDIS" company) 3 globules 1 time on 12.07.2002 and then 3 globules every 10 days until August 2, 2002. 2) Lymphomyosot 3 globules 3 times a day for 2 weeks. After 2 months (5.09.2002) there were no complaints. RNA content of hepatitis C virus - 10^2 . The same indicators were noted until January 14, 2003 (observation time).

2. Patient, 20 years old. Applied in May 2000 regarding increased indicators of transferases (ALT - 78, AST - 64), increased bilirubin content (63), the presence of hepatitis B virus DNA in the blood - 10^4 . The state of health is good. Until 2003, this patient was treated with Lachesis, Naja, Elaps 30; Natrium sulf. 30, Magnium carb. 30, recorded on the apparatus of the company "IMEDIS". However, the content of virus DNA in the blood and biochemical parameters changed little, periodically decreasing, then increasing.

The appointment of Lycopodium 30 3 globules once every 2 weeks for 1.5 years led after 2 months to the normalization of transferase parameters (ALT - 35, AST - 36) and a decrease in the virus DNA in the blood to 10^2 , but the level of bilirubin in the blood remained high (49.80). By May 2004, the indices of transferases (ALT - 13, AST - 19) and the level of viral DNA (10^{one}) continued to decline with high levels of bilirubin (51.1).

The presented results indicate that the correct choice of a homeopathic preparation in the form of an electronic analogue, prepared on the apparatus of the firm "IMEDIS", allows you to actively improve the condition of people with

chronic HCV and HBV infection, which is confirmed by the most modern methods of laboratory analysis.

Abalakin V.A. Treatment of chronic infections caused by the hepatitis C virus // XI
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