

The use of transfer factors as an auxiliary method of treatment for  
endogenous and exogenous BRT  
O.I. Eliseeva, I. V. Fedorovskaya  
(LLC "Eliseeva Methodological Center", Moscow, Russia)

The urgency of the problem of preventing infectious diseases is becoming especially acute in connection with the emergence and spread of viral diseases such as HIV and viral hepatitis B, C, D, E, etc. The number of oncological, cardiovascular, respiratory, endocrine diseases, neuropsychiatric disorders is also growing. Analyzing the flow of patients in our Center, arriving with unexplained diagnoses, we noted that every third person is tested for information of either HIV or viral hepatitis B, C, D, E, G. Moreover, in these cases, ART is always tested for the depletion of the immune system and drugs of the firm "OTI" anti CD 4; SD 8; SD 16; SD 19. When testing the gate of infection, as a rule, it is the oral cavity, in second place - the genitals, in the third place - the skin. The route of spread is lymph, with subsequent damage to the spleen, in this regard, blood tests are normal. But there are many complaints about changes in the state of health in patients, the immunogram is always at least with small, but deviations from the norm.

The use of only endogenous and exogenous BRT allows restoring human health in any pathology, but not in the presence of depletion of immunity and information of severe viral infections. We have noted that information from HIV and hepatitis viruses in the absence of immunomodulatory therapy leads to the spread and aggravation of other infections present in the body. For example, to the development of chronic inflammation: chlamydial pneumonia and endocarditis, the spread of Helicobacter with the formation of ulcers, gonorrheal arthrosis, sensitivity to Epstein-Barr viruses and Cytomegaloviruses, etc. In addition, after 3-5 years, first pre-oncology develops, then oncology of the weakest organs in humans.

As you know, chronic inflammation is a state of unstable balance between clinically mild, long-term ongoing inflammatory processes and the response of immunocompetent cells to them. Disruption of this balance occurs when an additional infection is added by immunosuppressive factors that suppress the effective functions of the immune system. Each exacerbation of a chronic inflammatory process activates the immune system and restores balance on another, usually a lower level of protection. It is at this level that the oncological process, cirrhosis of the liver, malignancy of ulcers, etc. are already developing.

What can we say about the known immunomodulators and especially the group of interferon inducers (IFN)? In many patients, against the background of IFN therapy, side effects are observed and IFN is an inducer of autoimmune processes. According to the Ministry of Health and Social Development of the Russian Federation, the effectiveness of these drugs in severe viral infections does not exceed 30-50%. All this prompted us to look for other drugs that improve the reactivity and immunity of the human body. Immunorehabilitation measures constitute the basic need of modern human ecology. At this stage, our choice fell on natural

immunomodulator - "Transfer factor" (TF). Opened in 1949 by HS Lawrence transfer factors marked the beginning of a new era in the development of immunology. It was found that immunity from one person can be transmitted to another when he is injected with an extract of leukocytes containing molecules that are called transfer factors. TF are signaling immunoactive molecules. According to CH Kirkpatrick et al, TF is a 44 amino acid peptide. Unlike antibodies, which have a large molecular weight, the molecule transfer factors

are quite small in size and represent a fraction of molecular weight from 3500 to 10000 Daltons. TF (Immune System Communicator Molecules) are obtained from cow colostrum and chicken egg yolk using modern ultrafiltration technology. They are completely cleared of casein, lactoglobulins and other large protein molecules, leaving cytokine fractions identical to leukocyte cytokines. Existing TF

are subdivided into 3 main fractions, named according to their main action on the immune system: inducers, antigen-specific transfer factors and suppressors, i.e. regulating the function of T-killers, macrophages and T suppressors (TF; TF plus; TF Advensd).

As noted by the academician of the Russian Academy of Medical Sciences A.A. Vorobiev, "the advantage of TF over other immunomodulators is that it has a wide spectrum of action, is absolutely safe and harmless, it is used orally, has no contraindications for use, does not cause side effects, is equally effective for adults and children with chronic and oncological diseases. TF is an excellent prophylactic drug. "

### Clinical examples

1.P.V., born in 1981, applied to the Center in March 2005 in connection with (according to patient) with hepatitis C virus viralized during a random medical examination (March 2003). Pegasis refused the course of treatment offered by the hepatologist.

At the time of examination: complaints of constant heaviness in the right hypochondrium, decreased appetite, severe weakness.

According to ART data: radiation load of 1 st .; electromagnetic burden 4 tbsp.; A pronounced degree of depletion of immunity; hepatitis C (neither A nor B) (1), (2); hepatitis C (1), (2), (3); hepatitis B antigen (vaccinated three times - 2004).

Due to the fact that the results of laboratory examinations were not presented, the following was recommended: general and biochemical blood examination; anti-HCV; semi-quantitative HCV-RNA. Assignments: 6.2 Hz, 2 peas. 3 times a day; BR-drug + DRE 4.5; hepar composite 2 globules 1 time in 3 days; metocept, 2 caps. 2 times a day; vitanorm 1 caps. 2 times a day; diet number 5; control after 1 month.

Repeated visit on 24.05.2005: at the time of examination, no complaints were made. Recommended examinations data: general and biochemical analyzes are normal; anti-HCV - positive; SEMI-QUANTITATIVE HCV-RHK 100,000 IU / ml (HIGH VIREMIUM).

Norms: up to 30,000 IU / ml (low viremia), from 30,000-100,000 IU / ml

100,000 IU / ml (high viremia).

For ART: no radiation load; electromagnetic burden 2 tbsp.; a small degree of depletion of the immune system; hepatitis C (neither A nor B) (1), (2); hepatitis C (2), (3).

Recommendations: BR + DRE 4, 2 globules 3 times a day; Hepel 2 globules 3 times a day; metocept 1 caps. 2 times a day; vitanorm 1 caps. 2 times a day; TF and TF plus according to the method developed by us within six months; magnetic insoles with hepatitis frequencies; control of b / x blood, anti-HCV, semi-quantitative HCV-RHK; turnout in 2 months.

Visit 03.09.2005: no complaints.

Laboratory examination data: biochemical blood test is normal; anti-HCV - positive; SEMI-QUANTITATIVE HCV-RHK 30,000 IU / ml (LOW VIREME).

For ART: no radiation load; no electromagnetic load; moderate degree of immunity tension; hepatitis C (neither A nor B) (2) ;, hepatitis C (2).

Recommended: BR-1 using hepatitis D60 nosode, 2 globules 3 times a day; BR-2 with frequencies of hepatitis C in time modulation, 2 globules 3 times a day; TF Advensd according to the method developed by us; tubage (rosehip + sorbitol) once every 3 weeks; control after 2 months.

After 2 months, the patient's condition is good, no complaints.

Analyzes: anti-HCV - positive; SEMI-QUANTITATIVE HCV-RHK 15000 IU / ml (VERY LOW VIREMIA).

We came to the conclusion that only against the background of transfer factors, especially the Adventure TF, the hepatitis C viremia decreased significantly. Treatment continues.

2. Patient Sh.L.I., 60 years old, complained of pain in the right hypochondrium, nausea, weakness, skin rashes, allergies.

From the anamnesis: within 6 months at the place of residence she was treated with a diagnosis of opisthorchiasis: tar preparations, nemosol. After the treatment, opisthorchias were not detected in the analyzes, but the symptoms and complaints remained.

For ART: small degree exhaustion immune system, residual hepatotoxemia, intestinal dysbiosis, right single opisthorchis in lobe of the liver.

Treatment: EPT - F395 (7 sessions); Endogenous BRT 4 sessions; bioresonance preparations with electromagnetic copies of homeopathic preparations; transfer factor plus according to our methodology; normoflorin B, L 1 dessert spoon before and after meals for 7 days, cleansing the body according to the method of Eliseeva O.I.

After 7 days, all the patient's complaints disappeared, vigor, good mood appeared, the skin cleared.

After 2 weeks. control ART: small degreestresses the immune system; opisthorchias, hepatotoxemia, dysbiosis are not tested.

3. Patient BDA, 27 years old, with a verified diagnosis: AIDS. Conducted courses of treatment at the place of residence for 2 years.

Immunogram dated July 29, 2005:

Lymphocytes: CD3 20% (N 52-76%) Abs. number 325 (N 950-1800)

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CD4 11% (N 31-46%) Abs. number 210 (N 570-1100)

SD8 7% (N 23-40%) Abs. number 117 (N 450-850) (at)

CD4 / SD8 0.3 (N 1.0-17)

SD19 3% (N 6-18%) Abs. number 110 (N 150-400)

SD16 4% (N 9-19%) Abs. number 98 (N 180-420)

The reaction of inhibition of leukocyte migration: spontaneous migration - 1.5 (N 2.3-5.0)

inhibition index with PHA - 18% (N 29-56%)

inhibition index with end A - 0% (N 40-75%)

Phagocytosis: phagocytosis. number 40% (N 65-95%) phagocytic index 2.9 (N 4-10)

complete phagocytosis index 0.26 (N 1.0) cyc - 0.01 (N 0.02-0.08 conventional units)

Immunoglobulins: IgG 3.4 (N 6.0-18.0 mg / ml)

IgA 0.4 (N 0.8-5.2 mg / ml)

IgM 0.3 (N 0.6-3.8 mg / ml)

Clinically: the patient is lethargic, asthenic, petechiae on the skin, single absorbable hematomas, saphenous veins are dilated. The liver is enlarged - protrudes 4.0 cm from under the edge of the costal arch, its edge is painful, the spleen is enlarged, painful on palpation. Complaints of frequent nosebleeds, subcutaneous hemorrhages, recurrent intestinal bleeding (stool stains), severe weakness, inability to work, frequent colds, headaches, pain in the spine.

With ART: an extremely pronounced degree of depletion of the immune system, HIV, AIDS, hepatitis, hepatosplenomegaly, reduced amount of rutin, chlamydia, gonorrhoea, Epstein-Barr virus, Cytomegalovirus.

The treatment was carried out: BRT along the tested meridians of 6 sessions; induction anti-stress therapy 6 sessions; bioresonance homeopathic medicines; transfer factor and transfer factor Advensd according to the methodology developed by us; EPT with HIV, AIDS frequencies 12 sessions.

After 12 days, the patient's bleeding stopped, his state of health improved significantly, the liver decreased by 1.0 cm, the spleen decreased in size, painless. The patient continued to take transfer factors.

After 1 month: he feels good, no complaints, the patient started work, continues to take TF.

After 2 months, the immunogram has significantly improved (from 04.12.2005). I present the data in abbreviated form: SD3 - 50%; CD4 - 28%; SD8 - 18%; with CD4 / CD8 - 0.9; SD19 - 4%; SD16 - 7%; spontaneous migration - 2.0; braking index with FTA - 20%; braking index from end A - 10%; phagocytic number - 52%; phagocytic index - 3.9%; complete phagocytosis index - 0.9%; cycle - 0.02 conventional units; IgG - 4.4 mg / ml; IgA - 0.6 mg / ml; IgM - 0.5 mg / ml.

The treatment continues. The patient feels good, has started work, and continues to take transfer factors.

Conclusion: Transfer factors - natural immunomodulators have a pronounced effect on the acceleration of positive results of health restoration as an auxiliary method to endogenous and exogenous BRT.

#### Literature

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