

A variant of the approach to the diagnosis and therapy of autoimmune thyroiditis using preparations of seroimmune sera from the company "OTI"
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Autoimmune diseases include those forms of pathology in which autoreactive immunoglobulins have a destructive effect on the body. The formula for immunity looks like this: immunity = antigen recognition + antigen destruction (lymphocytes, leukocytes, complement). The central organs of immunogenesis are the bone marrow and thymus. The peripheral ones include the spleen, lymph nodes, lymphopharyngeal ring, lymphocytic accumulations of the gastrointestinal tract, bronchi and genitourinary system. The bone marrow serves as both a central and a peripheral organ.

Autoimmune diseases include those forms of pathology in which autoreactive immunoglobulins have a pathogenetic effect on the body [3]. This article presents one of the variants of the approach to the diagnosis of autoimmune thyroiditis using preparations of seroimmune sera from the company "OTI".

Autoimmune thyroiditis (lymphadenoid goiter) is a chronic inflammatory process in the thyroid gland, caused by the production of antibodies to its own thyroid gland, with the presence of a partial genetic defect in the immune system. But for implementation hereditarily predisposition requires additional unfavorable external factors. These are respiratory viral diseases, chronic foci of infection in the palatine tonsils, sinuses, teeth affected by caries. Excessive absorption of iodine by the body is of great importance. The role of bacterial infection is discussed [1], special importance is attached to *Yersinia enterocolitica* and the interaction between the microorganism and the hypertension of the thyrocyte membrane, which includes the thyroid stimulating hormone (TSH) receptor as an element for molecular mimicry. The role of viral diseases has been shown [1].

In this case, antibodies produced by the immune system mistake the cells of the thyroid gland for foreign ones and damage them. Over time, this leads to a decrease in the ability of the thyroid gland to produce hormones, i.e. to hypothyroidism. But against the background of autoimmune thyroiditis, a temporary increase in hormone production is also possible - hyperthyroidism (thyrotoxicosis).

Autoimmune (lymphomatous) thyroiditis (AT) was described by H. Hashimoto in 1912, who revealed 4 characteristic signs of the disease:

- diffuse infiltration of the gland by lymphocytes;
- specific formation of lymphoid follicles;
- destruction of epithelial cells and proliferation of the connective tissue that replaces the normal structure of the gland.

The role of autoimmune factors is reflected in lymphocytic infiltration of the gland and the presence of high concentrations of immunoglobulins and antibodies in serum against a number of components of thyroid tissue. Among these antibodies, antibodies to thyroglobulin and antibodies to microsomal antigen are the most important [1].

The most striking manifestation of the disease is goiter. It extends to the entire gland, but not necessarily symmetrically. In the early stages of the disease, the patient is in a eumeabolic state, but then thyroid reserves are depleted, which is manifested by an increase in serum TSH, the content of T3 and T4 remains normal, and the patient is euthyroid. As the disease progresses, subclinical

insufficiency of the thyroid gland. This is due to the increasing replacement of the thyroid parenchyma by lymphocytes or fibrous tissue. Thyroid insufficiency is initially manifested by an increase in the concentration of TSH, over time, the content of T4 decreases with a normal level of T3. In the end, this indicator also falls below normal, and the patient develops overt hypothyroidism. In some patients, hyperthyroidism develops on the background of an unusually dense gland and a high titer of antithyroid antibodies in the blood. An equally important criterion for determining the severity of the disease, in addition to laboratory parameters, is also clinical signs. Currently, asymptomatic forms of autoimmune processes of the thyroid gland have become common. And the detection of a high level of antibodies turns out to be a laboratory finding [1].

Diagnosis of AT is based on the following basic clinical, laboratory and instrumental examination methods:

- 1) the presence of characteristic clinical and palpation signs;
- 2) indicators of the functional state of the thyroid gland;
- 3) the results of ultrasound examination;
- 4) the presence of antibodies to the components of the thyroid tissue;
- 5) data from a puncture biopsy of the thyroid gland.

The most common mistakes in the differential diagnosis of AT are as follows:

1. With the hyperthyroid phase of autoimmune thyroiditis, the diagnosis is made diffuse toxic goiter and treatment with thyreostatics is prescribed. Unfortunately, often the first detected DTZ is regarded as hyperthyroid phase AT followed by inadequate treatment.

2. With euthyroid goiter, overdiagnosis is a common mistake autoimmune thyroiditis. At the same time, in the elderly, the diagnosis of autoimmune thyroiditis is complicated by the absence of antibodies to the components of the thyroid tissue.

3. Late diagnosis of hypothyroidism in atrophic form autoimmune thyroiditis Difficulties in the diagnosis and treatment of AT are due to the versatility of the clinical course and manifestations of the autoimmune process, the presence of other autoimmune diseases. And also there are asymptomatic forms of autoimmune processes of the thyroid gland, in which a high level of antibodies is detected by chance.

The method of vegetative resonance test (ART) helps the doctor to suspect the presence of an autoimmune process of the thyroid gland even before the onset of clinical manifestation, to carry out additional differential diagnostics, to determine the likely etiological and aggravating factors.

The plan for examining patients with suspected AT by ART has a number of features:

1. The presence of radioactive, electromagnetic and geopathogenic load

2. The existing autoimmune process is determined by testing pointers:

- autoimmune process 3 on organopreparations of the thyroid gland and indicators of the morphological scale;
- extremely high level of tension of the immune system;
- positive test of the Labo`life drug - a state of hyperreactivity (1-10).

In the presence of all 3 positive tests, we can talk about the presence of an active autoimmune process with laboratory confirmation of the identified pathology.

Further it is necessary:

- to determine the DNA violation;
- to test the processes of anabolism / catabolism, acidity / alkalinity (by degrees) through organopreparations of the thyroid gland (OP of the thyroid gland);
- to identify bacterial and viral loads of the thyroid gland;
- to determine the relationship of endocrine systems, degrees of stress and depletion of individual endocrine organs;
- assessment of the state of organs associated with autoimmune processes (bone marrow, thymus, spleen, lymph nodes, lympharyngeal ring, mucous membranes of the bronchi and genitourinary system). Difficulties in the diagnosis and treatment of AT are due to the versatility of the clinical course and manifestations of the autoimmune process, the presence of other autoimmune diseases.

If you suspect the presence of antibodies, it is imperative to conduct laboratory tests (antibodies to the components of the thyroid tissue, the level of hormones T3 and T4, in some cases - the capture of radioactive iodine), ultrasound, if necessary, a thyroid biopsy is recommended.

Differential diagnosis (by ART) is carried out with diseases such as:

1. Acute thyroiditis, which is characterized by the presence of bacterial or viral burden. The clinical picture and the findings of the ART examination correspond to the acute infectious process.

2. Subacute thyroiditis, which is characterized by a high degree of catabolism on thyroid hormone, TSH (thyroid stimulating hormone) deficiency with an excess of T3 and T4, or an excess of TSH and T3, T4 deficiency (depending on the stage). Palpation - the thyroid gland is softened. There is often pain in the suprathyroid region. Indicators of an acute inflammatory process are tested on a morphological scale.

3. Chronic thyroiditis with transient thyrotoxicosis accompanied by TSH deficiency, an excess of T3 and T4. Test data morphological scales are close to the AT data.

Treatment AT overwhelming the majority cases held conservatively. Effective pathogenet medical therapy of AT itself, as organ-specific autoimmune disease does not currently exist. Therefore, the treatment of AT in a broad sense is reduced to the therapy of disorders of the functional state of the thyroid gland.

The ART method has the capabilities that allow you to choose an adequate therapy for the patient's condition, aimed at regulating autoimmune processes. In our experience, the most effective were seroimmune drugs developed and created by the "OTI" company.

Modern homeopathic serotherapy was created on the basis of a synthesis of modern serotherapy and homeopathic organotherapy. The cell specificity of the embryonic extract is used. The theoretical concept is based on the selection of specific embryonic "antigens". The purpose of this method is functional regulation and regeneration of various organs through tissue-specific effects at the cellular level. Seroimmune drugs activate the subsystems of the large defense system of the body, which leads to the removal or neutralization of the existing hetero- and homotoxins both at the humoral and cellular levels. Immunocorrection is carried out by homeopathizing serum antibodies to "regulatory power". The 7x potency has been thoroughly tested in OTI laboratories. Established that the serums in this potency have no unwanted or secondary effects. If the cell has the ability to react, if there is still a minimum amount of functionally sound tissues in the corresponding organ, then homeopathized serum antibodies will show their effect [2]. In the presence of antibodies through various indicators characterizing autoimmune processes (autoimmune processes 3, indicators of the morphological scale), seroimmune preparations from OTI are tested.

Pointers of autoimmune processes (in total) + Seroimmune drug 1 .

The drug selected in this way is recorded on crumbs (3-4 globules) and placed in a passive electrode. Against this background, the indicators of autoimmune processes are re-tested, and through them they go to the next seroimmune drug.

Seroimmune drug 1 + Pointers of autoimmune processes + Seroimmune drug 2 .

On the crumbs with the 1st preparation already recorded, the 2nd selected one is recorded. Everything is repeated until the selected composition of seroimmune drugs compensates for the autoimmune state at the moment. The composition can consist of 3-4 preparations corresponding to different organs, because with AT, there is an autoimmune mood of the whole organism. Further, a single dose is selected that compensates for the indicators of autoaggression, which must be double-checked through the tolerability of medications.

The appointment of these drugs is recommended from the 2nd admission, after the removal of the existing loads (GPN, RAS, EMN), correction of the psychoemotional state, introductory drainage therapy and other types of therapy corresponding to the 1st stage. It is very important to take into account all indicators of autoaggression when choosing a composition of drugs. Seroimmune drugs can be given as stand-alone drugs, as well as used in the creation of the BND along with other pointers. At the same time, the dynamics of indicators must necessarily indicate a decrease in the degree of autoaggression. It is necessary to assess the dynamics of indicators of catabolism / acidity (by degrees), first of all - the OP of the thyroid gland, as well as the conjugated organs detected through

testing seroimmune drugs. The correct selection of the composition leads to the complete absence of an auto-aggression test already at the reception. In subsequent doses, there is a change of active drugs for the serum of other organs. This can be reflected in the clinical complaints of patients.

With a significant influence of the viral (and / or bacterial) load, the second possible method of exposure is resonant frequency therapy. Several infectious agents have now been identified. As a potent polyclonal B-cell activator, they can induce the production of antibodies. These viruses primarily include the Epstein-Barr virus, retroviruses (including type I human T-lymphotropic virus), as well as rubella, herpes, parvovirus 19, cytomegalovirus, mycoplasma, etc. [4].

Conducting resonant frequency therapy leads not only to a decrease in the activity of viruses, but also has an immunosuppressive effect.

The therapy is accompanied by an increase in the level of intoxication by day 3, which subsequently decreases. In cases of pronounced intoxication, it is possible to take breaks in taking medications for 2-3 days. In some cases, it is more effective to conduct bioresonance therapy according to the 4th strategy. It is rational to evaluate the effect of therapy not earlier than 3 weeks after the course of therapy. The course of therapy usually takes 10-14 days, after which it is necessary to conduct a control study.

This approach is sensitive in some patients. Laboratory data indicate a decrease in autoimmune processes within 3-4 months. Nosodotherapy is prescribed carefully and only with a significant improvement in the indicators of the state of the immune system. In the case when there is no positive dynamics during these periods, it is necessary to change the treatment tactics. Due to the fact that the most typical outcome of AT is hypothyroidism, adequate replacement therapy is prescribed according to the condition. In some patients, such treatment is accompanied by goiter regression.

Difficulties in the diagnosis and treatment of AT are due to the versatility of the clinical course and manifestations of the autoimmune process, the presence of other autoimmune diseases.

The use of seroimmune drugs helps the doctor assess the state of all organs associated with the autoimmune process at once, choose an adequate treatment, thereby increasing the effectiveness of AT treatment.

Literature

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