# Possibilities of diagnosis and treatment of tubal-interstitial nephritis with with BRT

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As you know, almost all kidney diseases during the period of their functional well-being are not subject to therapeutic effects.
(Shumilin V.R. et al., 2004).

The most common problem in nephrology is isolated hematuria and / or in combination with proteinuria. Chronic tubulointerstitial nephritis (CTIN) is the cause of changes in urinalysis.

CTIN is a multifactorial abacterial diffuse inflammatory and / or metabolic kidney disease with a predominant lesion of the tubulo-interstitial tissue, with an outcome in sclerosis and the involvement of all structures of the nephron in the pathological process. To clarify the etiology of the disease in this group of patients can be very conditional, since the definition itself already implies several causes of kidney damage. At the same
time, by acting on these causal factors, it is possible to achieve long remission of the disease.

Having analyzed the main factors in the development of CTIN, we suggest can use the following algorithm for diagnosing patients using ART:

1. Determination of a genetic defect in the kidney. Factor, predetermining the vulnerability of the kidneys, there may be a congenital defect of the renal tissue, manifested by explicit and latent hereditary nephropathy.

2. Topical diagnosis of urinary tract lesions: kidney,
calyx-pelvic system, ureter, bladder, urethra in various potencies. The cause of hematuria can be disorders in other parts of the urinary tract, leading to hemodynamic disorders in the kidneys.

3. Study of the glomerular apparatus of the kidneys in connection with the possibility of patients with mesangial proliferative glomerulonephritis (GN) or focal segmental, which usually occur with moderate urinary syndrome (hematuria, minor proteinuria). Diagnostic and therapeutic tactics in patients with renal glomerular resonance are likely to be changed.

4. Determination of damage by salts of heavy metals. Often, in patients in urine tests, hematuria is detected:

cadmium nephropathy - manifested mainly in the proximal tubular dystrophy, clinically reminds hyperproduction parathyroid hormone: urinary stones, false fractures, growth in blood osteoporosis, alkaline phosphatase activity;

lead nephropathy, flowing latent, but leading to a decrease in glomerular filtration of the kidneys.

5. Diagnostics of the radiation load with the determination of radionucleides, when affected, CTIN of metabolic genesis develops. A feature of the urinary syndrome in these patients is isolated proteinuria.

6. Diagnostics of allergies. The increased production of Ig E is accompanied by release of mediators of anaphylaxis, which further disrupts the already changed

microcirculation, with the development of edema and damage to the interstitium.

7. Study of medicines received by the patient: for compatibility prescription, tolerance, the possibility of developing an allergic reaction. Drugs rarely directly cause toxic effects with the development of kidney damage without an allergic component. It should be noted that the development of nephritis is possible with the use of herbs (Tareeva I.E.).

8. Metabolic kidney damage: diagnosis of oxaluria, uraturia, urolithiasis. Hyperuricemia has an undeniable nephrotoxicity. This is proved by the reversibility of the processes with successful treatment. In the development of CTIN in hyperuricemia, the role of other pathogenetic mechanisms is also assumed - blockage of the ureters, intratubular deposition of urate crystals.

9. Diagnostics of bacterial, fungal, parasitic and viral kidney lesions through the kidney organopreparation.

Studies of foreign and domestic authors have proven that bacterial and viral antigens are involved in the formation of immune complexes and they are often found in patients with nephritis. In particular, antigens and / or antibodies of hepatitis B and C viruses, Epstein-Barr viruses, cytomegalovirus (CMV), herpes simplex type 1, fungi of the genus Candida, bacteria - streptococcus, enterobacteria, Klebsiella, mycoplasma, yersenia, toxoplasma, schistosomes (L. Jager, 1990, Long V.V., 2004).

Viral persistence affects the interstitial tissue of the kidneys. Thus, as a result of long-term persistence of respiratory viruses, congenital Coxsackie-viral infection is activated, affecting the tissues of the urinary system, which leads to the development of TIN.

Having studied the reasons for the development of CTIN, it is necessary to carry out therapeutic measures that would lead to the normalization of urine tests. But at the same time, it is necessary to remember the recommendation of Humburger, in case of asymptomatic hematuria, normal renal function remained, ineffective. "

the largest nephrologist in France II: “The main thing is that these patients use drugs

Currently, the diagnosis of viral, bacterial infections by determining antibodies in the patient's blood, antigens by PCR, has led to their widespread treatment and the appointment of interferons, which have a number of side effects. For example, a side effect of reaferon is proteinuria.

Clinical example

1. Patient N., born in 2000, applied to the Edis center in connection with CTIN. For the first time, changes in urine tests were detected 2 years ago after a viral infection. Received therapy at the place of residence for CMV, Epstein-Barra herpes infections, against which there was an increase in hematuria, the appearance of protein 0, 066%.

On examination, no edema or increased blood pressure was found. Heredity for kidney pathology is not burdened.

According to ART data: cadmium, lead, a pronounced degree of depletion of the immune system, allergy without autoaggression, intestinal dysbiosis, reserves are determined

adaptation of the 6th degree, oxaluria D30, deficiency of vitamins A and B6, giardiasis, CMV, Epstein-Barr virus, candida albicans. Laboratory infection studies have been confirmed.

Frequency therapy was prescribed for identified infections; resoplexes of Dr. Schimmel kidney, mushrooms, lymph; adsorbent by Art Life "Tox Fighter"; homeopathic anti-lambliasis drugs; OBR, ChRPreparations.

Re-examination in a month. In the general analysis of urine, 1-3 erythrocytes, no protein. ART data: cadmium, lead is not detected, moderate degree of depletion of immunity, allergy persists, adaptation reserves of the 5th degree; oxaluria, a decrease in the level of vitamins, CMV, the Epstein-Barr virus are diagnosed at levels II, III, IV, candida albicans, lamblia are not detected.

The treatment of CMV, Epstein-Barr infections at the II and III levels with the use of special. mixtures In "Vipera". Prescribed drugs by Dr. Schimmel (miasma) CMV, Epstein-Barr virus, kidney and liver resoplexes. BR-drug, prepared using the selected frequencies of nephritis in time modulation, 1 globule 2 times a day. Herbal medicine: decoction of nettle for two weeks, with a repetition of the course in two weeks, for 3 months. Vitamin "A" in the age dosage for 2 weeks, in the morning.

Again, a month later, there are no erythrocytes and protein in the general urine analysis. In the analysis according to Nechiporenko, erythrocytes are 4000 thousand (the norm is 1000 thousand).

According to ART: adaptation reserves of the 3rd level, allergy persists, moderate depletion of the immune system, oxaluria.

The patient underwent an inverse urine autonosode. The following groups were used as pointers: metals for testing chakras, chromosomes, kidney nosodes, nephritis, oxaluria in various potencies, preparations of the company "OHOM", "GUNA". A systemic spiritual adaptant (SDA) was selected, which removed all pointers based on the results of ART. The patient received the drugs for a month. BRT was performed using a homeotatic drug - renal hematuria, kidney nosode D6. Prescribed vitamin B6 at a dose of 60 mg per day in the first half of the day for a month.

Currently, there are no changes in urine analyzes. In the absence of changes in the analysis of urine, the patient was vaccinated at the site without observing the temporary regimen with live vaccines, but the remission of the disease was preserved. Monitoring and treatment continues.

2. Patient N., born in 1991, turned to the Edis center with complaints about low-grade fever, pain in the right knee joint without signs of inflammation, changes in urine tests - protein 1.32 - 0.66 g / l. For the first time, changes in urine tests were detected 3 months ago against the background of a pronounced increase in cervical lymph nodes. On examination of edema, no increase in blood pressure was detected.

According to ART data: geopathogenic, radioactive load of the III degree, moderate depletion of immunity, adaptation reserves of the third degree, Toxoplasma with damage to the hypothalamus, liver, kidneys, CMV, Coxsackie virus.

Prescribed: frequency 6.2 Hz, frequency therapy of identified infections, frequencies 7.5, 15, 100 Hz according to P. Schmidt, stabilizing the hypothalamus, program

"Rhythms of the Brain". Stress III with crumble recording.

Re-examination in a month: the temperature returned to normal, pains in the right knee joint are troubling, in urine tests the protein was 0.66 g / l. The titer of antibodies to toxoplasmosis is sharply positive - Ig G 1: 3200. According to ART: radioactive load of I degree, toxoplasma with previous organ damage, CMV is determined at II, III, IV levels.

The patient lives in a remote area of the Primorsky Territory, so it is difficult for her to come for treatment. Prepared invert urine autonosode. The following groups of drugs were used as test pointers: Toxoplasma nosodes, CMV, organ remedies kidney, liver, right knee joint, synovial membrane in various potencies, drugs from the Detox, Guna series, chromosomes. Picked up SDA. The patient received the drug for 1.5 months.

The patient was made three times autonosode urine with a break between doses of 2-3 weeks.

Inspection after 8 months: no complaints at the time of inspection. No protein was found in urine analyzes. One of the causes of proteinuria in the patient was toxoplasmosis. Monitoring continues.

Conclusions:

1. Diagnostics using the ART method allows more complete clarify the causes of CTIN.

2. Frequency therapy stops the persistence of herpesvirus, respiratory infections.

3. Methods for the preparation of urine autonosodes with the appointment of SDA are effective in restoring the reserves of adaptation of the body and do not exacerbate nephritis.

4. Urine autonosodes are an individual therapy, and a list for targeting will depend on the problems requiring treatment.

Literature

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