"Masks" of a viral infection and the possibility of its therapy K.G. Khachumova (RSMU, Moscow, Russia)

In recent years, infection with Epstein-Barr viruses, herpes, and cytomegalovirus has increased significantly [1]. The forms of its clinical manifestation have changed, subacute and protracted variants of the course are more common [2, 3]. There are frequent cases of fever lasting for a year, lymphadenopathies, hematological disorders (anemia, thrombocytopathy, leukopenia).

Prolonged immunity stress often results in To frustrating compensatory capabilities and the development of clinical manifestations of the type of systemic disorders [2].

We observed 18 patients with a primary diagnosis of fever of unknown origin. In 8 patients, after further examination, a diagnosis of infectious mononucleosis was made, in 1 patient - Felty's syndrome, 2 - systemic scleroderma, 2 - rheumatoid arthritis, 5 - the diagnosis remained unclear, since during clinical and instrumental studies only IgG of Epstein-Barr viruses, herpes were detected, cytomegalovirus, which was interpreted by infectious disease specialists as a transferred infection and therapy was not prescribed. In terms of systemic diseases, all studies are immunological,

ultrasound, radiological - no results. These patients had a drop in vision within a year, a weakening of memory and increased fatigue.

The patients' age ranged from 24 ± 8.2 years. Women prevailed - 13, men - 5.

During the examination using the ART method, the patients were tested for Epstein-Barr viruses - 88%, herpes - 78%, cytomegalovirus - 60%, Coxsackie - 52%, measles - 22%, chickenpox - 8%. At the same time, immunological diagnostics confirmed the presence of antibodies to these viruses by 84%. The duration of clinical symptoms lasted within 2 months. up to 2 years. It was noted that IgA of these viruses was determined in the case of infectious mononucleosis, IgG - in systemic lesions: Felty's syndrome, scleroderma, rheumatoid arthritis. In one case, acutely developed symptoms were accompanied by an increase in IgG viruses, hepatosplenomegaly, lymphadenopathy, anemia, and thrombocytopenia.

14 patients were treated with the BRT method (according to the method of N. Kempe) in combination with drainage therapy. In all patients, a clinical effect was obtained, accompanied by the normalization of laboratory parameters. It took a course of treatment from 3 to 10 procedures. Retrospective observation of these patients from 1 to 3 years of relapses and repeated exacerbations did not give.

Clinical example

Patient H., 16 years old. She became ill acutely when pain in the ear area appeared, a lymph node measuring 1 x 1 cm was palpated, temperature - $37.3 \degree C$, in the study of blood o / a: L - $4.0x10_{nine}/I$, Hb - 97 g / I, e - $3.9x10_{nine}/I$, ESR - 12 mm / h, mononuclear cells - 12, IgG to Epstein-Barr viruses, cytomegalovirus, herpes type I were determined. On ultrasound - hepatosplenomegaly, enlarged lymph nodes in the gate of the liver. Diagnosed with infectious

mononucleosis. She was treated with arbidol, viferon with a temporary effect. A month after the onset of the disease, she started BRT. 10 procedures were carried out in combination with OTI drugs. After a month, the condition stabilized. The temperature returned to normal, the size of the liver decreased by half, but the norm was reached after 6 months. According to blood tests: L - 3.0x10nine/l, Hb - 100 g / l, e - 3.8x10nine/l. After 6 months, the indicators returned to normal.

This effect is explained by the drainage function of BRT and an increase in the immune response. There was no further deterioration. Follow-up - 2 years.

Conclusions:

1. Viral infection often occurs under the guise of fever, anemia, thrombocytopenia, progressive myopia, which requires a study for a viral infection.

2. Viral infection in subacute and chronic course is a risk factor for the development of systemic diseases.

3. Bioresonance therapy for sluggish and worn out manifestations viral infection leads to the normalization of clinical, laboratory and instrumental parameters.

Literature

1. Simovanyan E.N., Sidyakina L.N., Sarychev A.M. Chronic Epstein Barr viral infection in children // Doctor Ru. - 2006 --- 2. - 56 p.

2. Daniel L. Barber et al. Restoring function in exhausted CD8 T cells during chronic viral infection "Nature2008; December 28, 214.

3. Jeffery KJM, Read SJ, Peto TEA, Mayon-White RT, Bangham CRM Diagnosis of viral infections of the central nervous system: clinical interpretation of PCR results. Lancet 1997; 349: 313-7.

K.G. Khachumov "Masks" of a viral infection and the possibility of its therapy // - M .:" IMEDIS ", 2009, vol. 1 - C.196-198