

A case of aseptic necrosis of the femoral head "Unclear etiology"

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Introduction

In the practice of the combined use of ART and BRT, the following two (independent) situations are quite common:

1. In the process of ART, a pathogenic agent, a chemical substance, tissue, an organ or system that is a link in the pathological process in accordance with the indications of ART, but there is no sufficiently reliable clinical evidence of this circumstance.

2. Organopreparations are not effective enough therapy as a natural regenerator of tissues, organs or systems of the patient.

Regarding the first of the above situations, it was suggested that in disputable cases, the body should be treated not according to clinical guidelines, but according to the results of ART. The latter reflect the really existing afferentation in this organism [1].

Regarding the second of these situations, it was proposed to use, in addition to organ products, control signals that stimulate regeneration, in particular, the signal written off from the lizard during the regeneration of the lost tail [2].

However, in both of the situations described, there is insufficient clinical experience, confirmed by publications. It seems important to give a detailed description of the clinical case in which the adherence to the above recommendations led to the success of the therapy.

Clinical case

Patient V., 5 years old.

Anamnesis

Numbers on 12/11/2005 fell ill acutely, after three consecutive acute respiratory viral infections; fever, pain in the right hip joint (PTBS), lameness in the right leg.

On December 15, 2005, she was sent to the Department of Purulent Surgery at Children's Clinical Hospital No. 15 (OGH DKB No. 15) with a diagnosis (Ds): "Infectious arthritis PTBS". When puncture PTBS - exudate is not received. Paraclinical data were unremarkable. X-ray 28.12.05 - no bone-destructive changes in PTBS were revealed.

In March 2006 she was examined by an orthopedist: lameness, soreness of the PTBS persisted; were limited to extension, adduction, abduction, rotation in the joint. Ultrasound of PTBS and X-ray from 2.03.06: no bone-destructive changes were revealed. Ds: "Reactive arthritis PTBS. Subluxation of PTBS".

At the same time she was examined in the Department of Immunoprophylaxis of the Children's Clinical Hospital No. 15: Ds: "Chlamydial infection. Chronic arthritis PTBS. Secondary immunopathological condition.", treatment was carried out. In May 2006, again examined by an otopedist: Ds: "PTBS dysplasia. Reactive arthritis PTBS.",

it is recommended to wear orthopedic shoes + 1.5 cm. Improvement of the condition by July 2006: gait without lameness, increase in the volume of extension, adduction, abduction, rotation in the PTBS.

Deterioration of the condition, after the transferred ARVI. Examined by an orthopedist 08/20/06: gross lameness, restriction of movement in the PTBS. Ds: "PTBS dysplasia. Reactive arthritis PTBS. "

Numbers 09/12/2006, examined in the OGH DKB No. 15, due to the lack of movement in the right leg. Extract from the medical history: "There are no external signs of inflammation, palpation is sharply painful, movements in the PTBS are sharply limited. In the general analysis of blood: leukocytes - 6.9×10^9 l; in the leukocyte formula: rods - 8%, eosinophils - 3%; ESR - 16 mm / h.

X-ray from 09/12/2006: destruction in the area of the femoral head, shortening of the femoral neck. There are no convincing data for purulent epiphyseal osteomyelitis. According to radiologists: "Currently, it is impossible to completely exclude a specific (tuberculous) process." Ds: "Infectious arthritis PTBS (specific?). Recommended examination in the children's traumatology department of the medical-sanitary unit No. 9 (DTO MSCh No. 9), consultation with a phthisiatrician-osteologist.

Phthisiatrician-osteologist 19.09.06: "Taking into account the anamnesis, unchanged clinical paraclinical and Ro-logical data, first of all, to differentiate the consequences of the transferred infectious arthritis of the PTBS and osteochondropathy (ACP) of the PTBS head. Data confirming tuberculous (tbs) etiology of the disease, currently no ". Computed tomography (CT) of PTBS is recommended.

Later, she was repeatedly treated and examined at the DTO of the Medical Unit No. 9. A strict bed rest was prescribed. Compression splints with knee brace were applied. Then, the hips are fixed with a discharge traction tire. The patient was taken to the disability group. She was re-examined in March 2007 in the Department of Immunoprophylaxis of the Children's Clinical Hospital No. 15: Ds: "Secondary immunodeficiency state of the cell-phagocytic type."

In May 2007, a repeated clinical expert commission on extrapulmonary tuberculosis again rejected the tuberculous etiology of the process. Recommended CT in dynamics, Mantoux test in August 2007, surgical treatment, with histological examination, to clarify the nature of the process.

In August 2007: Mantoux test - hyperemia 8 mm. In October 2007, hyperemia increased to 9 mm. Genetic study from 29.05.07 - no genetic pathology was revealed. CT of the hip joints from 29.05.07 g. Zakl: Specific (tbs) coxitis on the right.

She was followed up by an orthopedist until 18.06.07 with Ds: "Subluxation of the right hip against the background of PTBS contracture. Outcome of arthritis. " On July 11, the planned endoprosthesis of the right hip joint. Specific the patient did not receive anti-tuberculosis treatment.

Later, in connection with the refusal of surgical treatment, she was observed by an orthopedist. There was a ban on walking until the summer of 2008. In November 2008, complaints of excessive physical activity appeared. Shortening of the right leg by 2.5 cm. Radiographically: the head of the right femur is represented by thin uneven bone tissue; the neck is shortened, thickened; Coxa formation

valga on the left. Ds: "Coxa vara on the right (outcome of PTBS arthritis)." Orthopedic shoes + 2.5 cm are recommended.

ART data and therapy

The patient turned to a specialist in ART and BRT (L.V. Zemchurin) at the end of June 2007, with complaints of general weakness, subfebrile fever, limitation of active and passive movements in the right hip joint, inability to walk.

The examination of the patient was carried out by the ART + method in accordance with the recommended algorithm [3]. The following were identified:

- chronic carriage of enterovirus of the Coxsackie group, type B1 (level 2 of cell damage);
- chronic carriage of chlamydia (3 level of cell damage);
- carriage of bovine mycobacterium tuberculosis (1 level of cell damage).

In addition, disorders in the patient's immune system were identified:

1. Factor of multiplication of monocytes (M-CSF);
2. Growth factor of granulocytes and macrophage (GM-CSF);
3. Cytochine of acute inflammation (TNF α);
4. Osteolysis and deficiency of extracellular matrix formation (Anti TGF β 1-2-3).

These factors provide a response to osteoporosis and bone fracture healing.

5. The causative agent of autoimmune reactions (Anti HLA / D, subtype D1), responsible for nonspecific autoimmunity.

In the period from June to December 2007, the patient underwent 3 courses of resonant frequency therapy and therapy with nosodes of the identified pathogens in accordance with the guidelines [4]. Additionally, a course of resonance frequency therapy was carried out in November 2007, due to infection with intestinal giardiasis (one level defeat cells). Was carried out same detoxification, drainage therapy "IMEDIS", (Schimmel's preparations, "OHOM", nosodes, Bach Flowers).

In addition, the patient received organ preparations of the hip joint (two monthly courses in September and October 2007) in order to restore this joint.

The patient's current condition has improved significantly: according to ART data, all identified types of pathogens were eliminated; general weakness, subfebrile condition disappeared. However, the restoration of the tissues and structure of the joint did not occur: both the limitation of active and passive movements in the right hip joint and the inability to walk were preserved.

In December 2007, a selection of a regeneration program was carried out for the patient - a test-pointer "Lizard - an evolutionary program. Regeneration." from the section "Regeneration and rejuvenation." medication selector of the firm "IMEDIS". The patient was selected and recorded 40 drugs (1 drug for 1 day), from this section of the selector, taking into account the change in the potentiation coefficient of the prescribed drugs from 1.2 to 5.6.

While taking drugs "Lizard - an evolutionary program.

Regeneration." there was a fracture in the patient's condition. She developed active movements in the right hip joint. The patient began to stand up, with assistance, without support on her right leg.

In February 2008, the patient underwent an additional 2 courses of reactivation therapy aimed at restoring the functioning of the Krebs cycle, cells of internal organs and cellular tissue regeneration.

The patient's condition continued to improve during therapy. She developed active movements in the right hip joint. The patient began to walk, with assistance, without support on her right leg.

In May 2008, after suffering the flu, against the background of recurrent acute respiratory viral infections, a relapse of the underlying disease occurred. General weakness developed again, subfebrile fever persisted, limitation of active and passive movements in the right hip joint, difficulty and lameness when walking.

The repeated examination using the ART + method in June 2008 in the patient revealed:

- Acute rhinitis caused by rhinovirus infection;
- activation of bovine mycobacterium tuberculosis;
- Acute bronchitis caused by adenovirus infection.

Based on the examination results, the patient underwent 3 courses of resonant frequency therapy, as well as detoxification and drainage therapy. Against the background of the improvement in her health in September-October 2008, the patient was again underwent 2 courses of reactivation therapy aimed at restoring the functioning of the Krebs cycle, cells of internal organs and cellular tissue regeneration.

After the therapy, the patient's condition improved significantly again. She reappeared active movements in the right hip joint. The patient began to walk, unaided, first without support on her right leg, then with partial support on it.

In total, the course of treatment for the patient was 1 year 3 months.

Follow-up is 3 months at the time of writing (without therapy). The patient continues to be monitored. Her general condition is satisfactory, the musculoskeletal function of the right hip joint is restored.

Conclusions:

1. Therapy of diseases confirmed by the ART method, but not confirmed reliably clinically, may, nevertheless, be a key link in the turning point of the pathological process in the patient's body towards recovery. This applies, in particular, to specific arthritis with suspected tuberculous etiology.

2. Signal "Lizard is an evolutionary program. Regeneration." maybe to be a key drug for the restoration of the functions and structure of damaged tissues, organs and systems in the case when the appropriate organopreparations for this purpose are insufficient.

3. In the case of use to ensure the regeneration of tissue, organ or of the signal system "regeneration of the lizard", it is advisable to use this drug after the application of the corresponding organopreparations to the profile of the problem being solved.

Literature

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