

Liver damage with toxoplasmosis
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Toxoplasmosis (TS) is a very difficult problem that doctors of various profiles have to face: therapists, pediatricians, neonatologists, ophthalmologists, gynecologists, infectious disease specialists.

TS is a lifelong infectious disease caused by the intracellular parasite *Toxoplasma gondii*, which is a protozoan type. In the human body, *Toxoplasma* exists in the form of trophozooids and cysts.

Having penetrated into the host's body, *Toxoplasma* trophozooids infect any nucleated cells and multiply only inside living cells. After the destruction of the host cell, the parasites are released and penetrate into new cells, where they continue to multiply. In a chronic course, the development of trophozooids slows down, they are enveloped in connective tissue and calcified, forming cysts. Cysts are surrounded by a dense membrane through which neither antibodies nor drugs can penetrate, and they adapt to long-term existence in the host's body. The parasites inside the cyst multiply slowly, causing the cyst to grow and rupture, contributing to the relapse of the disease.

One of the clinical symptoms of acute TS is hepatolienal syndrome. Patients complain of weakness, fatigue, subfebrile condition. When examining the patient, the liver is palpated 1–2 cm below the costal arch. Since the mesenchymal elements of the liver are affected, and not hepatocytes, transaminases do not increase. In the chronic course of liver damage, patients complain of nausea, decreased appetite, dull pain in the abdomen. In biochemical blood tests, a decrease in albumin and an increase in globulins are noted, which is characteristic of mesenchymal-inflammatory syndrome.

The aim of this study is to study the effect of TS on hepatic tissue and to clarify the relationship between the disease and hypercholesterolemia.

The work was carried out on the basis of the Edis medical center in Vladivostok. The examination and treatment was carried out on the hardware and software complex (HSC) "IMEDIS-EXPERT", developed at the Center "IMEDIS" (Moscow)

During 2 years, 54 patients (15 men and 39 women) were examined at the age from 25 to 62 years. On an outpatient basis, they were found to have elevated cholesterol levels in their blood. The patients were recommended a diet, some of them received drug therapy, but there was no effect of the treatment.

Patients came to the center with various complaints: headaches (18.4%), sleep disturbances, irritability, weakness (14.3%), pain in the heart (10.2%), abdominal syndrome (25.5%), enlarged liver (10.2%), joint pain (20.4%), impaired vision and hearing (4%).

During the examination by the ART method "IMEDIS-TEST" in this group, the patients were tested for the burden of *Toxoplasma*, localized in liver damage in 67.3% of cases. When analyzing the listed complaints that are included in the diagnostic criteria for chronic TS, it is very difficult to suspect this infectious process. The ART method revealed the relationship between TS and high cholesterol levels. In laboratory examination by ELISA

antibodies to TS were determined, but it was not possible to identify diagnostically significant indicators in this group of patients (30% of patients were examined).

The ART method allowed in this group of subjects to determine that TS was combined with infections affecting the liver and biliary tract: toxocariasis (16.3%), strongyloidosis (14.3%), clonorchiasis (24.7%), cytomegalovirus (12.4 %), aspergillus flavus and aflatoxin (38.7%), candida albicans (5%). It draws attention to the fact that in 34.7% of the examined patients mycosis fungoides with lesions of the gastrointestinal tract was revealed.

The patients were prescribed resonant frequency therapy, taking into account the identified burdens. A course of bioresonance therapy was carried out. Homeopathic preparations (electronic copies) of the ONOM firm, rezoplexes from the Schimmel group of preparations, diet therapy, herbal medicine were tested and selected. In the control biosimic study, the cholesterol level was tested within normal limits in 86% of cases.

Conclusion: chronic TS reduces the lipolytic function of the liver, which contributes to an increase in blood cholesterol levels.

Literature

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