

Viral hepatitis C
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At present, the problem of the spread and treatment of human viral hepatitis in medical science and practice seems to be very large, requiring an urgent solution.

The most complex group is represented by viral hepatitis, which affects the body by parenteral infection. The main share among them is viral hepatitis B and C.

Most of the patients who applied to the center had chronic hepatitis C (HC), usually detected by chance during preventive examinations or during a comprehensive examination in connection with other diseases. This is due to the complexity of the diagnosis of hepatitis C, since its course has a number of characteristic features: the absence of pronounced clinical symptoms of the acute period, minimal manifestations of the disease, such as weakness, fatigue, aching joints remain without due attention, since they are transient. At the same time, such a latent or oligosymptomatic course, which remains unrecognized for a long time, gradually progresses and leads to the development of liver cirrhosis and primary hepatocellular carcinoma. Also, an essential feature of hepatitis C is its ability to form a large number of different genotypes, subtypes, mutants. This makes it difficult to develop an effective vaccine for the prevention of hepatitis C.

In clinical practice at present, it is customary to distinguish 5 genotypes of hepatitis C 1a, 1b, 2a, 2b, 3a. Most often, our patients have genotype 1b, then 3a, 1a, 2a.

The main routes of hepatitis C infection should be noted:

1. Post-transfusion, intravenous route of drug administration in drug addicts, carrying out medical manipulations with defects in sterilization of needles, instruments. As a rule, these are patients with HC infection with replicative activity, with subtle changes in laboratory tests.

2. It is important to note that in the majority of patients with HCV infection with signs of transition to cirrhosis of the liver, very often an indication of alcoholism is noted in the anamnesis. As a result, such patients have pronounced cholestasis, more abrupt changes in laboratory parameters, morphological changes in the liver during ultrasound examination. Among those observed in our center, such patients make up 15% of the total number. 55% of the total number of patients are persons with a latent course of HS, without changes in laboratory biochemical analyzes, with a low concentration of the virus when quantified by PCR. As a rule, patients in this group have no parenteral history at all. Such sporadic hepatitis C is called contact-acquired hepatitis, which can occur in families of HCV infected with prolonged close communication (hemopercutaneous contacts, common combs, shaving,

The peculiarities of hepatitis C include the fact that immunity in hepatitis C is characterized as "suboptimal", that is, it does not provide control over the infectious process.

The transferred HC infection, for the most part, does not form a strong defense. This is evidenced by the predominant chronicity, as well as the possibility of reinfection, and not only with another, but also with the same strain. hepatitis C.

A similar distribution of groups of infected people is observed among the patients of our center: hepatitis C

1. CHC (chronic hepatitis C), latent course, without change biochemical analyzes;
2. chronic hepatitis C, persistent course, with replicative activity of the virus;
3. CHC, with signs of transition to liver cirrhosis.

Therapy for these groups of patients was selected taking into account the course of various stages

CHC, but in almost all groups, the basic scheme was used using the following prescriptions:

1. Antiviral tablet preparations according to the scheme outlined in annotations, 10 tablets in total.
2. Inductors of interferon, also in a short course according to the scheme, only 10 injection.
3. Hepatoprotectors for 2 weeks, with connection if necessary drugs for the relief of cholestasis.
4. The bulk of the time was spent on treatment with the devices "IMEDIS" using resonant frequency F programs for RNA - hepatitis C, at various intensities, as a rule, from lower to higher, determined by testing. The total number of sessions is 15, over the course of 1 month.

5. Endogenous BRT along the liver meridian, 7 sessions in 3 days.

6. Induction programs P immune adaptation, selected testing, 7 sessions 2 times a week.

7. Exogenous BRT with fixed frequencies, program E15 for 1 months.

As a result of the treatment, patients of the 2nd and 3rd groups showed positive dynamics, with the normalization of biochemical parameters, an improvement in well-being, in PCR with quantitative determination - no virus was detected. This indicates very low concentrations of the virus after treatment.

The criteria for the recovery of the chronic form of the viral hepatitis C:

- absence clinical manifestations (possible residual hepatomegaly);

- normal indicators of AlaT;
- anti HCV YgG and anti HCV NS can be detected with absence anti HCV cor YgM;
- stable negative results of indication of HCV - RNA in repeated research.

In several patients of group 1, the level of viral load increased for a short time during treatment, with the appearance of anti HCV cor YgM in serological profiles and a decrease in the anti

HCV cor YgG / anti HCV cor YgM, that is, a transition to the reactivation phase was noted. After the end of the course of therapy, after a second examination, the laboratory test values returned to normal; HCV cor YgM was not detected; in HCV PCR - RNA was not detected.

conclusions

The use of the possibilities of exogenous and endogenous bioresonance therapy in the treatment of viral hepatitis is undoubtedly:

- increases the effectiveness of treatment many times and allows you to achieve stabilization of the process in a shorter time;
- allow you to avoid severe side effects that accompany treatment with interferon drugs;
- allow in a shorter time to obtain confirmation of the criteria for HCV-post-infection in the treatment of acute phases of hepatitis C infection;

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