

Differential approach to the choice of treatment methods for opisthorchiasis
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Opisthorchiasis - oral helminthiasis caused by the trematodes *Opisthorchis felinus* and *Opisthorchis viverrini*, is an endemic natural focal disease, but quite widespread in the world. In Russia, helminthiasis is widespread mainly in the territories of the Ob, Irtysh, Volga, Kama, and Dnieper basins. Recently, opisthorchiasis has been found in non-endemic regions including North America and Western Europe. According to official statistics, the number of *O. felinus* infested persons in Russia exceeds 2 million people, but given the low detection rate of this helminthiasis (no more than 20%, according to WHO), the situation seems to be extremely serious, since the pathogen opisthorchiasis is classified as a human carcinogen of the first group.

Considering the wide prevalence of *Opisthorchis felinus* in the Ob and Irtysh basins, the issues of diagnosis and treatment of opisthorchiasis are leading in the epidemiology of helminthiasis in the West Siberian region. According to various studies, from 60% to 90% of the population in various regions of the Ob and Irtysh basins (Tomsk, Tyumen and Novosibirsk regions, Altai Territory, northern regions of Kazakhstan) are infected with opisthorchiasis. Typical for opisthorchiasis syndromes are: gastrointestinal, hepatotoxemic, astheno-vegetative, etc. In addition to them, opisthorchiasis provokes the development of calculous hepatocholecystitis, bronchospastic syndrome, asthenic syndrome, significantly allergizes the human body and changes the typical course of a number of diseases of various nosological groups (according to data accumulated in the region).

The problem of nosology is the only currently recommended chemotherapeutic method for the treatment of opisthorchiasis. Biltricide (praziquantel) is the drug of choice and the standard of use for trematodes. But one cannot ignore the highest toxicity of the drug in relation to the human body and, at the same time, the limited effectiveness of the drug is well known.

Examination and treatment methods

The surveyed group was a group of persons with clinical suspicion of opisthorchiasis and a negative result of the primary scatological examination for the presence of helminth eggs.

Diagnosis of opisthorchiasis carried out in three ways:

1. Electropuncture diagnostics (EPD) by the method of R. Voll with using nosodes of helminths recorded in the drug selector (MS) of the hardware-software complex "IMEDIS-EXPERT".
2. Inverse bioresonance diagnostics using micropreparations of helminths.
3. ART with the use of potentiated preparations of helminths MS

(A detailed description of the survey options is given in the materials of the IV and VIII, XVI International conference on BRT, Moscow, 1998, 2006, 2010).

In all cases, antibodies to opisthorchiasis were determined in patients by enzyme-linked immunosorbent assay (ELISA) and, after appropriate preparation, scatological examination for opisthorchiasis by flotation or ether-formol method was carried out.

Opisthorchiasis treatment carried out:

- frequency programs F394, F395, with preliminary testing;
- with the preparation Greenim (GREENEM) at the rate of 2 capsules (100 mg) 3 times a day, as recommended by the manufacturer (the drug is certified in the Russian Federation as a biologically active additive (BAA), (company "Dabur Pharmaceuthics")). The preparation contains crushed leaves of the neem tree (NEEM). In traditional medicine in India, Greenim is used as a skin remedy, and in certificates for the European Union, the USA and the Russian Federation, the manufacturer also indicates its anthelmintic effect. Sensitivity to the drug.

The effectiveness of the treatment evaluated cumulatively criteria: absence of subjectively presented complaints, manual clinical examination, scatological examination, testing for the presence of a parasite by the above methods.

Results and its discussion

According to modern medical standards, chemotherapeutic treatment of opisthorchiasis with the currently recommended drug biltricide requires verification of the diagnosis of opisthorchiasis only by direct helminthic or oviscopy methods. This requirement is necessary due to the high toxicity of the drug. The high toxicity of biltricide does not allow using the drug for the treatment of patients with opisthorchiasis more than twice. But at the same time, the drug does not give a 100% guarantee of deworming. Therefore, with the ineffectiveness of two courses of treatment or with repeated infection with opisthorchiasis (which often happens in an endemic region), the problem of effective treatment of opisthorchiasis on a massive scale is still not resolved.

According to the results of observations for 12 years (more than 700 examined), in 83% of cases, testing for opisthorchiasis, with all the methods we use, is positive. At the same time, in 52% of cases of infection with opisthorchiasis during testing, we revealed insensitivity of the patient's opisthorchiasis in relation to the drug biltridid. Sensitivity to biltricide was positive, as a rule, in young patients (not older than 30–35 years), or in patients with manifestation of the disease ("fresh" invasion by opisthorchias - based on the history of the disease, clinical symptoms, EPDF and ART testing). At the same time, biltricide caused a sharp decrease in the normal parameters of CTI on the meridians of the small intestine, liver, nervous degeneration in all examined patients and in 16% of cases on the meridians of epithelial degeneration and the large intestine.

Sensitivity to Grinim's drug was positive in 100% of patients with opisthorchial infestation. Decrease in normal indicators of KTI by

The meridians were not detected in any of the cases of examination, and, what is especially important, the CTI index on the meridian of nervous degeneration remained normal in all examined patients.

All patients were informed about treatment standards. The choice of the method of treatment was left to the patient. Recently, cases of deliberate refusal of patients from standardized treatment of opisthorchiasis with chemotherapy with biltricide or phytotherapy with preparations of aspen bark and saltwort (ecorsol, populin, poputril) have become more frequent due to the high toxicity and, often, allergenicity of the latter, as well as the effectiveness of their use far from 100%. ... In addition, there is a constantly increasing group of people who have exhausted the limit of treatment with biltricide, and while the clinical manifestations of opisthorchial infestation persist, they need adequate help. Infection with opisthorchiasis in such individuals was confirmed by one or several methods of clinical laboratory studies and studies by EPDF and ART methods simultaneously.

For 5 years, we carried out the treatment: 48 patients were treated with resonance frequencies according to the F394 and F395 programs, 116 patients chose the Greenim treatment. In all cases, patients were recruited into the group only when they categorically and consciously rejected the accepted standards. Treatment in all cases was carried out after preliminary drainage preparation of the biliary tract. Resonant frequencies were assigned in 2–3 courses of 7–10 sessions lasting 1 hour. Treatment with Greenim was 1 or 2 courses of 30 days each in the above dosage.

After each course of treatment, patients were tested for opisthorchiasis, and they were recommended to undergo scatological examination after standard preparation. In all (100%) cases, the patients noted an improvement in their general condition, the disappearance of concomitant symptoms, according to the clinical manual examination, the liver size returned to normal.

In 8% of patients treated with frequencies according to programs F394 and F395 after 3 courses of treatment with a subjective improvement of the condition was positive test for opisthorchiasis. additional preserved. They were asked to go through course of treatment with frequencies the programs F 394 and F 395, and repeat the survey. In the rest of the patients, opisthorchiasis was not tested at the end of treatment.

After the first course of therapy with Greenim, in 17% of patients, opisthorchiasis was tested on the meridians of the lymph and endocrine system, which can be explained by the high intoxication of their organisms by helminths. After a second course of treatment, opisthorchiasis in this group of patients was not tested on any of the meridians. None of the subjects were treated with biltricide. In a coprological examination of patients for opisthorchiasis after treatment with each of the methods, opisthorchiasis was not detected in any case. Currently, we continue to dynamically monitor patients who have undergone treatment with resonance frequencies and Greenim, and we are awaiting the completion of the coprological examination of the subjects (since the choice of the timing of the examination remains with the patient).

The results of our observations allowed us to make the following conclusions:

1. Electro-acupuncture diagnostics is the most highly specific, an informative and promising method in screening studies for helminthiasis, including opisthorchiasis.

2. Methods of EPDF and ART in comparison with laboratory and clinical research methods allow you to determine the most effective treatment method opisthorchiasis.

3. Methods of EPDF and ART reveal sensitivity opisthorchus in relation to chemotherapy and phytotherapeutic drugs.

3. Frequency therapy for programs F394 and F395 (carried out for 3-4 course of 7-10 sessions) effective for the treatment of opisthorchiasis can be used as a method of choice at the request of the patient for the treatment of opisthorchiasis.

4. Greenim's drug is effective for the treatment of opisthorchiasis and is safe for the body, which is confirmed by both the results of clinical observations and the results of EPDF and ART.

M.V. Goryacheva, M.V. Sorokina, T.Yu. Travnikova, O. N. Minin, L.I. Tsibirova Differential approach to the choice of treatment methods for opisthorchiasis // XVII