

Possibilities of electropunctural diagnostics and bioresonance therapy in treatment resistant forms of hepatitis C

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Introduction

Today viral hepatitis is considered one of the leading medical and social problems, especially the hepatitis C virus. 5 times the number of HIV infected. According to the European Parliament, the incidence of liver disease by 2015 will increase by 200%.

Officially, 4.5 million infected people are registered in Russia. At the same time, according to experts, there are up to 10 undetected cases of hepatitis per one detected case.

Do 15-30% of patients with chronic hepatitis C develop cirrhosis of the liver, hepatocellular carcinoma (liver cancer).

12 main types and more than 100 subtypes of hepatitis C are identified. The main cause of chronicity of hepatitis C - extremely high mutagenic activity. The number of antigenic variants of the virus can reach 10 billion per day. In the "competition" between the formation of new antigenic variants of the virus and the mechanisms of their neutralization by the immune system, the virus wins. A particularly high rate of mutations belongs to genotype 1c. In the European territory of the former USSR, the prevalence of hepatitis C genotypes is: 1c - 77%, 1a - 7%, 2a - 3.5%, 3a - 4.8%. To date, the standard treatment regimen for chronic hepatitis C is the combined use of pegelated interferon and rebavirin.

Duration of treatment 6-12 weeks or more, while a large number of severe complications may develop: depression, alopecia, hemolytic anemia, leukopenia, hyperthermia, etc. The effectiveness of treatment, depending on the genotype, is 50-80%. Treatment cost 12-15 thousand US dollars, which significantly limits its availability. All of the above requires a search for new methods of etiopathogenetic therapy for hepatitis C.

A complex task of modern hepatology is the tactics of managing patients with chronic hepatitis C at the stage of liver cirrhosis, as well as those who do not respond to standard antiviral therapy with pegylated interferon and ribavirin or who have contraindications to its appointment.

Purpose of the study

To assess the effectiveness of the use of bioresonance therapy in patients with resistant forms of chronic hepatitis C who do not respond to classical antiviral therapy.

Materials and methods

Together with the staff of the Institute of Epidemic and Infectious Diseases. L.V. Gromashevsky NAMI Ukraine, we investigated the possibility of treating viral hepatitis C by the method of bioresonance therapy using the APK "IMEDIS-EXPERT" manufactured by the "Center" IMEDIS "(Moscow).

The study included 15 patients with chronic hepatitis C (8 men and 7 women), who have previously undergone antiviral therapy, including pegelated interferons, without a positive result. The age of the patients ranged from 31 to 61 years, the duration of the disease ranged from 3 to 15 years. 6 patients were diagnosed with liver cirrhosis.

Initial laboratory data of biochemical and virological activity: increased level of alanine aminotransferase (ALT) by 50-100 % - 3 people (20%); more than 100%- 10 people (66.7%).

Increase in aspartate aminotransferase (AST) by 10-fifty % - 4 people (26.7%), more than 50% - 8 people.

Increase in gamma glutamate transferase (GGT) by 10-fifty % - 6 people (40%), more than 50% - five

people (33.3%).

All had a viral load of 5×10^5 up to 2×10^7 copies / ml.

Before prescribing treatment, all patients underwent diagnostics by the method of autonomic resonance testing (ART) to assess the individual functional state and choose a treatment regimen. An assessment was made of the presence and severity of burdens: geopathogenic, electromagnetic, radiation; the presence of concomitant invasions and infections; type of immune disorders (humoral, cellular immunity) and their degree; identification of negative programs, levorotatory; the type and severity of biochemical disorders in the liver, as well as organs on which compensation for these disorders depends.

According to the results of ART, the diagnosis of CHC was confirmed in all patients according to the criteria: testing of the hepatitis C nosode directly and the nosode in inversion.

All subjects were tested for a high degree of mental stress, depletion of cellular immunity. In 75% of cases, giardiasis was determined, in 100% of cases, dysbacteriosis of the small and large intestines, in 80% of cases, mycotic burden with yeasts, in 20% of molds. In half of the examined, in addition to liver damage, hepatitis C virus lesions of the pancreas, kidneys, genitals were detected, which in five cases led to the development of type 2 diabetes mellitus, in 80% of cases other viruses were tested in patients: Epstein-Bara, various types of herpes viruses, cytomegalovirus, Coxsackie and others, all had a positive test for the presence of pathological programs and false polarity.

During testing by an organ that activates cellular immunity, the small intestine was almost always identified.

Based on the results of ART diagnostics, therapy was prescribed. At the first stage of treatment, great importance was attached to the removal of concomitant loads and activation of drainage systems.

Organotropic bioresonance therapy was carried out with the use of ONOM drainage preparations, bioscillators, organopreparations, and potentiated mesenchyme.

Exogenous resonance frequency therapy was carried out according to the accepted methods to combat concomitant infection.

For the correction of the mental status, essences of the Rostok company, Bach flowers, induction programs of the frequencies of the brain biorhythms were used. Later, the method of constructing pathophysiological chains was used separately for "erasing" pathological programs and separately for a complex effect to improve the state of the liver and the immune system. Also, an inverted blood autosode, a general and specific bioresonance preparation, was used. Potentiated interferon was used to activate antiviral reactions.

Evaluation of the results of therapy was carried out according to the functional state of the liver using biochemical tests, virological data and clinical criteria.

The treatment was carried out for 6 months. Laboratory data of patients according to the end of treatment are given in table. one.

Table 1

Index	Normalization	Decrease	Enhancement	Without changes
ALT	4 (26.7%)	8 (53.3%)	-	3 (20%)
AST	6 (40%)	6 (40%)	-	3 (20%)
GGT	8 (53.3%)	6 (40%)	-	1 (6.7%)
Viral load	2 (3.3%)	10 (66.7%)	-	3 (20%)

The dynamics of clinical symptoms is shown in table. 2.

table 2

Clinical manifestations	Qty sick	As a result of treatment%			
		Disappearing symptoms	Significant improvement	Improvement	Without changes
Severity or pain in the right hypochondrium	fifteen	9 (60%)	6 (40%)	-	-
Pain or heaviness in the epigastrium	6	3 (50%)	3 (50%)	-	-
Deterioration well-being	7	4 (57%)	3 (43%)	-	-
Bone pain and joints	five	4 (80%)	1 (20%)	-	-
The syndrome is chronic so tired	fifteen	7 (46.7%)	8 (53.3%)	-	-

All patients tolerated the treatment well. well-being: increased efficiency, 14 patients (93%) reported an improvement disappearance of pain and heaviness in the right hypochondrium, mood improvement. In all patients with ascites (4 people), the size of the abdomen and edema syndrome significantly decreased, in 10 patients (77%) the transaminase values decreased, which indicates a significant decrease in cytolysis and stabilization of the process.

It should be noted that 6 people received resonance frequency and bioresonance therapy on an outpatient basis on a weekly basis. This group showed a significant decrease in viral load by 2.5-6 times. In two patients, complete elimination of the hepatitis C virus was noted. The rest of the patients, being from other cities, received therapy once a month, and in between took informational medications recorded on homeopathic crumbs. Along with the improvement of clinical parameters and the level of transaminases, they did not show a significant decrease in viral load.

Once again, we note that all patients previously received a course (two times twice) of classical antiviral therapy, including pegelated interferons without effect.

The results obtained allow us to make conclusions:

1. Carrying out bioresonance therapy on the "IMEDIS" equipment allows you to improve clinical indicators of patients with chronic hepatitis C resistant to classical antiviral therapy.

2. To increase efficiency, it is necessary to include regular organotropic bioresonance therapy procedures using hepatitis C nosodes.

3. During the study, no negative impact was observed equipment for bioresonance therapy for patients.

4. The results of the studies carried out indicate the need for further studying the effect of bioresonance therapy at different stages of the development of chronic hepatitis C.

Literature

1. Recommendations of the American Hepatological Association, 2004.
2. Deryabin P.G. Is it possible to detect hepatitis once and for all? // Journal "Clinical gastroenterology and hepatology". - Volume 3, No. 3, May-June, 2010.
3. Sobotovich S.L. Treatment of viral and bacterial infections using step-by-step frequency modulation // Abstracts and reports. X International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance Therapy". Part II. - M.: IMEDIS, 2004. - S. 123-124.
4. Sobotovich S.L. The use of UV-spectrum light therapy in the treatment of viral hepatitis C // In the same place. - M.: IMEDIS, 2004. - S. 126-128.
5. Stepanov Yu.M. and other Rational hepatology. Yu.M. - 2005.
6. Gaidai I.S., Flegonova V.V. Medical Virology. - 2002.
7. Gritsenko A.E. Resistant virology. - 2006.
8. Viral hepatitis C etiopathogenesis and immunology // Modern informatics and the medicine. - 2010. - №2. - S. 66-75.

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