

Yersiniosis: the complexity of diagnosis and the significance of the ART method

G.G. Vasilieva, O. I. Eliseeva ("Eliseeva
Medical Center", Moscow, Russia)

Recently, the number of patients visiting our Center has increased, not only with clinically established yersiniosis, but also treated for a long time without a diagnosis. The complaints presented by these patients can be divided into three groups.

The first is from the gastrointestinal tract (GIT): unstable stools, abdominal pain, flatulence.

The second - on the part of the musculoskeletal system: joint pain, deformity and contracture of the joints, while muscle hypotension often develops.

The third is complaints from internal organs: liver, spleen, heart, brain, lymphatic system and skin and other organs.

Such a scattered clinical picture sometimes does not allow doctors of polyclinics to correctly diagnose and find the true cause of the patient's illness.

Yersiniosis is an acute infectious disease characterized by a predominant lesion of the gastrointestinal tract with a tendency to generalized damage to various organs and systems.

The pathogen belongs to the family of intestinal bacteria *Enterobacter Yersinia*. At a temperature of + 4- + 8 degrees, microbes are able to persist and multiply for a long time on food products, including in refrigerators. Therefore, this disease is also called "refrigerator disease". In terms of biochemical and cultural properties, *Yersinia enterocolica* is close to *Yersinia pseudotuberculosis*

Epidemiology

The main source infections for human are farm animals and rodents. The main route of spread of both infections is food. Transmission factors for *Y. enterocolica* include infected meat products, milk, vegetables, and water. To transmission factors *Y. pseudotuberculosis* includes vegetable dishes (salads from cabbage, carrots and other vegetables) and dairy products eaten without heat treatment, as well as the waterway - when drinking water from open contaminated reservoirs. The seasonal rise in the incidence of yersiniosis is observed in the cold season, with a peak in November.

Pathogenesis

The entrance gate for pathogens is the gastrointestinal tract. The most pronounced reaction from the mucous membrane of the ileum and its lymphoid formations is noted. In the ileum, an inflammatory process of varying severity develops - follicular ileitis.

Through the lymphatic vessels, *Yersinia* penetrate into the mesenteric lymph nodes and cause mesenteric adenitis. The appendix and cecum may be involved in the pathological process. Against the background of infectious

inflammatory changes develop toxic and toxic-vascular (paresis of vasomotors) processes associated with toxemia.

At this stage, the infectious process may end. In case of a breakthrough of the intestinal lymphatic barrier, bacteremia occurs, causing the development of generalized forms of the disease. There is a bacterial toxic damage to many organs and systems, primarily the liver and spleen. Further, the development of polylymphadenitis, polyarthritis, myositis, nephritis, etc. is possible.

Distinguish gastroenterocolitic, icteric, exanthemic, arthralgic, septic forms of the disease. All of the above forms are characterized by common symptoms: acute onset, fever, intoxication, abdominal pain, upset stools, joint pain, enlarged liver, a tendency to exacerbations and relapses.

Allergic components also play an important role in the pathogenesis of yersiniosis. With yersiniosis, as a result of the release of biologically active substances, allergic reactions of delayed and immediate types can develop. The negative quality of *Yersinia* is their antigenic similarity with antigens of the connective tissue of the human body (interstitium of the myocardium, synovial membranes of joints, intestinal endothelium and other organs). As a result, in the course of the infectious process, the formation and accumulation of autoantibodies occurs, their fixation by interstitial cells and the formation of autoimmune complexes.

Yersinia has a damaging effect on many organs and systems. In the clinical picture, secondary focal organ disorders of immunopathological genesis are formed, which underlie the development of systemic diseases of the connective tissue: lupus erythematosus, rheumatoid arthritis, peri-arthritis nodosa. The pathogenetic mechanisms of these conditions are not fully understood. They are associated with the ability of pathogens to intracellular parasitism in the form of L forms, with incomplete phagocytosis, individual characteristics of cellular and humoral immune responses, in particular with the formation of autoimmune reactions in individuals with a certain set of tissue antigens (HLA-B27).

Diagnosis of yersiniosis is complex and is based on the detection of a fragment of the pathogen's genome by the method (PCR), ELISA in feces, urine or blood. Also, according to the indications, the determination of antibodies is carried out by the method of RSK or ELISA of cerebrospinal fluid. Sputum, pus from abscesses, blood are examined by the methods of RA, RPHFA. It is necessary to repeat the tests repeatedly in dynamics to determine the true cause of the disease.

The huge polymorphism of the clinical manifestations of yersiniosis makes it necessary to carry out differential diagnostics with a large number of infectious and non-infectious diseases. Differential diagnosis must be carried out: with salmonellosis, food toxicoinfections, dysentery, viral hepatitis, typhoid paratyphoid diseases, as well as with brucellosis, sepsis, rheumatism, acute appendicitis, polyarthritis, tuberculosis and other infections.

It is very difficult for a doctor in a polyclinic, as well as a clinic, to carry out all the studies and differential diagnostics. Unfortunately, the thought of the presence of a rare zoonotic infection sometimes does not arise. Therefore, most often put

diagnoses: foodborne diseases, salmonellosis, enterocolitis, colitis, rheumatism, polyarthritis, acute appendicitis, chronic hepatitis and many others. Patients are treated for a long time without success, sometimes even operated on. Various complications develop, including allergic diseases, and gradually a person comes to disability.

Due to the complex diagnosis of yersiniosis, the polymorphism of its clinical manifestations and the presence of many complications in the body, the method of the autonomic resonance test (ART) is invaluable, and often the only one.

Clinical examples

1. A mother, 52 years old, and a son, 26 years old applied to the Center.

From the anamnesis: 2 years ago they suffered acute intestinal infections. Currently, the mother's complaints: abdominal pain, flatulence, frequent stools (3-4 times a day), mushy. When tested by ART method in the intestine *Yersinia* and *Escherichia coli* were found. There were assigned: resonant frequency therapy, homeopathic remedies. The patient's condition improved after 8 sessions of therapy.

A son. complains of frequent loose stools up to 5-6 times, abdominal pain, blood in the stool. Within 2 years he lost 10 kg in weight. The son received treatment: homeopathy, resonance frequency therapy. After 8 days of treatment, the patient showed minor improvements. The patient, unfortunately, could not continue to be treated, left for the place of residence. After 6 months, he developed an autoimmune process - Crohn's disease.

2. A 27-year-old man applied to the Center. Has been ill for 6 months. Complaints for joint pain, swelling and limitation of movement in the knee and hip joints. Clinical diagnosis in the clinic - "Rheumatoid arthritis". The patient has a disability.

Yersiniosis was detected by ART. Patient appointed: bioresonance therapy (BRT), homeopathy.

Three months later, the man's joint pain practically disappeared, and his movements became full.

3. A man, 54 years old, applied. Clinical diagnosis: tuberculous coxarthrosis of the hip joints. Patient complaints of sharp pains in the hip joints, weakness, insomnia.

The ART method revealed: along the Ovsepyan chain - catabolism of the 4th degree. Toxic load with bacteria: *chlamydia*, *yersinia*.

The body was cleansed according to the method of O.I. Eliseeva in a hospital, resonant frequency therapy, ozone therapy, prescribed bioresonant drugs. The patient's condition has improved significantly. I practically did not feel pain in the joints, I felt good, my sleep returned to normal.

Conclusions:

1. *Yersiniosis* is an infectious disease that is difficult to diagnose, clinically triggering the process of autoimmune systemic diseases.

2. The ART method is an invaluable method in the diagnosis of *yersiniosis*.

3. BRT helps to improve the health of patients in a short time.

4. Timely diagnosis by ART method and treatment with BRT are prevention of severe complications of yersiniosis.

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