

Treatment of urolithiasis complicated by *Pseudomonas aeruginosa*
using multilevel therapy
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Despite the high level of scientific and technological progress, early diagnosis of inflammatory kidney diseases, one of which is pyelonephritis, presents significant difficulties. The consequence of this is the transition of the disease into a chronic form with a complication of urolithiasis (Urolithiasis).

According to statistics, in 25% of people who have had acute pyelonephritis, after 2.5 years the disease becomes a chronic form of the disease. 70% of patients suffer from urolithiasis.

The logical development of the problem, after early diagnosis, is the effective treatment of these diseases.

Pharmacology does not stand still, the number of new litholytic, antibacterial and chemotherapy drugs is growing from year to year, but the number of people suffering from pyelonephritis, urolithiasis and urolithiasis has increased significantly over the past 20 years.

Inadequate antibacterial therapy of exogenous infections, which, in addition to the toxic load, gives rise to L-forms of bacteria and protoplasts, which are capable of being in the interstitial tissue of the kidney for a long time in an inactive state, and with a decrease in the body's immune forces, go into an active state and cause an exacerbation of the disease. We must not forget about the internal (endogenous) development of the infection, which, in his theory, the German scientist Enderlein spoke about. The endogenous development of microorganisms is associated with the problems of constitutional ("miasmatic") diseases. This is a set of genotypic and phenotypic structures that permeate all levels of the human body (physical, emotional, mental) and react in a certain way to any, both external and internal, impact or change in response.

The emergence of a chronic inflammatory process and the complication of ICD is facilitated by such factors as:

1. The causes of urine outflow disorders not recognized and eliminated in a timely manner.
2. Concomitant chronic diseases.
3. Immunodeficiency states.

It should also be noted that removal of a kidney stone, both by surgery and by shock wave lithotripsy, does not mean the patient is cured. After these methods of treatment of urolithiasis, recurrence of stone formation is recorded in 28.5%. Occlusal complications requiring endoscopic correction - 6.2%, ureteral catheterization - 1.7%, placement of an internal stent - 2.1%, ureterolithoextraction - 2.3%. After carrying out the above measures, in the study of urine to identify microbial associations (2 - 3 or more pathogens), the overwhelming majority of them found a combination of intracellular pathogens (chlamydia, mycoplasma, ureaplasma) with extracellular (*Pseudomonas aeruginosa*, streptococci, proteus, coli bacteria).

This fact significantly clarifies why treatment with classical uroseptic agents often does not achieve the required results or, having achieved, does not keep them for a long time.

Case description

Patient B., 52 years old, asked for help at the medical consulting center "KALKHIVI" on December 24, 2011 about urolithiasis, calculi of the right kidney and / 3 ureter; non-contact and contact methotripsy (July, November 2010) urosepsis (*Ps. aeruginosa*) in November 2010 CKD stage I. Chronic right-sided pyelonephritis (*Ps. Aeruginosa*). Oral candidiasis, drug-induced urticaria (fluconazole). Chronic pancreatitis in remission. Irritable bowel syndrome with diarrhea (iatrogenic). IHD, atherosclerotic cardiosclerosis, HF I. Impaired glucose tolerance.

Anamnesis. 20.07.10 g. urgently hospitalized with a diagnosis of ICD. Right-sided renal colic in the Urology and Oncology Center of the Feofania Clinical Hospital.

The main diagnosis: ICD. Stone in / 3 of the right ureter.

Concomitant diagnosis: Right kidney stone. Chronic gastritis, chronic pancreatitis, chronic colitis, remission stage.

Ultrasound examination: KIDNEYS are typically located, of regular shape and size. Right kidney size - 136 x 55 mm (relatively enlarged), left kidney - 108 x 49 mm. Parenchyma 17 mm thick. The ratio of the thickness of the parenchyma and the central complex corresponds to the age norm. The excretory system on the left is not dilated, moderately dilated on the right to the level of the large cups (pelvis size 27 mm). In the upper group of cups of the right kidney, calculus size is determined. 7 mm. At 3-3.5 cm below the pelvis in the lumen of the right ureter is determined by a calculus size. 12 x 5 mm. The perinephric tissue was unremarkable.

Infusion urography: violation of the excretory function of the right kidney, calculus in / 3 of the right

ureter with a diameter of 12 mm.

Laboratory methods: General blood analysis

the date	HB	Eitr.	Lake.	ESR	Pal.	Segm.	Eosin.	Lymph.	Mon.	Thrombus	Ht
20.07	140	4.5	8.7	7	3	69	2	21	five	206	40

July 21, 2010 and July 23, 2010 Sessions of ESWL of calculus in / 3 of the right ureter were carried out. Calculus fragmented, the fragments came out.

Control ultrasound on 26.07:

The kidneys are placed correctly, dimensions: right - 120 x 42 mm, left - 108 x 49 mm. The parenchyma of the right kidney is 16 mm thick, the left one is 16 mm, differentiated, without structural changes. The excretory system of the kidneys is not dilated; in the lower group of the calyces of the right kidney, a hyperechoic inclusion of size is visualized. 5-6 mm (calculus).

From 28.10.10 to 15.11.10 was inpatient at the Medical University of Aachen (Aachen) Germany.

Diagnosis: Stones in the right ureter, pseudomonas urosepsis, exit of stones from the right kidney, intestinal dysbiosis due to long-term antibiotic therapy, intermittent fever, acute renal failure (creatinine 3,4), chronic cholecystitis, functional dysphagia, the presence of bacteria resistant to antibiotics.

After a five-day course of the antibiotic Amikacin, surgery was performed. The ureteral stone was completely crushed by the laser. In the postoperative period, the inflammatory process intensified. The blood samples revealed the presence of PSEUDOMONAS AERUGINOSA, the process of bacterial reproduction, urosepsis began. Antibiotic therapy was carried out: first Tienam, and then Tobramycin, the indicators of the inflammatory process decreased. Despite the sterility of urine and blood, subfebrile temperature is kept. The patient refused further treatment and immediately left for his homeland.

14.12.2010 Control culture of urine for flora in the laboratory of microbiology, virology and mycology of the Institute of Urology of the Academy of Medical Sciences of Ukraine. Analysis results: PSEUDOMONAS AERUGINOSA 10³ mt / ml.

Despite the multifaceted treatment in different clinics, the patient's condition has not improved: he has low-grade fever, pain during urination, a high level of anxiety, fear of death, and sleep disturbance.

When carrying out diagnostics with the help of ART "IMEDIS-TEST", the consequences of the action of negative factors were revealed:

- a high degree of psychological stress, in the form of endogenous depression;
- violation of mesenchymal-metabolic metabolism (biological indices - 15/17/20; photon indices - 13/18; adaptation reserves - dwindling);
- strong endocrine disorders are determined - 3 levels.
- Depletion of the immune system of a very high degree.

Indicators of biological indices and adaptation reserves indicate the severity of the patient's condition. Chromosomes have been identified that carry hereditary toxic information (miasm).

Weak constitution, a situation in which there are many components of the diagnosis: allergies, dysfunction of the sympathoadrenal system, vegetative-vascular dystonia of the hypotonic type; Ischemic heart disease, atherosclerotic cardiosclerosis, chronic pancreatitis, cholecystitis, fatty hepatosis, chronic gastritis, irritable bowel syndrome with diarrhea (iatrogenic), chronic right-sided pyelonephritis (Ps. Aeruginosa); urosepsis; ICD with calculus in the right kidney and ureter.

Based on the results of the diagnosis, the patient was prescribed treatment with the combined ART-BRT method, in particular, the algorithm of multilevel systemic adaptive diagnostics and therapy, and the frequencies for the therapeutic treatment of this pathology were also selected.

The results of therapy were assessed in several ways:

1. Assessment of the patient's subjective state.
2. Results of clinical trials.
3. Data from laboratory tests.
4. Instrumental methods (ultrasound, MRI, ART).

24.12.2011 treatment began at the KALKHIVI ICC. In the course of therapy, drugs were used correcting the patient's condition at all levels of integration of his self-realization. Informational preparations were made using the devices "IMEDIS" and "Golden Section". The prescribed drugs corresponded to the "level of disease development" according to the MRADT algorithm.

The psychological attitude of the patient is fundamental. It is necessary already at the first meeting to try to rebuild the psychological mood of the patient. Particular attention should be paid to the problem of latent fear, since patients with fear in the subconscious are no longer able to change their own

psychological attitude, even if they are aware of the need for it.

Therapeutic actions

1. 24.12.2010, Inverse blood autonosode, aimed at a group of test indicators identified by ART organopreparations, nosodes, chromosomes, enzymes, oligopeptides. Potentized urine autonosode (0.5 ml 2 times a day); SDA "Optimized drug".

Carrying out therapy to overcome your fear (the work of a psychotherapist).

2. 17.01.2011, Inverse urine autonosode, aimed at a group of test indicators identified by ART endocrine system, genitourinary system, pyelonephritis nosodes; SDA "Cross of 32 relics". The next psychocorrection is the removal of the blockade of the shock state (the work of a psychotherapist).

3. 01/21/2011 Potentiated blood autonosode 0.5 ml 2 times a day. Then there were conversations with the patient, and he was read verbal brief descriptions of his psychological state in the inner (subjective) world. During the therapy, the following drugs were used: "Flowervis"; LINDA's; "GUNA" and others.

4. 19.02.2011, Inverse fecal autonosode, aimed at a group of test indicators identified by ART organ products of the large intestine; nosodes; enzymes; endocrine system; SDA "Nicholas the Wonderworker".

5. 27.03.2011, Pseudomonas aeruginosa, adapted to the KMH; inverse urine autonosode, targeted on the group of test-indicators of MPS organopreparations identified by ART; endocrine system; SDA "Life-giving source".

6. 21.04.2011, "Ts-Response-3"; SDA "The Power of Paul the Healer".

7. 27.05.2011, Inverse urine autonosode, aimed at a group of test indicators identified by ART organopreparations MPS; endocrine system; Pseudomonas aeruginosa nosode; drainage preparations "ONOM"; antibacterial protection "Medpharma"; SDA "Five primary elements".

8. 24.06.2011 Microbiological examination of urine in the bacteriological laboratory of the Institute Urology revealed: Citrobacter freundii anhaem. PSEUDOMONAS AERUGINOSA -not defined.

During the entire treatment period, during the preparation of the target marker (MC), the nosode "inversion of kidney stones" was introduced. This led to a partial lysis of the stone located in the right kidney (7 mm), painless exit of the stone into the pelvis, and its advance along the ureter. In this patient, right-sided nephroptosis is determined, and the right ureter enters the bladder at an angle of 95°. This anatomical feature led to the fixation of the stone at the bend. The decision was made to perform shock wave lithotripsy (SWL). After fragmenting the stone into six parts, the fragments came out almost painlessly. To prevent subsequent stone formation, the calculus was adapted to the KMH.

Conclusion

In this work, it is impossible to convey all the subtleties and nuances in detail, they can be clarified and discussed at seminars.

Only a creative approach to the selection of the optimal therapy is important.

Conclusions:

1. Based on the analysis of statistical data, electropuncture diagnostics using the ART method, clinical and laboratory data, ultrasound, X-ray data, the expediency of using and high accuracy of the ART method for the early diagnosis of pyelonephritis and urolithiasis has been confirmed.

2. Revealed the modern etiological structure of infectious causative agents of pyelonephritis, on the basis of which it is possible to more accurately prescribe adequate therapy and minimize side effects.

3. It was revealed that pyelonephritis in modern conditions is more often caused not by one pathogen, but microbial association, which is also important to consider when prescribing treatment.

4. It was revealed that in chronic torpid and difficult pyelonephritis a combination of intracellular and extracellular pathogens is characteristic.

5. It was revealed that over the past decade, the number of cases of pyelonephritis and urolithiasis has increased significantly, despite the fact that according to clinical and laboratory data, these diseases are not determined. This picture can be explained by a significant increase in the number of latent, latent diseases and a decrease in acute ones. It is assumed that there are unrecognized microorganisms that are tropic to the urinary organs, which maintain a sluggish inflammation in them.

6. Infection of the urinary tract, impaired urination, delayed excretion of urine, changes in pH urine, leads to the formation of molecules of a pathologically altered nucleoprotein. These formations reduce the content of protective colloids in the urine, to which fibrin, blood corpuscles, bacteria, remnants of epithelial cells, poorly soluble salts are attached, which in the future is the nucleus of the stone.

Literature

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