Human herpes virus type 6 in the practice of a doctor. Possibilities of using targeted autonosodes for the treatment of diseases associated with the human herpes virus type 6

V.G. Ovchinnikov, T.B. Semenova
(LLC "Herpetic Center", Moscow, Russia)

Herpesviruses (Herpesviridae) are a large family of DNA viruses that cause a variety of diseases in humans and other mammals. The majority of the world's population is infected with herpes viruses. 8 members of the herpesvirus family affect humans. One of them is human herpesvirus type 6 (HHV-6). According to the international classification, HHV-6 is a DNA virus of the Betaherpesvirinae subfamily of the genus Roseolovirus. This virus is ubiquitous. HHV-6 is the collective name for the human herpesvirus 6A and 6B serological subtypes.

The HHV-6A strains are thought to be neurovirulent. HHV-6B is more commonly excreted in patients with lymphoproliferative and immunosuppressive diseases. Antibodies to HHV-6 are detected in the majority (up to 90%) of people. At birth, most children are seropositive due to maternal antibodies, the titer of which decreases by 5 months. However, by the first year of life, the ratio of seropositive to seronegative children becomes the same as in older children and adults. Maternal antibodies protect against HHV-6 infection in the first months of life, but after a decrease in their titer, infection can manifest itself clinically, for example, with sudden exanthema.

The virus is found in the human body in the salivary glands and nasopharyngeal mucus, in the latent phase it is stored in monocytes / macrophages. Under natural conditions, the main route of transmission of the virus is airborne. In most cases, infection occurs postnatally. Infection is possible during blood transfusions, organ transplantation, when using medical instruments contaminated with a virus.

Diseases associated with primary acute HHV-6 infection: chronic fatigue syndrome, sudden exanthema in newborns and children, infectious mononucleosis in adolescents and adults, not associated with infection with the Epstein Barr virus, histiocytic necrotizing lymphadenitis.

Primary HHV-6 infections in adults are rare, as infection mainly occurs in childhood from 4 months of age. up to 3 years. The disease is characterized by an acute onset - the temperature often rises to 39 ° C, in the following days, moderate intoxication is observed. On the fourth day, the temperature drops, almost simultaneously, signs of a rash appear in the form of pale pink discrete elements 2–5 mm in diameter. Most often, rashes appear on the back, subsequently passing to the chest and abdomen, to the extensor surfaces of the arms and legs. After 2-3 days, the elements are resolved, leaving, mainly, no traces. Peripheral blood tests show the presence of neutropenia, leukopenia, monocytosis and relative lymphocytosis.

Diseases associated with long-term persistent HHV-6 infection: lymphoproliferative diseases (lymphadenopathy, polyclonal lymphoproliferation), malignant lymphomas (non-Hodgkin's lymphoma, peripheral T-cell leukemia, B-cell lymphoma, dermatopathic lymphadenopathy, HHV-6B lymphogranulomatosis. - a factor in diseases such as multiple sclerosis, chronic fatigue syndrome, fibromyalgia, AIDS, optic neuritis Recent studies have shown the potential role of HHV-6 (possibly variant A) in the development of chronic Hashimoto's thyroiditis.

Diagnosis of infection caused by the human herpesvirus type 6 is based on the use of immunological methods and the detection of the virus in biological media by PCR.

From the point of view of a practitioner, the relevance of detecting the herpes simplex virus type 6 in a patient's environments is determined not so much by the direct action of the virus as by its ability, in association with other viral or bacterial infections, to significantly aggravate their course.

Long-term recurrent respiratory infections in adults and children are often associated with an association of “common” infections (adenoviruses, rhinoviruses, coccal flora) and persistent herpes simplex virus type 6. We observed 27 patients aged from 3 to 35 years old, who complained of frequent (more than 15 times a year) diseases of the nasopharynx. All patients underwent examination of saliva by PCR for CMV, EBV and YYV-6 infections. There was no manifestation of HSV over the past 2 years in the history of patients. In 19 of them, only HHV-6 virus was isolated by PCR analysis of saliva. In 2 patients, EBV was also isolated together with HHV-6, in one of them isolated CMV infection, in 3 patients - isolated EBV infection.

Another group - patients with chronic cystitis caused by E. Coli (urine culture 10^3-ten^4 CFU) in association with urinary HHV-6. Such cystitis can recur for several months, despite adequate antibacterial urological treatment. There were 5 such patients under our supervision.

The effectiveness of the use of targeted blood autosodes for the treatment of chronic viral hepatitis B, G was shown in our report at the XVIII International Conference on BRT. This work investigated the effectiveness of using direct targeted saliva nosodes and inverse targeted urine nosodes for the treatment of viral and bacterial infections associated with HHV-6.

For treatment, a direct autonosode was made from the patient's saliva on the IMEDIS-EXPERT APC and was targeted according to the Cuprum met optimality criterion. D400. In addition, each patient received their constitutional drug at a low dilution. Patients who have not excreted any viruses in their saliva? the usual bioresonance and homeopathic treatment was carried out. After 5 weeks, a control analysis of saliva by PCR was carried out to determine the previously detected virus. In 16 patients out of 21, HHV-6 was not isolated. EBV was isolated in one patient out of 5. Severe regression

clinical symptoms were observed in 24 of 27 patients.

In the treatment of chronic cystitis, inverse targeting Cuprum met. D400 urine autonosode and PBS created with a magnetic therapy device "inductor" located on the bladder region. In all 5 patients, within a month, it was possible to achieve regression of clinical symptoms and cessation of virus isolation. Follow-up history - more than 6 months.

Conclusions:

1. Persistent HHV-6 infection can significantly aggravate the course other viral and bacterial infections.

2. Targeted saliva or urine autonosodes are effective drugs for the treatment of chronic diseases associated with HHV-6, and possibly with EBV infection.

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