

Experience of combined use of multiresonance therapy and extracorporeal detoxification in lipid distress syndrome

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Over the past 10 years, the use of ART and multiresonance therapy methods has shown good results in the treatment of acute and chronic diseases and the prevention of relapses. Among a large number of nosologies, a special group is made up of patients with lipid distress syndrome, the treatment of which is problematic even for etiopathogenetically based MRI algorithms.

Lipid distress syndrome is a psychosomatic disease, the development of which is based on post-stress disturbance of physiological loss of bile acids, their replenishment with compensatory synthesis in hepatocytes using blood plasma cholesterol, resulting in dyslipoproteinemia, endotoxin aggression, endothelial insufficiency.

Changes in the lipid composition of blood are always formed against the background of deep microecological disorders in the intestine. Microorganisms gastrointestinal tract actively interfere with cholesterol metabolism, acting directly on the enzyme systems of host cells involved in the recirculation of bile acids and synthesizing endogenous cholesterol. Reinforced multiplication of bacteria in the small intestine due to gastrointestinal dysbiosis against the background of stress leads to increased deconjugation of associated bile acids and the formation of their toxic endogenous salts, which disrupt microcirculation in the intestinal wall, increasing absorption and return to the liver practically up to 100% of bile acids secreted into the lumen of the small intestine. Liver, according to the principle of "feedback", the synthesis of bile acids in hepatocytes decreases compensatory, as a result of which the content of cholesterol in the blood plasma increases due to the absence of the need to replenish daily physiological losses (fecal excretion) of bile acids and cholesterol in the disturbed cycle of enterohepatic circulation, which closes the "vicious circle": dysbiosis → violation of enterohepatic circulation of bile acids → decrease in the synthesis of bile acids and their entry into the intestine → dysbiosis. Violation of the main natural mechanism of cholesterol homeostasis - enterohepatic circulation of bile acids is the basis for the formation of dyslipoproteinemia.

Gram-negative bacteria in the intestine are a source of endotoxin, a special high-molecular substance that is localized in the cell wall and is a lipopolysaccharide. With dysbiosis, the number of gram-negative bacteria increases several times and the production of endotoxin increases. Excess endotoxin, penetrating through the intestinal mucosa into the local circulatory system, and then through the portal vein into the liver, causes damage to hepatocytes and reduces their functional activity. In the liver, endotoxin binds in the portal vein system by Kupffer cells and blood plasma proteins, providing detoxification of the body. A decrease in the barrier function of the liver in various pathologies leads to an increase in the concentration

serum endotoxin.

The key link in the regulation of the flow of endotoxin from the intestine into the general bloodstream is the sympathoadrenal system: during a stress reaction, an additional discharge of portal blood occurs through shunts (bypassing the liver, the main organ for endotoxin deactivation) into the general bloodstream, which is one of the most frequent causes of the development of endotoxin aggression.

Endotoxin has extremely high biological activity

- pyrogenicity, mitogenicity, the ability to remove repression from the genome, activate hemostasis and immunity, granulocytes and platelets, lymphocytes and macrophages, kinin and properdin systems, synthesis of interleukins and cytokines; cause autoaggression of leukocytes, cause disseminated intravascular coagulation, autoimmune inflammation, SIRS and multiple organ failure, etc.

through the blood-ophthalmic, blood-brain and placental barriers. Mediators of intercellular interactions are numerous and contradictory in the mechanisms of effects realization, which allows the body to function harmoniously under conditions of systemic endotoxemia according to the law discovered by academician D.S. Sarkisov: the most important mechanism that maintains homeostasis is the antagonistic regulation of various functions. The direction of the action of endotoxin towards the physiological activation of body systems or pathology depends on its concentration in the blood.

The most active endotoxin is excreted from the body by the kidneys, lungs and biliary system. The most important endotoxin-secreting organ is the kidney.

Thus, as a result of the stress reaction of the body to psycho-emotional overstrain and the subsequent hyperactivation of neurons, lipid distress syndrome develops, which is based on dyslipoproteinemia, endotoxemia and endothelial dysfunction, leading to the manifestation of obliterating atherosclerosis, endotoxin aggression, and multiple organ failure.

Patients with lipid distress syndrome rarely come to the multiresonant office with the onset of the manifestation of the disease. Usually these are patients who have repeatedly received various courses of drug myotherapy from various narrow specialists with the resulting iatrogenic toxicosis. Therefore, only a strategy and treatment tactics carefully verified with the use of ART can lead to success. The treatment is based on the correction of affective-cognitive disorders and withdrawal from stress using multiresonant therapy, correction of lipid metabolism disorders, elimination of endothelial dysfunction and reduction of endotoxemia with drainage information drugs and enterosorbents. Multiresonance therapy makes it possible to simulate nonspecific protective mechanisms of the brain aimed at uncoupling pathological connections,

BRT in the mode of temporal modulation with the use of programs for the treatment of brain rhythms that are involved in the regulation of the functional state of the central nervous system (frontal cortex, projections of the thalamic nuclei and hypothalamus onto the frontal cortex, limbic system) has significant prospects in this direction.

At the first stage of treatment of patients with lipid distress syndrome, especially in cases of moderate and severe course of the disease, we use the extracorporeal method of detoxification - membrane plasmapheresis. Plasmapheresis removes blood plasma containing toxic substances and metabolites. This ensures the elimination of large molecular endotoxins, toxins associated with proteins, free myoglobin and hemoglobin, C-reactive protein, cytokines, activated components of the complement system and activated components of the coagulation system, amylase, protease, destroyed cells circulating in the blood and cell debris, lysosomal enzymes ... In the context of the development of endotoxin aggression with the formation of numerous vicious circles and a systemic inflammatory response, plasmapheresis leads to a decrease in the severity of lipid peroxidation, restoration of the aerobic type of metabolism with a decrease in the severity of tissue hypoxia. In addition to cleansing the blood from harmful substances, its rheological properties improve - viscosity decreases, microcirculation improves. This enhances the ability to respond to multiresonant therapy.

Clinical example

Patient P., 53 years old, housewife. She complained of severe anxiety, fatigue, weight gain - 12 kg in 3 years; pronounced craving for sweets, chocolate; periodic shortness of breath; poor sleep; periodic hot flashes; instability of blood pressure - from 114/90 to 220/120; interruptions in the work of the heart, swelling of the face, hands, feet; periodic bloating and pain in the epigastric region, right hypochondrium, not associated with food intake; the stool is either liquid or in the form of "sheep's pellets"; persistent dry cough and a tickling sensation in the throat with excitement and when going to bed; periodic significant pain in the small joints of the feet and shoulder joints. He considers himself sick from the age of 50, when menopause came and there was a divorce from her husband. From the anamnesis: in childhood, she often suffered from tonsillitis, at the age of 8 she underwent adenoid and tonsillectomy. Menarche at the age of 14. She suffered from algodismenorrhea with vegetative crises before the first pregnancy and childbirth. Childbirth - 2 unremarkable, 2 mini-abortions. Up to 50 years old she was ill rarely, acute respiratory infections in a mild form. She was periodically treated with symptomatic drugs - hypotensive, motherwort, hawthorn, several times unsuccessfully tried to lose weight with unloading diets.

According to ART data: false polarity for lysine and proline; negative oncotests, the presence of dysbiosis in the small and large intestines, endotoxin aggression in the form of autoimmune lesions of the 2nd and 3rd degree of the thyroid gland and herpetic (Epstein-Barr virus) chronic encephalitis, atherosclerosis

(without calcification and thrombotic deposits) in the area of the carotid and vertebral arteries, thoracic and abdominal aorta, basal arteries of the brain; toxic load Intox I, II - mycoplasma, beta-hemolytic streptococcus gr. A, candida albicans; stress 5 tbsp., psychovegetative burden 4, 5 tbsp., depression, endogenous depression; pronounced vegetative burdening of the plexuses innervating the stomach and esophagus + positive tests "chronic inflammation" + organopreparations "pharynx, larynx". Complaints of the patient about persistent cough and periodic tickling in the throat, especially when lying down, indicate the presence of laryngopharyngeal reflux.

According to ultrasound Doppler sonography, violations were revealed in the structure of the intima-media complex of the carotid arteries: an uneven change in echogenicity, a thickening of the vessel wall up to 1.3 mm (the norm is up to 0.9 mm).

According to the lipid profile, type IIb dyslipidemia according to Fredrickson's classification.

In the general analysis of blood, attention is drawn to lymphocytosis - 47%, indicating a reactivation reaction.

Based on the data of ART and clinical studies, a treatment plan was drawn up:

Stage 1 (duration 6 weeks) macrobiotic diet according to Makhonkina, selective enterosorption with enterosorbent FISHANT-S, extracorporeal detoxification - plasmapheresis on the Gemos apparatus with simultaneous intravenous drip administration of homotoxic drugs Traumeel, Cerebrum, Hepar compositum and Ubiquinone. - 5 procedures per course. To correct the peractivation reaction, an adaptogen was prescribed - plantain juice according to the Garkavi-Kvakina-Ukolova scheme.

Stage 2 (duration 8 weeks) - diet with the exclusion of animal fats, rich in fiber, multiresonant therapy once at the reception without a drug recording, including BRT in the mode of temporal modulation along the selected meridians with the introduction into the selector of the drugs tested for the problem "Rubimed", "Lindas", SDA. As an additional correction, the classic homeopathic preparations Aconit CH6, Gelsemium CH12 according to the scheme and Sepia CH200 were tested and prescribed for admission - once.

Stage 3 (duration 16 weeks) - psychocorrection by the method of associative metaphorical cards on the theme "Inner child, adult and parent" and starting point therapy (RPT); Exercise therapy according to Katsuzo Nishi, walks at an average pace of 3-4 km daily, enterosorption with FISHANT-S, mesotherapy in the cervical-thoracic spine with intradermal administration of Cerebrum, Lymphamiosot, Discus comp., Coenzyme comp., Silymarin, quercortin and mexico according to the scheme.

After stage 1 of treatment, the patient returned to normal stool, sleep and decreased weight by 5 kg in the first 2 weeks, and then there was a tendency to further decrease by 250-300 g per week.

After the first plasmapheresis procedure, the patient slept for 12 hours without waking up. Subsequent plasmapheresis procedures were tolerated without any peculiarities.

At the end of the 2nd stage of treatment, the weight decreased by 2 kg, the blood pressure returned to normal within 130/80, the swelling of the arms, legs and face disappeared, the interruptions in the heart ceased to bother, and the clinical manifestations of laryngopharyngeal reflux disappeared. At the end

During the course of treatment, herpetic eruptions appeared on the back of the right thigh, accompanied by mild itching. The papules were treated with Traumeel ointment and dried without crusting within 4–5 days.

At the end of stage 3, anxiety, suspiciousness, clinical manifestations of lipid distress syndrome and endotoxin aggression disappeared, weight decreased by another 3 kg (in general, over the entire period of treatment, the weight decreased by 10 kg), blood pressure - 125/80 with extremely rare small rises with strong excitement, which are self-limited, especially when moving, the pain in the shoulders and small joints of the feet has significantly decreased.

According to ART, there was a complete elimination of mycoplasma, beta-hemolytic streptococcus gr. And, candida albicans. Epstein-Barr virus test positive with organ preparation "upper cervical ganglion". The autoimmune process of 1 tbsp in the thyroid gland, atherosclerosis in the thoracic aorta, and dysbiosis in the large intestine are determined. Encephalitis and false polarity tests are negative. The depression test remains positive.

According to Doppler ultrasound, the thickness of the carotid intima media complex: 1.0 mm (normal up to 0.9 mm), normal echogenicity.

According to the lipid profile, cholesterol, triglycerides and lipoproteins are within normal limits.

In the general analysis of blood, lymphocytosis is 33%, indicating a reaction of calm activation.

There were improvements in the patient's personal life - she made up with her husband and, according to her, they have a "real honeymoon."

Despite a significant improvement in well-being and laboratory data, the ART diagnostics performed indicates that the patient is not in complete remission, and treatment should be continued.

The patient is advised to adhere to recommended diets, physical activity, repeat multiresonance therapy in a month.

conclusions

The combined use of multiresonance therapy and extracorporeal detoxification allows for etiopathogenetic treatment in patients with lipid distress syndrome with its moderate course and symptoms of incipient multiple organ failure. Treatment of lipid distress syndrome should be comprehensive, including measures that improve psycho-emotional state, microcirculation, reduce the manifestations of dysbiosis, endotoxin aggression and endothelial insufficiency. Given the chronic, progressive nature of the disease, this group of patients needs dispensary observation and regular preventive treatment.

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