

The role of infections and helminthiasis in the formation of diabetes

N. Ya. Lagoda

("Eliseeva Medical Center", Moscow, Russia)

The symptoms of diabetes, according to the scrolls found, were known as far back as ancient Egypt. According to modern concepts, diabetes mellitus (DM) is either relative (type 2 diabetes) or absolute (type 1 diabetes). The first type of diabetes develops as a result of damage to the "B-cells" of the islet type, which leads to a lack of insulin.

The highest incidence of diabetes in the population is observed in the countries of northern Europe. At the same time, the incidence of type 2 diabetes occurs in about 90% of cases. Seasonality of exacerbations of diabetes mellitus 1 was noted in children aged 7-14 years in the autumn-winter period and a decrease in the incidence in summer.

In this case, the following morphological changes occur in the tissue of the pancreas (PZH): 1. Sclerosis and atrophy of islet cells.

2. Hyaline degeneration of cells.

3. Watery degeneration of cells.

According to statistics, antibodies to B-cells of the islet apparatus are found in about 50-60% of patients.

In 1970, Taylor first put forward the viral theory of diabetes mellitus 1, tk. the coincidence of the time of the onset of the disease with the time of epidemics of viral infections was noticed. The death of B cells under the influence of viruses is enhanced due to the activation of free radical oxidation.

B cells are now thought to be damaged by an autoimmune process.

Finnish scientists Kuronen and Ackerman found very small nanobacteria belonging to the class of chlamydiae in the stroma of the pancreas, and it is believed that they are actively involved in the appearance of adenomas and ossificates.

Below are the results of studies of the state of various pancreatic structures, their relationship and correlation with violations of the secretory and endocrine function.

table

	GTT, mmol	RA	Sweat. OP PJJ	Peritoneum	Body and Goal.	KTI	Ducts	Diab. / Prev.	Infection	A / body to B- cage.	Painful cm, score (from ten)	Start dyspepsia.
1	8 - plank beds. toler.	wednesday	D12	80	75	81	82	Prev 2	CMV, salm. fasci.	No	3-4	20 years
2		wednesday	D8	74	75	85	77	Prev 2	Toksopl., Lamb.	No	No	6 months
3	8.5 - plank beds toler.	low	D8	72	82	81	65	Prev 2	Toxopl.	No	No	6-7 months
4	Glitch on an empty stomach. 9 mm	low	D4	62	70	72	70	Diabetes	Epsh.-Barr D60, lamb. fasci.	No	No	15 years
5	9 mm	low	D4	65	77	62	76	Nar. tol.	Lambl. fasci.	No	2-3	12 years
6	10 mm	low	D4	85	75	78	86	Nar. tol.	Salm. fasci.	No	4-5	6 months

Receiving increased (inflammatory) indicators on the tissue of the pancreas, its ducts and peritoneum (organometry according to R. Voll), we can immediately navigate what type of infection can be the cause of the disease (ducts - transfer from the small intestine to the Wirsung duct, tissue - hematogenous drift or lymphogenous pathway).

Etiotropic treatment, removal of infectious loads, diet, the appointment of drains normalizes the initially increased indicators, while simultaneously reducing the intensity and eliminating pain and dyspepsia (flatulence, to which patients have already stopped paying attention, intermittent loose stools).

Pain syndrome, from my point of view, depends on the state of the visceral peritoneum, and the degree of its inflammatory reactions can always be measured and controlled in the future. By the way, the peritoneum, etc., the above test indicators can serve as a very good criterion for the correctness of the chosen tactics of any method of treatment and, even, the degree of recovery.

Revealed patterns in determining the state of the peritoneum of the

pancreas: 50-70 USD. - no pain syndrome;

70-75 USD - there is no spontaneous pain, but on palpation, pain in the Shaffar zone already appears;

75-85 USD - there is always pain in the epigastrium.

If we evaluate the data obtained, we can assume with a high degree of probability that conditions of prediabetes / diabetes develop against the background of infectious and toxic aggravations. Also important is the length of time the patient is not receiving the correct therapy. A long period of time leads to apoptosis of an increasing number of islet cells. When the pain syndrome is poorly expressed or absent altogether, and violations of the excretory function of the pancreas, of course, are inconvenient in life, but do not impair the ability to work, patients rarely turn to our methods. And if they apply, in order to "re-examine" the stomach or small intestine ", because they have already been diagnosed with gastritis or gastroenteritis.

Exocrine disorders are treated without any special problems and no longer manifest themselves clinically, which cannot be said about the affected cells of the insular apparatus.

Thus, the primary diagnosis should be "chronic ductulitis or latent pancreatitis."

Monitoring the level of glycohemoglobin showed that this analysis was unreliable in this case - its normal indicator did not correlate in any way with hyperglycemia in the near past.

Modern methods of academic medicine do not make it possible to determine the state of either the pancreas as a whole, or its tissues, ducts, visceral peritoneum, the inflammation of which has its own causes.

Conclusions:

1. An understandable logical chain of the appearance of prediabetes in the patient first, and then diabetes through the stage long-term inflammation (often latent) in the structures of the pancreas.

2. Of course, the etiological factor itself is important, but, in my opinion, even more important for the cure is the duration of the period of its

impacts and remaining resources of the organ.

3. The ability to help patients with diabetes / prediabetes depends on the percentage of islet B cells that are apoptosis. Langengars, and it is impossible to determine with the available methods.

4. It is important to timely identify pancreatic conditions threatening diabetes, even before the development of prediabetes and disorders glucose tolerance. This is possible using the method of vegetative resonance test for diagnosis.

N. Ya. Lagoda The role of infections and helminthiasis in the formation of diabetes // - M.: "IMEDIS", 2014, v.1 - P.161-165

[To favorites](#)