Diagnosis of leptospirosis by the method of vegetative resonance test

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Leptospirosis in humans is an acute zoonotic infection characterized by signs of capillarotoxicosis, damage to the kidneys, liver, central nervous system, skeletal muscles, accompanied by intoxication, fever, severe myalgia, and often jaundice. The causative agents of the disease, Leptospira interrogans, are spiral microorganisms adapted to life in water. Animals are the source of infection. In natural foci - rodents and insectivores (voles, rats, mice, shrews, hedgehogs), in which the infection is asymptomatic, and leptospira are excreted in the urine for a long time. In recent years, the epidemiological significance of dogs and gray rats in the transmission of pathogens to humans has increased. Human infection occurs in various ways - percutaneous (through the skin and mucous membranes) and alimentary. In natural foci, a person becomes infected, as a rule, in the summer-autumn period, during agricultural work, hunting, fishing, while swimming, drinking water from random stagnant bodies of water. The pathogen enters the human body through the skin, mucous membranes of the mouth, eyes, nose, gastrointestinal tract. Spreading through the lymphatic tract and hematogenously, leptospira increasingly increase its presence in the lymph nodes, causing their hyperplasia, capillaries, leading to damage to the endothelium and the development of capillary toxicosis. All this determines the polymorphism of clinical symptoms, the multi-organ nature of the lesions and the emergence of numerous complications. Pathogens are fixed to the epithelium of the convoluted tubules of the kidneys, liver cells and other organs. Damage to leptospira toxins of the renal epithelium leads to disruption of the processes of urine formation, the development of renal failure. Parenchymal liver damage in combination with hemolysis of erythrocytes, caused by hemolysins of leptospira, leads to the development of icteric forms of the disease. Penetration of leptospira through the blood-brain barrier causes meningitis. In skeletal muscles, focal necrotic changes characteristic of leptospirosis develop.

Clinical example

Patient, 52 years old. Was in the intensive care unit in serious condition with signs of multiple organ failure. Antibacterial therapy was carried out, detoxification therapy was ineffective. The duration of the disease is 4 months. During this time, the patient was repeatedly hospitalized in various hospitals. The condition progressively worsened. In the clinic and the intensive care unit, the cause of the disease was not identified. At the invitation of the doctors of the intensive care unit, the patient was examined using the IMEDIS-EXPERT apparatus. Through the Intox 1 pointer, the frequencies of pathogens were tested at an intensity of 90. As a result, several pathogens were tested, including the frequency of leptospirosis. Then through organopreparations of the kidneys, liver, lungs

the frequencies of pathogens were tested. The frequency of leptospirosis was tested most clearly. Later, the diagnosis was confirmed by analyzes.

Conclusions: ART allows timely detection of an infection - leptospirosis and arresting the process. Late identification of the cause of the disease leads patients to serious consequences and death.

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