Possibilities of ART and BRT methods in studying the pathogenesis of tuberculosis and its treatment

V.N. Pastukhov, ON. Pastukhova
(MC "Health Formula", Yekaterinburg, Russia)

The urgency of the problem of tuberculosis currently remains high. So, the incidence in the Sverdlovsk region in the period 2011–2014. is 91-100 per 100,000 population. The problem is aggravated by a short line of anti-tuberculosis drugs, their high toxicity; an increase in the number of patients with primary drug-resistant tuberculosis.

The generally accepted ideology in understanding the tuberculous process is to concentrate efforts on antibiotic therapy and does not take into account some of the features of the pathogenesis of the disease. The authors suggested that in conditions of extremely widespread infection of the population, for the development of a disease in the body, additional factors must be present that create favorable conditions for the disease. To the most important of them, we attributed the state of cellular immunity, which can be assessed by the BRT technology. Another point directly related to this thesis was the assessment of the very nature of tuberculous inflammation, in which, in the absence of any lytic enzymes or toxins, mycobacterium develops severe tissue destructive damage.

Numerous scientific literature describes the granulomatous nature of the inflammatory reaction in tuberculosis with symptoms of delayed-type hypersensitivity (HRT).

The combination of these factors allowed us to assume that tuberculosis is an autoimmune disease, which differs from others in that the causative agent of the process is known - mycobacterium tuberculosis. Numerous destructive processes in this case are the result of hyperactivation of the lymphocytic macrophage link, with the release of a large amount of cytokines and leukotrienes, which lead to tissue lysis.

Conducting organ and general ART diagnostics according to physiological principles, the foundations of which were laid by A.A. Ovsepyan, we tried to give the maximum assessment of the state of immune reactivity at the tissue and general levels and identify possible causes of the deficiency of the cellular link of immunity, which resulted in the development of the tuberculous process.

Materials and methods.

In the period from 2011 to 2015. under our supervision there were 144 people with signs of tuberculous pathology of various localization, the main contingent of whom was extrapulmonary localization of tuberculosis: lesions of the urinary, reproductive system, lymph nodes.

Patients with pulmonary tuberculosis made up a group of 26 people.

These differences are due, on the one hand, to the difficulties in identifying extrapulmonary forms of tuberculosis in the general network. On the other hand, the orders of the Ministry of Health regulating the provision of medical care in

a specialized institution. Accordingly, this is a circle of patients who are not satisfied with the quality and results of their drug therapy.

As our studies have shown, the principles of pathogenesis in any form of tuberculosis turned out to be the same type, which makes it possible to draw generalized conclusions based on this material.

By age, the group is formed from 5 to 55 years old. The majority of patients are under 30 years of age.

In all cases of observation, signs of deficiency of the cellular link of immunity with depletion in the thymus and tension of the humoral link and RES were revealed, which was accompanied by positive tests for autoimmune inflammation and cell-type allergy. It is known that such conditions characterize the classical course of the tuberculous process. But in all cases, against the indicated background, we detected a concomitant infectious pathology of predominantly immunocompetent organs and, first of all, of the small intestine. The nature of the lesion could be any, from viral to parasitic, but always with a retrospective analysis (history, clinic) one could see its chronic nature. It is known that there are many conditions that do not attract the attention of either patients or attending physicians.

The identification of this pattern allowed us to work out the tactics of treating patients with tuberculosis, focusing on pathogenetic therapy, i.e. restoration of immune reactivity with mandatory treatment of primary pathology.

We believe that the task of anti-tuberculosis therapy is to reduce the pool of mycobacteria in the body. Trying to use anti-tuberculosis drugs to sanitize the body is completely considered a dead-end path that will never lead to recovery.

Anti-tuberculosis therapy with the BRT method consists in a direct effect on MBCs by inhibiting their metabolism and general exposure through the affected organs and systems.

An obligatory stage of therapy after working out organopreparations is to work on the lymphatic system. The defeat of regional lymph nodes, tonsils and other mycobacteria is the reason for the ineffectiveness of treatment and relapses of the disease. It is the damage to the groups of intrathoracic lymph nodes that causes cough, the formation of tissue micro-fistulas with drainage into the bronchi.

An important problem in the treatment of tuberculosis patients is overcoming the toxic effect of anti-tuberculosis drugs. Taking into account the scheme used in phthisiology, this is in all cases the treatment of toxic hepatitis and characteristic organ damage from the joints and the nervous system. In some cases, we were faced with the situation of the need to discontinue anti-tuberculosis drugs in order to obtain an effective result of therapy. The use of the briefly complex approach described here makes it possible to achieve a cure for a patient with non-destructive forms of tuberculosis after 2–4 months of therapy. In the presence of decay cavities without signs of fibrosis, the closure of the cavities occurs within 6 to 12 months.

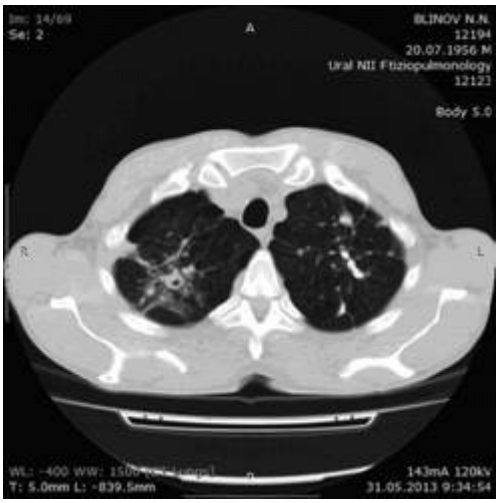
Clinical example

Patient B., 55 years old, applied to a specialized institution 4 months after the first signs of the disease appeared - cough, weakness, weight loss. The onset of the disease is associated with the transferred stress (death of a loved one) against the background of an increase in work load.

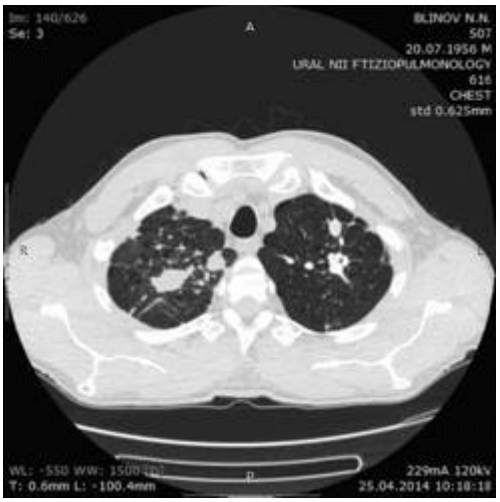
Disturbed by fatigue, unproductive cough, weight loss. No fever was noted. Examination revealed infiltrative tuberculosis of the upper lobe of the right lung with multiple decay cavities. Office - minus. Suspected multidrug resistance. Bullous emphysema. On the left, multiple dense post-tuberculous foci are determined.

From the anamnesis: in 2004 he suffered infiltrative tuberculosis of the upper lobe of the left lung with an outcome in the formation of dense foci after successful chemotherapy. X-ray control was carried out annually. Identification of the present disease in 2013.

Within 2 months he received standard chemotherapy with five drugs, against which the state of health progressively worsened with the appearance of signs of toxic hepatitis. The patient, in parallel with the treatment in the hospital, turned to our MC. The diagnosis by the ART method revealed signs of severe toxic hepatitis and polyneuropathy against the background of the underlying disease. Given the high degree of patient confidence in the method and the attending physician, it was proposed to abandon drug anti-tuberculosis therapy, which was done.



Rice. 1. X-ray picture of the process when contacting the MC



Rice. 2. Control X-ray after11 months after the start of BRT.

The main directions of therapy were: 1.
Treatment of a drug disease.
2. Direct anti-tuberculosis treatment.
3. Organotherapy.

The cause of the initial immunodeficiency was lymphadenopathy of the nodes of the thoracic and abdominal cavity against the background of BCG. The destructive process in the lungs was caused by a pathogenic strain of MBT. As a result, after 5 months of BRT therapy, the closure of the decay cavities, compaction and partial resorption of infiltrative changes were achieved. The patient was discharged by the medical institution to work. Follow-up for 1 year after stopping therapy: there are no signs of exacerbation.

Literature

1. Gotovsky Yu.V., Petrov Yu.F., Ovsepyan A.A. Free radical processes, metabolism and energy: Methodological guide. - M .: IMEDIS, 2004.

2. Kudaev A.E., Khodareva N.A., Mkhitaryan K.N. Targeting techniques (orientation) nosode of blood and chronosemantic preparations // Abstracts and reports. XI International Conference "Theoretical and Clinical Aspects in the Management of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2005. - pp. 300-310.

3. Ovsepyan A.A., Gotovsky Yu.V., Machanyan A.S. New approaches to imitation modeling of diagnostic and therapeutic processes using the APK "IMEDIS-Voll" // Abstracts and reports. IX International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M .: IMEDIS, 2003. - P.65–84.

4. Key epidemiological indicators for tuberculosis and results activities of the phthisiatric service of the territory of supervision of the Ural Research Institute of Phthisiopulmonology for 1995–2005. / Edited by D.N. Golubev Newsletter. - Yekaterinburg, 2006.

5. Pastukhov V.N., Kravchenko M.A., Olin B.G. and other Method for the treatment of tuberculosis.

RF Patent No. 2212240, 2003.

Pastukhov, V.N. Possibilities of ART and BRT methods in studying the pathogenesis of tuberculosis and its treatment / V.N. Pastukhov, N.A. Pastukhova // XXII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M .: IMEDIS, 2016 .-- P.88-92.