

The use of combined therapies in nephrology (case from practice)

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Hemolytic-uremic syndrome (HUS) - characterized by microangiopathic hemolytic anemia, thrombocytopenia, acute renal failure. The most common causative agent of the disease is *E. coli*, but other infections - streptococci, pneumococci, viruses can also cause disease. A variety of options for the course of HUS, and most importantly, a different prognosis depending on the etiological factor, divides the syndrome into several forms. One of them is typical HUS or postdiarrheal. This is the classic form of HUS, it is found exclusively in young children (up to 3 years old). It is characterized by signs of intestinal infection with hemocolitis and thrombotic microangiopathy (TMA). The mechanism of development of HUS depends on the toxic agent produced by various infections. The main property of these toxins is their ability to damage endothelial cells of glomerular capillaries. With an intestinal infection caused by *E. coli*, verotoxin is produced, which plays a major role in the pathogenesis of HUS. Under the action of verotoxin, platelets adhere to the endothelium, which contributes to the formation of blood clots. Further development of the syndrome is aggravated by a breakdown in the hemostasis system and the development of local coagulation in the vessels of the kidneys. At present, with the introduction of hemodialysis, plasmapheresis, lethality has been reduced to 15–10%, according to various authors. Further development of the syndrome is aggravated by a breakdown in the hemostasis system and the development of local coagulation in the vessels of the kidneys. At present, with the introduction of hemodialysis, plasmapheresis, lethality has been reduced to 15–10%, according to various authors. Further development of the syndrome is aggravated by a breakdown in the hemostasis system and the development of local coagulation in the vessels of the kidneys. At present, with the introduction of hemodialysis, plasmapheresis, lethality has been reduced to 15–10%, according to various authors.

Clinical case

A patient has been under our supervision for 22 years after suffering hemolytic-uremic syndrome.

At the age of 1 year 6 months, she underwent HUS. The treatment was carried out in Moscow (delivered by dignity. Aviation). Due to the severity of the condition, 12 hemodialysis sessions were performed.

Further treatment of the patient can be divided into four stages.

Stage 1. Aged 1 year 7 months after suffering HUS was admitted to the Department of Nephrology in Vladivostok. During examination, microhematuria persisted in urine analyzes. Glomerulonephritis was diagnosed, the patient received antioxidants, antiplatelet agents, herbal medicine courses. Until the age of 12, the patient's condition did not cause anxiety.

In adolescence, increased blood pressure began to be recorded, which required the inclusion of antihypertensive therapy. From the age of 14, protein appeared in urine analyzes, a rapid increase in creatinine levels up to 200 mmol / l was noted. The patient was referred to hospitalization in the nephrology department of Moscow to clarify the diagnosis. The diagnosis of glomerulonephritis was withdrawn, and the diagnosis was made of nephrosclerosis. For the first time, the question arose about kidney transplantation with an increase in

indicators of creatinine. Symptomatic therapy (renoprotective therapy) was prescribed.

Stage 2. Connection to treatment with bioresonance therapy.

The goal of therapy is to prevent the growth of nitrogen metabolism indicators, to control the degree of damage to internal organs. Allopathic therapy was not canceled.

Diagnostic and treatment sessions were carried out 1 time in 1–2 months. We realized that the organ's function was partially lost, which required a more careful approach to therapy.

Therapy included:

- carrying out BRT sessions with the selection of drainage preparations of the "ONOM" company from 1 to 3 preparations;
- Frequency therapy for identified infections, nosological forms, normalization of the level of trace elements. Of course, most often this is the normalization of calcium levels. The patient, when taking calcium supplements, complained of stomach pains, nausea, which led to the withdrawal of the drug. With the normalization of the level of calcium, which was recorded by laboratory values, the level of potassium decreased. Iron frequencies were used periodically.

Stage 3. Several years ago, along with the IMEDIS equipment, the manufacture of drugs began to use the "Golden Section" - the author's development of MCIT "Artemis"

Treatment using the MSAD method is connected:

- production of drugs to remove external influences;
- targeting information products aimed at correcting the identified changes. Most often, it was necessary to normalize the red blood counts. The absence of anemia in a patient with chronic renal failure caused doctors to mistrust the study of indicators, and the patient was forced to re-examine the indicators of red blood. She did not receive any medical treatment for anemia;
- a fate marker was selected through the key organ (KO). The work with KOs was almost constant;
- RESPONSE 3 to tested trace elements or chromosomes;
- used nosodes of blood NANCr or urine, aimed at organ preparations of the kidneys;
- autosodes of blood or urine in courses of 1 month almost constantly;
- targeting was also carried out at other complex markers (the sum of infection nosodes, etc.);
- at the same time, drainage preparations of the "ONOM" company were selected;
- BRT continued, frequency therapy was carried out according to indications.

The patient was prescribed no more than 3-4 drugs at a time.

The patient's condition was stable, the creatinine level ranged from 200 mmol / L to 400 mmol / L, diuresis was preserved. As planned, the patient was repeatedly examined in the Department of Nephrology and the question of transplantation

kidney, hemodialysis was not. The girl graduated from the university, got married.

Stage 4. Worsening of the condition was noted during massage, when a sharp rise in blood pressure to 200-180 / 100-110 mm Hg was recorded. Art. The indicators were hardly normalized. The stressful family situation contributed to the deterioration of the condition. Gradually, the creatinine level periodically began to rise to 600 mmol / L. Also, for the first time, a violation was noted in the diet, taking medications.

The patient was hospitalized. The creatinine level quickly rose to 1000 mmol / L, - naturally the question arose about hemodialysis and kidney transplantation.

During the examination, the doctors noted that the internal organs of the patient were not affected, which inevitably occurs with chronic renal failure (CRF is 10 years old). During this period of time, the patient received only antihypertensive therapy. The question of kidney transplantation was raised at the age of 14, and the need for it arose only at the age of 24.

In the fall of 2015, a cadaveric kidney transplant was performed in Novosibirsk. Prescribed two cytostatic drugs (mayfortic and cyclosporine), as well as valcid, since he was diagnosed with cytomegalovirus infection (CMV). One of the side effects of valcid is graft rejection. In the postoperative period, the creatinine level is 130 mmol / l, which is higher than normal values, anemia persists - hemoglobin is reduced to 90 g / l.

Were made drugs to remove external influences, drugs targeting CMV - infection, correction of anemia. Re-examination in the clinic was recommended, since graft rejection was not excluded. When carrying out a kidney biopsy, the toxic effect of cyclosporine was detected, and its dose was gradually reduced. Valcid was canceled, since no diagnostically significant blood parameters for CMV infection were found. The indicators of creatinine are alarming - 130 mmol / l, anemia is not corrected, hemoglobin is 90 - 100 g / l.

Lack of experience in working with patients during organ transplantation raises many questions in the treatment of this group of patients. But the therapy is very carefully continued, from 1 to 3 drugs are prescribed according to the complaints presented (symptomatic therapy). Doctors of the transplant center have banned herbal medicine, physiotherapy and, of course, any drugs that stimulate the immune system.

The girl raises the question of the possibility of having a child, which is not ruled out by the doctors of the center. At the most difficult moment of her life, a young man met who courageously walked this difficult path with her. I would like to help. Treatment and follow-up continues.

Literature

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