

## Clinical case of hepatitis C treatment using the systemic nosological approach

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### Introduction

The paper presents a case of treatment of hepatitis C, which is unique in terms of the patient's recovery time, carried out by the methods of the systemic nosological approach. In the opinion of the authors, a detailed description of the therapy algorithm and the dosage regimen in this case is of interest, since it is possible that information medicine methods, if used correctly, may turn out to be even more effective for the treatment of chronic viral diseases than we are used to expecting.

### Case description

Patient: male 48 years old. Applied about a positive test for hepatitis C virus.

From the anamnesis: for The first week before the visit, the patient was in the hospital for acute pancreatitis, did not drink alcohol, the day before he ate several slices of brisket bought in a store. According to ultrasound, hyperechogenicity and an increase in the size of the pancreas, spleen, liver, bile ducts are patent, according to blood tests - hyperbilirubinemia. According to FGDS, erosion of the gastric mucosa, in the bulb - a healed ulcer. A study was carried out for antibodies to the viruses of hepatitis B and C. The results of tests for hepatitis B - negative, for hepatitis C - positive, antibodies were found.

Choice of therapy. With the informed consent of the patient, the decision to use the method of the systemic nosological approach (SNP) for its therapy [3], which, according to O.V. Vasilkovskaya (an oral presentation at a seminar on SNP conducted by K.N. Mkhitarian in 2015), gives a high percentage of cure for chronic hepatitis. Typically, the phase of elimination of the virus when using SNP lasts from 3 months to a year. After that, they move on to the recovery phase of the liver and other organs affected by the virus, and, in principle, relapses of the disease are possible.

To describe the algorithm for the preparation of therapy drugs, we used the standard notation for ART, given, in particular, in [3], as well as in [4].

### Materials and methods of diagnostics and therapy

For diagnostics and therapy was used apparatus for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy according to BAT and BAZ "IMEDIS-EXPERT"- "). Registration certificate No. FS

022a2005 / 2263-05 dated September 16, 2005.

The sequence of the preparation of therapy drugs  
The sequence of stages in the manufacture of bioresonance preparations:

1. The KMH was recorded. Recall that the individual KMX marker is the sum of signals written off from the end and node points of the patient's main chiroglyphic lines. In the works of T.V. Akayeva and K.N. Mkhitarian showed that the CMH marker is an isopathic model of the patient's constitution [1]. Its use makes it possible to "shift" the treatment towards the patient's constitution, strictly speaking - to make it constitutionally oriented [2].

2. After that, information was recorded from the destructive zones. system of papillary lines of the patient's palm (according to V.V. Finogeev, oral communication at a workshop on SOR in 2016).

3. A check was made of the significance of the information received - signals, written off from each of the destructive zones of the papillary pattern, based on the dynamics of BI and indicators of the Schraibman connective tissue scale when added to the CMH. If, when the signal of the destructive zone was added to the KMX, the BI and Shraibman indices deteriorated compared to the load of one KMX, the signal was added to the KMX. Otherwise, the signal was not used. Thus, an expanded KMH was obtained (according to Finogeev-Mkhitarian).

4. An electronic autonosode of the patient's blood (ANKr) was made, which, then, it was potentiated electronically until the VRT condition was met:

(extended KMH) - + pot-ANKr -, (1)

which is briefly designated NANKr = ANKr / (extended KMH). By compensating NANCr for the expanded CMH in the measuring circuit, the therapeutic dose of Drug 1 was determined - 6 grains.

5. Before the manufacture of drug 2, the patient took a therapeutic dose Preparation 1, after which a marker was made (extended KMH)<sup>2</sup>...

6. After that, a closed ART-chain of test pointers was compiled organs, tissues and body systems associated with the disease. In this particular case, an algorithm was used for compiling a closed ART chain of organopreparations proposed by a doctor from Baku G.I. Agaeva.

A. The most significant negative programs were selected (NP, giving the maximum decrease in the measuring level "↓") and a meridian was found that compensates for these NPs as much as possible (giving the closest approximation to the pseudotransparent marker of NP ↓ + Meridian 1 ↑).

B. Information was written off from the organ corresponding to this meridian inductor - in the place of the greatest decrease in the initial measuring level when the inductor is connected to the measuring circuit.

C. Signals of the meridian and organ were added, thus the meridian complex preparation (MCP), consisting of the Medfarma meridian, biological active points of this Medpharma meridian, recording of the patient's corporal points corresponding to the selected in the selector, organ preparation and recordings from the corresponding organ in the area of the greatest decrease in the initial

measuring level.

D. Then, against the background of the patient's load with the MKP1 marker, the following was tested. the meridian, which gives the maximum decrease in the measuring level, and information was written off from the organ corresponding to this meridian. Thus, the MKP2 marker was obtained. The Meridian search procedure was repeated until at some step MCPn through the MCP chain all other meridians are no longer tested.

Comment. Such a chain is considered closed.

In the case of my patient, a closed ART chain, hereinafter referred to as  $\sum$  Org. The drugs consisted of the following drugs:

Negative programs 2 and 3, Meridians of the Stomach, Pancreas and spleen, Kidneys, Endocrine system, Heart, Small intestine, Liver, as well as significant BAPs of these Meridians, selected from the selector, and then recorded from the patient's BAP to lactose crumbs using a point inductor, organopreparations of organs corresponding to the selected Meridians taken from the selector, with their amplification by recording from the projection of the same organ of the patient in the place of the greatest decrease in the measuring level. The totality of all these drugs is hereinafter referred to as  $\sum$  Org. drugs.

After making a closed ART chain, the patient was tested for the presence of viruses in his body. Testing was carried out with filtration through (extended KMH)<sub>2</sub> +  $\sum$  Organopreparations using test indicators of viral burden

In addition to Hepatitis C Virus, the following tests were carried out: Mumps Virus, Cytomegalovirus and Epstein-Barr Virus.

Then the test indicators of viral burden were removed from the ART chain, and Anaferon and the sum of Lachesis potencies were added to it sequentially. In this case, the VRT condition was fulfilled:

(extended KMH)<sub>2</sub> ↓ +  $\sum$  Organopreparations ↑ + Anaferon ↓ +  $\sum$ pot (Lachesis) ↑.  
(2)

During the subsequent verification against the background of the ART chain (2), the previously detected (and any other) viruses were no longer tested.

7. Preparation 2 was obtained:  $\text{Off}_3 \quad z_s((\text{extended KMH})_2 \downarrow + \sum \text{Organopreparations} \uparrow + \text{Anaferon} \downarrow + \sum \text{pot (Lachesis)} \uparrow) / (\text{extended KMH})_2 \dots$  By compensating (extended KMH)<sub>2</sub>, the therapeutic dose of the drug 2 - 4 grains was determined. Additionally, it was verified that the therapeutic dose compensated for all detected viruses, that is, the ART conditions were "automatically" met:

Specimen 2 - + Hepatitis C -,  
Specimen 2 - + Epstein-Barr -,  
Specimen 2 - + Mumps -, Specimen 2  
- + Cytomegalovirus -.

8. The patient took a therapeutic dose of drug 2, after which he was manufactured (extended KMH)<sub>3</sub>.

9. Compilation of a closed VRT-chain of Runes: Runes were added to the VRT-chain one at a time until it becomes a pseudo-transparent marker, through

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which no new Runes have been tested anymore. The chain was received: Turisaz, Uruz, Otila, Ansuz, Vuno, Mannaz, Yaru, Perth.

10. Then the Preparation 3 was made:  $\text{Off}_3 \quad \text{zs}((\text{extended KMX}) 3 + \sum \text{rune}) / (\text{extended KMH}) 3$ . By means of compensation (extended CMH) 3, the therapeutic dose of Drug 3 was selected.

11. Received Preparations 1–3 were used for a course of therapy a patient aimed at eliminating the hepatitis C virus (and other identified viruses).

12. As the drugs 1–3 themselves, and the schedule of their intake in the course of therapy corresponded to the standard standard drugs and the standard dosage regimen recommended in the SNP in order to eliminate viral burden [3].

The procedure for taking drugs in the course of patient therapy:

1. Drug 1 - NANCr / extended CMH was taken by the patient 1 time in day, 6 grains, in the morning, on Mondays, Wednesdays and Fridays for 2 weeks.

2. Preparation 2 -  $\text{Off}_3 \quad \text{zs}((\text{extended CMH}) 2 \downarrow + \sum \text{Organopreparations} \uparrow + \text{Anaferon} \downarrow + \sum \text{pot (Lachesis)} \uparrow) / (\text{extended CMH}) 2$  was taken by the patient 1 time a day, in the evening, 4 grains each, on Mondays, Wednesdays and Fridays for 2 weeks.

3. Preparation 3 -  $\text{Off}_3 \quad \text{zs}(\sum \text{run}) / (\text{extended CMH}) 3$  was taken by patient 1 once a day, in the morning, 3 grains each, on Tuesdays, Thursdays and Saturdays for 2 weeks.

On Sunday, there was a break in therapy.

Thus, the overall course of elimination therapy was 2 weeks.

### Therapy results

Twenty days after the end of the course of therapy, a blood test was carried out in the Invitro laboratory for the presence of antibodies to the hepatitis C virus. The result was negative.

The blood test was repeated 10 days later against the background of abdominal pain and an increase in the level of bilirubin. The result is also negative.

On January 16, 2016, the patient donated blood for PCR analysis for hepatitis C RNA and the presence of antibodies to the hepatitis C virus.

Result: The blood tests showed no antibodies and no HCV RNA.

### Discussion

Taking into account the history, clinical status, data of additional examination methods, the patient had manifestations of hepatitis (pain syndrome, icterus of the skin and mucous membranes, hyperbilirubinemia, leukocytosis, an increase in the size and degree of echogenicity of the liver, pancreas, spleen, the presence of antibodies to the hepatitis C virus).

ART data: signs of hepatitis C virus, Epstein-Barr herpes virus, Cytomegalovirus, mumps virus in the body. Also

changes in autonomic reactions to organopreparations of the Liver, Stomach, Pancreas, Spleen were tested, which corresponds to clinical and biochemical changes. Thus, the diagnosis of hepatitis can be considered proven with good agreement between clinical and paraclinical methods.

According to biochemical analyzes, the treatment carried out completely eliminated the hepatitis C virus, while the elimination time can be called record-breaking without exaggeration, which prompted the authors to consider this case separately.

There are several possible explanations for such a rapid elimination of the virus: 1. The disease was detected at the initial stage of development, the virus did not have time to hit a significant part of the liver tissue, and the process was not chronicized. This, however, is contradicted by the history: the patient has not had operations, visits to the dentist, blood transfusions, or promiscuous sexual activity during the last year.

2. Features of the virus that caused clinical manifestations that allowed the immune system to quickly cope with the virus. But this is contradicted by signs of chronicity of the process in the form of an increase in the size of the spleen and fatty hepatosis.

3. Features of the patient's immune system. But this contradicts the presence positive tests for hepatitis C viruses, Epstein-Barr herpes virus, Cytomegalovirus, mumps virus.

4. An effective algorithm for the treatment of hepatitis C has been found, which requires confirmation on more patients.

#### Conclusions:

1. In the treatment of a number of diseases - not only chronic hepatitis viral etiology - by methods of information medicine, the result of therapy significantly depends on the algorithm used for the preparation of information drugs and the order of their application. Correct algorithms for the preparation and use of therapy drugs can give qualitatively different results of use in comparison with "approximately correct" drugs and the schedule for their use. These results may relate to the timing of cure, the lack of sequelae of the disease, and, finally, the ability to sustainably treat diseases that are usually considered refractory or difficult to respond to therapy.

2. Essential reserves therapeutic efficiency information drugs are their constitutional orientation, as well as isolation (according to G.I. Agaeva) used complexes of drugs in relation to a group of similar ones. In this regard, the systemic nosological approach based on the selection of constitutionally oriented drugs and their closed complexes has certain advantages over other approaches of information medicine. It is likely, however, that the mentioned reserves of therapeutic efficacy are not the only ones.

### Literature

1. Akaeva T.V., Mkhitarian K.N. On the question of objectifying the concept constitutional homeopathic remedy. Part II. // Abstracts and reports. XX International Conference "Theoretical and Clinical Aspects of the Application of Adaptive Bioresonance Therapy". Part 2. - M.: IMEDIS, 2014. - P.64-74.
  2. Akaeva T.V., Mkhitarian K.N. Evidence for the objectivity of homeopathic constitution // Collection of materials of the 26th Moscow international homeopathic conference. - M., 2016. Electronic record.
  3. Vasilkovskaya O.V. Akaeva T.V. Mkhitarian K.N.; Autoimmune treatment thyroiditis using bioresonance therapy and vegetative resonance test // Traditional medicine. - No. 3 (42), 2015. - pp. 16-23.
  4. Kudaev A.E., Mkhitarian K.N., Khodareva N.K. Multilevel system adaptive diagnostics and therapy. - Rostov n / a: Publishing house SKNTs VSh SFU APSN, 2009. - 309 p.
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