

Viral hepatitis C: clinical picture, diagnosis
and complex bioresonance therapy
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Today viral hepatitis is considered one of the leading medical and social problems, which is explained by their prevalence, the progressive increase in the number of infected and sick. This is especially true of viral hepatitis C.

The hepatitis C virus (HCV) was discovered in the late 1980s, but it has been circulating in the human population for a long time. The polymerase chain reaction (PCR) for detecting this virus in blood was developed in the early 90s. In Russia, it has been widely used since the late 90s, and as the number of examined people increases, the number of identified carriers of this virus is growing.

The currently available data on the number of infected indicate that the epidemic process is still not under control. The spread of viral hepatitis C has a significant negative impact on the life expectancy of Russians and affects the working capacity of the adult population.

According to the estimates of the head of the Federal Center for the Prevention and Control of AIDS Vadim Pokrovsky and the head of the Scientific Advisory Center of the Central Research Institute of Epidemiology of Rospotrebnadzor, Vladimir Chulanov, there are from 5 to 7 million carriers of viral hepatitis C in the country, while the number of people receiving the necessary treatment is several thousand and is unlikely to increase in soon. The proportion of patients in whom this infection becomes chronic reaches 80%.

According to the WHO, the hepatitis C virus infection in the world exceeds half a billion people; over the past 5 years, there has been an almost 10-fold increase in the incidence.

At present, the problem of the spread and treatment of human viral hepatitis in medical science and practice seems to be very large, requiring an urgent solution.

Obvious symptoms indicating the presence of liver pathology are: increased body temperature, discomfort in the upper abdomen, periodic pulling pains in the right hypochondrium, bitterness in the mouth, nausea, weakness, fatigue, frequent irritability, enlarged liver, disruption of the gastrointestinal path and similar complaints.

HCV infection, however, is often characterized by a chronic latent course. It has been established that acute hepatitis caused by the hepatitis C virus, in 70% of cases, ends with its transition to a chronic form. This occurs six months after the acute phase of the disease.

In most patients, chronic hepatitis C (CHC) is detected, as a rule, accidentally during routine examinations or during a comprehensive examination in connection with other diseases. Its course has a number of characteristic features that make it difficult to make a diagnosis. Absence

severe clinical symptoms of the acute period, minimal manifestations of the disease, such as weakness, fatigue, aching joints, remain without due attention, since they are transient. An essential feature of hepatitis C is its high mutation capacity, which complicates the creation of an effective vaccine for the prevention of HCV infection.

The body's immunity does not provide control over the infectious process, and the HCV infection for the most part does not form a strong defense, as evidenced by the frequent transition to a chronic form, as well as the possibility of reinfection, and not only with another, but also with the same strain of hepatitis C.

Chronic HCV infection often ends in fibrosis, cirrhosis, or liver cancer, which leads to severe disability with a quick death.

Carriage of viral hepatitis is also not harmless: an infection that persists in the body can intensify and lead to the development of the disease. In addition, the carrier of the virus, without knowing it, poses a danger to others, primarily to relatives and friends.

Infection with viral hepatitis occurs through contact with the blood and body fluids of an infected person.

For many years, drug addiction has been the main driving force behind the viral hepatitis epidemic, as well as the HIV / AIDS epidemic. However, now the situation is changing rapidly: the number of people infected with HIV and viral hepatitis through heterosexual contacts is growing. Most often, young women who have had intimate relationships with men who have used or continue to use drugs are infected in this way.

Medical institutions also make a significant contribution to the spread of viral hepatitis. It has been established that the virus is transmitted in 90% of cases through syringe injections. It has been proven that sterilization of reusable syringes by boiling does not destroy the hepatitis C virus. Only the use of disposable syringes prevents the transmission of this virus, however, disposable syringes in Russia have been widely used only since the mid-90s, therefore, the largest number of carriers of the virus is found among people older 10-15 years old.

According to V. Pokrovsky and V. Chulanov, over 10 percent of those infected with hepatitis C were infected during various medical interventions. Many medical institutions still do not comply with the rules for preventing transmission of infection officially in force in the country, that is, they save on sterilization of equipment and reuse disposable instruments. In the same way, cosmetology and tattoo parlors save on customer safety.

Currently, the academic approach prevails in solving the problem of chronic hepatitis C, which assumes the priority of laboratory methods of diagnosis and treatment of pathology with interferon and antiviral drugs. Interferons affect the patient's immune system, and

antiviral drugs - directly to the causative agent of the disease.

Modern treatment of chronic HCV infection consists of intramuscular in administration of an interferon preparation with simultaneous administration of ribavirin for 6 months, while treatment with interferon preparations is indicated only for 30% of persons with chronic HCV infection.

In this case, a prerequisite for the appointment of interferon therapy is the absence of autoimmune, neurological diseases and other serious pathology in the stage of decompensation.

The effectiveness of such treatment ranges from 42 to 78%, and in 20% of people it causes serious side effects, which are depressive conditions, hyperthermic reactions, alopecia, myalgia, arthralgia, hemolytic anemias, leukopenia, neutropenia, etc., in the manifestation of which requires stopping treatment or prescribing other drugs, which often worsen the functional state of the liver, increase the already high cost of treatment and reduce the body's immunity.

Due to the high cost of treatment with interferon drugs (more than 1.5 thousand dollars per month), no more than 10% of the number of people who are shown it can afford such treatment, i.e. only about 3% of people with chronic HCV.

The state is currently unable to fully provide those in need of treatment with the necessary medicines. Currently, only a few thousand patients with chronic hepatitis receive free medicines. Given the economic realities, there is no reason to expect that their number will noticeably increase in the near future.

In this regard, the question arises, how to help the remaining 90% of patients who are indicated for interferon therapy, and 70% of people with chronic HCV infection who are not indicated for interferon therapy?

The use of information therapy methods, in particular BRT and ART, in the diagnosis and complex therapy of patients with hepatitis C viral infection, always gives positive results. The use of BRT methods in combination with informational analogs of immunocorrective drugs has a beneficial effect on the course of the pathological process, providing stable positive clinical results of the therapy.

At MC "Ledum", therapy for patients with HCV infection is selected taking into account the course of various stages of the disease.

The use of the capabilities of exogenous and endogenous BRT in the treatment of viral hepatitis allows us to many times increase the effectiveness of treatment and achieve stabilization of the process in a shorter time, avoiding the severe side effects that accompany treatment with interferon drugs. In addition, the methods of BRT and ART make it possible to abandon the use of liver tissue biopsy as a diagnostic measure.

The therapeutic strategy is chosen by us taking into account the individual characteristics of the patient and is determined by a number of factors, the decisive one of which is the state of the body, which can be judged by the results of an ART examination.

When examining by the ART method in all patients with HCV infection

gross deformations and ruptures of the biofield are revealed, as well as disturbances in the meridians of the liver, gallbladder, spleen, pancreas, kidneys, triple heater, stomach, small and large intestines.

In addition, the diagnosis establishes liver pathologies of various degrees of severity, pronounced dysbiosis of the small and large intestines, depletion of the immune system; erosion in the stomach and duodenum; dwindling reserves of adaptation of various degrees; violation of the endocrine system; burdening the drainage systems of the body; various external burdens (electromagnetic, geopathogenic and radiation).

In addition to the hepatitis C virus, many patients have viral burdens caused by other pathogens, as well as various forms of parasitic load; a pronounced deficiency of minerals, vitamins, enzymes, hormones is found.

Treatment of chronic viral hepatitis C at the Ledum MC necessarily includes:

- elimination of exogenous and endogenous loads on the body;
- basic endogenous bioresonance therapy;
- exogenous bioresonance therapy with fixed frequencies;
- antiviral resonance frequency therapy, according to accepted techniques.

Bioresonance therapy is performed when allopathic treatment is abandoned. The same methods are used to consistently resolve the issues of eliminating other identified pathologies.

Particular attention is paid to drainage and detoxification therapy, as well as monitoring and adjusting the state of the antioxidant system.

To normalize brain rhythms and relieve stress, individually selected induction programs are used.

To align the biofield and energy in the meridians, bioresonance therapy is used along all the meridians.

The implemented therapy includes the appointment of sugar globules with the recording of an individually selected complex of therapeutic frequencies, which will eliminate the identified pathologies.

The number of treatment courses is determined individually, depending on the dynamics of the therapy process.

As a result of the therapy, the patients of our clinic have a positive trend with the normalization of biochemical parameters and an improvement in well-being. In PCR, quantitative determination of the virus is not detected, and this indicates very low concentrations after treatment, which is confirmed by the results of diagnostics using the ART method.

In each patient, already in the course of therapy, an improvement in general well-being is noted - relief of the main complaints, a significant improvement in the quality of life. A detailed analysis shows the onset of persistent improvement in about 70% of patients, relative improvement in 30%.

Positive dynamics is observed in all patients. In none of the cases were there any undesirable side reactions.

It is safe to say that BRT is almost completely

returns a patient with CHC to his usual regimen, restores the quality of life, normalizes biochemical parameters.

In order to avoid relapses of the disease during treatment and after its completion, all patients are advised to avoid overheating, give up alcohol, limit physical activity, follow a diet and drinking regimen.

Literature

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