The Role of Electronic Medicines in Diagnosis and Therapy fatty hepatosis and metabolic syndrome

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At the reception, I see a huge number of patients with various complaints: heaviness in the hypochondrium, indigestion; obesity, ovarian cysts, infertility, secondary amenorrhea; headaches, in the right hypochondrium; memory impairment, fatigue, decreased concentration, performance; varicose veins of the lower extremities, hemorrhoids, varicose veins of the uterus; respiratory or skin manifestations of allergies; hyperglycemia, hypercholesterolemia, stenosis of arteries of various sizes, angina pectoris, atherosclerotic pain in the lower extremities up to complete stenosis of the artery; back pain, sacrum pain, spinal osteochondrosis, herniated discs, arthrosis of the joints, chronic renal failure, increased blood urea, protein in the urine, edema of the legs, arms, increased blood pressure ... The list of complaints is very diverse and covers a variety of narrow-profile specialties. To my surprise, with ALL of these complaints, Fatty Hepatosis (FH) was the basis. Upon a detailed examination of the problem, it turned out that, according to the literature, GH is not an independent disease, but a complication of the Metabolic Metabolic Syndrome.

But why does the liver cell stop functioning normally?

It is clear when changes in the cell occur during alcohol poisoning or after a previous viral hepatitis, or reactive toxic hepatitis. But when is everything all right in the anamnesis? Are the tests for viruses negative, and there are no infections provoking reactive hepatitis in the tests? The person led an active, healthy lifestyle, worked a lot and fruitfully, did not drink alcohol, ate properly and, as a result, either bronchial asthma, or polycystic ovary disease, or hypertension, or atherosclerosis of the brain, or a heart attack. Nobody even suggests anything about GG or MS, and if in the analyzes the glucose tolerance is normal, the lipid spectrum, the coagulogram is normal, there is no proteinuria, the blood biochemistry is normal, and there is a gynecological or neurological diagnosis? I was especially surprised by the fact of the direct participation of FG in the pathogenesis of such chondroprotectors, calcium preparations, immunostimulants. On examination, as a rule, FH was detected in them. chondroprotectors, calcium preparations, immunostimulants. On examination, as a rule, FH was detected in them.

Thus, patients presenting the above complaints suffer from the same syndrome, but many do not have changes in clinical analyzes characteristic of MS, and there is evidence for fatty hepatosis. It turns out that WG precedes MS?

Fatty hepatosis, or steatohepatosis, as it turned out, does not have clear independent clinical symptoms, and the diagnosis, as a rule, is established during examination on the basis of a puncture biopsy of the liver, with the combination of the following three characteristic features: histological characteristics, absence of alcohol abuse, exclusion of other chronic liver diseases ... Since it is not always possible to perform a liver puncture, the true prevalence of this disease in the population is unknown.

It turns out that, without independent complaints, GH can exist for a long time, for decades in an unsuspecting person and, when the reserves of compensation run out, manifest itself in clinical symptoms from the decompensated organ and changes in the analyzes characteristic of this organ. The liver does not necessarily decompensate. Then the spread of symptoms becomes clear, ranging from gynecology and ending with higher nervous activity. It also becomes clear that GG is not a complication of MS, since liver examination is already carried out at very late stages of the body's decompensation, when

violations of the lipid spectrum and other biochemistry are striking in the first blood test. MS is a complication of GH, like all the other syndromes listed above. Only each person has his own organ of decompensation, depending on the ecology, social environment and financial security. Therefore, the clinical symptoms are so varied and individual. Moreover, financial solvency seems to attract GG and its consequences. Therefore, ZhG and MS go hand in hand. It is because of the lack of preclinical diagnostic criteria for GH. Always with MS and all of the above clinical syndromes associated with MS, there will be GH. And since liver biopsy is not done without exception, this fact is not reflected in the literature.

At the present stage, medical science has enough tools for the prevention and correction of disorders arising from metabolic syndrome. You just need to diagnose them in time. The only problem in diagnosing this pathology is that metabolic disorders at the initial stages do not manifest themselves in any way, except at the level of changes in laboratory parameters. There is also a pre-laboratory (latency) period when changes can only be detected on a biopsy. But who will do a biopsy, being in good, as he himself believes, health?

The development of the pathological process begins at a fairly young age. And, what is most insidious, the process is gradual, slow, but steadily progressing. More than one decade passes from the appearance of the first signs of fatty hepatosis, then metabolic syndrome to the final result, for example, atherosclerosis, heart attack or stroke, or diabetes mellitus, or polycystic disease. Medicine has long known: the earlier a disease is detected and its adequate treatment is started, the better is the final prognosis for the patient's health. That is why it is so important to timely identify risk factors and the initial period of development of metabolic syndrome, when its constituent changes have not yet reached an irreversible stage. The development of metabolic syndrome in men increases the risk of fatal ischemia of the heart muscle by 4 times, 2 times more often, than in the general population, they develop diseases of the vascular system of the brain, and, accordingly, mortality from these causes increases. The metabolic syndrome in women is accompanied by an increased risk of coronary heart disease, gynecological diseases, early osteoporosis, a tendency to varicose veins, thrombophlebitis, chronic renal failure. In addition, patients with metabolic syndrome are 5–9 times more likely to develop diabetes mellitus. Early detection of metabolic changes and their correction will prevent the development and progression of atherosclerosis, and, accordingly, its formidable consequences - heart attack and stroke. gynecological diseases, early osteoporosis, a tendency to varicose veins, thrombophlebitis, chronic renal failure. In addition, patients with metabolic syndrome are 5–9 times more likely to develop diabetes mellitus. Early detection of metabolic changes and their correction will prevent the development and progression of atherosclerosis, and, accordingly, its formidable consequences - heart attack and stroke. gynecological diseases, early osteoporosis, a tendency to varicose veins, thrombophlebitis, chronic renal failure. In addition, patients with metabolic syndrome are 5–9 times more likely to develop diabetes mellitus. Early detection of metabolic changes and their correction will prevent the development and progression of atherosclerosis, and, accordingly, its formidable consequences - heart attack and stroke.

ART is an electrophysiological diagnostic technique for a comprehensive assessment of the components of human health, which makes it possible to identify the development of fatty hepatosis at very early stages.

The use of a wide range of biochemical and diagnostic markers as information giving a detailed understanding of metabolic disorders and hormonal regulation both in the body as a whole and in individual organs and tissue systems is an advantage of ART. It becomes possible to quickly assess the adequacy of the state of organs and systems as the basic components of metabolism (i.e., assessing the state of carbohydrate, lipid, protein and water-salt metabolism), the adequacy of regulatory influences on the part of the central and autonomic nervous system, the adequacy of hormonal regulation of metabolism, energy homeostasis and the functional activity of an organ (tissue system). The complex objective information obtained as a result of such a survey allows, firstly, to identify metabolic disorders at very early stages of the development of chronic diseases, secondly, to get an idea of the intensity of metabolic disorders and, thirdly, which is especially important, to track in dynamics the correctness of medical recommendations regarding the functional state of certain organs and systems and the state of the body in the whole. And since ART allows identifying the root cause of the disease, it becomes clear that the etiology of the development of MS is GH. Upon completion of the integral assessment of the body as a whole, And since ART allows identifying the root cause of the disease, it becomes clear that the etiology of the development of MS is GH. Upon completion of the integral assessment of the body as a whole, And since ART allows identifying the root cause of the disease, it becomes clear that the etiology of the development of MS is GH. Upon completion of the integral assessment of the body as a whole,

The ART method revealed that GH and MS are formed as a result of prolonged chronic liver intoxication of various etiologies. These are parasites, and fungi, and bacteria, and viruses, and heavy metals, and miasms, and pesticides with herbicides and chemical intoxication. If the intoxication is eliminated, the process of hepatocyte regeneration starts.

Faced with the need to treat very difficult patients who were disappointed in orthodox pharmaceutical medicine, having identified instead of the most diverse nosologies with which they were treated - GG and MS, I found an effective way to influence the body with the help of Electronic Medicines. This is a very environmentally friendly, safe method of treating FG and MS. There are no problems with re-encoding, there are no side effects, there are no contraindications. How the diagnosis is made with the help of ART, and how the complex of effective and portable medications is selected is described in detail in the article "Clinical thinking in the framework of" ART ".

Statistical data on the use of EM complexes.

Below are information for 1.5 years of observation of patients with various clinical manifestations of metabolic syndrome and fatty hepatosis. According to observations, there is no contradiction between allopathic drugs and radiation drugs. On the contrary, if, as a result of ART, therapy is determined with the participation of the above radiation preparations, then it can be argued with a high probability that this patient has a syndrome of GH and MS.

Clinical examples

1. Patient A.G.U., born in 1972

Complaints: Lack of menstruation. There are practically no hot flashes, the state of health is excellent, the mood is good. The chest swells, the abdomen pulls, as before menstruation, but there was no menstruation. On the ultrasound, changes in the positive direction, follicles in the ovaries appeared, an increase in basal temperature, but there was no menstruation.

Diagnosis: Secondary amenorrhea. Fatty hepatosis1 chron. in remission.EM complexes: Stugeron + Ursosan + Preductal + Nootropil + Ketonal.

2. Patient D.AS., born in 1952

Complaints: A burning sensation behind the sternum during exercise, blood pressure rises, tachycardia. Headaches with AD (170/120). Atherosclerosis 1-11. Angina pectoris, tension ischemic heart disease, GB 11B crisis course.

Diagnosis: Metabolic metabolic syndrome, Liver steatosis 3 tbsp., Chr. cholecystitis.Fungal burden in the intestines. Dwarf tapeworm, Pinworms, lamblia. Streptococcus B-hem., HSV-1. Violation of lipid metabolism.

EM complexes: Glucophage + Essentiale + Dilakor + Crestor.

3. Patient NS Born in 1951

Complaints: severe weakness, severe and frequent headaches, pain in the right hypochondrium, back and epigastrium.

Diagnosis: Generalized fungal infection. Fatty hepatosis2 tbsp. Chr. cholecystitis.Pinworms, lamblia, a fungus of the genus mucor musedo. Dysbacteriosis to-ka. Endometriosis 2 tbsp.

EM complexes: Guanabana + Crestor + Fosamax.

4. Patient S.N.V. Born in 1963

Complaints: No itching. The lipid spectrum is disturbed. High cholesterol, sugar 9.0. Peeling on the face. The state of health is good. Blood glucose remains elevated.

Diagnosis: Metabol exchange. hypercholesteremia syndrome. Lipid spectrum disorder, hyperglycemia, hyperuricemia. Increased urinary crystals, uric acid in the urine. Fatty hepatosis 3 tbsp. Metabolic syndrome. Etiology of liver intoxication

hexachlorodone.

EM complexes: Victoza + Krestor.

5. Patient S.K.V.

Complaints: Hair loss, cold hands.

Diagnosis: Fatty hepatosis 3 tbsp. latent, disorders of progesterone metabolism. Leptospirosis, dwarf tapeworm, lamblia. Strongyloidcercaria in intestine. Streptococcus in the tonsils. Weakened hair structure.

EM complexes: Crestor + Heptral + Stugeron + Ursosan.

6. Patient K.E.V.

Complaints: Severe pain in the stomach, in the region of the heart, Hypertension, pain in the abdomen and back, heartburn.

Diagnosis: Helicobacter pylori in the stomach and 12 lane. intestine and in the gallbladder. Erosive gastritis, combination with HSV-1, exacerbation of gastroduodenitis. Chr. cholecytitis. Fatty hepatosis 3 tbsp. Arterial hypertension. Left intercostal neuralgia. Chr. colitis, fungi. On analyzes, hyperfibrinemia, impaired glucose tolerance.

EM complexes: Fosamax + Glucophage + Crestor + Furosemide + Heptral.

7. Patient I.D.A.

Complaints: Pain in the sacrum, radiating to the right leg.

Diagnosis: Phenomena of islets of micronecrosis in the liver + Fatty hepatosis 3 tbsp. Metabolic syndrome, osteochondrosis. Post-traumatic detachment of the posterior ligament of the spine at the level of the lumbar spine. Fibromyalgia. Hernia of the lumbar spine. Sciatic nerve neuropathy.

EM complexes: Fosamax + Heptral + Glucophage + Essentiale + Cavinton.

Table 1 provides information on the frequency of occurrence of various radiations of pharmaceuticals or Electronic Medicines (EM) in the treatment of various syndromes and manifestations of GH.

Table 1

No.	Name EM	Total	De-flat quie	LCD disease	Hypert. disease	Diseases support-but-dvig. apparatus	Defeats liver	Aller-gia	Sakh. diabetes	Defeat CNS	Ischemic heart disease
1	Crestor	17	2	1	3	4	4	1	1	1	-
2	Heptral	16	3	1	2	5	3	1	-	-	-
3	Fosamax	15	1	1	4	5	2	1	-	1	-
4	Ursosan	eleven	4	-	-	4	-	-	-	3	-
5	Essentiale	ten	2	-	1	4	2	-	-	-	-
6	Guanabana	7	-	-	1	1	4	1	-	-	-
7	Glucophage	6	-	-	2	1	2	-	-	-	1
eight	Stugeron	2	2	-	-	-	-	-	-	-	-
nine	Furosemide	2	-	-	1	-	-	-	-	1	-
ten	Samprost	1	1	-	-	-	-	-	-	-	-
eleven	Linex	3	-	1	-	1	1	-	-	-	-
12	Deltaran	1	-	-	1	-	-	-	-	-	-
13	Preduct	1	1	-	-	-	-	-	-	-	-
fourteen	Nootropil	1	1	-	-	-	-	-	-	-	-
15	Ketonal	1	1	-	-	-	-	-	-	-	-
16	Aspirin	1	-	-	1	-	-	-	-	-	-
17	Trental	1	-	-	1	-	-	-	-	-	-
eighteen	Dilakor	1	-	-	1	-	-	-	-	-	-
19	Victose	1	-	-	-	-	-	-	1	-	-
twenty	Galavit	1	-	-	-	-	1	-	-	-	-

21	Cavinton	1	-	-	-	1	-	-	-	-	-
22	Diflucan	1	-	-	-	-	-	-	-	1	-

Based on this table, it can be seen that Crestor occurs most often in any clinical manifestations of GH, the second most common drug is Heptral, the third is Fosamax, the fourth is Ursosan, the fifth is Essentiale, the sixth is Guanabana, and the seventh is Glucophage.

The rest of the drugs are found depending on the syndromes.

Infertility requires the inclusion of drugs that improve blood circulation in the liver: Stugeron, Preductal and others, depending on individual characteristics - Samprost, Nootropil, Ketonal.

Damage to the central nervous system - detoxifiers Furosemide, Diflucan.

Hypertension - Furosemide, Deltaran, Aspirin, Trental, Dilakor. Which fully corresponds to the pathogenesis of the disease.

Diseases of the musculoskeletal system - Cavinton, Linex improve blood flow and detoxify bone.

Liver lesions of various etiologies - Linex, Galavit - detoxification and immunostimulation.

Diabetes mellitus - Victoza.

Thus, an approximate complex drug for FG and MS looks like this: Crestor + Heptral + Fosamax + Essentiale + Glucophage + Ursosan + Guanabana. It provides the synthesis in the liver of the necessary substances: hepatoprotectors, statins, choleretic, hypoglycemic and normalization of mineral, fat and carbohydrate metabolism.

The role of EM in the treatment of MS and FG

According to clinical observations of patients over a period of 1.5 years, patients who received an EO complex in addition to drug therapy recovered faster than patients who received only classical allopathic therapy. I also noticed that if the radiation of the drugs Crestor + Essentiale + Heptral + Fosamax + any other of the seven most common drugs is suitable and effective for a particular patient when choosing therapy with Electronic Medications for a particular patient, then this patient has FG or MS. If this is not confirmed by analyzes, then he has a preclinical or subclinical form of GI and MS. Above, we spoke about the importance of early, pre- and sub-clinical diagnosis of FG and MS, when it is still possible to engage in the prevention of this formidable and progressive disease. This will allow an accurate assessment of the prevalence of these syndromes in the population without traumatic liver biopsy. How important it is in modern conditions to have a non-traumatic and environmentally friendly method for diagnosing FG and MS, a method that does not require pharmaceutical production, which in turn contaminates the environment with waste products during production, is understood by all progressive-minded doctors who do not earn interest on promoting pharmaceuticals, but think about the patient's health.

In this article, only one syndrome from a huge number of diseases is considered. EOs are described that have come up with FG and MS. I have no doubt that narrow specialists working with EM and owning ART will be able to create similar statistics for other diseases. Thanks to such studies, a base can be created that will allow to recommend to classical doctors who do not currently have a tool for an objective assessment of the effectiveness and tolerability of EM, a scheme for prescribing EM complexes for a particular pathology.

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