

Organopreparations of the bronchi and lungs in the diagnosis of chronic obstructive lung disease

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Organ preparation of lung and bronchi in diagnostics of chronic obstructive pulmonary disease

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SUMMARY

The possibilities of using organopreparations of the bronchi and lungs to determine the severity of chronic obstructive pulmonary disease (COPD) have been investigated. A total of 154 patients with COPD in the acute phase who were hospitalized were examined. The control group consisted of 21 healthy volunteers. All subjects underwent spirometry and testing of organopreparations of the lungs and bronchi using the vegetative resonance test "IMEDIS-TEST".

A reliable cross-correlation was obtained between the spirometry indices and the EP data of ART.

Key the words: electropuncture diagnostics, vegetative resonance test, organopreparations, spirometry, chronic obstructive pulmonary disease.

RESUME

The application of organ preparation of bronchi and lung for determination of degree of chronic obstructive pulmonary disease (COPD) was researched. 154 patients with COPD were checked at aggravation stage while at stationary treatment. Control group was represented by 21 healthy volunteers. All examined persons have passed spirometry and electropunctural vegetative resonance test IMEDIS-test (VRT) of organ preparations of lung and bronchi in various potencies.

Significant cross-correlation between parameters of spirometry and data from VRT was obtained.

Keywords: electropunctural vegetative resonance testing, IMEDIS testing, tissue homeopathic preparation, spirometry, chronic obstructive pulmonary disease.

The use of electropuncture vegetative resonance test (EP ART) is necessary when there is no possibility of using spirometry. And also in the daily work of doctors who use ART in practice. However, in the literature there are no works devoted to the study of individual tests of EPA ART.

for the diagnosis of chronic obstructive pulmonary disease (COPD), which casts doubt on the significance of the method.

Organopreparations are drugs made from organs and tissues of healthy animals and their embryos. Fetal, embryonic tissues or organs and tissues of young, sexually mature individuals can be used as a starting material.

Organopreparations have pharmacological precision in influencing the functions of a homologous organ or tissue. Having organotropy, they optimize the processes of regeneration in homologous organs of the patient, which contributes to rejuvenation, restoration of young tissue, removal of inflammation, lysis of foci of pathological proliferation, and the development of antidegenerative effects. Organopreparations are considered to be the standards of healthy tissue.

In this article, we present the results of our research on the use of the test "organopreparation of the bronchi", "organopreparation of the lungs" in the diagnosis of COPD.

Materials and methods

We examined 154 patients with COPD, of varying severity, in the acute phase, who were inpatient treatment.

For the diagnosis of COPD, the International Classification of Diseases X revision (ICD-10) was used. According to the WHO recommendations, the degrees of COPD were assessed depending on the level of forced expiratory volume reduction in 1 second (FEV1). I degree of COPD (mild) - $FEV1 > 70\%$ of the proper values were established in 40 patients; II degree (medium) - $50-69\%$ of FEV1 - in 54 patients; III degree (severe) - $<50\%$ of FEV1 - in 60 patients with COPD.

The control group consisted of 21 healthy volunteers, non-smokers, without allergic diseases, with no history of COPD risk factors.

The function of external respiration was studied using the Spirotest Spirotest (Russia) with computer processing, with the registration of lung volumes: VC (VC) - vital capacity of the lungs, FVC (forced vital capacity of the lungs, FEV1 (FVC1.0) - forced exhalation in the first second; velocity indicators: POS (PEFR) - peak expiratory flow rate, MOS25 (FEF25%), MOS50 (FEF50%), MOS75 (FEF75%) - maximum volumetric flow rates of the curve at points corresponding to 25%, 50%, 75% FVC; relative indicator: the ratio of the forced expiratory volume in the first second to the vital capacity of the lungs ($FEV1 / VC$) - Tiffno's index [1].

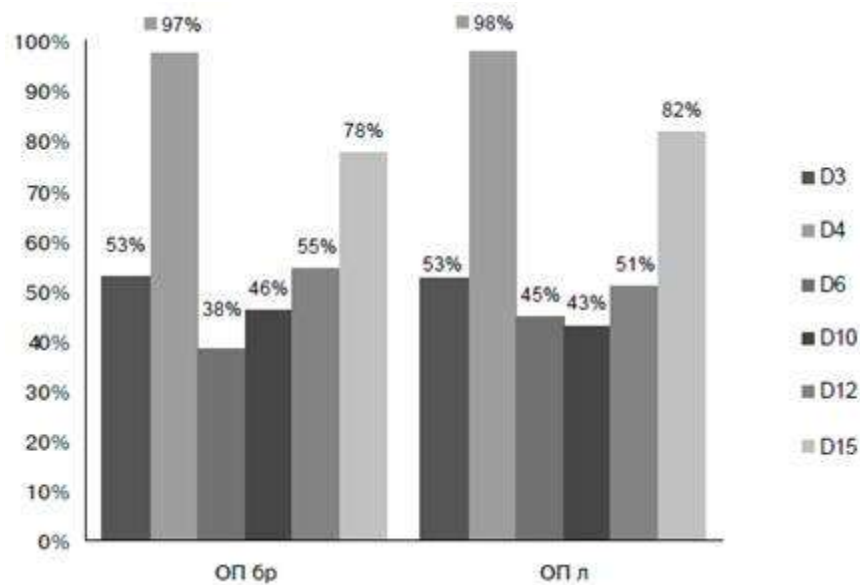
EP ART was performed using the device "MNII-EXPERT-DT" by "IMEDIS" and test kits for determining the state of the bronchopulmonary system: electronic analogs of organopreparations "WALA" of bronchi and lungs

The results obtained were subjected to statistical processing on a personal computer using the Statistica 6.0 program [2]. For the parameters described by a normal distribution, the arithmetic mean (M) and the standard error of the mean (m) were determined. In a pairwise comparison, the significance level

differences were assessed by the parametric Student's test for independent samples. The study of the strength and direction of the relationships between the variables was carried out using the parametric Pearson correlation coefficient. For the qualitative indicators, the two-sided Fisher's exact coefficient was used. When determining correlations between nonparametric variables, the Spearman rank correlation coefficient was calculated. The reliability of the differences in indicators determined by parametric and nonparametric methods was considered confirmed at $p < 0.05$ (at $t = 2 p > 95.5$), the relationship of moderate strength was ascertained at $r = 0.5-0.69$; strong at $r = 0.7-0.89$ [3].

Results and its discussion

In fig. 1 shows the cases of testing organopreparations of the lungs and bronchi in percentage in the main group. Organopreparations are most of all tested in potencies D4 and D15, which is associated with both the presence of severe degenerative changes in all patients, to one degree or another, and the presence of an active inflammatory process in the bronchi and lungs. The high degree of testability of these two potencies of the organopreparation can be used for screening patients with COPD during clinical examination.

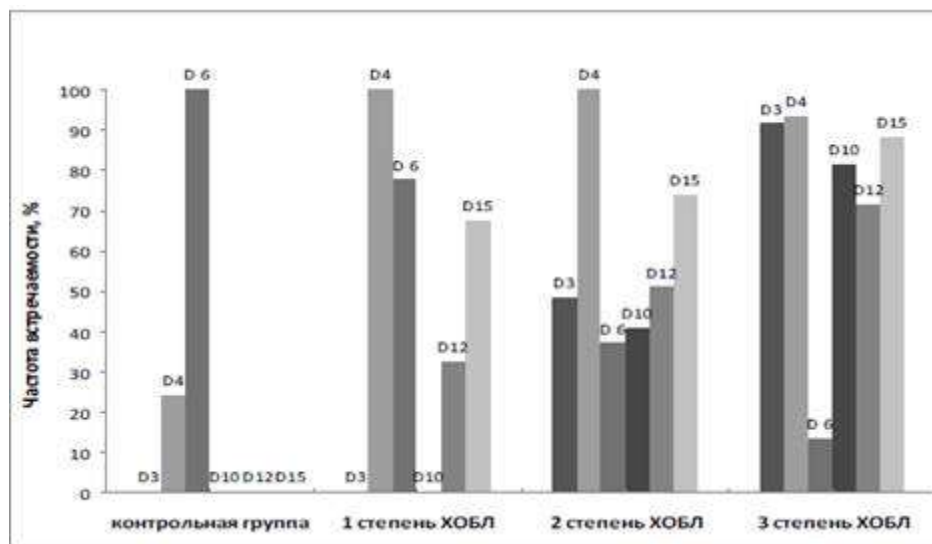


Rice. 1. The share of testing organopreparations of the bronchi and lungs, regardless of the severity of COPD.

In fig. 2 shows the proportion of positive results of the test "organopreparations of the bronchi" (OP br) and lungs (OP l), depending on the severity of COPD. In the control group, in 100% of cases, the organopreparation is tested in potency D6, which is an indicator of the normal state of the bronchi of the studied person. Testing of drugs in potency below D6 indicates chronic degenerative processes, and above potency indicates active inflammatory

processes. In all studied groups, regardless of the severity of COPD, in more than 90% of cases, an organopreparation of the bronchi and lungs is tested in potency

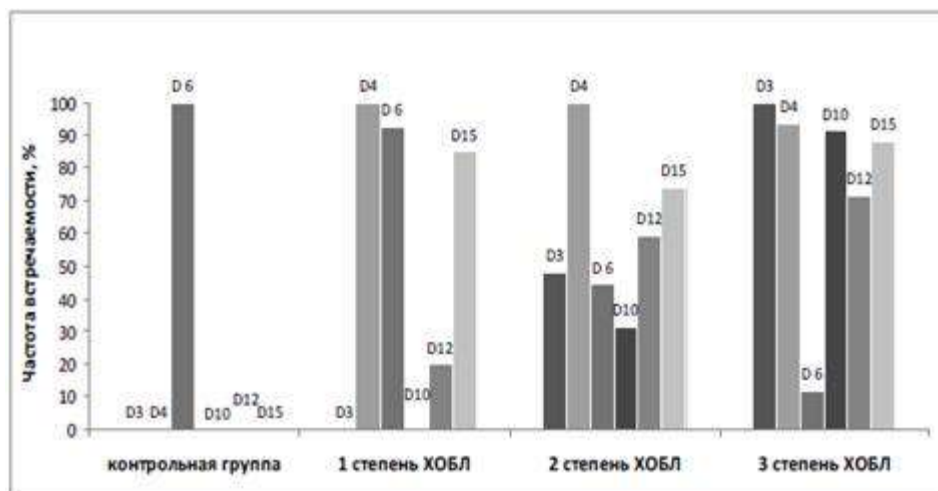
D4 (98 and 97%, respectively). The dynamics of D6 testability is noteworthy: the heavier the patients, the less the organopreparations in the D6 potency are tested. Moreover, there were significant differences between all subgroups of the examined OP br (100% of positive test results in the control group, 77.5% in patients with mild course, 37.5% - with moderate and 13.3% - with severe COPD) ... OP br D10, D12, and D15 show diametrically opposite dynamics. This is due to the fact that the patients were examined by us in the exacerbation phase. In the control group and with mild severity, D3 is not determined, which is associated with the absence of corresponding irreversible structural changes in them. With II degree COPD in almost 50% of patients and with III degree COPD in more than 90% of cases, a positive test for D3 is recorded, which is natural. In tests of OP br in potencies D4, D12, D15 there are no significant differences among themselves in subgroups, depending on the severity, but each of these subgroups is significantly different from the control group.



Rice. 2. The proportion of positive results of testing OP br depending on the severity of COPD.

In fig. 3 shows the proportion of positive test results for OP I, depending on the severity of COPD. There were significant differences in the OP I D6 test between the control group and subgroups with moderate and severe COPD, the differences in OP I D6 between the control and mild COPD groups were insignificant. Differences between the OPL test in potency D4 were significant with the control group, but indistinguishable between the subgroups in terms of the severity of COPD. The frequency of occurrence of OP I D3 and OP I D10 significantly increases with the severity of the process, but is indistinguishable between the control group and the group of mild severity. There is a tendency for an increase in the proportion of positive results

When testing for OP I D12 with worsening of the disease, differences from the control group were significant in all subgroups, but significant differences in the increase in the incidence of OP I D12 in patients with moderate and severe COPD were not obtained. Differences in the frequency of occurrence of the test "OP I D15" between the subgroups are insignificant, but significant in comparison with the control group.



Rice. 3. The proportion of positive test results for OP I, depending on the severity of COPD.

Thus, the change in the frequency of occurrence of the electrophysiological test of OP I depending on the severity of COPD is significant in potencies D3, D10 (direct correlation) and D6 (inverse correlation). OPL in potencies D4 and D15 occurs with almost the same frequency at any severity of the disease.

We also studied the dependence of the studied indicators on age. Thus, the direction of the changes was almost repeated when testing organopreparations in potencies D3, D4, D10, D12. A low proportion of positive results of testing organopreparation of bronchi in potency D15 in patients of moderate severity compared with patients of I and III severity was noted. A retrospective analysis of the material under study showed that when we examined patients immediately after admission to the hospital, i.e. in the phase of exacerbation of the disease, the proportion of positive results of testing the organopreparation of the bronchi in potency D15 increased. If therapy was administered, then, as would be expected, the testability of D15 decreased. We hope that further study of this problem will make it possible to develop algorithms for monitoring the effectiveness of the treatment.

Patients over 65 years old have a relatively low proportion of testing drugs in the D6 potency, a high proportion of D3.

In parallel with testing organopreparations of the bronchi in the same patients, the results of the study with organopreparations of the lungs in

depending on age. In the control group, the organopreparation of the lungs in the D4 potency was not tested. Most likely, this is due to the fact that the bronchi are more often confirmed by the harmful influences of the external environment and are more damaged. The severity and direction of changes in other indicators practically do not differ from the indicators of testing organopreparations of the bronchi. That is, in parallel with the worsening of the condition, the proportion of positive testing D6 decreases, the test indicators D3, D10, D12 change diametrically opposite. Apparently, for the reason stated above, there is a high testability of D15, which does not correlate with the severity of COPD.

Patients over 65 years of age are distinguished by a decrease in the proportion of testability D6 and an increase in D3.

results cross-correlations organopreparation bronchi and data spirometry showed a statistically significant relationship between the testing of the bronchial organopreparation and such spirometry indicators as: VC, RO emitted, FVC, FEV1, FEV1 / VC, SOS 25-75, etc.

Factorial analysis of the ERT EP data was carried out using the method of isolating the main components. After the rotation of factors in space, the varimax method was used to select variables (ART tests) with loads of 0.7 or more, the greatest variance was identified by factor 1 ($S = 9.357$ - 36% of the total variance), which combined the indicators of the bronchi organopreparation ($r = 0.891$), which indicates the importance of these tests among all those carried out. However, the significance of the tests OP br and OP I decreases when ranking according to the severity of the disease. These tests are of paramount importance in patients with grade I and II COPD. In severe COPD, their significance decreases from 1, 2 factors b4, which seems to be understandable, given the pathophysiological changes in the bronchopulmonary system: from functional to morphological.

Thus, the obtained results seem to us promising in terms of the use of organopreparations and EP ART in the diagnosis of pulmonary diseases and allow us to draw the following conclusions:

1. The aggravation of the disease is not reflected in the electrophysiological tests OP br D12, OP br D15, OP br D4, OP br D3 and OP br D10 did not occur in patients with mild COPD severity. The frequency of occurrence of the test "OP br D6" decreases with the severity of the condition.

2. Found cross-correlation and organopreparations of the bronchi and lungs with volumetric indicators of spirometry.

3. Testing of organopreparations of the bronchi in various potencies allows to characterize the severity of COPD, regardless of the age of the studied patients.

4. The results of the research carried out can be used in clinical practice when it is impossible to use spirometry for one reason or another.

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