Systemic and nosological approach in the treatment of chronic viral hepatitis

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SUMMARY

The treatment of patients with chronic viral hepatitis with informational drugs using ART and BRT methods and constitutional homeopathic drugs is considered. Within the framework of the work, the methods of multilevel systemic diagnostics and therapy (MSADT) and the systemic nosological approach (SNP) were used. Autonosodes of blood were used with constitutional orientation to the individual marker of CMH (complex marker of chronosemantics) and informational nosodes of hepatitis.

Key words: viral hepatitis, KMH marker, autonomic resonance test, blood autonosode.

RESUME

We consider the treatment of patients with chronic viral hepatitis drug information using the methods of VRT- BRT and constitutional homeopathic preparations. As part of the methodology applied multilevel system diagnostics and therapy (MSADT) and system-nosological approach (SNP). We used autonozod of the blood with constitutional orientation on the individual marker CMC (integrated marker hronosemantik) and Information hepatitis nosodes.

Keywords: viral hepatitis, CMC marker, vegetative resonance test (VRT), autonozod of the blood.

Introduction

Viral hepatitis is a group of inflammatory liver diseases. Hepatitis can be caused by a variety of causes, but the most common cause is viruses. Hepatitis viruses belong to different taxa and differ in biochemical and molecular characteristics. Chronic liver diseases, including viral hepatitis B and C, are among the ten leading causes of death in the world. Currently, 170 million people in the world suffer from hepatitis C and twice as many - 350 million - suffer from hepatitis B. About 2 billion people worldwide are infected with hepatitis B virus. At the moment, a large number of viruses are known that can cause viral hepatitis: hepatitis A virus, hepatitis B virus, hepatitis C virus, hepatitis D virus, hepatitis E virus, hepatitis F virus and hepatitis G virus, TTV and SEN hepatitis viruses, rubella virus, cytomegalovirus, Epstein-Barr virus, AIDS virus (HIV) and others. Some of the viruses that cause viral hepatitis are not well understood. The existence of other, as yet unidentified, hepatitis viruses is suspected. Hepatitis can be caused by viruses such as yellow fever virus, herpes viruses, Marburg-Ebola viruses and others, as part of a generalized process in the body. Viral hepatitis is characterized by severe and prolonged endotoxicosis, which develops as a result of dysfunction of the affected hepatocytes [1]. forming part of the generalized process in the body. Viral hepatitis is characterized by severe and prolonged endotoxicosis, which develops as a result of dysfunction of the affected hepatocytes [1]. forming part of the generalized process in the body. Viral hepatitis is characterized by severe and prolonged endotoxicosis, which develops as a result of dysfunction of the affected hepatocytes [1].

Currently, in many countries of the world, scientific laboratories are looking for both effective therapeutic drugs and preventive vaccines. The experience of using the hepatitis B vaccine, which began in our country in the 90s, and the experience of Italy, which went through this much earlier, is not comforting. Firstly, vaccination of children with this vaccine in the future in the pubertal period in a large percentage of cases leads to the development of Hashimoto's thyroiditis (or contributes to hypothyroidism), and secondly, it does not give any guarantees that other hepatitis viruses will not appear against the background of this vaccination, third, it leads to a deep and gross suppression of the body's immune response, even if we do not consider the possible complications of the vaccination itself [2]. So,

The specific diagnosis of viral hepatitis is based on the detection in the blood or individual antigenic structures of viruses, or antibodies to them, i.e. so-called markers of viral hepatitis. For this purpose, ELISA (enzyme-linked immunosorbent assay) and polymerase chain reaction (PCR) are commonly used.

Reliable etiotropic agents for the treatment of hepatitis have not yet been found. The attitude to the use of interferon is ambiguous at this time, there is also no consensus regarding the advisability of prescribing other antiviral drugs (vidabarin, acyclovir, geldanamycin, etc.). This is explained by many factors: the different sensitivity of hepatotropic viruses to these drugs, the possibility of their toxic effect on the liver and mutagenic effects not only on viruses, but also on the DNA of human cells. Complications and outcome of viral hepatitis can be: acute hepatic encephalopathy (precoma, coma), renal failure, disseminated intravascular coagulation syndrome. There may be exacerbations and relapses in the chronic course (clinical, enzymatic, morphological), functional and inflammatory diseases of the biliary tract and gallbladder, induction of immunocomplex and autoimmune diseases. The outcomes of viral hepatitis B, C, D can be: chronic hepatitis (with B and D - in 10-15%, with C - in 50-80% of cases), liver cirrhosis, liver cancer.

The number of drugs prescribed for the treatment of hepatitis should be minimal due to the possibility of a violation of their metabolism in the affected liver. The main directions of pathogenetic therapy depend on the characteristics of the course of hepatitis in a particular patient (the presence of concomitant diseases, the severity of the course, individual drug tolerance, age, etc.).

In this regard, the treatment of hepatitis with information medicine, homeopathy and traditional medicine is undoubtedly more reliable for curing and maintaining a good quality of life, allowing

avoid complications, stop the chronization of the process, and in many percent of cases lead to a full cure. In this work, in the process of treating patients, a number of techniques and methods are used, united by the name “multilevel systemic adaptive diagnostics and therapy”, after the title of the monograph in which they were systematically described for the first time [3]. To describe these techniques, the standard symbols used in ART [4] are used.

The indicated therapy methods are:

1. Use of information drugs compensating for an individual complex marker chronosemantics (KMX marker). Another term used for information drugs that compensate KMH - constitutionally oriented drugs. To highlight drugs targeting KMH (constitutionally oriented with the help of KMH), the symbol Drug / KMH is used.

2. Using the electronic potency of the patient's blood autonosode (ANCr), compensating for his KMH marker, - constitutionally oriented with the help of KMH.

3. All patients were treated with a special class of information drugs - Systemic Spiritual Adapters.

4. The selection of constitutional homeopathic remedies (CHP) was carried out through a pseudo-transparent KMX marker ↓ + NANCr ↑, that is, in accordance with the ART criterion:

KMH ↓ + NANKr ↑ + KGP ↓.

5. In all cases, the body was detoxified, mainly with the help of chelators of various companies, in particular, ALFA-OMEGA ("OHOM") and "OTI" Complexons were also constitutionally oriented according to KMH, which was achieved by selecting such a drug for which the ART condition was fulfilled:

KMH ↓ + Complexon ↑.

6. In a number of cases, to stimulate the body's immune system, preparations of the company "ALFA-OMEGA ". In this case, individual suitable preparations from "ALFA-OMEGA", or their sum, were constitutionally oriented using the KMX marker.

7. Nosodes of pathological bacteria and viruses, or their sums, constitutionally oriented with the KMX marker.

KMX ↓ + Σ Hepatitis virus nosode ↑.

The indicated techniques 1–7 were applied, on the one hand, individually, so one cannot speak of a single form of appointment. On the other hand, there was a single algorithm for their selection and application. Techniques from the list 1-7 were used in such a way and in such a sequence that the result of their application was the complete compensation of ART- the patient's diagnosis. The latter is understood as a set of ART indicators that caused the effect of autonomic resonance (decrease in the conductivity level of the measuring point) in the patient's body during its complete comprehensive examination.

Purpose of the study:

1. To assess the possibilities of using information therapy using a combination of ART and BRT methods on the example of the treatment of viral hepatitis.

2. Show the possibilities of information therapy and develop a unified algorithm for this type of treatment diseases.

Materials and research methods

The study involved 30 people who applied for the treatment of hepatitis B and C, during the period from 2011 years to 2016 year. All patients gave informed consent for informational therapy with an autonosode blood, informational and homeopathic preparations within the framework of the systemic nosological approach. In all cases, primary and subsequent diagnostic examinations were used in accordance with the approved ART and BRT methods [4, 5]. In all cases of diagnosis and therapy during the study, the authors followed the algorithm described below. At each appointment, a comprehensive ART examination of the patient was carried out, which necessarily included an examination of all his main organs, tissues and systems, the main viruses, bacteria, fungi and parasites that burden the body were determined. A comprehensive ART diagnosis of the patient was compiled, which necessarily included the CMH marker. Further, by means of consistent constitutional orientation with the help of CMH, a series of informational preparations was selected that consistently overlapped this ART diagnosis, pointers.

KMX ↓ + Potα (Drug or Σ test pointers) ↑.

In the course of therapy, the norms of ALAT and ASAT, cholesterol, triglycerides and PCR were monitored.

Therapy regimen

Methods of multilevel systemic diagnostics and therapy were used:

- at each appointment, an electronic KMX marker was removed from each patient from both hands;
- the constitutional orientation of the blood autonosode to the individual KMH marker was carried out;
- all patients underwent a homeopathic survey;
- at the second appointment, diagnostics was carried out using the ART method and comparison of current indicators c previous admission to the patient;
- the work of the previously prescribed drugs was monitored with testing through the KMH marker;

- prescribing a dose of an individual manufactured autonosode of blood, a preparation or a selected the homeopathic or allopathic preparation in all cases was produced according to the KMX or KMX 2 or KMX 3 marker.

results

The dynamics of ALAT and ASAT levels during therapy (before the beginning, after 6 months, 12 months and at the end of therapy) is shown in Table. one.

Table 1

Dynamics of ALAT and ASAT levels: before the start of therapy, after 6 months, 12 months and at the end of therapy

		ALAT before treatment on moment of the first doctor visits	ALAT after 6 month	ALAT in 12 month	ALAT after	ACAT before treatment on moment of the first doctor visits	ASAT after 6 month	ASAT in 12 month	ASAT after
one	A.G.	57	40	38	41	44	31	35	35
2	VC.	45	36	thirty	31	48	36	35	33
3	D.G.	95	55	45	41	71	64	36	34
4	ON THE.	119	106	90	75	82	45	45	37
5	H. E.	46	56	41	36	35	34	32	thirty
6	G. D.	38	36	28	21	55	46	41	thirty
7	NOT.	32	thirty	31	28	35	31	thirty	26
eight	G.M.	85	56	45	41	110	65	41	35
9	S.G.	55	43	34	45	25	28	25	25
10	V.M.	28	25	21	nineteen	25	twenty	17	sixteen
eleven	I. B.	70	46	41	38	72	46	35	31
12	H.L.	38	26	23	21	44	41	33	thirty
thirteen	HA.	45	41	33	14	48	38	31	14
14	K.A.	48	36	31	27	58	36	28	25
15	B. I.	120	80	-	-	126	70	-	-
sixteen	B. F.	35	31	thirty	29	38	thirty	28	31
17	I.A.	31	29	28	31	28	26	twenty	nineteen
eighteen	P.M.	115	78	45	41	133	80	45	43
nineteen	R. G.	25	23	twenty	21	thirty	31	28	26
twenty	K.R.	56	38	34	31	72	35	thirty	28
21	M.P.	41	39	35	26	45	40	33	31
22	P.M.	63	45	36	31	86	39	41	42
23	P.A.	48	40	32	31	63	45	38	35
24	R.M.	42	28	31	28	45	36	31	31
25	V.L.	eighteen	23	24	eighteen	eighteen	twenty	sixteen	eighteen
26	K. R.	56	39	26	21	73	46	35	31
27	K. D.	108	45	38	36	78	43	31	thirty
28	DI.	65	36	31	35	70	38	31	31
29	A.A.	nineteen	twenty	eighteen	eighteen	25	24	23	21
thirty	A.V.	46	63	-	-	52	48	-	-

Note: Norms ALAT <41. Norms ASAT <35.

Glutamate pyruvate transaminase (TGP), also known as alanine aminotransferase (ALT), is an enzyme involved in the metabolism of amino acids. It was found to be found mainly in the liver and kidneys and least of all in the myocardium and skeletal muscles. The tissue damage causes the release of an intracellular enzyme called blood. Elevated ALT levels can be noted and are found in a number of liver diseases (eg, hepatitis, cirrhosis of the liver), and are usually not present in other conditions (eg, heart attack). In viral hepatitis and other forms of liver disease associated with liver necrosis, ALAT increases, even before the appearance of a clinical picture of the disease. ALAT is an enzyme more specific to the liver. In addition, an increase in ALAT may persist for a longer period than in ASAT.

Glutamate oxaloacetate transaminase (TGO), known as aspartate aminotransferase (ASAT), is an enzyme involved in the metabolism of amino acids. The largest concentrations are found in the myocardium, skeletal muscles, liver and kidneys. Trauma to these tissues can lead to a marked increase in ASAT levels. High levels of ASAT can also be found in acute myocardial infarction, severe angina, hepatitis, hepatic necrosis, liver cancer, alcoholism, skeletal muscle disease, seizures, severe burns, acute pancreatitis, toxic shock syndrome, stroke, trauma, intramuscular injections, etc. ... Low ASAT levels can be seen with uremia, vitamin B deficiency, and pregnancy.

Table 2 shows the dynamics of changes in the level of cholesterol and triglycerides during therapy. Table 3 shows the dynamics of the results of PCR diagnostics.

Finally, the timing of therapy and the homeopathic remedies used are given in table. 4.

table 2

Cholesterol and triglyceride levels during therapy

		cholesterol before treatment (mg / per 100 ml)	cholesterol in treatment process across 6 months	triglycerides before treatment mg / ml	triglycerides after treatment
one	A.G.	166	156	76	72
2	VC.	248	200	210	180
3	D.G.	235	180	200	96
4	ON THE.	220	129	200	156
5	H. E.	260	180	210	180
6	G. D.	187	160	241	166
7	NOT.	184	120	200	158
eight	G.M.	360	200	240	155
9	S.G.	230	180	572	380
10	V.M.	190	165	86	69
eleven	I. B.	205	148	98	84
12	H.L.	243	190	176	160
thirteen	HA.	300	146	264	135
14	K.A.	315	186	246	180
15	B. I.	320	240	168	108
sixteen	B. F.	283	190	368	126
17	I.A.	240	176	180	170
eighteen	P.M.	265	165	190	140
nineteen	R. G.	243	186	252	156
twenty	K.R.	504	200	386	190
21	M.P.	300	180	265	180
22	P.M.	240	186	208	178
23	P.A.	265	195	200	165
24	R.M.	235	163	186	132
25	V.L.	239	175	169	140
26	K. R.	248	200	357	200
27	K. D.	384	150	1074	272
28	DI.	205	190	200	160
29	A.A.	180	178	140	108
thirty	A.V.	66	112	82	107

Note: The rate of analysis of total cholesterol:

Ideal: <200 mg / 100 ml. Limit 200-239 mg / 100 ml.

Poor ≥ 240 mg / 100 ml. Triglycerides norm <200.

Table 3

Results of analyzes of PCR diagnostics

		PCR Start therapy	PCR after 6 month therapy	PCR through 12 months	A type virus	The diagnosis is basic and concomitant	Duration therapy / year
one	A.G.	pos.	pos.	denied.	WITH	hepatitis	4
2	VC.	pos.	denied.	denied.	V	hepatitis, obesity	4
3	D.G.	pos.	pos.	denied.	WITH	hepatitis, obesity, hypothyroidism	4
4	ON THE.	pos.	pos.	denied.	B, C	hepatitis, cirrhosis, varicose veins veins of the esophagus	3
5	H. E.	pos.	denied.	denied.	V	hepatitis, obesity, GB	2
6	G. D.	pos.	denied.	denied.	V	hepatitis	3
7	NOT.	pos.	denied.	denied.	V	hepatitis, obesity liver	1.5
eight	G.M.	pos.	denied.	denied.	V	hepatitis, lipomatosis liver	2
9	S.G.	pos.	denied.	denied.	V	hepatitis, obesity, GB	1.5
10	V.M.	pos.	denied.	denied.	V	hepatitis	4
eleven	I. B.	pos.	pos.	pos.	WITH	hepatitis	1.6
12	H.L.	pos.	denied.	denied.	V	hepatitis, cholecystitis, allergic dermatitis	1.5
thirteen	HA.	pos.	denied.	denied.	V	hepatitis, calculous cholecystitis, GB	1.5
14	K.A.	pos.	denied.	denied.	V	hepatitis, GB	1.6
15	B. I.	pos.	pos.	pos.	B, C	hepatitis, cirrhosis	1.5
sixteen	B. F.	pos.	denied.	denied.	V	hepatitis, obesity, GB	1.5
17	I.A.	pos.	pos.	denied.	V	hepatitis	2
eighteen	P.M.	pos.	pos.	pos.	WITH	hepatitis, cirrhosis	1.5
nineteen	R. G.	pos.	denied.	denied.	V	hepatitis, obesity	1.8
twenty	K.R.	pos.	denied.	denied.	V	hepatitis, cirrhosis	1.9
21	M.P.	pos.	denied.	denied.	V	hepatitis	1.4

22	P.M.	pos.	denied.	denied.	V	hepatitis, calculous cholecystitis	1.3
23	P.A.	pos.	denied.	denied.	V	hepatitis, hypertensive disease, ischemic heart disease, SSN	4
24	R.M.	pos.	denied.	denied.	V	hepatitis, obesity, GB	2
25	V.L.	pos.	pos.	pos.	WITH	hepatitis, hemophilia	2
26	K. R.	pos.	denied.	denied.	V	hepatitis, obesity	1.6
27	K. D.	pos.	denied.	denied.	V	hepatitis	1.8
28	DI.	pos.	denied.	denied.	V	hepatitis	1.5
29	A.A.	pos.	denied.	denied.	WITH	hepatitis	1.6
thirty	A.V.	pos.	------	------	WITH	hepatitis, cirrhosis, cancer liver	died 0.5 (5 months)

Table 4

Duration of therapy and used homeopathic remedies

		A type virus	The drugs used	The diagnosis is basic and concomitant	Duration therapy / year
one	A.G.	WITH	Veratrum, Phosphorus, Sulfur	hepatitis	4
2	VC.	V	Sulfur, Antimonium crudum, Phosphor	hepatitis, obesity	4
3	D.G.	WITH	Arsenicum album., Phosphor, Lachesis, Sulfur	hepatitis, obesity, hypothyroidism	4
4	ON THE.	B, C	Phosphorus, Carduus marianus, Lachesis	hepatitis, cirrhosis, varicose veins esophagus	3
5	H. E.	V	Antimonium crudum, Phosphor, Sulfur	hepatitis, obesity, GB	2
6	G. D.	V	Lycopodium, Cuprum, Sulfur, Phosphor	hepatitis	3
7	NOT.	V	Sulfur. Ignatia	hepatitis, obesity liver	1.5
eight	G.M.	V	Phosphor	hepatitis, lipomatosis liver	2
9	S.G.	V	-	hepatitis, obesity, GB	1.5
10	V.M.	V	Phosphor. Lycopodium, Sulfur	hepatitis	4
eleven	I. B.	WITH	Phosphor	hepatitis	1.6
12	H.L.	V	Sulfur	hepatitis, cholecystitis, allergic dermatitis	1.5
thirteen	HA.	V	Antimonium crudum, Sulfur	hepatitis, calculus cholecystitis, GB	1.5
14	K.A.	V	-	hepatitis, GB	1.6
15	B. I.	B, C	Phosphor	hepatitis, cirrhosis	1.5
sixteen	B. F.	V	-	hepatitis, obesity, GB	1.5
17	I.A.	V	Lycopodium, Phosphor	hepatitis	2
eighteen	P.M.	WITH	Carduus marianus	hepatitis, cirrhosis	1.5
nineteen	R. G.	V	-	hepatitis, obesity	1.8
twenty	K.R.	V	-	hepatitis, cirrhosis	1.9
21	M.P.	V	-	hepatitis	1.4
22	P.M.	V	recovery	hepatitis, calculus cholecystitis	1.3
23	P.A.	V	Carduus marianus, Sulfur, Psorinum	hepatitis, hypertensive b- ny, ischemic heart disease, ccn	4
24	R.M.	V	Lycopodium, Phosphor	hepatitis, obesity, GB	2
25	V.L.	WITH	Lycopodium, Phosphor	hepatitis, hemophilia	2
26	K. R.	V	Phosphor	hepatitis, obesity	1.6
27	K. D.	V	Anacardium	hepatitis	1.8
28	DI.	V	-	hepatitis	1.5
29	A.A.	WITH	Pulsatilla	hepatitis	1.6
thirty	A.V.	WITH	Nux vomica, Phosphor, Arsenicum, Carduus marianus	hepatitis, cirrhosis, cancer liver	died 0.5 (5 months)

conclusions

1. The use of information therapy - the BRT method under the control of ART - within the framework of the developed algorithm allows for the treatment of chronic viral hepatitis B and C and achieve good results, including when the patient is burdened with concomitant diseases.

2. The effectiveness of information therapy for viral hepatitis using constitutional

approach was: 50% in the case of hepatitis C (4 patients out of 8) and 95% in the case of hepatitis B (21 patients out of 22).

3. The approach used did not give long-term negative consequences in any case. Against, remission of concomitant diseases was observed, even not directly related to hepatitis B and C.

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