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THE BIO-PHYTO-DYNAMIC MODULATORS EFFECT IN CIRRHOSIS

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Abstract: We present a case of Child-Pugh's class A cirrhosis with HVC in a 64 years old patient. The patient came after the clinical evaluation with level of HCV – RNA test 3.090.000 Ui/ml and many associated problems. He followed the medicine recommendations and decided to use the modulators treatment.

INTRODUCTION

Because of chronic damage to the liver, scar tissue slowly replaces normal functioning liver tissue, progressively diminishing blood flow through the liver. As the normal liver tissue is lost, nutrients, hormones, drugs and poisons are not processed effectively by the liver. In addition, protein production and other substances produced by the liver are inhibited.

Cirrhosis is a progressive liver disease, and damage sustained to the liver is irreversible.

However, with proper nutrition, avoidance of certain toxins (i.e., alcohol), vitamin supplementation, and management of cirrhosis complications, further liver damage can often be delayed or stopped. In severe cases of cirrhosis, liver transplantation may be considered.

Cirrhosis is the third most common cause of death after heart disorders and cancer among people aged 45 to 65. The scar tissue forms bands throughout the liver, destroying the liver's internal structure and impairing the liver's ability to regenerate itself or function. The liver is less able to do the following: break down waste products made in the body; Produce enough bile salts, which help the body absorb fats (in disorders of bile excretion); Remove toxins; Process (metabolize) drugs; Produce proteins that help blood clot (clotting factors) and albumin for holding fluid in blood vessels.

MATERIALS AND METHODS

We analyzed our case, male, 64 years old, with Child-Pugh's class A cirrhosis with HVC using the anamnesis, historic disease, clinical and para-clinical tests and the non-linear system OBERON to establish the bio-compatibility of treatment (including the modulators treatment) and follow periodically the state health. Dates for examination with the bioresonance system were: 4th of March and 26 of June. Dates for specific analyses were: 10th of March, 1st of April, 16th of May and 14th of July.

RESULTS AND DISCUSSIONS

We made a computer functional analysis using the non-linear system Oberon on March, 4th 2008 and the image was clear: liver with hyperechogenic internal ecostructure homogenic, gall-bladder diskinesia associated, with sediments along the main vessels of trunk, a cardiac

defect, lipid metabolism turbulences, a bones' demineralization, diabetes second type compensated by diet. The bio-compatibility between patient and modulators was:

- for liver – 3 DIEE® + 70%;
- for heart – 2 DIEE® + 48%;
- for brain – 2 DIEE® + DEA® + 36%;
- for prostate - 2 DIEE® + 57%;
- for lungs - 2 DIEE® + DEA® + 50%;
- for pancreas and spleen - 2 DIEE® + DEA® + 58%;
- for kidneys and adrenals - 2 DIEE® + DEA® + 30%.

The recommended modulators schedule was completely as follow: 1 on the third eye, 1 to cerebellum, 1 to the breastbone base, 3 on the liver region, 1 cervical, 1 lumbar, 2 for pancreas, 2 for prostate, 2 for foot, 2 for adrenals, 2 for lungs and 2 to inguinal zones an 1 for energy what he eat and drink, including the drugs.

On March 10th 2008 values of the most important analyses are: GGT = 168 U/L, PLT = $142*10^3$/μL, INR = 2,44, ALT = 73 U/L, AST = 55 U/L, Total Bilirubin = 1,5 mg/dL, HCV – RNA = 3.090.000 UI/ml.

In April 1st 2008 the diagnostic was: Child-Pugh's class A cirrhosis with hepatitis C, ischemic cardiac disease, metal valve prosthesis, chronicle cardiac insufficiency second class NYHA, erosive gastritis, adulterate tolerance to glucose.

Values of the most important analyses are: GGT = 181 U/L, INR = 2,62, ALT = 80 U/L, AST = 48 U/L, Total Bilirubin = 0,81 mg/dL. It wasn't recommended the Interferon treatment, but Nexium, Propanolol, Prestarium, Digoxin, Syntrom, Ursofial K.

So, after 4 weeks from the beginning of treatment INR is still over normal, ALT more with 7 units as on March, AST decreased with 7 units and total bilirubin is normal. It wasn't done the HCV-RNA test.

After 1 months and a half, the HCV-RNA test result was 1.240.000 UI/ml, which means a reduction to a half. The others analyses are: GGT = 220 U/L, PLT = $148*10^3$/μL, INR = 1,96, ALT = 71 U/L, Total Bilirubin = 1,2 mg/dL So from April ALT decreased with 9 units and total bilirubin increases with 0,21 units.

After 4 months from the beginning of treatment using modulators we remade the computer functional analyze information was clear: liver with inflammatory structure, cirrhosis didn't represent a risk (coefficient of disease is 2, 10, over 1, 5), remained sensibility to hepatic artery, with ecostructure generally homogenic on the third level and only 2 points of 4th level situated on each lob; with sediment to artery's trunk, diabetes, prostate adenoma risk, atherosclerosis installed to main vessels of trunk, anemia, with sensibility to lumbar - sacral and thoracic sections of spinal column (T9-T10, L1 – L6), an immunity decrease.

After two weeks from this evaluation the analyses had the next values: GGT = 200 U/L, PLT = $142*10^3$/μL, INR = 2,56, ALT = 62 U/L, AST = 51 U/L, Total Bilirubin = 1,07 mg/dL, HCV – RNA = 856.388 UI/ml. So the viremia was favorable modified and ALT was normalized. Remain only INR, GGT and AST to establish in the normal interval and the HCV-RNA to be negative. Anyway, the evolution of HCV-RNA is spectacular, even patient has a diet and a natural treatment, besides the modulators.

CONCLUSIONS

HCV-RNA test identified whether the virus is in the blood, indicated that patient has an active infection with HCV. It is the most important value that suffers a great involution, from 3.090.000 UI/ml to 856.388 UI/ml.

On the other side, the normalization of ALT according with the increase of HCV-RNA demonstrates a benefic effect for the hepatic function.

All parameters suffered variations, lower or higher than dates from March, but modulators started to negativate the viremia and, after stabilization of normal, all others values have to integrate in normal intervals. Modulators work starting with the most difficult problem – in our case is viremia – and finish with the insignificant one. Till the results of HCV-RNA will become negative, all parameters will have variations.

The hepatic structure suffered modifications, keeping the general homogeneity, but delimitating the affected regions (points from hepatic lobs) and trying to reabsorb its.

All values of hepatic dates have direct influence to the blood circulation. The sediments along the main vessels of the trunk are recycled and eliminated by natural's ways. That's why modulators must be kept about 2 years, even in cirrhosis.

We wished to demonstrate that these modulators can change the serum parameters and the general health state to improve all functions of the body.