



Treatment of Tuberculosis & Vaccine of Tuberculosis and also Levelling of Collateral Action of B.C.G. Vaccine

(It is caused By Mycobacterium's or Koch's sticks).

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ABSTRACT

New methods of treatment of a tuberculosis and vaccine a tuberculosis, and also levelling of collateral actions of vaccine BCG are offered. In this method you will see pathophysiological treatment and risk factor and primary preventive maintenance of the tuberculosis. In this article you will also see the secondary preventive maintenance of the tuberculosis, treatment mode at preservation of full sensitivity to preparations and preventive maintenance & treatment.

KEYWORDS: Tuberculosis, vaccine complications, Isoniazid, Rifampicin, Sangvirin, new schemes of treatment and cured.

INTRODUCTION

Today with tuberculosis more often the other inhabitants of developing Countries are ill: annually there die of this illness about two millions persons. In the Great Britain every year it is registered about 8 thousand cases of Disease by tuberculosis. In 2007 the record quantity has been cured of tuberculosis the person - 2, 3 Million that is 87 % of patients. Then for the first time it was possible to surpass the plan in recover (85 %). In 2008 it has been registered 9, 8 million new cases of tuberculosis, 1, 8 million persons have died, and at 500 Thousand victims this illness has developed against a HIV-infection. Steady against medicines schtamms activators have infected last year a half-million the person, but only 6 thousand from them have received treatment under all standards of the World organisation of public health services.

The international group of scientists has carried out Singapore (Indonesia) research in which result they have found a new gene which plays the important role in occurrence of tuberculosis of lungs. The gene has received name TLR8. Sensitivity of the person to tuberculosis is defined by gene TLR8 which is in X to a chromosome. Men are more sensitive to tuberculosis as have only one X a chromosome and, accordingly, only one variant of a gene. Women, thanks to two X to chromosomes, have two different Variants of the same gene that promotes the raised firmness of an organism

to an infection. Tuberculosis is an infectious disease of the person and animals (more often large horned livestock, pigs, hens), caused by several versions acid steady Mycobacterium's.

Disease is easily transferred, as micro bacteria a tuberculosis well remains in an environment. Third of inhabitants of a planet are infected by tuberculosis, but only at 5 - 10 % will arise disease.

The found gene TLR8 which is responsible for occurrence of tuberculosis opens new possibilities in interaction research between bacteria of disease and a human body. Also new workings out of medicines for treatment of tuberculosis, especially resistant forms which quite often meet among patients this disease are possible.

PATHOPHYSIOLOGY RESISTANCE.

Often quoted aphorism Santa Ana says: «Those who do not know history, are doomed - to repeat her anew». It is especially pertinent in relation to sew to struggle against a tuberculosis. After in 40 and early 50th years have appeared streptomycin, Para iminosalicilium acid and isoniazid (3preparations). The set Researches treatment by one preparation though gave time easing of symptoms has been shown, that, finally, conducted to selection of resistant organisms and relapse of deadly illness. At the same time the combination of

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two preparations has strongly reduced quantity of patients at which illness relapse developed. And, eventually, other researches have shown, that the combination of three anti tubercular preparations (look above) gave treatment and 100 % of cases. But it occurs not always.

Subsequently fundamental biological researches have given an explanation to such clinical results. Mutants independent from each other, resistant to one of antibiotics, appear with predicted frequency in uncured populations of tubercular bacteria. Resistance to Isoniazid's and to Streptomycin appears in one bacterium from one million while for rifampicin this probability makes one bacterium on 100 million, and for Etambutol's is one on 100 thousand.

Taking into account that in a typical tubercular cavity of disintegration in 2 sums is usually hidden 100 million bacteria, there usually there are mutants to all kinds of anti-tubercular preparations. Nevertheless, the probability of that a mutant is resistant at once to two antibiotics, can be calculated from initial individual frequencies of occurrence of mutants. For example, the probability of presence of a mutant, resistant both to Isoniazid's and to Rifampicin, is equal to unit on 100 billion (one million, increased on one hundred million's). Such unprecedented quantity of bacteria practically never meets in a live human body.

Attention! The main principle of anti-tubercular therapy says: treatment by several medical products reduces probability of development of resistant microorganisms!

It is accepted to use Isoniazid and Rifampicin for treatment «untouched» (before not cured) populations of tubercular bacteria. Isoniazid kills all bacteria sensitive to both preparations and very much a small amount of bacteria, resistant to rifampicin while rifampicin helps to kill the bacteria, sensitive to two preparations. And, that is especially important, kills a small amount of bacteria, resistant to Isoniazid's.

On the other hand, if mono therapy is applied in a consecutive mode, bacteria get the increasing resistance. So, the first preparation kills all bacteria sensitive to it and causes clinical improvement, but then the quantity of mutants grows and restores population that conducts again to deterioration of a current of illness. This phenomenon of falling and increase has been earlier accurately documentary by

the British Council on medical researches. When add the second preparation, select bacteria, resistant both to the first, and to the second to preparations as a result of the above described evolution there are bacteria with double resistance that usually does not happen in uncured schtamm. In the similar image the third preparation select bacteria, resistant to already three preparations, and so on. This process of gradual increase of resistance at consecutive mono therapy (though it can simultaneously be applied and more than one preparation) usually and is that mechanism which conducts to occurrence of a tuberculosis with plural medicinal stability (MDRTB). Two involuntary accomplices creating possibility of this often lethal process are the patient who is not observing a mode of treatment, and not so widely recognised, but, at least, not less important participant is the doctor who is not correctly appointing a mode of treatment.

Probably, even more fault lays on incompetent system of public health services which allows similar to occur, and on a society as a whole, whose government is obliged to supply public health services system with Adequate means of tubercular supervision, if for any other reason, so because of own educated interest.

The aforementioned mechanism concerns the got or secondary resistance and starts with the assumption, that initially bacteria in an organism of the patient were sensitive to preparations. Other mechanism mentions direct transfer of illness with medicinal stability, the patient thus has a primary resistance as process is caused at once by microorganisms tolerant to preparations.

By means of methods of molecular biology (polymorphism of lengths of the limited fragments, bimolecular dactyloscopy, restriction fragment length polymorphism - RLFP) it was found out, that primary resistance can appear more important, than considered earlier, especially at HIV-infected. Besides, primary resistance is very sensitive indicator of efficiency of the program of tubercular supervision.

MICORO BACTERIOLOGICAL LABORATORY
Treatment of a tuberculosis demands some representation how the laboratory works micro bacteriological. Then also the bacteriological conclusions can be estimated properly, especially causing bewilderment, such, as: «Dab on acid steady bacteria is doubtful» or «Culture with superfluous growth of micro flora». Further: dabs on acid steady



bacteria can be positive, but the conclusion on culture - to sound: «Growth is not present»; researches on sensitivity from different laboratories will not be coordinated in any way; from sputum's the patient are sowed mycobacterium's with small stability while the roentgenogram of a thorax of the patient shows obvious positive dynamics, and intensity of semiology has considerably decreased against nonspecific antibacterial therapy.

If it is possible to see only 1-3 bacillus in painted dab, the conclusion becomes, that dab is doubtful, as the previous experience has shown, that such small quantities often reflect is false-positive results. In this case the laboratory requests new tests sputum's, and the clinical physician, having received boundary result, should build tactics on other components of a clinical picture or wait new results.

Other serious problem is a pollution of preparations that is especially essential when the conclusion becomes. It is unprecedented the volume which has increased for last 10 years of researches has led to that in the majority micobacteriological laboratories is not enough the personnel and the Equipment. It is necessary to understand well, that process of processing of preparations goes to laboratories in lots, and the human error is probable.

For an example: 20 tests sputum's, collected more than for 24 hours, can be processed simultaneously, one party to raise an overall performance of the laboratorial. Usually samples are placed on a regiment in a line, is close to each other, and them consistently move from one control tube to another.

Hence, the material of one sample can mix up with a material of another or pollute last. Besides it, registration errors can arise in the course of carrying over of the information from control tubes, subject glasses or nutrient mediums on a paper or in the computer. Usually the sample is marked by certain number, instead of a surname and not that special number of medical records which the clinical physician uses for search of results. Though, of course, it is always good to write down and have number of the sample. Then at presence with what not consent results, including with a clinical picture, it is possible to check up results with number on 1 more and on 1 less, than the investigated sample (which passed processing in one party with it) and, thus, to establish or assume mutual pollution of samples, their mixing with each other or an error in data recording.

Sensitivity research to medical preparations - very responsible work also can be spent only in laboratories with wide experience. The conclusions are most reliable concerning first row preparations (Isoniazid, Streptomycin, Rifampicin) and are least reliable concerning second row preparations, especially Cycloserin's and Etionamid's. Such research in the relation Pyrazinamide's is very difficult and seldom made in local conditions. Certainly, the test for sensitivity to Pyrazinamide has not been included in special research the CART and the International Union on struggle against a tuberculosis and the pulmonary diseases, undertaken on patients from all world with a resistant tuberculosis. At attempts to understand the inconsistent conclusions on sensitivity of microorganisms, the clinical physician should not fluctuate, if necessary to send samples in national arbitration laboratory. Dealing with the patient without AIDS with stable clinical indicators, the clinical physician always can, keeping a current mode of reception of medicines within several weeks to wait reliable, corresponding to the moment of time of results of research on sensitivity.

PATHOPHYSIOLOGY TREATMENTS

Tuberculosis treatment shares on two phases:

a primary or bactericidal phase which comes to an end with transition of culture from positive in negative, and the period of continuation or a phase sterilisation. This division is conceptually important, as involves various approaches to treatment. From the point of view pathophysiology it is useful to represent in a sick organism of the owner four populations tubercular bacillus which can be described from the point of view of localisation and activity degree: extracellular (a cavity wall), endocellular (macrophages), semi passive (caziaz weights) and passive.

Metabolic activity is great at extracellular bacteria, it is less - at endocellular bacillus, appears sporadic at semi passive microorganisms and is very low at the passive. Bactericidal preparations, such as Isoniazid, quickly kill extracellular basils, 90 % of a bacterial pool making more while Pyrazinamide is highly effective concerning endocellular basils.

After two months of treatment the primary or bactericidal phase of treatment usually happens is finished, and dab and culture sputum's appear negative. The patient, as a rule, already does not have



at this time semiology, and there is positive radiographic dynamics. If treatment on it stopped, relapses would arise at the majority of patients as semi passive basils still are in the centre.

Treatment is necessary for continuing during the long period of time to neutralise and these microorganisms which owing to the low metabolic activity badly give in to destruction. «Star» here is Rifampicin, is active against all three populations basils. Any preparation is not effective against passive basils which are exposed to destruction only if they «wake up» and strengthen the metabolic activity or get under the control of immune system.

The majority of relapses at immunocompetent patients arise thanking these Passive basils which, as a rule, keep primary type of sensitivity and consequently they can be treated in the same mode, as primary disease.

There are no different interpretations on treatment of a symptomatic, initial or bactericidal phase with its obviously expressed termination: negotiation cultures. That, however, disputably is duration of a phase of continuation or sterilisation when the doctor can not be based neither on symptoms, nor on

Bacteriological Tests:

It is useful to carry the patient to one of six categories as for the epidemiological and accounting purposes, but also and for clinical as it clears up and generalises a clinical situation. These categories the following:

Class 0: there are no contacts, there is no infection, and there is no illness;

1. Contact, there is either no infection, or an illness;
2. Infection, shown positive tuberculin the skin test, prospective contact (it is Often unknown for certain), is not present disease;
3. Active disease;
4. Positive tuberculin the test, the inactive or inveterate disease based on anemones of data, but more often - on radiological (fibrous the top shares – and variability of interpretations is high enough to bring down from a correct course, but at excluded granulomas and thickenings of a pleura of a top of a lung);
5. Suspicion on illness after primary inspection: gathering of the anamnesis, survey, rentgenographia a thorax and dab sputum's. The basic distinction

between classes 2-4 are quantitative characteristics of a bacterial pool and relative distribution of microorganisms between four populations basils though in all these three classes live basils are available in an organism. Semiology, radiographic stability (without changes within three months) - very useful markers of a condition of a bacterial pool. At reference to classes 1, 2 and 4 medicaments' preventive maintenance while the class 3 is always high-grade treatment is possible, for a class 5 the choice of immediate treatment is possible at weighty suspicion and waiting tactics at less weighty.

The case (suspected or confirmed) is defined by the centres under the control and preventive maintenance of illnesses (CDC) as answering to following criteria: a corresponding clinical picture, the thorax roentgenogram, sputum's, positive on acid steady bacteria (the culture, positive on mycobacterium's, confirms the diagnosis). Only the positive culture which is not a product of pollution (the patients who are belonging to the class 2 seldom have positive culture, and it is unreasonable to send on culture sputum's the patient without symptoms more often, the normal roentgenogram of a thorax only because positive tuberculin it is not possible to explain the test). A corresponding clinic-radiological picture at negative results of dab sputum's with histologic acknowledgement (granulomas, not having other explanation, especially at presence out of the pulmonary pathologies) with positive tuberculin the test; The corresponding clinic radiological picture with negative dab, culture and without histologic acknowledgement, but the patient receives from two to four anti tubercular Preparations.

Many clinical physicians would add still the following criterion: clinical and radiological effect after two-three months of treatment thus, that other reason of pathology has not been found. In the USA approximately 15 % of the verified cases of tuberculosis a year have no bacteriological proofs, and are diagnosed clinically. In the past positive tuberculin the skin test was required for the clinical diagnosis of tuberculosis; the exception is made by children. However with the advent of HIV and accompanying it immunosuppression this requirement is considerable weakness. (CDC) also specifies, that energy the test is not neither reliable, nor standardised and, hence, does not give the helpful information for acceptance of the clinical decision. And, at last, for a long time it is



Known, that about 20 % sick of an active tuberculosis can have negative tuberculin the skin test if 10 mm are accepted to threshold value.

It is useful not to forget also about the nature of a natural current of tuberculosis without any treatment. The researches spent earlier, at the beginning of the century in sanatoria of the USA, have shown, that within 5 years on a rough estimate half of patients died of a tuberculosis while 25 % were in a condition of proof remission with negative dab and culture and the others of 25 % had not heavy disease with alternating symptoms, positive or negative dab, but positive culture.

Thus, in half of cases the tuberculosis behaves, as the deadly tumour progressing and irreversible, in a quarter - as self-stopped illness (transition of a class 3 in a class 4) and in a quarter - as collagenase with periodic aggravations and remissions (a class 3 and 4 constantly pass each other), basils are thus allocated periodically. Besides, the patient can have active disease with symptoms of small intensity, but with positive dabs (and, hence, contagion), that is sometimes observed at the elderly. As a whole it is important to understand, that improvement at patients can come spontaneously, that by definition happens with patients of a class 5. And, at last, there are three bacteriological categories of patients (a class 3): with positive dab on (ASB) (acid steady bacteria) and positive culture (on a rough estimate of 50 %); with negative dab on ASB, but with positive culture (35 %) and with negative, both dab, and culture (15 %).

1. At negative ASB possibility inficirival is excluded by tuberculosis, and long cough can specify in other pulmonary infection.

2. In the presence of ASB + it is spent in addition immune enzymes diagnostics. The immune enzymes (IE) concerns too laboratory techniques at a tuberculosis of lungs. With its help it is possible to make more exact diagnosis.

Causes of illness:

1. Genetics - a defective gene. By estimations, in the world are infected more than 2 billion persons or third of population, but scientists have found out in blood sick of an active tuberculosis «the genetic signature». This opening can improve diagnostic and medical possibilities concerning a dangerous infection. The set of the genes specific to almost 10 % from that infected,

at which is found out develops active tuberculosis pulmonary. «The genetic signature» signals that disease amazes lungs, and disappears after successful Treatment (Anne O'Gara, 2010). At the majority the infection is in a latent condition, anything of not showing. It is necessary to treat pharmacogenetic medicines.

2. Inoculations BCG. Many paediatricians are assured, that illness is caused by universal inoculations BCG which do not treat tuberculosis, and promote its distribution. And inoculations do for preventive maintenance tubercular meningitis. So «vaccinal prevention» in Russia is treated. Treatment vaccine tuberculosis is found.

3. The pulmonary tuberculosis is connected with increased oxidant stress which is not connected with smoking and characterised by the increased levels peroxide lipids and low concentration of vitamin E in plasma, therefore for secondary preventive maintenance antioxidants and vitamin E are necessary to such patients. These mean and for primary preventive maintenance of this terrible disease are good.

4. The tuberculosis can catch through the cow milk. The mycobacteriums a tuberculosis can appear both in milk, and in meat of sick animals. These products should be bought, either in shop, or at presence at the dealer of the inquiry that they are received from healthy cattle. But all the same un bottled milk should be boiled. And meat to cook or fry to full readiness. Fans of beefsteaks with blood risk to pay for the predilection with own health.

5. According to A.L.Chizhevsky's doctrine about helio biology each 11, 30, 50 years on the sun are formed super protuberances, and on the earth after that to begin mutations first of all microorganisms, to appear new schtamms new kinds of illnesses. There is a mutation and «Koch's stick». To medicines already on 30 - 40 years, medicines can lose efficiency against Koch's sticks.

6. Density in prisons, absence there necessary medicines, is created by resistant forms of a tuberculosis which they bear to us in a society.

7. Contactors with tuberculosis - doctors, the medical personnel, members of families.



8. Persons till 30 years.
9. Persons, having chronic diseases of lungs, a diabetes
10. Persons, long time accepting hormonal preparations.
11. Smokers
12. Workers colonies, prisoners
13. Vagabonds
14. Virulent stamm tuberculosis adapted for distribution among young men. Authors of research notice, that the Peking line of a bacterium of tuberculosis extends from the person to the person, than others schtamms bacteria more free. All patients with tuberculosis are capable to transfer a tubercular bacterium to other people during cough, however data received during research have shown, that the probability of disease raises, if the infection is caused schtamms the Peking line.

Attention! Usually top shares of lungs (Over a clavicle 1 share and under a clavicle

2 share) are amazed!

Primary mass preventive maintenance:

The tuberculosis is transferred air-drop by!

1. It is necessary to hold breath if someone coughs.
2. Non undertake naked hands hand-rail in transport
3. Non rub dirty hands of an eye, it is possible to infect eyelids, a mouth with their tuberculosis local!
4. To wash hands with a laundry soap not only after a toilet, and after Visiting of all public places.
5. The albuminous food - meat, fish, dairy products raise resistibility

Mycobacteria's tuberculosis Diagnostics of tuberculosis at children:

1. Reaction on tuberculin - Mantu - it is not specific. Shows presence of any Inflammation and an allergy in an organism of the child.
2. Usually diagnostics of the pulmonary form of a tuberculosis is based on the analysis sputum's. It is possible to carry complexities. To minuses of this

method with gathering of enough of a material, difficulty in revealing mycobacterium's because of density of slime. Besides, the patient at gathering sputum's should cough, that increases risk for medical workers.

3. Earlier attempts of definition mycobacterium's in other biological liquids were unsuccessful, their sensitivity did not exceed 50 %. DNA mycobacterium's can be grasped by cages epithelium's a mouth of humanoid and other primacies and then come to light by means of poly cytomera reaction (PCR) in dabs from a mouth. In the given work the test based on this method, has been estimated in clinical conditions at patients with pulmonary forms of a tuberculosis.

4. Revealing DNA micobacteriums can become an effective method of diagnostics of a tuberculosis among risk groups, and also at patients whom not in a condition to hand over sputum's on the analysis, for example, at small children. The perfection sensitivity of a method which in the given research has made 90 % can raise technologies of a fence of a material.

Diagnostics at adults:

1. Diascine-test (similar, but more sensitive test).
2. Fliurographia (once a year).
3. At use of molecular methods results were ready in 1,1 days, at use of the simplified standard method of bacteriological crops - in 14,3 days, and at use of the standard test - in 24,7 days. Results of research show, that if earlier before result reception passed from two about three months now it occupies only one day (Richard Garfejn, 2015).

It means, that patients can earlier to start treat suitable preparations, relieving them from toxic influence of inefficient medicines, that in turn, also saves financial resources. It is the important factor in connection with a considerable quantity of diseases by a tuberculosis in the countries with low and an average level of incomes.

Stability of preparations to micobacteriums a tuberculosis. The perioral antibiotics of the first and second line (Isoniazid, Rifampicin, Moxiflosacine and Ofloxacin). The parenteral antibiotics (Amikacin and Canreomicine) which usually use for treatment of a tuberculosis with plural medicinal stability. Very



cautiously it is necessary concerns to parenteral to antibiotics in relation to children are possible generalisation candidiasis which are dangerous! It is better to treat soft preparations.

Often there is a resistance to a preparation – Kanamycin Immunity at a tuberculosis has the features. It not sterile, and is supported by bacteria, persist in an organism and providing a condition infectness. Immunity not the steady. Role CD4 T-limfocytes has been characterised. They play the important role in formation of antitubercular immunity. Especially their role became clear in connection with growth of number sick of a tuberculosis among the persons infected with a virus of AIDS (Syndrome of the got immune deficiency).

Among this group of patients especially high growth of number of patients with reactive over a latent tuberculosis is marked. The pathogenetic role of this population limfocytes is predetermined by their ability to distinguish antigens of the big complex histocompatibility (major histocompatibility complex, or in the reduced form - MHC II a class). So are distinguished dendrit cages and macrofags, in vacuoles which is antigene peptid. Contrary to these immunological - I molecules of antigenes which activate CD8 T-limfocytes are presented mechanisms MHC. This immunological the mechanism supervises transport of an antigene from cytoplasm in endoplasmatic reticulum. Mycobacterium tuberculosis initially lives in vacuoles more than in cytoplasm of cages the role of the given population limfocytes in formation of antitubercular immunity, appear, is improbable.

However in researches which have been spent Muller et al. (1987), participation CD8 T-limfocytes in mechanisms elimination micobacteriums has been shown. The tuberculosis from fabrics of a spleen of an experimental line of mice (gene disrupted). Antimicrobial activity CD8 T-limfocytes can be reached by several ways.

The lymphocytes this population can be sources of production such cytokines what are interferon-scale (IFN-g) and TNF-a. CD8 T-lymphocytes can render protective effect the direct action directed against macrophages, being in fabrics and grasped tuberculosis. Production cytokines plays the important role in activation of macrophages. CD4, CD8 T-limfocytes are secreted INF-g and TNF-a which

concentration increases in the inflammation centre. Other mechanism with which help infected macrophages are amazed CD8 T-limfocytes, connect with ability of cages to kill macrofags with the help perforin's.

The perforin is a protein which is synthesised by granules CD8 T-limfocytes. By means of the specified protein the membrane of macrophages is punched, and through them in a cage get such toxic peptids what are granzims or granulizin which accelerate process apoptoz's macrophages. The apoptoz macrophages can be carried out also through mechanism Fas-ligand which leads to activation CD8 T-limfocytes.

CD8 T-limfocyt have some mechanisms of antimicrobial action among which direct cytotoxic effects are more studied, participation in production proinflammatory cytokines, variety synthesis peptids with the expressed toxic properties. These cages can compensate functional inferiority CD4 T-limfocytes substantially. Researches Stenger S. et al. (1997) the direct cytotoxic action CD8 T-lymphocytes directed against has been shown. tuberculosis, being in a cage. This mechanism of direct defeat micobacteriums connect with ability human limfocytes to produce granulisin. The given mechanism cannot be investigated in experimental conditions as limfocytes animals do not develop this type peptide.

However there are many not studied questions connected with genetic mechanisms of regulation cinetic's of life cycle limfocytes, features of formation of their inflammatory activity, variety production, cytokines, perforin's, granzims and other biologically active substances.

Everyone T-limfocyt has specific epitop, or a short chain of amino acids in antigene structure. Identification of antigenes, or epitops's is the important stage in decoding of mechanisms of protection as this information is necessary for using in designing of new generation of vaccines. In classical variant CD8 T-limfocytes are distinguished peptids, entering into structure MHC Ia. This population limfocytes is capable to distinguish also antigenes MHC I, thus are available in view of such molecules, as CD1 or MHC Ib. Research genome's micobacteriums dictates necessity to receive the information on a role and a place of a classical and nonclassical way of its interaction with immune system of the owner. These data matter today in treatment of different clinical



displays of a tuberculosis. The characteristic classical and nonclassical MHC has allowed to allocate clones lymphocytes with raised and lowered production IFN- γ . Specific antigens M. tuberculosis which influence anti-inflammatory activity T-lymphocytes, are secreted antigens and include such, as 6, Ag85A, Ag85B, 38 kD, shock fibber 65 and lipoprotein 19 kD. CD8 T-lymphocytes have specific epitops for early secretor an antigene 6 which is absent in M. bovis, Bacille Calmette-Guerin (BCG). With the given antigene connect activation lymphocytes and the beginning of production of interferon. Now ability lymphocytes to interferon production depending on activity of tubercular process and participation both classical way MHC-Ia, and nonclassical MHC-Ib is actively investigated.

Lavani A. et al. (1998) have established, that at healthy individuals who had a positive reaction on tuberculine CD8, T-lymphocytes synthesise lower concentration scale - interferon, than at healthy people at whom reaction on tuberculine was negative. It has been thus established, that more than in 96 % of cases it was observed not classical MHC-Ib.

The carried out researches last years on an establishment of role CD8 T-lymphocytes in pathogen's tubercular process testify to their active participation in formation immunological reactions. These data allow to consider essentially new approaches in designing of vaccines and medicines in struggle against a tuberculosis. Existing vaccines are constructed proceeding from a role and value in tubercular process CD4 T-lymphocytes. It is necessary to underline their low efficiency in struggle against a tuberculosis at adults. This fact is of great importance in planning of new approaches at designing of vaccines of new generation. It is necessary to give great value and to such factor, as ability CD8 T-lymphocytes to distinguish macrophages, which are phagocyted M. tuberculosis and to lead to death of them it is direct in the centre of inflammatory reaction. However there is a considerable quantity of not studied questions to which it is necessary to carry interaction of various Populations lymphocytes, stability of immunity, especially in the remote terms of supervision, an estimation of efficiency of the developed strategy in working out of vaccines of new generation. Or to go on a way of treatment without vaccines. And it is possible.

EARLY SIGNS:

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1. astenia
2. Increase body temperatures at 12-14 o'clock - some weeks, instead of at 16- 18 o'clock as happens in norm, slight increase of temperature to 37-37,5 degrees.
3. Micropolyadenitis (increase in lymph nodes behind nod a muscles).
4. Night sweats.
5. Bad appetite.
6. Weight reduction.
7. Cough sputum's or washing waters from bronchial tubes - presence of stick soft Koch (not always)
8. Sharp positive reaction Mantoux or full absence of reaction at test Mantoux in cultivation 1:1000.
9. Cough or the tussiculation with allocation sputum's, is possible with blood (at tuberculema's (incapsuliroval a tuberculosis) - there is no cough and sputum's, and Koch's sticks are not sowed)! Clinical signs of a tuberculosis:

If the person is infected Koch's by stick it will be obligatory to leave sputum though and in small amounts. On colour it has an is purulent-mucous shade with small blood impregnations. Blood presence is characteristic for the started stage of a tuberculosis (cavernozy). At the infection initial stages, blood practically is not observed. The general analysis sputum's at more started stages in addition can show crystals and elastic fibres. Besides level of albuminous connections is raised and are present tubercular bacilli. In sputum's Koch's stick keeps viability from 3 till 8 months, therefore sputum is infectious.

RISK FACTORS:

1. Teenagers from 14 years
2. Persons, containing in prisons
3. Wars
4. Diabetics, accepting hormonal preparations
5. Heapness (infringement of sanitary norms)
6. Bad food (macaroni, a potato)



7. Workers churches and believers

8. Prostitutes

9. Workers the markets

Attention to the doctor and the pharmacist!

Mummies of the Egyptian tombs have been infected Koch's by stick and a mould, capable to cause a tuberculosis, so-called damns are connected with this infection. Imprisonment to provide it is necessary for especially grave crimes (murders, rapes), but it should not be deprivation of a dream, a normal sexual life, appointments to a family, a high-grade food, it should not be corruption, a narcotism and not to be accompanied by illnesses, considering, that incurable forms of a tuberculosis are born to us by these representatives of mankind to consider that circumstance is necessary also, that 50 % get to Russia in prisons not guilty persons (the statistician an obstinate thing!).

Attention to the doctor and the pharmacist!

The myrtle is biologically active. It contains substances with which it is possible to dissolve in 100 thousand times, and all of them are equally capable to kill pathogenic microbes, bacteria, sticks. The myrtle now can render the invaluable help. There was a version of a tuberculosis which does not give in to treatment by antibiotics, and the myrtle wins a tubercular stick even small doses!

Achievements of ecological biochemistry have proved, that billions bio gene connections are means of effective struggle against the diversified factors, including, with bacteriums, toxins and diseases.

Attention! In a potato contains tuberozine - kills Koch's sticks!

PRIMARY PREVENTIVE MAINTENANCE OF THE TUBERCULOSIS:

1. Onions (fitoncids)

2. Garlic (and heads of mature garlic) - kill greens Koch's stick for 5 minutes, in garlic the natural antibiotic - Amicine to which there is no accustoming contains.

3. Grapes (Grapestherapy) - at this kind of therapy it is impossible to use fat food, crude milk and sour - dairy products.

4. A barberry root

5. Jam from pears and baked pears (it can be grown up in territory of jails)

6. Lemons and a gooseberry unripe (lemontar, lemon, apple, amber acids)

7. Oats (broth) with honey, honey to add in the cooled down broth, not above 54 degrees

8. Infus and broths of a Labrador tea marsh or Ledin

It is necessary to certificate grasses, and galen and newgalen forms from them, I consider, that there is no sense, additive (total) action of operating substances is all the same shown.

9. The sacred water, silver water (the silver spoons lowered in water)

10. Cucumbers fresh in the summer (in them silver contains)

11. Pantoten acid (B5) - a preparation of primary preventive maintenance of a

tuberculosis

12. The maintenance in the separate chamber

13. Bactericidal lamps in chambers (for processing of premises)

14. Absence of mental and physical violence

SECONDARY PREVENTIVE MAINTENANCE OF THE TUBERCULOSIS:

1. Propolis oil (propolis + a butter) on bread to smear, and is (2 - 3 years a correction course, to heat up to 80 degrees.

2. The beekeeping product - from Perga's (enzyme ceraza dissolves a cover micobacteriums, and then on them to influence antitubercular antibiotics of a reserve number (Rifampicin - is inductor enzymes of a liver of cytochrome - 450, accelerates elimination's the medicines appointed in a combination with it, and others) as to usual antitubercular preparations resistance develops.

3. The solar with psychotherapy - the deep breath, air deletes baths tubercular bacills, at an exhalation - they leave outside, the exhalation is more vigorous than a



breath, after an exhalation - a breath delay, the thorax is warmed up, to stand to the sun a back or sideways, is more effective through a breast (a thorax to the sun on 8 - 10 minutes, a break and again 3 - 5 approaches, speed of subsidence erythrocytes (SSE) for 5 day fall.

4. Ofloxacin (Oflo) - group difloxacinolones.

5. Isoniazid (through N - acetyltransferase's) - are acetylated within 2 hours also it is deduced, it is normal work of enzyme.

The slow Acetylators (slow metabolizers of medicines) - cumulation of preparation and display of toxic effect, therefore is better to appoint preparations difloxacinolone a number.

6. Maxacvin (antibiotic difloxacinolone a number)

7. Hieracium odoratum

8. Eryngium yuccifolium (fresh juice from a grass and roots)

9. To carry socks with a silver thread

10. Micobutine

11. Cycloserine

12. Radix Chelidonium + milk (to boil together with roots) - is possible for preventive maintenance of a bronchitis. Treatment by this plant is spent only under the control of the doctor - the phytotherapist or the Pharmacist phytotherapist how in the big doses, can cause a poisoning which basic symptoms are strong thirst, weight in the field of a head and a stomach, dizziness, a faint, hallucination.

13. Tinctura «a gold moustache»

14. Mairine (Etambutol, Rifampicin, Isoniazid) - combination the preparation, it is possible in a combination with Pirazinamide's, is applied to secondary preventive maintenance bicyllar and ambicyllar tuberculosis forms

15. Eucalypt honey

16. A milk of bees (Apilak) - But here that is surprising: the action Spectrum Milk of bees a milk is various - at its cultivation in a proportion 1:1000 Milk of bees the milk detains growth of many bacteria, and in a proportion 1:10000, on the contrary, accelerates growth of microorganisms!

17. Honey with milk or fat (bear, a natural butter).

18. Koumiss from the cow milk with honey

19. Cloudberry + Honey.

20. Purola - tuberculosis of bones

21. Phlomis tuberosa

22. Pherula smelly

23. For treatment of the top respiratory ways and diseases of lungs of a pseudo-tubercular and tubercular origin comb honey is good. It is recommended to chew it throughout several hours for 15-20 minutes with small breaks. It liquidates disease process. In case of an inflammation of a trachea, bronchial tubes, a cold it is possible to use honey for inhalations and compresses.

24. Sorcerers long since applied the means called «Calcyumit». It was used at a consumption and a pneumonia. But it is necessary to remember: in 3 weeks loses the medical properties.

25. Mixt honey with milk and internal («Interior fat» as speak in the people) fat.

26. Some doctors assert, that such mixes are not specific at treatment of these illnesses, and render a general strengthening action, mentioning in acknowledgement the facts of reception of the same results at appointment honey in day. Anyway, but positive influence of honey undoubtedly.

27. One more of the most surprising gifts of melliferous bees - propolis, or beer glue. Propolis - substance, in general, harmless, but its action is active enough, so in case of the strengthened initial consumption can cause irritation of an oral cavity, deterioration of state of health, sometimes a diarrhoea. Therefore it is better to get used to it gradually within 3-4 days and to reduce consumption, as soon as there will come improvement or treatment to graduate treatments during the period from 8 till 14 days.

When propolis is completely shattered, he can be swallowed. It is recommended to consume daily 1-3. The propolis, the is better chewed more effectively and the result will be faster received. The ointment made on creamy or vaseline oil has versatile medical application Propolis's. Prepared on vaseline oil, it is



recommended for inhalations at inflammatory processes of the top respiratory ways. At a flu such ointment can be dug in in a nose on 2-3 drops some times in day. The Propolis the ointment prepared by a pas a butter, intends for intake at a pneumonia, quinsy and even at complex treatment of a tuberculosis - on 10 - 15 r (teaspoon) 2-3 times a day for an hour-one and a half to meal or in one and a half hour after meal with warm milk. Course of treatment at a tuberculosis - for two months with breaks in 2-3 weeks.

With each course it is necessary to increase quantity of propolis on 5 r, having finished it to a maximum - 30 the medical effect of propolis at a tuberculosis is based on its general toning up action. Under the influence of propolis functions of many protective mechanisms become more active, amplifies fagocytoz, the maintenance in blood of special protective fibber properdine increases, there is a development of specific antibodies against various microorganisms and their toxins more vigorously. In treatment of a skin tuberculosis propolis provides painless destruction of the tubercular centres, acceleration of healing of ulcers and kosmetic a formed hem. Are used 50 percent Propolis ointment on a butter and spirit a propolis solution. Ointment put a thick layer on the amazed sites and cover with an adhesive plaster or a wax paper for 2-3 days. Treatment is spent before full disappearance of purulent branches and destruction verizon growths. Usually it occupies from one about two months.

28.The chrysanthemums mixed with sour cream (1 item of l. On 200 r sour creams) - help at treatment of a bone tuberculosis.

29.Sangviritrin tablets - (a phytopreparation from Maclea's) - to drink strictly in 20-40 minutes after meal! Resistance to microflora does not arise. It is possible to do some courses of treatment!

30.Spiritus myrtle tincture in any cultivation - cures a tuberculosis.

31. Lomflox (Lomefloxacyl) - the group antibiotic ftorchinolons in a dose of 400 mg unitary in the evening (reduces risk of a photosensitization) - is shown in complex therapy of a tuberculosis along with medical standards - reception of 28 days, except rifampicin with which there is an antagonism. Contraindications: an epilepsy, propensity to spasms, a cerebral atherosclerosis, pregnancy, a lactation, age till 15 years.

32. The new way of destruction of bacteria of a tuberculosis is found, starting in their cages process of «a deadly self-poisoning». Experts have found out enzyme which can initiate the reaction conducting to accumulation of toxic sugar under the name maltoza 1-phosphate in cages of tubercular bacteria. Increase of the maintenance of this sugar to certain level causes death of cages therefore the bacterium perishes. It is expected, that opening can lead to occurrence of new antibiotics for tuberculosis treatment. Researchers already work over creation of a preparation which can start chemical reaction deadly to tubercular bacteria in a human body. It is curious, that efficiency of this medicine can be raised by means of diet's: the certain type of starch which contains in baking yeast, is capable to strengthen preparation action, raising quantity of sugar in cages.

33. In book's Kurennoy about treatment a tuberculosis it is told, that in China 1500 years!!! Are not ill with a tuberculosis. They as kept silk, porcelain secret. It appears, they are treated Mole Cricket. Frenchmen have decided to Check up and, taking juice Mole Cricket have started in Koch,s the «most terrible» Sticks, began to observe in a microscope. It is literally in 20 minutes of a stick have been destroyed.

34. Plants with antitubercular properties I make the big group. Important! Cured from a tuberculosis probably, but it is necessary to select to everyone the means. Important! Unfortunately, many sick tuberculosis makes not the correct diagnosis or it is put late, correct schemes of treatment of inadequate duration are appointed not, corresponding dynamic supervision is not spent. Liver defeat at tuberculosis.

The tuberculosis demands long treatment, and strong enough medicines. At similar chemotherapy often there are collateral reactions up to full intolerance of many antitubercular preparations. Such reaction of an organism to medicines is connected with infringements of functions of a liver more often. Numerous tests have led to a choice of amber acid as the effective remedy supporting work of a liver at treatment of a tuberculosis. The amber acid applied to support of work of a liver at conducting of medicinal therapy, raises protective resources of an organism and promotes treatment. It a medical product from a tuberculosis is not, but the general strengthening, antitoxic action helps treatment and for a long time fixes the received effect.



Attention! An albuminous food or the use of marinated, sour and salty products worsens Absorption anti tubercular means Isoniazid's without the albuminous on the contrary, improves.

Attention! Treats tuberculems Birch tar on milk - on 1 drop in 50 ml of milk - 1 week, 2 week - on 2 drops and so 10 weeks, then - 2 weeks a break and again treatment till 6 months. The control of function of kidneys - the general analysis of urine and on Nechiporenko. Treatment of a vaccinal tuberculosis and complication after vaccination.

The first, inoculations from a tuberculosis do not rescue. There is sense no them to do. Till 3 years it should be precisely forbidden. Till 3 years there is a formation own immunitet's and to interfere it is not desirable.

1.Sangviritrin tablets - reception is possible from 1 year. The special requirement - reception of a tablet after meal in 30-40 minutes. Doses to vary! Criteria is pains in a stomach! Then doses to reduce!

2.Imunofan candles in a rectum or pricks intramuscularly - 10 days course of treatment. Then a break and the treatment control! These preparations it is possible to treat any form and a tuberculosis stage, except tuberculema's.

TREATMENT MODES AT PRESERVATION OF FULL SENSITIVITY TO PREPARATIONS:

For microorganisms completely sensitive to medicines are developed highly specific (on preparations, doses, duration) and highly effective (more than 95 % of the cured cases) treatment modes. Last recommendations (CDC) represent certain value as results of careful research. They are based on the qualitative clinical tests undertaken on last generation of people.

One of modes consists of four preparations in a faltering mode 3 times a week by means of therapy of direct supervision (TDS) duration of 6 months of all or 3 months after culture conversion in negative - are applied that variant which will appear longer. In the most popular mode 4 preparations (Isoniazid, Rifampicin, Pyrazinamide, Etambutol) within two months and then 2 preparations (Isoniazid, Rifampicin) within four months with expected negative cultures in two or three months are applied. As a whole both modes assume sensitive microorganisms and are most effective at immuno-competent patients. (CDC) underlines, that if 4

preparations are applied during all period of treatment, failure in treatment or relapses at the patients «lost» before the termination of a course, are less probable. The faltering mode is insufficiently flexible at the admission of doses while the daily mode is tolerant to greater to percent of errors.

At daily reception of medicines both good clinical and radiological effect performance of a mode of treatment is considered adequate if the patient has accepted 80 % or more ordered doses of preparations. At a faltering mode of reception 2 times a week in general 100 % of doses should be accepted and are documented in therapies of direct supervision, course of treatment should be prolonged in case of the admission of a considerable quantity of doses. If in course of treatment there are admissions, it is necessary to make clinically proved decision, but a starting point always should be negative cultures, it is necessary to reach this moment and to calculate reasonable duration of a phase of continuation.

Important! Treatment of the HIV-infected patients should be individualization, as combination treatment of a tuberculosis and a HIV infection not compatibly! Standard on days the treatment scheme:
4 preparations:

- 1.Tubazid - 0,3 mg
2. Rifampicin (a reef - 1) - 0,6.
- 3.Pirazinamid - 1,5
- 4.Etambutol - 1,2

These are daily doses, it is necessary to drink on some tablets in day 2 months.

And then even 4 months - other scheme, course of treatment of all - 6 months.

It, that ph. this patricians advise. At them the scheme standard for all one. The scheme is very toxic. Resistance arises quickly!

The new scheme treatments (author's):

- 1.Rifater (under the scheme).
- 2.Levofloxacin (it is an antibiotic from group ftorchinolons).
- 3.Veronica speedwell medicinal - broths, itself too treats and will clean collateral action of antitubercular preparations.



4. Vitamins - A, E, C - doses hardly above averages therapeutic. It will weaken collateral action of anti-tubercular preparations and will help to clean an inflammation. It is necessary to accept all 3 months. Then the treatment control.

5. Sangviritrin in tablets - reception strictly in 20 minutes after meal, at reception to meal the preparation causes vomiting, the preparation is very effective, since to it does not come resistance to big bacteria.

6. Metionin - on 0,25 r during meal, as hepatoprotector at reception of anti tubercular preparations.

7. Tunctura a Myrtle - the amplifier of antitubercular preparations.

8. ASD-2 - for internal application under the scheme. Bronchoscopies it is possible to make, as the treatment control.

This my personal opinion. If microorganisms pan sensitive, are sensitive to all preparations, and Immunosuppression is minimum, and then the effect from treatment should be excellent under condition of appropriate reception of preparations. Nevertheless, at deep immune suppression's, cachexia's and extensive disease recover can be slow and can be demanded an order of 6 months of treatment after negative cultures. Though (CDC) also proves, that HIV-positive patients are necessary for treating in the same way, as well as HIV-negative.

In this connection it is necessary for clinical physician-pharmacist to consider the problem with all gravity on longer, than 3-4 months, a phase of continuation of treatment to avoid dangerous relapses. Certainly, at sick of AIDS often happens very difficultly to distinguish relapse from reinfection's, and the high-grade clinical decision is required to solve, whether to use a primary medicinal mode, considering, that it simply relapse which has arisen at the expense of passive microorganisms in the past or to add two or three new preparations in connection with suspicion on reinfection's resistant microorganisms to medical products.

The clinical physician quite can flexibly approach to schedule drawing up on application in therapy direct supervision (TDS): to use advantages of a faltering mode of reception of preparations when its application

is proved, and also to appoint a place and supervision time so that it optimised sense of duty of the patient.

Maintenance with transport, service of care of children, translators, and also respect and care atmosphere strongly promote qualitative medical process.

Consultations on drugs, alcohol and HIV (including serology if the patient agrees) are obligatory and have direct influence on medical process. Use of encouragements and incentive stimulus, such, as easy snack, meal, money for transport, - quite to a place. In success of the program of tubercular supervision involving in process of medical sisters betrayed to business and the workers of public health services well knowing local community and capable to come to mutual understanding with patients is paramount. If usual self-checked treatment is necessary, it is desirable to appoint the combined preparations which are accessible in the form of combination Izobiazid-Rifampicin (Rifamat and Rifinag) and recently have appeared in the form of combination Isoniazid-Rifampicin-Pyrazinamide (Rifater). Such combined preparations prevent a variant of monotherapy and development because of this tuberculosis with plural medicinal stability. This important advantage which in any way cannot achieve, using monopreparations separately.

Unique new group of really useful anti tubercular preparations are derivatives Fluoroquinolone and especially Rifampicin's. Ciprofloxacin was the first Offered and widely applied to anti tubercular treatment chino Lon's, soon it began to apply behind first row preparations, before application of more toxic Traditional preparations of the second row. Very soon for Ciprofloxacin has followed Ofloxacin and recently - Levofloxacin, having following important advantages: the big duration of action, the big activity, less expressed by effects and comparable or even smaller cost in comparison with others chino loons.

For last decade there was two derivative rifampicin: Rifabutin and Rifapentin. Rifabutin rifampicin though it is less studied is so active against a tuberculosis, as well as, but has following the important properties: it to a lesser degree induces microsomal liver system, than rifampicin; reduces medicinal interactions (especially with inhibitors protease's): it is more active, than Rifampicin, concerning Mycobacterium avium intracellular and keeps the activity against a tuberculosis approximately in 30 % of cases, despite



Resistance to Rifampicin. Clinical physicians should remember, that its dosage makes half from a dosage of Rifampicin and, that the most essential its collateral effect is uveitis. Rifapentin has been approved by Management on medicinal substances and foodstuff of the USA (FDA - Food and Drug Administration) thanks to the unique properties, such, as: the greatest duration of action from all Rifampicins and consequently special convenience at treatment in a faltering mode, activity against a tuberculosis, not smaller, than at Rifampicin's and Rifabutin's, but big - against *Micobacterium avium* intracellular.

Proceeding researches slightly open fine prospect of documentary dispensing Rifapentin's once a week during a phase of continuation of treatment. The subsequent studying will more precisely define a role Rifapentin's in treatment and even preventive maintenance, but it represents the most considerable achievement in antitubercular chemotherapy for last 40 years (Juan Albina, Whether Rauichman, 2007).

Products especially useful at a tuberculosis The success in treatment of this disease to no small degree depends on an immunity condition. One of ways it to support - an albuminous food. Eggs by all means should enter into a daily diet cottage cheese, dairy products. Also, certainly, meat and fish, but not fried, a hen whom it is necessary to skin together with fat adjoining to it. Sausage products are excluded, as fats entering into them are badly acquired. Infectious process in lungs causes an organism intoxication. Besides it is necessary to accept a considerable quantity of medicines which badly influence a liver. Vegetables and fruit accelerate deducing of toxins. It is not obligatory to choose from them the most expensive. It is quite possible to manage cabbage, a beet, carrots, beam greens, apples. Juice, a cranberry berry juice is rather useful.

In the morning on an empty stomach it is desirable to eat a honey spoon, having Washed down with its half of litre of water. It helps an organism to get rid of the harmful substances which have accumulated for night. At tuberculosis to all patients recommend to accept vitamin complexes (A.E.C) with minerals. As an additional source of vitamins of group C in food add wheaten bran. The mix of the crushed dried apricots and raisin with honey helps to compensate for the deficiency kalium's and other mineral substances.

Are useful also - milk, eggs, fat (dog, bear, badger, pork), fruit, the apples grated with honey, a guelder-rose with honey, natural juice.

Tuberculosis treatment long also is necessary to support immunity. Grasses or gathering should be changed in 1-2 months, doing having rummaged 10-14 days, therefore it is impossible to stop on one recipe. Attention! Own supervision of the author of the book over the period 1983- 2012rr.

After BCG increase growth staphylococcal epidermii (a nursery pemphigus), risk factors on growth *Staphylococcus aureus* increase. Children grow is often ill (OI). Consultations of such children at iridodiagnosis specify in development adverse post vaccinal the conditions causing in subsequent postnatal the lives splashes of growth of syndromes of chronic weariness, a pneumonia, a meningitis, the arthritis's caused that demands intensive treatment. Antibiotics and that not all groups only stop growth *Staphylococcus aureus* of bacteria. The analysis Immunogramms authentically reveals essential decrease in fabric immunity, the immunity V link suffers, the V-immunodeficiency that demanded correction and treatment with the control of parameters comes to light. It is not surprising, that methods of treatment of the previous authors were not effective. *Staphylococcus aureus* usually it is not treated usually by antibiotics (the author, 2007).

And, if to do inoculations, monovalency as modern combination vaccines complicates formation of artificial immunity! Especially heavy vaccine combination - BCG + V-hepatitis influence cases on white substance of a brain, that children are temperature for years also cease to speak. There is a defeat of brain activity. It is impossible to do these vaccines together! The combination is dangerous to children! That I describe, is proofs (s author, 2010). Pharmacogenetica - a perspective science in respect of elimination of genetic anomalies by means of medicines, at an unsuccessful genofund their toxicity becomes dangerous three times as much! Medicines - carriers in a gene which is completely deciphered, therefore Pharmacogenotherapy - a real component not the far future are necessary!



COMBINATION APPLICATION PHARMACY AND HERBAL MEDICINES FOR THE PURPOSE OF INCREASE OF EFFICIENCY AND SAFETY OF PREVENTIVE MAINTENANCE AND TREATMENT:

With antibiotics it is possible to appoint rhizomes or Elecampane's, Potential's, birches, pine kidneys, flowers calendulas, Lespedeza's, a lavender, a balm, a raspberry, a juniper, Echinacea's for strengthening antimicrobial properties of antibiotics.

Fennel, a fir, hop, Eucalypt is for dysbacteriosis preventive maintenance. Group Ampicillin's: Ampicillin, Amoxicillin (Flemoxin) does not cause a dysbacteriosis and super infections (can dido mycosis), therefore it is possible not to appoint NY statin and its group in standards of treatment with antibiotics as recipe this is not compatible! Selection of a concrete medicine entrust the expert - to the Clinical Pharmacist!

Till 3 years of an inoculation to do it is impossible, while there is a formation of own immunity. From a blood umbilical cord it is possible to do analyses immune Grammy for definition of a condition of immunity (for revealing of a primary immunodeficiency). It is necessary to do Immune grams 3 levels of complexity. It is necessary to spend screening of such children. In 3 years to do the repeated analysis Immune grams and at revealing of a primary or secondary immunodeficiency of an inoculation to such children are counter indicative!

They need to be treated Immune modulators!

Treatment schemes are approved by me on patients in clinical practice with good results. It would be desirable to give alternative of children and their parents that it was possible preventive and to treat children's illnesses without vaccines, and also to help those children who already had complications on vaccines. It is ready to describe all children's illnesses and all vaccinal complications (illness) and as them to treat.

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