Markers of General Pathology in Medical Monitoring

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Abstract

The entire centuries-old history of world medicine is marked by a constant search for ways to guarantee human health and longevity, as the main task facing humanity. The Found of the Newest Medical and Ecological Technologies (Moscow) considers it its duty to inform that a scientific discovery has occurred, the significance of which can hardly be overestimated, since it opens up previously unattainable horizons for humanity and for every person. To implement fundamentally new opportunities, it is required that the Supreme governing bodies of the most developed countries of the world, having discussed the latest high-tech achievements of their scientists in studying the capabilities of the genetic apparatus of human cells, help in the implementation of a scientific program for the implementation of guaranteed health and longevity of a person.

Keywords: Longevity • Facing humanity • Ecological technologies

Description

Currently, according to the assessment of the World Health Organization, modern medicine is able to guarantee human health by no more than 10%. This is due to the fact that modern healthcare is based on nosological approach to diseases and on monitoring the effectiveness of treatment for specific markers of specific diseases, which is fraught with many complications of the type: "we treat one thing, we cripple the other". Ever since the time of Hippocrates, 25 centuries ago, it was clear that such a practice was defective. However, overcoming the shortcomings of the nosological approach to diseases could become possible only after the discovery of such signs of the human body that would be sensitive to all diseases, making it possible to observe the integral state of the body during treatment. Albert Einstein believed that only after such a discovery it would be possible to talk about the creation of scientific medicine. To search for such nonspecific

general pathological markers in all countries, the Institutes of General Human Pathology and similar departments'at all medical institutes were organized, which developed the general pathological direction in medicine. Consider, for example, the monograph of the USSR State Prize laureate, Academician V.V. Serov "General pathological approaches to the knowledge of the disease", Publishing House Medicine, Moscow,1999. Scientific School of VV Serov-30 doctors and 60 candidates of medical sciences.

However, it was possible to interrupt the string of unsuccessful 25 centuries of searches around the world for markers of common pathology for the first time only V.D. Paponov with employees [1-5]. It was possible for the first time to establish the border between normal and pathological functional states of the human genome. This border turned out to be unchanged in different individuals, with different diseases and in different age categories.

Characteristics of normal states of the human genome in the form of the content of certain proteins in human leukocytes: 53K/H2A<=0.25 and 43K/H2A>=1.61.

The Range of Pathological States of the Genome: 53K/H2A>0.25 and 43K/H2A<1.61.

Here 53K and 43K are the number of protein polypeptides with masses of 53 and 43 kilodaltons in human venous blood leukocytes, H2A is the amount of his tone H2A in these cells. For any pathology, the first marker increases above 0.25, and the second marker decreases from the boundary value of 1.61. At the same time, the contribution of individual genes to the production of both polypeptides with a mass of 53 kilodaltons and polypeptides with a mass of 43 kilodaltons can vary in different pathologies. However, in any disease, the genome reacts as an integral object by increasing the expression (productivity) of one group of genes and decreasing the productivity of another group of genes. Therefore, genetic engineering of individual genes in the search for nosological approaches to the treatment of patients looks unsuccessful.

It is required to develop medicines for the genome! Such a task has never been faced by world pharmacology. But this is the essence of a new strategy in ensuring human health, arising from a general pathological approach to diseases and from genomic monitoring of the effectiveness of treatment by markers of general pathology. We manage to select medications for individual patients that normalize the functional activity of the genome, which is accompanied by the normalization of the whole organism. However, for a quick and successful work, a practical doctor must have an arsenal of drugs for the genome, which would allow him to choose a drug that is suitable for a particular patient, taking into account not only his pathogenesis status, but also taking into account the individual reactivity of his organism. It seems relevant for a fundamentally new direction in medicine to become an interstate task that serves not only to improve health, but also to reduce antagonism and aggressiveness in relations between nations and states [6].

General genome monitoring

The analysis of protein composition of venous blood leukocytes in different patient population and their results are enlisted in Table 1. The efficacy of the drug taken once a day before bedtime is shown in Table 2.

Table 1. Results of analysis of protein composition of venous blood leukocytes.

S. No	Normal general pathology markers	53K/H2A<0.25	43K/H2A>1.61
1	Patient SAR VI. 84 years, Date of analysis: 20.10.2014	53K/H2A=0.28	43K/H2A=1.1
2	Patient Vost VF. 66 years, Date of analysis: 21.10.2014	53K/H2A=0.45	43K/H2A=1.26
3	Patient LM I. 61 years, date of analysis: 10.21.2014	53K/H2A=0.29	43K/H2A=0.64
4	Patient Gl Al.71 years, Date of analysis: 22.10.2014	53K/H2A=0.38	43K/H2A=1.83
5	Patient Eph DV. 40 years, Date of analysis: 17.10.2014	53K/H2A=0.30	43K/H2A=0.73
6	Patient Check Al. 71 years, Date of analysis: 20.10.2014	53K/H2A=0.32	43K/H2A=0.95
7	Patient Ch OV. 54 years, Date of analysis: 13.10.2014	53K/H2A=0.38	43K/H2A=1.68
8	Patient Cat MM. 62 years, Date of analysis: 14.05.2015	53/H2A=0.39	43K/H2A=1.26
9 —	Patient KD B.65years, Date of analysis: 13.03.2014	53K/H2A=0.36	43K/H2A= 2.14
9 —	Patient KD B.65years, Date of analysis: 15.04.2014	53K/H2A=0.23	43K/H2A=1.63
10	Two hours after the injection of beta-interferon	53/H2A=0.32	43K/H2A=1.34

Table 2. Results of treatment after taking the drug once a day before bedtime.

S. No	Normal general pathology markers	53K/H2A<0.25	43K/H2A>1.61
	Patient 68 years old, Date of Analysis: 26.07.2010	53K/H2A=0.32	43K/H2A=1.34
	Patient 68 years old, Date of Analysis: 04.08.2010	53K/H2A=0.30	43K/H2A=1.7
1	Patient 68 years old, Date of Analysis: 17.09. 2010	53K/H2A=0.23	43K/H2A=1.8
	Patient 71 years old, Date of Analysis: 14.01.2014	53K/H2A=0.59	43K/H2A=2.04
	Patient 71 years old, Date of Analysis: 22.01.2014	53K/H2A=0.23	43K / H2A=1.58
2	Patient 71 years old, Date of Analysis: 03.02.2014	53K/H2A=0.18	43K/H2A=1.72
	Patient 80 years old, Date of Analysis: 04.12.2013	53K/H2A=0.47	43K/H2A=1.78
	Patient 80 years old, Date of Analysis: 22.01.2014	53K/H2A=0.45	43K/H2A=1.79
3	Patient 80 years old, Date of Analysis: 10.02.2014	53K/H2A=0.14	43K/H2A=1.87
	Patient 57 years old, Date of Analysis: 14.01.2014	53K/H2A=0.55	43K/H2A=2.28
	Patient 57 years old, Date of Analysis: 22.01.2014	53K/H2A=0.22	43K/H2A= 2.09
	Patient 57 years old, Date of Analysis: 10.02.2014	53K/H2A=0.19	43K/H2A=2.31
4	Patient 57 years old, Date of Analysis: 25.02.2014	53K/H2A=0.24	43K/H2A=1.88
	Patient 69 years old, Date of Analysis: 14.01.2014	53K/H2A=0.54	43K/H2A=2.41
	Patient 69 years old, Date of Analysis: 22.01.2014	53K/H2A=0.35	43K/H2A=1.45
	Patient 69 years old, Date of Analysis: 03.02.2014	53K/H2A=0.31	43K/H2A=1.63
5	Patient 69 years old, Date of Analysis: 10.02.2014	53K/H2A=0.28	43K/H2A=1.64
	Patient 69 years old, Date of Analysis: 25.02.2014	53K/H2A=0.22	43K/H2A=1.7

Conclusion

It should be noted that the nosological approach to diseases implies only personalized diagnostics, while the general pathological approach implies personalized therapy. Therefore, they are able precisely in conjunction with each other to provide the long-awaited personalized medicine and healthcare, with a guarantee approaching 100%.

References

- Paponov,VD., et al."On markers of general pathology". Bull. Exp. Biol. Med. B EXP BIOL MED+.133.3(2002): 222-264.
- Paponov,VD., et al. "On the nature of new markers of general pathology". Therapeutic archive.74.12(2002):91-95.
- Paponov,VD., et al. "Relative in formativeness of quantitative indicators of population and protein composition of human peripheral blood leukocytes for monitoring patients with psoriasis". Bulletin of Dermatology and Venereology.3(2002):47-49.
- Paponov,VD.,et al. "Development of the concept of the norm based on markers of general pathology". Journal on Immunorehabilitation. 4.2(2002):253.
- Paponov,VD., et al. "Abnormal manifestations of the human genetic apparatus in pathology and the prospects for improving the treatment of diseases of various etiologies". Therapeutic Archives. 1 (2004):82-87.
- Paponov,VD., & Paponov,VV. "General Pathology Markers, Genome Drugs and Effective Therapy". Clinical Case Reports Journal.1.3(2020):1-2.