

REFLECTIONS OF THE CLINICAL IMMUNOLOGISTS^{1,2}*Zemskov V. M. and ³Zemskov A. M.

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I note that modern clinical immunology is in some kind of crisis, which prevents it from taking its rightful place among the medical sciences and fulfilling its tasks.

Today, this clinical science is highly demanded, since we are witnessing a large-scale modification of the collective immunity of the Earth's population in the direction of the development of immunodeficiencies and violation of a number of health factors, such as autoaggression, allergies, immunopathology, etc. This caused an increase in the atypical, refractory to the treatment of infectious, oncological, lymphoproliferative and other pathologies, the formation of a significant layer of people with hypersensitivity to a number of environmental factors.

In this sense, its paradoxes are the most important factor in restraining the progress of clinical immunology, since there is a strong opinion that for the most part mutations are inert, often negative and therefore in evolution turn out to be ineffective, despite the fact that they are completely to the immune system (Bernet) necessary. Moreover, in the reaction of immune recognition, they provide protection against aggressive antigens, limiting the lifespan of a person using the mechanism of "immune aging". Defective immune defense against oncological pathology is determined by specific "blocking" phenomena (protecting tumors with specific antibodies that have lost their antitumor cytotoxicity). The phenomenon of "slipping away" (recognition by the immune system of only a certain average number of

atypical cells) and “parity” (mandatory balancing of the number of T-killers and the mass of the tumor formation). This also includes the phenomenon of "perverted" recognition of tumor cells by our killers as their own and, therefore, harmless, etc. In addition, reliable immune reactions of myocardiocytes, nerve, endocrine and other non-immune cells and the closest connection of the immune, nervous and endocrine systems have already been discovered. metabolism, which forces us to re-examine the current immune system not as autonomous, but as the most important component of a more complex integrated system.

It should also be noted that the development of clinical immunology in a certain sense is aimed at creating subtle modern diagnostic technologies for evaluating the intimate mechanisms of pathology to the detriment of such an important progress in modern and effective therapeutic approaches. Therefore, in clinical practice, immunology operates mainly with non-specific diagnostics of immune processes and non-specific immunotropic therapy drugs. Nevertheless, such therapy is often highly effective not only in normalizing impaired immune status, but also in treating human immune pathology. But, unfortunately, there is still no single ideology for the restoration of immune disorders, and fundamental immunology prevails over clinical.

There is also a certain loss of confidence in the dogmas of clinical immunology, and clinical practice does not always confirm the persistence of immune responses to certain specific pathological factors. This also applies to the stability of immunomodulator targets, the existence of a relationship between the modified “laboratory” and clinical statuses, and their combined recovery in the process of convalescence. In addition, the phenomena of the determining influence of the clinical features of a disease on immunopathology and its elimination were discovered. The phenomena of immunogenesis continuity, realized by the mechanism of antigenic mimicry of “normal” microflora, the effectiveness of the combined action of traditional and immunotropic treatment, and the “intrinsic” effect of an immunomodulator with the exception of the effect of traditional treatment, have been discovered.

All these facts contributed to the emergence of peculiar ideas about clinical immunology among some practitioners, consisting in the fact that the main purpose of the lymphoid immune system is to implement anti-infection resistance, the main immune disorder is immunodeficiency, and the main approach for the treatment of immune disorders is immunostimulation, which in all cases is harmless. All this is very alarming, because it

promotes the arbitrary use of immunomodulators, which is greatly facilitated by rumor or aggressive advertising. Moreover, in the best case, the matter is limited to the restoration, correction of laboratory markers, that is, the "treatment" of analyzes.

And the last extreme case that really exists in clinical medicine today is a complete denial of the need for clinical immunology. No deep reasoning is needed to understand that this will lead to tragic consequences.