

**INTERNATIONAL PUBLIC ORGANIZATION  
PROTECTION OF HUMAN RIGHTS, HEALTH AND WELL-BEING**

**I.A. Gundarov**

**The VIP Leprosy Pandemic:  
Lessons for Security Services  
(a 20-year study)**



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### **I.A. Gundarov**

VIP Leprosy Pandemic: Lessons for Intelligence Services (20-Year Review)

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Evidence is presented of growing global political tensions elite prevalence of the dangerous infectious disease leprosy.

The reasons for the VIP pandemic are the lack of control mechanisms health of government leaders and disregard by intelligence agencies warnings about the reality of the leprosy process.

The sources of materials are publicly available interviews with doctors, descriptions of clinical examinations, test results, and extracts from medical documents, etc.

The high social status of patients requires a clear definition diagnostic actions permissible in relation to them. Especially if an illness is detected that requires removal from a leadership position epidemic grounds.

The global intelligence agencies' helplessness in countering a new type of biological aggression —"biokamikaze"—aimed at the targeted infection of government officials has been revealed. The monograph is intended for a

broad medical and political audience. the public to develop measures to eliminate the VIP pandemic threat and discussion of problems of international epidemiological security.

The text is published in the author's version.

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## ABOUT THE AUTHOR



Gundarov I.A. graduated from the Stavropol State Medical Institute (1971), special residency for work in Asian and African countries (1975), International Courses in Epidemiology at the London School of Hygiene and tropical diseases (1986); Doctor of Medical Sciences, Professor of specialty "internal medicine", professor of the course "healthy lifestyle" life"; Academician of the Russian Academy of Natural Sciences; expert of the WHO Regional Office for Europe (1987-1988); demography expert of the State Duma of the 5th convocation; head laboratories of the State Research Center of Preventive Medicine (1988-2005); Head of the Laboratory of the Research Institute of Public Health and Management Healthcare of the First Moscow State Medical University named after I.M. Sechenov (2005-2015); Chief specialist at the Sechenov Institute of Leadership and Healthcare Management University (2015-2020), Chairman of the Academic Council of the International public organization for the protection of human rights, health and well-being.

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### Application



*"Concealment of facts and circumstances by officials,  
creating a threat to the life and health of people, entails  
responsibility in accordance with the Federal Law"*

*Constitution of the Russian Federation, Article 41, paragraph 3.*

*"I am outraged and horrified by the fact that politics  
has come to dominate even in health care issues."*

***V. Kniazevych, Minister of Health of Ukraine***

*"Despite the fact that leprosy patients may  
meet in any region, ...presentation*

*Most doctors don't know about this infection...*

*correspond to the current state of leprology"*

***A. Yushchenko, Director of the Research Institute for the Study of Leprosy***

## INTRODUCTION

In the history of states, the illness of leaders has never been a reason for legislative removal from power. VIP diseases were always hidden for the sake of the interests of the immediate circle and political stability. This practice acceptable at slow social speeds when there are control defects have time to adjust to current events.

The situation is different in the 21st century. Enormous in scale and intensity The reforms have increased the cost of management errors. Including due to disregard for the opinion of doctors about the medical inadequacy of the rulers. Example – the last decades of the CPSU: Leonid Brezhnev – ischemic heart disease heart and brain, Yuri Andropov - severe renal failure, Konstantin Chernenko – pulmonary decompensation, Boris Yeltsin – alcoholic dementia, contributed to the collapse of the USSR.

The coronavirus saga has reached the peak of humiliation of medical dignity. Politicians driven mad by social psychosis have imposed false rules on healthcare installations for the diagnosis, prevention and treatment of respiratory diseases. Therefore, there were no key specialists in the anti-Covid headquarters – infectious disease specialists, virologists, epidemiologists, and healthcare organizers. The result is global economic upheaval and millions of lost lives.

There are no guarantees that tragedies will not return in an even worse form.

Nature came to the aid of doctors, unleashing it on the political Olympus harsh retribution. Over the past 20 years, a series of serious illnesses has overtaken senior government officials. And none of them have been given adequate diagnosis that ensures comprehensive treatment. The first victim in 2004 It turned out to be Ukrainian President Viktor Yushchenko. Then – Prime Minister and then President. Russia's Vladimir Putin, former US President Bill Clinton, former Prime Minister Ukraine Yulia Tymoshenko, hereinafter referred to as US Secretary of State Hillary Clinton, former Russian President Dmitry Medvedev, German Chancellor Angela Merkel and others.

In relation to Viktor Yushchenko in 2004, it was suggested that there was dangerous infectious disease leprosy. To clarify the diagnosis it was proposed to "...attract the best and independent doctors for serious examination of the patient. All people who had repeated contact with him are taken under observation with periodic examinations at least once a year. ..." [1]. The same diagnosis was given to Yushchenko by Russian politician Boris Nemtsov, an active participant in the Orange Revolution: "I am amazed by the courage and bravery of our people Ukrainian brothers in arms - to be so fearless in contact with a person, leprosy patients. I am confident that all democratic forces of fraternal Ukraine will take the right decision. decision regarding this person. Yushchenko needs urgent medical attention. assistance" [2]. However, the medical community did not accept the epidemic danger as a real fact.

The subsequent events described confirmed the leprosy version. five years later, in the monograph "What is the President's Disease? A Guide for Politicians on prevention of leprosy" [3]. And again - the lack of response from colleagues and the state authorities. Proposals for the organization of anti-epidemic measures aimed at

numerous Ukrainian and Russian government agencies,

The WHO representative office in Russia remained unanswered.

This monograph contains the results of a 20-year study the increasing prevalence of VIP leprosy worldwide since 2004. High the social status of patients requires a clear definition of what is acceptable in relation to diagnostic actions. Especially if a disease is detected, ordering the removal of the manager from office due to epidemic grounds.

The sources of diagnostic materials were those available in the open descriptions of medical examinations, interviews with treating physicians, and results are available tests, extracts from medical documents. Photographic illustrations obtained by directly scanning fragments of recordings from YouTube.

The collection of materials was carried out taking into account the legal requirements of Federal Law No. 323, Article 13; Criminal Code, Articles 137 and 128:

- Federal Law No. 323 "On the Fundamentals of Health Protection of Citizens in the Russian Federation", Art. 13. "Compliance medical confidentiality." Here, only the information that is considered a medical confidentiality is obtained during a medical examination of the person seeking help person. But they are also subject to disclosure if there is a threat of dissemination dangerous infections;

- Criminal Code, Article 137. "Violation of the inviolability of private life", paragraph 1. "The illegal collection or dissemination of information about a person's private life, constituting his personal or family secret, without his consent." By collecting information about private life is understood as its illegal acquisition: eavesdropping, questioning of persons, photographing, audio-video recording of information, familiarization with direct documents and materials, their theft, copying without the consent of the victim, as well as collecting information in violation procedures established by law;

- Criminal Code Art. 128.1. 1. "Slander, that is, the dissemination of knowingly false information that defames the honor and dignity of another person... 4. Slander that a person suffers from a disease that poses a danger to others..." There is no information confirmed at the time of the statement is considered knowingly false.

Repeated appeals to various government agencies with information about the spread of a dangerous infectious disease among politicians diseases remained unanswered.

Continue to watch the leprosy pandemic unfazed contradicts the requirements of the Hippocratic Oath (Appendix 1). To overcome administrative and political barriers require mass medical participation and a broad international initiative.

#### 1. **Threat to the life of the Russian President**

At the end of 2019, Russians almost lost the country's president, Vladimir Putin. Evidence of this is the long chin that has appeared on his neck. disfiguring scar with jagged edges (photo 1, 2) [4a, 4b]. What is its cause? An assassination attempt is unlikely. It could be a scar from a surgical operation regarding disease? But surgeons don't make such deforming incisions. So here— It's not a planned operation. Besides, there's nothing to remove in this area. Relatively thyroid cancer - it is localized lower, near the jugular fossa.

It remains to assume a sudden blockage of the airways, leading to suffocation and the need for a tracheotomy. But what caused the blockage? The foreign object is easily removed mechanically, including by turning it over the victim was upside down. This means there was some kind of illness complicated by swelling. vocal cords or epiglottis. Without oxygen supply, a person remains viability for 4-5 minutes. Beyond this time, development occurs biological death requiring emergency resuscitation. Okay, that there was a person nearby who understood the situation and decided to make a cut larynx, without having the appropriate experience. A professional would not cut from chin, but made a puncture below the thyroid cartilage. Perhaps it was necessary resuscitation measures.

Roughly applied transverse sutures with an overlap of 1-1.5 centimeters are striking on both sides of the wound. And why are there only 3-4 of them, and not continuous ones? cosmetic stitches along the incision? This is what they do with inflammation damage to the subcutaneous tissue, when ordinary sutures are cut through, making it difficult constriction of the wound edges. Therefore, they were applied rarely and with a wide grip. adjacent tissues. The version of deep dermatitis is confirmed by the nature of healing

incision by the end of 2020 - secondary intention with the formation of massive scars by the keloid type (photo 3,4).

It is also mysterious that the study of the skin of Putin's neck for the previous years discovers in 2017 the emergence of another scar - a previous one described. In 2016, the neck was clear, but in March 2018 it appeared postoperative scar (photo 5, 6). It becomes clear why in 2017 There was no Presidential Address to the Federal Assembly, which was postponed until March 2018. Probably, there was a progressive narrowing of the larynx, which required surgical intervention. Therefore, the wound here is straight, does not branch, and is carefully stitched up, and healing occurred by primary intention.

It turns out that the same type of clinical conditions developed in 2017 and 2019 situations that forced surgical action. The validity of such a conclusion confirms the identity of the composition of the teams of doctors who served Putin in in both cases. During the Soviet years, General Secretaries were usually accompanied a cardiologist and a neurologist, since in old age one should be more concerned of a heart attack or stroke. Whereas in August 2017, we flew to Sochi, where President Putin was present, along with more than ten medical professionals, including an anesthesiologist. a resuscitator, a neck surgeon, a neurosurgeon and, for some reason, a dermatologist a venereologist and an infectious disease specialist. This is evidenced by their placement in the sanatorium. "Rus" 08/25/2017, in accordance with the Act on the provision of services of the Federal State Budgetary Institution "United Sanatorium "Rus" of the Presidential Property Management Department of the Russian Federation. In November 2019 – roughly the same composition. However, in the first case, they managed to prevent stenosis. larynx, and the operation proceeded as usual. However, there were no organizational conclusions didn't do it. The price for carelessness was a second attack with the need emergency tracheostomy.

But it was also perceived as an accident, and not a manifestation of a general disease, requiring constant treatment. As a result, in April 2023, during a visit A new scar was discovered on Putin's neck at the site of the Cathedral of Christ the Savior. keloid scar (photo 7, 8). Judging by its appearance, it is 5-6 months old. It is unlikely It was an operation for cosmetic purposes, as the size of the scar had increased. Moreover, it was necessary to violate the Constitution a second time by refusing in 2022 Addresses to the Federal Assembly. An undiagnosed illness has likely worsened.

because of which the president was unable to participate even in November at the G20 Summit leading countries of the world on the island of Bali (Indonesia). Although the meeting had of particular importance for Russia, since conversations with the president were planned US President Joe Biden and General Secretary of the Communist Party of China Xi Jinping. No convincing reasons were given for the sudden refusal. Links for a busy schedule and more important internal events are not convincing.

Since 2015, signs of inflammation of the upper respiratory tract have been increasing, At first, in the form of rare coughs, and then frequent ones, even making speech difficult. Most likely it is of an infectious nature, as indicated by the connection infectious disease specialist to the doctors accompanying the president. However, the situation is not improved. "On November 18, 2020, during a meeting on the coronavirus in the Russian Federation, Vladimir Putin coughed violently... He asked for forgiveness and pressed his fist to his mouth, but It took a while to stop coughing. After a few seconds, the president was able to cope with the attack... the voice became hoarse" [7]. Or internationally meeting in Astana on interaction and confidence-building measures in Asia on 13.10.22 at 8-17 coughs per minute of speech. And such symptoms come in waves continues to this day.

The reason for therapeutic failure may be interference in the treatment the process of politicians forcing us to hide some symptoms and highlight others. At one time, the seriously ill leader of the former GDR, Erich Honecker, send him out of the USSR for a show trial in Germany, doctors at a Moscow hospital Botkin was diagnosed as "practically healthy." And the patient had terminal cancer, from which he soon died in Chile. In 1996, During the presidential campaign in Russia, all federal media talked about the heroic health of Yeltsin, who at that time was suffering from a severe heart attack.

Putin's political approach to health protection is constant the presence of a security guard with a black suitcase next to him. The president is running, and next to him the carrier of the suitcase runs (photo 9). Some say that this is armor protection "bag." But it is wider, without a zipper and with one handle, so deploy with a jerk (photo 10). And this is not a nuclear suitcase, which has a different form in which the equipment for making military decisions is located (photo 11).

It does not need to be within walking distance, since in order to be activated it takes minutes.

The media put out a version, and it was widely disseminated, that the speech is about collecting presidential excrement (feces and urine). The absurdity of the explanation is obvious – Putin wouldn't defecate in front of everyone: at meetings with honorary guards in foreign countries (photos 12, 13), on Red Square with guests (photo 14), during the laying of wreaths at the Piskarevskoye Cemetery (photo 15), at the altar in the Temple Christ the Savior on Easter (photo 16). For such purposes it is enough to have in the nearest toilet there is a security guard with a container.

The only justified version is the medical one: the president has a long-term, dangerous disease that can become complicated by edema at any moment larynx and airway stenosis. Exacerbations occur suddenly, and they need to be neutralized within seconds. Accordingly, resuscitation specialists must be strong build to lift a choking patient and move to a place convenient for manipulation. And intubation instruments must be kept in a bag near the patient. Therefore, at high international meetings, when security guards were prohibited from entering through the main entrance, they rushed headlong into the building through the technical doors (photo 17).

This version is confirmed by Putin's visit to Iran in the summer of 2022. swollen face. Similar swelling could also be present in the mucous membrane of the larynx. Therefore, in There was one resuscitator on the plane, and another was waiting at the steps, supervising the descent the president up the steps (photo 18). And in his hands is a resuscitation bag (photo 19).

Among non-communicable diseases there is not a single one that has the symptoms listed. Most likely there is some kind of infection, complicated by laryngeal edema. And its nature could not be determined. To answer A search is required for Putin's contacts with infectious patients - suspected sources of infection.

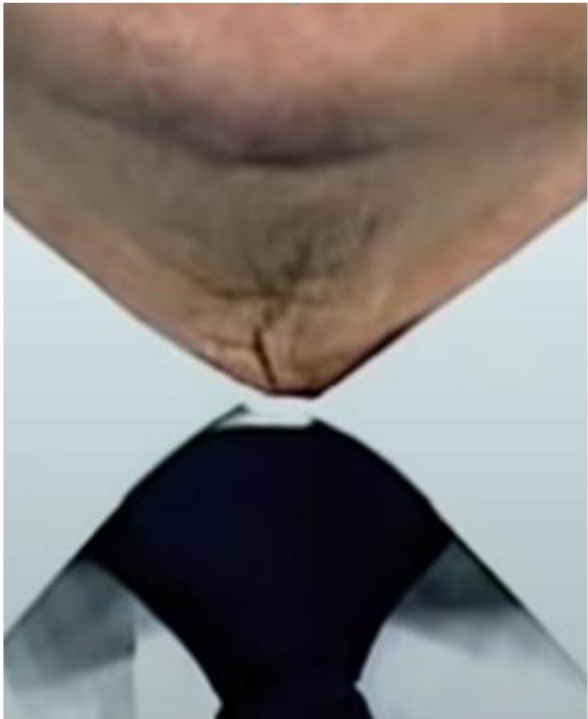


ILLUSTRATIONS – § I

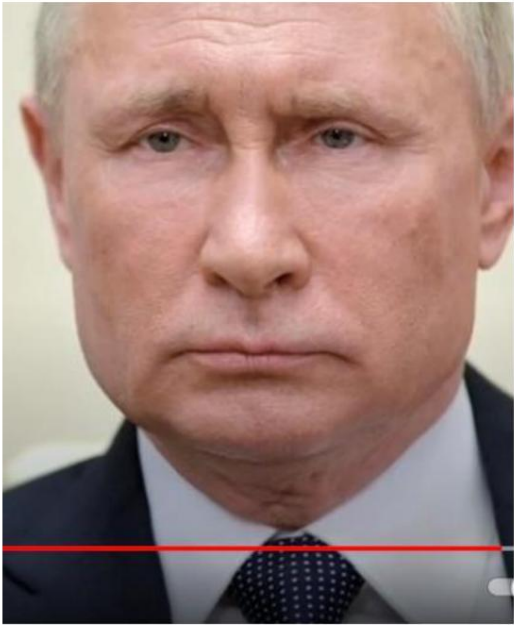
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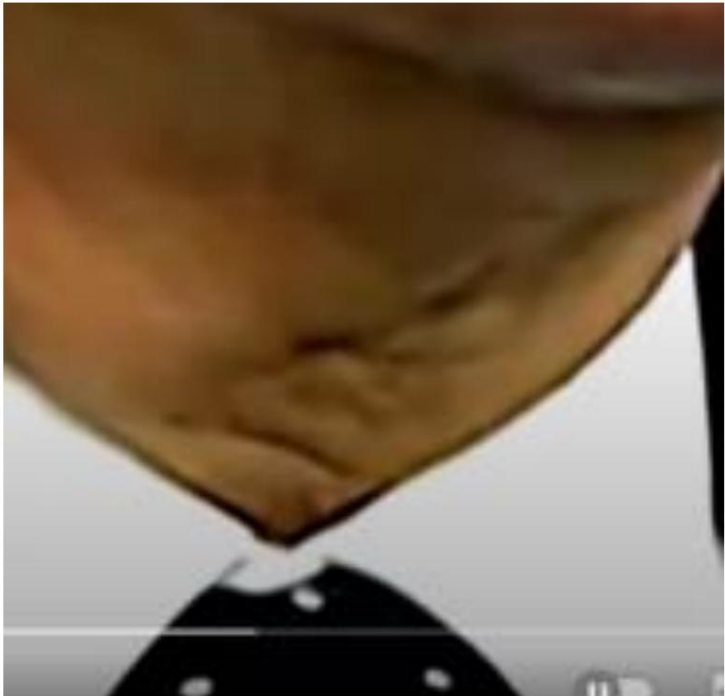
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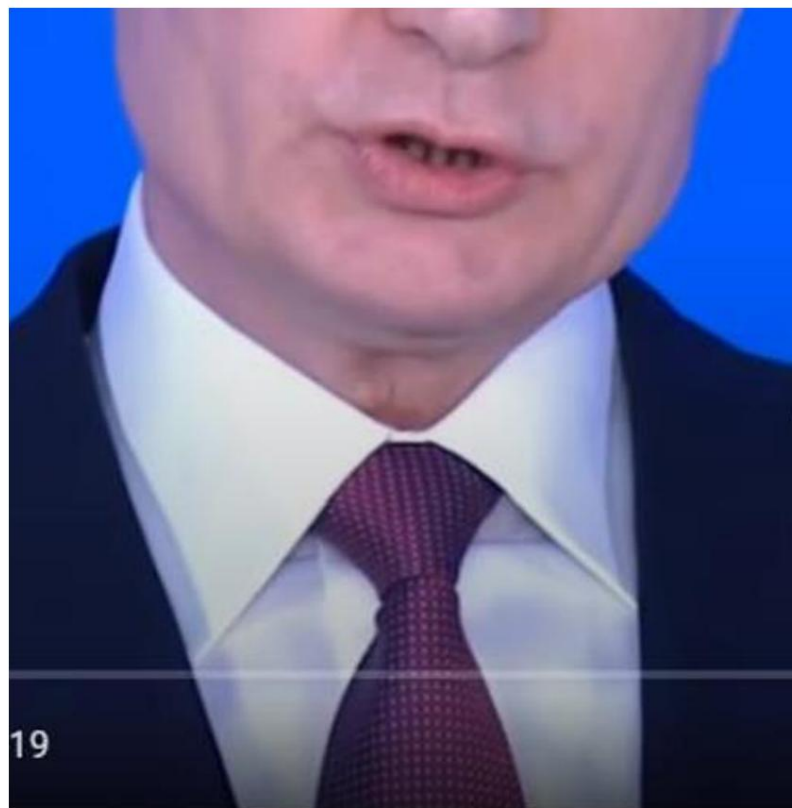


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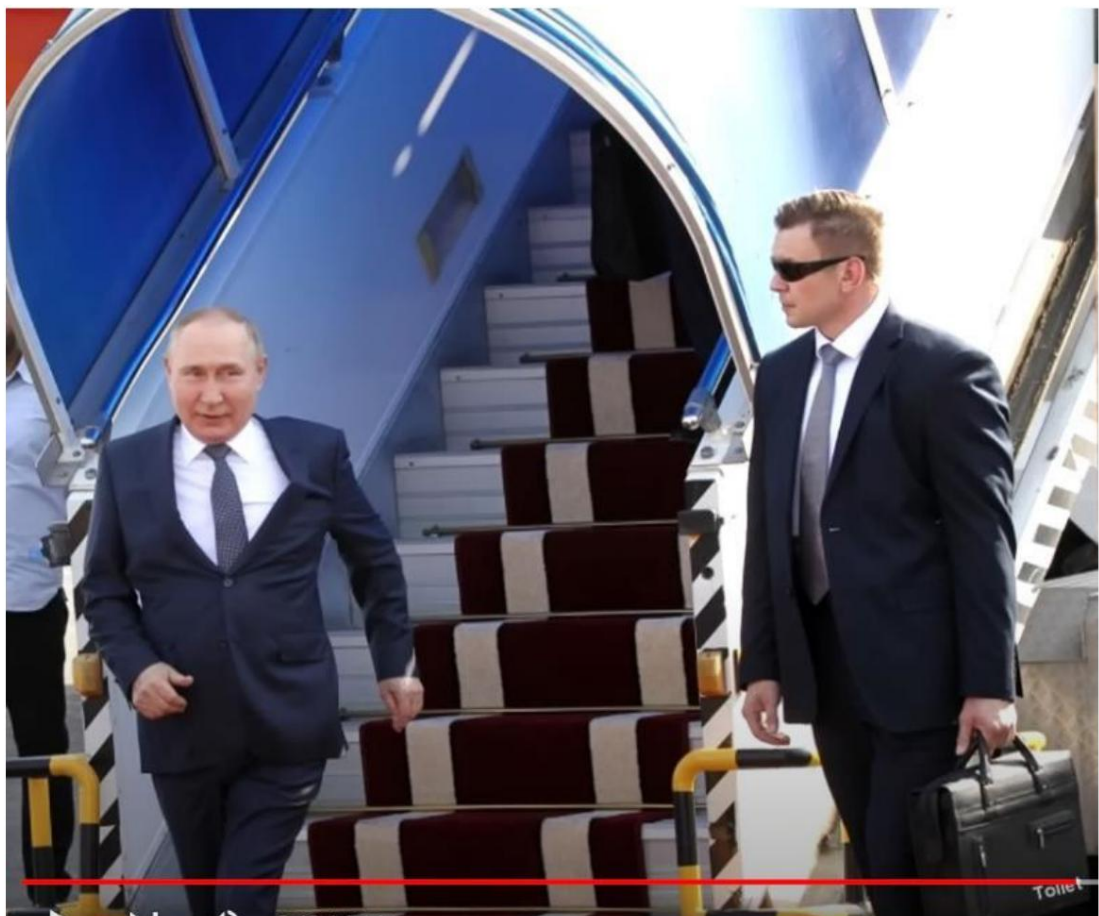
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## 2. The Ukrainian President's dangerous illness

Viktor Yushchenko, born in 1954, was the President of the Republic of Belarus from 1993 to 1999. Chairman of the Board of the National Bank of Ukraine, in 1999-2001 – Prime Minister Minister of Ukraine (photo 20). A detailed extract from his medical records

An expert group of Kyiv doctors, including Professor Stepanenko, made the decision. (head), professors Kolyadenko, PhD Protsenko, PhD Lobanova, PhD Kadenko et al. Photocopies of medical records from 1994 to 2004, presented by the Republican Clinical Hospital under the Cabinet Ministers of Ukraine (in Ukrainian - Appendix 2). Contrary to statements Yushchenko about his good health, numerous reports were recorded diseases of various organs:

- 1) digestive system: chronic gastritis, peptic ulcer 12-duodenum, chronic duodenitis, chronic cholecystitis, chronic colitis, intestinal dysbacteriosis, hepatosis;
- 2) peripheral nervous system: polyradicular syndrome, acute radicular syndrome at the level of the cervical spine, widespread osteochondrosis, left-sided sciatica, thoracorrhea, paresis of the left facial nerve;
- 3) skin and mucous membranes: herpes in the nasolabial triangle, erysipelas of the left hips, chronic blepharoconjunctivitis, allergic dermatitis;
- 4) cardiovascular system: atherosclerosis of the cerebral vessels, condition after phlebectomy of the veins of the right leg (1988);
- 5) mental disorders: asthenoneurotic syndrome, circulatory first degree encephalopathy;
- 6) endocrine system: nodular goiter, type 2 diabetes mellitus;
- 7) pulmonary system: left-sided pleurisy.

In 1997, due to pain in the spine, neurosurgery was performed discectomy surgery to relieve compression of a nerve root due to inflammatory process [8]. In 2001, another exacerbation occurred, requiring intensive outpatient anti-inflammatory and pain-relieving therapy [9]. The treatment was ineffective. Yushchenko could not move and he was again hospitalized at the Institute of Neurosurgery. After After two days of discharge, the pain returned, requiring further hospitalization.

As a result, he was not even present at an important meeting of the Verkhovna Rada appointment of a new prime minister [10]. During 2002, 65 visits to the clinic, an average of seven per month [Appendix 2]. In November 2004, Yushchenko sought advice from the International Center for neurosurgery for back pain [8].

As a result, the medical commission classified him as a frequently ill person. In this case, the diversity of diagnoses was perceived as a random collection of disparate phenomena that are not united into a single nosological process. Although it arose question: how can a middle-aged man living in favorable conditions, someone who is involved in sports and receives full medical care could accumulate so many independent diseases? It's logical to assume that they have a common cause whose existence has remained outside diagnostic attention.

In September 2004, amid the stress of participating in the presidential election Yushchenko's health began to deteriorate. A sharp deterioration occurred on the 6th of September [8]. (The clinical picture presented below is based on the descriptions of his attending physicians, laboratory test results, eyewitness accounts, press publications and photographs from the Internet. *(The font size is tilted quotes and texts including fragments of quotation)*). In the morning there were severe headaches, weakness, vomiting. On September 7, abdominal pain appeared, bowel disorder, back and chest pain, swelling under the eyes. September 8 pain in back increased, the skin of the face acquired a pink-red color, diction became lisp (photo 21). The first diagnosis was "stomach flu" [9]. Loss of sensation and numbness of the upper lip appeared. Skin lesions appeared dark spots. Swelling began to increase throughout the body. Diagnosed with stomach flu, and pancreatitis... complicated by rapidly developing swelling of the body," Yushchenko flew for treatment to the private Austrian clinic "Rudolfinnerhaus" [8,9].

According to Nikolai Korpan, a visiting professor at the clinic "Rudolfinnerhaus", general surgeon, graduate of the Kyiv Medical Institute and Yushchenko's attending physician, *"the patient was taken to the clinic with many acute diagnoses four days after the onset of the disease...Therefore Acute pancreatitis was just one of many diagnoses. There were also acute gastritis, acute colitis, atypical polysegmental chest pain and paresis*

faces." During the examination at the clinic, it was revealed: *an atypical disease with diffuse headaches, to which, within 12 hours, pain with acute sternal and gastric symptoms, and peripheral facial paresis, pain in spine, at the same time - acute pancreatitis, acute gastritis and colitis, damage to the mucous glands of the abdominal cavity, intestines, colon, liver inflammation. It's very rare to have so many diseases at the same time. medical practice. This gives grounds to speak about some specific reason. We cannot determine the causes of the disease. It is characterized a complex of symptoms that are very rarely combined* [8,10,13].

According to Michael Zimpfer, President of the Vienna Clinic Rudolfinerhaus, professor, specialist in resuscitation and pain relief, The patient had difficulty getting out of bed (photo 22). The back pain *could not be explained. neither from the point of view of intensive care medicine, nor from the point of view of neurology.* For her to relieve the pain, they used an anti-pain pump through which they administered strong painkillers. However, the patient's condition remained serious. An epidural catheter was inserted, through which radicular anesthesia was administered. My condition remained unchanged. Then they administered a mixture of all known medicines. painkillers. Only after this did Yushchenko's condition begin to improve. [10,13].

A complete blood count revealed no clarifying features. An endoscopy multiple small ulcerative lesions of the stomach and intestines were found. Due to facial asymmetry, a stroke was suspected. At the same time myocardial infarction was suspected. After instrumental examinations, including computed tomography, did not confirm these diagnoses. [10,11].

A week later, on September 18, the patient was discharged at his request, despite persistent symptoms of the disease. Erythematous rashes were noted around butterfly-wing nose (photo 23), paresis of the left facial nerve, from which The face was distorted to the right (photo 24). Left-sided logophthalmos developed. (rolling of the eyeball) due to isolated damage to the superior branch left facial nerve (photo 25), as per the textbook (photo 26).

The second hospitalization at the Rudolfinerhaus took place from September 30 to 10 October at the insistence of Korpan, who had previously gone to Kyiv with the aim of taking necessary tests. According to Yushchenko's press secretary, Irina Gerashchenko, the patient had speech defects, lacrimation, swelling and facial distortion. Redness and swelling of the skin all over the body appeared. According to Michael Zimpfer, *"...during the second stay in At the clinic, skin problems and back pain were the top priority. Infiltration of the back was attempted, but it was unsuccessful, pain the pain in my back got worse. Then I had an epidural (a catheter between "shovels" [10].*

To relieve pain in the spine, *opium* had to be administered. *substance through a central vein. This pain-relieving therapy can be compared only with therapy after undergoing very serious surgery or in case of injury in an accident.* The pain spread along the back intercostal spaces to the left. According to Korpan and Zimpfer, *pain the syndrome in the back was atypical, the symptoms could not be explained by such disease such as myositis. From an orthopedic point of view, this pain did not arise in spine. The back pain "could not be explained in terms of any intensive medicine, nor from a neurological point of view. It also wasn't suitable for to the exposed diagnosis [10].*

The results of the examinations confirmed the presence of *complex pancreatitis, reflux esophagitis, complex gastritis with possible gastric ulcer, hepatitis, complex left-sided proctocolitis Forms. Skin problems and back pain. Swelling and asymmetry face. Inflammation of the facial nerve, presumably caused by the herpes virus and bacteria. Left-sided otitis. Severe back pain had no explanation. from the point of view of intensive medicine, nor from the point of view of neurology. According to the statement Zimpfer, the causes of the disease symptoms were not determined. Efforts were are aimed primarily at treating herpes complicated by pancreatitis [10].*

The variety of symptoms registered in Yushchenko was perceived as a random combination that had no nosological definition. In his testimony at the trial, Korpan repeatedly repeated: *none of the known*

*diseases could not be diagnosed. The disease "...had a strange course in the period from 10 to 18 September and in the period from 30 September to 10 October 2004, unknown to medicine." The course of the disease was very atypical. I have a lot worked in the Kiev city center and at the Department of Surgery of the Kyiv medical institute, and saw many patients with acute pancreatitis. But that, What I saw here couldn't be compared to anything, so I called it pseudopancreatitis, pseudogastritis, pseudocolitis" [12].*

Zimpfer was of the same opinion that they were treating a patient, *"...in which the causes of the symptoms of the disease were not determined. We cannot determine the cause of the patient's illness. This disease characterized by a complex of symptoms that are very rarely combined"*

[8,10] On October 10, Yushchenko insisted on being discharged from the clinic and flew to Kyiv for participation in the election campaign. The willpower of those striving for power is striking. politician who, when speaking at numerous rallies, is half with a paralyzed and swollen face, there was an epidural between the shoulder blades a catheter through which powerful painkillers were administered every two hours drugs [9,13].

ILLUSTRATIONS – § II

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### 3. There was no poisoning.

The topic of Yushchenko's poisoning during a dinner with friends was first raised on 17 September, 10 days after the onset of the disease. It was expressed by Alexander Zinchenko – head of Yushchenko's election headquarters, vice-speaker of the Verkhovna Rada [14, [Part 1] The idea of poisoning was considered worthwhile, making it the core of the election campaign. 21 On September 1, Yushchenko made a statement from the rostrum of the Ukrainian parliament about the assassination attempt on his life by the official authorities. *"You know who this killer is. "The killer is power!"* [14, part 1].

On September 21, the Verkhovna Rada created a Temporary Investigative Commission. The investigation into the circumstances of Yushchenko's poisoning was chaired by former intelligence officer Vladimir Sivkovich. For professional study, a Ministry of Health commission was created to address the poisoning situation. Ukraine and a group of forensic experts. On the same day, September 21, 2004, the Prosecutor General's Office of Ukraine opened criminal case No. 49-1361 under Article 112 of the Criminal Code of Ukraine - "Encroachment on the life of a state or public figure." The investigation process was accompanied by four shifts of prosecutors: S. Piskun, G. Vasiliev, S. Piskun, A. Medvedko. In addition, leading officials from the Prosecutor General's Office and the Service participated in the work. The total volume of materials reached 35 volumes, 9 were conducted various examinations, more than 200 witnesses were questioned [35].

On September 28, doctors objected to the poisoning theory. Rudolf Finerhaus issued a press release that information about the use of poison is medically unfounded. Head of the Judicial Department, examinations of the Institute of Forensic Medicine of the University of Vienna, Professor Manfred Hochmeister, in response to a question from the Verkhovna Rada Commission, stated that *"the samples taken from Mr. Yushchenko on September 30, 2004, did not show traces of metal or drug poisoning were found"* [10]. According to the testimony of the chief physician of the clinic Lothar Wicke, the message about Yushchenko's poisoning – *"this is misinformation, a false diagnosis devoid of any medical basis"* [14, [Part 1] His words were confirmed by Zimpfer's statement that, according to the data of the conclusion of the Institute of Forensic Medicine *"no poisons were found."* The same is true in the conclusion of the Institute of Pharmacology made no mention of the presence of poison [8].

Kyiv politicians did not agree with this, and on October 3 the Prosecutor General Vasiliev and a group of parliamentarians flew to Austria to put pressure on clinic [14, part 1]. The pressure was partly successful, and on October 3, doctors published a new press release confirming there was no evidence of poisoning. But they added, that there is no evidence of its absence.

On October 4, Yushchenko's campaign headquarters appealed to the Temporary Investigative Committee commission demanding an investigation into the clinic's false statement about the absence poisoning [14, part 1]. However, on October 6, a press conference was organized, which announced the negative results of the official delegation's visit representatives of Kiev. Prosecutor General Vasiliev stated that *"there are no data that would indicate the deliberate poisoning of Yushchenko, The Prosecutor General's Office does not have it."* Minister of Health A. Pidaev announced the official statement of the Ministry of Health that there was no official information. The Ministry is not aware of any information regarding Yushchenko's illness and treatment received. In this regard, the Ministry of Health considers any attempts at medical analysis situations are biased, contrary to the norms of medical ethics and current legislation of Ukraine [14, part 2].

At the initiative of the Prosecutor General of Ukraine for professional expert medical commissions were created to analyze the situation. The commission The Ministry of Health included a therapist, a gastroenterologist and a neurologist, and the commission at the prosecutor's office - a dermatologist, an infectious disease specialist, and a cosmetologist. Based on the results of their work The poisoning version was not confirmed [28]. It was suggested that The cause of the disease was a *herpes viral infection* [13,14].

On October 22, the Prosecutor General's Office closes the criminal case based on the complaint poisoning. The investigator made this decision because the criminal case materials there was not a single circumstance in the case that indicated violence actions against Yushchenko. On the contrary, the examination materials showed that that the cause of the poisoning was an infection, probably herpes [14, part 1]. 19 On November 1, the Verkhovna Rada approved the final report of the Temporary Investigative Committee. commission investigating the circumstances of Yushchenko's poisoning. Signed by 8 members of the 12 came to the following conclusion: *"there is no evidence of the fact deliberate poisoning of Yushchenko and the use of biological weapons against him*

*weapons.*" There are no legal or factual grounds to assert that it had the place provided for in Article 112 of the Criminal Code of Ukraine ("Encroachment on the life of a statesman or public figure") [14, part 1].

On November 23-25, 2004, the Vienna Regional Court conducted an interrogation of the treating Yushchenko doctors Korpan and Zimpfer [10]. The chief was interrogated along with them Dr. Wicke of the Rudolfinerhaus clinic. When asked about evidence of poisoning All three answered unequivocally: there is no evidence of poisoning. Neither the Institute of Forensic medicine, nor the Institute of Pharmacology found any in blood, urine or nail samples poisons or heavy metals [14,15].

On December 8, 2004, Wicke told the Austrian news agency, that suspicions of poisoning the Ukrainian politician have not been confirmed. The same Zimpfer also said: *"Nothing has been proven yet. The case of poisoning without evidence is the same as murder without a corpse"* [14, part 1].

On December 9, Ukrainian President Leonid Kuchma signed a decree on his resignation. Prosecutor General Gennady Vasiliev and reinstatement to office Svyatoslav Piskun, who was dismissed before him [14, part 1]. December 11 General The Ukrainian prosecutor cancels the decision to close the criminal case, which is being resumed in full [17]. But at the end of 2004 he also complained about lack of evidence for the indictment. *"There were no tests taken in Ukraine, "And no. Just as there are no certified medical documents"* [16].

On March 8, 2005, Wicke was fired from his post as the clinic's chief physician for denied having evidence of poisoning. The court later reinstated him in this positions, and Wicke again stated: *"I was directly involved in this and I can say that the Institute of Forensic Medicine in Vienna did not find any traces toxic substances in his blood"* [16].

Surprisingly, the truth did not interest the patient himself. "Orange" team, former head of the SBU in the Tymoshenko government, Alexander Turchynov stated that he had no evidence of Yushchenko's poisoning, since *"The president has not deigned to submit to tissue tests over the past year"* [16]. Yushchenko's refusal of diagnostic tests was reported to an Austrian agency APA himself Zimpfer. *"Only an analysis of facial tissue can answer whether there was Yushchenko was poisoned."* "...However, during treatment at the clinic, the patient refused

*biopsy of facial tissue.* The commission members were struck by the fact that Yushchenko never attended their meetings despite numerous invitations and did not respond written questions [27]. *"Such behavior can only be explained by the fact that The "poisoned" person knows perfectly well that there is no poison in his body, and from this side "There is no threat to his health."* In such a situation, the chairman of the commission stated, *"... the commission itself can no longer function; its activities are futile.* Moreover, *Yushchenko prohibited the collection and processing of information about him "poisoning" [27].*

On June 14, 2005, in an interview with the newspaper "Fakty", former Prosecutor General Vasiliev confirmed that *there was no poisoning of Yushchenko. In 2004 The Prosecutor General's Office tried to find evidence on this fact, but "neither ours, Neither Austrian experts found any confirmation that there was a conspiracy against Viktor. Andreevich was the subject of a crime related to poisoning... Find out First of all, we need to know what actually happened and why the circumstances "The incident was presented as poisoning" [14, part 1].*

#### **4. The Pentagon is to blame for everything**

Yushchenko was diagnosed with a dangerous disease on the eve of the second round. presidential elections would mean the collapse of his political ambitions. Whereas proof of poisoning created the image of a man suffering from power, attracting political supporters. This required voting day On December 26th, they had to prove the presence of poison. But there wasn't any. David had warned about this. Zhvania, Yushchenko's ally and friend, and his son's godfather. As one of the leaders of the election headquarters were against the poisoning version, so as not to become hostages of irresponsible behavior. *"All tests are absolute fiction and falsification."* When asked why he had not made this information public earlier, Zhvania replied *that he did not want to disgrace the country, so that the spirit of the "orange revolution" was somehow leveled out. In order not to strike a blow to that the wonderful picture that emerged in the country at the time. And after Zinchenko's statement Everyone was running and trying to cover their backsides, since there was no poison or poisoners.* [18,28] A crisis was brewing for the "orange" team.

Then dioxin "appeared" in the blood – in December 2004, i.e. 2.5 months from the onset of the disease. It was "discovered" by American specialists from

of the US state of Virginia, invited with Yushchenko's permission to the investigation poisoning. Zimpfer and Korpan stated that *"it was the American group that had assistance in establishing a diagnosis and determining treatment options"* [8]. The fact of participation Americans confirmed Korpan at the trial in Vienna on November 23, 2004 [10]. according to a report by the American publication The Washington Post in mid-December 2004 A group of American doctors flew to Austria to secretly assist in treatment of an opposition presidential candidate poisoned by dioxin Ukraine. The newspaper reports this, citing US government officials. [19,20].

A group of six American doctors was led by a professor of medicine Gregory Saathoff, who served as executive director Critical Incident Analysis Group Group"), which helps government and public organizations in emergency situations. Saathoff received permission from the Yushchenko family discuss "limited" issues in this case. He emphasized that participation was secret: "...the American government has no interest or the possibility of being involved in this situation, since it would be interference in the elections of another country." The government decided not to act directly, but through Yushchenko's friend, lawyer McConnell, to whom advised hiring Saathoff. McConnell himself admitted that hiring Saathoff recommended by a representative of the American government, whose name is not disclosed named. The newspaper's journalists also managed to talk to a high-ranking an American official directly involved in this operation. He reported that it all started with a request from Yushchenko's wife for help, transmitted through official at the Pentagon. In response, the US State Department provided the group logistics, and Saathoff maintained constant contact with the State Department. The group was also assisted by the US Ambassador to Ukraine, John Herbst and the American Embassy in Vienna.

Why involve the Critical Situations Analysis Group if Was it about establishing a medical diagnosis? For this, it is enough to contact to the US Department of Health (Russia, France, Great Britain, etc.) request to send the appropriate specialists. This means that a problem has arisen in Ukraine

a highly critical situation for the United States, which it was able to cope with only to the relevant professionals. The criticality was that Yushchenko was required to take part in the approaching second round of the presidential elections an absolute victory. It was necessary to find a poison that had similar symptoms to Yushchenko's illness. In such a situation, the professionals of "Critical Incident Analysis" Group" have come to the only effective solution. We must firmly announce poisoning by dioxin. For this reason, a message appeared that the discovered Dioxin corresponds to the brand "Orange Agent". It was used by the Americans in during the Vietnam War, to make the jungle shed its leaves [20,21].

There were also versions that the poison was produced in Russia [20], and this was Putin's revenge for Yushchenko's pro-Western vector [24]. They even discovered channels delivery of dioxin to Ukraine. According to Interior Minister Yuri Lutsenko: *"Now it is known who transported the poison across the border, which deputy accompanied, which official brought him to the scene of the crime, and who mixed it into food"* [14, part 2].

In complex diagnostic situations in medicine they use technology of differential diagnostics, including the method of exclusion. allows you to find false facts in order to exclude those built on them erroneous conclusions. An example would be identifying the cause of death Minister of Internal Affairs of Ukraine Yuriy Kravchenko, who was involved in investigation into the poisonings. Kravchenko died in his garage from a bullet wound. penetrating head wound with brain damage. According to the version official investigators ruled it a suicide. As evidence a suicide note and a number of other materials are provided. On this basis The criminal case was closed due to lack of evidence of a crime.

Whereas from the standpoint of differential diagnostics on the head of a corpse 2 entry bullet holes and 2 exit holes were found. When fired at point-blank range The exit hole is a part of the torn out skull together with the brain. Therefore, after the first shot to the chin, Kravchenko could not act. on his own and fire a second shot, as alleged in the court filing. investigation. It is quite obvious that after the first shot the general was

He's dead. And the finishing shot wasn't his doing. So, it's a suicide theory.

is ruled out as impossible. All that remains is murder, and we need to find the perpetrators.

In Yushchenko's case, this "cannot be" is due to multiple differences  
doses of poison in the examined blood samples in the presence of a single poisoning:

- At first, Zimpfer firmly stated: *"Absolutely no evidence  
the presence of poison in Yushchenko's body or signs of the so-called  
"biological terrorism" was not noted. In this complex case  
The leading doctors of the Rudolfinerhaus held consultations with a number of foreign  
medical centers specializing in poisoning of the body, including  
and with the Poison Research Center in Washington, no poisoning*  
[15];

- and on December 8 – that Viktor Yushchenko *was poisoned in September with the aim of  
murders. Analysis of blood samples taken from him revealed dioxin levels,  
exceeding the norm by 1000 times* [16]. This figure was confirmed by Korpan [12];

- December 9, i.e. the next day – refutation of the previous  
statements: *"Today, there are suspicions of poisoning of the Ukrainian politician  
not confirmed"* [13];

- December 11th, suddenly again: *"We are definitely talking about dioxin poisoning."*  
[13];

- then, they say, thanks to the effective treatment in the clinic *"...the level  
dioxin levels were returned to normal"* [17]; *"all dioxins from Yushchenko's body  
"brought out"* [21];

- then Korpan showed an increase in the concentration of poison at that time to 5000  
times [22];

- On December 15, blood samples were again sent to the Amsterdam  
Bio Destruction Systems laboratory, where toxicologist Professor Abraham Brower  
discovered a 6000-fold excess of dioxin [14, part 1; 16];

- The Ukrainian prosecutor's office received the results of the blood test.  
Yushchenko from several European laboratories, testifying to  
exceeding dioxin doses by 10,000 times [29].

How can we explain such a spread if each of the designated laboratories was  
certified and valued its professional reputation? According to the explanation



French professor J. Sor, who took part in Yushchenko's treatment,  
*"dioxin was discovered quite late, because the idea of this type of poison  
 'It didn't immediately come to mind' [29]. Korpan gives a similar explanation. In April 2005  
 A journalist from the newspaper Novye Izvestia asked him a question: 'Why were the first two  
 The blood tests didn't show anything? How did it happen that the ultra-modern  
 laboratories 'didn't notice' the terrible amount of poison that it carried within itself  
 future president? Answer: 'In order for the lab to find something,  
 you need to set a specific task for her. And at first we were completely  
 confusion and simply did not understand what was happening.....The only analysis,  
 which was done – for mushroom poisoning...' [22].*

Both answers correspond to the level of a laboratory technician at a district hospital, not knowing what analysis to send the received materials for. If we talk about "ultra-modern" certified poison control centers, they do not. They wonder what research needs to be done, in addition to identifying mushroom poison. Especially with the materials of the president of a European country who found himself in criminal situation. Analysis is carried out automatically across the entire possible range of diagnostic kits.

Another question is how they managed to remove it from the body by December 14th. a poison dissolved in fatty tissues? After all, it is known: *"...if dioxins get into the body, then...there are no antidotes. At all. Usually, treatment is carried out on the basis of general principles applied in medicine and toxicology, that is, the so-called symptomatic therapy",*

Director of the Toxicology Center of the Russian Ministry of Health, Yuri, testifies Ostapenko [36]. The same position is held by the dioxin specialist N. Karakchiev: antidotes to dioxin are not known [37]. As for the period of natural half-life, when the concentration of dioxin is reduced by half, it is not

less than 5-7 years. Therefore, Korpan's statement that "in Yushchenko's Austrian clinic detoxification was carried out quickly and effectively... and now the Ukrainian politician "fully operational" [26] is a bluff.

According to the scenario of the American analytical group, dioxin is detected in Yushchenko's blood had to be tested in first-class laboratories, since the case took on a criminal tinge. A deputy flew to Washington for this purpose.

Verkhovna Rada to hand over blood samples. They could add the necessary quantity of poison to then distribute to laboratories. Bogomolets explained to the correspondent of "Ukrainska Pravda": *"At the clinic I took blood and skin samples, contents of cysts and even hair. ...All samples are in sealed containers, which were immediately signed and packaged by me personally, I gave away "to the responsible person."* This was *"the head of the presidential security, Pavel Alyoshin"* [5]. He could deliver blood samples to chemists who would laced them with poison. And then Korpan and Zimpfer delivered the material to laboratories for analysis [10].

To the conclusion about manipulations with blood samples, giving pronounced errors, Ukrainian researcher Sergei Lozunko came. Big He explains the range of indicators by the fact that the procedure for adding poison is difficult business. *"...To introduce a more or less reasonable dose of dioxin into the blood for analysis, extremely precise and relatively complex equipment is required. After all, we are talking should have been about doses measured in nanograms. A nanogram is one billionth of a gram. That's why there was such a miscalculation."* It is characteristic that Only blood was examined, not fatty tissue, where the poison mainly accumulates. Because it is impossible to add dioxin to the fabric [21].

It becomes clear why toxicological studies were carried out foreign laboratories, removing Ukrainian toxicologists from this. Acting Minister of Health of Ukraine N. Polishchuk stated that no dioxin analysis had been carried out in the country due to a lack of laboratories capable of detecting them [26]. While in fact dioxin control in the USSR was carried out by the Kyiv Institute of Ecohygiene and toxicology. It was the leading institution of the USSR Ministry of Health on problems toxicology of pesticides, polymers and plastics, the synthesis of which is the main source of dioxins. In 1987, a research institute was even created on the basis of this All-Union Center for Dioxins [26].

## 5. To doctors about a forgotten infection

If the clinical picture described by Yushchenko is not poisoning, So it's a disease. Nikolai Korpan suggested its infectious nature, claiming the influence of *endotoxins from bacteria, fungi, or viruses*. One version, expressed by doctors, there was an exacerbation of herpes. *Yushchenko's condition worsened*

*after September 5th is due to the activation of latent viral herpes infection, which later manifested itself in changes in the form acute interstitial pancreatitis, erosive and ulcerative lesions of the stomach and distal parts of the intestine, left-sided exudative pleurisy, Herpes zoster with severe pain. Facial nerve neuritis. may be associated with edematous-compressive changes in the facial trunk nerve, which, like left-sided otitis, was the result of a viral infection [8,10,41].*

However, herpetic dermatitis has different symptoms. The disease manifests itself as a rash in the form of grouped blisters against a background of erythema and swelling. 2-3 days before the rash appears, you may feel a burning, tingling, and itching sensation on the site of the future rash. The contents of the blisters are transparent, then become cloudy. They can merge into a multi-chambered continuous bubble. After the bubbles open erosions and ulcers form. The exacerbation lasts 10-14 days. With herpes, dense infiltrates arise, penetrating all layers of the skin. According to the conclusion Bogomolets, *"at the time of the onset of clinical manifestations of herpes..."* *"Viktor Andreevich was not there"* [5].

Doctors have forgotten the dermatological rule: *"In all unclear cases, when No regression of skin rashes is observed with conventional therapy (erythema, hyper- or hypopigmented spots, papules, infiltrates, tubercles, nodules), a diagnosis of leprosy should be assumed and appropriate investigation should be carried out additional examination"* [34, p.379]. If with any dermatological

If the diagnosis is that the disease does not respond to conventional treatment for a long time, it is necessary First of all, rule out three diseases that begin with the letter "L": Luis (syphilis), lupus (lupus), lepra (leprosy). Similar requirement also applies to long-term neuropathies.

In October 2004, Moscow professor Igor Gundarov expressed the assumption that Yushchenko had leprosy. This information became widely known in the media. Russian politician Boris was also diagnosed with leprosy. Nemtsov, an active participant in the Orange Revolution [2]. Ukrainian doctor In December 2004, Daniil Golubev also suggested that Yushchenko's face *"resembles someone disfigured by leprosy"* [13]. However, the president's attending physicians

refused to consider this version. In April 2005, Korpan confirmed that Professor Gundarov *"wrote an open letter through the press and persistently invited to a discussion, claiming 99% certainty that the Ukrainian president was not poisoned dioxin, but he has leprosy."* The journalist asked about Korpan's attitude to this diagnosis? The answer was a categorical denial. *"Leprosy? Even a rural the paramedic would be embarrassed to say such a thing based on the picture on TV and newspaper photographs. This is ridiculous!"* [22]. *"This version is excluded - you Any specialist will confirm this. Leprosy is a highly contagious disease. If only If Yushchenko had been sick with it, then his family members and people from the immediate surroundings would have also fallen ill. environment"* [25]. But the duration of the incubation period for leprosy reaches 30-40 years old.

Olga Bogomolets was also asked about leprosy. The answer: *"And you didn't know about bees."* *Forgot? Actually, there are no problems here at all, because there is a specific picture of each disease, which is completely different It looks like this. These are just speculations and fantasies of illiterate ordinary people. medicine."* *"The clinical symptoms that are present in leprosy look completely differently?"* *"Leprosy is a disease that progresses for decades."* *With leprosy there should be disturbances of sensitivity* [5]. But here also stated that *"Viktor Andreevich had a temporary violation sensitivity in the feet, and local numbness of the upper lip.*

Objecting to the diagnosis of leprosy, Bogomolets points out that *"...patients with leprosy doesn't need painkillers."* And Yushchenko, when he *"...arrived at the clinic, severe pain in the legs remained..."* [5]. While in reality for leprosy *complaints of neuralgic and arthralgic pain in the extremities* are characteristic, not amenable to conventional pain therapy [46, p. 171]. In the nerve roots spinal cord due to thickening from inflammation of the stroma that forms them compression occurs in the fibrous-osseous canals of the spinal column. Pain occurs that cannot be relieved by traditional painkillers means. *"It is known that prolonged debilitating pain in leprosy neuritis "They can be so intense that they drive the patient to despair"* [47, p. 87]. The reason for not seeing the dangerous diagnosis was the doctors' unpreparedness to meet with forgotten infection, as warned by the director of the Astrakhan Research Institute

study of leprosy Anatoly Yushchenko, namesake of the Ukrainian president: *"When meeting a patient with leprosy, the doctor often does not even suspect it disease, and the patient spends years being treated for other ailments"* [34].

The causative agent of leprosy is *Mycobacterium Hansen*. *Mycobacterium leprae*, discovered in 1873. Spread of infection occurs primarily through airborne droplets. Entry points is the mucous membrane of the nose and respiratory tract, where they are especially numerous. Infection possibly through physical contact. In 2008, a new variety - *mycobacterium lepromatosis*. Both affect different systems of the body, which explains the variety of clinical manifestations. Especially the peripheral nervous system suffers, since leprosy is neuroinfection. The development of multiple neuritis intensifies polymorphic symptoms. Leprosy neuritis often precedes skin lesions. [48] There is even a type of leprosy without skin changes, with isolated damage to the peripheral nervous system only [49].

"Island" sensitivity disorders are characteristic. Among the stigmas refers to isolated damage to the upper (orbital) branch of the facial nerve and large ear nerve [50, p. 376], *"In leprosy, often only one is affected the upper branch of the facial nerve, which never occurs in any other disease except injuries"* [45, p. 104]. *"With paralysis of the orbicularis oculi muscle, rounding is observed palpebral fissure, lagophthalmos, non-closure of the eyelids ... the eyeball rolls upward"* [50, p. 381].

The most demonstrative are skin lesions: specific dermatitis and non-specific dermal reactions. Usually it all starts with erythematous, erythematous-pigmented and erythematous-hypopigmented spots with unclear contours. The rash is most often localized on the face, extensor surfaces of the forearms and shins, on the back and buttocks. Initially pink The color over time acquires a brown, copper, rusty hue. Stains can remain unchanged for a long time, disappear, or transform into infiltrates, leprosy, ulcers.

With the development of infiltrates, swelling and edema of the skin appear. Initial localization is mainly on the face: superciliary arches, forehead,

wings of the nose, cheeks, earlobes. Then they spread to the skin of the arms, shins, thighs, buttocks, back. Color - pinkish, brown, or bluish-brown due to paresis capillaries and hemosiderosis. Infiltrates can be dermal or hypodermal, depending on the depth of occurrence. In them, single or multiple tubercles and nodules (lepromas) ranging in size from 1-2 mm to 2-3 cm. Hypodermal lepromas are initially detected by palpation, but later become visible. They can be soft (doughy) or dense to the touch. (fibrous). Dermal leprosy appears as oval papules, turning into over time, into tubercles that rise in the form of hemispheres above the level of the skin. The surface is usually reddish-rusty in color, the skin is tense, smooth, shiny, often dotted with telangiectasias. The color of the nodes varies: pink-yellow, brownish-bluish, reddish-rusty. Favorite place is the face. But also occur on other parts of the body. When cooling "*on exposed parts of the body persistent asymmetrical cyanosis occurs*" [50, p. 383].

With diffuse infiltration, the superciliary arches increase in size and protrude, The nose thickens. The face takes on a frowning expression, known as the "lion mask." (facies leonina). The features change beyond recognition, smoothing out racial and individual characteristics.

Paresis of the sphincters of the excretory ducts of sweat and sebaceous glands, expansion the mouths of the hair follicles gives the skin an "orange peel" appearance [50, p. 361]. Due to the increased function of the sebaceous glands, the skin becomes "oily", shiny, shiny [50, p. 360-361].

The earlobes thicken and lengthen, becoming swollen. The cartilaginous pattern of the auricles, the shape of which is unique and deformed specific, like the skin pattern on the fingers. No disease can change them. change, only leprosy.

The development of leprosy is slow and ends weakly. pigmented scar. Less commonly, rapid decay with the formation of shallow, long-term non-healing ulcers [50, p. 365-366]. In the process of decay bones and joints are involved, leading to atrophy of the limb structures. mutilations of fingers, hands, feet, occurring painlessly due to impaired conduction along nerve trunks.

Due to the pronounced polymorphism, "... *differential diagnosis should be used with many diseases of the skin and peripheral nervous system. Leprosy is called the "great imitator" and is able to imitate most dermatoses ... and diseases of the peripheral nervous system ... From skin diseases clinically similar to those in leprosy...primarily tubercular syphilid, syphilitic gummas, toxicoderma, erythema multiforme exudative, lichen planus, lupus erythematosus, sarcoidosis, scleroderma, vitiligo, syphilitic leukoderma, mycosis fungoides, reticulosis cutis, trichophytosis of smooth skin, leishmaniasis, erythema nodosum ... erysipelas, pellagra, "urticaria pigmentosa, ichthyosis, etc."* [50, p. 385].

It is generally accepted that the symptoms of leprosy always develop slowly, over many years and do not appear quickly. In this case, two processes are confused: the course of the disease at the preclinical (incubation) stage and the course of the disease with pronounced symptoms. Preclinical signs increase over a number of years. And the clinical picture can develop quickly, in the form of leprosy reactions. According to a number of studies, rapid onset of leprosy occurs in 30-45% of cases [49,50]. "*Often the reactions have the character of erysipelas*" [50, p. 376].

There are four main forms of leprosy: lepromatous (tuberculous), borderline, tuberculoid and undifferentiated. According to research in Tajikistan in the 1970s, their ratio included: 77% - tubercular, 21% - undifferentiated, 2% - tuberculoid. The true number of cases are identified not by appeals, but through active examinations of the population and examination of persons who have been in contact with patients" [53].

The tuberculous form is especially dangerous. It is distinguished by its large size, contagiousness, intensity of the course, resistance to therapy. "*Clinical picture is characterized by numerous visceral disorders, which are not given due attention. The respiratory system is involved in the process system: trachea, bronchi, lungs; cardiovascular system: heart, blood vessels, circulatory disorders; digestive organs: esophagus, stomach, intestines, peritoneum, pancreas, gallbladder, liver; metabolism: protein, fat, carbohydrate, antitoxic*

*function; urination: kidneys, ureters, bladder, urethra, prostate, testicles; amyloidosis; nervous system: damage to large and medium nerves trunks, peripheral receptors; endocrine system: pituitary gland, pineal gland, thymus gland, thyroid gland; reproductive system: ovaries, testicles, prostate, fertility, libido, potency; adrenal glands: disease Addison's disease, gynecomastia; hematopoietic system: spleen, lymph nodes, bone marrow, red blood, white blood; higher nervous activity" [54].*

In the respiratory system, lepromatous pharyngitis, laryngitis, tracheitis develop, bronchitis with an obsessive cough. *"Damage to the vocal cords can lead to sharp narrowing of the glottis, aphonia" [34, p. 369].* Interstitial

Inflammation (lepromatosis) of the larynx and epiglottis threatens the development of suffocation.

Multiple ulcerations of the mucous membranes are observed in the digestive system. stomach, gallbladder, small and large intestines. Leprosy hepatitis and pancreatitis leads to disruption of protein, carbohydrate, fat, mineral metabolism; symptoms of diabetes are possible.

In the cardiovascular system, leprosy myocarditis and myocardial dystrophy, aortitis, arteritis and endarteritis, capillary vasculitis, inflammation of individual veins and panphlebitis. Capillary paresis causes hyperemia.

skin and the appearance of bruises.

Acquired immunodeficiency develops in the immune system, a kind of AIDS, sepsis is possible.

Any form of leprosy occurs with alternating remissions and exacerbations. (leprosy reactions) – *"...a rapid change in the appearance of some or all skin rashes (redness, tension, shine), local, and sometimes general increase in temperature, pain along the nerve trunks or in the area innervation of the affected nerve, swelling of the extremities and face. The process also spreads to the lymph nodes, mucous membranes of the cavity nose and mouth, eyes, some internal organs" [50, p. 376].*

Initial dermatological signs may disappear quickly for weeks and months. During exacerbations, the process spreads to new areas.

In remissions, connective tissue grows in fading foci, increasing

the size of the affected areas. Remissions last from several months to



several years. Leprosy reactions occur at any stage of the disease, recur aperiodically, with intervals of many years. Late relapses possible even 25-30 years after full treatment [52,54]. Leprosy exacerbations can be simple or with a transition from one form of the disease to another other (borderline reactions).

## 6. This is tuberculous leprosy

The lack of evidence to explain the changes in Yushchenko's face gave rise to various speculations: the use of Botox, the introduction of stem cells, etc. Olga Bogomolets responded to the correspondent of the newspaper "Ukrainian" on this matter. truth": *"Cosmetic injections that are done in the world, we also successfully We do it in the clinic. Including for many politicians. And, alas, the effect of the procedures always temporary, and none of them can simply produce such consequences, which Viktor Andreevich had, taking into account the mechanism of interaction with tissues."* *"...No plastic surgery or cosmetic procedure can have such consequences...For example, "Botox"... "Botox" can just relax the muscles...Moreover, these injections have a short-term effect effect, that is, having made such an injection, you can never be cured from wrinkles forever. Therefore, any effect lasts no more than 3-4 months"* [5].

All the doctors who treated Yushchenko stated that the pathological condition was atypical. process. But atypical – in relation to what? It's worth assuming it leprosy nature, as atypical symptoms turn out to be typical. In The 1982 WHO Leprosy Control Guidelines state: *"There are one diagnosis that cannot be made unless there is absolute certainty about it reliability is the diagnosis of leprosy."* There are two criteria for such absoluteness: microbiological and clinical. From microbiological positions for the diagnosis of leprosy require detection of mycobacteria tissue microscopy. However, it is known that a person can remain healthy and simultaneously serve as a carrier of infection - healthy bacterial carriage. Or, on the contrary, after effective treatment, bacteria are not detected, but after After several years, the process spontaneously resumes: with tuberculous leprosy - 30% of supposedly healthy people, with undifferentiated and borderline leprosy – in 15% [according to 82]. Absolute proof of leprosy from a clinical standpoint is

specific symptoms in the form of stigmas. **Stigma is a sign inherent exclusively to a specific disease, and to no other.**

Treatment-resistant radicular pain, girdle pain and rashes along the intercostal nerves, facial asymmetry is a characteristic manifestation lepromatous neuritis. Especially isolated lesions of the upper branch facial nerve. *"...From infections that affect only the upper branch the seventh pair or one of the muscles innervated by its upper branch is known only leprosy"* [54, p.5]. This was the case at the beginning of the acute phase of the disease in Yushchenko (photo 25-26) – **stigma No. 1**. Whereas in case of poisoning, the presence of a bilateral defeats.

A characteristic feature of tubercular leprosy is the multiplicity of visceral manifestations. At the first visit to the Rudolfinerhaus clinic, the discharge diagnosis Yushchenko included: acute gastric ulceration, acute pancreatitis with interstitial edematous changes, acute proctocolitis on the left side, peripheral paresis of the left facial nerve, left-sided otitis, reflux-esophagitis grade II, etc.

The second visit was characterized by classic lepromatous dermatitis. Yushchenko in the Rudolfinerhaus. According to Zimpfer, *"the condition of the skin The condition of the skin during the second stay in the clinic was continuously deteriorating. At first Only the face was affected, but over time the legs and torso were also affected... swelling of areas of the face was observed, swollen cheeks, infiltrates of the cheekbones and eyebrows* (photo 27). According to Olga Bogomolets, the occurrence of swelling did not occur from the accumulation of intercellular fluid, but in the form of dense to the touch infiltrates [5].

*Purple-blue spots appeared* (photo 28). *On the surface of the forehead, cheeks, numerous cutaneous and subcutaneous nodules, 1-3 in size, appeared on the ears and neck mm. Their merging led to the formation of rollers (the so-called curb elements) [55] and large formations of 0.5-1.5 cm, rising above the surface of the skin* (photo 29).

Paresis of the sphincters of the sebaceous glands led to an increase in their volume, overflow and formation of dense cysts. Hypersecretion of the sebaceous glands did skin is oily, greasy, shiny in the light (photo 27,29).

According to Korpan's description, *small rashes on palpation could be dense "like bones"* (photo 30).

The enlarged openings of the excretory ducts of the sweat and sebaceous glands gave porous appearance of the skin – the "orange peel" symptom (photo 31). Earlobes enlarged, resembling a plum - **stigma of leprosy No. 2** (photo 32).

Increasing "swelling" of the face, infiltrates in the forehead area, superciliary arches, nose and cheeks made the expression frowning, like a "lion's face" (photo 33), as from textbook on leprology (photo 34) – **stigma No. 3**.

#### Double version

Skin patterns are specific features of a person's personality. fingers and ear shape. Tuberculous leprosy is characterized by the spread of leprosy on the auricles (photo 35). According to Bogomolets, "... *Viktor Andreevich the ears, cheeks, and eyelids were greatly enlarged... They were not swollen – They were dense due to the fact that there were cysts on every millimeter... (photo 36) ...There were even cysts on the mucous membrane of the upper and lower eyelids.*" Skin The tumor-like elements were large, sometimes "... *the size of a nut*" [5]. As as the leprosy dermatitis subsided, the skin cleared up and scarring of the primary elements. Deformation of the cartilaginous pattern of the ears occurred. (photo 37), which does not occur with any other disease – **stigma No. 4**.

Plus, the proportions of the facial parts have changed due to inflammation and reactivity proliferation of the periosteum of the eyebrows and zygomatic arches. The structure was deformed cartilage of the nose: "...*the previous Yushchenko's nose is sharply angled down, the base is higher than the tip. Today he acquired a deliberate snub nose*" [33] (photo 38).

The face became different - **stigma number 5**. There was even a suspicion of the existence double: "*After all, not until the second half of September, when his appearance radically changed, nor did he later receive serious head injuries, nor did he have plastic surgery operations. As for acute pancreatitis, even in severe forms it is not is capable of changing the shape of bones, the structure of the auricles and cartilage bridge of the nose...The images of the former and current Yushchenko are absolutely nothing unites, apart from a distant external resemblance...*" [33]. Because of this, in Ukraine There were two official portraits of the president (photos 39,40).

In July 2008, in an interview with a correspondent of the newspaper "Ukrainian Truth" Bogomolets described Yushchenko's severe polymorphic skin lesions. *At the time of our first meeting in December, the rash was in the armpits, on the neck, face, and ears. Later, they appeared on the scalp. head, chest, back and legs. With each month they occupied more and more area. The peak of the rash occurred in March-June 2005, when on the body there was practically no living space*" [5]. The described symptoms are characteristic evolution of total leprosy dermatitis.

When asked, "Was the rash on her face and body identical?" Bogomolets replied: *"The rash was identical all over the body, but with peculiarities of its progression that depended on the location. Such deep cysts that were on the back, on hips, it could not be, for example, on the scalp and on the face. " "For all During the illness, only the palms and soles of the feet were free from the rash." "The skin surface became uneven and appeared to be puffy.*

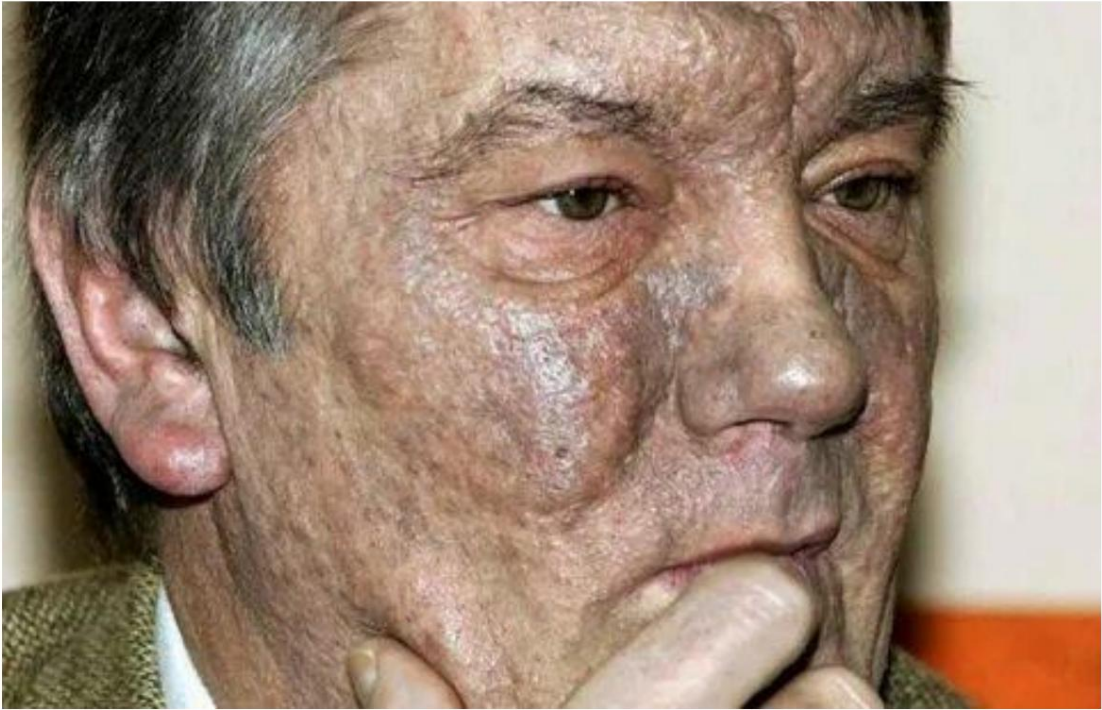
Due to inflammation of the cortex and medulla of the adrenal glands, it developed adrenocortical insufficiency (Addison's syndrome). Most often, this is occurs due to the action of Koch's tuberculosis bacillus and, less frequently, from the leprosy bacillus Hansen. Attacks of body tremors appear, accompanied by thirst. There are periods of pronounced weakness, described by Yushchenko: *"Two years I was very weak a while ago. I made titanic efforts to "Just raise your hand. This is the first time I've spoken about this publicly."* In another interview: *"It took me a huge amount of effort just to lift hand"* [38].

Hyperpigmentation of the skin occurs: brown, earthy, smoky, bronze, - localized mainly on the back of the hands, face, and back of the neck [58]. In December 2004, during hospitalization in the Kyiv emergency hospital Doctors recorded darkening of the skin of Yushchenko's face, darkening and detachment of nails. Then these symptoms disappeared. In 2005, according to information Bogomolets, *"After the inauguration, Viktor Yushchenko developed black spots on his face... spots"* [5]. Yushchenko's sallow complexion remained later, standing out even against the background of dark-skinned representatives of the peoples of Central Asia (photo 41).

Thus, the presence of five leprosy stigmas in Viktor Yushchenko is absolute clinical proof of the presence of this particular disease.

ILLUSTRATIONS – § VI

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### Лепроматозная лепра

Ухо — одна из частей тела, лепроматозной лепрой, также болезнью Хансена, которая вызывается *Mycobacterium leprae*. Многочисленные узелки и узлы на ушной раковине (томографию) являются результатом воспаления, вызванного возбудителем. Следует полагать, что аналогичные изменения имеются и в других частях тела. До настоящего времени в США инфекция, всё ещё остается глобальной. Разные формы этой болезни имеют многообразные проявления.

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## 7. Putin and Medvedev's "Doubles"

In the fall of 2010, i.e. 6 years after the onset of leprosy in Yushchenko, the world The press was filled with leading headlines: "What's wrong with Putin's face?" October 27 Russian Prime Minister Vladimir Putin arrived on an official visit to Ukraine. But at meetings with President Viktor Yanukovich and Prime Minister Mykola Azarov, according to journalists' comments, appeared unlike the usual Putin man (photo 42). The day before the visit – a normal face (photo 43), and suddenly – dark dark circles around the eyes (photo 44), large bruises on both cheekbones (photo 45,46). the whole face has bluish spots (photo 47), as Yushchenko once had (photo 48) [65,66].

Dmitry Peskov denied the speculation about bruises: *"The journalists are wrong, "It was probably the way the light fell."* Although visually the bruises and hematomas are completely are obvious. There were opinions that the bruises were the result of previous cosmetic surgeries. But they are not performed the day before an important international business trips, and on October 25th the skin of the face was in normal condition.

So, the changes appeared suddenly, on the morning of the visit. And during overflight due to pressure drop could develop capillary paresis and cause hematomas. Therefore, the plane arrived in Kyiv two hours late, so adapt the Prime Minister's condition. The format of the visit was unexpectedly curtailed, canceled a planned dinner with leading politicians and businessmen.

### Skin changes

After 1.5 months, a subcutaneous lump appeared on Putin's right cheek, On the left side of the forehead there is a curved swollen cord (photo 49). Its location corresponds trajectories of the lateral branch of the supraorbital trunk of the optic nerve coming from trigeminal nerve (photo 49a). Their contours are normally traced on both sides many people, including Putin from a young age. And in December 2010, because inflammation of the connective tissue (endoneuritis, perineuritis, epineuritis and paraneuritis) there was a thickening of the nerves with the spread of inflammation process on the medial and supratrochlear branches (photo 50,51).

In 2010, on the Internet portal KM.RU, I put forward a hypothesis about Putin has leprosy. The source and mechanism of infection are frequent contacts with sick Yushchenko. At one of the meetings with a person close to the Prime Minister,

Evidence of the diagnosis has been provided. The information has been transmitted to the Kremlin doctors with a justification for the nature of the treatment and the need for refusal of patient from being nominated for the next presidential term. According to the received feedback, they began to treat him. Putin's appearance returned to normal state.

And in August 2011, while visiting a youth camp on Lake Seliger, the face turned out to be so changed (photo 52) that bloggers declared – “arrived Udmurt”, comparing it with a photograph of a woman of this nationality (photo 53). Then the face became swollen, moon-shaped, the skin was shiny from hyperfunction of the sebaceous glands, infiltrates of the cheekbones and superciliary arches developed (photo 54, 55).

The further course of the disease was characterized by a series of remissions and exacerbations (leprosy reactions). Subcutaneous bumps appeared on the left cheek (photo 56), then they disappeared. May 9, 2012 on Red Square - ordinary features faces (photo 57). And three months later, on August 20, 2012, during the farewell ceremony for Russian the Paralympians' faces are already swollen, moon-shaped, with shiny skin and brownish spots under the eyes (photo 58). Stable granulomas appeared on cheeks (photo 59), as in the photograph of a child with leprosy (photo 60).

In 2013, swelling of the supratrochlear nerves was observed with the appearance on the skin of the face rusty-colored spots and small dense tubercles (photo 61). Multiple edema of the facial branches of the trigeminal nerve (photo 62). Subcutaneous the tubercles merged into ridges – “border elements” (photo 63) or formed granulomatous areas. A large subcutaneous nodule has appeared on the right cheek. (photo 64), as in his time – with Yushchenko (photo 65).

Exacerbations occurred suddenly. For example, during a visit to Valaam Island. Journalists discovered a tumor-like formation on Putin's lower left cheek. The size of a chicken egg (photo 66). This is what doughy leprosy looks like. It was hardly wise to go to people with a discrediting defect. Probably, The “tumor” developed on the road.

#### Cosmetic correction

After surgical removal of the tubercles, numerous scars remained. In place of the egg-shaped “tumor” there is a healing scar, and new ones are located at the top of the cheek. tubercles (photo 67). Postoperative scars - under the left eye (photo 68), on the neck

(photo 69), near the left ear (photo 70), etc. There were opinions that this is - Rejuvenation surgeries. Yushchenko's surgical scars were explained in a similar way. But what is the need to engage in rejuvenation of outwardly young men, besides in areas that do not affect the perception of youthfulness.

#### Facial nerve paresis

An isolated lesion of the upper branch of the left facial nerve occurred development of ptosis (drooping of the eyelid) – the stigma of leprosy (photo 71). Paresis was noted trunk of the facial nerve with a face tilted to the right (photo 72). For camouflage deforming facial exacerbations and healing postoperative wounds It takes time. Perhaps this explains Putin's frequent absence from Moscow in Bocharov Ruchey. Never before has there been such a thing as a cabinet of ministers I flew to Sochi for ongoing meetings with the president. Longer trips are also convenient. into the taiga for multi-day “fishing and hunting” (photo 73).

#### Changes in the auricles

The shape of the cartilaginous base of the ears has changed (photo 74) – individual a feature that characterizes a person's specificity. Earlobes are double increased in size (photo 75).

#### Radicular pain in the spine

In 2016, severe back pain developed, making it difficult to move. On November 30, Japanese Prime Minister Yoshihiko Noda said at a press conference that *"Due to the poor health of President Vladimir Putin, he is forced postpone his visit to Moscow"* [67]. Putin stated that he had a back problem Belarusian leader A. Lukashenko: *"He has a problem. He loves judo. "He picked up his opponent, threw him and injured his spine"* [68]. The version about the back injury The patient himself voiced the pain of an unfortunate fall from a horse.

For immobilization of vertebrae, the movement of which causes acute radicular pain, a corset is used. It is convenient to hide it under a black coat. a type of robe, as seen on Putin's back while walking through Red Square (photo 76). The sudden pain forced me to bite my lip and lean on my staff. patriarch, who took it as a joke (photo 77).

When he visited Turkey, the weather in Ankara was warm and the people who greeted him They were dressed in light suits. Putin, however, was wearing a massive black coat (photo 78).



Recep Erdogan, warned of his guest's illness, helped him into a chair.  
(photo 79).

The contours of a corset are often visible under the jacket (photo 80).  
The vertical plate on the back is fixed to a wide belt that deforms  
appearance of the patient (photo 81).

#### The Doubles Version

The pronounced changes in Putin's facial features and ears forced  
suggest the presence of doubles. Especially since the official portrait of the president  
Russia and its real image often differed (photo 82,83), as it was in its  
time for Ukrainian President Yushchenko. To the point that the municipal deputy  
Nikita Yuferev, head of the St. Petersburg educational institution "Smolninskoye", removed the order in November 2020.  
from the wall of his office and tore up the portrait of an "unidentified man,  
reminiscent of Vladimir Putin" [97].

But why make lookalikes that don't look like the original? Why in 2011?  
They sent two doubles to Valdai at the same time? Why train them in a big way?  
quantity? The blogger's research proves the falsity of the double legend.  
Vitaly Shevtsov ("The Deceived Russian"). The identity of Putin's images  
determines the presence of a dark pigment sector by the iris of the left eye,  
recorded during the first presidential term (photo 84). Subsequently, this  
The picture was consistently reproduced by all the supposed doubles (photos 85, 86).  
The targeted use of corrective lenses in the early 2000s  
is excluded due to the absence of a conspiracy need at that time.

But even if doubles exist, who is sick – the double or the original? No.  
There's no point in keeping a sick double who infects everyone. So, it's a dangerous disease.  
- Putin has it.

#### "Copies" of Dmitry Medvedev

Five years after the first facial deformities, Putin developed problems with his face.  
Dmitry Medvedev. In 2014, everything was normal, his skin was a normal color (photo 87).  
And in December 2015, during the pre-New Year address, a dark face and image  
"double," as journalists wrote (photo 88). Possibly due to poor lighting.  
Although, it wasn't filmed by amateurs.

In August 2018, Medvedev disappeared from political life for two weeks. space. The press service attributed this to a sports injury. August 28 photographs have emerged that have generated a lot of commentary from journalists: *"Russians are sure that instead of Medvedev they were shown his double, or with the prime minister. Something bad could have happened to the minister. What happened to Medvedev, why did he change? What's wrong with him?"* (Photo 89). *"He's kind of swollen, he doesn't look like himself. That's for sure. "Medvedev?", "Was he by any chance replaced?", "Perhaps he had a stroke?"* The left eyebrow is lower than the right one, a scar is clearly visible above it a disguised bruise. And most importantly, diction. Medvedev was clearly having a hard time speak, the left side of the mouth did not move, and the right side moved with difficulty, the prime minister paused and carefully pronounced the words, intonation pauses in places unusual for his well-delivered speech" [74]. Similar Yushchenko had speech disorders at the beginning of the disease: *"diction was "unintelligible and lisping."*

Medvedev's next disappearance for several months occurred in the summer. in the fall of 2021. During this time, there were important events for the party, at which the presence of the chairman is mandatory. This means that he could not be shown to the general public. public. This is possible only under one option - a highly distorted a face that is not subject to cosmetic correction.

Indeed, Medvedev's face was swollen when he appeared in December, darkened, with bumps on the face and lumps on the forehead (photo 90), as in leprosy (photo 91). On the left, on the lower and upper zygomatic arches, at the temple, protruding brown-rusty spots (photo 92) appear through the makeup, transforming into dense infiltrates (photo 93).

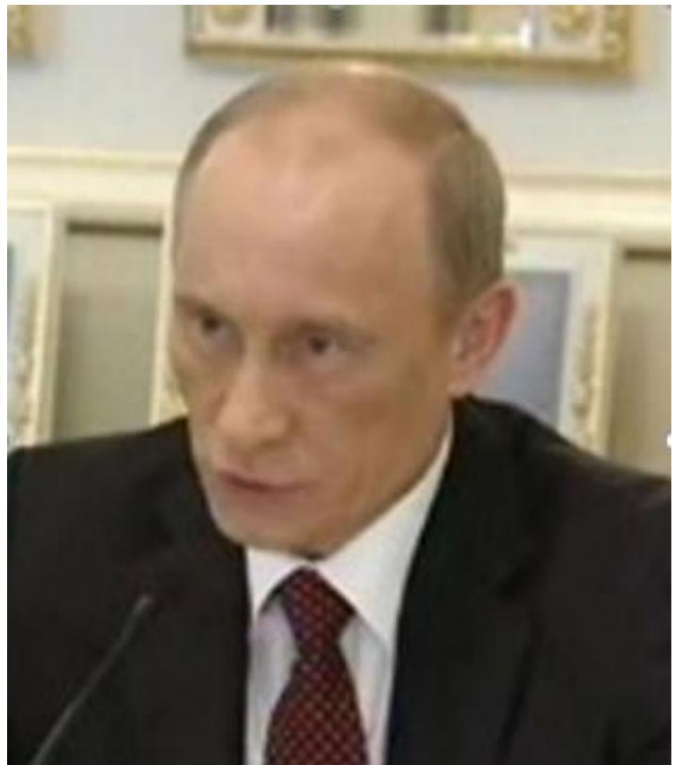
Subsequently, the skin of the face became persistently dark, as it was with Yushchenko. The spots disappeared and reappeared. In the New Year 2024 greetings to Russians – The face is dark, with new bumps (photo 94). In the comments when viewing – surprise: *"He's changed somehow, he doesn't look the same", "Why is his face spotty?"* At the end February 2024 – new granulomas on the forehead (photo 95).

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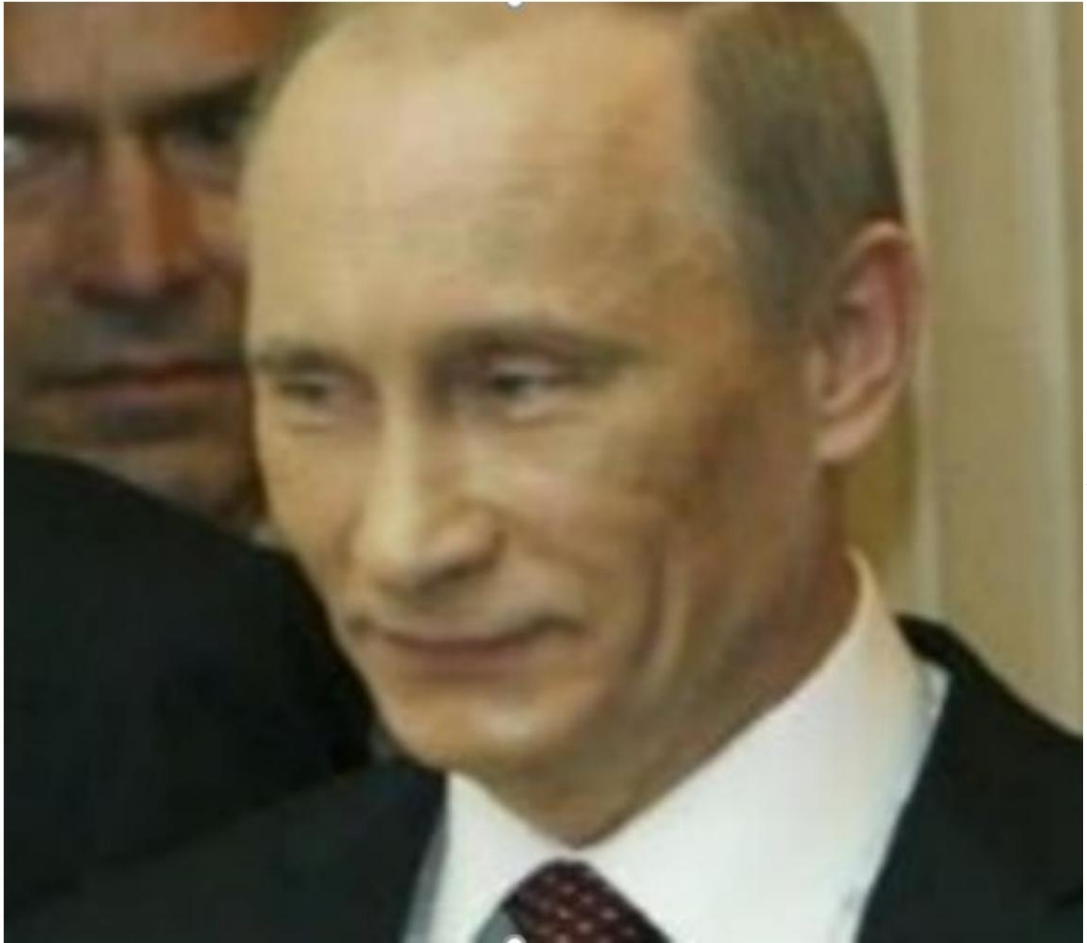
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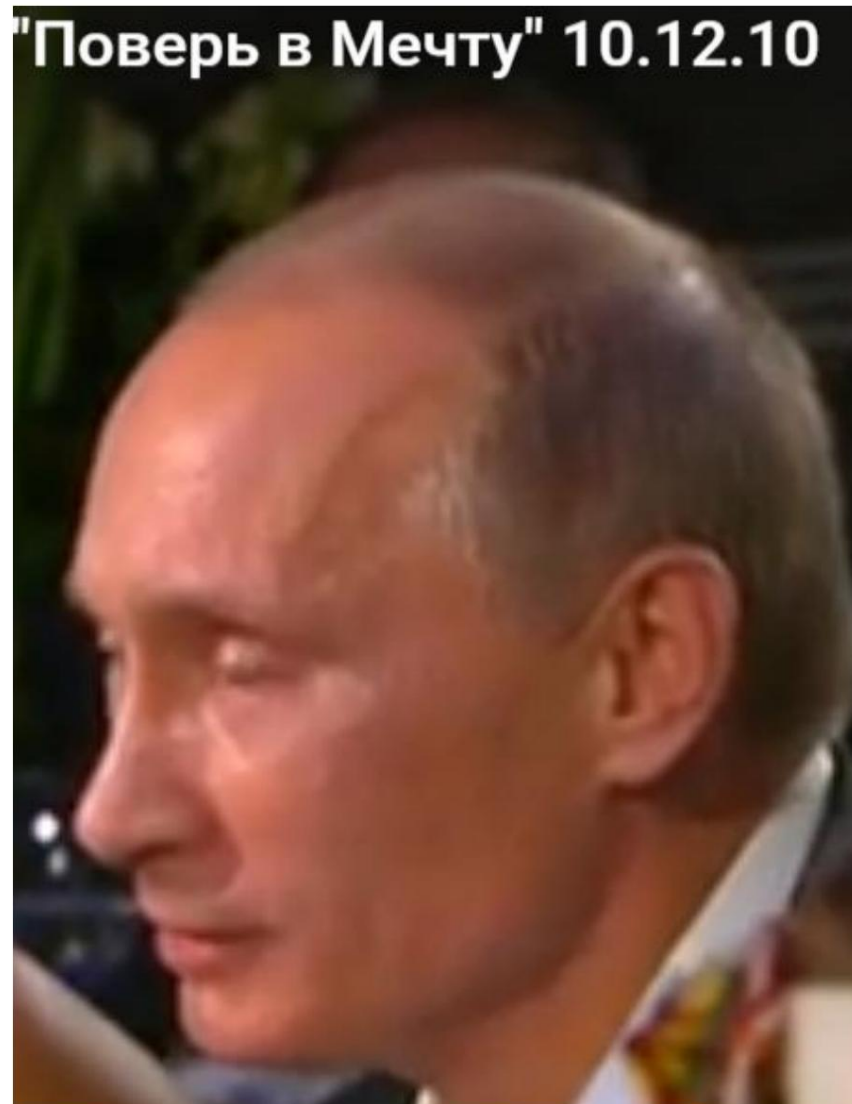


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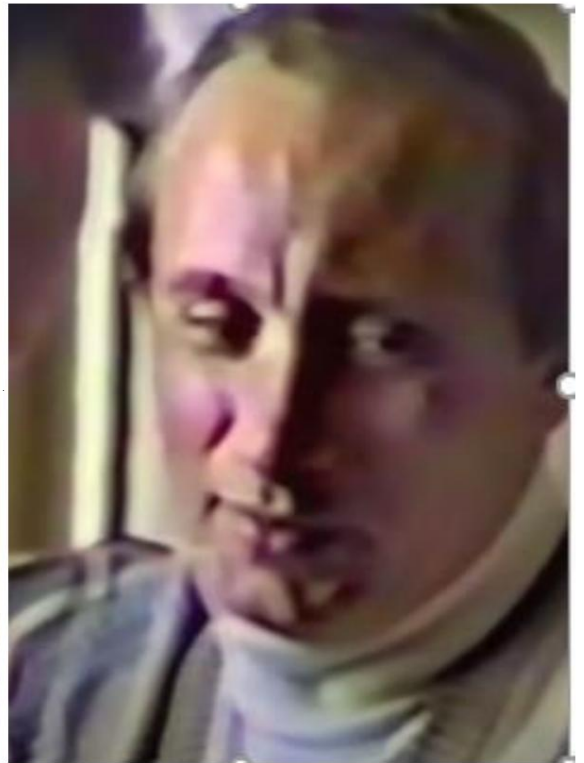


Nerves of the trigeminal nerve (5): 6-ophthalmic, 7-frontal, 12-supraorbital (lateral), 13-supraorbital (medial), 14-supratrochlear.

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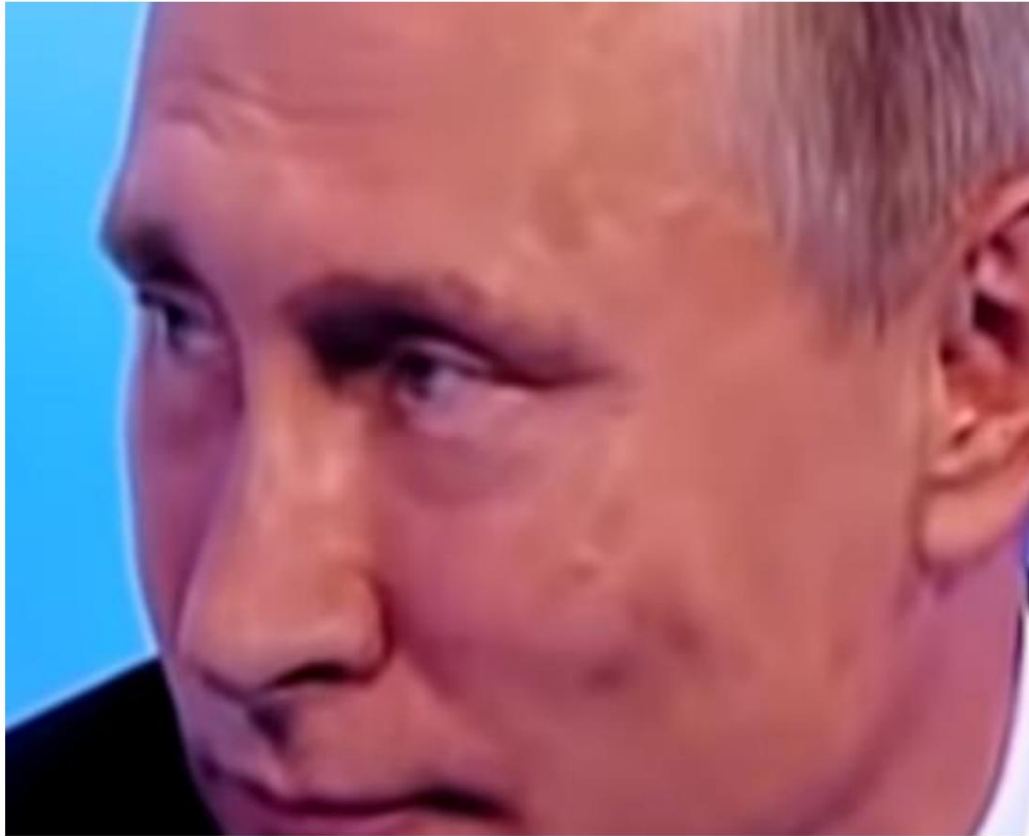
57 (09.05.2012)



58 (20.07.2012)



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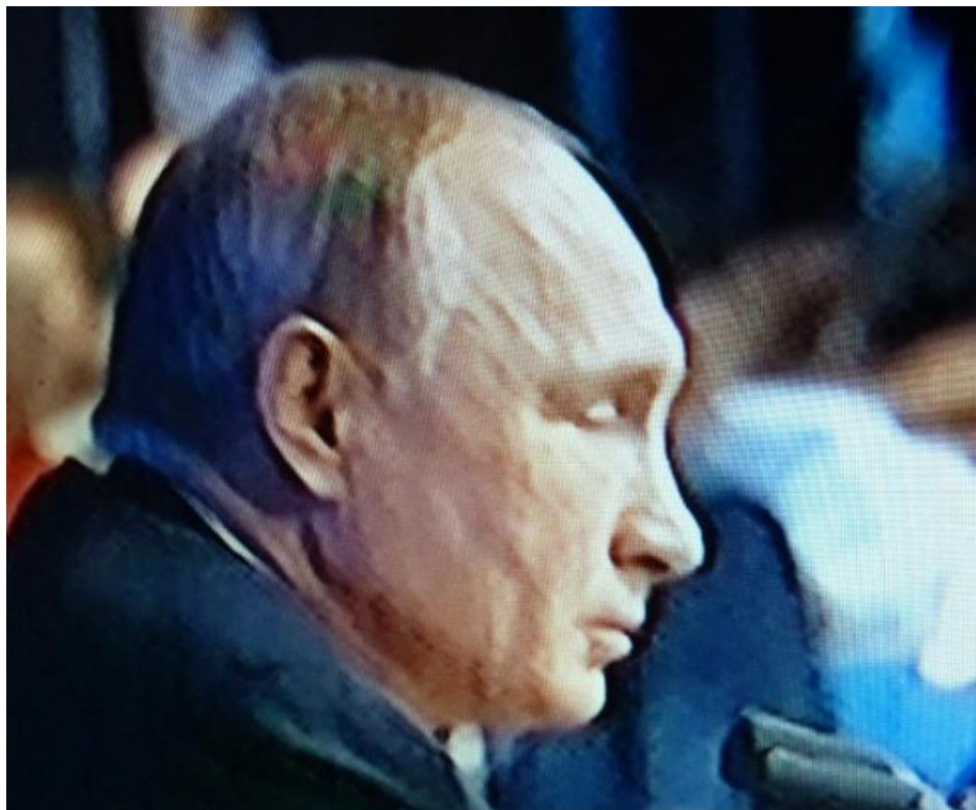




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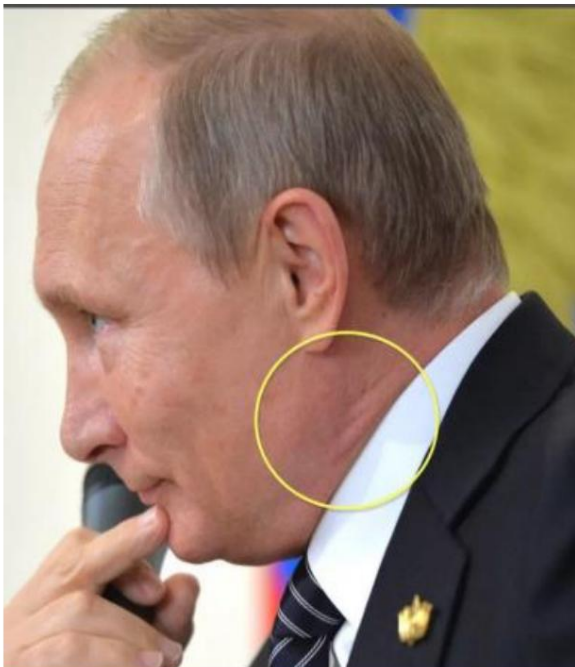
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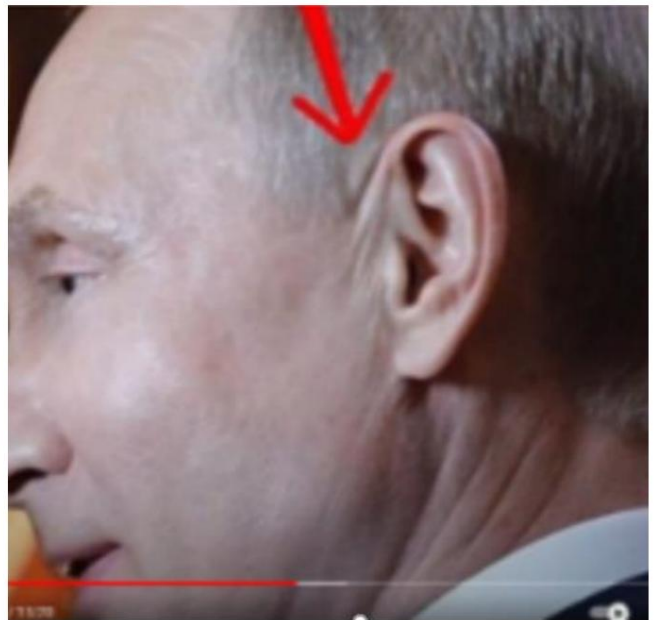
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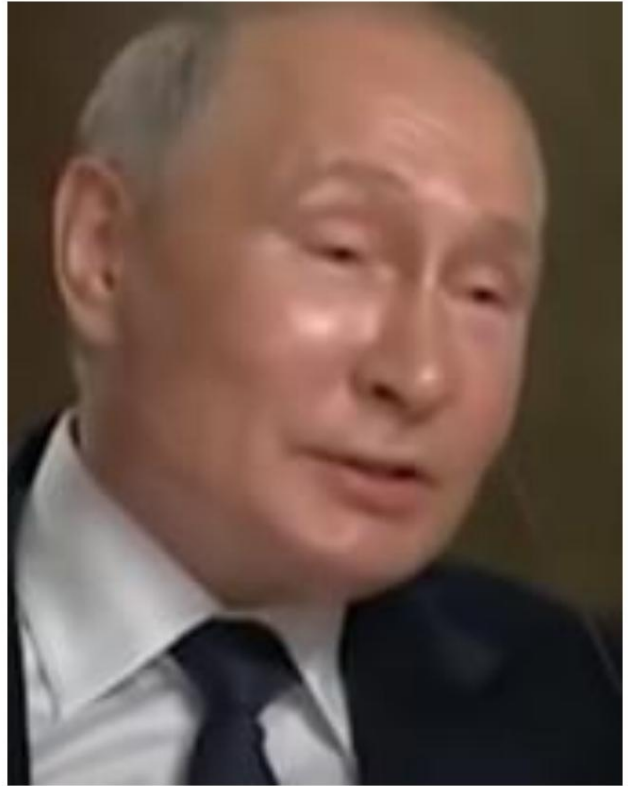
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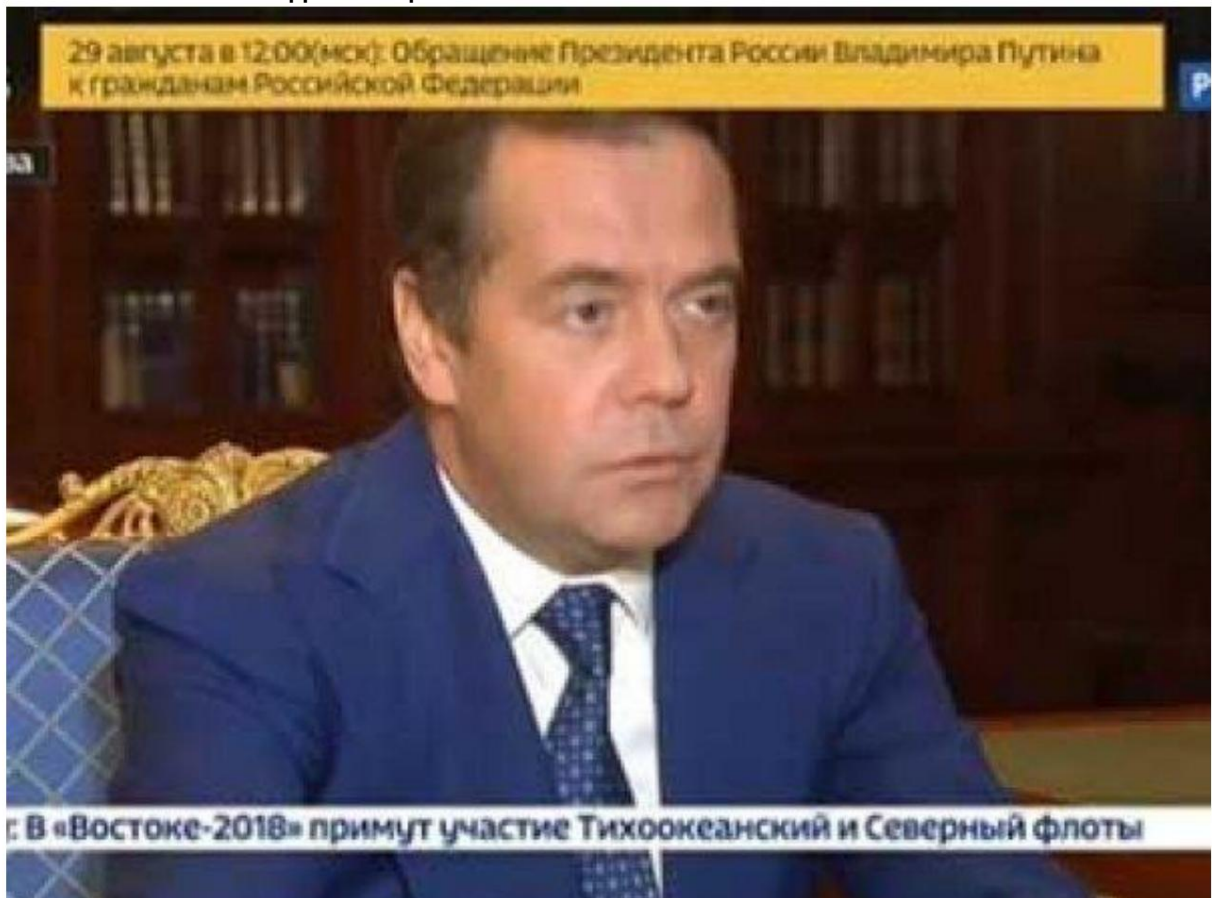


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[https://www.topnews.ru/news\\_id\\_121001.html](https://www.topnews.ru/news_id_121001.html) Was he beaten or suffered a stroke? The first photos of Medvedev after his disappearance puzzled Russians.

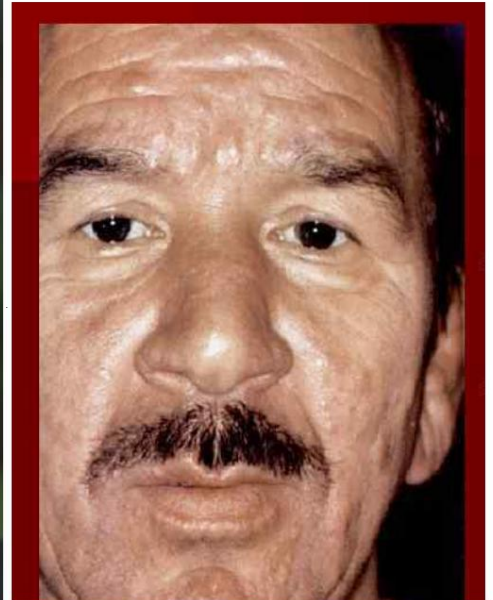


Russians are certain that they were shown a double of Medvedev instead, or that something bad might have happened to the prime minister.

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2024. С НОВЫМ ГОДОМ!



95



## 8. Mysterious VIP patients

Six years after Yushchenko took office as President of Ukraine, VIP patients began to appear in different countries, whose condition could not be established diagnoses to explain the symptoms that have appeared.

Bill Clinton

In 2010, 63-year-old former US President Bill Clinton unexpectedly became seriously ill. According to The National Enquirer, *"Bill is very He's lost weight and looks terrible. He's aged ten years in a year – big bags. under the eyes, sunken cheeks."* Bill's gaze became absent, his gait unsteady. Clinton is afraid she won't live to see spring [59,60]. Atherosclerosis and its complication in the form of coronary heart disease [61]. But atherosclerosis has a completely different clinical picture.

On October 12, 2021, Clinton was rushed to the hospital. intensive care unit of the California Medical Center with a diagnosis "blood poisoning from exacerbation of chronic prostatitis" [62]. Unlikely, so that the US President's doctors could not cope with a simple case of prostatitis and brought the patient to a septic state.

At the same time, the problems arising against the background of external health (photo 96) prolonged periods of red-burgundy infiltration of facial skin (photo 97-98).

Yulia Tymoshenko

In August 2011, Yulia, who was in prison, suddenly fell ill. Tymoshenko is Yushchenko's closest ally (photo 99). Compared to the usual face (photo 100) swelling suddenly appeared in the area of the eyebrows and upper cheekbones, skin shiny with sebum (photo 101,102). Erythematous lesions appeared spots on the face (photo 103). On the extensor surfaces of the forearm – pigmented rashes (photo 103), rusty-colored spots all over the body (photo 104) [63] Bursitis (inflammation) of the left elbow joint developed (photo 105).

Director of the Berlin Charité Clinic, Professor of Neurology Karl Max Einhäupl, who examined Tymoshenko together with orthopedist Norbert Haas, confirmed that she was indeed seriously ill (photo 106). Strong pain in the spine, making it difficult to move (photo 107).



instrumental examination revealed multiple lesions of the trunks peripheral nervous system, without specifying the nosological cause. The final diagnosis was Schmorl's node [64], although it The failure to explain the clinical picture of the disease is completely obvious. Facial features have changed (photo 108). Despite subsequent post-discharge cosmetic surgery, subcutaneous tubercles remained (photo 109).

#### Hillary Clinton

The next VIP mystery was a sudden illness in 2012 US Secretary of State Hillary Clinton's visit was canceled due to illness. an important trip to a conference in Morocco. Believing that everything would get better quickly, The incident was attributed to her mother's illness. However, the illness dragged on and They started talking about stomach flu complicated by severe gastroenteritis. Victoria Nuland's press secretary said, *"She became very ill." "During The Secretary of State's body suffered for weeks while being treated for an intestinal infection from dehydration, which led to her fainting. She fell and hit her head with development of concussion"* [69].

And a couple of months later, US President Barack Obama unexpectedly removed Hillary ousted Secretary of State and appointed John in her place. Kerry. Such an important decision was hardly due to a banal intestinal infection. Hillary's voluntary resignation from the high post is unlikely, given her political ambitions. This means that something important has come to light that was not discussed. speak.

According to independent doctors, *"...dehydration is indeed may be caused by intestinal problems, such as dysentery. But only in the case of a complete lack of basic medical care. It is incredible that the US Secretary of State was brought to such a state. Stomach a virus is someone's incompetent invention. Moreover, dehydration does not cause loss of consciousness. Loss of consciousness can be caused by completely different problems, which, apparently, the Americans did not want to deal with speak. ... It is quite obvious that the health condition of 65-year-old Clinton much worse than they try to imagine, explaining everything away as banal dysentery"* [70].

Later, coughing appeared, increasing to severe attacks, interfering with performances (photo 110). On the tongue and oral mucosa dark spots appeared (photo 111), which occurs with leprosy. In September 2016, During the presidential election campaign, mysterious attacks occurred body shaking (photo 112), which was attributed to dehydration. Regarding this, Bill Clinton told CBS News in an interview that she had "something happen to her before something similar against the background of dehydration." "...More than once in recent years with her There have been similar cases before – then the cause was dehydration" [71]. This type of dehydration is observed due to a lack of corticotropic hormones due to damage to the adrenal glands (Addison's disease), accompanied by excessive the removal of sodium and potassium ions. The cause is damage to the cortex. adrenal glands with Koch's or Hansen's mycobacteria.

#### Angela Merkel

On June 22, 2019, during an official meeting with German Chancellor Angela Merkel with Ukrainian President Volodymyr Zelensky, she began to shake her body, lasting more than a minute (photo 113). A couple of days later, there was another one, on June 27 – the same thing during a meeting with the President of Germany F. Steinmeier, causing surprise among surrounding (photo 114). And on July 11 and 16, Merkel was forced to meet the prime ministers of Denmark and Moldova sitting. This had happened to her before, as The German news agency DPA reports.

The incident was attributed to 30-degree heat, which caused dehydration. "After that I drank three glasses of water. Apparently, that's what I needed" [72]. And here - dehydration, like Hillary Clinton. But after a few hours of hot weather dehydration does not occur. This requires a day of profuse diarrhea and continuous vomiting. Moreover, the following attacks occurred in comfortable conditions.

The nature of the shaking, according to doctors, could be explained by various reasons: Parkinson's disease, diabetes, taking antidepressants (P. Tkachuk - PhD, employee I.M. Sechenov First Moscow State Medical University; I. Misnikova – Doctor of Medical Sciences, Professor of the Department Endocrinology, Vladimirsky MONIKI; V. Chitlova – PhD, physician psychotherapist; A. Kulagina is a cardiologist at the Pirogov National Medical Surgical Center). According to Pavel Vorobyov, MD, professor, chairman of the Moscow City



scientific society of therapists, the attacks of tremors could begin, among other things, due to leprosy. *"It's clear that Merkel has serious health problems that are no longer*

*It can be hidden. It could be anything...*

*And maybe so*

*manifestation of leprosy. ...This diagnosis was questioned for the former president.*

*Ukraine Yushchenko... Merkel contacted him" [73]. Defeat*

adrenal glands with Hansen's mycobacteria is characterized by attacks

internal tension and thirst, shaking of the body in stressful situations, up to

to convulsions (symptoms of Addison's disease).

ÿ

Comparison of disease symptoms in VIPs who came into contact with each other people from different countries reveal their similarities. Moreover, four characteristics are stigmata of leprosy (table 1).

**Table 1. Identity of pathological symptoms of VIP patients**

ÿ ÿ	Symptoms	Yushchenko- who	Putin Timo- shenko	Bear- virgin
Non-specific symptoms				
1 Swelling of the cheeks and eyebrows		+	+	+
2 Bumps and infiltrates on the face 3 Pigmented spots on the body 4 Oily shiny skin 5		+	+	+
Radicular pain in the back 6 No complete diagnosis Stigmata of leprosy		+	+	+
		+	+	+
7 Change in facial features 8		+	+	+
Paresis of the upper branch of the left facial nerve		+	+	?
9 Deformation of the auricles 10		+	+	?
Enlargement of the earlobes		+	+	??

It is important to emphasize that the appearance of the listed VIP patients happened 6-7 years after the first meetings with President Yushchenko. Taking into account their belonging to different states, it is legitimate to talk about the emergence VIP pandemic process. In some, the diagnosis of leprosy does not cause clinical symptoms. doubts (Yushchenko, Tymoshenko, Putin, Medvedev), others require additional examinations.

ILLUSTRATIONS – § VIII

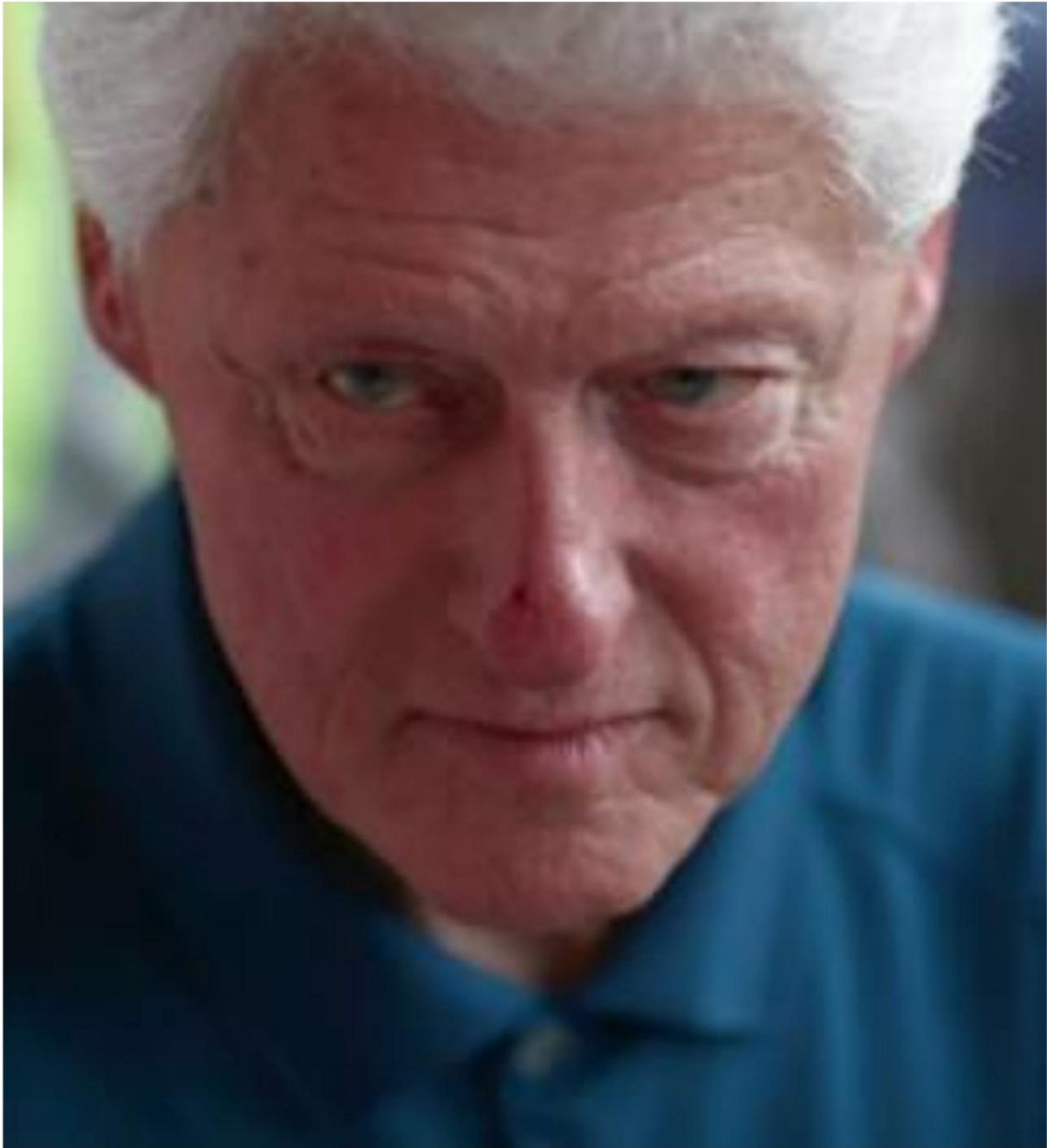
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106

## Немецкий врач рассказал, чем больна Тимошенко: состояние настолько тяжелое, что почти не может ходить

время публикации: 19 апреля 2012 г., 10:29 | последнее обновление: 7 декабря 2017 г., 08:56



Экс-премьер Украины Юлия Тимошенко, отбывающая срок наказания в Качановской колонии, действительно тяжело больна, подтвердил директор берлинской больницы "Шарите" профессор неврологии Карл Макс Айнхойпль, который вместе с ортопедом Норбертом Хаасом на днях обследовал осужденную.

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114





## 9. **Epidemiology has not been cancelled**

Epidemiology is the science of mass phenomena occurring in society.

An epidemic is an increase in the incidence of a disease above established thresholds, caused by the action of an infectious (contagious) agent transmitted from person to person to a person. The "infection" can be infectious (bacteria or virus) and non-infectious (emotion or meaning). A pandemic is understood as the spread disease to several countries. Depending on the duration of the incubation period periods of epidemics (pandemics) can be fast and slow. Incubation The period of leprosy is up to 30 years, on average it is 4-6 years. Therefore, it gives rise to waves of a slow epidemic (pandemic), creating a long-term illusion of a healthy conditions. Due to the low prevalence of leprosy, its epidemic thresholds are not high.

Any infection has three characteristics: "infectivity", "infectivity" and "morbidity". Infectivity shows what part people who have been in contact with a sick person become infected. Infection Mycobacterium Hansen's disease occurs mainly through airborne droplets through the mucous membrane of the upper respiratory tract. Infection is possible and through damaged skin. In the soil of endemic areas, bacteria live for decades. And under normal conditions outside the human body, they remain viable for up to 7 days. Some infections have almost 100% contagiousness, for example, measles, smallpox. In others it is low. Contagiousness leprosy accounts for about 30%. The remaining 70% of people have congenital immunity to disease.

The attack rate shows what proportion of infected people become infected. sick. For some infections, an equal sign is placed between infection and disease, such as measles and smallpox. In other situations, only a portion of the population gets sick. of those infected. For example, 30-35% of those infected contract scarlet fever. infected with diphtheria - 18-20%, with leprosy - 3-4%. An important factor in the incidence of immunity plays a role, providing resistance the body to infection. "To get sick, you need contact with a sick person and some kind of hole in immunity. Leprosy is an immunodeficiency disease [32], where susceptibility is regulated by the level of resistance of the population. In turn,

Immunity is highly dependent on a person's mental state. Yushchenko's blood, According to the Institute of Virology of Ukraine, it was discovered before the elections seven types of viruses [7,9]. The cause of viremia was stress during the presidential elections, which caused suppression of the immune system and activation of viral biota.

Based on "infectivity" and "affectivity" it is calculated

"Incidence." Incidence shows the number of new cases of a disease per 1,000 population located in the area where the patients live. To do this, we need to multiply the value of infectivity by the value of susceptibility and divide by 100. Thus, when leprosy infectivity is 30% and the incidence is 3-4%, the incidence will be approximately 1%. This means that out of 200 people who had frequent contact with the patient tuberculous leprosy, two people will become ill. The figures given refer to tuberculoid and intermediate forms of the disease. As for tubercular (lepromatous) leprosy, in which *"...the risk of infection is almost four times higher than for persons who have been in contact with patients with tuberculoid leprosy" (Doull, 1942)*. According to other studies, it is up to eight times higher (*Guinto, 1954*) [according to 77, p. 32]. Those infected become carriers of the infection, forming an epidemic train.

More than half of infections occur under unclear circumstances, i.e. in casual contacts. According to research in Tajikistan, "sources infections were detected in only 45.9% of patients" [53, p.447]. In the percentage of leprosy cases, the source of infection cannot be determined.

It is a common belief that leprosy is extremely difficult to contract. Therefore, They say that health workers who come into contact with sick people don't get sick. While the reality is Life shows otherwise. This is evidenced by an interview with journalist Nikita Aronova with employees of the Astrakhan Research Institute study of leprosy (NIIL) [75]. Doctors who were hired to work at the leprosarium For a year or two, pain in the ulnar nerves could appear. As he tells Head of the Clinical Department Yulia Levicheva, *"When this happened to me, I was very scared. But there was no loss of sensation or any further There were no consequences. The pain went away, and all my tests were negative. Apparently, 'This is how the body adapts to infection.'*"

The dissemination of leprosy is facilitated by the absence of a disease at the initial stage specific picture of the disease. Therefore, leprosy patients can have a long  
Neurologists treat osteochondrosis, neuritis, and radiculitis; gastroenterologists  
- from gastritis, gastric ulcer, colitis; dermatologists - from diathesis,  
allergic dermatitis, herpes, erysipelas, etc.

The incidence of the disease increases as communication between people increases.  
patients and recipients. The largest study among those in contact  
persons were carried out in the dissertation work of the director of the Scientific Research Institute of Light Instrumentation, Viktor Duiko [32].  
492 residents of mainly the Astrakhan region were observed without any signs  
diseases, who had long-term contact with patients with leprosy. During the first ten years  
observations (1944-1953) 52 people fell ill with leprosy, i.e. 10.6%.  
Over the next 20 years (1954-73), another 7 people, or 1.4%, fell ill. In the following  
For 35 years, no new patients have appeared. Therefore, the chance of developing the disease in  
The contact rate is 12%, and the waiting period is up to 30 years.

In the late 1980s, there were approximately 16 million patients worldwide.  
leprosy, or 0.7% of the 2.3 billion adult population. At the end of the 20th century,  
Under pressure from politicians, the WHO decided to eliminate leprosy  
third millennium. However, this could not be achieved [78]. Then they changed  
principles of counting. They began to take into account only newly diagnosed patients, and  
those who had completed six months of treatment were removed from dispensary control.  
As a result, according to Mikhail Yushin, a research fellow at the Research Institute of Light Industry, *"due to  
The number of leprosy cases worldwide has declined from 16 million in the 1990s, according to estimates  
years up to 200 thousand in the 2000s"* [75]. Although approximately 10% of those "recovered" after 7-  
Late relapses occur after 10 years [56]. Therefore, with tuberculous leprosy, up to 70%  
patients should receive treatment throughout their lives. Especially since until now  
"there are no absolute criteria for their curability" [32].

In the fight against the stigmatization of leprosy patients, politicians have gone to  
ignoring epidemic alertness. Those who received a full course  
treatment were allowed to rejoin public life. Even leprosy patients  
institutions that were previously located in isolation from regular health care,  
were equated to general hospitals. Neglect  
the epidemic threat led to the destruction of the detection system

sick people during door-to-door visits and contact testing. How employees of the Scientific Research Institute of Illegible Objects testify, "... now there is simply no one to identify them. In the 1970s, for example, door-to-door visits were practiced in villages endemic for leprosy. districts identified the disease at an early stage. Each patient was tested relatives and contacts. Now we are not allocated funds for examination in villages. Only for the treatment of patients." Therefore, of course, we check contact persons, but at our own expense. There is no money for large-scale work, and we simply we do not identify many patients [75].

In an interview with a journalist from the editorial office of "City812", the head of Organizational and Methodological Department of St. Petersburg urban dermatovenerologic Olga Gaivoronskaya, head of the dispensary, said: "St. Petersburg doctors and epidemiologists admit that *the danger of leprosy is underestimated. ...we met her in St. Petersburg! The last case was registered five years ago, and there were still several patients who had it in the past and were observed by us. ... Many diseases in the initial stage can have the same clinical manifestations. leprosy is simply forgotten. We are forgetting about this disease. And we are losing vigilance. That's why later forms are identified, not the initial ones. In principle, it's not difficult to diagnose. We usually take a scraping from the mucous membrane. nose...The main thing is that there are specialists who can conduct the analysis. Today There are not many left who remember what he looks like.*" Clinical doctor Oleg Parkov, head of the Botkin Infectious Diseases Hospital, stated that leprosy "...it is possible to become infected; it is a fairly contagious disease" [79].

The main method for diagnosing leprosy is bacterioscopic examination. Microscopic examination. Scrapings are taken from the nasal mucosa by light scraping, as well as from lesions on the skin. Revolutionary The solution was the development of a rapid PCR diagnostic method that provides mass epidemiological screening. A more complex method enzyme immunoassay allows the detection of leprosy antigen in the blood by detection of specific antibodies. Of these, immunoglobulin "M" indicates active stage of the disease, and immunoglobulin G - for the disease suffered in past.

A breakthrough epidemiological technology has become the study of signs of leprosy in the materials of the Astrakhan blood transfusion station. They were selected annually samples of 200-300 people for enzyme immunoassay. The results were shocking. The presence of antibodies to leprosy was detected in 9% of donors. Of these, 2% had immunoglobulin "M" (active leprosy process), and 7% - immunoglobulin G (past illness). And this is not a general sample of everything population, and healthy people selected for donation. It turns out that as At least 9% of Astrakhan residents are infected with leprosy. And they need to be examine, says the head of the laboratory and experimental department

Research Institute of Nuclear Medicine, Doctor of Medical Sciences Lyudmila Saroyants [75, 80].

This type of analysis should be carried out at blood transfusion stations throughout the country. to the world. This will ensure opportunity intercountry comparisons prevalence of leprosy-infected donor materials. Moreover, in order to To prevent the spread of leprosy through donor blood, it is necessary to test it presence of signs of infection using enzyme immunoassay. Otherwise, the risk of leprosy infection is present at least in 0.02% of recipients. Worldwide, this amounts to millions of victims. Therefore, it is legitimate talk about the international significance of the method developed at the Research Institute of Linguistics, worthy of being nominated for the Nobel Prize.

In some situations, the epidemic process spreads diffusely to the entire population, while in others it is directed to individual strata. The second option happened as a result of Yushchenko's illness, when the infection went mainly at the political level. Here it is legitimate to speak of VIP-pandemic. The presence of leprosy among politicians is known from clinical practice. testimony of Nikolai Goloshchapov, Doctor of Medical Sciences, Professor, Head of the Scientific research laboratory of immunochemotherapy of leprosy and immunotropic

funds of the Ministry of Health of the Russian Federation (until 2003 – chief specialist in leprosy at the Ministry of Health of the Russian Federation), in his high-ranking patients from Spain were treated at the clinic in Sergiev Posad, Laos, Congo, India, Iran, including a former BBC announcer. And two For a third of those infected, the source of infection could not be determined.

You can become infected even with a short contact with a sick person. A case of a young man's illness from a short-term illness has been described in Chelyabinsk.



communication with a carrier of lepromatous leprosy. Several years after contact tuberculoid leprosy was discovered [34]. The carrier of the infection can also be an outwardly healthy man. In 2012, Russian politician Vladimir Ryzhkov (photo 115) pronounced swelling of both cheeks and infiltration of the zygomatic arches appeared and superciliary (photo 116). Inflammation of the left trigeminal nerve developed with severe pain. At the same time, paralysis of the left facial nerve occurred with with a tilt of the face to the right (photo 117). As Maxim Blunt, an economic Newsru.com columnist, member of the League of Voters (on Facebook), "... *after Ryzhkov rally* ...*half of the face is paralyzed, doctors can't do anything about it yet* "can" [96]. Paresis of the orbital branch of the left facial nerve developed – stigma leprosy. As a result, the left eyelid did not close when blinking (photo 118), forcing you to sleep with your eye open. A version of common cold neuritis, which is cured in a couple of weeks, is refuted by the long-term course disease. Ryzhkov himself did not meet with Yushchenko, but could have been infected by a carrier infections of Nemtsov, an active participant in the Kyiv Maidan (photo 119, 120).

As for endemic areas, it is impossible to eradicate leprosy there. is automatically reproduced by the established biogeocenosis. Infected mycobacteria soil, which is 30-50% of the surrounding soil, serves as a permanent source of new cases of the disease.

Unlike other infections, leprosy has an important epidemic significance. have relapses. What is considered a relapse? If the treatment was insufficient, and an exacerbation has occurred, this is not a relapse, but an "activation" of a dormant process. If the patient was cured and fell ill again, a "relapse" occurred. The situation is complicated by the fact that the concept of "cure" has a relative meaning in leprology value. There are no reliable criteria for this. "J. Lowe (1958) showed that after 3-5 summer treatment with sulfones of 139 patients with tubercular leprosy, with the disappearance of In bacterial cultures, 10.8% had a relapse during a 5-year follow-up. Torsuev N.A. (1959) observed a relapse in 12.8% of 90 patients treated. Evstratova V.A. for 12 years observations of patients discharged after treatment with leprosy had relapses: tubercular leprosy - 28.8%, undifferentiated leprosy - 17%, tuberculoid leprosy – 13.4%. According to Torsuev N.A. et al. (1965)

Over the past 18 years, 169 patients have been discharged from the Rostov leprosarium, 32% of whom "Leprosy has reappeared" [at 82].

ILLUSTRATIONS – § IX

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## 10. Humiliating doctors is not worth it

Being at the pinnacle of political power deforms human psyche. Confidence in the ability to solve any problems develops, imposing erroneous opinions on professionals. In the full treatment of the president Most of the doctors who spoke with him were interested in Ukraine. Why? then Ukrainian, Austrian, Swiss and American colleagues will not diagnosed with leprosy? The cause was the political "hypnosis" that struck medical community. In such circumstances, the Minister of Health Ukrainian Viktor Knyazevich stated: *"I am outraged and horrified by the fact that politics has come to dominate even health issues"* [83].

As a result, the doctor's "clouded" mind leads to a loss of intuition, a decrease professionalism and the growth of erroneous decisions.

Thus, justifying Yushchenko's refusal of a diagnostic biopsy of facial tissue, Korpan refers to the fact that *"... there was an election campaign going on, Viktor Andreevich was very spoke to voters and did not want to appear before them with a huge with a bandage on his face... he often moved from place to place, and to do this with "an open wound is very dangerous"* [22]. But what kind of open wound are we talking about if for Does the biopsy require a 2mm diameter piece of tissue? Why is it said a huge bandage when a small adhesive bandage is required? And why is it necessary to take a biopsy from the face if there are other affected areas? bodies?

Understanding that Yushchenko's symptoms do not correspond dioxin intoxication, Korpan explained them by the "uniqueness" of the poison's intake into the body - through the mouth with food. *"The entry of this poison into the human body through The gastrointestinal tract is unknown to mankind and unknown to medicine."* *"This case is the first and only one in the history of mankind and in the history medicine. The examination must once again scientifically prove that it is precisely in this the routes of entry of the poison are precisely this mechanism of action and precisely this first symptoms"* [14, part 2]. While in reality the main source of income 80-90% of dioxins entering the body come from food. And only 10-20% come from the air through lungs [44].

Olga Bogomolets completed her residency in dermatology and defended her thesis. candidate's dissertation on allergic dermatoses, completed courses dermatopathology and environmental dermatology in the USA, in 2003 she defended her thesis doctoral dissertation on the topic of skin malformations. But it too political "hypnosis" has caused the country to lose its epidemiological alertness regarding Yushchenko's skin lesions. Otherwise, it is impossible to explain the severe miscalculations, when in an interview with a journalist from "Ukrainska Pravda" she calmly explained, that she treated the president without knowing why [5].

Journalist: *"But before you start treatment, you should know, "What are you treating the patient for?" Bogomolets: "Yes."*

Journalist: *"What did you treat Viktor Yushchenko for?" Bogomolets: "In December I "I treated Viktor Andreevich for the skin manifestations that I observed..."*

Journalist: *"What preliminary diagnosis did you give to Victor? Yushchenko?" Bogomolets: "Reactive (that is, associated with the impact of some external toxin) skin changes in the form of a diffuse acne-like rash, single and confluent cysts."*

Journalist: *"At that time, were you able to determine exactly what processes passed through the patient's body?" Bogomolets: "I knew absolutely clearly that my patient does not have a skin disease, but a reaction of the skin to intoxication, the cause of which was unknown to me. Therefore, this is not just a disease, which suddenly appeared and can be treated, but the pathological process, i.e. a disease that was at a certain stage of development."*

Journalist: *"So, all the time that you were treating Viktor Yushchenko, you didn't "Did you have any idea what disease you were fighting?" Bogomolets: "No, you you're wrong. We're talking about December, that is, the beginning of my work. At that time At that moment I realized that there must be some reason, because such the process could not have occurred spontaneously. In a person who ate some spoiled product, such consequences do not happen. And I understood very well that my patient does not have a skin disease, but that these changes in the skin are associated with "certain toxic effects."*



It's hard to talk about the mistakes of colleagues, but it came down to criminal negligence that baffles even journalists. Here are the scattered Excerpts from Bogomolets' interview with Ukrainska Pravda:

Journalist: *"I don't quite understand... Viktor Yushchenko was not simple patient, and you could not help but be aware of the responsibility that rests on you. How could one begin treatment without doing any preliminary tests?!"* Bogomolets: *"To begin treatment, conduct some clinical tests*  
*"There was no need for tests."*

Journalist: *"Let's look at it from the other side – did you personally do anything to the patient?"*  
*"What about the tests at your clinic?"* Bogomolets: *"In December – no."*

Journalist: *"When you took on treatment, you had to understand all the risks? "Weren't tests even carried out for this?"* Bogomolets: *"Not for this*  
*"We need to take additional tests."*

Journalist: *"Let's say it again. Am I correct in understanding that in your clinic*  
*"Absolutely no tests were performed on Viktor Andreevich?"* Bogomolets: *"... "I didn't conduct any research other than the usual urine and blood tests."*

Doctors "forget" to study the medical history of VIP patients (anamnesis morbi) and life history (anamnesis vitae). You are surprised by Bogomolets' answers in a conversation with journalist [5]. Journalist: *"You, as a doctor, were introduced to some story illness? What documents did you see?"* Bogomolets: *"In December of the previous I was never shown any medical history. But I never had any need for it. receiving this story."*

Journalist: *"And in Geneva, they showed you Victor's full medical history Yushchenko?"* Bogomolets: *Full medical history? No. I've never seen it, and I didn't need it - I had my own medical history.*

If Bogomolets had read the conclusion of her colleagues from Rudolfinerhaus, then I wouldn't have said: *"I repeat once again – the main manifestations of Victor's illness Andreevich had dermatological problems. The main thing that bothered the patient was changes on the skin..."* As a competent doctor, she would have discovered Yushchenko from the end 90s characteristic syndrome consisting of neurological, gastrointestinal and dermatological symptoms. It turns out that The treatment given to Yushchenko was purely symptomatic.

Without the intervention of politicians, doctors would have been able to diagnose Yushchenko the correct diagnosis. And he wouldn't have to endure severe suffering from advanced stage of the disease. According to Bogomolets: *the pain was colossal, no one can live, constantly experiencing terrible pain* [5,6]. Since 2007, the condition Yushchenko's condition began to improve. This is thanks to Moscow professors: epidemiologist Igor Gundarov and the director of the Central Research Institute of Skin and Venereal Diseases Anna Kubanova's illnesses. She received a phone call from Kyiv with a request to come for a consultation with the patient. She refused, but added that the patient being observed. The clinical picture is characteristic of leprosy. And she recommended a regimen etiological treatment.

As a result, it became possible for Yushchenko to undergo cosmetic and other procedures types of surgery. Before treatment, this was impossible due to the severe damage subcutaneous tissue - the sutures were cut through and the wounds did not heal. According to the description French surgeon Professor Jean-Hilaire Saurat who treated him in 2007 and Kyiv professor Olga Bogomolets underwent a trial laser procedure on several areas of the facial skin. But erosions appeared at the incision sites, ulcers, crusts, leaving scars after two weeks [5,6]. Similarly what happened with Putin's cuts described above.

According to Bogomolets, *Yushchenko spent 24 hours in the Swiss clinic (4-5 hours) operations by teams of 5-6 surgeons, under general anesthesia* [5]. Neurolysis of numerous nerve trunks was probably performed, i.e. freeing nerve branches from compressing infiltrates and scars. Purpose operations - dissection and removal of all tissues causing compression of the nerves fibers. Plus transposition of the nerves, i.e. movement to a new bed, and epineurectomy – separation from the connective tissue sheath. Such operations have been widely used since the 1940s [84,85]. *"The technique ... consists of making incisions that widely expose the nerve trunk at the site of its thickening, excision of the aponeurosis adjacent to the nerve and causing compression of the latter, deep longitudinal dissection of the nerve, separation of the epineurium and in additional application of longitudinal notches in the depth of the cut"* [86, p. 88]. The operations are labor-intensive, lengthy, and performed under general anesthesia, since *"in cases of old neuritic lesions due to adhesive processes decapsulation and*

*"The de-bundling presents significant difficulties"* [87, p. 91]. Operations painful: *"...patients reluctantly agreed to surgery, fearing possible painfulness of the latter"* [86, p. 89].

But the suffering could have been avoided if the symptoms had been analyzed independent doctors were involved. However, in the political turmoil, no one was interested in the patient's condition. Things reached the point of absurdity when the attending Doctor Olga Bogomolets was summoned for questioning by an investigator only four years later after known events. The task of doctors is to make the correct diagnosis and treat without depending on personal sympathies, ideological orientation and social patient status. And not to serve ideology and power. On this matter, the deputy Verkhovna Rada member Anna German said that she feels sorry for the president, who has such Doctors. But it's not so much the doctors who are to blame for this, but the presidents.

Professional degradation from "friendship" with politicians is illustrated by statement by French professor Jean Saurat, head of the Clinic Dermatology at the University Hospital of Geneva: Yushchenko *"killed himself with dioxin and digested dioxin"; "subsequently the body gradually adapted to poison. Skin bumps concentrate dioxin and then digest it. As a result, almost 90% of the poison was removed within two years"* [29].

In 2004, in response to a telephone question to the director of the Astrakhan Scientific Research Institute of Forestry Professor Viktor Duiko asked, "Does Yushchenko have leprosy?" He refused to discuss it. dangerous topic. In an interview with a reporter, he answered directly: *"Last year A friend from Moscow called and asked: "Don't you think that Yushchenko leprosy?" I told him, "You better not interfere in this matter"* [34].

So it was in the situation with Putin – it was not in the doctors' power to tell the president the bitter truth. This led to laryngeal lepromatosis and the need in 2017. reconstructive surgery to restore airway patency.

The incision was neat and healed by primary intention. But there were no full-fledged

No conclusions were drawn from the incident. Although an infectious disease specialist was added to the team of doctors and dermatovenerologist, suggesting the specific nature of tracheolaryngitis. A

The second laryngeal stenosis occurred suddenly. Therefore, an emergency tracheotomy was performed. I'm not an expert. It's surprising that this time too they didn't make any predictive conclusions, bringing the situation to the third stenosis and the next operation.

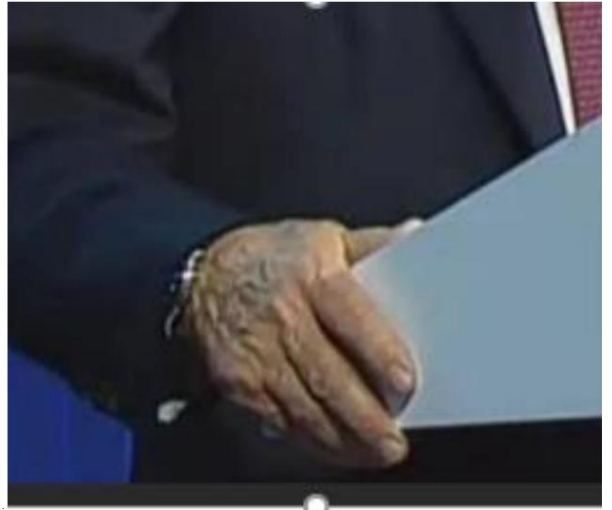
*"Leprosy is a type of immunological disease... In tuberculous leprosy suppression of the cellular link of immunity and a decrease in bactericidal activity are observed blood properties and lysozyme levels [88].* Putin's stress from presidential work could lead to the development of a treatment-resistant condition. This requires increasing the dosage of medications taken. Among them, the basic ones, according to WHO-recommended combination therapy are sulfone derivatives (dapsone, etc.). In case of overdose of sulfones, massive damage to red blood cells, methemoglobinemia develops, making it difficult to deliver oxygen to the tissues. Brain structures suffer. The skin becomes a bluish tint, especially noticeable on the hands. Such signs have become have been under Putin's observation since 2014. During a meeting with the Ukrainian delegation after The annexation of Crimea in the photo on the right is the normal color of Peter's hand Poroshenko, and on the left is the bluish color of Putin's hand (photo 121). Symptoms methemoglobinemia recurred later, including on the skin of the face (photo 122,123).

ILLUSTRATIONS – § X

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## 11. "Biokamikaze" – a new biological weapon

In the program of the 54th World Forum in Davos (2024) one of the sections was dedicated to the threat of a pandemic of disease "X". Two options were considered. The first was focused on the emergence of a new infection, which is not currently known exists. The second is that the infection already exists but is undetected. And the point of both situations is to minimize the time from detection disease "X" before the start of preventive response.

It is all the more surprising that the discussion of such an important topic was not carried out by The professionals are epidemiologists, and the amateurs are politicians. This already happened in 2020. 2021, when headquarters were created to combat the coronavirus infection without adequate participation of doctors. The price for arbitrary action was an imbalance healthcare. As a result, 75% of excess deaths did not occur from coronavirus, but from hospital-acquired sepsis.

The same applies to the "undetected" leprosy pandemic. Professionals warned: *"Is it possible now or in the near future that the number of leprosy patients in countries with sporadic incidence? Is it possible 'epidemic outbreaks of this disease?'"* - the director's rhetorical question Astrakhan Research Institute of Forensic Sciences (1974-2004) Professor Anatoly Yushchenko. And his answer: *"The world community has received a good 'lesson' in the last 20 years on how it is reckless to declare chronic infectious diseases "defeated", and was forced to enter the third millennium accompanied by growth incidence of tuberculosis, syphilis, malaria... with some delay The same thing will happen with leprosy. The causative agent of leprosy, like other pathogens, develops drug resistance, mutants may appear, the reproduction of which today's powerful combination therapy is not will stop"* [34].

Here comes the unrecognized disease "X" in the form of the VIP pandemic of leprosy. The United States in 2022, according to a report from the Federal Centers for Disease Control and Disease Prevention (CDC), there was a two-fold increase, predominantly in the wealthy states of Florida, California, New York and Texas [99] In India, in 2005, they announced the complete elimination of leprosy, and 6 years later, the rise incidence. The number of new cases has exceeded 120,000 per year. According to WHO estimates:

*"All this shows that success in the fight against leprosy can be lost, and that India may lose its status as a country that has eliminated this disease" [98].*

Current global statistics do not reflect the real picture prevalence of leprosy. The sources of information are cases of appeal rate, which is several times less than with door-to-door visits. But this too information is just the tip of the iceberg. The underwater part is an incubation period of tens of years with a non-specific clinical picture .

*Infections are not to be trifled with, they have a cyclical course, and strains mutate. Imported leprosy, due to migration flows, occurs in more than half of the cases asymptomatic, difficult to diagnose course,"* says the senior researcher

employee of the Scientific Research Institute of Light (NIIL) Mikhail Yushin [75]. Thus, at the beginning of the 2020s in the Astrakhan region

There were less than 200 registered cases in the region. While the PCR blood test Traces of infection were found in 9% of donors at the city blood transfusion station (7% – in the past and 2% – active process).

When converted to other territories, we will take a value ten times smaller. – 1%, which corresponds to the estimate of the Deputy Minister of Health Astrakhan Region Svetlana Smirnova: *"Yes, the disease has a low contagiousness, but this is enough for 1% to get leprosy population of the planet"* [81]. For comparison, it is comparable with the prevalence of HIV, generally recognized as a dangerous infection: USA, France, Spain, Great Britain, Russia – 0.7-1.0%; Kazakhstan, Germany, Norway, UAE – 0.3-0.5%; India, China – 0.02-0.09%. Thus, leprosy and HIV are diseases of the same order of magnitude prevalence.

In Russia, increased activity is required to compensate for demographic losses. migration influx. Primarily from countries in Asia and Africa, including BRICS (Brazil, India, China, South Africa) – endemic leprosy in the regions. Accordingly, measures to prevent it become relevant leprosy importation.

On this topic, the world's intelligence agencies were caught off guard. It is generally accepted that the main means of defeating VIPs are physical factors: blow, collision, piercing and cutting objects, bullet, poisoning.

Accordingly, the protection system is reduced to blocking them. Significantly less attention is paid to methods of biological aggression. These usually include mass infection: water bodies, food products, small animals, etc.

Although infection can also occur directly – through contact with “biokamikazes”.

A “biokamikaze” is a person infected with a dangerous infection (smallpox, pneumonic plague, cholera, etc.) for spreading into enemy territory. For example,

The incubation period of smallpox lasts 10-20 days. The prodrome lasts 3-4 days, mild onset of the disease - 2-3 days. In total - two weeks of travel around the world with the purpose of spreading the disease. There is still time to return home, recover, and observe the effect of its bio-destructive action.

It is important to emphasize that when crossing state borders, stop “Biokamikaze” is impossible. There are no legal grounds for his detention. To obtain them, it is necessary to undergo an examination, from which the patient can refuse. Especially if it's a VIP. Therefore, the statement sounds naive.

Rospotrebnadzor, that “Russia has all the necessary potential to counteract biological threats of any nature, including “Disease X” and timely and adequate response to them.”

A “biokamikaze” could be a specially trained agent or to become accidentally infected, as happened with Yushchenko. The intelligence services world powers, considering the information about leprosy unworthy of verification, ignored the warning signs. As a result, measures were not followed precautions when conducting numerous political events (Photos 124, 125). Example: Olga Bogomolets' description of international performances Yushchenko: “... *When I looked at the president standing on the podium of the Bundestag, or in the US Congress, I thought, if the people sitting in the hall knew what it looks like his body is all in wounds, bandages and drains... In front of me stood a man who it was very painful, he had wounds all over his body under his shirt. Only Imagine... the whole body and face are affected... these are not just pimples, this is cysts and wounds... They would probably listen standing, bowing before him “with courage...”* [5].

This is the heroic scene that the imagination of a romantic admirer paints. In order not to be afraid of my words, since the discussion was about the illness of the Ukrainian president,

Bogomolets called the ulcers on Yushchenko's body "wounds." It's as if "an ulcer" "duodenal ulcer" is called a "duodenal wound". In medicine, the word "wound" is used to characterize damage from external mechanical influences. Otherwise, the emotional perception of the situation is distorted.

A different picture would have been seen by the eyes of a dermatovenerologist. In front of the members US Congress or the German Bundestag (photo 126, 127), hoping for professionalism of the special services, there was an infectious patient with cysts and bloody ulcers on the body - lepromatous dermatitis, as in textbooks leprology (photos 128, 129). And hundreds of thousands of them swarmed around within a radius of up to 1.5 meters. Mycobacterium Hansen, infecting nearby politicians (photo 130). Find out

If they had heard about this, they would have run out of the room in fear.

Disagreeing with the inevitability of the looming disaster, sick VIP politicians try to convince themselves and others that this does not interfere with their creativity activity. To prove this, management functions are expanded, including even of minor significance. Thus, on May 5, 2020, President Putin signed instructions to the government:

- extend the tourist cashback program;
- pay 10 thousand rubles to families with children over six years old;
- provide free gas supply to households;
- ensure payments to certain categories of pregnant women;
- begin implementing an in-depth preventive program

inspections.

It is hard to believe that the listed issues are worthy of competence president of a world power.

The desire of patients for self-affirmation leads to buffoonery, discrediting the high status of the state. From this series - self-rewarding Brezhnev (photo 131); humiliating behavior of drunken Yeltsin conducting orchestra in Germany (photo 132); Putin directing the flight of white cranes (photo 133); searches for ancient amphorae on the seabed (photo 134); demonstration of the youth opportunities (photo 135).

Considering himself healthy, Yushchenko was an active participant in numerous international political events (photo 136, 137) and the most kissing

president: with strangers, friends, fellow politicians (photos 138-144).

During this time, people who frequently came into contact with him could become infected and become 3-4% are sick.

Putin also turned out to be an unwitting "biokamikaze". Extensive communication with young people (photos 145, 146), numerous kisses, especially children (photos 147-150) could pose a risk of spreading the infection. As a result, their parents are doomed monitor the risk of leprosy in the family for decades.

It is possible that Viktor Yanukovich also contracted leprosy. Compared to in previous years (photo 151) a pronounced deformation of the ear cartilages appeared and lobes, changing the angle of the nose (photo 152).

Belarusian President Alexander Lukashenko during Victory Day celebrations In 2023, the outlines of a woman were discovered on the back of a coat in Moscow's Red Square. corsets, decorated with fabric folds. The body volumes are significantly enlarged, not corresponding to the previous clothing size (photo 153). After six months, the meeting of the leaders of the Eurasian Economic Union is one step away from it – an employee security guard and in his hands – a black suitcase (photo 154). The same guard with a suitcase found himself at the conference participants' table next to Lukashenko (photo 155).

The illness of Chechen President Ramzan remains undiagnosed. Kadyrova. External symptoms include swelling of the body, dense infiltrates on the face, kidney damage. And - six months of treatment. Approximately - glomerulonephritis, complicated by rapidly developing body edema. Yushchenko also had the initial diagnosis was "...pancreatitis..." *complicated by rapidly developing "body swelling."*

The political significance of the phenomena described deserves to be included into the textbooks of the special services as **the "Yushchenko-Putin syndrome"** – a possibility that seemed impossible medical events. Therefore, all must be subject to verification. infectious facts, even if they have a one in a thousand chance. Here 0.1% = 100%. Otherwise, the guards, when in contact with sick leaders (photo 156), themselves become "biokamikazes", infecting new protected persons. Thus, it causes Director of the Russian National Guard, Viktor Zolotov, is suspected of having swelling. lateral branches of the supraorbital nerve and tuberosity of the facial skin (photo 157,158).



It was he who was constantly at Putin's side from the onset of the disease, being head of his personal security (photo 159) [95].

The particular insidiousness of severe infections lies in their impact on the emotional the state and intellectual abilities of politicians. In 2010, during Putin's visit Journalists in Ukraine noticed that he was usually talkative, but this time he was silent, sad, in a bad mood [65]. In 2011, the writer Eduard Limonov, seeing Putin at Seliger, said: *"A strange face, suddenly changed either from anxiety, or from extreme anxiety ... Like "dropped into water"... He clearly has problems, maybe he's seriously ill, his face is haggard. Unhealthy and absent-minded...Something is gnawing at me..."* [90].

A disease that is dangerous to disclose and the fear of death from another one gnaws at me attack of suffocation. This explains the excessiveness of self-isolation measures even in normal epidemic situation (photo 160,161), carrying out a total disinfection of premises before mass gatherings (photos 162, 163). And this is on against the backdrop of the serene behavior of other world leaders. Although Putin usually positions himself as a macho man. The reason for the fear is not herself respiratory infection, and the threat of its superposition on the underlying disease, increasing risk of sudden stenosis of the upper airways.

The dissonance between the objectivity of the surging disaster and its subjectivity denial is accompanied by frustration, distorting the perception of the surrounding world. An example is the change in Dmitry Medvedev's ideological positions. During his time as president of the country, he acted as a liberal, oriented towards the broad democratic public. And after the illness, the former international partners suddenly became *"a bunch of crazy Nazi drug addicts, the people stupefied and intimidated by them and a large pack of barking dogs from the western kennels. With them is a motley pack of grunting piglets and dim-witted ordinary people from the collapsed Western empire with water running down their chins from degeneration by saliva..."* Moscow's goal is to *"stop the supreme ruler "hell" [91].*

Negative impact on intellectual and emotional abilities  
Sulfone drugs provide relief to patients. Their use in experiments on animals were accompanied by the development of cyclothymia - mood swings from

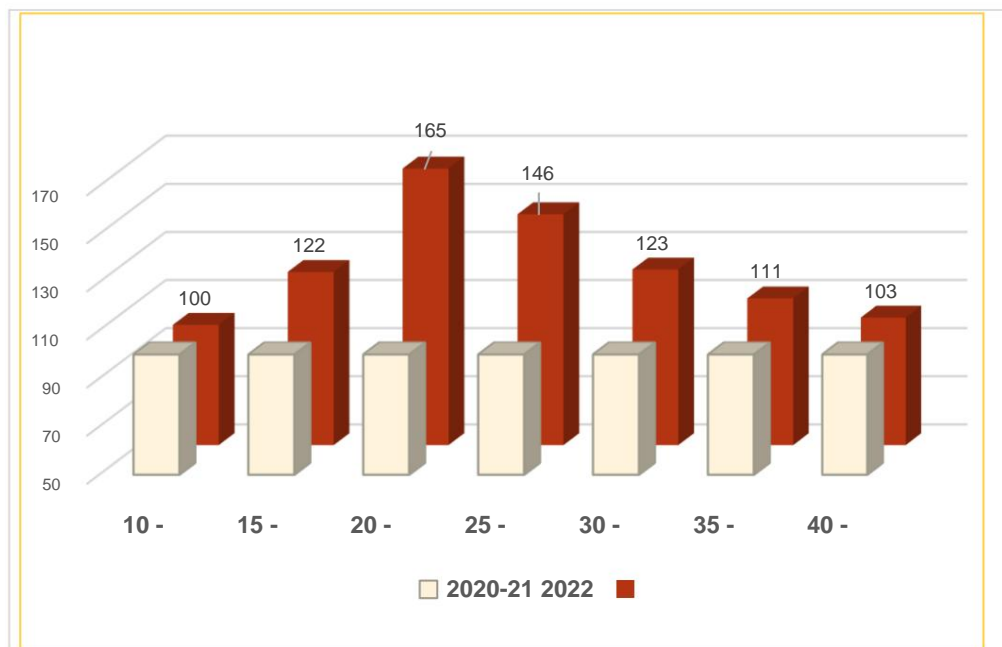
euphoria to a depressive state. A melancholy and anxious mood arose, behavioral despair, dysphoria in the form of hostility towards others, affective reactions with outbursts of aggressiveness [92-94]. The presence of such signs incompatible with holding public office.

The loss of perspective in life creates an existential vacuum. (photo 164), which can be impossible to get rid of (photo 165). Pain decreases at the sight of the suffering of others, forming sociopathy - loss empathy and anger towards healthy people: "If I get sick, let them get sick too." others." Up to the glorification of the apocalypse and mass death: *"We are like martyrs we'll get to Heaven, and they'll just die."* To hide the discrediting Diseases provoke social cataclysms, even to the point of initiating war.

The presence of sociopathy in a state leader provokes erroneous strategic decisions. In the National Security Strategy of Russia, the first The stated position is to save the people. In the context of increasing depopulation, there is no goals are more important. The strategy of large-scale military actions outside state borders. President Putin chose second, by initiating the Special Military Operation in 2022.

To assess its impact on mortality, it is necessary to exclude others damaging factors. For this, the dynamics of male and female mortality in 2022 by calculating the "gender lethal index" (M/F). The baseline was taken as its average values for 2020-21. For ages 10-14 years, no differences in mortality dynamics between the sexes were found. The first rise appeared in adolescents aged 15-19 years at a rate of 22% compared to girls. The largest The increases occurred at the age of 20-24 years – 165% and 25-29 years – 146%. At the age of 30-34 years old – 123%, 35-39 years old – 111%. For 40-44 year olds, the differences between the sexes are almost disappeared (Figure 1).

What are the specific causes of death among men in 2022? compared to women? The only significant difference is the appearance of weight. "200" in the draft age cohorts.



**Figure 1. Increase in mortality in Russia in 2022 among men by five years of age relative to mortality dynamics for women (2020-21 = 100%).**

In fact, the idea of “becoming martyrs and going to Heaven” is being implemented. The erroneous presidential policy threatens the disappearance of the Russian ethnic group. And Among its causes is the sociopathy of the sick person.

ILLUSTRATIONS – § XI 124



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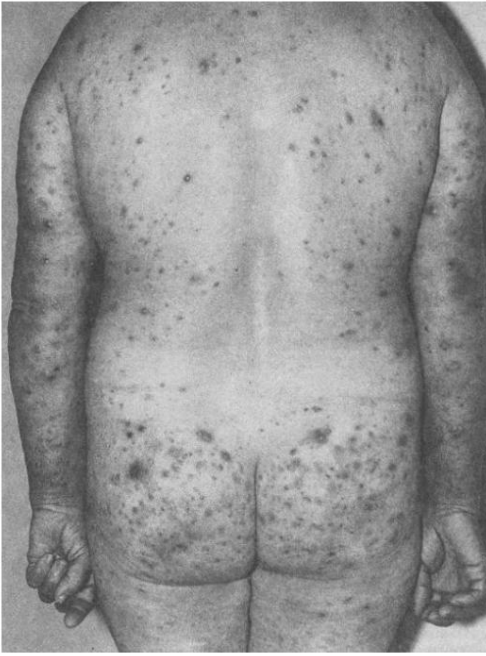


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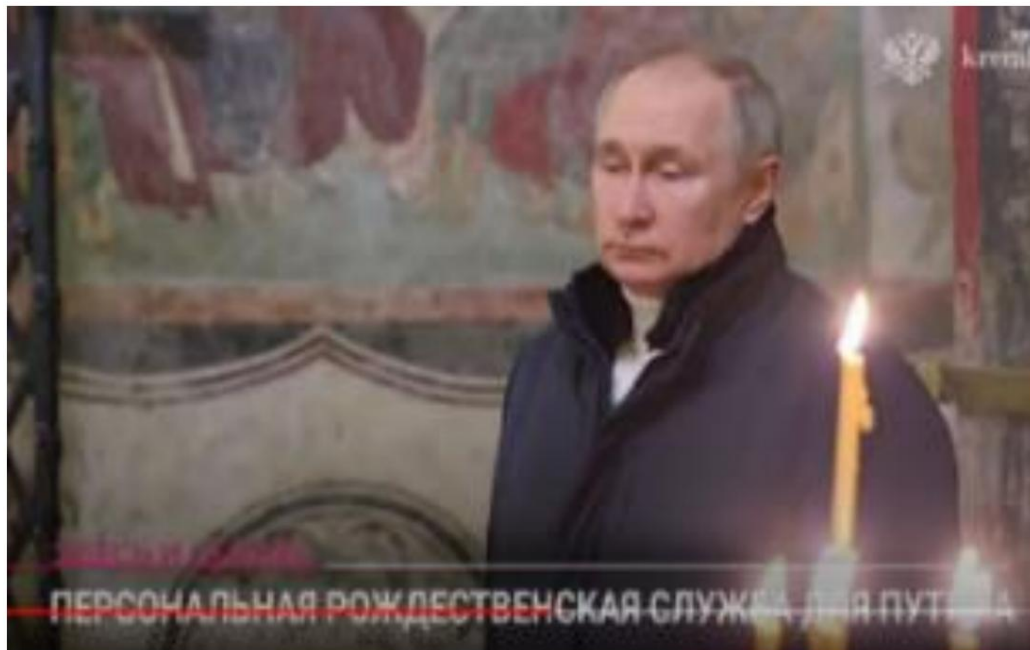




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## 12. On monitoring the health of government leaders

The health of government leaders is not only their personal business, but also an important subject of public attention. However, many diseases do not affect management activities. Thus, US President Franklin Roosevelt was disabled and moved around in a wheelchair, although he left his residence no less frequently, than Joseph Stalin – from his own. And he governed the country no worse. Other diseases have a negative impact on creative activity. Socially dangerous diseases, taking into account the RF Government Resolution No. 715 of 01.12.2004, include:

- severe infections (plague, anthrax, glanders, cholera, smallpox, leprosy, syphilis, open form of tuberculosis);
- mental disorders (schizophrenia, paranoia, manic-depressive states, alcoholism);
- non-infectious diseases characterized by a severe course or frequent exacerbations.

It is important that in case of dangerous infections, not only the suspected patients, but also people who have been in contact with the patient. Federal Law No. 52 (as amended on July 24, 2023) "On Sanitary and Epidemiological welfare of the population" Article 3, paragraph 1, "patients with infectious diseases, persons suspected of having such diseases and **those who have been in contact** with sick persons infectious diseases... are subject to laboratory testing and medical supervision or treatment, and if they pose a danger to those around them – then mandatory hospitalization or isolation...".

In the list of infections, special attention is given to leprosy. It is the only one a disease for which the "presumption of guilt" applies.

If suspicious symptoms are present, it is necessary to prove their **absence**. *Conclusion about the absence of leprosy "...should be issued after a clinical examination by a dermatovenerologist..."* (Appendix 4). Leprosy patients, according to

According to the WHO decision, even leaving the country of residence is prohibited.

How to force suspicious government officials to undergo examination for the presence of dangerous diseases. On this matter, one of the former members Constitutional Court Mikhail Kleandrov stated with surprise that

If a person with leprosy is found in the judiciary, he should be removed from office impossible. Especially if we are talking about high-ranking political figures.

Federal Law of the Russian Federation No. 52 "On Sanitary and Epidemiological Welfare "The population" does not have the necessary explanations on this issue. A special Law "On Monitoring the Health of Government Leaders".

According to the Constitution of Ukraine, the functions of the President of the country cease ahead of schedule in case of *"inability to perform one's duties due to the state of health."* The same provision is in the Russian Constitution: the president of the country *"terminates the exercise of powers early in the event of... persistent incapacity due to health reasons, to exercise his powers..."*. However, There is no reliable diagnostic algorithm. Therefore, the deputies' attempt Ukrainian parliament to initiate impeachment of Yushchenko due to health reasons was blocked. This was stated by the head of the support service relations with the Verkhovna Rada of the Secretariat of the President Jan Bernazyuk: *"The legislative basis or legal justification for making such decisions ... should be defined in a special law."* *"For the President of Ukraine, "Today the legislative framework has not been created by the Verkhovna Rada"* [30]. There is no such law and in Russian law.

In 1997, State Duma deputies Viktor Ilyukhin, Elena Mizulina and Stanislav Govorukhin prepared three versions of the project "Federal Law on the procedure for medical examination and early termination of the powers of the President of the Russian Federation in the event of persistent inability due to health reasons to carry out his duties powers." In all versions, the survey initiators proposed politicians - a third of the members of the Chambers of the Federal Assembly. Then the question must be considered in plenary sessions and approved by the majority a medical commission is created [95].

My proposals as an expert of the State Security Committee  
The thoughts were as follows:

- the statement about the presence of the disease should come not from the deputies, but from doctors;
- the composition of the medical commission should be formed not by deputies, but by doctors;

- a dangerous disease can occur suddenly, requiring immediate treatment response.

The proposals were rejected. Subsequent work in this area rolled back. However, the relevance of the law on control over the health of state The number of leaders has not decreased due to this. Including during elections companies. Electoral commissions must have complete confidence that There are no socially dangerous diseases among candidates for leadership positions.

Hopes for the willingness of managers to declare the presence of dangerous diseases are unlikely. Moreover, to conceal discrediting administrative resources are actively used for information gathering. Including – bureaucratic red tape and hushing up the issue. Thus, information about the disease the President of Ukraine were conveyed by letter to Yushchenko himself, personally to the Chairman To the Verkhovna Rada of Ukraine, Oleksandr Moroz, Chief Sanitary Doctor of the Russian Federation, President of the Russian Academy of Medical Sciences, representative of the Federal Security Service of the Russian Federation, representative of the Federal Security Service of the Russian Federation in the presence of the Director of the Central Dermatovenereological Institute of the Ministry of Health of the Russian Federation Doctor of Medical Sciences, Professor, Academician of the Russian Academy of Medical Sciences and the Russian Academy of Sciences Anna Kubanova. However, there was no answer followed.

Information about the symptoms of leprosy in President Putin was sent to a member Security Council of the Russian Federation Boris Gryzlov, Chairman of the Federation Council Sergei Mironov and his attending physicians have been told in numerous media outlets about the situation known to the press secretary of the Russian president, Dmitry Peskov. The appeals remained no answer.

To obtain information about the presence of a dangerous disease in a leader, it is required independent professional mechanism. In situations with dangerous infections The following algorithm is proposed:

1) civil servants of any level are subject to medical examination if there is a reasonable suspicion of infection. Symptoms confirmed by references to specialized information are considered justified. medical guidelines;

2) a reasonable suspicion of the presence of infection is stated by any physician, with at least ten years of professional experience. To collect information

reliable sources not prohibited by law are used, including photos and Video materials. Other arguments fall under Article 128.1 of the Criminal Code: "Slander, that is, the dissemination of knowingly false information that defames the honor and the dignity of another person...". Information that is knowingly false is not considered to be justified at the time of the application;

3) a statement of suspicion is sent to the Expert Medical commission, which must confirm or reject within 10 days the symptoms presented. The commission operates under the Ministry health care, consisting of five experts selected randomly from infectious disease doctors registered in the country (for leprosy – dermatologists) venereologists). Suspicion is considered confirmed if it is impossible by a majority vote reject the stated symptoms;

4) a manager with a suspected dangerous infection is sent for in-depth examination in three randomly selected specialized medical center. For leprosy, such centers, according to the Letter of the Ministry of Health and Social Development of the Russian Federation dated 13.09.2005 No. 4317-yy "On examination for leprosy" (Appendix 4), are divisions of the Russian Ministry of Health: Central Research Institute of Skin and Venereal Institute (Moscow), Research Institute for study of leprosy - Research Institute of Leprosy (Astrakhan) and the Research Laboratory immunochemotherapy of leprosy and immunotropic agents with clinical and experimental experimental production (Moscow region, Sergiev Posad district, settlement Zelenaya Dubrava);

5) the absence of the disease, proven by two centers, serves as the basis to remove the suspected diagnosis;

6) persons who refuse mandatory examination are subject to dismissal from the civil service.

Viktor Yushchenko's diagnosis of leprosy was confirmed in two of the aforementioned centers:

- Director of the Central Skin and Venereal Diseases Institute of the Ministry of Health of the Russian Federation, Doctor of Medical Sciences.

Professor, Academician of the Russian Academy of Medical Sciences and Russian Academy of Sciences Anna Kubanova (in the presence of a representative FSB);

- chief specialist in leprosy at the Russian Ministry of Health (until 2003), founder and Director of the Research Laboratory of Immunochemotherapy of Leprosy and immunotropic agents, Doctor of Medical Sciences, Professor Nikolai Goloshchapov (in the presence of journalists).

A medical consultation was held on this topic at a meeting of the Moscow City Scientific Society of Therapists (photo 166). Agreement was expressed with the presence of leprosy in Yushchenko and the need to examine those who had contact with him persons. Chairman of the MGNOT, Professor Pavel Vorobyov, stated: *"In this situation, having Yushchenko, who has no doubt about the presence diseases, all the rest... people who have been in contact with him should be in first of all, they were checked for infection. And this, of course, is absolutely obviously. ...First, you exclude the possibility of infection ..."* [121].

Instead, measures are being taken to mask the current disease. To eliminate leprosy on the cheeks, gentle operations are used from the inside of the mouth cavities. Then there is no swelling or bluish discoloration of the skin, no scars, no one will not suspect surgical intervention. Outwardly it seems that the disease disappeared, the face is completely clear (photo 167). But the infection takes its toll, and granulomas appear again (photo 168).

In January 2024, during a visit to Chukotka, during meetings with The public is presented with Putin with a completely clean face and smooth skin (photo 169). And under unexpected lighting, infiltrates of the frontal branches of the optic nerve (photo 170), as before. Two tubercles appeared above the bridge of the nose, the superciliary arches became swollen (photo 171).

The appearance of a skin defect and a small dent is puzzling. on the left side of the forehead, which was not hidden even by thick makeup (photo 172). So it can look like a healing wound from hitting a hard object during a fall. About the threat The sudden fall is indicated by the appearance next to Putin in the FSO guarded building in the greenhouse of a strange man "looking at plants" (photo 173). Probably a resuscitator, and the bag with the intubation kit is in the next room. room.

A few days later, a similar picture. At a meeting on issues socio-economic development of St. Petersburg under the protection of the Federal Protective Service



in the office among his closest associates, a little to the side, there is a strong man, not taking his eyes off the president (photo 174).

The materials presented indicate a gross violation of the Constitution. Russia (Article 41, paragraph 3): "Concealment by officials of facts and circumstances, creating a threat to the life and health of people, entails liability in compliance with federal law."

According to Article 237 of the Criminal Code of the Russian Federation:

- p. 1. Concealment or distortion of information about events, facts or phenomena, creating a danger to the life or health of people, committed by a person, obliged to provide the population and the bodies authorized to take measures to elimination of such danger, shall be punished by... up to and including imprisonment for a term up to two years;

- paragraph 2. The same acts, if they are committed by a person holding public office, ... imprisonment for up to five years."

Therefore, masking the signs of a contagious disease (make-up, use special lighting, surgical correction, etc.) belongs to the category criminal actions. As well as mass meetings of the sick leader with the population, especially with young people, whose immune system is less resistant to dangerous infections (photo 175).

Ignoring epidemiological canons threatens international scandals. In the fall of 2022, at an international meeting in Astana, next to the Russian president, the Emir of Qatar looked at his frequent coughing (photo 176). And waves of Hansen's bacteria could be swarming around.

In 2023, during his visit to Iran, Putin met with government officials leaders, despite the exacerbation of the disease. The exacerbation is indicated by the distorted unrecognizable face (photo 177). In the same year – a visit to China with two suitcases: nuclear at the back and resuscitation in front (photo 178).


The coordinator of anti-leprosy work in the country should be the most competent institution in this matter. In the USSR, scientific and methodological The center of the fight against leprosy was the Astrakhan Research Institute Institute for the Study of Leprosy – NIIL of the USSR Ministry of Health (photo 179), and then –

Research Institute of Forensic Medicine of the Ministry of Health of Russia (photo 180), the last director was Professor Victor Duiko.

In 2020, as part of the “optimization” of healthcare, a decision was made about the liquidation of the Scientific Research Institute of Nuclear Power Plants, which is difficult to explain professionally (photo 181). Attempts by doctors and State Duma deputy Oleg Shein to save a unique scientific and practical institution, one of the world's leaders leprology, were helpless. In 2021, by order of the Minister Mikhail Murashko's health care leprosarium as an independent scientific The clinical center ceased to exist (photo 182).

Taking into account the current epidemiological situation, it is necessary restoration of its former scientific, methodological and territorial status. including for the training of qualified personnel on the established clinical base domestic and foreign leprologists. In this regard, the previous director NIIL Anatoly Yushchenko wrote: *“First of all, it should be recognized that despite the fact that leprosy patients can be found in any region... the majority of doctors, even dermatologists, have no idea about this infection. venereologists, often do not correspond to the current state of leprology. After all, Most medical school graduates not only did not have any experience during their years of study the opportunity to attend clinical discussions of patients with leprosy, but even could not listen to a lecture on modern problems of leprology, because such are not included in the training programs. Ultimately, this leads to the fact that when meeting a patient with leprosy, the doctor often does not even suspect “This is a disease, and the patient is treated for years for other ailments” [34].*

## ILLUSTRATIONS – § XII 166



ВЕСТНИК МОСКОВСКОГО ГОРОДСКОГО  
**МОСКОВСКИЙ  
ДОКТОР**  
Интернет-версия  
НАУЧНОГО ОБЩЕСТВА ТЕРАПЕВТОВ

**НОВОСТИ:**

**Мероприятия МГНОТ:**

**СТАТЬИ:**

**РАСПИСАНИЕ:**

**Премия им. Д.И.Плетнева**

**МГНОТ:**

Архив газеты  
"Вестник МГНОТ"

**Пленарное заседание**


В среду, 13 мая 2020 года в 17.30 состоится пленарное заседание Московского городского научного общества терапевтов в формате Вебинара.

**Повестка дня:**

Профессор Гундаров И.А. (главный специалист Института лидерства и управления здравоохранением ФГАОУ ВО Первого МГМУ им. И.М. Сеченова (Сеченовский университет)):

«Проказа возвращается?»,  
40 мин.

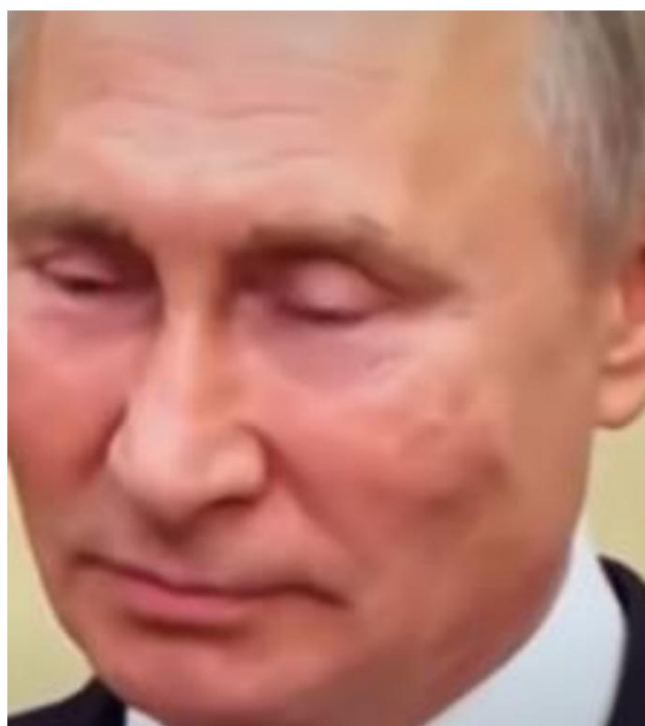
Проказа (лепра) – казалось бы, оставшееся в прошлом заболевание. Насколько это так? Современные врачи не готовы к такой встрече, забыв о диагностическом коварстве «великого имитатора». Тем более среди пациентов с высоким уровнем материального благосостояния и социального статуса. На конкретном примере из текущей жизни рассматриваются проблемы выявления наиболее опасной бугорковой формы проказы и проведения профилактических противоэпидемических мероприятий для защиты окружающих от распространения опасной инфекции. Сообщение проводится в виде



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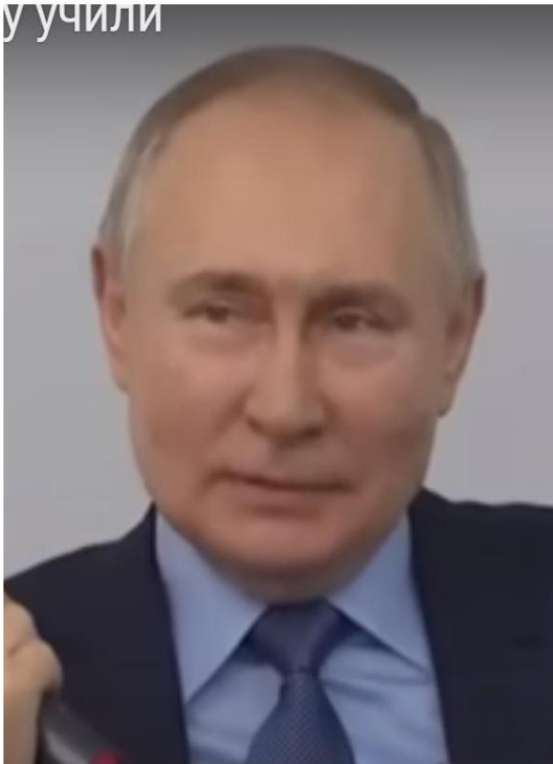


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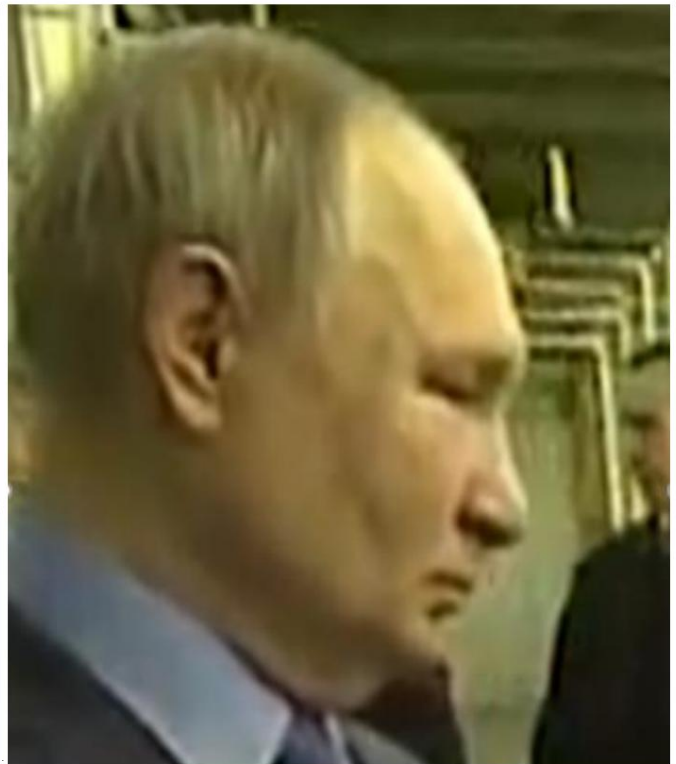


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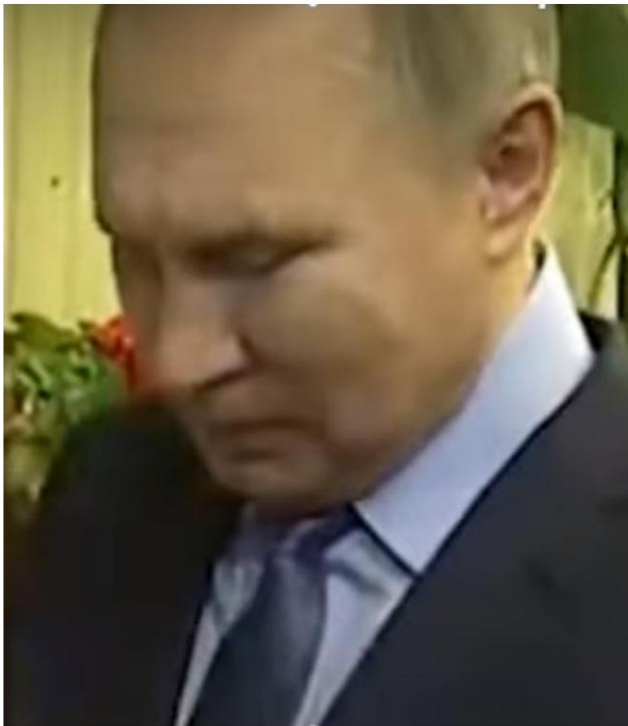
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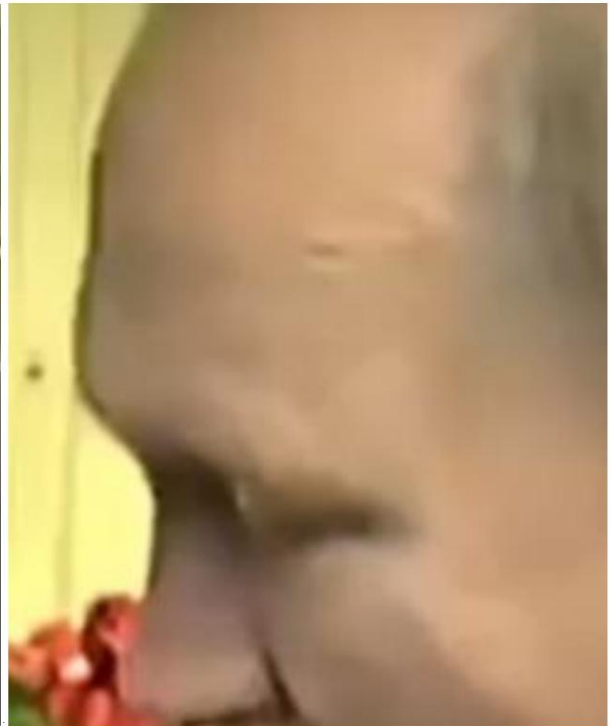
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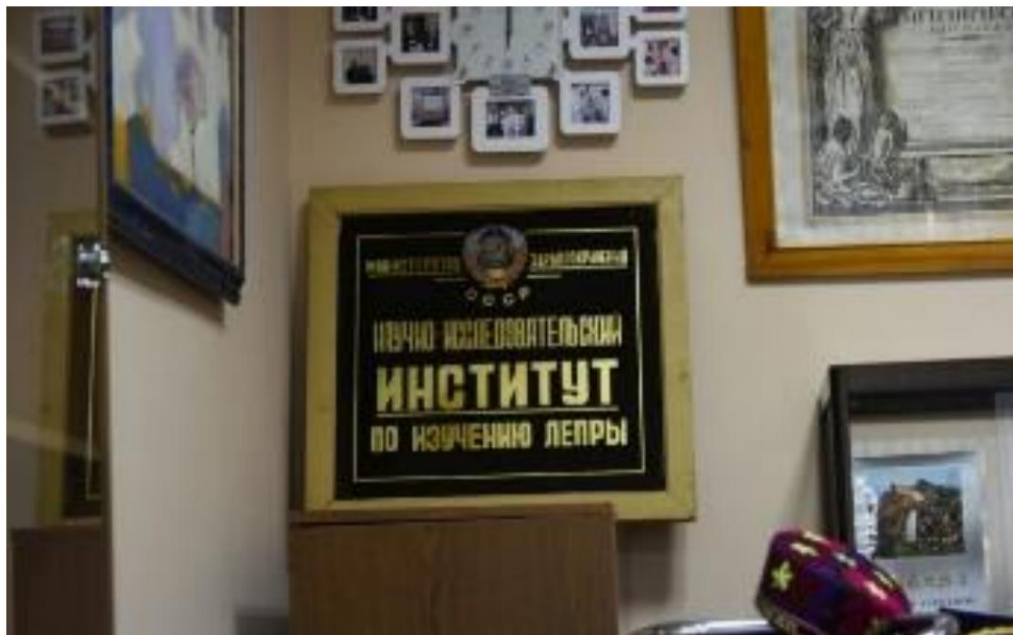
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## Сотрудники лепрозория просят одуматься и не закрывать их центр

Инфекция не исчезла



182



### 3. Political mechanisms of epidemic processes

In the prevention of dangerous infections, the main focus is on the fight against pathogens and blocking their transmission routes. In this case, the role of the perceiving subject (recipient) is little taken into account. Although the immune system of the body's resistance plays an important role in the development of pathological processes.

In turn, the state of immunity depends on many factors: household living conditions, environmental conditions, quality of sanitary hygiene, nature of nutrition, etc. In recent years, more and more studies have appeared proving the influence of the mental state of the population on the level of collective immunity. New scientific directions have emerged: psychoimmunology and psychodemography, explaining many mysterious phenomena.

Over the last 30 years, Russia has experienced paradoxical fluctuations in non-infectious and infectious morbidity and mortality. During "perestroika" (1985-1990) incidence of typhoid fever and paratyphoid fever decreased by 67%, acute intestinal infections – by 31%, scarlet fever – by 37%, whooping cough – 41%, meningococcal infection – 46%, etc. [100]. General Mortality from infectious diseases decreased by 36% [101,102]. There is no explanation for this improvement, since additional sanitary and epidemiological measures were carried out at that time.

With the onset of liberal reforms, the epidemic situation changed to the opposite. The growth of infectious and parasitic diseases has reached a number of hundreds and thousands of percent of regions of the country. Thus, the incidence of scabies increased in the Kamchatka region by 1027%, in Khabarovsk Krai – by 848%, in the Republic of Karelia – by 401%, in the country as a whole – by 566%. Measles incidence in Russia increased by 302% in 1993, diphtheria by 296%, whooping cough by 64%, etc. [104,105]. Infectious mortality increased by 77% by 1996. An unprecedented increase in diphtheria, the incidence of which rose by 5900%, and the mortality rate – by 675% [103, 106].

The extreme nature of the epidemic growth has given rise to theoretical questions in science and shock. Scientists "refused" to consider what happened as a real fact, although this has not ceased to be a fact. Traditional explanations in the form of low coverage

preventive vaccinations and a decrease in the quality of anti-epidemic work was not confirmed [103, 105]. Those who died from diphtheria turned out to be mostly adults whose childhood was spent in regular vaccination campaigns. Among the children who fell ill, 71% were vaccinated [103, 105]. According to the reports of the sanitary and epidemiological service at the beginning of the 1990s, no deterioration in anti-epidemic work was recorded [106, 108]. The bacterial background did not worsen during 1988-1993, as evidenced by reduction in the proportion of samples from water bodies, soil, and air that do not meet the bacteriological standards [100, 106].

If the cause was the activation of pathogenic microflora, children would have suffered more. Their immune system is less resistant to damaging influences. In reality, everything turned out to be the opposite. In the working age, mortality from infections increased by 171% between 1990 and 2007, while among children decreased by 38% [102, 104, 105, 108].

In 1996-1998 the epidemic situation unexpectedly improved: the incidence of dysentery decreased by 120%, diphtheria by 159%, paratyphoid fever by 25%, salmonellosis - by 24%, hepatitis A - by 29%. The incidence of new cases of diphtheria decreased to its original low level [109, 110]. Mortality from infectious and parasitic diseases decreased by 11% [110]. An attempt to explain this by measures to increase herd immunity has not been confirmed since 1996. Federal sanitary and epidemiological programs are practically not financed [106].

The next paradox was the sharp deterioration of the situation after 1998. In 2000, the incidence of bacterial dysentery increased by 57%, viral hepatitis - by 50%, scarlet fever - by 50%, etc. [109]. Infectious mortality increased by 32% [110]. Once again, epidemiological science has proven unable to understand the reasons for the processes taking place.

The reliability of such variability was tested using material from St. Petersburg - a city of many millions with a clear system of statistical accounting and less migration compared to Moscow [111]. In 1991-1994, mortality from dysentery rose to 1710%, from diphtheria - to 1200%, salmonellosis - to 911%, pulmonary and non-pulmonary forms of tuberculosis - up to 236 and 386%, pneumococcal pneumonia - up to



467%, streptococcal infection – up to 367%. Incidence of acute gonorrhea increased to 210%, syphilis (early forms) – up to 1400%; exacerbations chronic syphilis cases increased to 860%. Then by 1997, the majority indicators decreased to initial values (Table 2), although extraordinary No anti-epidemic measures were taken at that time.

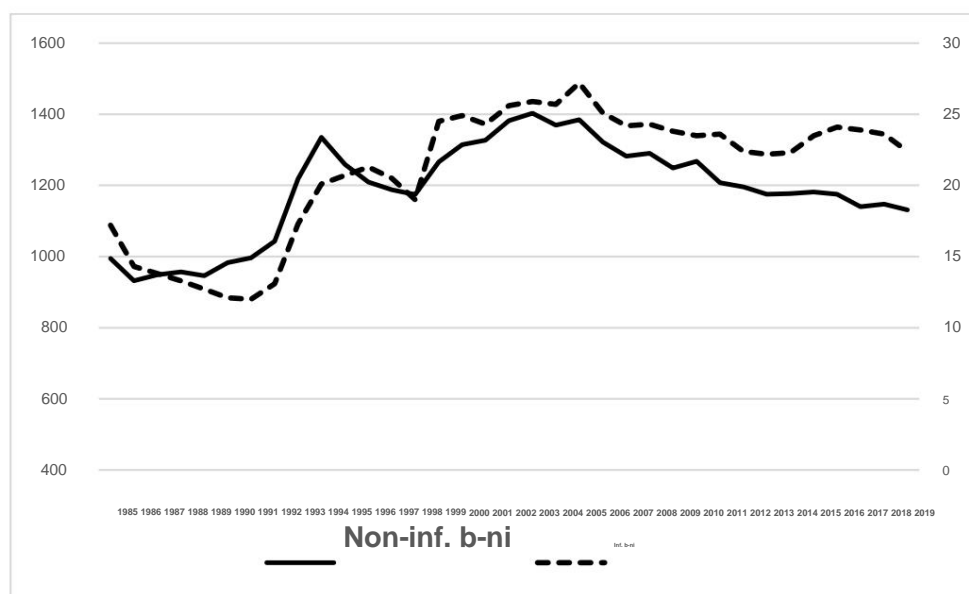
Incredible in amplitude epidemic rises provide grounds to state the emergence of "mega-epidemics." These include the rise of mortality, say, from 500% and higher. In St. Petersburg, during 1991-1994, mega-epidemics have increased: salmonellosis - up to 911%, diphtheria - up to 1200%, dysentery - up to 1626%. The simultaneity of fluctuations is no less mysterious. mortality from a variety of bacteria and viruses. The phenomena are so extreme, that scientists refused to accept them as reality. There was not a single meeting Academy of Medical Sciences dedicated to this issue.

The only explanation for the paradoxical amplitudes could be oscillations non-specific immunity. Its discovery at the beginning of the 20th century belongs to the Russian scientist Ilya Mechnikov [112,113]. The study of cross- The domestic epidemiological school is actively engaged in adaptation: Lev Gromashevsky et al. [114]. According to academician Sergei Pak, "In the early stages development of the infectious process, the host organism's protection is ensured predominantly non-specific mechanisms... Character and severity the parameters studied do not depend on the etiological factor and are universal character" [115].

**Table 2. Mortality and morbidity from infectious diseases in****St. Petersburg for 1991-1998 (per 100 thousand population)**

Nosological units	1991 by 100 outside.	1994		1998 by 100 outside.
		by 100 outside.	1994/1991 (%)	
Mortality from diseases of the digestive system Bacterial				
dysentery 0.38 6.50 1711 Salmonellosis, shigellosis 0.9 8.2 Viral hepatitis 1.1 2.5 Mortality				0,23
from diseases of the respiratory system			911	0,9
			227	1,6
Pneumococcal pneumonia	1.2 5.6 467	Other pneumonias 8.8		1,9
24.0 Pulmonary tuberculosis 6.6 16.3 Lung abscess, empyema		2.8 6.5	273	11,9
Mortality from skin diseases 1.0 Mortality from other diseases			247	9,4
Streptococcus: tonsillitis, scarlet fever 0.3 Diphtheria 0.1 Incidence of			232	4,2
sexually transmitted infections				
Diseases of the skin and tissue		2,1	210	1,4
(1991-1995-1997)				
		1,1	367	0,5
		1,2	1200	0,1
Early syphilis 12.2 Chronic syphilis 8.6 Acute gonorrhea		168,0	1400	103
Chronic gonorrhea		100,0	860	100
	208	438	210	128
	31	37	119	12

In this case, it is logical to expect similar amplitudes in non-infectious mortality. Indeed, in a 34-year observation of the dynamics of both indicators in Russia were found to be directly related with a correlation coefficient of 0.9 (Figure 2). Here, any increase/decrease in mortality from non-communicable diseases were combined by 81% (the coefficient of "determination") with increase/decrease in infectious mortality.



**Figure 2. Synchronicity of the dynamics of mortality from non-infectious and infectious diseases in Russia (per 100,000 people)**

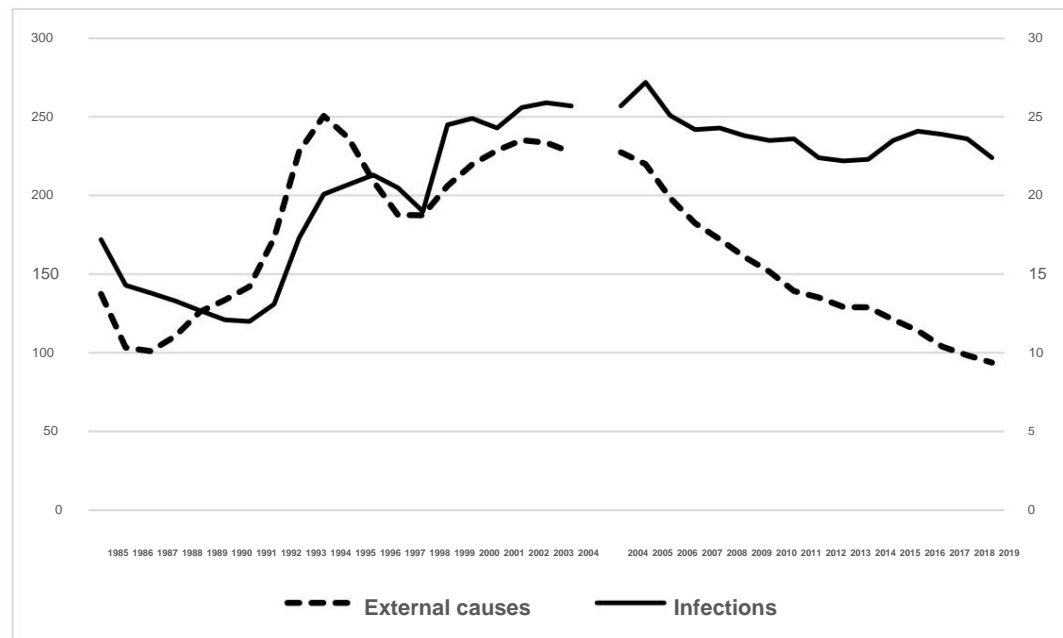
The mechanisms of non-specific adaptation include microcirculation, especially pronounced in parenchymal tissues. Its basic parameters are the amount of blood flowing into the arterioles, the tone of the precapillaries, the degree postcapillary tension and accompanying biochemical processes. Described their dependence on the mental state: positive (social optimism, hope for success, confidence in a worthy future, a feeling of joy in life) and negative (anxiety, uncertainty about the future, depression, hopelessness). the totality forms a social atmosphere - *"intangible reality in the form of dominant meanings and emotions in society, uniting people for joint actions."*

A positive social atmosphere has been found to increase intensity of blood circulation, reduces vascular resistance, increases hemoglobin concentration in the blood, reduces the erythrocyte sedimentation rate, etc. As a result, the body's reserve capacities are activated [116, 117]. Negative social stress has the opposite effect on viability. atmosphere.

Statistical indicators of a negative social atmosphere include: abnormal behavior associated with mental state: murders, suicides, drownings, traffic accidents, etc. They constitute class XX (external causes of death, codes V01-98) of the International

## Statistical Classification of Diseases and Related Health Problems X revision.

Synchronicity of their fluctuations with infectious mortality was revealed. The correlation coefficient between both trajectories was 0.8: as in socially turbulent years of 1985-2004, as well as in the relatively calm period of 2004-2019 (Figure 3). This dependence confirms the hypothesis about the influence the effect of a person's mental state on immunity and infectious diseases.



**Figure 3. Synchronicity of mortality dynamics in Russia from infectious diseases and external causes (per 100,000 people)**

A three-stage chain of causes of infectious epidemics is revealed: primary (triggering) cause, secondary (mediating) cause, tertiary (immediate) cause:

1) the triggering cause is the actions of politicians, leading to the emergence of positive ("life-giving") or negative in society ("deadening") social atmosphere;

2) the mediating cause is fluctuations in the social atmosphere, causing corresponding changes in the immune resistance of the population;

3) the immediate cause is an increase/decrease immune resistance of human organisms, accompanied by inhibition/activation of the activity of microbes contained in them.

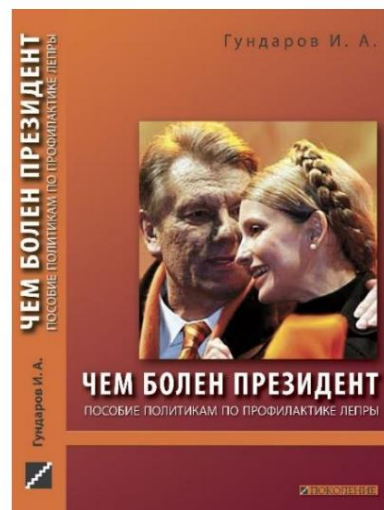
It follows that politicians can act as social doctors, as well as psycho-bioterrorists. This fully applies to the development leprosy epidemic processes.

## INSTEAD OF A CONCLUSION

### Appeal to colleagues

#### ***First appeal (2009)***

The first appeal to colleagues was made by the author in the monograph "Than "sick president."



*"Dear colleagues, doctors of the world! For now, the situation with Yushchenko's illness – this is the diagnostic error of the century. But it could become the crime of the century if We will not throw off the yoke of political hypnosis... To prevent a pandemic leprosy requires an international consultation...with the development of resolutions addressed to the World Health Organization..." [3, p. 115].*

#### ***Second appeal (2024)***

Dear colleagues – doctors of the world! Epidemic carelessness in relation to The spread of leprosy throughout the world threatens the development of a large-scale VIP-pandemic. An international consultation of doctors on this topic took place in Moscow in In 2022, a resolution was adopted on the need to form anti-epidemic control over the health of political leaders.





There is a need to develop an appropriate international law its approval at the level of the World Health Assembly. Otherwise the diagnostic error of the century will become the political tragedy of the century until unleashing of thermonuclear war by sick state leaders.

## APPLICATIONS

## Appendix 1

## THE HIPPOCRATES' OATH

I swear by Apollo, by the physician Asclepius, by Hygieia and Panacea and by all the gods and goddesses, taking them as witnesses, to perform honestly, according to my powers and understanding, the following oath and written commitment: to consider the one who taught I am familiar with the art of medicine on an equal basis with my parents, and I share my wealth and, if necessary, help him in his needs; his offspring consider them as their brothers, and this is an art, if they want to study it, teach it free of charge and without any contract; instructions, oral lessons and everything else in teaching to communicate to his sons, the sons of his teacher and students, bound by obligation and oath according to medical law, but to no one else.

I will direct the regime of the sick to their benefit in accordance with my powers and my understanding, refraining from causing any harm and injustice. I do not I will give anyone the deadly remedy asked of me and will not show the way for of such a design; in the same way, I will not give any woman an abortive drug pessary.

I will conduct my life and my art purely and immaculately. I will in no way In this case, I will not perform incisions on those suffering from stone disease, providing this people involved in this business.

Whatever house I enter, I will enter there for the benefit of the sick, being far away from everything intentional, unrighteous and harmful, especially from love affairs with women and men, free and slaves.

So that during treatment - and also without treatment - I do not see or hear I will remain silent about things concerning human life that should never be disclosed about considering such things a secret.

May I, who unwaveringly fulfill the oath, be given happiness in life and in art and glory among all people for all times; but to the one who transgresses and gives Let the opposite of a false oath be true.

## Appendix 2.

Sources: newspaper "Brotherhood" No. 43 (52) from 20.12.2004; <https://varjag-2007.livejournal.com/950080.html?ysclid=ll37bbonu6137761284>

## LIST OF YUSHCHENKO'S DISEASES

We offer our readers excerpts from the expert opinion made by a group of leading dermatovenereology specialists, created by order of the Ministry of Health of Ukraine (MOH) No. 321-admin. dated October 6, 2004 at the request of the Temporary Investigative Commission of the Verkhovna Rada of Ukraine on investigation issues of the circumstances of the poisoning of the People's Deputy of Ukraine V. Yushchenko, submitted to the first Deputy Minister of Health of Ukraine O.M. 7.10.2004 under No. 1.05/16.

## EXPERT OPINION

An expert group of dermatovenereologists, created in accordance with Order of the Ministry of Health of Ukraine No. 321-adm. dated 06.10.2004, composed of Professor Stepanenko V.I. (head), professor V.G. Kolyadenka, professor T.V. Protsenka, Ph.D. Lobanova G.F., Candidate of Medical Sciences Kadenko O.A. reviewed the submitted photocopy of the primary medical patient documentation of Yushchenko Viktor Andriyovych, born in 1954, with Republican Clinical Hospital under the Cabinet of Ministers of Ukraine, for the period from 1994 year to September 2004.

The expert group established:

.....2. It was established that the patient Yushchenko V.A. was constantly under supervision of doctors of various specialties and often sought medical help. For example, in just 9 months of 2002, 65 appeals were recorded. This allows us to attribute the patient to the group of frequently ill people.

3. According to the medical documentation, the following were diagnosed for the patient Yushchenko V.A. disease:

- 1) asthenoneurotic syndrome;
- 2) atherosclerosis of cerebral vessels;
- 3) nodular goiter;
- 4) hemorrhoids;

- 5) intestinal dysbiosis;
- 6) dyscirculatory encephalopathy of the first degree;
- 7) left-sided sciatica;
- 8) polyradicular syndrome;
- 9) widespread osteochondrosis of the spine;
- 10) condition after venectomy of the superficial veins of the right leg (1998);
- 11) condition after discectomy (1997);
- 12) thoracology;
- 13) chronic anal fissure;
- 14) chronic blepharoconjunctivitis;
- 15) chronic gastritis;
- 16) chronic gastroduodenitis;
- 17) chronic colitis;
- 18) chronic cholecystitis;
- 19) type II diabetes.

In addition, according to medical records, the patient Yushchenko V.A. often sought medical help for respiratory viral infections, flu, with the development of Herpes simplex on the skin of the face, in particular the nasolabial triangle on the right (02/03/2000).

In 1999, during another exacerbation of widespread osteochondrosis with pain syndrome describes the asymmetry of the nasolabial folds on the right side on face.

According to the medical documentation of 07/31/2000, the patient Yushchenko V.A. described facial skin hyperemia, which was interpreted as allergic dermatitis.

In January 2001, Yushchenko's patient V.A. was diagnosed with erysipelas (erysipelas) left hip.

In July 2002 (according to the record in the provided photocopy of the medical certificate) documentation) the patient Yushchenko V.A. was examined and treated by a doctor-proctologist in Austria.

According to medical records, in early September 2004 (a more precise date due to (due to poor quality of photocopy, it is not possible to establish) patient Yushchenko V.A. had acute alimentary gastritis, food poisoning after

consumption (according to history) of watermelon, crayfish, sushi, cognac. From gastric lavage The patient categorically refused. Treatment was prescribed (Creon, Polysorb, activated charcoal), and later - Motilium, Espumizan.

Later (the exact date cannot be determined due to the poor quality of the photocopy) possible), according to the medical records, the patient went to the bathhouse and violated diet (used lard with garlic). Due to the fact that the patient's state of health Yushchenko V.A. was not improving, he informed the doctor that further treatment In the conditions of the Feofaniya hospital, he considers it inappropriate and goes abroad.

It should be noted that during Yushchenko's last appeal for medical The skin condition was not assessed or described.

According to the medical report dated 16.09.2004 from the Rudolfinerhaus clinic in The following diagnoses were made for patient Yushchenko V.A.:

1. atypical polysegmental skin disease caused by viruses;
2. acute gastric ulcers;
3. acute pancreatitis with interstitial edematous changes, degree severity II;
4. acute proctocolitis on the left side;
5. peripheral paresis of the facial nerve. otitis on the left side...;
6. Reflux esophagitis grade II.

On October 14, 2004, the commission of the Ministry of Health of Ukraine, established in accordance with the order Ministry of Health of Ukraine No. 305/adm dated 21.09.04 with the involvement of expert consultants considered the information provided by the Temporary Investigative Commission on the investigation of the circumstances poisoning of V. Yushchenko medical card of outpatient V. Yushchenko at 248 sheets (corded, bound, sealed with the seal of the General Prosecutor's Office of Ukraine).

"The results of the examination established: According to the medical documentation in outpatient card in the name of Yushchenko V.A. for the period from 1994 to September 2004 year, there are records of the following diagnoses:

1. asthenoneurotic syndrome;
2. atherosclerosis of cerebral vessels;
3. beshiha;
4. vegetative-vascular dystonia;



5. duodenal ulcer;
6. nodular goiter;
7. hemorrhoids 2 tbsp.;
8. acute radicular pain syndrome at the level of the cervical and lumbar regions  
spine;
9. intestinal dysbiosis;
10. dyscirculatory encephalopathy of the first degree;
11. stage after venectomy of the superficial veins of the right leg (1998);
12. polyradicular syndrome;
13. widespread osteochondrosis of the spine;
14. salt diathesis. Hepatosis;
15. condition after discectomy (1997);
16. chronic anal fissure;
17. chronic blepharoconjunctivitis;
18. chronic gastritis;
19. chronic gastroduodenitis;
20. chronic colitis;
21. chronic prostatitis;
22. chronic cholecystitis;
23. diabetes mellitus, latent form."

## Appendix 3

## RESOLUTION OF THE GOVERNMENT OF THE RUSSIAN FEDERATION

No. 715 of 01.02.2004

## List of diseases that pose a danger to others

ICD-10 disease code	Name of diseases
1. B20-B24	A disease caused by the human immunodeficiency virus (HIV)
2. A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers
3. B65-B83 Helminthiasis	
4. B16, B18, B18.1 Hepatitis B	
5. B17.1, B18.2 Hepatitis C	
6. A36 Diphtheria	
7. A50-A64 Infections transmitted primarily through sexual contact	
8. A30	Leprosy
9. B50-B54	Malaria
10. B85-B89	Pediculosis, acariasis and other infestations
11. A24	
12. A22	Glanders Anthrax
13. A15-A19	Tuberculosis
14. A00	Cholera
15. A20	Plague

## Appendix 4

MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT OF THE RUSSIAN  
FEDERATION

## LETTER

September 13, 2005

No. 4317-yy

## ABOUT LEPROSY TESTING

Ministry of Health and Social Development of the Russian Federation

Federation in order to implement the Decree of the Government of the Russian Federation

Federation of April 2, 2003 No. 188 "On the list of infectious diseases,

posing a danger to others and being grounds for refusal  
in issuing or revoking temporary residence permits for foreigners  
citizens and stateless persons, or a residence permit, or a permit for  
work in the Russian Federation" and streamlining the examination of foreign  
citizens for leprosy to obtain a residence permit in the territory

The Russian Federation recommends.

The conclusion **about the absence** of leprosy should be issued after clinical examination  
examination by a dermatovenereologist who has completed training in  
specialty "dermatovenereology".

If leprosy is suspected, the person being examined should be referred for clarification.  
diagnosis in any of the federal medical institutions providing  
specialized medical care for patients with leprosy:

1. Federal State Institution "Central research skin-  
Venereal Diseases Institute of the Russian Health Ministry (107076, Moscow, Korolenko St., 3, bldg. 4;  
phone (095) 964-39-55);
2. Federal State Institution "Research Institute for the Study of Leprosy"  
Roszdrav (414057, Astrakhan, N. Ostrovsky passage, 3; telephone (8512) 33-13-22);
3. Federal State Institution "Research Laboratory of Immunochemotherapy"  
leprosy and immunotropic drugs with clinical and experimental data  
production" of the Federal Service for Healthcare (141321, Moscow Region, Sergiev Posad  
district, Krasnozavodsk post office, Zelenaya Dubrava settlement; telephone (09654) 5-11-39; 5-22-83).

Deputy Minister V.I. Starodubov

## Appendix 5

## USSR MINISTRY OF HEALTH

ORDER N 483 December 14, 1990

## ON APPROVAL OF INSTRUCTIONS FOR THE FIGHT AGAINST LEPROSY

In order to ensure further reduction of the incidence of leprosy and improving the provision of medical care to patients with leprosy

1. I affirm:

1.1. "Instructions for the fight against leprosy" (Appendix 1);

1.2. "Instructions for preventive treatment of contacts with patients leprosy of persons" (Appendix 2);

1.3. Supplement to the "List of forms of primary documentation healthcare institutions", approved by the order of the USSR Ministry of Health dated 04.10.1980 N 1030 (Appendices 3, 4, 5, 6).

Minister

I.N.DENISOV

Appendix No. 1 to the Order of the USSR Ministry of Health

dated December 14, 1990 No. 483

## INSTRUCTIONS FOR FIGHTING LEPROSY

## 1. GENERAL PROVISIONS

1.1. Leprosy control measures include medical and social aspects and are designed to ensure timely identification of patients leprosy, their full treatment, subsequent dispensary observation, as well as appropriate preventive measures.

1.2. Organizational and methodological guidance of work to combat leprosy in the USSR (planning, development of methodological documents, regulations, holding meetings, conferences, etc.) carried out by the Ministry healthcare of the USSR.

The Ministries of Health of the Union Republics directly organize and control activities of anti-leprosy institutions, located on their territory (state approval, funding, allocation funds, supply of medical equipment and medicines).

1.3. Anti-leprosy institutions and local health authorities bear full responsibility for the identification of patients with leprosy and their timely hospitalization in anti-leprosy institutions, systematic monitoring of family members of patients and other high-risk groups. In their responsibilities include organizing and conducting outpatient treatment patients discharged from anti-leprosy institutions, preventive treatment family members of patients, sanitary and educational work leprosy among the population.

1.4. Research and Methodological Center for the Fight Against Leprosy is the Research Institute for the Study of Leprosy of the USSR Ministry of Health (Astrakhan). Director the Institute is a part-time Chief Specialist-Leprologist of the Ministry healthcare of the USSR.

1.5. Conducting treatment and preventive work on leprosy is assigned to zonal antileprosy and dermatovenereological institutions.

1.6. In each republican, regional, provincial and district a dermatovenereological institution assigns a physician responsible for Conducting anti-leprosy measures.

1.7. Medical personnel of medical and preventive institutions participates in anti-leprosy measures under the supervision of doctors anti-leprosy and dermatovenereological institutions.

## 2. REGISTRATION AND ACCOUNTING OF LEPROSY PATIENTS AND CONTACT PERSONS

2.1. The health worker who identified the patient with leprosy fills out the him "Emergency notification of an infectious disease" (registration form 058-y) and sends it to the district (city) SES. The territorial SES organizes hospitalization of the patient in the zonal anti-leprosy institution and implementation disinfection.



2.2. In an anti-leprosy institution for a newly diagnosed patient, and also for a patient with a relapse of the disease, a "Notification for the patient" is filled out with a newly diagnosed leprosy, for a patient with a relapse of leprosy" (Appendix No. 4). The "Notification" is drawn up in 3 copies. One copy one remains in the zonal anti-leprosy institution, the other is sent to the research institute for the study of leprosy by the USSR Ministry of Health, and the third is transferred to the doctor responsible for fight against leprosy of the regional (territorial, republican) dermatovenerologic department dispensary.

2.3. When a patient moves to another region for permanent residence, the relevant zonal anti-leprosy institution together with an extract from A copy of the previously prepared "Notification" is also sent to the medical history.

2.4. The relevant information is sent to the Institute for the Study of leprosy when discharging a patient from an anti-leprosy institution to an outpatient clinic treatment, when transferred to dispensary observation, as well as in the event of death sick.

2.5. In the anti-leprosy institution for persons who had close contact with patients with leprosy, a "Control card for a family member of a patient" is filled out leprosy or on a person who has had close contact with him" (Appendix No. 5), for accounting and recording the results of monitoring their health status.

Persons who were in conditions that were obviously facilitating the transmission of infection (close, prolonged contact with a sick person in family).

Monitoring of contacts along with doctors  
Anti-leprosy institutions are carried out by dermatovenerologists.

### 3. IDENTIFICATION OF LEPROSY PATIENTS

3.1. Knowledge contributes to the timely identification of patients with leprosy medical workers of the initial manifestations of the leprosy process (skin lesions, peripheral nerves, mucous membranes, etc.); long-term monitoring of persons who have had close contact with patients;

surveys of the population of individual points where registration was carried out  
recurrence of leprosy; improvement of sanitary and hygienic conditions  
literacy of the population.

3.2. Persons in contact with patients with leprosy are subject to regular  
annual examination (and laboratory testing if necessary) in  
within 20 years from the date of registration of the patient with lepromatous or borderline  
leprosy and for 10 years with tuberculoid, borderline tuberculoid and  
undifferentiated leprosy.

If a relapse of the disease occurs in outpatients,  
confirmed bacterioscopic and pathohistological  
research, contact persons are taken into account as during initial registration  
sick.

3.3. Annual examinations of contact persons are organized and carried out  
zonal anti-leprosy institutions or, on their behalf, those responsible for  
anti-leprosy measures doctors to whom lists are sent or  
control cards of persons subject to inspection.

3.4. The implementation of mass examinations of the population is coordinated with  
executive committees of local Councils and is carried out with the involvement of employees  
territorial health authorities. Inspections are carried out through door-to-door  
visiting or inviting the population to medical institutions.

3.5. A thorough examination of the skin, visible  
mucous membranes, palpation of large nerve trunks, lymph nodes.  
If leprosy is suspected, a study of tactile, pain and  
temperature sensitivity in the area of existing skin lesions,  
bacterioscopic examination of scrapings from the nasal mucosa and scarifications  
skin lesions, pathohistological examination of skin biopsy,  
functional tests. If necessary, the patient is referred to  
consultation at the zonal anti-leprosy institution or research institute for the study of  
leprosy.

#### 4. HOSPITALIZATION AND TREATMENT OF PATIENTS

##### 4.1 Patients with leprosy are subject to mandatory anti-leprosy treatment.

treatment and constant dispensary observation.

##### 4.2. Regardless of place of residence, all newly identified

In the territory of the USSR, patients with leprosy are subject to hospitalization in the clinic of the Research Institute for study of leprosy by the USSR Ministry of Health (Astrakhan) for a period of 3-6 months for comprehensive initial survey, development

individual tactics of complex anti-leprosy treatment.

Further treatment can be carried out in an anti-leprosy institution, and on an outpatient basis at the patient's place of residence.

##### 4.3. Mandatory hospitalization in anti-leprosy institutions

are subject to:

- all patients with lepromatous and borderline leprosy;
- patients with tuberculoid and undifferentiated leprosy

the presence of widespread lesions;

- patients with tuberculoid and undifferentiated leprosy, if

Mycobacteria are detected in scrapings from the nasal mucosa and skin scarifications leprosy;

- patients discharged for outpatient treatment service, at

occurrence of a relapse of the disease.

##### 4.4. Patients with tuberculoid or undifferentiated leprosy with

limited cutaneous manifestations and negative results

bacterioscopic examinations can be treated on an outpatient basis at the place

residence in the presence of appropriate conditions (isolated living space,

availability of a medical facility). If it is not possible

provide

For full outpatient treatment the patient must be hospitalized.

##### 4.5. Patients are subject to hospitalization in anti-leprosy institutions,

those undergoing dispensary care, if necessary

anti-relapse treatment, for the treatment of various complications of leprosy

process, concomitant diseases, for examination in connection with

re-examination by the VTEK.

## 5. DISCHARGE OF PATIENTS FROM ANTI-LEPROSY TREATMENT INSTITUTIONS

Inpatient treatment is the first and main stage of medical rehabilitation of patients. After achieving clinical regression, patients are discharged for dispensary care, which includes outpatient care treatment and subsequent dispensary observation.

### 5.1. Conditions for discharge of patients

5.1.1. Discharge of patients for outpatient treatment is carried out upon achieving regression of the leprosy process and complete epidemiological safety for others. A mandatory condition for the patient's discharge is the presence of an isolated living space, appropriate material provision and opportunity for treatment at the place of residence.

5.1.2. The discharge is carried out by a commission consisting of the chief physician or his deputy for medical care (chairman of the commission), head of the department, an epidemiologist and an attending physician.

5.1.3. The commission reviews and approves the outpatient treatment plan, provides employment recommendations. Control examination of those in outpatient treatment of patients should be carried out quarterly (according to indications - more often). If there is no possibility of regular visits anti-leprosy institution, observation of the patient is entrusted to a doctor- to the dermatovenerologist responsible for leprosy.

5.1.4. Patients with leprosy transferred to outpatient treatment do not have restrictions in choosing a civilian profession based on epidemiological indications, but it is not recommended to engage in them work related to direct service to children and in public service enterprises nutrition. When developing work recommendations for outpatients It is necessary to take into account the presence of complications of the leprosy process and promote employment in production facilities that exclude the possibility of injuries, burns, hypothermia, occupational hazards, excessive physical exertion.

5.1.5. About discharging a patient for outpatient treatment service the anti-leprosy institution informs the dermatovenerologist responsible to combat leprosy of the regional (republican) dermatovenerological

dispensary, and also simultaneously sends an exchange card (Appendix N 6) and an extract from the medical history to the medical institution where the patient will be treated sick.

The institution that received exchange map, informs Anti-leprosy institution on the arrival of the patient.

5.1.6. Upon discharge, the patient is given a certificate indicating the date admission to the anti-leprosy institution, transfer for medical examination and appearance for a follow-up examination.

5.1.7. When appearing for the next examination, the patient must have in his hands an extract from the "Medical record of an outpatient", containing information about the treatment carried out, its tolerability, laboratory results research. To the healthcare professional responsible for outpatient treatment, further recommendations for the patient's treatment are communicated, the date of his next turnout.

5.1.8. For working patients during the period of examination in the anti-leprosy clinic If necessary, the institution issues a certificate of temporary incapacity for work.

## 5.2. Indications for discharge of patients

5.2.1. Patients with lepromatous, borderline lepromatous or borderline leprosy are discharged with a clear regression of clinical manifestations of the disease, negative results bacterioscopic research within 6-12 months.

Histological examination of skin biopsies should be completed at the time of discharge. show regressive changes, expressed by the replacement of a specific granulomas with infiltrates of non-specific structure with signs of tissue fibrosis; in the polar lepromatous process a small amount can be determined vacuolated lipid-containing leprosy macrophages. Allowed presence of single granular mycobacteria.

5.2.2. Patients with tuberculoid and borderline tuberculoid leprosy, bacterioscopically positive on admission, can be discharged to outpatient treatment after the disappearance of active manifestations of the disease, two negative results in the last 6 months bacterioscopic studies.



5.2.3. Patients with undifferentiated leprosy, bacterioscopically positive on admission, can be discharged for outpatient treatment after two negative results in the last 6 months bacterioscopic studies and regression of clinical manifestations of the disease.

Histologically, at the time of discharge, atypical features may persist. infiltration, but without a tendency to progress and without mycobacteria leprae.

5.2.4. Patients with undifferentiated and tuberculoid leprosy, bacterioscopically negative on admission, discharged to outpatient care treatment after regression of active manifestations of the disease.

5.2.5. Patients hospitalized due to relapse of leprosy may be discharged after 6 months of bacterioscopic negativity, provided regression of clinical manifestations of the disease (see paragraphs 5.2.1, 5.2.2, 5.2.3).

5.2.6. Patients undergoing medical examination and admitted to anti-leprosy institutions for the treatment of complications of the leprosy process or regarding concomitant diseases, as well as for anti-relapse treatment and special examinations can be prescribed without presentation commission.

## 6. TRANSFER TO CONTROL DISPENSARY OBSERVATION

Patients with leprosy are transferred to follow-up observation only in the event of clinical recovery.

6.1. Patients with lepromatous, borderline lepromatous and borderline Leprosy patients should generally be treated throughout their lives. tuberculoid, borderline tuberculoid and undifferentiated leprosy It is recommended to treat for at least 5 years, depending on the prevalence process and results of therapy.

6.2. Indications for transferring patients from outpatient treatment to control observations are:

- absence of active lesions on the skin over the past 3 years manifestations of leprosy;

- negative results of repeated tests

bacterioscopic

studies of scrapings from the nasal mucosa and skin scarifications over the past 3 years;

- the presence of specific lesions in histological preparations of the skin

infiltrates of pronounced fibrosis of connective tissue without the causative agent of leprosy;

- stable condition for the last 3 years of existing

neurotrophic changes (sensitivity disorder, amyotrophy, contractures, paresis, etc.).

6.3. Transfer of patients to follow-up observation is carried out in anti-leprosy institution by a commission consisting of the chief physician or his deputy for medical care (chairman), head of department, attending physician physician and epidemiologist. The physician responsible for outpatient treatment of patients, represents an epicrisis in which the following are noted duration of outpatient treatment, number of courses and list medications used, their dosage, and tolerability. The condition is described skin and peripheral nervous system of the patient during the period outpatient treatment, results of bacterioscopic and histological examinations research in dynamics, the patient's condition on the day of examination. The commission gives an opinion on the possibility of terminating treatment and establishes date of the patient's follow-up examination.

6.4. Patients transferred to follow-up observation, once a year are being examined by an anti-leprosy institution.

## 7. GRANTING LEAVE TO HOSPITALIZED PERSONS SICK

7.1. During inpatient treatment, patients may receive medical treatment once or twice a year. be granted leave for up to 20 days.

Providing vacations to patients who are undergoing careful treatment contributes to successful implementation of measures for their social rehabilitation. Conditions provision of leave:

- regressive course of the disease;

- absence of *Mycobacterium leprae* in scrapings from the nasal mucosa for last 3 months;

- compliance by the patient with internal rules routine  
anti-leprosy institution, as well as sanitary and hygienic standards.

7.2. The issue of granting a short-term leave to a patient is decided by a commission consisting of the chief physician or his deputy for medical affairs, the physician-epidemiologist and the attending physician. The commission is presented with a brief summary of indicating the diagnosis, stage of the disease, results of bacterioscopic examinations research.

7.3. The commission's decision is recorded in the medical record and signed.  
members of the commission.

7.4. The patient is given a certificate indicating the place of residence.  
the destination of the patient's stay and the duration of the leave. In order to ensure medications are provided for the continuity of treatment.

7.5. Travel and other expenses for the patient are not reimbursed.

7.6. During the vacation, the patient is taken off food.

## 8. TRANSPORTATION OF PATIENTS

8.1. Transportation of newly diagnosed patients, patients with relapse the disease is carried out by ambulance transport allocated by the local SES or an anti-leprosy institution. The patient must be accompanied by a medical an employee whose duties include ensuring mandatory compliance patients with sanitary and hygienic rules, including the use of personal dishes, avoiding visiting public catering establishments, hairdressers, etc.

8.2. Costs of transporting patients to anti-leprosy hospitals institutions are paid for by the health departments in whose territory they are located  
A patient with leprosy was identified.

Deputy Head of Department

specialized medical care of the USSR Ministry of Health

G.G. VOLOKIN

## Appendix 6.

Appendix No. 2 to the Order of the USSR Ministry of Health

dated December 14, 1990 No. 483

INSTRUCTIONS FOR PREVENTIVE TREATMENT  
CONTACT WITH LEPROSY PATIENTS

1. Long duration of the incubation period (3-7 or more years) allows for preventive treatment of infected individuals with the aim of preventing the development of the disease in them.

2. Preventive treatment is prescribed to persons aged 2 to 60 years, living in the same family with the initially diagnosed patient, as well as relapse of the disease, accompanied by the detection of the leprosy pathogen in scrapings from the nasal mucosa or scarifications of the skin from the affected areas.

3. In the outpatient medical record (registration form 025-u) reflects the epidemiological history and clinical laboratory data research. Further laboratory tests of blood and urine repeat monthly.

4. For preventive treatment, sulfone drugs are used series. Preference should be given to injections of solusulfone. 50% aqueous Solusulfone solution is administered intramuscularly 2 times a week: the first injection - 1 ml, the second - 2 ml, the third - 3 ml, the fourth and all subsequent - 3.5 ml. Course The treatment consists of 50 injections and lasts 6 months.

Avlosulfon is administered orally daily. For the first two weeks The drug is taken at 50 mg 2 times a day, and in the following days and until the end of the course - 100 mg 2 times a day. The duration of treatment is 6 months. Dose The dosage of the drug depends on the patient's age. The daily dose for children aged 2 to 4 years - 1/6 of the adult dose, from 4 to 6 years - 1/4, from 6 to 8 years - 1/3, from 8 to 12 years - 1/2, from 12 to 16 years old - 3/4. In case of development of side effects and poor tolerance It is permissible to reduce the dose of the drug used by 1/3.

5. Preventive treatment is limited to one course. In some cases cases (late diagnosis of leprosy in a patient who is a possible source infections, extensive lesions of the skin and upper respiratory tract paths) after a month's break, a repeat course of treatment is carried out. When preventive treatment in connection with the occurrence of a relapse of the disease in a patient For leprosy, only one course is prescribed.

6. Contraindications to the administration of sulfone drugs in preventive treatment includes liver and kidney dysfunction, diseases of the hematopoietic organs, cardiovascular system in the stage decompensation, acute gastrointestinal diseases. Normal ongoing pregnancy is not a contraindication for preventive treatment.

7. Preventive treatment is prescribed by the anti-leprosy doctor institutions and is carried out at the place of residence under the supervision of a medical employee. Regular treatment should be ensured.

8. Side effects are sometimes observed during preventive treatment: dyspepsia, headaches, dizziness, toxicoderma, hypochromic anemia.

In cases of poor patient tolerance sulfone drugs

It is necessary to report the results to the anti-leprosy institution.

Deputy

Chief

Management

specialized

medical assistance of the USSR Ministry of Health

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