The use of ART and BRT in the treatment of cystic dermatoses (a case from practice)

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Skin diseases are easy to diagnose but difficult to treat. The fact is that in many cases the cause (etiology), the mechanisms of the development of the disease (pathogenesis) remain unknown. The most common skin diseases are formed in early childhood. One of the most difficult to treat a group of skin diseases are cystic dermatoses, in particular pemphigus vulgaris (Pemphigus vulgaris).

Pemphigus vulgaris is one of the most severe diseases in dermatological practice with a hitherto undisclosed etiology. There is an infectious, neurogenic, endocrine, enzymatic, toxic and
hereditary theory of the development of the disease. However, none of them has convincing evidence.

The pathogenesis of true pemphigus is autoimmune. Autoaggression is directed against the intercellular substance, desmosome proteins, cells of the prickly layer of the epidermis and stratified squamous epithelium of visible mucous membranes of different localization. Pemphigus vulgaris is a severe, steadily progressive disease, manifested by the formation of intraepithelial blisters on the unchanged skin and visible mucous membranes, the formation of common skin lesions, etc. mucous membranes, which without adequate treatment leads to death of patients within 1-2 years from the onset of the disease.

The incidence of pemphigus vulgaris is about 0.6% of all skin patients. In most patients, the onset of the disease is noted on the oral mucosa and the red border of the lips (more than 60% of cases).

There are three phases in the course of the disease:

PHASE 1 - the onset of the disease, as a rule, on the mucous membrane of the mouth, pharynx. nose, etc. The rashes are localized, the general state of health is satisfactory. This phase usually lasts 2-3 months.

PHASE 2 - the appearance of skin rashes and their spread while maintaining a relatively satisfactory condition.

PHASE 3 - the height of the disease, the spread of blisters and erosions on the skin and visible mucous membranes, the formation of extensive erosive areas due to peripheral growth and slow epithelialization of erosions. The intensity of pain in the areas of the affected skin increases. Severe symptoms of intoxication, high fever, weight loss. Patients die quickly without adequate treatment at this stage.

Until now, the treatment of true pemphigus is pathogenetic, aimed at suppressing the synthesis of autoantibodies to the proteins of the desmosomal bonds of the spiny cells of the epidermis. The main treatment for patients with true pemphigus is currently glucocorticosteroid hormones (GC). Despite the numerous complications arising in the treatment of HA, there are no absolute contraindications to their treatment of pemphigus, since only HA prevents the death of patients.

The treatment is divided into 3 stages:

1. Appointment of "shock" daily doses of HA at the beginning of treatment (in in most cases 120 mg per day), which usually achieve optimal results within 3-6 weeks (the criterion of compensation for the disease is the cessation of the formation of new blisters, complete epithelialization of erosions on the skin).

2. Gradual slow decline daily doses GK before supporting (stage duration - about 4 months).

3. Long-term (lifelong) outpatient treatment sick maintenance doses of HA with careful dispensary observation.

Unfortunately, there are no drugs that selectively suppress the formation of only autoantibodies of pemphigus, without simultaneously suppressing the biosynthesis of many other protective antibodies. In addition, the anti-inflammatory and antiproliferative effects of HA cause a number of undesirable side effects, the most severe of which can lead to death.

The main complications of steroid therapy include:

1. Exogenous (drug) Itsenko-Cushing's syndrome with all its manifestations.

2. Immunosuppressive state, which is manifested by adherence (exacerbation) of purulent, fungal or viral infections.

3. Violation of the water-salt balance in the body (hypokalemia; hypocalcemia).

4. Hypoproteinemia.

5. Gastritis, esophagitis, stomach and duodenal ulcers.

6. Diabetes mellitus.

7. Disorders of the psyche (insomnia, euphoria, agitation, sometimes steroid psychosis).

8. Muscle atrophy, vascular fragility (purpura), hypercoagulable (less often - hypocoagulation) syndrome, atrophic stripes on the skin - striae, steroid acne, etc.

Clinical example

Patient M., 26 years old, fell ill in 2000. During the year, the dentist was treated for stomatitis, without effect. In August 2001, the first diagnosis was made: pemphigus vulgaris. Prescribed treatment with prednisolone at a dose of 60 mg (12 tablets). With a decrease in the dosage of prednisolone, the pathological process spread to the red border of the lips. The dose of hormonal drugs (both oral and injectable) with periodic exacerbations of the disease was selected for a long time.

By 2004, the patient was receiving 4 prednisolone tablets and 3 polcortolone tablets. For three years of taking large doses of corticosteroid drugs, the patient had an almost complete set of the above complications and non-healing erosions of the oral mucosa with a transition to the red border of the upper lip.

He turned to our medical center for the first time in June 2004. Initial diagnostics revealed: pronounced depletion of the immune system, depletion of the endocrine system of 2-3 degrees, DNA index of 1 degree; viral, fungal, bacterial burden; arterial hypertension, high mental

load, depression. On external examination, on the mucous membranes of the oral cavity and the red border of the lips - common erosion, on the skin of the face - acne vulgaris, striae on the skin of the abdomen, obesity of the 3rd degree.

The following treatment was carried out:

1. Preparation of general and specific bioresonance preparations according to Yu.V. Gotovsky

2. Application of BR-preparations using an autonosode with erosion on the lip.

3. Application energy information copies prednisolone and polcortolone with the gradual abolition of HA (first, reducing the dosage of HA and replacing the tablets with electronic copies; then reducing the dosage (i.e., the number of globules) of electronic copies of HA.

4. Using drugs from the drug selector for correction of the psycho-somatic state.

Correction of treatment was carried out once every 3 months.

By July 2005, the patient lost 25 kg, the Itsenko-Cushing's syndrome disappeared, the immune deficiency state was not diagnosed, the depressive syndrome, erosions on the red border of the lips were epithelized. Over the next year, he took 3 globules of an electronic copy of polcortolone as a maintenance treatment.

Since May 2006, he has not taken medications. At the last examination in February 2007, the patient is practically healthy.

Below are photographs of the patient before and after the treatment complex.

Before treatment. Before treatment After treatment

Conclusions:

Thus, this example shows that the use of the equipment of the Center "IMEDIS" allows not only to achieve a stable remission (and maybe a complete cure) that is incurable, from the point of view of traditional medicine, diseases, but also get rid of the corticosteroids already received during idny treatment of complications.

Literature

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