Experience of using ART + in the treatment of diseases of the urogenital system

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Inflammatory diseases of the urogenital organs in both women and men are the most frequent in the structure of diseases with which patients seek help from our center. The manifestations and causes of these diseases are extremely diverse.

Inflammatory diseases are not always caused by infectious factors. The causes of inflammatory processes can be chemical, mechanical (foreign bodies), and autoimmune factors. But work experience has shown that some of the most common causes of these diseases are genital infections: Gardnerella vaginalis, Herpes simplex virus, Trichomonas vaginalis, Cytomegalovirus, Thrush (Candida albicans), Hepatitis C virus, Chlamydia), Group B streptococci, Mycoplasma (Mycoplasma hominis, Mycoplasma genitalium), Toxoplasmosis, Ureaplasma (Ureaplasma urealyticum), Rubella virus, Gonococcus (Neisseria gonorrheae), Actinomycetes,

Human papillomavirus, molluscum contagiosum.

Inflammatory diseases differ in the age of onset and the severity of clinical manifestations (acute and chronic), the causative factor (bacteria, viruses, fungi, protozoa, etc.), the place of the pathological process.

The most common nosologies with which patients are treated:

- chronic pyelonephritis 50%,
- chronic prostatitis 30%,
- colpitis, vaginitis 5%.
- chronic salpingo-oophoritis, adnexitis 10%,
- bartholinitis 5%.

Gardnerella vaginalis. (Gardnerellosis)

General information about gardnerellas.

The disease gardnerellosis, that is, the presence of this microorganism in the flora of the vagina, has another name - bacterial vaginosis (BV). This sexually transmitted disease is quite common among both men and women. Very often there are cases of joint infection when, in addition to Gardnerella vaginalis, the microflora contains other bacteria, for example, chlamydia, mycoplasma, Trichomonas.

Clinical manifestations.

Gardnerella in women can cause all sorts of inflammatory processes, including urethritis, vaginitis, inflammation of the cervix.

Gardnerellosis is often accompanied by irritation of the genitals, itching, burning.

Whitish discharge is possible.

In addition, a characteristic sign of the presence of gardnerella is the appearance of a "fishy" smell.

Bacterial vaginosis is accompanied not only by the appearance of gardnerella,

but also a decrease in the number of special lactic acid bacteria that make up the normal microflora of the vagina. Thus, the natural acidity is disturbed, which creates conditions for the development of pathogenic microbes.

The most dangerous complications of gardnerellosis are pregnancy problems. An infected pregnant woman may experience miscarriages and premature birth, so it is necessary in a timely manner
take measures to treat this disease.

Gardnerellosis in men is asymptomatic. less often and passes often

The main manifestations are urethritis and excretions from the urethra with a characteristic odor.

Trichomonas (Trichomonas vaginalis)

The causative agents of this disease are the protozoa Trihomonas vaginalis. It spreads through sexual contact, but infection is possible when using contaminated medical instruments. In the human body, bacteria mainly live in the prostate and seminal vesicles in men, and in the vagina in women.

Manifestation of the disease

The asymptomatic period of infection development (incubation period) lasts on average about a week, although it can be delayed up to several months. Then the person begins to worry about the first manifestations.
infection. Since the genitals are mainly affected, the most common complaints are associated with inflammatory processes. In men, there is a characteristic itching in the head of the penis when urinating, in women - inflammation of the vagina and cervix. In addition, abnormal discharge, whitish, foaming, and having an unpleasant odor, may be disturbing, regardless of the regularity of hygienic care.

Complications

In the absence of adequate adequate treatment, the acute course of the infection can turn into a chronic form, which will be accompanied by periodic exacerbations.

The next disadvantage is that Trichomonas can serve as a the fact that reservoir for others pathogenic microorganisms with mixed infection. Chlamydia and ureaplasma can "wait out" antimicrobial therapy inside Trichomonas, and after the completion of this therapy, cause repeated exacerbations of the infection.

Genital mycoplasmas and ureaplasmas

Basic information about mycoplasmas

Mycoplasmas are the smallest organisms that can live independently. They differ from other bacteria in that mycoplasmas do not have a cell wall. Is this good or bad? The fact is that many antibiotics, such as penicillin, act precisely on the components of the cell wall, either destroying them or interrupting the synthesis processes. And if this wall is not there, then this antibiotic for

the bacterial cell becomes harmless. The small size allows the microbe to pass through filters that trap many other bacteria. Usually mycoplasmas colonize the respiratory and urogenital tract, for example, Micoplasma genitalium and Ureaplasma urealyticum cause urethritis, and Micoplasma hominis is part of the microbial flora in bacterial vaginosis.

Lesions of the genitourinary tract caused by M. hominis and U. Urealyticum mycoplasmas:

A) Isolated from the genital tract in 40-60% of women who do not have any symptoms of the disease (that is, in whom the disease was asymptomatic).

B) Isolated from urine, semen and distal urethra in men with asymptomatic disease.

C) Since these bacteria are often secreted in healthy people, it is rather difficult to determine the role of mycoplasmas in human diseases. The study showed that the symptoms of non-gonococcal urethritis occur in men who are not infected with chlamydia and ureaplasma, when these microorganisms are injected into the urethra.

M. hominis

A component of the normal microflora of the vagina of healthy women, which becomes pathogenic only when it penetrates the internal genital organs.

Causes pyelonephritis, pelvic inflammatory disease, chorioamniotitis, salpingitis

M. genitalium

A) Causes non-gonococcal urethritis

B) This is a very picky microorganism, and therefore it is difficult to cultivate it. The best diagnostic results are observed when using the PCR method.

C) Application PCR studies bacterial DNA gave experimental evidence of the relative prevalence of this species in the human urogenital tract and an obvious role in the appearance of urethritis in men.

U. urealyticum

A) Causes non-gonococcal urethritis.

B) Sometimes it can cause epididymitis (inflammation of the epididymis)

C) The presence of this type of ureaplasma in a woman may be associated with habitual miscarriage, late miscarriages, chorioamniotitis and the birth of children with low weight, who may develop pneumonia and chronic pulmonary diseases

D) Presumably, ureaplasma can cause infertility in both men and women, but there is no convincing evidence of this connection

Chlamydia and chlamydia

Overview of Chlamydia

Chlamydiae are parasites of humans and animals. Due to the fact that chlamydiae can exist exclusively in the cells of the host organism, scientists first mistook them for viruses. Intracellular life is not a whim, but a necessary condition for the vital activity of a microorganism, since chlamydia themselves are not able to produce energy and are forced to receive it and some nutrients from the host organism.

There are three types of chlamydia that can cause disease in humans: Chlamidia trachomatis, Chlamidia psittici, and Chlamidia pheumonia. In view of the specifics of this site, we will focus only on the first type, since the third type causes pneumonia, and the second affects animals, mainly birds, so if you do not kiss your parrot, it will not threaten you.

In nature, there are two forms of chlamydia, which are essentially just different stages of their life cycle. The so-called Elementary Taurus (ET), which are resistant to non-specific body defenses, enter the human body. ETs adhere to host epithelial cells and are absorbed by them. Intracellular digestion of the microorganism does not occur, and it transforms into a Replicative Form (RF), which gives from 100 to 500 offspring. After all the nutrients in a given cell run out, RF turns into ET again, and new microbe particles come out to infect neighboring cells.

Chlamidia trachomatis.

C. trachomatis genital infections are the most common sexually transmitted diseases.

This type of chlamydia can cause several diseases. It depends on the so-called serological variant (serovar)

microorganism. Serovars are distinguished among themselves by a number of features, and all these subtleties are taken into account when diagnosing.

There are serovars that cause trachoma eye disease (hence the common name of the species). This disease is very rare in developed countries, but it is a common cause of blindness in Africa, Asia and the Middle East. The disease is transmitted through close contact with the patient.

Other serological variants cause venereal lymphogranuloma. The initial stage of damage to the external genital organs or the vagina is not accompanied by pain, and therefore is often tolerated by the patient without treatment. Problems begin in the second stage of the disease with the appearance of buboes, that is, enlarged inflamed lymph nodes that can ulcerate in the final stage of the disease.

The rest of the Chlamidia trachomatis serovars can cause conjunctivitis in adults and newborns, as well as childhood pneumonia, if the genitals are infected. Acute conjunctivitis in adults occurs on contact with genital secretions that contain microorganisms.

Neonatal conjunctivitis and childhood pneumonia are the result of the passage of the fetus through the birth canal of a mother who is infected with this type of chlamydia. These forms are treated with erythromycin.

Chlamydia can spread from an infected person to a healthy person

sexually, causing non-gonococcal urethritis (inflammation of the urethra), epididymitis (inflammation of the epididymis), endometritis (inflammation of the endometrium of the uterus), salpingitis (inflammation of the fallopian tubes), and cervicitis (inflammation of the cervix).

Non-gonococcal urethritis is diagnosed when a person has all the symptoms of urethritis, but does not have gonorrhea. Chlamydiae cause 30–40% of cases of NGU in heterosexual men, while others are associated with Ureaplasma urealyticum, Trihomonas vaginalis and HSV (human herpes simplex virus). Chlamydial urethritis is less serious than gonococcal, although it is difficult to separate the two forms of the disease in one person. Symptoms include urethral discharge (usually whitish and mucous), dysuria, and urethral itching.

C. trachomatis is one of the main causes of inflammation of the appendages testis, or epidymitis. The main manifestations of this disease are fever, increased sensitivity on examination, swelling, one-sided pain in the scrotum.

C. trachomatis can cause proctitis in homosexual men.

Although many women infected with chlamydia do not have any symptoms of the disease, a thorough examination can reveal the presence of CHC in 30-50% of cases. A characteristic feature of this inflammation of the cervix is yellow discharge from the columnar epithelium with the content of neutrophils (blood cells that make up the basis of pus). Other signs may be swelling or a tendency of the mucous membrane to bleed with minor injuries, for example, when taking material with tampons.

Chlamydiae play an important role as a cause of salpingitis. Inflammatory diseases arise from the ascending spread of microorganisms from the lower genital tract.

Often, mainly in women, the infectious disease is asymptomatic and does not give cause for concern. But regardless of the presence or absence of symptoms, the defeat of a person by microorganisms causes inflammation, which can lead to scarring of the fallopian tubes and infertility in women. Since many women who are infertile due to tubal scarring have antibodies against chlamydia but no symptoms of pelvic inflammatory disease, it is believed that this scarring was caused by a subclinical tubal infection called silent salpingitis.

Chlamydia during pregnancy in some studies is associated with preterm labor and postpartum endometritis. Whether these complications are fully associated with C. trachomatis is not fully understood.

Moreover, chlamydial infection, like gonococcal infection, may be associated with septic arthritis.

How does the body protect itself from chlamydia?

The human body always tries to protect itself from unwanted invasion from microorganisms that do not belong to its normal microflora. Another thing is that this protection is not always effective and safe. It also happens that the body harms itself in the fight against microbes. For example, there is a strong link between the occurrence of cardiovascular disease and

atherosclerosis and Chlamidia pneumonia infection. The immune response against Chlamidia trachomatis can lead to gradual scarring and infertility.

Given the peculiarities of the structure and development cycle of causative agents of diseases of the urogenital organs, diagnosis in the chronic course of the disease is sometimes difficult. Using the methods of clinical diagnostics, it is rather difficult to identify the intracellular forms of the existence of the pathogen and the relationship between the chronic course of the disease and its presence. The use of ART and ART + methods provides invaluable assistance in this.

Examination of patients who come to our Center with this pathology is carried out in several stages.

1. Complete examination of the body at the 1st level (extracellular).
The state of immunity, foci of chronic infections are determined, the causes of inflammatory diseases of the urogenital organs are identified. The state of the digestive, endocrine and other systems is assessed. Based on the data obtained, a course of therapy is carried out with the aim of stopping the severity of the manifestation of the disease, adjusting the work of the body's natural drainage systems (gastrointestinal tract, kidneys, lymph), and stabilizing homeostasis.

For this purpose, a course of therapy is prescribed:

1) Resonant frequency therapy using frequencies against pathogens, anti-inflammatory and organ-specific frequencies.

2) Endogenous bioresonance therapy with the recording of PBS and OBR drugs.

3) Herbal medicine.

4) Homeopathy (electronic).

5) acupuncture.

All methods of exposure are selected individually by testing with the ART method through Cuprummet. D400

Experience has shown that exposure to causative agents of urogenital infections without this preliminary stage often leads to a strong exacerbation of chronic diseases caused by these infectious agents.

2. After the course of therapy, a control session is carried out, on which evaluates the result of therapy, well-being and condition of the patient. With the use of ART +, a diagnostic examination is carried out at levels 2, 3 and 4.

The duration of the disease, the depth of the lesion, the presence of a hereditary predisposition are assessed.

Based on the results of the examination, the sequence and methods of therapy for a given patient are determined.

Sequential therapy is carried out at each level: endogenous BRT, RFT, electronic homeopathy. All therapies are thoroughly tested with ART + at the appropriate level.

The ART + method has been used in our Center for 1 year. Its use allowed many patients to fully recover from diseases caused by chamidia, ureaplasma, garnerella. The treatment results are persistent.

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