Possibilities of an effective combination of antibacterial therapy and resonance-frequency methods of treating children with chronic osteomyelitis

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Introduction

Currently, under the name "osteomyelitis" they combine inflammation of all parts of the bone: osteitis, myelitis and periostitis. There are hematogenous osteomyelitis, which develops as a result of the introduction of microorganisms into the bone through the blood, and wound, or traumatic osteomyelitis, which is secondary and develops as a complication of the wound process, surgical treatment of closed fractures.

In the initial stage, these two types of bone inflammation are completely different both in origin and in manifestations. However, in the later phases, the differences are gradually smoothed out, so they have a common name. Symptoms of the course of the disease: acute onset (high temperature, leukocytosis in the blood, pain and inflammation in the wound, the appearance of pus in it) is replaced by chronic (one or more fistulas with periodic release of small sequesters in the absence of signs of intoxication of the body). In severe cases, osteomyelitis can be complicated by sepsis. Long-term chronic osteomyelitis is complicated by amyloidosis of internal organs and can affect the delay in bone growth in children. Surgical treatment - opening the sequestral box, removing sequesters and its contents against the background of antibiotic therapy from 4-6 weeks to several months.

According to different authors, in 30-60% of cases, acute osteomyelitis tends to become chronic. The pathophysiological bases for the development of chronic osteomyelitis are the formation of antibiotic-resistant microflora, immunodeficiency and fermentopathies (chronic foci of infection: the oropharynx, mucous membranes of the respiratory tract and gastrointestinal tract, urinary system, skin), disruption of local tissue microcirculation in the bone (microstrombosis and venous thrombosis) ... In modern conditions, views on the role of various microorganisms in the etiology of osteomyelitis in children have changed significantly. The fact of displacement of streptococci by staphylococci under the influence of penicillin therapy is well known. Then, as a result of the widespread use of semi-synthetic penicillins, the percentage of detection of staphylococci sensitive to them decreased, and gram-negative bacteria gradually came to the fore. In recent years, there has again been a tendency towards an increase in the role of gram-positive coccal bacteria, especially staphylococcus epidermidis, the strains of which
characterized by multiple antibiotic resistance. The selection of such strains occurs in hospitals in parallel with the introduction of new drugs with a wide spectrum of action of the aminoglycoside and especially the cephalosporin series. In addition, against the background of long-term combined antibiotic therapy, a reservoir of resistant pathogenic flora and dysbiosis is formed in the child's body. It is impossible not to take into account the traumatic complex of pain syndrome, repeated surgical interventions, lifestyle changes due to immobilization of the limb. The above facts affect

the duration of treatment and the risks of disability in children.

Materials and research methods

A group of children (48 people) aged from 3 to 15 years old, diagnosed with chronic osteomyelitis, was recruited. Children received long-term antibiotic therapy (from 1 to 4 months), repeatedly had surgical treatment with removal of purulent sequestra. The resonance-frequency spectrum was determined by the method of vegetative resonance test (ART), developed by the Center "IMEDIS" microorganisms. Disorders in the main drainage organs (intestines, kidneys, liver, skin, etc.) were studied, fermentopathies and immunodeficiencies were determined. A close correlation dependence of dysbacteriosis of the skin, pharynx, and urinary tract on the violation of the intestinal microflora was revealed. Analysis of literature data and our own research indicate a change in modern ideas about the mechanism of development of chronic osteomyelitis in young children. The underlying bacteremia of the pathological process can develop both as a result of dysbiosis and at the time of massive contamination of the child's body with pathogenic
microorganisms. However, a prerequisite for the occurrence of osteomyelitis is a change in the immune system, sensitization of the body against the background of pathogenic microflora. In all patients, complications with Staphylococcus aureus, hemolytic streptococcus were noted, which was confirmed in 76% of cases by examining a microbiological biopsy, in some cases gram-negative flora was detected.

Methodological approaches to treatment

Based on the pathological complexes tested in patients, a complex homeopathic anti-inflammatory therapy was selected (preparations from the companies "OHOM", "RECKEWEG", "HEEL"), which was prescribed in electronic copies, resonance frequency therapy for pathogenic
microorganisms with simultaneous BR-therapy. One of the important stages was the use of purulent-gastric discharge from the fistula (the material was given by surgeons after surgery). This nosode was administered in a potentiated form.

By recommendations L. B. Kosareva, was carried out recording BR (bioresonance preparation) while the frontal electrode p placed on border area, including sequestration and healthy tissues, connected to the 3rd socket of the BR-complex. The therapy was carried out for 15–20 minutes. with the subsequent recording of the drug. The drug was rewritten once a week. On the background of therapy, stabilization of the process was achieved, against the background of a plateau of the therapeutic effect, therapy was carried out according to the "subtraction with erasure" method. For this, the electrode was placed on a healthy symmetrical surface and connected to the 2nd socket. The second electrode was placed on the necrosis zone and connected to the 3rd socket. The third electrode was placed on the adjacent area, capturing necrosis / healthy tissue, connected to the 1st socket. BRT was performed under the supervision of Cu met. D400. The patient underwent BR-therapy for 10-15 minutes. with the subsequent recording of the drug. The drug was overwritten after 2 weeks.

The OBR (general bioresonance preparation) was recorded once a week.

Dynamics currents inflammatory processes in bones on pathophysiological chains A.A. Ovsepyan: BONE - catabolism (1–4 tbsp.) - acidity - tension of the ANS in the sympathetic type (pain syndrome) or parasympathetic type (the initial process of bone regeneration) + pathogen. This chain was consistent with chronic osteomyelitis. During the period of convalescence, the clinical picture should correspond to: BONE - anabolism of 1 tbsp. - alkalinity - the tension of the VNS along the vagus nerve.

Clinical example

Boy G., 10 years old. DS: Osteophysolysis of the lower third of the right fibula with displacement and the lower third of the right fibula with displacement. Post-traumatic osteomyelitis. X-ray data from 14.04.08, the fracture of the fibula in the lower third, in the projection of the distal lower third of the tibia, the destruction zone with a periosteal reaction at this level. X-ray from

06/26/08, no dynamics. The patient was taken for treatment by the method of resonance-frequency therapy, after 3 months of treatment, positive dynamics of X-ray data - soft callus, no fistulous tract.

Later, after the patients were discharged from the hospital, dynamic control was carried out by the method of vegetative resonance test, while in 80% of cases the previously tested microorganisms were not observed.

As a result of the therapy, the indicators of adaptation reserves (RA) improved, and the immune system passed from a state of varying degrees of depletion to a state of mild tension and a good energy state.

The advantage of the ART method and bioresonance therapy was undoubtedly the ability to:

- diagnostics in real time;
- dynamic control over the general condition of the body and the nature of the infectious burden during therapy;
- testing methods of therapy and any medications.

Conclusion

The experience of using resonant frequency therapy in 48 patients with chronic osteomyelitis showed the most pronounced effect of therapy against the background of traditional methods of treatment. It should be noted that the positive effect of RFT in antibiotic-resistant forms of chronic osteomyelitis.

Our observations emphasize the importance of coordinated diagnostics in the complex use of allopathic and energy-information therapy methods, appropriate drug testing and the identification of the tolerability of any drugs. The possibility of using resonance technology in this pathology is of great interest, shortens the treatment time, provides systemic rehabilitation of the body and reduces the risk of disability.

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