Complex treatment of ankylosing spondylitis in combination with bioresonance therapy

K.G. Khachumova, K.A. Lytkina (Russian
State Medical University, Moscow, Russia)

Ankylosing spondylitis (AS) is the main form of inflammatory diseases of the spine. AS is characterized by a chronic progressive course and leads to ankylosis of the ileosacral and intervertebral joints, calcification of the spinal ligaments and limited mobility of the spine. AS usually begins at a young age. The average age of onset of this disease is 24 years [1]. The prevalence of AS is associated with the frequency of occurrence of HLA-B27 and varies widely - from 0.15% in Finland, to 1.4% in Norway, and even up to 2.5% among the adult population of Alaska Eskimos, but in general it is 1: 200 the adult population, i.e. 0.05% [2]. According to Ward MM [4], the low quality of life is explained by the pronounced stiffness observed in this disease, in 90% of patients, pain (83%), increased fatigue (62%),

The aim of our study was to study AS patients at an early stage of the disease, to isolate markers indicating a more severe course of the disease, and to compare the results of AS treatment in combination with bioresonance therapy.

39 patients were examined. The average age of the patients was 28 ± 6.2 years. Men - 82%, women - 18%. 3% of patients had concomitant diseases (chronic gastritis, cholecystitis, mitral valve prolapse). The clinical study was conducted for 2 years.

The diagnosis was established on the basis of examination of patients, medical history, X-ray examination, biochemical data, blood tests for HLA - B 27, patients also underwent ECHO KG, spirometry, blood tests for antibodies to viruses and bacteria.

The patients were divided into 2 groups: in the first group (20 people), traditional treatment was carried out, including basic therapy, NSAIDs, massage, symptomatic therapy; in the second group (19 people), complex treatment was carried out, including the above means, bioresonance therapy, homeopathic remedies. After discharge from the hospital, the patients of the second group underwent cancellation of basic therapy and NSAIDs under study control for a year.

Bioresonance therapy was carried out: exogenous - 5 sessions and 5 sessions of endogenous (CSP) on devices "IMEDIS" and "DETA". We used homeopathic preparations of the firm "OTI", "ROY MARTINA", nosodotherapy. Of the basic drugs, sulfosalazine (4 mg), methotrexate (7.5 mg - 10 mg) were used. NSAIDs used diclofenac, nise in generally accepted doses.

Research results. Out of 39 patients, 4 patients received a disability group: 3 from the first group and 1 from the second group.

Table 1

Comparative characteristics of patients with AS of the first and second groups

Clinical characteristic	Start		consistency		debut			activity		
group	Sharp.	Fast.	there is	No	To	l	with	I	II III	
1st group	4	sixteen	eight	12	five	10	five	nine	8 3	
Group 2	five	fourteen	7	12	4	eleven	4	eight	9 2	
total	nine	thirty	fifteen	24	nine	21	nine	nineteen	17 3	

k - classic version l - lumboischialgic
c - articular

The groups were comparable in the onset of the disease: with the acute course 4 people of the 1st group and 5 people of the 2nd group, with the gradual onset of 16 people of the 1st group and 14 - of the 2nd group (Table 1). The systemic nature of the disease manifested itself in damage to the cardiovascular system (16%), the presence of fever (6%), and damage to the upper respiratory tract (4%). The study was dominated by patients with lumboischialgic and articular onset of the disease. Patients with a classic onset of the disease had a more severe course of the disease followed by disability. In patients with early disability, the acute onset of AS with extra-articular manifestations prevailed (47%), the ESR level reached 30 mm / h or more, dysproteinemia and an increase in the acute phase proteins were characteristic.

table 2

Comparative characteristics of patients of the first and second groups of AS 3 months after complex therapy

Clinical characteristic	NF			systems-ness		debut			activity		
group	I	II	III	there is	No	To	l	with	I	II	III
1st group	7	13	-	4	sixteen	five	10	five	12	6	2
Group 2	eight	eleven	-	2	17	4	eleven	4	13	five	one
total	fifteen	24	-	6	33	nine	21	nine	25	eleven	3

k - classic version l - lumboischialgic
c - articular

In all patients, testing determined the presence of viruses and bacteria, which was confirmed by laboratory data. Epstein-Barr viruses (43%), cytomegalovirus (23%), herpes virus (18%), rubella virus (11%), chlamydia (11%), demodex (6%) prevailed.

Appointment of nosodotherapy in patients in group 2 led to a short-term exacerbation with subsequent improvement, relief of fever, pain syndrome. Treatment in group 1 led to relief of pain attacks in 78% of patients, pain relief in 20% of patients, relief of pain in the second group - in 85% of patients, reduction - in 13%. The activity of the process decreased in the 1st and 2nd groups, but against the background of complex therapy with the use of BRT, the decrease in activity of the 2nd degree was 15% in the 1st group and 47% in the 2nd. The systemic lesion after treatment was arrested by 50% in the 1st group and by 71% in the second group (Table 2). Against the background of the therapy in the 1st group, the following complications were noted: disruption of the gastrointestinal tract - 47%, deterioration of biochemical parameters - 26%, change in blood count - 5%, urinary syndrome - 5%, depressive syndrome - 32%. In group 2, we observed an exacerbation of gastritis in 19% of patients, urinary syndrome - 5%, however, after discontinuation of basic and NSAID therapy, these disorders were arrested. Thus, the inclusion of bioresonance therapy in the complex therapy of AS can reduce the number of side disorders of drug therapy, improve the quality of life of patients, reduce the activity of the disease, and reduce the number of medications used.

Clinical example

Patient V., 28 years old. Was admitted with complaints of pain in the heels, along the spine, wrist joints, subfebrile condition, general weakness. From the anamnesis: the pain described above appeared 3 months ago, was treated on an outpatient basis with NSAIDs without effect. When examining the blood ESR - 26 mm / h, the rest of the indicators are without pathology, on the retrogenogram bilateral sacroiliitis, the analysis for HLA - B 27 is positive. Was diagnosed with grade II ankylosing spondylitis. activity, NF-2, extra-articular manifestations. She was treated with NSAIDs, sulfosalazine 4 mg, trental IV drip No. 3, but the condition did not improve. At the 3rd week of treatment in the hospital, a study was carried out for antibodies to viruses and bacteria, yersinia, chlamydia, demodex, Epstein-Barr virus were isolated. BR-therapy has been started, drainage preparations from OTI, ROY MARTINA and nosodotherapy have been prescribed. The BRT treatment was carried out weekly for the first month, and every 2 weeks for the next two months. For the first two weeks, there was a rise in temperature to 37.5, rashes in the face area, then rashes appeared in the area of the hands, after two months the patient independently refused to take sulfosalazine, as she noted nausea while taking the medication and a feeling of depression. Blood test control showed ESR - 20 mm / hour, all other indicators were unchanged. By the end of the 3rd month, all joint pains were stopped in the patient, biochemical and clinical blood parameters returned to normal. as she noted nausea while taking the medication and a feeling of depression. Blood test control showed ESR - 20 mm / hour, all other indicators were unchanged. By the end of the 3rd month, all joint pains were stopped in the patient, biochemical and clinical blood parameters returned to normal. as she noted nausea while taking the medication and a feeling of depression. Blood test control showed ESR - 20 mm / hour, all other indicators were unchanged. By the end of the 3rd month, all joint pains were stopped in the patient, biochemical and clinical blood parameters returned to normal.

Discussion. According to the literature, AS occurs in young people after infections, risk factors are spinal injuries, insolation, stress, hypothermia, hereditary factor [1, 5, 6]. Previously, attempts were made to treat this disease with antibiotics, but no effect was obtained. Our attempt to eliminate the cause of the disease using nosodotherapy has led to a positive result, but further studies with a large number of patients are needed for evidence-based medicine. The results obtained allow us to speak of a greater effectiveness of treatment with the use of BRT, a decrease in the side effects of drug therapy.

Used Books

1. Kahn MA. Ankylosing spondylitis: the facts. - Oxford medical publications, 2002.

2. Sieper J., Braun J., Rudwaleit M. et al. Ankylosing spondylitis: an overview. Ann. Rheum. Dis. 2002; 61 (Suppl III): 8-18.

3. McGonagle D., Khan MA, Mazzo – Ortega H. et al. Enthesitis in spondyloarthritis. Curr. Opin. Rheumatol. - 1999; 11, 4: 244-50.

4. Ward DD Health related quality in ankylosing spondylitis: a survey of 175 patients. Arthritis Care Res. - 1999; 12: 247-55.

5. Amor, B, Santos, RS, Nahal, R, et al. Predictive factors for the long-term outcome of spondyloarthropathies // J. Rheumatol. - 1994; 21: 1883.

6. Dougados M., Dijrmans B., Khan M. et al. Conventional treatments for ankylosing spondylitis. Ann. Rheum. Dis. 2002; 61 (Suppl III): 40-50.

K.G. Khachumova, K.A. Lytkina Complex treatment of ankylosing spondylitis in combination with bioresonance therapy // XIV "- M .:" IMEDIS ", 2008, v.1 - C.279-284