

Bioresonance therapy in the treatment of reactive arthritis

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Reactive arthritis includes arthropathies, in which a microbial infection of the body is established, but microbes and their antigens are not found in the joint. According to ICD-10, reactive arthritis includes: arthropathy, accompanied by intestinal shunt, post-dysentery arthropathy, post-immunization arthropathy, disease, Reiter's, reactive arthropathy unspecified.

In the pathogenesis of this disease, an excessive immune response of a macroorganism to a microbial antigen located outside the joint cavity with the formation of immune complexes deposited in the synovium plays a role. Most often, reactive arthritis is associated with urogenital and chlamydial infections.

The aim of our study was to test patients with reactive arthritis by the ART method, to correlate with laboratory research methods, to carry out nosodotherapy, endogenous and exogenous BRT.

We examined 24 patients with reactive arthritis aged 52 ± 7.4 years, 10 men and 14 women. All patients underwent an X-ray examination of the joints, a blood test for antibodies to bacteria and viruses, and a clinical and biochemical blood test was determined. All patients had unilateral sacroiliitis, antibodies in the blood to chlamydia - 52%, yersinia - 28%, toxoplasma - 24%, mycoplasma - 22%. Eye damage in the form of uveitis and keratitis - 16%. Patients complained of joint pain - 85%, joint stiffness - 27%, joint swelling - 72%, fever in the joint - 33%. The treatment was carried out with nonspecific anti-inflammatory drugs, nosodotherapy, BRT. All patients obtained an analgesic effect, a decrease in the indicators of increased ESR,

relief of extra-articular manifestations.

Along with clinical improvement, normalization of laboratory indicators, an increase in antibody production to investigated microorganisms, which can be considered as an increase in immunological activity. Outpatient follow-up of these patients for a year showed a stable clinical effect of the therapy.

Conclusions:

1. ART is comparable in informational content with laboratory methods research, correlation - 0.48.
2. Conducting BRT and nosodotherapy for patients with reactive arthritis pathogenetically justified and clinically significant.
3. Inclusion of BRT and nosodotherapy in the complex treatment of patients reactive arthritis allows you to obtain a stable clinical effect without side effects of medications.