

## Reactive arthritis, new approaches to treatment

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Reactive arthritis (ReA) make up 10% of patients in rheumatological hospitals [7], and urogenic arthritis accounts for 50–75% of all ReA. This is due to the prevalence of sexually transmitted diseases and the increased level of laboratory diagnostics of urogenic infections, which makes it possible to establish the correct diagnosis.

The term "reactive arthritis" is used to denote aseptic inflammation in the joints that has developed in close connection with any infection. In this case, the pathogen and its antigens cannot be detected in the joint cavity [1]. The most significant etiological factor in the development of urogenic arthritis is currently recognized as chlamydia (chlamidia trachomatis). Another pathogen is mycoplasma. Mycoplasmas and chlamydiae are obligate parasites and can only multiply intracellularly and cannot be detected ordinary cultural methods. Chlamydia define method straight immunofluorescence, enzyme immunoassay, PCR reaction.

Chlamydia infection in healthy men and women with leaves 5-10%, of patients with diseases of the genitourinary sphere is detected in 20-60% of cases. Ureaplasma infection is isolated in 30–50% of patients with urogenic arthritis [5].

In the pathogenesis of arthritis associated with infection, there are 2 phases: infectious (early) and immunopathological (late). In the late phase of the disease, microbial antigens are rarely detected.

According to a number of authors [4, 7, 8, 10, 11, 12], chlamydiae affect the cells of the articular cartilage. Chlamydial persistence maintains the inflammatory process and makes standard anti-inflammatory therapy for arthritis ineffective.

In connection with the above data, new approaches to the treatment of ReA based on bioresonance therapy (BRT) are highly relevant.

Over the past 2 years, 34 patients with reactive arthritis have been treated in the hospital. Chlamydia was detected in 24, arthritis was associated with intestinal infection in 3, yersinia and ureaplasma infection were detected in 7 patients. All patients had inflammatory changes in more than 3 joints. In 84% of cases there was synovitis, in 70% - fever, 7% - conjunctivitis. All patients were treated in a hospital with the inclusion of antibiotic therapy, anti-inflammatory, in severe cases - hormonal therapy, basic therapy. After 3 weeks of treatment, the patients had hyperthermia in 9% of cases, joint pain - 45%, synovitis - 12%, limitation of mobility of more than 3 joints - 26%. After discharge from the hospital, the patients continued to be followed up for 6 months and were divided into 2 groups: those who continued taking the drugs prescribed in the hospital and the 2 group who received BRT, homeopathic medicines, sorbents, and enzymes.

Table 1

Dynamics of the studied parameters against the background of the therapy

Terms of research	1 month		3 months		6 months	
Study groups	1 gr.	2 gr.	1 gr.	2 gr.	1 gr.	2 gr.
Pain in more than 3 joints	36%	18%	thirty%	-	fifteen%	-
synovitis	eleven%	10%	6%	-	3%	-
Limited mobility in the joints ESR	nineteen%		17%		nine%	
more than 20 mm / h	40%	37%	28%	nineteen%	23%	eleven%

According to the study, it was found that the use of BRT allows to achieve a clinical effect at an earlier date. The absence of a protracted and chronic course in the study group of patients, in addition, the absence of side effects of drugs, allergies during treatment proves the advantage of this therapy in patients with reactive arthritis.

## Discussion

Reactive arthritis, according to the literature, is lately prone to subacute (3–6 months) and protracted course in 2/3 of patients (9), primary chronic and

recurrent course. Often, after a year of the course of reactive arthritis during treatment with basic drugs and the continued activity of the process, the diagnosis is revised towards ankylosing spondylitis and the patient receives a disability group within the first 3-5 years. With timely initiation of treatment with the use of bioresonance therapy ReA, in all cases, we had a positive clinical effect. During ART diagnostics, chlamydia, ureaplasma, and yersinia were tested in all patients in combination with Coxsackie viruses, Epstein-Barr viruses, cytomegaloviruses, streptococci and staphylococci, which was confirmed by laboratory in 50% of cases. A more severe course was observed with mixed infection. As he was cured, the number of viruses and bacteria found (using the ART method) decreased.

The positive results of treatment are due to the draining function of BRT, increased cellular immunity, normalization of metabolic processes, which is confirmed by the following clinical examples:

#### Clinical example 1

Patient K., 19 years old, was admitted with complaints of temperature up to 38.3 ° C, pain in the joints of the hands, feet, knees, synovitis of the right knee joint, left ankle. I fell ill after 2 weeks in the field of abdominal surgery, when after a rise in temperature, antibacterial therapy with amoxicillin was carried out. A week later, the temperature rises again to 38 ° C. A study was carried out for intestinal infections, ultrasound of the abdominal cavity, X-ray of the lungs, blood culture for sterility, ECHO KG, study of the joint fluid, immunoglobulins for the viral and bacterial group of infections. A low titer of Ig G for ureaplasma was determined, and the patient was transferred to the rheumatology department.

Two courses of therapy with cephalosporins, ciprolet in a therapeutic dose were carried out, but no clinical effect was obtained. A study was carried out for ACCP, HLA B27, LE cells, X-ray of the pelvic bones, knee, hands and feet, diagnosed with reactive arthritis. The therapy was started with sulfasalazine according to the scheme, with prednisolone - 10 mg. After discharge from the hospital, the patient's synovitis recurred twice a month, despite the ongoing therapy and intra-articular injections on an outpatient basis.

When diagnosed by the ART method, chlamydial, ureaplasma infection, yersineosis, adenovirus infection, streptococcus and staphylococcus. The therapy was carried out with sorbents, enzymes, BRT according to the method of A. Hovsepyan, preparations of the company "Sanum". After 2 weeks, synovitis was not detected, the temperature returned to normal, a runny nose began, which lasted 3 weeks, after which the pain in the joints decreased significantly, the patient went to school. After 2 months, hormonal and basic therapy was canceled, the patient's condition improved, joint pain was not disturbed, movement in full, laboratory radiographically normalized sacroiliitis is not indicators, determined. The therapy with nosodes continues.

#### Clinical example 2

Patient K., 54 years old. I went to the rheumatology department due to swelling of the proximal phalanges of the hands, joint stiffness, morning stiffness in them. Joint pains worried for 3 years, disappeared on their own or after anti-inflammatory ointments. History of type II diabetes mellitus, insulin-dependent; multinodular goiter, euthyroid state. Objectively: the patient has increased nutrition, the skin is clean, the peripheral lymph nodes are not enlarged. The wrist joint is thickened and painful, the proximal joint of the 2nd phalanx on the left. In the analyzes: ESR - 20 mm / h, leukocytes -  $8.8 \times 10^9$  g / l, Hb - 125, e -  $4.3 \times 10^9$ , ACCP, HLA B27 - negative, radiographically - osteoarthritis stage 2, osteoporosis. In the study for yersineosis - a low titer of Ig G. Diagnosed with deforming arthrosis, nodular form. Despite the ongoing therapy with vascular, anti-inflammatory drugs, the patient's joint pain persisted.

The study using the ART method revealed yersinia, helminthic invasion, streptococci and staphylococci, herpesvirus types 1 and 2, BRT therapy was carried out according to the method A. Hovsepyan, enzymes, probiotics. Joint pains were completely stopped after the first procedure, however, skin rashes appeared, which lasted for 2 months. Currently, the skin has cleared, joint pains do not bother.

Thus, BRT is the most effective and gentle method of treating protracted and chronic forms of reactive arthritis in both urogenital and intestinal infections.

#### Literature

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K.G. Khachumova, K.A. Lytkina Reactive arthritis, new approaches to treatment // "- M.: IMEDIS ", 2009, vol. 1 - C.185-190