

Possibilities of bioresonance therapy in the treatment of gout

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Gout is a chronic disease associated with impaired uric acid metabolism, clinically occurring with recurrent arthritis, the formation of gouty nodes (tophus) and damage to internal organs [1, 2]. The prevalence of gout is 0.1%, the ratio of men to women is 9: 1 [1]. Epidemiological data indicate a continuous true increase in the incidence of gout in recent decades, not due to improved diagnosis and intake of diuretics [3]. Thus, a number of studies have shown that the incidence of gout over the past 10–20 years has more than doubled [4, 5]. There is also evidence of a decrease in the age of onset of gout.

There are 4 clinical variants of the disease: acute gouty arthritis, interictal gout, chronic recurrent arthritis, tophus gout [1].

The reasons for the formation of crystals, which are deposited in the form of deposits of various sizes, called tophuses, are still not fully understood. Small tophuses are found in many organs and tissues already at the onset of the disease, and in the case of chronic gout, large subcutaneous tophuses are gradually formed, usually in the area of the auricles and joints. However, it has been proven that the main risk factor for developing gout is: the likelihood of developing gout with serum uric acid (MK) levels $> 540 \text{ mmol / L}$ is 45 times higher than in individuals with uricemia level $< 420 \text{ mmol / L}$ [6]. It is known that in the majority of patients with gout, not only the individual contributing to the development and progression of atherosclerosis metabolic disorders, which primarily include obesity, disorders of carbohydrate and lipid metabolism, increased blood pressure; but also their combinations, united by the term "metabolic syndrome"

The "gold standard" for the diagnosis of gout is the detection of sodium monourate crystals using polarizing microscopy or a chemical method in any media available for research (synovial fluid, tofus, synovial membrane, gastric mucosa). At the same time, the identification of crystals, despite the high sensitivity and specificity, is still not considered a routine method, requires a lot of experience from the researcher, and if it is impossible to identify crystals for the diagnosis of gout, they use clinical methods.

radiological and laboratory signs included in the set of modern diagnostic criteria for gout [7].

Therapy for gout differs in an acute attack and in an out-of-attack period. Judging by the data of surveys of American and Canadian doctors, the overwhelming majority of them are prescribed for acute gouty arthritis with NSAIDs (E. McDonald and C. Marino; M. Harris et al.). In France, on the contrary, among 750 surveyed rheumatologists, 63% prefer colchicine, 32% - the combined use of this drug and NSAIDs, and only 5% - the isolated appointment of NSAIDs (S. Rozenberg et al.) [2, 8, 9, 10] ...

Alternative schemes for the use of colchicine (0.5 mg 2-3 times a day) are proposed, which are characterized by good efficacy and tolerance even in patients with reduced renal function [11]. However, the use of colchicine is currently limited in the United States. There are two alternative methods of arresting a gout attack: intravenous administration of colchicine and the use of glucocorticosteroids (intra-articular, oral or parenteral) or ACTH [12, 13].

The incidence of complications with colchicine increases in the case of renal dysfunction. It is in such patients that oppression of hematopoiesis, proximal myopathy (weakness in the proximal muscle groups and an increase in creatine phosphokinase) and peripheral neuropathy often develop. By 1990, there were 16 known deaths from complications of low-dose colchicine therapy [14, 15].

Allopurinol side effects are observed in about 5–20% of patients, and allopurinol withdrawal is required in almost half of them. The most common are allergic skin rashes (usually maculopapular in nature), dyspeptic symptoms, diarrhea and headache. Sulfapyrazone is an analogue of the phenylbutazone metabolite, which explains the possibility of the development of side effects such as inhibition of hematopoiesis and liver dysfunction, and led to a gradual decrease in the use of this drug. When taking benzomarone, 3-4% of patients develop diarrhea and itchy skin rashes.

After the appointment of anti-gout drugs for 6-12 months. the risk of developing gout attacks increases.

Thus, the treatment of patients with gout with polyvalent allergy, intolerance to allopurinol, benzomarol is limited and requires new approaches.

We have used bioresonance therapy as an alternative means to remove excess uric acid and to relieve pain. In 25 patients, complex therapy was used with the inclusion of drainage preparations from the company "OHOM", the use of frequency therapy, bioresonance therapy according to the method of A.A. Hovsepyan. Bioresonance therapy was prescribed in combination with nonspecific anti-inflammatory drugs (diclofenac, nise), allopurinol 300 mg. In 5 patients, the use of uricosurics was impossible due to drug intolerance. The appointment of bioresonance therapy allowed the level of uric acid to be reduced to normal values.

The inclusion of bioresonance therapy in the complex of gout treatment made it possible to quickly reach normal levels of uric acid, more completely to stop the pain syndrome without side effects.

Clinical example

Patient D., 53 years old. Addressed with complaints about the temperature rise to 38 ° C, pain and redness in the first metatarsophalangeal joint of the right foot. On the recommendation of the local doctor, he took diclofenac for 5 days, against which the pain slightly decreased, the temperature dropped to 37.2 °, but severe pain in the epigastrium appeared.

Objectively: a patient with increased nutrition, peripheral lymph nodes are not

increased. Swelling and redness in the first metatarsophalangeal joint of the right foot. There is vesicular breathing in the lungs, there are no wheezing, the heart sounds are clear, the rhythm is correct. BP 140/90 mm Hg, pulse 78 beats / min. The abdomen is soft, painless, the borders of the liver are not enlarged. Ultrasound examination of the abdominal cavity revealed microliths of the right kidney.

During laboratory research, an increase in the level of uric acid up to 548 mmol / l, ESR - 20 mm / h, leukocytosis $9.1 \times 10^9/l$. Diagnosed with gout, acute gouty arthritis, obesity II, ICD.

The examination by the ART method revealed average reserves of adaptation, impaired function of the kidneys, liver, pancreas, the presence of viral, bacterial burden.

Drainage therapy of the _____ in combination with the creation of a bioresonance drug allowed subsequent private quickly relieve pain syndrome, the therapy during _____ year contributed to the normalization laboratory indicators, the absence of exacerbations.

Thus, the use of BRT is very important in the treatment of gout, gouty arthritis.

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