

Treatment of human papillomavirus infection
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The human papillomavirus (HPV) belongs to the genus A of the Papillomaviridae family. More than 100 types (genotypes) of HPV are known, which are designated by serial numbers according to the chronology of their discovery. Intraspecific classification of HPV is based on the difference in the nucleotide sequences of the virus genome. HPV is isolated from the skin and mucous membranes, in addition, HPV is divided according to the degree of oncogenic risk. In terms of prevalence, papillomavirus infection ranks first among infections, the causative agents of which are sexually transmitted. HPV is infected at least 50% of the adult population.

Most cases of HPV infection are asymptomatic. The progression of high risk HPV infection to cancer usually occurs within 5 to 30 years. HPV types of high oncogenic risk cause malignant transformation of the epithelium

(intraepithelial neoplasia) of the cervix, vulva, and vagina leading to invasive cancer. Persistent infection caused by types of low oncogenic risk virus (6, 11, 42, 43, 44, 73) leads to the formation of genital warts in men and women, as well as dysplastic changes in the cervix, vulva and vagina of a low degree, but also requiring treatment.

Condylomatosis develops two to three months after HPV infection. In 80–90% of cases, HPV infection ends with self-healing, but approximately 10% of patients have persistent infection, which triggers the mechanisms of malignant transformation of epithelial cells.

HPV is an etiological agent in almost 100% of cases of cervical cancer, in 90% of rectal cancer, 70% of cancers of the external genital organs in women and 40% in men, in 12% of cases of laryngeal cancer and 3% of oral cancer. cavity.

Laboratory diagnosis of HPV infection is carried out on the basis of cytological and histological examination of biopsies (sensitivity of the method is 50-80%) and the detection of HPV DNA by PCR (sensitivity of the method is more than 90%).

To stop the process of carcinogenesis, it is necessary to eliminate the virus and remove condylomatous growths. The effectiveness of treatment, taking into account repeated courses is 60-80%.

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| Target | research. | Define | efficiency | methods | VRT, |
| bioresonance and homeopathic therapy in the diagnosis of infection in women. | | | | and HPV treatment | |

Materials and methods. In lice research statistics whether 85 women in aged from 19 to 55 years, in which in the analysis of a smear from the vagina by the PCR method, human papillomavirus of any type is isolated. 62 women (73%) had more than one course of HPV treatment prior to VRT examination

allopathic drugs (indinol + interferon inducers) without positive dynamics. Almost all women (94%) had disorders in the facultative or obligate flora of the vagina and dysbiotic changes in the flora.

Before starting treatment, all women underwent an examination by the VRT method, the burdens were determined and the necessary drainage means were selected, the presence and degree of activity of HPV infection were also determined. The results of testing HPV infection in patients by the VRT method almost completely (95%) coincided with the PCR diagnosis.

If necessary, the revealed violations were compensated with the help of bioresonance drainage preparations. Then, using the Kent repertorization and through the optimality index, the symptomatic homeopathic medicine. In addition, all patients received "Genital warts" D6. nosode The course of treatment lasted 1.5 months, which all patients underwent after examination by the method VRT, gynecological examination and the PCR method was used to re-check the HPV activity.

Treatment results

In 73 patients (85%), HPV was not detected by both methods. The correlation between diagnostics using the VRT method and PCR was 93%. In 14 patients, during a gynecological examination, no signs of condylomatous changes in the mucosa were found. For the remaining 12 patients, the course of treatment was repeated with the addition of probiotics to correct the intestinal flora. As a result, HPV was not detected in another 7 people during the second examination. Over the next four years, 23 patients from the group of successfully treated HPV were re-examined. In 3 of them (13%) HPV was re-identified.

Conclusions:

1. Diagnosis of HPV infection by VRT method reliably correlates with HPV diagnostics by PCR method and can be used for screening examination.
2. Nosode "Genital warts" D6 can be successfully used for the treatment of HPV infection as part of complex bioresonance therapy.

Literature

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