

Application of exogenous bioresonance therapy in complex treatment
recurrent forms of genital herpes during menstruation

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Genital herpes (HS) or genital herpes, a sexually transmitted herpes simplex infection damage to the skin and mucous membranes of the genitals and genitourinary tract. organs - one of the forms, characterized by

According to the Ministry of Health of the Russian Federation, the prevalence of HH is steadily growing: in 1995 it was 8.9%, in 2000 - 18.5%, in 2001 - 19%. In Moscow, the prevalence of HH is 19.7%. HH causes 2 types of herpes simplex virus (HSV):

- HSV-2 - more often;
- HSV-1 - usually causes damage to the lips, face, arms, trunk, however, in recent years, the frequency of HSV caused by this virus has increased.

According to our center, in 25% of patients examined by the method of autonomic resonance test (ART), HH is tested, caused by: HSV-2 - 20%; HSV1 - 5%. In this case, the recurrent form of HH accounts for 70% of cases. The factors provoking relapses are: menstruation; stress; overwork. The clinical manifestations of recurrent HH range from asymptomatic viral shedding to very painful confluent ulceration, with severe, frequent exacerbations (more than 6 exacerbations per year, menstrual herpes), the presence of pronounced psychosocial and psychosexual reactions to relapses.

The main drugs used in HH are: specific antiviral drugs for systemic use, interferons, interferon inducers, immunomodulators. Along with systemic HH therapy, local treatment is carried out, but it is less effective. According to the European guidelines for the treatment of STIs (2001), the duration of therapy for both primary and recurrent HH is 5 days. The urgency of the problem of recurrent HH and its treatment consists not only in a decrease in the patient's quality of life, but also in impaired fertility of married couples.

For many years, the Eliseeva Medical Center has been using resonant frequency therapy (RFT), bioresonance therapy (BRT), induction therapy according to tested programs, and cleansing the body according to the method of OI Eliseeva for the complex treatment of hypertension. and all this gives good results. Taking into account the frequent relapses of HH 2-3 days before menstruation and during menstruation, we began to carry out complex treatment of HH relapses on these critical days.

Purpose of the study: to conduct a comparative assessment of the complex treatment of recurrent forms of HH outside and during menstruation.

Materials and methods

After examination by the ART method, 28 women of childbearing age (from 18 to 39 years old), with frequent exacerbations of HH (at least 3 or more exacerbations per year), were divided into 2 groups.

Group I - 12 women

By ART:

- HSV-2 - 10 women
- HSV-1 - 2 women

Group II - 16 women

By ART:

- HSV-2 - 13 women
- HSV-1 - 3 women

An exacerbation of HH from stress, overload, sometimes during menstruation is noted. An exacerbation of HH is noted before and during menstruation.

Complex treatment was carried out for patients of both groups:

- cleansing and improvement of the body according to the method of OI Eliseeva in round-the-clock and day hospitals;
- OBR preparations according to Gotovsky;
- BDS-preparations, drains;
- homeopathic medicines;
- Transfer factor, Transfer factor +, Transfer factor Advance;
- eubiotics, vitamin therapy;

During the recurrence of HH, both groups were treated with the MINI-EXPERT-T apparatus: Group I - outside of menstruation, Group II - during menstruation. One course consisted of 6–7 sessions.

Treatment results

I group 5 courses of EBRT	II group 3 courses of EBRT
Course 1	
Reduction of clinical symptoms on days 3-4 of EBRT (foci of lesions of the skin and mucous membranes of the genitals decreased by 50%, the temperature dropped to 37 °, headaches disappeared, sleep was restored, dysuric phenomena disappeared). On the 6th and 7th days of treatment, the crusts from the skin fell off, there was a slight itching at the site of the lesion.	
2 course	
The area of lesions of the skin and mucous membranes decreased to 70% of the original. Body temperature 36.8 °, small dysuric phenomena.	There is slight redness and itching at the site of former skin lesions and mucous membranes.
3 course	
The area of damage to the skin and mucous membranes is 10% of the original. Body temperature is within normal limits.	Skin redness and itching are not observed. A stable remission has been achieved.
4 course	
Slight redness of the skin without bubbles and erosion and a burning sensation.	Relapse during menstruation is not observed.
5 course	
Skin redness and itching are not observed. A stable remission has been achieved.	Relapse during menstruation is not observed.

conclusions

The use of EBRT in the complex treatment of recurrent forms of HH treatment on critical days makes it possible to suppress the reproduction of HSV during an exacerbation and to achieve long-term remission in a relatively short period.

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