

## Treatment of Reiter's syndrome. Case from practice

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Reiter's syndrome is a syndrome that develops mainly in men against the background of chlamydial infection and includes a triad of syndromic manifestations: arthritis, urethritis, conjunctivitis. Timely diagnosis is often difficult, as patients go to the doctor late, often in the terminal stage of the disease, when the priorities of treatment tactics are mainly focused on regression of symptoms and maintenance of well-being of patients.

Offered to attention clinical happening interesting early  
diagnostics at the onset of the disease and effective treatment methods  
induction, frequency and bioresonance therapy (BRT).

Patient N., 37 years old. Made complaints on subfebrile condition, accompanied by a periodic increase in temperature to febrile values, intense pain and burning in the urethra, aggravated in the evening and at night, migratory joint pain, aggravated in the evening and at night, pain and a feeling of "sand" in the eyes, itching of the eyelids and conjunctiva. Periodically, the patient felt intense pain of a spastic nature in the area of the kidneys, gallbladder, liver, head of the pancreas. The patient was worried about the rise in blood pressure up to 150-160 / 100-110 mm Hg. Art., against the background of taking antihypertensive drugs, pain in the heart. The condition was accompanied by pronounced symptoms of asthenia, up to adynamia, depressive syndrome.

Anamnes vitae. Grew and developed according to age. At the age of 20, being married, he suffered an acute form of gonorrhoea, having become infected from his wife. Mentally labile. There is a high degree of attachment to the wife and daughter who live separately (the spouse is remarried). Chronic diseases: chronic hepatitis B, minimal activity, chronic pyelonephritis, latent course, grade I chronic renal failure, chronic calculous hepatocholecystitis, remission stage. Secondary immunodeficiency.

Anamnes morbi. The patient considered himself ill for one and a half to two months, when the triad of symptoms of Reiter's syndrome appeared on the background of moderate subfebrile condition. Since the phenomena of urethritis prevailed, the patient turned to the urological department of one of the hospitals in Barnaul for treatment, where a chlamydial infection was diagnosed. Analyzes: ELISA - test of scraping from the conjunctiva of the eyes for chlamydia is positive, ELISA - test and PCR of a smear from the urethra for chlamydia is positive. General and biochemical blood test without features, prostate juice: leukocytes - a large number, lecithin grains - a moderate amount. A rational antibiotic therapy was selected for the patient, physiotherapy was carried out.

Against the background of intensive therapy, the patient's condition deteriorated sharply: the temperature increased to febrile values, the profile of blood biochemical parameters worsened: the creatinine content increased to 0.136 mmol / liter, the ALT and AST levels increased 2-3 times. The chest X-ray showed marked left ventricular hypertrophy. Patient

refused the ongoing therapy and, at his request, was discharged home in an unsatisfactory condition. The patient feared exacerbation of chronic pyelonephritis and the transition of hepatitis B to the active stage against the background of powerful antibiotic therapy. At the time of treatment, the patient is disabled, is on sick leave.

During the examination by the ART method, chlamydiae were tested on the epithelium, urethra, kidneys, prostate, epididymis, myocardium, liver, gallbladder, pancreas and even on the membranes of the brain. Simultaneously on the organs and tissues mycoplasma was tested same (laboratory-clinical the survey was not carried out for it). All types of toxic load were tested: Intox I, Intox II, Intox III. Trichomonas and gonococci were not detected at the time of the initial examination.

The patient was started on resonance frequency therapy for elimination of pathogens of chlamydial and mycoplasma infection, induction therapy by methods restoration of immunity, anti-stress programs, BRT, starting with IV strategy. The sessions were held daily, from 1 hour to 2-4 hours a day. The continuous course lasted 38 days. The first 5 sessions passed without dynamics. The general condition of the patient remained the same, the tests for chlamydia and mycoplasma on the examined organs remained positive. The geopathogenic and electromagnetic load was tested. After the sessions to remove the geopathogenic electromagnetic load, positive dynamics of treatment began to be observed. Interestingly, the significance of mycoplasma infection at the beginning of testing prevailed over chlamydial infection. Therefore, at first, the strategy of more intensive treatment with resonant frequencies of mycoplasmosis was chosen, until its complete relief. Then the test for chlamydia was more pronounced. But in the course of treatment, Trichomonas were suddenly tested, and the symptoms of urethritis intensified. The patient was offered to be treated with antiprotozoal drugs, but he categorically refused, fearing a worsening of his condition. Therefore, sanitation therapy with resonant frequencies was continued, with an emphasis on the treatment of trichomonadosis, and the course of BRT continued. When the exacerbation was arrested, against the background of positive dynamics of the patient's condition, improvement of ART indicators, the causative agents of gonorrhoea in the prostate and lymph were tested, and the toxic load during this period was tested as Intox III. With stable reproducibility of ART for two weeks, the smear for gonococcal infection was negative. The therapy was again adjusted and now the resonant frequencies were used to treat gonorrhoea, trichomoniasis, chlamydia. The BRT strategy was replaced by III. Despite the objective improvement in the patient's condition, complaints of poor general health persisted, the patient's mental state remained depressed. At the same time, the patient turned to homeopathic treatment, but the remedies prescribed by homeopathic doctors during testing turned out to be either indifferent or worsening the patient's condition.

In connection with a 3-day break in treatment for the New Year holidays, a re-analysis of his condition was carried out together with the patient and after testing by the ART method, a single medorinum in LM potency was prescribed (a drug from a homeopathic pharmacy on the island of Alonissos, Greece, - place

location of the academy of homeopathy of George Vithoukas) and medorrhinum in potency 3x 3 times a day for 7 days.

On the background of taking medorrhinum, there was a shift in the client's attitude towards his state, well-being. Positive dynamics of the treatment persisted. Elimination of pathogens of infectious diseases occurred in the following sequence: gonorrhoea - Trichomonas - mycoplasma - chlamydia. Induction therapy programs were used: stress and immunity stimulation programs. BRT was completed by IV strategy. The toxic load in all three variants: Intox I, Intox II, Intox III has not been tested.

At the end of February, the patient started to work. The condition was characterized as satisfactory, the pain did not bother. Analyzes at the time of discharge: a general blood test - no peculiarities, a biochemical blood test - no peculiarities, creatinine, urea, liver enzymes are normal, a smear from the urethra is within normal limits, the causative agents of gonorrhoea, Trichomonas, chlamydia, mycoplasma were not identified.

In the dynamic observation of the patient for three years, such a long and severe exacerbation of the disease was no longer observed. The patient remained able to work. The condition worsened four times. During these periods, Trichomonas and Chlamydiae in the lymph and mesenchyme were tested. Recorrection with one or two sessions of resonant frequency and BRT quickly stopped exacerbations. The patient's treatment continues.

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M.V. Goryacheva, ON Minin Treatment of Reiter's syndrome. Case from practice // XVII