

Giardiasis - a problem of pediatric gastroenterology

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Relevance: diagnosis and treatment of parasitosis is one of the most widespread and urgent problems, with which patients most often turn to doctors.

Giardiasis is the most common, widespread protozoal disease in children. The almost complete absence of epidemiological measures against giardiasis has led to a high invasion of lamblia, especially in weakened children. In humans, one species of lamblia is parasitized - *L. intestinalis*.

In some cases, people infected with lamblia are "healthy" carriers, but at the same time they are a source of infection.

The main source of infection is a sick person. However, it has been established that lamblia parasitizes in the body of cats, dogs, and murine rodents. In the human body, lamblia exist in two forms. In the form of a vegetative form, they are found mainly in the upper parts of the small intestine, where they feed on the products of the breakdown of food, especially carbohydrate (sweets and flour products).

If the question of the parasitism of lamblia in the small intestine is unambiguously resolved, then the stay and reproduction in other parts of the intestine, the biliary system remains controversial. Most researchers deny the possibility of parasitizing lamblia in the biliary tract and gallbladder due to the destructive effect of concentrated bile [2]. When it enters the large intestine, lamblia turns into cysts, which are excreted with feces into the external environment.

In humid conditions, in the shade, lamblia cysts retain their vital activity for up to 70 days, in the soil - up to 9-12 days, and with a lack of moisture - 4-5 days. Giardia cysts are found in chlorinated tap water, in polluted water bodies. It is enough to swallow only 10 cysts of lamblia and at the same time have a decrease in the level of acidity of gastric juice in order to become infected with giardiasis. From a person infected with giardiasis, a huge number of lamblia cysts are released into the external environment. From one gram of feces of a child, 241,800 cysts can be released, and an adult - up to 12 million cysts (more than 18 billion per day). Giardia cysts can be excreted from the body either continuously or intermittently. According to the scientific literature, constant cyst secretion occurs in only 4.7% of those infected, and periodic - in 95%. The duration of silent intervals is on average 8-14 days, according to various authors. It is believed that the reason for this is a change in the immunoreactive state of the body. Some researchers associate the cyclicity of cyst secretion with the seasonality and nature of the diet (mainly carbohydrate food contributes to the reproduction of lamblia).

Given the resistance of lamblia cysts to the external environment, especially with violation of the rules of personal hygiene, there is a high degree of probability of infection of all family members, children in preschool and school children's groups. It is noteworthy that all children who have the habit of keeping a finger in their mouth, biting nails, pencils, pens, etc. in 100%

lamblia are detected. The high intensity of parietal digestion in children, food rich in carbohydrates are among the main reasons for the greater morbidity of children compared with adults. Giardiasis can develop at any age, including in newborns, but most often the disease occurs in children of preschool and primary school age.

Very often, with giardiasis, there is dyskinesia of the hepatobiliary system and intestines with spasm and atony of the sphincter-papillary region and the phenomena of cholestasis. As a result of the long existence of lamblia in the body, especially with a reduced immune defense that can limit their reproduction, a syndrome of chronic endogenous intoxication and polyhypovitaminosis is formed, leading to damage to almost all organs and systems of the body.

Laboratory diagnosis of giardiasis is difficult, especially if only scatological research methods are used, which are used most often in practice. Repeated examination of feces may be required, since cysts are excreted inconsistently. Also held

serological diagnosis of giardiasis, when specific antibodies to lamblia are detected in the blood only 2-4 weeks after infection. Treatment is also not always effective, since a practitioner, as a rule, has to treat patients with chronic, many years of existing giardiasis, especially if there is a decrease

immunobiological reactivity of the organism. It is necessary to take into account the moment when the child's body is burdened by the toxic loads of several parasites that require their specific treatment. As you know, chemical antiparasitic agents have multiple toxic effects that have a negative effect on the body, especially a growing child. Often, as a result of one course of treatment, it is not possible to achieve a persistent clinical and parasitological effect.

Given these moments, the purpose of this work was: to evaluate and compare the treatment of giardiasis using conventional methods orthodox medicine and naturopathic methods with using energy information medicine.

Materials and methods

The studies were carried out on the basis of the center for bioresonance therapy "Clinic of Dr. V.V. Aliyev "in Baku in the period from 1.11.2010 to 1.02.2011. To achieve this goal, 130 children aged 4 to 15 years were examined, who turned to our center for the diagnosis of parasitic diseases by methods of energy-informational medicine. Of these, 47% were boys, 53% were girls. Registration of patients, complaints, an individual therapy plan, an assessment of its effectiveness was carried out in an individual card entered for each patient.

The main complaints from patients: complete absence or decrease in appetite, its selectivity, persistent lining of the tongue, obsessive nausea, mainly in the morning, in some patients, spontaneous vomiting, pain in the umbilical region, stool disturbance in the form of constipation or repeated mushy stools during the day, dryness and hyperpigmentation of the skin, hair loss, weakness, increased fatigue, dizziness, weight loss

body.

In dynamics, the child's well-being, the state of appetite, skin, mucous membranes, tongue, the presence of abdominal pain, the state of the stool, as well as the state of other organs and systems were investigated. Diagnostics was carried out on the APK "IMEDIS-EXPERT". All patients underwent parallel general clinical and laboratory research methods (general analysis, blood, urine, feces), ultrasound examination of the abdominal organs.

Diagnostic results

During the examination by the ART method, 98 (75%) patients were found to have lamblia. In parallel, 85 (65%) were diagnosed with concomitant helminthic invasion, most often - roundworms, hookworms, pinworms, whipworms, strongyloids. In 90% of the subjects, various degrees of depletion and tension of the immune system, dysbiosis of the large intestine (95%) were revealed, in 70% of the patients psychovegetative load, deficiency of minerals, trace elements and vitamins (72%) were revealed. When testing organ products, 84% of children tested deviations from the gallbladder and biliary tract. To confirm the test results, patients were referred for an ultrasound examination of the abdominal organs. As a result of an ultrasound examination, the following pathology was revealed in all referred patients: anomalies in the shape of the gallbladder (21%),

After the end of the diagnostic procedures, an individual therapy plan was drawn up. For therapy, patients were divided into 3 groups. 80% of children (the first two groups) received complex treatment in our center. 20% (the third group) for one reason or another received treatment at home with allopathic methods using chemical antiparasitic drugs.

The treatment of children of the first group (40%) was complex using the APK "IMEDIS-EXPERT" and the methods developed by the center "IMEDIS" [1]. The use of alternative methods of treatment was due to the fact that in some children the use of antiparasitic drugs turned out to be impossible due to high allergic reactivity, unsuccessful repeated previous courses of treatment with allopathic drugs, chronicity of the process, and also taking into account the combination of giardiasis with other helminthiases. To solve these problems, the following therapy plan was used:

1. Bioresonance therapy (endogenous BRT, exogenous BRT, fixed frequencies, antiparasitic RFT and induction therapy). The duration of the course depended on the intensity of the invasion, the severity of disorders in organs and systems.
2. Detoxification therapy with application of complex original homeopathic medicines firm "Heel". With the aim of the following preparations were used for detoxification: Hepar-compositum; Nuxvomica-homaccord; Solidago-compositum; Lymphomyosot; Coenzym-compositum; Ubichinon compositum. In the course of therapy, great importance was given to the state of the immune system, for the normalization of which was used

immunomodulatory therapy using homeopathic medicines from Heel: Traumel S; Echinacea-compositum; Engystol.

3. Colon hydrotherapy was prescribed for children from 7 years old to cleanse the intestines with a tendency to constipation 1-3 times, depending on the condition. For younger children, as well as with diarrheal syndrome, cleansing and garlic-milk enemas were carried out.

4. In parallel, diet therapy, enzyme therapy, the use of choleric drugs, pre- and probiotics according to the schemes in accordance with the concomitant pathology.

5. Correction of vitamin and mineral balance - according to indications. The peculiarity of the therapy of the patients of the first group was that no chemical antiparasitic drugs were used in the complex treatment. Most often, phytotherapy was used as natural antiparasitic agents: birch buds, bearberry infusion, oat broth for a month. If necessary, we performed Demyanov's tyubages 1-2 times a week. Course - 10 procedures. After the course of therapy, treatment continued at home. Re-testing was carried out 3-4 weeks after the end of the BRT course.

The treatment of children of the second group (40%) was carried out according to the above-mentioned scheme without bioresonance therapy using chemical antiparasitic drugs.

The treatment plan for the children of the third group was staged, excluding BRT, detoxification with homeopathic medicines and hydrocolonotherapy, also including chemical antiparasitic drugs. Retesting was carried out one month after the start of therapy.

Therapy results

Comparison of parasitological effectiveness of medicinal and complex therapy with the use of BRT showed that treatment with application of BRT is much more effective than conventional therapies. Thus, during treatment in our center, 90% of the children of the first group had clinical recovery on the 5-7th day of treatment, depending on the initial state of the child: appetite, complexion improved, patients were not bothered by nausea, vomiting, abdominal pain, function normalized intestines and central nervous system in the form of improved sleep, decreased excitability, etc. In the second group, 85% had clinical recovery a little later - on the 8-10th day. 15% of children in this group had an allergic rash of the urticaria type to antiparasitic drugs. With drug allopathic treatment, the disappearance of the main symptoms occurred much more slowly - in 70% of children, on average, by 12-14 days. Given the lack of detoxification therapy, 30% of children of the third group experienced abdominal pain during treatment, nausea, urticaria-type allergic rash. The side effects of the antiparasitic drugs further aroused the child's sensitive nervous system and contributed to sleep disturbance. Positive dynamics of the ultrasound picture of the gallbladder and biliary tract was observed earlier in the first group in 40% of children on average for 7-10 days, in the second group in 33% - for 5-10 days compared with children in the third group.

A comparative analysis of the treatment results established that

in one course of treatment of giardiasis by the BRT method with the use of complex detoxification and immunomodulatory therapy with Heel preparations, a persistent and clinical and parasitological effect was obtained in 82% of patients. In 18% of patients, a weak response to treatment was explained by mixed invasion (3 or more parasites), severe depletion of the immune system and serious concomitant pathology from other organs and systems (dolichosigma, reactive pancreatitis, erosive gastroduodenitis, kyphoscoliosis of 2-3 degrees, intracranial hypertension, etc.). These children underwent the second course of therapy against the background of treatment of concomitant pathology. Satisfactory results were obtained in 50% of patients after 2 weeks of treatment. In the second group, a persistent clinical and parasitological effect was observed in 70% of children. 15% had to interrupt the course of treatment with chemical antiparasitic drugs due to allergic reactions and switch to BR therapy. In the third group, we observed the effect of the treatment in only 59% of patients.

Conclusions:

1. Due to the high prevalence of giardiasis among the population, especially for children, simultaneous examination and treatment of all family members is necessary.
2. Developed a comprehensive plan for the treatment of giardiasis in children with the use of bioresonance therapy allows with high efficiency and in a short time to achieve the elimination of the parasite and improve the quality of life of patients.

Literature

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