

Possibilities of electropuncture diagnostic methods and BRT in treatment allergic dermatoses in residents of a large metropolis

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The relevance of research

In the world, more than a quarter of the population suffers from allergic skin diseases in the form of atopic and contact dermatitis, eczema, and in recent years there has been a steady increase in their frequency and prevalence. At the same time, as a rule, there is a resistance and an aggravation of their course against the background of the therapy.

In the structure of allergic diseases registered in Russia, according to the Institute of Immunology of the Ministry of Health of the Russian Federation, the share of allergic dermatoses is 20%, and in children - 50–66.4%, represented mainly by atopic dermatitis. The growth dynamics of this group of diseases is due to a number of external and internal reasons. External factors include, first of all, pollution of the environment, mainly in industrial cities, as well as frequent contact with various chemicals at work and in everyday life (building materials, metals, household chemicals, cosmetics, etc.). The increase in the incidence is facilitated by the excessive use of medicines by the population, including vitamins and food additives, an unbalanced diet with the prevalence of semi-finished products, canned food, products containing various dyes, flavors, protein substitutes and the like. [one]. According to epidemiological studies, an equally important role is assigned to the growth of "allergenic" professions (medical workers, construction workers, hairdressers, etc.), which determines the prevalence of their individual forms in age groups. So, contact dermatitis and eczema are more common in people over 20 years old, in contrast to atopic dermatitis. Over the years, as the professional experience increases, there is an increase in the incidence of these dermatoses, the peak of which occurs at 50-60 years, mainly among women. Issues of hereditary predisposition to such allergies form contingents of "high risk", requiring further study. Genetic), which determines the prevalence of their individual forms in age groups. So, contact dermatitis and eczema are more common in people over 20 years old, in contrast to atopic dermatitis. Over the years, as the professional experience increases, there is an increase in the incidence of these dermatoses, the peak of which occurs at 50-60 years, mainly among women. Issues of hereditary predisposition to such allergies form contingents of "high risk", requiring further study. Genetic), which determines the prevalence of their individual forms in age groups. So, contact dermatitis and eczema are more common in people over 20 years old, in contrast to atopic dermatitis. Over the years, as the professional experience increases, there is an increase in the incidence of these dermatoses, the peak of which occurs at 50-60 years, mainly among women. Issues of hereditary predisposition to such allergies form contingents of "high risk", requiring further study. Genetic Issues of hereditary predisposition to such allergies form contingents of "high risk", requiring further study. Genetic Issues of hereditary predisposition to such allergies form contingents of "high risk", requiring further study. Genetic

a predisposition to allergies is observed in patients with atopic dermatitis and polyallergy (several types of allergic pathology in one patient) and is 2 times more often transmitted through the maternal line. The studies also indicate that the urban population more often than the rural population suffers from allergic dermatoses, since the former are more susceptible to external (ecotoxicants) and internal (chronic stress associated with a tense rhythm of life, etc.). [12].

According to modern representations, fundamental the pathogenetic mechanism of the development of allergic dermatoses is the presence of systemic allergic inflammation with an active manifestation on the skin. The realization of an allergic response in skin diseases is associated with reaginic reactions with a violation in the cell-mediated link of immunity. In atopic conditions, allergic manifestations characterized by innate hypersensitivity to many

environmental factors and the ability to form reagin (IgE) antibodies. Atopy, a hereditary form of allergy, is based on the programmed immune response to an allergen, which is characterized by stimulation of Th₂-populations of lymphocytes, overproduction of specific IgE antibodies, degranulation of mast cells, eosinophilic infiltration, which leads to chronic skin inflammation and itching. In these patients, there is a sharp increase in total immunoglobulin E, which includes both antigen-specific IgE antibodies to various antigens and IgE molecules. In childhood, antigen-specific IgE antibodies to food antigens prevail, and at an older age - to pollen, household, epidermal, bacterial, viral and mycotic allergens. Currently, cytokines are involved in the pathogenesis of atopic dermatitis,

produced by Th₁- lymphocytes, and in 80% of patients it correlates with the severity of the disease and decreases with successful treatment. The peculiarity of morphology skin lesions in atopic dermatitis suggests that other types of hypersensitivity reactions are also realized in this disease. Can occur as immediate reactions in the form of cytotoxic, immunocomplex, granulocyte-IgG-mediated, as well as delayed, T-cell. This form of hypersensitivity is observed in many allergic dermatoses, in particular in allergic dermatitis, eczema [1, 2]. In contrast to true allergic reactions, with pseudo-allergic reactions, there is a direct degranulation of basophils without the participation of antibodies and immune T lymphocytes. Bacteria and their toxins, viruses, food products (strawberries, nuts, pickles, smoked meats), drugs, physical agents (cold, etc.), aerogenic and other pollutants can act as provoking exogenous and endogenous factors. In young children, in the presence of a deficiency of digestive enzymes, uncleaved peptides induce just this type of reaction. Pseudo-allergies can be provoked by any irritants that directly affect the skin: woolen and synthetic clothes, water procedures (bath, bath), detergents. These changes underlie the non-atopic, pseudo-allergic form of allergic dermatosis, induced by various factors against the background of blockade. -

adrenergic receptors [1, 2].

The generality of pathogenetic mechanisms, lying in basis allergic dermatoses, makes them very similar in the clinic, which is reflected in the definition of individual nosologies: eczematized dermatitis, atopic eczema of the hands, eczematous form of atopic dermatitis.

Currently, local glucocorticosteroids are used for the treatment of allergic dermatoses, but relapses with this therapy are always present, and each time the duration of therapy is lengthened. The use of even topical steroids is usually accompanied by side effects. Unfortunately, in the treatment of this group of diseases, the academic approach prevails, which sometimes does not take into account the individual characteristics of the organism and mainly uses symptomatic correction. Lack of knowledge in use sorption methods, ignorance of the basics of detoxification of the body narrow the elements of therapy and determine the continuity of the recurrence of these diseases [3, 4, 5].

The purpose of this study was an in-depth study of the causal mechanisms of the development of allergic dermatoses from the standpoint of vegetative

resonance test and the development of new approaches to their therapy.

Materials and methods

The object of the study was 25 residents of Ufa (2006–2011) suffering from various clinical forms of allergic dermatoses. The category and age of the surveyed were as follows: 13 children (mean age 3.5 ± 0.7 years), 11 women (31.5 ± 1.3 years), 1 man (28 years). The diagnosis of allergic dermatosis was verified by generally accepted academic criteria, including: complaints, collection of anamnesis, physical data, instrumental methods, etc. All of the above patients, in addition to general clinical examination in a polyclinic or hospital, were diagnosed using the vegetative resonance test method. The study was carried out on the apparatus "MINI-EXPERT-DT" using the drug selector "IMEDISBRT-PC" with software.

Research results

The EPD method for assessing patients with allergic dermatoses made it possible to establish the following violations:

- geopathogenic load of 1–2 degrees - 16% of cases;
- electromagnetic load - 72% of cases;
- radioactive load (pollution) - 28% of cases;
- test pointers of blocking chakras ("inputs-outputs of chakras" by "O.T.I.") - 1 - 100% of cases; 2 - 88% of cases, 4 - 96% of cases;
- violation of the acid-base balance in the acidic direction - 100% of cases;

- bioenergetic destruction - 28% of cases;
- indication of substantial toxic burden - 72% of cases;
- acquired toxic information - 36% of cases;
- indication of food allergy - 72% of cases;
- food intolerance (more often milk, bakery products) - 56% of cases;

- dysbiosis of the small and large intestines - 88% of cases;
- an indication of inadequate nutrition 3-4 tbsp. - 88% of cases;
- enzyme deficiency - 56% of cases;
- VNS voltage of 1-2 degrees - 56% of cases;
- psycho-vegetative loads - 48% of cases;
- tension of the endocrine system of 3-4 degrees, with depletion of 2-3 degrees - 48% of cases;
- indication of lymphatic burden - in 88% of cases;
- blockade of the mesenchyme of 1-2 degree and its sublayers - 80% of cases;
- layered connective tissue test involving 1-2 layers - 84% of cases;

- vitamin and mineral deficiency (B2, biotin, rutin, D3, A; zinc, selenium, silicon, boron) - 88% of cases;
- parasitic-bacterial-mycotic burdens - 96% of cases. Among children, giardia, toxoplasma, pinworms, roundworms, strongyloids were more often tested, while in adults - flukes (opisthorchiasis, hepatica fasciola) and lamblia, toxoplasma, hookworms, tapeworms - wide tapeworm,

echinococcus. In almost every third patient, *Acarida demodix folliculorum* was tested on the skin. The bacteria were presented in the form of *Staphylococcus aureus*, hemolyzing streptococcus, *Pseudomonas aeruginosa* and *Proteus*, salmonella paratyphoid or shigella. Their long-term persistence created a favorable environment for fungi (microbiological cycles in the blood and lymph D60). Mycoses were found mainly yeast (*saccharomyces*), *geotrichum candidum*, epidermophyton group.

- viral burden - in 72% (more often CMV; herpes type 1.2, coxsackie group B).

Organ load:

- stomach organopreparation D4 ↓ + nosodes of various forms of gastritis ↑ - 96%;

- organopreparation liver D4 ↓ + nosodes of hepatosis, toxic hepatitis ↑ - 88%; OP of the kidney D4 ↓ + nephroso-nephritis nosodes ↑ - 88%.

The therapeutic strategy was selected taking into account individual adaptation reserves, photonic and biological indices.

The course of treatment we carried out included:

1. Restoring the energy imbalance of the involved chakras (1, 2, 4) and meridians with the help of homacords, Bach preparations.

2. Exogenous bioresonance therapy with fixed frequencies for normalization of hormonal status.

3. Elimination of exogenous loads;

4. Correction of psycho-vegetative loads.

5. Cleansing the mesenchyme with DRE drainage preparations OHOM, Roy Martina preparations (Detox and Endotox groups) of homeopathic remedies (lymphomyosot); sorbents and pectins, the drug "Lymphosan".

6. Optimization of nutrition with the exclusion of refined foods and bakery products containing gluten, phosphates, coffee, etc., which contributed to the correction of the acid-base balance.

7. Use of informational electronic copies of seroimmunes. At the same time, by means of 2-3 UMT "belt" therapy with fixed frequencies was carried out on the identified pathogens with simultaneous correction of the energy imbalance of the chakras 1, 2, 4 and the involved meridians, which made it possible to significantly reduce the duration of treatment. The regulation of the work of the gallbladder, stomach and large intestine was accompanied by the appointment of eubiotics and the intake of herbal teas. Vitamin and mineral correction was carried out by taking the drug "multifort" inside.

8. Basic endogenous bioresonance therapy organotropic for all meridians with inversion of the organs involved (liver, stomach, kidneys, intestines)

The number of courses was selected individually, taking into account changes in integrative indicators. The results of the effectiveness of therapeutic measures were assessed by changes in the clinical picture, subjective assessment of patients, and laboratory tests. As a rule, after the correction, all tested disorders disappeared in a certain

sequence. Positive dynamics was observed within one month from the start of treatment. During the observation period, only 5 people had relapses (due to previous infections - 3 people and stress - 2 people).

Conclusions. How testifies the above, reasons allergic dermatoses among the population can be not only genetic determinancy, chemicals, unhealthy diet, stress, as defined by academic medicine, and a combination of many factors, first of all, the energy imbalance of the body, leading to a violation of its neuroendocrine regulation, pH environment, an increase in endotoxycosis with subsequent tension of immunogenesis up to its depletion, thereby determining the clinical picture of epidermal lesions, including mucous membranes. Substantial toxic burden of the mesenchyme and a number of organs (stomach, liver, etc.) disrupts the metabolic and drainage processes of the body, which requires its obligatory correction.

List of used literature

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