

Electro-acupuncture diagnostics and bioresonance therapy in the treatment of reactive arthropathies

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Timely diagnosis and adequate treatment of inflammatory diseases of the joints are very important in modern medical practice. Thus, among rheumatic diseases of childhood, reactive arthritis occurs in 86.9 per 100,000 of the child population [1].

Reactive arthritis (RA) are inflammatory non-purulent joint diseases resulting from immune disorders after intestinal or urogenital infection associated with enterobacteriaceae (*Yersinia enterocolitica*, *Yersinia pseudotuberculosis*, *Salmonella enteritidis*, *Salmonella typhimurium*, *Shigella flexneri*, *Shigella sonnei*, *Shigella Newcastjomle*, *Campylobidia*). Less commonly, infections of the respiratory tract associated with *Mycoplasma pneumoniae* or *Chlamyphila pneumonia* can also trigger the development of RA. There is also evidence that RA is associated with intestinal infection caused by *Clostridium difficile* and some parasitic infections.

Currently, the most common reason for the development of RA (up to 80%) is chlamydial infection, which is associated with its pandemic in the world: features of transmission routes, general susceptibility, cyclical development and high resistance to therapy. The triggering role of intestinal infection in the development of RA is also relevant [6].

Reiter's disease (urethro-ophthalmic-synovial syndrome) is an a classic manifestation of RA, first described by Hans Reuter and considered as a special form of it, characterizing the triad of symptoms: urethritis, conjunctivitis, arthritis. In the presence of keratoderma, they talk about the tetrad of Reiter's disease. Reiter's syndrome most often begins with symptoms of damage to the urogenital tract after 2-4 weeks. after a previous infection or suspected infection with chlamydia or bacteria of the intestinal group. In Reiter's syndrome, trigger infectious factors are most often *Chlamydia trachomatis*, *Shigella flexneri* 2a, or their combination.

It is generally accepted that RA associated with intestinal infection and chlamydiasis develops mainly in genetically predisposed individuals (carriers of HLA-B27) and belongs to the group of seronegative spondyloarthritis [2, 3, 4]. It was found that antibodies to a number of microorganisms cross-react with HLA-B27, which is explained by the phenomenon of molecular mimicry - the proteins of the cell wall of a number of intestinal bacteria and chlamydia have a structural similarity with individual regions of this molecule. It is believed that cross-reacting antibodies are capable of damaging the body's own cells, which most express HLA-B27 molecules and, thereby, interfere with an adequate immune response, contributing to the persistence and chronicity of the infection. RA develops 50 times more often, according to research,

than in individuals who do not have this histocompatibility antigen.

Diagnosis of RA is based on compliance with the criteria adopted at the III International Meeting on RA [5] in Berlin in 1996: peripheral arthritis is an asymmetric process, more often oligoarthritis (but up to 4 joints can be affected), the joints of the legs are mainly affected. Along with this, in the anamnesis there are infectious manifestations (diarrhea, urethritis), which occur within 2-4 weeks before arthritis develops. Exclusion criteria are established causes of mono- or oligoarthritis: spondyloarthritis, septic arthritis, crystalline arthritis, Lyme disease, streptococcal arthritis. The defeat of the intestine and urinary tract can be both primary in relation to RA, and develop simultaneously with it and even later, which makes it difficult to determine the cause-and-effect relationship.

Difficulties in the diagnosis of RA are often caused by the obliterated subclinical course of the primary infectious process. Arthritis develops more often with mild forms of intestinal or urogenital infections. By the time arthritis develops, the signs of trigger infection in most cases disappear, which does not allow timely etiotropic treatment. Pathogenetic and symptomatic therapy is practically unsuccessful: the course of the disease is persistent, with frequent relapses.

Objective of the study: development of an adequate treatment for reactive arthropathies with the use of bioresonance therapy.

Materials and methods

The object of the study was 12 patients (2012–2013) suffering from RA. The age of the examined ranged from 1 to 24 years, of which 9 were female and 3 were male. The diagnosis of "reactive arthritis" was verified by generally accepted academic criteria, taking into account complaints, anamnesis, physical laboratory and instrumental data. In addition to the standardized general clinical examination in a hospital setting, the patients underwent diagnostics by the method of vegetative resonance test on the MINI-EXPERT-DT apparatus with software (IMEDIS, Moscow).

Research results

We examined patients, mainly of children, whose parents did not notice any improvement from therapy in rheumatology departments (up to 4–5 times a year) and refused to use conventional hormone treatment regimens in combination with metatrexate and azathioprine due to pronounced side effects. The arthritis proceeded with a pronounced pain reaction, defiguration of the joints (mainly due to exudation into the joint cavity and periarticular edema of soft tissues), increased local temperature, hyperemia of the skin over the joint. There was marked hyperesthesia of the skin over the affected joint and painful contracture. Those who applied were mainly affected by the knee, elbow and wrist joints.

tendons to the bones), namely: at the point of attachment of the Achilles tendon to the tubercle of the calcaneus.

The articular syndrome was combined with subclinical lesions of the urogenital tract (8 people) and was characterized by the blurring of the clinical picture. The lesion of the eyes in the form of conjunctivitis, which preceded the development of the articular syndrome for about 0.5 years or more, was noted by only three patients.

Diagnostics using the ART method involved the determination of foci and interference fields, the presence and degree of exogenous loads (radioactive, electromagnetic, geopathogenic), determination of the focus of lesions, microbial, viral, mycotic and parasitic burdens, determination of the state of the immune and endocrine systems, testing of viral nosodes, etc. etc.

The data obtained made it possible to distribute the most frequent disorders that occurred in patients with RA as follows:

- electromagnetic load - in 25% of cases;
- radioactive load (pollution) - in 8.3% of cases;
- violation of the acid-base balance in the acidic direction and an indication of substantial toxic burden (due to acquired toxic information - in 100% of cases;
- intestinal dysbiosis - 100% of cases;
- deficiency of a number of enzymes - in 91.6% of cases;
- vitamin and mineral deficiency (vitamins of group B, D3; microelements - zinc, copper, calcium, silicon, boron) - in 91.6% of cases;
- VNS voltage 2-3 degrees - in 91.6% of cases;
- psycho-vegetative loads - in 50% of cases;
- tension of the endocrine system of 1-2 degrees, with depletion of 2 degrees - in 50% of cases;
- an indication of lymphatic burden with blockade of the mesenchyme 2-3 degrees and its sublayers - in 100% of cases;
- layer-by-layer test of connective tissue involving 2 layers - in 91.6% of cases;

- parasitic-bacterial-mycotic burdens - in 100% of cases;
- violation in the meridians (pancreas and spleen, liver, etc.) - in 100% of cases.

Among children with RA, mainly roundworms were tested - pinworms, roundworms, in adults - roundworms, pinworms, strongyloids. The viral burden is caused by - CMV, Epstein-Barr, herpes type 1.2 in almost everyone; bacterial burden - streptococci (hemolyzing, mitis), salmonella paratyphoid, shigella Sonne or Flexner, chlamydia trachomatis; mycotic - fungi of the genus Candida.

Therapeutic strategy was selected with taking into account individual characteristics of patients and ART data: adaptation reserves, biological indices, the state of the immune system and infectious burdens.

The course of treatment carried out included:

- elimination of exogenous loads and correction of psycho-vegetative loads;

endogenous bioresonance therapy, mainly in 4 strategies with recording on the crumbs of inverse disharmonious oscillations from all meridians for 15-17 s and the final recording on the drug of oscillations harmonized during a 20-minute session;

- drainage therapy with the help of OHOM DRE preparations, Roy Martina preparations (Detox and Endotox groups) of homeopathic remedies (lymphomyosot, galium hel, hepel, etc.); sorbents (polysorb, polyphepan).
- optimization of nutrition with the exclusion of refined products, coffee, etc., which contributed to the correction of the acid-base balance to the alkaline side;
- use of information copies of seroimmunes.

With the help of UMT "belt", exogenous bioresonance therapy with fixed frequencies for the identified pathogens was carried out with simultaneous correction of the involved meridians, which significantly reduced the duration of treatment. The number of courses was selected strictly individually, taking into account changes in integrative indicators. The results of the effectiveness of treatment were assessed by changes in the clinic and subjective data of patients, laboratory parameters. Positive dynamics was observed already after 1.5–2 weeks from the beginning of the course: swelling, painful contracture, joint hyperemia, etc. disappeared.

conclusions

Thus, the cause of the development of reactive arthritis was parasitic-microbial-mycotic burdens, which caused an energetic imbalance in the meridians, primarily of the spleen, acidification of the pH-environment of the whole organism, the formation of endotoxiosis with subsequent tension of immunogenesis and dysregulation of the autonomic nervous system in the connective tissue.

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