Possibilities of ART and BRT methods in the treatment of chronic inflammatory processes of the lower urinary tract (cystitis, urethritis) and cystalgia

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### Introduction

Chronic lower urinary tract infections manifest with recurring flare-ups, which are characterized by persistent or intermittent painful and frequent urination, a feeling of heaviness or pressure in the bladder area between episodes of urination. Urinary tract infections can be accompanied by chronic adnexitis in women, chronic prostatitis in men, pain in the perineum, pelvic region. In addition, even during the period of remission, when there are no signs of inflammation in the urine tests, many patients continue to be bothered by cystalgia, which often have a persistent and recurrent course and do not respond to antispasmodic and antibacterial therapy, especially since the clinical indications for prescribing the latter group there are no drugs in this case.

# Materials and methods

The ART method was used to examine 5 patients aged 25 to 46 years (3 men and 2 women) with recurrent forms of urinary tract infections and the duration of the disease from 1 to 3 years. The measurements were carried out using an electrotherapeutic apparatus "PROLOG-02EPT" (manufactured by NPP "REMA" RB, RU No. IM-7.5253 / 0903) [2]. Throughout the entire period of the disease, all examined patients repeatedly received antibiotic therapy, which in all cases had only a short-term effect on cystalgia, although it led to the correction of urine analyzes for a certain time. As a result of treatment, two patients developed an allergy, which required taking antihistamines and hormonal drugs, as well as dyspeptic symptoms caused by dysbiosis. During the period of remission, cystalgia in patients persisted even in the absence of changes in urine analysis.

## Results and discussion

As a result of the examination using the ART method, it was revealed: an indication of the presence of burdening with geopathogenic load - 3 cases, electromagnetic load - 2 cases, radioactive - 2 cases, and bacterial burden of the urinary tract: Escherichia coli - 3 cases, Mycoplasma genitalis - 3 cases, Bacteroides fecalis - 3 cases, Chlamydia trachomatis - 2 cases, Proteus viridans - 2 cases, Ureaplasma urealiticum 1 case, as well as complications of the upper respiratory tract Staphylococcus aureus,  $\alpha$ - and  $\beta$ - streptococcus; yeast fungi of the small and large intestine:

Candida parapsilosis - 3 cases, Candida albicans - 2 cases; viral burden Herpes simplex 1 and 2 - 3 cases, Cytomegalovirus - 1 case. In addition, we noted that Epstein-Barr virus burdening of the pelvic plexus was tested in all patients. In two cases, the tension of the immune system was tested, and in three cases - exhaustion, and in all cases, exhaustion of the autonomic nervous system was revealed. Our data are consistent with the data of A.R. Kudasheva. [5] about the pronounced effect of this virus on the state of the autonomic nervous system and, possibly, explain the persistent cystalgia observed in patients.

All patients underwent bioresonance therapy in combination with the intake of drainage preparations from OHOM, OTI, and Roy Martina. As a result of the therapy, it was possible to achieve a complete regression of clinical symptoms, normalization of integrative parameters and stable remission of the disease (at the moment, remission persists in all treated patients for six months to 1 year). It should be noted that the disappearance of the symptoms of cystalgia was achieved only after the complete elimination of the Epstein-Barr virus.

#### conclusions

The key cause of persistent damage to the autonomic nervous system, especially in the pelvic area, which contributed to the persistence of persistent cystalgia and frequent recurrences of inflammatory lesions of the lower urinary tract and the weakening of the entire body of the examined patients, was probably the Epstein-Barr virus.

### Literature

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