

Clinical case of the drug "Syvstar"

within the framework of the systemic nosological approach in the treatment of trophic ulcers
shins

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Introduction

The modern stage in the development of ART and BRT methods is characterized by the emergence of author's systems for testing and therapy of the body, as well as new information drugs. Clinical trials of both are of interest. This work describes a case of treating a trophic ulcer of the leg, the pathogenesis of which is similar to the manifestations of gerontogenesis using the drug "Syvstar" (old age serum). Particular attention is paid to comparing the results of treatment, expected in the case of using orthodox therapy, and achieved with the help of information therapy, its actual results.

The treatment was carried out using the algorithm of the systemic-nosological approach (author - K.N. Mkhitaryan), which consisted in sequential compensation of the complex marker of chronosemantics (KMX, in the work for uniformity KMX1) and its enhancements (designated KMX2 and KMX3, respectively). The basic (first) drug of therapy was taken "Syvstar", since it is its pathogenesis that includes trophic ulceration.

Recall that the term KMH is used to denote the sum of signals written off with the help of BRT from the end and nodal points of the main chiroglyphic lines of both palms of the patient. Amplification of KMX - marker KMX2 - is obtained by rewriting the original KMX through the 4th (amplifying) to the 1st inputs of the apparatus for bioresonance therapy, with the subsequent summation of the carriers of the original and amplified signals. Subsequent gains - KMX3, and so on, are obtained in exactly the same way, with the difference that its previous gain is used as the original signal instead of the KMX marker. For example, for the KMX3 marker, the KMX2 marker plays the role of the initial signal. The work also uses abbreviations for the algorithms for the preparation and testing of drugs described in [1], namely:

1. The designation "Drug X" / KMH is used either for the potency of the drug X, which compensates for the CMH, or simply for the drug X, which compensates for the CMH.
2. The designation "Cerebral response to" Drug X "/ KMX2 means that drug X was first potentiated, until it was compensated for KMX2, then the patient was "loaded" with this drug and from the head area onto a separate apparatus for bioresonance therapy (Transfer-P, apparatus "Golden Section") the response to the indicated load was written off.
3. The designation "Drug X" / KMX3 is used either for the potency of the drug X, compensating for KMX3, or simply for drug X, compensating for KMX3.

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Objectives of the work:

1. Describe a case of trophic leg ulcer therapy using the drug "Syvstar" and the systemic nosological approach.

2. Compare the dynamics of therapy with drugs and methods of orthodox medicine and the studied drug and method.

Clinical example

Patient V., 48 years old. He complained that during the last 3 weeks his wound on the front surface of the leg was not healing.

From the anamnesis: a superficial wound arose as a result of an injury to the lower leg (impact from the front to the region of the lower third of the lower leg).

He was treated independently, used local antiseptic agents and agents that accelerate regeneration:

1. Depantol cream. In the composition - dexpanthenol vitamin B5 (its action aimed at accelerating the processes of tissue regeneration and the early restoration of damaged integumentary tissues) and chlorhexidine (an antiseptic capable of effectively destroying pathogenic microbes, spores of pathogenic bacteria, as well as yeast and protozoa). During the 1st week, the size of the wound did not decrease, epithelialization was not noted.

2. Levosin ointment (active substances: chloramphenicol) and sulfadimethoxine is active against gram-positive and gram-negative microorganisms, as well as anaerobes; methyuradil - accelerates wound healing, stimulates cellular defense factors, trimecaine is a local anesthetic). During the 1st week, the result is the same.

3. Baneocin (active substances: antibiotics neomycin and bacitracin give both ointments and powder a bactericidal effect. Both antibiotics enhance each other's action. This means that Baneocin is able to effectively kill microorganisms present on the skin or wound surfaces.) Within 1 week without effect.

On examination: a 3 x 3.5 cm wound, weeping with undermined edges and perifocal edema, without signs of suppuration, the skin surrounding the wound is bluish in color.



Rice. 1

The preliminary diagnosis: trophic ulcer, confirmed by the surgeon.

Trophic ulcer of the leg

A trophic ulcer is a skin defect that does not heal for a long time, resulting from a violation of the blood supply to this area of the skin.

Trophic ulcer is not an independent disease. It occurs as a complication in diseases such as chronic arterial insufficiency (atherosclerosis, thromboangiitis obliterans, nonspecific aortoarteritis), diabetes mellitus, chronic venous insufficiency (varicose veins, post-thrombophlebitic disease), peripheral polyneuropathies of the extremities, etc. Ulcers can be located in various parts of the body. For example, trophic ulcers in diabetes mellitus develop mainly on the skin of the feet. Trophic leg ulcers in most cases occur against the background of chronic venous insufficiency.

Causes of a trophic ulcer

Violation of the blood supply to the skin area leads to the development of microcirculation disorders, a lack of oxygen and nutrients, and gross metabolic disorders in the tissues. The affected area of the skin becomes necrotic, becomes sensitive to any traumatic agents and the addition of infection.

Symptoms of a trophic ulcer

Initially, the skin of the anterior-inner surface of the lower third of the leg becomes thinner, becomes dry, tense, mirror-shiny. Characteristic age spots appear on it, then a small ulcer appears, which gradually increases. Its edges are compacted, the bottom is covered with a dirty coating, bleeds. In the future, any, even minimal trauma leads to the expansion of the ulcer and the addition of infection. The main complaint is pain. The presence of a defect in the skin prevents the patient from choosing the right shoes and clothes, and observing personal hygiene.

Diagnostics

When a trophic ulcer is detected, the main task of the doctor is to establish the cause of the disease. To do this, ultrasound Doppler ultrasonography of the vessels of the lower extremities, radiopaque phlebography, percutaneous measurement of the oxygen level and other studies of the blood flow of the lower extremities are performed.

Orthodox treatment of trophic ulcers

A venous trophic ulcer is characterized by a prolonged recurrent course. In the absence of adequate therapy for the underlying disease and with the persistence of venous stasis in the tissues of the lower leg, the ulcer occurs again and again. Therefore, the optimal treatment tactics include closure of a trophic ulcer with the help of conservative measures, followed by surgical intervention on the venous system. Depending on the patient's condition, treatment can be carried out in a hospital, at home or on an outpatient basis. Topical treatment includes daily cleaning of the ulcer surface with wipes or sponges with antiseptic solutions, dressing with a healing ointment, and wearing an elastic bandage (elastic bandage). At

healing of an ulcer, the scar should be reliably protected from possible trauma.

To prevent the addition of a secondary infection, which aggravates the course of the disease, it is necessary to treat the affected skin. Antibiotic ointments are sometimes used for this. The use of Miramistin in the local therapy of trophic ulcers is considered effective, since the drug has a wide spectrum of action, is not addictive and promotes rapid tissue regeneration.

Orthodox diagnosis of the patient

In order to clarify the reasons that caused the formation of a trophic ulcer, an ultrasound scan of the veins of the lower extremities was performed - no pathology was revealed. The glucose level was investigated - 5.6 mmol / l.

Diagnostics and therapy of trophic ulcers using the ART method

1. In accordance with the methodological guidelines, ART diagnostics was carried out: revealed signs of toxic load on the liver, venous insufficiency in the basin of the great saphenous vein, lymphatic stasis.

2. The following preparations were selected and manufactured:

1. "Syvstar" M 74 comp C30 / KMX1.
2. Cerebral response Argentum Metallicum / KMX2.
3. Church of St. Cyril / KMH3.



Rice. 2



Rice. 3

On the 3rd day of treatment, the wound was covered with a scab. After 2 weeks, the scab separated on its own.

The result exceeded expectations. The patient is currently continuing treatment. The state of health is good.

Conclusions:

1. Use of the drug "Syvstar" and the systemic-nosological approach proved to be effective for the treatment of trophic ulcers of the leg.
2. Compared to the treatment results expected in the case of use

orthodox therapy, the healing time of a trophic ulcer has significantly decreased. Moreover, it is likely that it was precisely the therapy with the use of the Syvstar drug that made it possible to heal an ulcer that did not respond to orthodox therapy.

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