

Erythema nodosum (case from practice)  
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Erythema nodosum is an inflammatory lesion of the skin and subcutaneous vessels of an allergic origin and manifested by the formation of dense painful inflammatory nodes of various sizes. Most often, the process is localized in symmetrical areas of the lower extremities.

Diagnosis of erythema nodosum is based on examination data, laboratory tests, radiography of the lungs, the conclusion of a pulmonologist, rheumatologist and other specialists.

Various infectious processes are the cause of the development of erythema nodosum. First of all - streptococcal infections (tonsillitis, scarlet fever, streptoderma, erysipelas, rheumatoid arthritis) and tuberculosis, less often - yersiniosis, trichophytosis, inguinal lymphogranulomatosis.

The disease can also occur due to drug sensitization. The most dangerous drugs in this regard are salicylates, sulfonamides, antibiotics and vaccines.

Erythema nodosum often accompanies sarcoidosis.

There are familial cases of erythema nodosum associated with a hereditary predisposition to sensitization of the body by infectious or other agents.

Patients with vascular disorders (varicose veins, atherosclerosis of the vessels of the lower extremities), allergic diseases (hay fever, bronchial asthma, atopic dermatitis) or foci of chronic infection (tonsillitis, sinusitis, sinusitis, pyelonephritis) are predisposed to the development of erythema nodosum with a chronic course.

The most typical localization is the anterior surface of the legs. Symmetry of the lesion is more often observed. Elements of erythema nodosum can be found wherever there is subcutaneous fatty tissue: on the thighs, calves, buttocks, forearms, face and even on the episclera of the eyeball.

In most cases, erythema nodosum has an acute onset and is accompanied by fever, anorexia, general malaise, and chills. Approximately 2/3 of patients have arthropathic joint pain (arthralgia), soreness when palpating. Subjective symptoms are accompanied by objective signs of inflammation in the joint (arthrosis): swelling and redness of the skin in the joint area, an increase in local temperature, the presence of intra-articular effusion. Articular cider is characterized by symmetrical involvement of large joints. Swelling of the small joints of the feet and hands is possible.

In total, the acute form of erythema nodosum lasts about a month. Much less often, erythema nodosum has a persistently recurrent chronic course. An exacerbation of the disease is manifested by the appearance of a small number of single bluish-pink nodes of a dense consistency, which persist for several months. Cutaneous manifestations may be accompanied by chronic arthropathy without joint deformation.

Laboratory diagnostics. In the analysis of blood: neutrophilic leukocytosis, increased ESR. Culture from the nasopharynx often reveals the presence of streptococcal infection. If you suspect yersiniosis, feces are cultured, to exclude tuberculosis - tuberculin diagnostics.

Severe articular syndrome is an indicator for consulting a rheumatologist and blood tests for rheumatoid factor.

Treatment of erythema nodosum (in classical medicine):

1. Sanitation of foci of infection - antibiotics, desensitizing therapy.
2. For relief of inflammation - non-steroidal anti-inflammatory drugs: diclofenac, nurofen, etc.
3. Local - anti-inflammatory and corticosteroid ointments, phonophoresis with hydrocortisone.

### Clinical example

Patient T., born in 1947 She applied for an appointment in November 2012 for severe weakness, sweating, depression, nodular formations on the anterior surface of the legs, malaise, stiffness in the joints. Anamnesis: a lot of stress, frequent tonsillitis, a rheumatologist has been observed for 2 years with a diagnosis of erythema nodosum of unknown etiology. Takes metipred, plakvinil (hormonal drug), hormonal ointments. The mother has a history of: erythema nodosum, osteochondrosis.

Blood analysis: HB - 138, LE - 7.2, ESR - 38 mm / g, CRP - "+".

Diagnostics using the ART method revealed: B-streptococci, Epstein-Barr virus, herpes type 1, parasites, fungi. Depression, depletion of the immune system.

The treatment was carried out: exogenous BRT - 2 courses, 7-day course of body cleansing according to the Eliseeva method, induction programs. Homeopathic treatment: rus toxicodendron C30, lycopodium C6, i / m hepar compositum No. 10. After 3 months, the patient's nodular formations decreased, ESR was 25 mm / g, the range of motion in the joints expanded. The general condition has improved, sweating has decreased significantly, and the emotional state is comfortable. After 6 months: the general condition is satisfactory, the strength has increased, the joints do not bother. In the analysis of blood ESR - 13 mm / g.

She stopped taking metipred (in a decreasing pattern), does not use hormonal ointments, and there are no subcutaneous nodes.

Recommendations: continue taking homeopathic remedies.

I came to the next appointment in January 2014, no complaints, but ESR is 32 mm / g. When diagnosed by the ART method - B-streptococci, Pseudomonas aeruginosa. Exogenous BRT, purification by the method of Eliseeva OI, high dilution of sodium muriaticum C200 - once was carried out. After 3 months, the tests returned to normal, he feels well, there are no nodular formations. Reappointment after 6 months. The patient has no signs of the disease.

### conclusions

Etiotropic treatment with the use of exogenous BRT, cleansing the body, adherence to dietary recommendations, taking homeopathic medicines leads to the cure of erythema nodosum without hormonal therapy, antibiotics and

physiotherapy.

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Tairova, Z.B. Erythema nodosum (a case from practice) / Z.B. Tairova // XXI International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M.: IMEDIS, 2015. -- S. 349-351.

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