

Experience in the use of "WALA" preparations from the drug selector "IMEDIS" in the treatment of osteoarthritis

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Osteoarthritis (OA) is a chronic progressive joint disease characterized by primary degeneration of the articular cartilage with subsequent changes in the subchondral bone and the development of marginal osteophytes, accompanied by reactive synovitis.

It has been predicted that in 2020 osteoarthritis will become the fourth most common cause of disability. It has been established that in the Russian Federation 35% of patients die within a year after a fracture of the proximal femur, 20% become disabled [3].

Distinguish between primary and secondary OA. Primary (idiopathic) OA develops in the peripheral joints, most often in the distal and proximal interphalangeal joints of the hands (with the formation of Heberden and Bouchard nodules), 1st carpometacarpal, 1st metatarsophalangeal, hip and knee joints, intervertebral discs and joints, especially the cervical and lumbar regions. Secondary OA develops as a result of trauma, congenital dysplasia of the musculoskeletal system, endocrine diseases (acromegaly, hyperparathyroidism), metabolic disorders (ochronosis, hemochromatosis, gout) and other diseases of bones and joints (rheumatoid arthritis, infectious arthritis, aseptic bone necrosis) [1].

Joint inflammation is also associated with the level of cytokines, which are often found in the synovial fluid of patients with arthrosis. Cytokines, in particular interleukin-I, stimulate chondrocytes and lead to an increase in the synthesis of metal and serine proteases. In addition, cytokines are capable of inhibiting the synthesis of the most physiological inhibitors of enzymes and blocking the synthesis of the main elements of the matrix - collagen and proteoglycans. A decrease in the level of inhibitors and an increase in enzymes lead to an increase in the activity of the sum of proteases, which, in combination with inhibition of matrix synthesis, leads to degeneration of cartilage and the development of arthrosis [3, 7].

Pain in osteoarthritis can be continuous, aggravated by mechanical stress, at the beginning of movement with "starting pains". Pain may increase due to the appearance of synovitis, spasm of nearby muscles.

The American College of Rheumatology (ACR) criteria for a diagnosis of hip OA requires hip pain and two of the following three:

- ESR <20 mm / h;
- X-ray detectable osteophytes of the femoral head or acetabulum;
- radiographically detectable narrowing of the joint space (in the upper, axial and / or medial region).

In the treatment of osteoarthritis, agents that slow down bone resorption are used: bisphosphonates, estrogens, calcium; stimulants

bone formation: fluorides, parathyroid hormone; multidimensional means: vitamin D, strontium salts [4, 5, 6]. All of the above means give an increase in bone mass of no more than 10%. Thus, the search for new approaches to the treatment of osteoarthritis is highly relevant.

The anthroposophic approach to the treatment of osteoarthritis makes it possible to relieve pain, restore bone tissue, carry out anti-inflammatory therapy, and stop excess mineralization [2]. The anthroposophic approach to the treatment of patients is based on the theory of the effects on the physical body, etheric, astral and spiritual. As a result of multi-level exposure, a deep therapeutic effect is achieved without side effects and homeopathic exacerbations.

There are preparations of animal (Apis, Formica, Vespa crabro), vegetable (Mandragora, Betula, Eguisetum, Levisticum, Arnica, Pulsatilla, Symphytum, Aesculus, Viscum mali, Bryonia, Rus tox comp, Aconitum comp) and mineral origin (Stannum, Silicium, Sulfur, Stibium, Antimonit), complex preparations (Symphytum comp, Stannum met. D14, Allium cepa D3, Arnica e planta tota D3, Symphytum e radice D2).

The drugs are chosen depending on the predominance of the primary degenerative process or proliferative cell inflammation. For acute inflammatory reactions, Apis mellifica, Formica rufa is chosen. Formic acid is taken with combined damage to the lungs, nervous system, Apis is most active for connective tissue in combination with vascular damage, with exudative manifestations. These drugs are combined with organ products for joints, ligaments, articular bags (Articulatio coxae Gl, Tendo Gl, Nervus ischiadicus Gl and Periosteum Gl). Tin and silicon are active in the softconnective tissue. Degenerative processes of the joints are treated with tin, as well as with combined cirrhosis of the liver. Silicon is prescribed with a decrease in thermal processes, chills, and the formation of a hygroma.

Betulla / Arnica is used for muscle pain. This drug stimulates venous blood flow, prevents tissue compaction. The drug stimulates protein metabolism and removes protein breakdown products through the kidneys, prevents excessive mineralization. Cartilago / mandragora comp stops the continuously progressive inflammatory process in the cartilage, for this purpose antimonite is also used. Viscum mali is used to "warm" the joints. This drug stimulates connective tissue, the best effect is obtained when using injectable forms [2].

Twelve patients (10 women and 2 men) were treated with a diagnosis of osteoarthritis, 5 of them were diagnosed with hip necrosis (2 men aged 52 ± 11 years; 3 women aged 56 ± 5 years). To make a diagnosis, OA of the hip joint was made according to the criteria of the American College of Rheumatology (ACR). Pain syndrome was assessed by VAS, functional activity of joints - by Lequesne index, leukocytosis, ESR, CRP, X-ray images of patients were studied. Radiological data were evaluated according to Lestgren.

The therapy was carried out for 9 months. The drugs were used:Articulatio

coxae Gl D6, Equisetum / Stannum and Nervus ischiadicus D6, as well as Levisticum e radice D6, one injection 2 times a week, Tendo Gl, Nervus ischiadicus Gl and Periosteum Gl), alternating with Symphytum comp.

The therapy made it possible to reduce pain syndrome, swelling of small joints, and synovitis. After discharge from the hospital, patients were able to refuse NSAIDs, muscle relaxants, concomitant drug therapy. The effectiveness of therapy increased up to 6 months of treatment. Mild pain syndrome persisted in patients with stage III according to Lestgren. In all patients after 9 months. necrosis of the femoral head was not radiologically determined, osteoarthritis persisted, according to MRI data, pain was relieved in 11 patients, functional activity of the joints improved in all patients.

Thus, anthroposophic drugs can be successfully used in the complex therapy of osteoarthritis.

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