An integrated approach to the treatment of prostatitis and prostate adenoma

A.E. Kudaev[1], N.K. Khodareva[1], T.I. Rozanova[2], B.T. Kolesyankin, A.N. Rozanov[3]
([1]MCIT "Artemis", Rostov-on-Don, [2]Medical center "RADA" [1]"Materia Bio Profi Center ", Yaroslavl, Russia)

Prostatitis (lat. prostatitis; anat. prostata - prostate gland + -itis -inflammation) is a term that defines inflammatory lesions of the prostate gland.

Prostatitis is a fairly common disease, and, for example, in the United States it accounts for 8% of all urological diseases and 1% of the reasons for the first visit to the doctor [1]. Prostatitis is often combined with urethritis, vesiculitis, and in old age - with benign prostatic hyperplasia.

Currently, the causes of the development of prostatitis are divided into two large groups:

1. Non-infectious (stagnant) (decreased immunity, hypothermia, decreased physical activity, a sedentary lifestyle, prolonged sexual abstinence and vice versa, excessive sexual activity, alcohol abuse, etc.).

2. Infectious - sexually transmitted infections (penetration into prostate tissue of the pathogen - microbes, viruses, bacteria, fungi, etc.); the presence of foci of chronic infection (chronic tonsillitis, sinusitis, kidney pathology); operations on the pelvic organs, etc.).

The development of prostatitis is promoted trauma, violation blood and lymph circulation in the pelvic organs, hormonal disorders (absolute or relative androgen deficiency). In addition, the psychosomatic component plays an important role in the development of the disease - psychoemotional factors, stress.

Thus, it is emphasized that the isolated entry of the pathogen into the tissues of the organ is not always and may not necessarily be the cause of the development of the disease. The most frequently identified pathogen is Escherichia coli (86%), followed by Klebsiella, Proteus, Enterococci, Pseudomonas aeruginosa. With regard to streptococci, staphylococci, chlamydia, mycoplasma, ureaplasma, the opinions of researchers about their importance in the development of the disease differ. It is extremely rare that specific pathogens (treponema pale, Koch's bacillus, etc.) become the causes of prostatitis [1].

An approximate algorithm for the diagnosis of bacterial prostatitis is as follows:

1. The physician's assessment of the patient's clinical condition.
2. General clinical examination of urine, culture of urine for microflora.
3. Diagnosis or exclusion of sexually transmitted infections.
4. Uroflowmetry, monitoring of the circadian rhythm of urination.
5. 4-glass test according to Meares.
6. Microscopic examination of the secretion of the prostate gland; determination of PSA (prostatic specific antigen).
7. Ultrasound examination of the prostate and pelvic organs, abdominal

cavity and retroperitoneal space.

8. Survey urography.

9. "Trial" antibacterial treatment for symptoms of inflammation [2].Prostate

adenoma. Adenoma (lat. adenoma from other Greek. ἀδήν -gland + -ομα - tumor) is a benign tumor originating from the glandular epithelium. It is found in all organs where the glandular epithelium is represented. In this regard, the structural features of the organ affect the structure of the adenoma. The course and clinic of the process depend on the characteristics of localization, growth rate and size of the adenoma [2].

Benign prostatic hyperplasia (BPH), previously called prostate adenoma, prostate adenoma is a benign formation that develops from the glandular epithelium or the stromal component of the prostate. In this case, a small nodule (or nodules) forms in the prostate, which grows and gradually compresses the urethra. As a result of this compression, there is a violation of urination. BPH has benign growth, that is, it does not metastasize. This fundamentally distinguishes BPH from prostate cancer. The main reference point for the onset of malignant transformation of the prostate gland is the level of prostate specific antigen.

Diagnosis of prostate adenoma is based on the typical complaints of men (for their standardization, the International Scale for the Assessment of Prostatic Symptoms - I-PSS is used), clinical examination of the patient and such research methods as:

1. Finger (palpation) rectal examination of the prostate gland.

The method gives an idea of the size and consistency of the prostate gland, pain, the presence of a groove between the lobes of the prostate (it should be normal).

2. Laboratory research. Includes general urine analysis, biochemical blood test, determination of the level of PSA (prostatic specific antigen) in the blood.

3. Ultrasound examination allows you to give an idea of the size each lobe of the prostate gland, the state of its parenchyma (the presence of nodules, stones), the presence of residual urine. Transrectal ultrasound (TRUS) is a modification of prostate ultrasound.

4. Uroflowmetry objectively evaluates the rate of urination.

5. X-ray research methods - survey methods

X-ray (without contrast) and excretory urography (with the use of contrast) can determine the presence of complications of the course of prostate adenoma: kidney and bladder stones, expansion of the renal pyelocaliceal system and the formation of their diverticula.

There are many treatments for benign prostatic hyperplasia. They are quite diverse, but not always effective. These methods can be divided into three groups:

1. Medical treatment.

2. Operative methods of treatment.

3. Non-operational methods [2].

The purpose of our work was to develop an integrated approach to treatmentprostatitis and prostate adenoma.

Study design

On the basis of the medical centers "Artemis" (Rostov-on-Don) "RADA", "Materia Bio Profi Center" (Yaroslavl), in-depth work was carried out to assess the complex treatment of prostatitis and prostate adenoma in 150 men aged 45 to 60 years old. Diagnostics was carried out using the method of autonomic resonance test (ART) with the definition of a key weak organ according to the author's method of multilevel systemic adaptive diagnostics and therapy (MCADT) [3]. IRADT was performed on the apparatus of the company "IMEDIS": IMEDIS-BRT-PC registration certificate of the Federal Service for Supervision of Healthcare and Social Development No. FS 022a 3066 / 0414-04, as well as the apparatus "Golden Section" (authoring by MCIT "Artemis") [3].

Bioresonance therapy was carried out according to the MCADT algorithm in several stages.

Stage 1. Identification of pathogens: chlamydia, Trichomonas, gonococcus, etc. with subsequent manufacture of the drug “targeted blood nosode” [3].

Stage 2. To increase the blood supply to the pelvic organs weredrugs used: drug number 3 or drug "Viagra".

Stage 3. The preparation "response 3 "with the use of drugs of an event level:" will to win "," masculinity "," career growth ", which contribute to an increase in the level of testosterone in the blood.

Stage 4. At this stage, the native preparations "beaver fat" are added and "castoreum". Multicomponent preparations "beaver fat" and "beaver stream" are made according to the author's method of B.T. Kolesyankina.

Method of using drugs:

The drug "Beaver Stream" is prescribed 1 ml 2 times a day orally for 7-10 days.

The preparation "Beaver fat" is necessary to lubricate the perineum and scrotum daily at night.

After 10 days of treatment according to this scheme, as a rule, urination and the fullness of the stream when urinating are normalized, the frequency of urge to urinate is normalized. Further, the dosage of the drug "beaver stream" is reduced to 1 ml at night and taken within three months.

The combined use of natural preparations "beaver stream" and "beaver fat" can improve the effectiveness of treatment by 30%.

Stage 5. Basic exercises to stimulate the blood supply to organssmall pelvis.

Methodology:

1) Compression - opening the anus 100 times a day.

2) "Walking" on the buttocks on the floor for five minutes.

3) Lying on your back, raise the pelvis up and rotate the pelvis into one side 10 times and 10 times to the other.

4) Lying on your back, squeeze and unclench the pelvis.

Stage 6. Consultation with an osteopath is recommended (if indicated).

Stage 7. A course of hirudotherapy is recommended: leeches are placed on the area coccyx, sacrum and liver, additionally one leech - in the middle of the perineum [4].

To confirm the diagnosis, follow-up and control the results of treatment, ultrasound and laboratory data were used.

Output

Combined complex therapy allows you to get results for the cure of prostatitis and prostate adenoma, as well as restore potency in 75-80% of cases.

Literature

1. Blades N.A. Urology manual. - M., 1998, volume 1-3.

2. Lopatkin N.A. Benign prostatic hyperplasia. - M., 2000.

3. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel system adaptive diagnostics and therapy. - Rostov n / a: Publishing house SKNTs VSh SFU APSN, 2010. - 376 p.

4. Savinov V.A. Hirudotherapy. SPb .: Publishing house "Krylov", 2004. - 432 p.

An integrated approach to the treatment of prostatitis and prostate adenoma / A.E. Kudaev, N.K. Khodareva, T.I. Rozanova, B.T. Kolesyankin, A.N. Rozanov // XXII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M .: IMEDIS, 2016 .-- S.156-159.

To favorites