

Articular Syndrome and Possibilities of its Correction with BRT

K.G. Khachumova

(Medical Center "Life Force", Moscow, Russia)

The most common diseases leading to pain and limitation of joint mobility include: rheumatoid arthritis, osteoarthritis, gout, reactive arthritis, ankylosing spondylitis.

For the treatment of these diseases, the Ministry of Health has recommended standards, and every year modern science introduces new chemical preparations, but not only the patients have not been cured, but a further increase in the incidence is observed.

In the clinic, one has to see patients with polyvalent allergies, when the only means of relieving pain is metipred, which destroys the joint and does not relieve, but only dulls the pain. Another contingent of patients is patients who are not sensitive to the therapy, who receive everything according to the standards, but the disease is steadily progressing. These facts were the reason for an alternative approach to the treatment of the above diseases.

Patients with reactive arthritis (ReA) account for 10% of patients in rheumatology hospitals [1], and the share of urogenic arthritis accounts for 50–75% of all ReA.

The term "reactive arthritis" is used to denote aseptic inflammation in the joints, which has developed in close connection with any infection. In this case, the pathogen and its antigens cannot be detected in the joint cavity [2]. The causative agents of urogenic arthritis are chlamydia, mycoplasma, ureaplasma.

Chlamydia infection in healthy men and women is 5–10%, in patients with urinary tract disease it is detected in 20–60% of cases. Ureaplasma infection is isolated in 30–50% of patients with urogenic arthritis.

In the pathogenesis of arthritis associated with infection, there are 2 phases: infectious (early) and immunopathological (late). In the late phase of the disease, microbial antigens are rarely detected.

Chlamydial persistence maintains the inflammatory process and makes standard anti-inflammatory therapy for arthritis ineffective.

In connection with the above data, new approaches to the treatment of ReA based on bioresonance therapy (BRT) are highly relevant.

In recent years, 34 patients with reactive arthritis have been treated in the hospital. Chlamydia was diagnosed in 24, arthritis was associated with intestinal infection in 3, yersinia and ureaplasma infection were detected in 7 patients. All patients were treated in a hospital with the inclusion of antibacterial and anti-inflammatory therapy, in severe cases - hormonal therapy, basic therapy. After 3 weeks of treatment, the patients had hyperthermia in 9% of cases, joint pain - 45%, synovitis - 12%, limitation of mobility of more than 3 joints - 26%. After discharge from the hospital, the patients continued to be monitored for 6 months and were divided into 2 groups: group 1 - those who continued taking the drugs prescribed in the hospital, group 2 - who received BRT, homeopathic medicines, sorbents, enzymes.

Table 1

Dynamics of the studied parameters against the background of the therapy

Study timing	1 month		3 months		6 months	
Study groups	1 gr.	2 gr.	1gr.	2 gr.	1 gr.	2 gr.
Pain in more than 3 joints	36%	eighteen %	thirty %	-	15 %	-
synovitis	eleven %	ten %	6%	-	3%	-
Limited joint mobility	19 %		17%		nine %	
ESR more than 20 mm / h	40%	37%	28%	19 %	23%	eleven %

According to the study, it was revealed that the use of BRT allows to achieve a clinical effect at an earlier date, the absence of a protracted and chronic course in the study group of patients. In addition, the absence of side effects of drugs, allergies during treatment proves the advantage of this therapy in patients with reactive arthritis.

Osteoarthritis (OA) is a chronic progressive joint disease characterized by primary degeneration of articular cartilage with subsequent changes in the subchondral bone and the development of marginal osteophytes, accompanied by reactive synovitis [3]. Another name is also widely used

diseases - "osteoarthritis" - due to the frequent detection of accompanying signs of inflammation. Osteoarthritis is the most common joint disease affecting both men and women; develops more often in men over the age of 45 and in women over the age of 55.

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), the 1st carpometacarpal, 1st metatarsophalangeal, hip and knee joints, the intervertebral discs and especially the joints 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) [6].

The nature of pain in osteoarthritis can be continuous; aggravated by mechanical stress, at the beginning of the movement with "starting pains".

We studied 36 patients with osteoarthritis of the knee and hip joints at the age of 58 ± 13.6 years old. Women - 22, men - 14. Of them, 12 people with synovitis of the knee joints. Pain syndrome was assessed according to VAS, functional activity of joints - according to Lequesne index, leukocytosis, ESR, CRP, X-ray images of patients were studied. Radiological data were evaluated according to Lestgren.

According to ART, organs with low functional activity, the presence of electromagnetic, radiological, bacterial, viral, mycotic burdens were determined.

The patients were hospitalized, where they received NSAIDs, muscle relaxants. From the 14th day of hospitalization, BRT was added to the complex therapy according to A.A. Hovsepyan. The therapy was carried out for 6 months. after discharge from hospital with monthly examination of patients.

table 2

Change in indicators in primary osteoarthritis (n = 36)

	ESR	L	CRB	Lequesne index	YOUR
Before treatment	10.2 ± 3.5	6.2 ± 2.1	16.2 ± 2.2	nine	50
After 1 month.	8 ± 2.2	6.1 ± 1.4	14 ± 2.0	eight	44
After 3 months.	6 ± 0.9	5.9 ± 1.7	10.2 ± 2.5	7	40
After 6 months.	4.6 ± 1.1	5.5 ± 1.4	8 ± 2.5	4	36

In the study of ART, functional weakness of the pancreas was noted in 88%, liver - 65%, small intestine - 58%, large intestine - 72%. Herpes virus was tested in 55% of patients, 71% - Epstein-Barr virus, 47% - cytomegalovirus, 44% - chlamydial infection in high potencies, 33% - Yersinia infection, 25% - toxoplasmosis, 28% - streptococci. In all patients, geopathogenic and electromagnetic loads of varying severity were tested.

The therapy made it possible to reduce pain syndrome, swelling of small joints, and synovitis. After discharge from the hospital, 65% of patients were able to refuse NSAIDs, muscle relaxants - 84%, concomitant drug therapy - 64%. The effectiveness of therapy increased up to 6 months of treatment. Mild pain syndrome, mild, persisted in patients with stage III according to Lestgren.

Considering that therapy aimed at removing toxins, viruses, bacteria had a positive effect on patients with osteoarthritis, it can be assumed that this disease has an inflammatory component, which is confirmed by data from foreign studies on an increase in pro-inflammatory cytokines in these patients. The decrease in the controlled parameters reflects the positive effect of BRT on the course of osteoarthritis (Table 2).

Gout is a chronic disease associated with impaired metabolism of uric acid, clinically proceeding with recurrent arthritis, the formation of gouty nodes (tophus) and damage to internal organs [4].

There are 4 clinical variants of the disease: acute gouty arthritis, interictal gout, chronic recurrent arthritis, tofus gout.

The reasons for the formation of crystals, which are deposited in the form of deposits of various sizes, called tofuses, are still not fully understood. Small tophuses are found in many organs and tissues already at the onset of the disease, and in the case of a chronic course of gout, large subcutaneous tophuses are gradually formed, usually in the area of the auricles and joints. However, it has been proven that the main risk factor for the development of gout is a high level of uric acid: the likelihood of developing gout with a serum level of uric acid (MC) > 540 mmol / L is 45 times higher than in persons with a level of uricemia < 420 mmol / L.

We used bioresonance therapy as an alternative means to remove excess

uric acid and analgesic effect. In 25 patients, complex therapy was used with the inclusion of drainage preparations from the company "OHOM", the use of frequency therapy, bioresonance therapy according to the method of A.A. Hovsepyan. Bioresonance therapy was prescribed in combination with nonspecific anti-inflammatory drugs (diclofenac, nise), allopurinol 300 mg. In 5 patients, the use of uricosurics was impossible due to drug intolerance. The appointment of bioresonance therapy allowed the level of uric acid to be reduced to normal values. The inclusion of bioresonance therapy in the complex of gout treatment made it possible to quickly reach normal levels of uric acid, to more completely stop the pain syndrome without side effects.

Thus, the use of BRT is very important in the treatment of gout, gouty arthritis.

Rheumatoid arthritis (RA) is one of the most severe human diseases, the basis of which is chronic proliferative synovitis, damage to internal organs and systems (vasculitis or granulomas), with long-term persistence of inflammation and the gradual destruction of joint structures and periarticular tissues. During the first 5 years of the disease, more than 40% of RA patients still become disabled [5, 8]. In addition, many authors report that RA reduces the life expectancy of patients by an average of 10 years. The search for new approaches to the treatment of this disease is very urgent.

The aim of the study was to study the effect of BRT in combination with homeopathic medicines on the course of rheumatoid arthritis at an early stage of the disease.

BRT was carried out on the hardware-software complex of the company "IMEDIS", in the complex therapy, drainage preparations from the company "ONOM" were used. The therapy was carried out throughout the year with a frequency of repeated examinations every 3 months. The classical scheme of therapy included NSAIDs, vascular drugs, muscle relaxants, basic drugs. 22 people were studied with a traditional treatment regimen and 20 - against the background of complex therapy.

A month after the start of the therapy, good results were obtained in the 1st group in 48% of patients, in the 2nd group - in 62%; satisfactory results of treatment: in the 1st group - 44%, in the 2nd - 35%; unsatisfactory: in the 1st group - in 8%, in the 2nd - in 3%. The nature of pain in the 1st group decreased according to the VAS from 55 mm to 30, in the 2nd group - from 56 mm to 22. The DAS index decreased during therapy in the 1st group from 6.4 ± 0.8 to $4, 9 \pm 0.6$; in the second - from 6.3 ± 0.8 to 4.1 ± 0.5 . ESR in the 1st group did not significantly decrease, in the 2nd group there was a significant decrease by 24%. CRP remained elevated in both groups.

After 6 months from the start of treatment, according to X-ray data, in the 1st group, 44% showed an increase in the number of usurs, in the 2nd group, the number of usurs increased in 26%, and in 1 patient their number decreased. After 12 months, the ESR and CRP indices returned to normal in 55% of the 1st group, and 82% in the 2nd group. At the same time, in the first group, intolerance to basic therapy was noted in 12% of patients, which was expressed in nausea, deterioration of biochemical parameters, blood o / a parameters, while in the 2nd group, no intolerance to therapy was noted.

Thus, the combination of traditional therapy with BRT and drainage homeopathic medicines made it possible to improve the results of treatment.

Ankylosing spondylitis is observed exclusively in men, the onset of the disease - in 20-40 years. Most patients have the HLA-B-27 leukocyte antigen. The inflammatory process affects mainly the sacroiliac joints and small intervertebral discs, to a lesser extent - the peripheral joints. The incidence is about 1: 1000 people. Clinic: pain (often at night) and gradually increasing stiffness in the lumbosacral region, hip joints. The pain is worse with concussions (driving in vehicles). There may be "paradoxical sciatica" - lower back pain worsens after rest and decreases with movement. Already in the early stage of SA, smoothing of lordosis and limitation of the range of motion in the spine are objectively revealed. Soreness of the sternoclavicular joint is determined. Iritis and iridocyclitis were found in 20% of patients [7]. Fever may be present. In peripheral blood - moderate leukocytosis or normal, a slight increase in gamma globulins, antistreptolysin - 0, ESR is often increased to 50-60 mm / h. RHF: bilateral sacroiliitis (at a late stage - ankylosis), calcification of the anterior and lateral longitudinal ligaments of the spine up to the formation of a "bamboo stick".

In 16 patients (group 1), BRT underwent complex treatment according to the method of A.A. Hovsepyan. The control group (group 2) underwent standard treatment. Against the background of the therapy, there was a more rapid relief of pain syndrome, normalization of laboratory parameters. In 3 patients with the onset of the disease, the ESR decreased from 30 ± 2 mm to 7 ± 1.4 mm, the pain syndrome was completely stopped and the functional activity of the joints was restored.

Table 3

The result of complex therapy, including BRT

Diagnoses	Quantity patients		improvement		Long-term remission		No improvement	
Rheumatoid arthritis	22	21	twenty	eighteen	eighteen	15	2	3
Reactive arthritis	34	35	32	28	thirty	22	2	7
Gouty arthropathy	25	25	24	twenty	24	twenty	1	5
Osteoarthritis	36	35	34	thirty	32	26	2	5
Ankylosing spondyloarthritis	16	16	fourteen	12	fourteen	ten	2	4

Discussions

When diagnosing by the ART method, all patients were tested for chlamydia, ureaplasma, and yersinia in combination with Coxsackie, Epstein-Barr viruses, cytomegaloviruses, strepto and staphylococci, which was confirmed by laboratory in 50% of cases. A more severe course was observed with mixed infection. As the cure progressed, the number of viruses and bacteria tested by the ART method decreased.

The positive results of treatment are due to the draining function of BRT, an increase in cellular immunity, and the normalization of metabolic processes.

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