"Complications" of herbal medicine for patients with multiple sclerosis

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“Complications” of phytotherapy of multiple sclerosis patients

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SUMMARY

Permanent phytotherapy of patients with multiple sclerosis with infusions of individually selected polycomponent preparations makes it possible to stop the manifestations of constitutional and symptomatic asthenia, and increases reproductive functions. A third of childless women with multiple sclerosis have given birth to healthy children.

Key words: phytotherapy, multiple sclerosis, symptoms of asthenia, infertility.

RESUME

The constant phytotherapy of patients with sclerosis dissiminata by infusions of polycomponent, personally composed medical plants reduces the constitutional and reactive asthenic symptoms and raises reproductive function. One third childless women with sclerosis disseminate delivered healthy children.

keywords:phytotherapy, sclerosis disseminate, asthenic symptoms, futility.

INTRODUCTION

scattered sclerosis (RS) the most common autoimmune disease neurodegenerative disease of the central nervous system of young patients, predominantly women, characterized by an unpredictable course, different rates of progression, disability of people of working age in the final and is currently considered incurable [3, 8, 18]. Since girls and young women are most often ill, the question of the possibility of pregnancy and childbirth is acute. In the case of a progressive course of MS with a severe neurological deficit and impairment of motor functions, such a question is not even raised, but in cases of a relapsing course, patients stubbornly ask it to neurologists, sometimes wanting to have a baby at any cost. Over the past 20 years, the tactics of neurologists have changed. If earlier conception, pregnancy and childbirth were considered absolutely contraindicated due to observed exacerbations, including severe ones, disabling, today, with a stable remission, neurologists consider it possible to have a child. This topic is extremely relevant for the reason that most women with MS are young, and many of them are childless. The prohibition of pregnancy and childbirth leads to the realization of inferiority, family disintegration, divorce, severe stressful situations, often provoking severe exacerbation of MS. Back in 1997, an attempt was made to explain the mechanisms of the favorable effect of pregnancy on the course of MS [19] by the production of immunosuppressive substances α-2-fetoprotein, α-glycoprotein associated with pregnancy, human chorionic gonadotropin, as well as Th2-cytokines produced by the placenta and suppressing the activity of interleukin- 2, interferon-gamma, tumor necrosis factor, adversely affecting pregnancy and the course of MS.

pregnancy is a special condition with the mobilization of a wide range of autoprotective processes and in this respect resembles the state of non-specifically increased body resistance (SNPS) achieved with the help of classical phytoadaptogens and other medicinal plants [10, 11, 14].

Today, hopes for the prevention of relapses are pinned, in addition to the relatively recently introduced into practice glatiramer acetate (Copaxone), mainly on β-interferons in their various modifications, calling them drugs that change the course of MS (PMMS). However, even in the debut, excuses were brought regarding the possible inefficiency and one-sidedness of the method. Persistent introduction, intrusive advertising of DMTRS with a clear overestimation of effectiveness and underestimation of the severity of side effects causes some bewilderment [20]. Difficult for the patient, long-term injection of β-interferon by a feedback mechanism inhibits its production in a patient with MS. The species specificity of β-interferon revealed the impossibility of using it in hamsters, and the recombinant drug (infabeta, rebif) causes severe hyperthermia in a significant proportion (40-53%) of patients, a flu-like syndrome, often not relieved by NSAIDs, leaving no hope for the mobilization of reproductive functions and leading to the rejection of DMT. The formation of antibodies to β-interferons [13, 18] and their hepatotoxic effect with an increase in blood levels of enzymes from degrading hepatocytes are well known. Finally, a number of authors acknowledge the lack of tangible benefit from the prophylactic administration of DMTs [12, 15], or at least the insufficiency of such therapy. I omit the discussion of immunosuppressive therapy, considering it ill-conceived, highly toxic, leading, as the vast majority of patients note, to serious complications, including a sharp decrease in libido, frigidity, impotence, impaired spermatogenesis, menstrual cycle up to its absence.

In contrast to the above methods, phytotherapy with infusions of polycomponent preparations allows not only to avoid complications, but also to stop them in the treatment of PIMS, to achieve long-term and even indefinite remissions, to have a positive gonadotropic effect in accordance with the theory of SNPS, constantly confirmed in practice. Unfortunately, phytotherapy, the basic discipline of traditional medicine, which makes it possible to achieve results incomparable with accepted methods [1], is not mentioned at all in monographs, articles, and congress materials. A single report on the experimental study of curcumin and turmeric rhizome extract [4, 5], positive in general, still raises some objections: ethanol in the preparation, to study the well-known pharmacology of ethyl alcohol [1]; 2) traditional medicines use not only a substance, some preparation from one plant, but blocks of synergistic plants, multicomponent preparations, which, most likely, is the reason for their high efficiency [6, 16, 21].

The task of studying the possibilities of phytotherapy in MS was set before me more than 20 years ago by Natalya Petrovna Bekhtereva, Academician of the Russian Academy of Sciences and the Russian Academy of Medical Sciences, founder and scientific director of the Institute of the Human Brain.

Purpose of the work: to trace the influence of phytotherapy on the reduction of some symptoms of those diseases and conditions of the reproductive sphere in women who

are classified as concomitant, in patients with MS.

MATERIAL AND RESEARCH METHODS

In 200 patients with remitting MS aged 17 to 52 years (150 women, 50 men), the presence or absence of symptoms of interest to us, both neurological and other. Excluded intermittent, episodically treated, many out-of-town, all foreign patients, even if the result of PT was positive. MS was considered verified in the presence of appropriate MRI data [18], evoked visual potentials (not in all cases), clinical and anamnestic data (as a rule, there was more than one hospitalization in neurology departments). Revealing the symptoms of the so-called concomitant diseases, paid attention to constitutional asthenia, pathology of the gastrointestinal tract, hepatobiliary, cardiovascular, bronchopulmonary, urinary systems, psycho-emotional status. Particular attention was paid to the reproductive sphere, on violations of which the patients focused their attention. Almost every deviation from the norm influenced the composition of the personally selected collection. Prevailing in other nosologies, the appointment of typical fees without taking into account gender, age, personal, constitutional characteristics, the course of MS, the so-called concomitant diseases and other nuances, I consider it erroneous. If the collection was based on plants with proven cerebroprotective, desensitizing, and stress-limiting activity [1], then, in addition, vasoactive, mood-modulating, and positively affecting the reproductive species were included [2]. Combined action in all of the above areas, of course, is possible for one plant (classical phytoadaptogens), but even more so for a block of synergists, which is commonly used in all systems of traditional medicine. In the individual selection of plant compositions, an arsenal of at least 350 species was used. The assigned plants were divided into 2 collections: the 1st one consisted of dense, hard parts (roots, rhizomes, bark, less often fruits, aerial part of shrubs) and required boiling, preparation of a decoction according to the principle of Tibetan [6, 16, 21], Chinese and others traditional medicines, soft parts of plants, essential oil, spicy-aromatic species were placed in the 2nd collection. It was added to the decoction of the first collection for 5–7 minutes. until the end of the heat treatment, after which this decoction-infusion, together with the raw materials, should be poured into a thermos. Patients preparing it on an outpatient basis daily, it was prescribed to take the infusion warm, filter before use. The frequency of reception was not timed to the opening of a particular channel, but the principle "the more often the better" was recommended. Thus, it is absurd to demand that the patient wake up at night and take an infusion during the opening of the liver channel, since one should sleep at night. The recommendation to take the infusion only before infrequent meals in real life is also not necessary. In the presence of dyspeptic phenomena, it will not be a mistake to take it after meals, in the interdigestive spaces. Taking the largest amount of infusion 150–200 ml was recommended in the morning [6, 16, 21]. The principles of compiling fees, simple rules for preparing a decoction-infusion at home and its constant, long-term intake are described in detail earlier [1, 2]. All patients were advised to keep

strong mobility, exercise, moderate physical needs additional to the basic At massive PT means of treating some patients with MS were: our patented "cocktail" of adaptogens, mummy,

elements of apitherapy (honey, pollen, royal jelly), as well as manual, hirudotherapy and those elements of optimizing psychotherapy that every doctor should master [1].

RESULTS AND ITS DISCUSSION

The vast majority of MS patients are constitutional asthenics (Table 1), which, of course, will not be changed by any type of therapy, but some symptoms can be alleviated or completely stopped by individual selection of the collection components. Typical for decompensated asthenics are the absence or low level of elements of physical (and not only) culture, intolerance, fatigue, muscle weakness progressing against the background of MS, cold, icy limbs (sleep in socks, always cold), thin, sometimes filiform radial arteries , arterial hypotension compensated by tachycardia, with its inherent orthostatic phenomena, dizziness. Following to some extent the rules of homeopathy, a group of classical phytoadaptogens and a number of other plants acting synergistically with them have been identified, as constitutional remedies for asthenized patients with MS. Their appointment led to a demonstrative increase in physical endurance in 89% of patients. If earlier many of them had difficulty walking several hundred meters, then subsequently they overcame any distances, maintained their working capacity, and went on business trips. We are talking, of course, mainly about a remitting course, but in isolated cases, with a progredient course, the patient got out of bed, worked at a computer, consulted colleagues, or even acquired the ability even in a wheelchair for the first time in 6 years to go outside, drive an invalid car, continue to teach through computer. The appointment of DMTRS, especially immunosuppressants, does not pursue such goals, cannot achieve them, and rather exacerbates the symptoms of asthenia and energy deficiency. Their appointment led to a demonstrative increase in physical endurance in 89% of patients. If earlier many of them had difficulty walking several hundred meters, then subsequently they overcame any distances, maintained their working capacity, and went on business trips. We are talking, of course, mainly about a remitting course, but in isolated cases, with a progredient course, the patient got out of bed, worked at a computer, consulted colleagues, or even acquired the ability even in a wheelchair for the first time in 6 years to go outside, drive an invalid car, continue to teach through computer. The appointment of DMTRS, especially immunosuppressants, does not pursue such goals, cannot achieve them, and rather exacerbates the symptoms of asthenia and energy deficiency. Their appointment led to a demonstrative increase in physical endurance in 89% of patients. If earlier many of them had difficulty walking several hundred meters, then subsequently they overcame any distances, maintained their working capacity, and went on business trips. We are talking, of course, mainly about a remitting course, but in isolated cases, with a progredient course, the patient got out of bed, worked at a computer, consulted colleagues, or even acquired the ability even in a wheelchair for the first time in 6 years to go outside, drive an invalid car, continue to teach through computer. The appointment of DMTRS, especially immunosuppressants, does not pursue such goals, cannot achieve them, and rather exacerbates the symptoms of asthenia and energy deficiency. Their appointment led to a demonstrative increase in physical endurance in 89% of patients. If earlier many of them had difficulty walking several hundred meters, then subsequently they overcame any distances, maintained their working capacity, and went on business trips. We are talking, of course, mainly about a remitting course, but in isolated cases, with a progredient course, the patient got out of bed, worked at a computer, consulted colleagues, or even acquired the ability even in a wheelchair for the first time in 6 years to go outside, drive an invalid car, continue to teach through computer. The appointment of DMTRS, especially immunosuppressants, does not pursue such goals, cannot achieve them, and rather exacerbates the symptoms of asthenia and energy deficiency. If earlier many of them had difficulty walking several hundred meters, then subsequently they overcame any distances, maintained their working capacity, and went on business trips. We are talking, of course, mainly about a remitting course, but in isolated cases, with a progredient course, the patient got out of bed, worked at a computer, consulted colleagues, or even acquired the ability even in a wheelchair for the first time in 6 years to go outside, drive an invalid car, continue to teach through computer. The appointment of DMTRS, especially immunosuppressants, does not pursue such goals, cannot achieve them, and rather exacerbates the symptoms of asthenia and energy deficiency. If earlier many of them had difficulty walking several hundred meters, then subsequently they overcame any distances, maintained their working capacity, and went on business trips. We are talking, of course, mainly about a remittin

The main task of herbal medicine, complex natural therapy, as well as PMTRS, is also predominantly the stabilization of the patient's condition and the prevention of relapses. If a radical improvement in the patient's condition is not achieved with pulse therapy with steroids, then drug-induced metabolic, vasoactive, immunosuppressive, vitamin therapy, as a rule, does not lead to relief of numerous symptoms of decompensated constitutional asthenia. This polypharmacy is also intended mainly to help prolong remission. A high restorative effect, normalization of blood pressure, increased resistance to acute respiratory viral infections, overcoming depression and subdepression, stress vulnerability, mobilization of volitional parameters demonstrate the high effectiveness of PT in relation to those constitutional symptoms typical of MS patients, which cannot be so massively overcome by drug therapy. For example, all 8 patients who previously expressed suicidal thoughts subsequently forgot about them. Even before MS, 132 patients suffered from obstipation and sluggish intestinal peristalsis, which again should be regarded as a manifestation of decompensated asthenia aggravated by the disease. With FT, this symptom can be stopped or mitigated in the vast majority of patients, which does not go unnoticed by them. With repeated contacts, the patients themselves, immediately before a detailed survey, note the energizing, tonic effect of PT and the absence of colds. Given in table. 1 the results of PT relate for the most part to those disorders, the relief of which is only combined with the achievement of the main task - the prevention of relapses,

One of the most dramatic aspects is reproductive disorders, noted in general in 72% of women with MS. For the most part, they took place before the disease, but progressed against its background, were aggravated by pulse therapy, DMT, especially immunosuppressants. Divorce was often the cause of another exacerbation of MS. Almost a third of the patients did not have children, and the majority wanted to conceive and give birth to a child at any cost. In table. Table 2 shows the results of the high efficiency of FT in overcoming reproductive disorders.

Attempts by gynecologists to overcome them by prescribing estro- and gestagens were unsuccessful. Moreover, information about the effect of sex hormones on the course of MS is very contradictory, and therefore interference with hormonal functions is undesirable. Thus, several patients associated the onset of MS with long-term use of oral contraceptives, which, by the feedback mechanism, leads to dyshormonosis. Frigidity, noted in 58% of MS patients, is to some extent one of the manifestations of decompensated constitutional asthenia; this symptom can be mitigated or stopped in 60% of women.

Poor knowledge of the theory of SNPS, the properties of classical phytoadaptogens, which, in addition to mobilizing immunocorrective [17], antidestructive protection (antioxidant, antihypoxant, stress-limiting properties) also have a positive gonadotropic effect, excludes these highly effective drugs from the constant arsenal of neurologists. It is well known that ginseng, aralia, zamaniha, eleutherococcus, acanthopanax, magnolia vine, especially leuzea and rhodiola, have a positive effect on reproductive functions [2]. Plus, it was previously demonstrated that they are a kind of constitutional means for decompensated constitutional asthenics, in which the symptoms of decompensation include menstrual disorders up to amenorrhea (15%), which can be overcome by FT methods in most (87%) cases.

The basis for the normalization of the menstrual cycle is not only knowledge of reliable emenogogae (essentially correctors of ovarian function), but also an understanding of the biologically determined interest of many plants in the reproduction of the animals that spread them. These are almost all berries and berries, types of mistletoe, succession, burdock, burdock, plantain, highlanders, angelica and many others. Seeds of raspberries, strawberries, zamaniha, lemongrass, ginseng..., once in the gastrointestinal tract of the animal, increase germination due to enzyme-acid stratification, and then are sown with fertilizers, which expands the range of the plant.

Indisputable evidence of the effectiveness of PT is the birth of healthy children by 16 women with MS out of 47 childless. Only one of them had a severe exacerbation with subsequent disability during the feeding period (the case was published [1]). Here it is necessary to decide: the decision on conception, pregnancy and childbirth is made by the woman herself. Only in some cases, with severe MS, frequent relapses, the doctor is obliged to persistently warn about the possible consequences during breastfeeding. At this time, PT should be especially intensified. An example of the effectiveness of FT, in addition to those given in Table. 1 and 2 results, can serve as a collaboration with the head. Department of Neurology, Leningrad Regional Hospital. L.A. Zaslavsky [7] presented 30 women with MS with a recurrence rate of 1.7 per year, he, as an independent expert, observed the course of the disease in which, against the background of our ongoing PT. For 2–3 years, there was not a single relapse, 3 women (10%, as in the total sample in Table 2) gave birth to children. To illustrate such “complications” of PT in MS patients, I present

specific clinical examples.

Observation 1

Patient P.I.B. She was born on 11/27/1971. She was brought by her mother, a doctor of the regional hospital, an MRI specialist, who repeatedly observed the effectiveness of our herbal medicine in patients with MS, immediately after inpatient treatment for the onset of the disease (09/03/2002) with a dominant picture of retrobulbar neuritis. “On a series of MRI of the brain periventricularly, in the subcortical regions, in the right hemisphere of the cerebellum, in the left half of the pons, various foci of hyperintense MR signal are detected on Pd- and T2-weighted images. Some lesions have indistinct contours due to perifocal edema. Conclusion: brain demyelinating process (SD), active phase. In the study of visual evoked potentials, a conclusion was made about bilateral dysfunction of the conduction of the visual impulse in the CNS.

Table 1

The frequency of occurrence of symptoms of constitutional asthenia and the possibility their mitigation or relief during herbal medicine 200 MS patients

Синдромы, симптомы	Количество больных	в %	Количество больных с купированным или смягченным симптомом	в %
Астеническая конституция	148	74,5	0	0
Быстрая утомляемость, синдром «хронической усталости»	159	79,5	141	89
Дефицит массы	88	44	16	18
Гипотермия конечностей	136	68	48	36
Акроцианоз	92	46	25	27
Обмороки, предобмороки	32	16	30	94
Непереносимость жары, духоты, бани	138	60	42	30
Головокружения	102	51	48	47
Ортостатические явления	153	76,5	127	83
Артериальная гипотензия	142	72	109	77
Тахикардия	51	25,5	44	86
Стресс-уязвимость (анамнестически)	101	50,5	61	60
Высокая реактивная тревожность	89	44,5	24	27
Часто болеющие ОРВИ	97	48,5	79	81
Анемия	68	34	49	72
Гипергидроз	84	42	42	50
Обстипации	132	66	121	92

table 2

The frequency of occurrence of some symptoms of reproductive dysfunction in 150 women with MS and the possibilities of their mitigation or relief in case of long-term herbal medicine

Синдромы, симптомы	Количество больных	в %	Количество больных с купированным илисмягченным симптомом	в %
Снижение либидо, фригидность	87	58	52	60
Отсутствие оргазма	54	36	22	41
Отсутствие семейной жизни	36	24	4	11
Отсутствие партнера, длительное воздержание	22	15	4	18
Бездетность	47	31	16	34
Бесплодие (диагноз гинекологов)	12	8	4	33
Альгоменорея, требующая приема анальгетиков и спазмолитиков	48	32	33	69
Патология предменструального синдрома: масталгия и др. болевые симптомы, агрессия, «жор»	43	29	15	31
Аменорея в репродуктивном возрасте	23	15	20	87
Опсоменорея	22	15	18	82
Дисменорея	16	11	8	50
Прогрессирующий миоматоз	9	6	4	44
Эрозия шейки матки	9	6	3	33
Всего с нарушениями в репродуктивной сфере	108	72	68	63

Attention was drawn to: overweight, atypical for MS patients (94 kg at 173 cm height), pastosity, lethargy, obstipation, flatulence, dyspeptic symptoms, dysmenorrhea, aggravated after pulse therapy, infertility (5 years of marriage), moderate ptosis in for many years, hypotension, fatigue, moderate orthostatic phenomena. Subject to SARS (4-5 times a year) with exacerbations of chronic sinusitis. Runs a family business. The provocateur of the debut of the RS was the stress during the inspection of the tax police. Food addictions (we find out from each patient), with which he flaunts, has a few whimsical: peaches, avocados, oysters and other seafood, red fish, black caviar, martini, cognac. Intelligence is reduced: does not understand all questions, is negative, critical of “these very herbs”, extremely arrogant,

After 2 courses of herbal medicine, with complete relief of the symptoms of the disease and side effects of steroid therapy, she notes an energizing, tonic effect, increased mood, performance, and normalization of the menstrual cycle (28 days). More sociable. He categorically declares his desire to have a child at any cost, asks for help, since the 4-year experience of hormone therapy with gynecologists is negative. There is no organic basis for infertility. The husband is healthy. Decreased libido, frigidity, rare orgasms, and earlier - dysmenorrhea correspond to the picture of obesity, pastosity (myxedema?) against the background of a decrease in the functions of the ovaries and, probably, the thyroid gland, not confirmed by single analyzes of the corresponding hormones.

It is appropriate to note here that clinical observations, and not analytical data, should dominate in determining the strategy and tactics of herbal medicine. We encounter a similar dissonance with an undeniable clinical picture of MS exacerbation in patients, but the absence of negative MRI data.

An example of one of the recipes: Collection No. 1. Ural licorice root 40.0; Baikal skullcap root 20.0; Lesser duckweed 20.0; Cinnamon 10.0; Calamus rhizome 20.0; Elecampane root high 20.0; Overhead hours of wild rosemary 20.0; Overhead including shiksha bisexual 20.0; Root of peony evasive, eleutherococcus senticosus, Rhodiola rosea, Angelica officinalis 20.0 each; Root and overs. h. Leuzea safflower-like 20.0 each; Fruits of Schisandra chinensis 10.0; Rhizome of medicinal ginger, fragrant turmeric, 10.0 each; Asparagus root officinalis 20.0; Overhead h. stonecrop purple ("living water") 10.0;

Seed tops of stinging nettle 30.0; Leaf and seed of plantain large 20.0 each; Overhead hours of field horsetail 20.0; Cone berries and needles of common juniper 10.0; Overhead hours of meadow cornflower 30.0; Seeds of milk thistle spotted 20.0; Overhead hours of goat-leaved volodushka 20.0; Overhead hours of three-leaf watch 20.0.

Collection number 2. Rhizome of Valerian officinalis 20.0; Common raspberry leaf, medicinal sage, white willow, common cuff, 20.0 each; Overhead hours of a series of tripartite, St. John's wort, tarragon tarragon, n. ordinary 20.0; Flowers of meadowsweet vyazolistny 30.0; Overhead hours of field mint, oregano, creeping thyme, lemon balm, spike lavender, 10.0 each; Fruits of fragrant dill, sowing coriander, common fennel, common anise, 10.0 each; Fruits and flowers of blood-red hawthorn, 20.0 each; Overhead hours of meadow geranium, Veronica longifolia, field yarutka 20.0 each; clove buds, star anise, nutmeg, 10.0 each; Flower baskets of chamomile, calendula officinalis, 20.0 each; Rose hips cinnamon 40.0; sea buckthorn buckthorn 20.0; Leaf and fruits of common viburnum 20.0 each.

Preparation: In an enameled bowl without chipsBoil 2 tablespoons of collection No. 1 in 1 liter of water, add 2 tablespoons of collection No. 2, simmer over low heat for 5–7 minutes, drain everything with raw materials into a thermos, insist overnight. Take in the morning on an empty stomach 150-200 ml, subsequently according to the principle "the more often, the better" (6 or more times a day), before meals, in the interdigestive intervals.

There were no exacerbations after a year of phytotherapy. The patient did not get sick at all, pregnancy occurred. During pregnancy, not double, but single collections were prescribed, in which there were no uterostimulating plants, but there were antihypoxic, detoxifying, preventing miscarriage, improving placental blood supply, i.e. providing prenatal safety of the plant fetus [2].

Here is one of the options: Ural licorice root 50.0; Root of Alpine Hedysarum, Baikal Skullcap, Eleutherococcus senticosus, 20.0 each; Rhizome of fragrant turmeric, calamus, 20.0 each; Flowers of meadowsweet vyazolistny 30.0; Color. baskets of chamomile, calendula officinalis, common yarrow, 20.0 each; Flowers and leaves of lime heart-shaped 20.0 each; Common raspberry leaf 40.0; Blackberry leaf gray 30.0; Flowers and fruits of blood-red hawthorn, 20.0 each; Overhead wild strawberry, meadow mint, h. meadow geranium, tripartite succession, heart motherwort, common toadflax, 20.0 each; Fruits of mountain ash, chokeberry, 20.0 each; Rose hips cinnamon 40.0.

Cooking:1–2–3 tablespoons pour 0.5–0.8–1.0 liters of water (according to well-being, circumstances), boil quickly in an enamel bowl, simmer for 5 minutes. over low heat, drain with raw materials into a thermos.

Take warm according to the principle "the more often, the better." Details about childbirth the fetus was not reported, at present there is no contact with the patient. Self-delivery, full-term boy. In the postpartum period, at the insistence of the mother of the patient, herbal medicine was intensified. After 3 months and then the patient did not apply for a second collection, stretching the existing one for 8 months. and taking it irregularly.

After 9 months exacerbation of MS, hospitalization, cessation of breastfeeding. Here, the positive effect of massive herbal medicine is clearly visible both in relation to MS and in relation to the normalization of ovarian function, conception, bearing and birth of a healthy child.

No less obvious is the dependence of the exacerbation of the process on the independent,

unreasonable, extremely untimely termination of treatment during the most dangerous period of breastfeeding.

Surveillance 2

Patient G.E.N. She was born on April 18, 1975 in the village. Kuyvadi, Vsevolozhsky district, Leningrad region Addressed 10.03.1999 after inpatient treatment. The provocateur of the debut is “the departure of the groom”. Clinical picture: feeling of numbness in the right upper and lower extremities, sometimes in the lower abdomen, moderate, intermittent staggering when walking, "naughty hand". Neurological symptoms were mainly relieved by pulse therapy with prednisolone, plasmapheresis, and metabolic therapy. However, in the Romberg position, she is unstable, staggers when tired, abdominal reflexes on the right are reduced. Complains of episodes of dizziness, headaches (sometimes analgesics), unsteadiness, paresthesia, fatigue during daily duties (nurse), menstrual irregularities, pain in the lower abdomen after steroid therapy, confluent acne, obstipation (2–3 days), nausea , heartburn, belching sour, pain in the epigastrium and right hypochondrium (worsening after pulse therapy), uncontrolled attacks of aggression, hysterical reactions. Hypotension (90/60 mm Hg), orthostatic dizziness. With an increase in blood pressure to 110/80 (especially after prednisolone), she feels nauseous, the back of the head hurts. Intolerance to heat, stuffiness, baths. Depression. Intelligence is greatly reduced. The diagnosis was confirmed by MRI.

Within 3 years to 9 months. in the year she took infusions of varying composition, individually selected taking into account hyperandrogenism, polycomponent fees according to the type of the previously given recipe. There were no exacerbations. Stopped side effects of steroid therapy, symptoms of hypotension. A high energizing, restorative effect has been achieved. Stable in the Romberg position. Does not complain about staggering. Became more resilient. The menstrual cycle quickly returned to normal. Stopped algomenorrhea, obstipation. Regressed: acne conglobata, weather-dependent headaches, moderate decrease in abdominal reflexes on the right. She is cheerful, takes an active life position, changed her daily job to a day job (procedural nurse), got married. Wants to have a child. After 1.5 years of phytotherapy, we managed to do a free MRI of the brain: periventricular and subcortical areas are defined foci of hyperintense signal on Pd- and T2-weighted images with clear contours. There are no negative dynamics in comparison with the first MRI. Diagnosis of SD in remission was confirmed. The result of herbal medicine was conception, independent birth of a full-term, healthy baby, breastfeeding for up to a year.

Surveillance 3

Patient G.M.V. Born on 19/17/1979. Citizen of the Republic of Belarus. Sick for 8 years (after childbirth). Applied on 11/18/2011 at the age of 32 with complaints of fatigue, weakness. It is difficult to climb the stairs, put your foot on the bus step. Hard to keep working. The hairdresser. Due to insecurity, she is also forced to engage in private practice. Repeated hospitalizations following a decrease in motor abilities, ataxia. Pulse therapy stopped this symptomatology. Frightened by neurologists regarding the impending disability (typical iatrogenic), which is probably due to the vastness of the localization of foci of demyelination. Typical asthenic. Unexpressed subcutaneous adipose tissue, underweight: 58–61 kg at 168 m of height. Moderate flatulence, sometimes getting stronger. BP 110–120/60–80 mmHg,

dizziness. The gait is not disturbed in the Romberg position is stable. Pre-fainting states provoke heat, stuffiness. The bath does not tolerate, hiding from the sun. Combination of subdepression (fear of death, hopelessness) with agitation: sharp, mobile, sleeps poorly, conflict. Thin radial arteries. Ice hands feet (sleeps in socks). SARS up to 6 times a year (without hyperthermia!) with aches, rhinitis, bronchitis, conjunctivitis, frequent cystitis. Nocturia. Smokes up to 10 light cigarettes a day. The child (girl) is 9 years old. The hypomenstrual cycle is regular: 30 (3), poverty, algomenorrhea (stomach, sacrum), stopped by a combination of analgesics and antispasmodics. Complains of a decrease in libido, rare orgasms, considering them a consequence of pulse therapy. Nevertheless, he categorically declares his desire to have a second child. In pulse diagnostics: very thin radial arteries, increased pulsation on the gallbladder channel (severe pain during percussion of the gallbladder point), on the projections of the ovaries, the pulsation is symmetrical. Expanded veins of the tongue, hemorrhoids. MRI (see below) reveals numerous “plaques” in various parts of the brain, in the cervical spinal cord, which do not accumulate contrast, which nevertheless requires massive, permanent PT, is a poor prognostic sign, and therefore conception is hardly indicated.

An example of one of the recipes.

Collection No. 1: Ural licorice root 40.0; Baikal skullcap, high elecampane, evasive peony, prickly eleutherococcus, rosea rhodiola, safflower-like leuzea, marshmallow officinalis, 20.0 each; ginseng, zamanihi high, burdock, 10.0 each; Leaf of evading peony, high elecampane, dioica nettle, large plantain, 20.0 each; common ivy 10.0; small duckweed 20.0; overhead hours of goutweed 30.0; stonecrop pink, bisexual bisexual clover, meadow cornflower, large rattle, variegated calendula, b. marsh, goat-leaved volodushka, 20.0 each; common toadflax 10.0; cinnamon, ginger, turmeric, common juniper needles and cones, pine needles 10.0 each; seed of milk thistle, hay fenugreek, 20.0 each; stinging nettle, flax seed 30.0 each; calamus rhizome 20.0; fruits of mountain ash, myrobolana chebula, m. Emblic, m. Belleric, 10.0 each; leaf and flowers of black elderberry 20.0 each.

Collection No. 2: Valerian officinalis rhizome 20.0; a leaf of common raspberry, white willow, medicinal sage, drooping birch, bird cherry, 20.0 each; meadowsweet, narrow-leaved fireweed, 40.0 each; overhead h. Echinacea purpurea, real bedstraw, tripartite succession, mountain arnica, odorous chamomile, field barnacle, 20.0 each; Hypericum perforatum, Veronica longifolia, 30.0 each; meadow geranium 40.0; nutmeg, star anise 20.0 each; fruits of common anise, fennel fragrant coriander, cloves, 10.0 each; overhead hours of peppermint, oregano, creeping thyme, spike lavender, 10.0 each; flowers of heart-shaped linden, blood-red hawthorn, common goldenrod, common tansy, 20.0 each; meadowsweet 40.0, wild rose fruits 40.0 blood-red hawthorn, viburnum vulgaris,

Preparation and use, see observationone.

Since 2011, the patient has been constantly using infusions of multicomponent preparations, in which they did not initiate, but could not exclude, a predisposition to conception. Frequent acute respiratory viral infections, cystitis, symptoms of cholecystitis, frigidity, algomenorrhea, symptoms of energy deficiency, subdepression, dizziness have been eliminated, physical endurance and working capacity have normalized. There were no clinical symptoms of MS exacerbation for 3.5 years. She announced her desire to have a second child.

10.09. 2015, the patient arrived pregnant (10–12 weeks). Appointed

collection according to the principle of that in observation 1.

In April 2016, independent childbirth by a full-term girl, herbal medicine was intensified. Complaints only about hypogalactia, which is compensated by the appointment of lactogenic collection.

However, MRI revealed the presence of new demyelination foci without signs of exacerbation, the appearance of which had previously been asymptomatic. The dissonance between the data of the instrumental examination and the clinical picture of the disease (there are no motor and sensory impairments) in patients with MS is sometimes found.

MRI June 7, 2016 without contrast. “Against the background of a diffuse zone of pathological increase in the MR signal, periventricularly, in the subcortical regions of the white matter of both hemispheres of the brain, multiple plaques with a maximum size of 13 x 6 mm are determined with the appearance of new foci in the left hemisphere. A new focus is found in the brain stem up to 4 mm. The foci in the ridge of the corpus callosum, the pons, and the medulla oblongata were unchanged. Conclusion: demyelinating disease of the brain with negative dynamics (in comparison with MRI data from 03/06/2013. MRI of the cervical spine, contrast + Omniscan 20 ml. signal (demyelination plaques) ... There are no signs of contrast accumulation.

Having no contact with neurologists of the Republic of Belarus, we continue PT of a non-disabled patient.

Surveillance 4

Patient B.O.S., Perm, was born on 19.08.1983. Briefly: to date, the duration of permanent FT is more than 4 years.

The diagnosis was made in 2010: “SD. cerebrospinal form. Reflex tetraparesis with an accent on the left. Mild atactic syndrome. Mild stem disorders. Anxiety-depressive disorder". Obviously, the course of the disease is far from being easy, the period of which the patient determines within 2–3 years before the diagnosis is made. Motor functions are moderately impaired: he walks independently, but slowly, spreads his legs wide apart (ataxia, unstable in the Romberg position), slightly drags his left leg. Sensory disorders: migrating zones of diffuse numbness of the skin of the upper and lower extremities, abdomen, face, permanent numbness of the zones of the left lower limb, decreased visual acuity attributed to retrobulbar neuritis. Some features: asthenic, hypotension, dizziness, orthostatic phenomena, sometimes heartburn, chronic constipation as before, and especially after the disease (up to 5 days), there are imperative urges to urinate, which has become difficult, rarely - incontinence. Susceptible to SARS - up to 5-6 times a year, once the contents of the maxillary sinus were removed, pains in the area of it are frequent. Opsomenorrhea up to missed single cycles. In the psycho-emotional status, severe neuroticism and depression are undeniable. Intelligence is high, very well-read, loves and quotes the classics. The iatrogenic component in neuroticism is undeniable. Neurologists of the multiple sclerosis center, imposing the treatment of PIDMS: “Wait for complete atrophy of the brain. Thought disturbances have already begun. Lose your memory... Given the incorrect behavior of neurologists, the patient refused their help. I found the Human Brain Institute on the Internet. The diagnosis was repeatedly verified by MRI in a number of cases with negative dynamics of foci (accumulation of contrast),

After 9 months of constant PT, taking mummy, several sessions of hirudotherapy,

massage, moderate physical activity, the patient went to work (competition, deputy director of the shopping center, economist). Then she got married. The cycle has returned to normal. Pregnancy became a “complication” without significant omissions of phytotherapy (PT was prescribed, which ensures gestation, prenatal safety of the fetus). Independent childbirth, breastfeeding for more than 1 year (insurance with intensified phytotherapy). Boy 1 year 9 months.

12/12/2016 during contact with the patient: more mobile, left leg is not pulls up, optimistic, witty, ARVI does not get sick, sensory symptoms are episodic, but not completely stopped, dysfunctions of the pelvic organs (obstipation, imperative urges, sometimes very moderate incontinence) do not progress. I do not give the composition of numerous fees. The PT tactics of this patient was built on the same principles as the previous ones.

The results of PT make it possible to register not only its high efficiency in terms of ensuring long-term remissions, up to indefinite (in 90% of MS patients [11]), but also the possibility of regression of some symptoms, maintaining working capacity, increasing resistance to ARVI, stress resistance, physical endurance, normalization of reproductive functions. All this is a confirmation of the consistency and high significance for the practice of the theory of SPNS developed by N.V. Lazarev and his school [1, 9, 10, 11, 14, 17]. The published multidirectional, sometimes even multi-vector medicinal properties of certain plants (which causes bewilderment and criticism of opponents of herbal medicine) are largely a characteristic of the state of auto-protection mobilization, SNPS, to which the constant consumption of galenic forms leads, infusions of polycomponent fees. An essential characteristic of this condition, one of its symptoms is the normalization of reproductive functions, and therefore the normalization of the menstrual cycle, conception, gestation and childbirth can only be called complications of FT. The assimilation of the initial experience of increasing the birth rate in patients with MS made it possible to apply these methods of PT in patients suffering from primary and secondary female infertility and obtain positive results in overcoming it [2], which is essential for mobilizing effective measures to overcome the demographic crisis in Russia.

CONCLUSIONS

1. Unlike therapy with immunosuppressants and PMTs, phytotherapy does not suppress, but initiates the reproductive functions of women suffering from multiple sclerosis.

2. Positive gonadotropic effect of massive permanent herbal medicine of MS patients is manifested in overcoming frigidity, increased libido, normalization of the menstrual cycle, conception, gestation, childbirth in 16 out of 47 (32%) childless women, and in total - in 17 out of 150 MS patients (10.6%).

3. Achieving a state of non-specifically increased resistance organism in herbal medicine of patients with multiple sclerosis is also manifested in increased physical endurance, resistance to acute respiratory viral infections, stress, maintaining efficiency, relief of symptoms of constitutional and reactive asthenia, prevention of relapses of the disease.

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