

Pharmacopuncture In the Treatment of Chronic Pelvic Pain

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Introduction

Only life experience leads a person to the right and most expedient path! And modern medicine should contribute to ensuring an acceptable level of quality of life in the psychological and physical spheres!

The relevance of the problem: Quality of life and pain are incompatible! Pain is not just a problem; it is a mystery and a tragic element of life. It is the problem of unfortunate women!!! This is an interdisciplinary problem. With the usual route: urologist – gynecologist - neurologist. Constant debilitating pain and the absence of anatomical changes in the pelvic organs lead to the recommendation "to be treated by a psychiatrist" - A blow to the psyche!

The frequency of chronic pelvic pain is not known, as it is difficult to determine. Chronic pelvic pain (CPB) is interpreted as a functional disorder of self-maintenance.

Chronic pelvic pain (CPP) is defined as a functional disorder that is self-perpetuating through various generator mechanisms, even when the primary source of irritation disappears (G. I. Gerasimovich, 1969). The symptoms include inconsistency in time and location, discrepancy between spontaneous and vaginal examination-related pain, and a lack of effective treatment.

The sources of maintaining CTB are: myofascial hypertonicity of the pelvic floor muscles, stagnant phenomena in the pelvic veins with increasing tissue hypoxia, local release of acidic products, followed by degenerative changes in the receptors of the pelvic nerves.

After the exclusion of pronounced morphological pathology of the pelvic organs, the problem of selecting etiopathogenetic therapy arises, which can lead to a difficult-to-achieve but desired effect. The drug should have anti-inflammatory, reocorrective, immunomodulatory, vasoactive, anxiolytic, and analgesic effects without a pronounced chemopharmacological load. Traumel C (an anti-homotoxic drug) is such a drug. The second component of therapy should be physical influence (acopuntura) implemented at the segmental level of the spinal cord and the suprasedgmental level of the CNS.

Material And Methods:

56 women over several years (from 2 to 7) were treated for CTB of unclear etiology. The average age was 37.4 ± 2.5 years, with a range from 27 to 58 years. They were consulted by neurologists, gynecologists, urologists, and surgeons. Ultrasonography, MRI, radiological methods, laparoscopy, and hysteroscopy were performed. Morphological pathology of the pelvic organs was excluded. They received anti-inflammatory therapy, antibiotics, pain relief, COCs, and 3 patients underwent total hysterectomy. No stable effect was achieved.

The main complaints of the patients were burning pains in the pelvic area, in the Zakharyin-Ged zones, which intensified at night and when the body position changed, and dyspareunia. In 3 women, the clinic of chronic urethritis and paraurethritis was observed.

During a vaginal examination, P.V. Local areas of tenderness were identified during palpation of the pelvic walls and the upper and middle third of the vagina. The m.levator ani was in a spastic state. There were sharply painful cords along the pelvic walls. An ultrasound scan revealed dilated pelvic veins (8-12 mm).

All women had drugs injected into the local pelvic pain zones through the vaginal wall under finger control using a thin needle. The procedures were performed every two days on the third day. Women with chronic urethritis had Traumel C solution injected parauretrally at a rate of 1 ampoule (2.2 ml) at the same frequency.

The patients were divided into two groups. In the first group, 26 women were injected with a total of 20 ml of 0.25% novocaine or lidocaine, in which 1 ampoule (2.2 ml) of Traumel S was diluted. In the second group of 30 women, a total of 60 ml of 0.25% novocaine was injected into the areas of pain sensitivity, in which 2 ml of ketonal was diluted.

The course of treatment consisted of 8 procedures. The pain disappeared in both groups of women after 3 pharmacopuncture procedures. In the group of women who received Traumel C, no recurrence of pain was observed in any woman after 24 months. (effectiveness of 100%). In the group of women who received pharmacopuncture with Ketonal, two women experienced a

recurrence of pain after 6 months and four more women experienced a recurrence after 14 months (effectiveness of 80%). In the presence of pain recurrence in women from the second group, women with pelvic pain recurrence (6 people) received lymphomyosot 30 drops per glass of water for 2 weeks. They took it throughout the day, regardless of meals (enhancing the body's detoxification and drainage functions). Then, they underwent biopuncture with Traumel No. 5, and the effect was reinforced with Coenzyme Compositeum 2.2 ml intramuscularly No. 5 2 days after completing the biopuncture course. No recurrence was detected during a follow-up examination 12 months later.

Conclusion

Thus, pharmacopuncture in the treatment of chronic pelvic pain using Traumel S and consolidating the effect with Coenzyme Compositeum is a fairly effective method of treatment.

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