

QUANTUM THERAPY OF PATIENTS WITH CHRONIC SALPINGO-OOPHORITIS

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The high rate of chronic inflammatory uterine and adnexal diseases with adhesions and ovarian dysfunction makes their treatment a major problem.

Reports on therapy of inflammatory uterine and adnexal diseases are multiple, but conventional therapy yields the recovery only in 50 percent of patients. An explanation may lie in complexity and diversity of abnormalities associated with chronic salpingo-oophoritis.

Chronic genital tract inflammation in women of reproductive age is seen as a polysystemic disease involving compromised adaptive, immune, endocrine, adenosympathetic and other processes (1).

Endocrine abnormalities result in uterine and adnexal receptor dysfunctions, central nervous system and reproductive disorders.

Our mass screening study in the Moscow region has revealed an increase in the rate of chronic uterine and adnexal inflammatory conditions. The rate has been found to be 40 to 45 percent in working women and 38 percent in residents of an ecologically troubled region. The rate of menstrual disorders was 15.1 percent and of sterility 4.3 percent.

The inflammatory disease rate in women with reproductive dysfunctions amounted to 63.5 percent, and the sterility rate in this population was 17.7 percent.

Moreover, the gynecological disease rate proved high in women employed in the timber industry and in women who did not work in industries but lived near an industrial area.

The study involved 241 women of reproductive age. The early start of the sexual activity (under the age of 18) was reported by 22.4 percent of young women and a late start (after 30) by 0.8 percent.

At the time of the screening, 75.2 percent of women were married. A questionnaire study showed that 39.2 percent of women had had no permanent partners, 26.3 percent had had two-three partners, 3.9 percent more than five and 2.6 percent more than ten partners.

The high sexual activity facilitates the onset of sexually transmitted diseases which are often associated with chronic uterine and adnexal inflammation.

Sterility was the fourth most common condition in the disease pattern (10.1 percent) and was frequently related to inflammatory diseases.

Inflammatory adnexal diseases and endocrine disorders were associated with a high rate of cystic-degenerative ovarian abnormalities which were found at an ultrasound examination in one of every five women (7.2 percent).

The high rate of chronic salpingo-oophoritis and a low rate of rehabilitation with the use of conventional therapy prompted an evaluation of magnetic-infrared laser (quantum) therapy using a RIKTA device in patients with chronic salpingo-oophoritis.

The device, which was designed and manufactured by MILTA-PKP GIT company, has been recommended for use in the medical practice by the Russian Health Ministry in 1993.

Patients with the diagnosis of chronic salpingo-oophoritis were divided into two groups, 140 in each. Their age ranged from 20 to 35 years and made a similar pattern in the two groups.

Clinical and colposcopic examinations were carried out, as well as smear tests for chlamydia and gardnerella infection. On indications, tests for herpes and other infections were performed and smears for atypical cells obtained.

Revealed infections were treated with antibiotics, with microbial susceptibility control.

Patients were selected for quantum therapy after the clinical evaluation complete with an ultrasound scan confirming chronic salpingo-oophoritis and adhesions. To rule out malignancies, dilation and curettage, hysterosalpingography and laparoscopy were performed.

This group received licopid and vitamins. Spasmolytic and symptomatic therapy was started in the presence of severe pain.

Group 2 patients were treated with conventional antiinflammatory, antibacterial, immunomodulating and immunostimulating drugs, adaptogens, vitamins and physiotherapy.

If adnexal infiltration or adhesions persisted after reversal of infection-related inflammation, quantum therapy using the RIKTA device was started.

Group 1 patients reported a significant improvement of the general condition and disappearance of pain after four-five quantum treatments.

The static magnetic field has been reported to restore the estrogen-progesterone ratio by increasing the progesterone level in the second phase of the menstrual cycle (1). Several studies have related quantum therapy to improvement of microcirculation in small pelvis organs, immunity stimulation, functional activation of cell membranes, enhancement of cell receptor sensitivity to hormones and of tissue oxygen uptake, with resultant analgesic and antiinflammatory effects (3, 4, 5, 6).

Immunostimulating, desensitizing and bacteriostatic effects of laser therapy have been reported (3, 5, 6). The therapeutic effect of low-intensive laser radiation on tissues is underlied by photophysical and photochemical reactions.

At the atomic and molecular level, light is absorbed by tissue photoacceptors. Absorption of light energy induces activation of tissue metabolism, cell membranes and nuclei, enzymes, redox and biosynthetic processes. Adenosine triphosphate synthesis is enhanced, with a boost to bioenergetic potential and the mitotic activity of cells.

Organic effects of quantum therapy are a lower receptor sensitivity, shorter duration of inflammation, alleviation of interstitial edema, higher blood flow velocity, formation of new vascular collaterals and improvement of microcirculation.

Quantum therapy in gynecological diseases produces more lasting effects as compared to conventional drug therapy.

Indications for quantum therapy in our study are

- endometritis, salpingo-oophoritis (subacute, chronic),
- reproductive-age menstrual disorders,
- primary and secondary dysmenorrhea,
- pelvic pain,
- endometriosis, endometrial hyperplasia,
- myoma,
- prevention and treatment of postoperative complications,
- sterility,
- rehabilitation after conservative myomectomy, ectopic pregnancy, ovarian apoplexy, operative treatment of sterility,
- puerperal mastitis,
- hypogalactia.

In the presence of relevant indications, quantum therapy can be combined with drugs. A mild exacerbation is possible early in therapy in some cases, commonly presenting as dull lower abdominal pain. Pain usually cleared with more treatments. Clinical improvement was seen during quantum therapy and at two-four weeks.

Contraindications for quantum therapy are

- cancer,
- pregnancy,
- blood diseases,
- decompensated hepatic and renal failure,
- thyrotoxicosis,
- idiopathic febrile conditions,
- seizures.

A course of quantum therapy comprised ten to 14 treatments. A repeat course for consolidation of effect was used not earlier than at 20-30 days.

In the presence of genital tract indications, further courses may be performed at three-six months following the last treatment.

A total of 140 patients with chronic salpino-oophoritis and adnexal inflammation-related adhesions, and sterility were treated with the RIKTA device. Sixty-four percent of the patients reported pain. A clinical examination with an ultrasound scan was conducted after therapy. RIKTA therapy yielded cure in 92 percent and improvement in 8 percent of the patients. There were no nonresponders.

Improvement of the general condition and disappearance of lower abdominal and lumbar pain were seen after seven-eight treatments. Clinically, reversal of adnexal inflammation was seen. Adnexal adhesions resolved after ten-12 quantum treatments. Four patients got pregnant in a posttreatment period. Therapy alleviated the premenstrual tension syndrome and algodysmenorrhea.

Stable and labile treatment techniques were used. The radiator was alternately placed on the uterine and adnexal projections on two sides and on anterior projections of femoral joints. Frequencies of 5 Hz and 50 Hz were used, with a 5 min exposure of each of these areas. Starting from the fifth treatment, a special guide protected by a condom for antiseptic purposes was used. Quantum therapy proved highly effective in that it produced improvement in the condition of patients in two- to three shorter periods as compared to conventional treatment. It offers a promising new intervention for chronic uterine and adnexal inflammation and prominent adhesions. A feature to quantum therapy is its comprehensive effect on the body and combination of laser and pulsed infrared radiation with the static magnetic field similar to solar radiation and the magnetic field of Earth.

CONCLUSION

The use of quantum therapy in the management of patients with chronic uterine and adnexal inflammation offers an effective physiological intervention.

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