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Modern approaches in the diagnosis and treatment of fibromyalgia syndrome.

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Relevance. Muscle pain accompanies many diseases. It is one of the symptoms of a number of rheumatic diseases. Quite often, generalized chronic muscle pain is caused by pathology of the musculoskeletal system, in particular osteochondrosis of the spine [2,13]. Often, in patients with osteochondrosis of the spine, criteria are identified that correspond to fibromyalgia, which allows us to consider it secondary in this case [4, 6, 10]. Currently, more than 25 terms are used in the medical literature, indicating the pathology of the muscular system [5, 12]. The most common are myositis, myalgia, fibromyalgia, painful muscle seals. Although the muscular system makes up about 40% of the body weight, its pathology is poorly understood [11]. There are hypotheses [7, 14] considering fibromyalgia as a psychosomatic or neuroendocrine disease due to the fact that autonomic symptoms and some functional disorders of the autonomic nervous system are more common in these patients than in healthy individuals. The available literature data suggest that in recent years studies have been carried out to clarify some of the mechanisms of primary fibromyalgia [3, 8, 13]. Immunological, biochemical aspects were studied, biopsies were examined muscles taken from pain points, electromyography, etc., however, the identified changes were often non-specific and therefore not very informative in terms of diagnostics [15]. In this regard, the diagnosis of fibromyalgia is currently based mainly on clinical signs [1, 9].

The purpose of the study. Determining the significance of fibromyalgia syndrome in the diagnosis of osteochondrosis of the spine.

Materials and research methods. 120 patients aged 20 to 69 years were examined. Along with a complete clinical research, a kinesthetic examination was performed. The selection of patients with fibromyalgia was carried out in accordance with the criteria provided by the ACR, 1990. Depending on the treatment received, patients were divided into 4 randomized groups of 30 people. Patients of all groups received complex treatment: drug therapy and acupressure (MT + TM) according to the method of Sittel A.B., used in patients with neuro-vascular and neurodystrophic pathology. All had 10 sessions daily or every other day. The course of treatment was 2-3 weeks. Patients of group I received only MT+TM. In group II, along with MT+TM, bioresonance therapy was used. The sessions were conducted on the hardware-software complex "IMEDIS FOLL". All patients underwent the first session of basic therapy, then BRT was performed along selected meridians according to the 4th strategy with unloading (inversion). After the 3rd session, treatment was carried out according to the 1st or 2nd strategy, depending on the indicators of the CIT of the meridians. Methods used in BRT: horizontal, vertical, diagonal, circular, meridian. The course of treatment was 5 sessions of 30 minutes with an interval of 1 week. Hand, foot and forehead brass electrodes were used. In the treatment, an endogenous type of BR therapy was used.

antihomotoxic drug " Traumeel S" was added to the main therapeutic complex MT + TM in the form of tablets (1 tablet 3 times a day) and ointment (rubbed into painful areas 1-2 times a day) from the company " Heel " Germany . In group IV, to optimize the treatment process, the MT + TM complex was combined with BRT and the antihomotoxic drug " Traumeel S" (according to the scheme of previous methods for using BRT and " Traumeel S") All studies were carried out before treatment, as well as after 1, 3, 6, 12 months, to assess the time, degree of therapeutic effect and its duration

Research results. The majority (85.8 %) of patients were women. Patients were predominantly aged 41-50 years, less often - up to 40 years. The mean age was 44.6 ± 1.1 years. The average duration of the disease was 5.8 ± 0.6 years. Most often, the duration of the disease was from 1 to 4 years; in general, it ranged from 3 months to 25 years.

In 76 people (63.3%), the X-ray stage of osteochondrosis was identified . All 4 groups of patients did not differ significantly in gender composition. The youngest contingent (39.3 ± 1.3 years) was in group II, the oldest - in group IV (48.5 ± 1.2 years). In the clinical picture of fibromyalgia , 6 leading syndromes were identified: algic , astheno -neurotic, cardiac, sleep rhythm disturbance, thermoregulation disorder, meteosensitivity. To clarify the degree of muscle soreness, the IMS (muscle syndrome index) was determined according to the method of F.A. Khabirov and R.A. Khabirov ; (1994). The test was carried out according to the characteristic points for FM, proposed by the AKP. Electropuncture was used as the main method for assessing the condition of patients with FM and the effectiveness of the therapy. biofunctional organometry . which can be considered one of the types of energy-informational diagnostics. The first stage was the measurement of electrical parameters (EP) of biologically active zones (BAZ) of the skin according to the method of R. Voll , which is intended for an integral assessment of the general "energy" state of the patient to determine the type. nonspecific reactivity of his body and the tone of the autonomic nervous system. The second stage is the measurement of the phalanges of the thumbs and toes using the KIT. Measurement according to KIT in the region of the central point of the terminal phalanges of the thumbs and toes was carried out using a point active electrode. The indicators of this stage of the study were used to quickly select the BR therapy algorithm. The third stage - measurement according to KIT - for diagnosing the conditions of organs associated with a particular BAP of the meridian. The measurements were carried out on 40 KIT meridians. Of these, 7 were selected for evaluation: lymphatic, nervous degeneration, articular degeneration, gallbladder, urogenital, endocrine, parenchymal epithelium degeneration.

All patients who applied for treatment had muscular pain syndrome. The increase or appearance of pain was associated with psycho -emotional stress, slight physical exertion, or the consequences of a stressful situation. The pains were constant, disturbed during the day and at night. In the mornings, stiffness in the body was noted, making active movement difficult. There was rapid muscle fatigue, absent-mindedness, lethargy, restlessness and anxiety. There were various

manifestations of the cardiac syndrome (different types of pain in the region of the heart, palpitations, unstable blood pressure), violation of thermoregulation (chills were replaced by a flush of heat). "Non-restoring" sleep was characteristic, meteosensitivity often turned into meteorological dependence. Some patients had functional disorders of the gastrointestinal tract (gastropathy, irritable bowel syndrome). All patients underwent a general clinical examination taking into account existing complaints.

One month after the start of therapy, it was noted that in all 4 groups there was an improvement in clinical parameters, especially in muscle pain. Before treatment, it was present in all examined patients. The dynamics of pain syndrome indicators in patients of 4 groups according to the observation period is shown in Figure No. 1. From the data presented, it can be seen that after 1 month in groups II, III, IV pain syndrome was less common than in group I. This difference persisted throughout the year. A year later, in group I, pain syndrome was observed already in 75% of patients, while its lowest frequency was in group IV - 12.5%.

The results obtained in terms of frequency, duration of the therapeutic effect are much higher in patients of group IV, group III is in second place in terms of the effectiveness of the effect on pain syndrome (with the combination of MT + TM + "Traumeel S"). In group II, there is also a significant decrease in pain syndrome. In the same group in patients, starting from the 3rd month of observation, the frequency of detection of pain syndrome increases. To study the severity of the pain syndrome, we used the method of kinesthetic testing, using the definition of the muscle syndrome index (MIS)

Initially, the parameters of the IMS did not differ significantly in the groups after 1 month of treatment in all 4 groups there was a decrease in the IMI. Taking into account the gradation of IMS from the category of severe form, most patients switched to a mild form of muscle pain syndrome. In group I, an increase in IMS was noted from the 3rd month of treatment and by the end of the observation period it amounted to 14.7 ± 0.4 points, which can be classified as moderate. In group II, the IMI also slightly increased (7.2 ± 0.3 points), while in groups III and IV, IMI corresponded to a mild form of pain syndrome, and in some patients it was equal to 1.

Figure 1. Dynamics of changes in UTI in patients with fibromyalgia.

1 group 2 group 3 group 4 group

All patients after 3 month got results

One of the clinical manifestations of FM is astheno -neurotic syndrome. Prior to treatment, astheno -neurotic syndrome was in most patients, including 11 and IV groups in 100% of the examined patients. After 1 month of treatment, positive dynamics was noted in all 4 groups. No. 3. The greatest increase in astheno -neurotic syndrome 3 months after treatment was noted only in group I. The best results were in group IV and in group II. If initially astheno -neurotic syndrome was detected in them in 100% of cases, then after 1 year it was in 8.3% and 15% of cases, respectively. In group III, after 1 year, it was detected in almost 70%.

Stage I of BAZ measurements in all 4 groups before treatment indicated the presence of sympathicotonia in the autonomic nervous system. IE BAZ was higher mainly in the upper parts of the body and more often on the right. At the end of the observation period in groups III and IV, the BAZ indicators remained in the range of harmonic values and had a significant difference with the initial parameters. When reviewing the results of CIT meridians from a wide range of studied values, the largest deviations were found in the following: LF, SUD, ZHP, MP, NED, EPD, EN. Moreover, on LF, SUD, GB, MP, significant increases in RI on BAP were noted, which indicates a hyperergic state of the meridians and a possible inflammatory process in associated organs and systems. On the meridians of NED EPD, EN, a low RI for BAP was noted, which indicates hypoergy, hypotrophy of associated organs and systems, and possible degeneration. 1 month after the treatment, the BAP RI leveled off in all 4 groups. A significant difference in the results obtained was noted. After 3 months, deviations from the norm corridor appeared in patients of group I, by the 6th month they went out of the range of harmonic values. In group II, on the meridian of NED, EN, a decrease in the parameters of IU is noticeable. By the end of the observation period, the value of CIT indicators in the I group of patients came almost to the initial value. In group II, the indicators of EN, NED, EPD significantly worsened. In groups III and IV, the indicators remained in the range of harmonic values. Only in some patients there was a noticeable increase in the SI indicators on the SVC, LF, and MP meridians. The analysis of the obtained results of measurements of the CIT of the meridians indicates an unstable effect of MT + TM in the FM syndrome in patients of group I. In group III (MT + TM + "Traumeel S"), changes on the EN and NED meridians shifted towards disharmonious values by the end of the observation period. The complex therapeutic effect in patients of group IV was expressed in the stability of the alignment of the RI of the CIT indicators for all measured meridians, maintaining a significant difference in the RI of the CIT, which indicates the high efficiency of the chosen complex therapeutic effect.

Findings. An electrophysiological study of specific tender points in fibromyalgia showed the spastic nature of the process of soft tissue damage, which is comparable to the presence of "energy blockades" on characteristic BAPs. meridians and "chakras" (plexuses).

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