

New Aspects of Complex Therapy of Infertility Caused by Urogenital Chlamydiosis

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ABSTRACT

Has been studied antihomotoxicologic preparations at urogenital tract infection (*Chlamidia trachomatis*). Were investigated 75 patients with urogenital chlamydiosis at which on a background of an infection, quantity of spermatozoids was sharply reduced. Patients was divided into three groups, each of 25 persons. To the first group classical antibacterial and anti-inflammatory therapy was applied, in the second group alongside with classic treatment combined antihomotoxicologic therapy was used and in the third group exclusively homotoxicologic preparations were used. The best results of treatment have been shown in the second group. Thus, at treatment of chlamydiosis, involvement of antihomotoxicological preparations considerably raises efficiency of the standard (conservative) therapy and reduces period of treatment, promoting enhancement of spermatozoids' number in ejaculate.

KEYWORDS: *chlamydia trachomatis, childlessness, antihomotoxicological therapy*

The increase in chlamydial infection frequency was clearly revealed during last year between all other sexually transmitted infections. The infection has second position according to the prevalence and importance among eight leading infections of this type and in 40% leads to infertility. Chronisation of the process, its latent course, disposition to persistency and relapses are frequent in spite of wide spectrum activity antibiotics used in antichlamydial therapy. It is important to take into consideration microbiocenosis of mucosa and urogenital tract injured by infection. This could be the initial state of different infectious processes. Elaboration of new methods in chlamydial infections treatment is of a primary importance in medicine. Improvement of the medical guidelines and schemes that will develop possibility to reach the maximal effect in the shortest terms is on the agenda nowadays.

Implementation of antihomotoxicological medications in the medical practice during last years created clinical interests and new perspectives in the issues of control of chlamydial infection and infertility developed on its background.

If we take into consideration that antihomoto-xicological medications influence the body resistance in the regulator-stimulatory manner, it is possible that adjustment of changed functional-metabolic traits will promote the efficiency of the conducted therapy and will facilitate recovery.

The objective of the research is to adjust treatment guidelines and protocols for urogenital tract chlamydial infection that include beside ethiotropic means usage of antihomotoxicological drug. German medications of EEL manufacturer are distinguished by high therapeutic effect, they do not lead to allergic and adverse reactions, do not include conservants and stabilizators, are easily tolerated by the organism.

MATERIAL AND METHODS

We have studied 75 men with chlamydia thrachomatis infection, relatively acute course of disease with symptoms and sings of acute urethritis infertility developed on this background. During primary infection in spermogram the decrease in spermatozoids quantity-oligozoospermia, their motility- asthenozoospermia and sperm agglutination were dominant. Changes in spermatozoids morphology

and pyospermia were rare. Only a few cases of azoospermia and aspermia were found that were not related to chlamydiosis, because existence of such pathologies were mentioned in previous history. No one case of necrospermia was determined. No influence on spermatozoids quantity and motility were reported in some cases.

The patients after prescription of treatment schemes were divided into 3 groups, 25 persons in each. In the first group were included men, who received treatment within classical scheme: Azithromycin 500 mg daily for the first day, after this 6 days -250 mg daily, Tactivin - 1 amp. Daily subcutaneously, Nistatin - 1 pill (100 mg) three times daily, physiotherapy, urethra irrigation with 1% AgNO₃ solution. Patients, to whom antihomotoxicological medications were prescribed as antichlamydial therapy, composed second group: Testis comp. - 1 amp. Three times weekly (totally 8 amp.), Engystol N.1 pill three times daily sublingually 30 min before meals, Traumeel S. 10 drops three times daily on the tongue. Patients in the third group received classical medications an additionally antihomotoxicological drugs: Azithromycin 500 mg daily for the first day, after these 6 days -250 mg daily, Nistatin - 1 pill (100 mg) three times daily, Testis comp. - 1 amp. Three times weekly (totally 8 amp.), Engystol N.1 pill three times daily sublingually 30 min before meals (14 days), Traumeel S. 10 drops three times daily on the tongue (14 days). The course of treatment lasted 2 weeks. Bacteriological, virological, immunological investigations were performed during treatment; spermogram dynamics and long-term results were observed.

RESULTS AND CONCLUSIONS

Estimation of the results was made upon following criteria: agent elimination and spermogram improvement (Tab.1).

According to the investigations performed after the treatment full recovery was determined in 4(16%) patients from the first group, 12 (48%) - from the second and 16 (62%) - from the third. The therapy was ineffective in 10 (40%) patients from the first, 4 (16%) and 2 (8%) patients from the second and third groups consequently. Persistent forms were verified in the 6 (24%) patients from the first group. Insignificant increase in spermatozoid quantity was found out in these patients later. In 1 (4%) patient from this group the disease course was complicated by allergic reaction. In 6 (24%) patients

from the second group elimination of the chlamydia was accomplished without any spermogram improvement. Allergic reactions did not develop. In the third group, elimination of chlamydia was determined in 3 (12%) cases, but all these patients required additional treatment for spermogram improvement. Proceeding from the all above -mentioned efficiency of the therapy with antihomotoxicological medications is 4 times higher than while treatment with classical scheme only.

Thus, according to the received results we could recommend for maximal efficiency to include antihomotoxicological medications in the therapy of the urogenital tract chlamydial infection. Incorporation of antihomotoxicological drugs in the classical scheme

promotes stimulation of the spermatogenesis process, which subsequently leads to increase in spermatozooids quantity.

CONCLUSION

1. It is possible to combine classical and antihomotoxicological medications in the treatment of urogenital tract chlamydial infection to facilitate outcome and achieve maximal efficiency;

2. Usage of mentioned above antihomotoxicological medicines for antichlamydial therapy promotes release from chlamydial intoxication, activation of spermatogenesis process and, at the same time, maximally shortens the terms of treatment.

Number of patients	Quantity of spermatozooids in 1 ml	Quantity of spermatozooids in all ejaculates	Quantity of actively moving spermatozooids	Agglutination of spermatozooids	Chlamydia Antigen by pif method
75	3-5 mln/ml	9-12mln/ml	15-20%	2+	2+

Tab.1 Spermogram parameters in patients with chlamydial infection.

Therapy results	1 st group	2 nd group	3 rd group
Full recovery	4 (16%)	12 (48%)	16 (62%)
Significant improvement	3 (12%)	4 (16%)	7 (30%)
Insignificant improvement	5 (20%)	3 (12%)	2 (8%)
No changes	12 (48%)	6 (24%)	-
aggravation	1 (4%)	-	-

Tab.2 Analysis of antichlamydial therapy results.

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Новые аспекты комплексного лечения бездетности, вызванной уrogenитальным хламидиозом

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Р Е З Ю М Е

Изучены эффективность антигомотоксикологических препаратов при инфицировании уrogenитального тракта *Chlamydia trachomatis*. Под наблюдением находились 75 пациентов с уrogenитальным хламидиозом, у которых на фоне инфекции количество сперматозоидов оказалось резко сниженным. Больных подразделили на три группы - по 25 человек каждой. В первой группе применяли традиционную антибактериальную и противовоспалительную терапию, во второй - наряду с традиционным лечением, была проведена комбинированная антигомотоксикологическая терапия, а в третьей группе использовались исключительно гомотоксикологические препараты. Наилучшие результаты лечения получены во второй группе. Таким образом, при лечении уrogenитального хламидиоза подключение антигомотоксикологических препаратов значительно повышает эффективность общепринятой терапии, сокращает сроки лечения, способствует увеличению количества сперматозоидов в семенной жидкости.

КЛЮЧЕВЫЕ СЛОВА: *chlamydia trachomatis, бездетность, антигомотоксикологическая терапия*