

APPLICATION OF DYNAMIC ELECTRONEUROSTIMULATION FOR TREATING CHILDREN'S PSORIASIS

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Assessment of clinical efficiency of dynamic electroneurostimulation (DENS) for treating psoriasis of children in the age from 12 to 17 years was carried out in the skin diseases clinics of Saint-Petersburg Pediatric Academy.

The children were divided into two groups: main group included 20 persons; the control group included 15 persons. Children in the main group had basic therapy and DENS; children of the control group had only basic therapy. Both groups included children with extensive psoriasis at the progressive stage. 70 % of patients in both groups had an accompanying diagnosis of biliary dyskinesia; 30 % of patients had chronic tonsillitis.

The main group had DENS by the following methods: direct projection of the complaint - in the "therapy" mode at frequency 77 Hz, energy range (ER) 2, stable method of application during 10 minutes. Universal zones (the zone of posterior middle meridian, the zone of "consent points", and the zone of hands) were treated in the "test" mode - ER 2 with subsequent treatment of latent trigger zones (LTZ) in the "therapy" mode at frequency 77 Hz, ER 2. Immune zones: 7SP, projection zone of adrenal glands, he-gu zone were treated in the "therapy" mode at frequency 77 Hz, ER 2; projection zones of intestines and liver- in the "therapy" mode at frequency 77 Hz, ER 2. stable or labile method of application (in the absence of plates on the abdomen skin) during 15-20 minutes. Not more that 2-3 zones were treated during one procedure, treatment time -30-40 minutes. Treatment course lasted 20-25 days. Psoriatic eruptions were treated with "Malavtilin" cream before DENS procedure.

When in the hospital, all children had basic therapy: 10 % solution of calcium gluconate I.M., vitamin therapy, hepatoprotectors, sorbents, external therapy (2 % salicylic ointment, Unna's cream, papaverine ointment, 5 % methyluracil cream). Children with universal skin affection had disintoxication therapy (I.V. drop-by-drop solutions of hemodesis and reamberine).

Patients of the main group had improvement of the general state of health by the 4th-5th day of treatment course: skin itch decreased, eruptions of new psoriatic papule stopped, other skin eruptions were flattened and bleached, and desquamation of eruptions decreased.

In the control group, the same process of dynamics was observed after 16-17 days after treatment started. Patients of the main group with ton-sillogenous psoriasis was successful (for the first time!!!) improvement of the process on skin without use of antibiotic therapy. One patient of the main group had a severe form of psoriasis exudativa with arthropathia. Starting from the first DENS procedures, edema and joint pain were reduced considerably. This girl had treatment courses in our skin diseases clinic several times. However, it was this time when, in spite of accompanying psoriatic arthritis, improvement of the skin process was twice as fast than usual.

Patients with DENS-therapy unlike patients of the control group, had a more pronounced increase in vitality and intensification of positive emotions and of physical activity. Moreover, these children became more stable from the psychologically as compared with the control group. By the results of our research, in children having DENS in complex treatment of psoriasis, stabilization of regress of the skin process begins within shorter terms, which reduces the period of staying in the hospital, improves life quality and makes the treatment process pleasant and comfortable.