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Short Communication

Treatment of chronic pelvic pain

Abstract

Chronic pelvic pain syndrome (HTB) is one of the problems of modern women. The applied methods of treatment are not always effective due to the multifactorial nature of the causes of the disease. Goal: search for the most optimal therapy aimed at enhancing the processes of sanogenesis, more effective response of the body to pain syndrome. We studied 2 groups of patients with HTB. '1' group of 14 women with HTB were treated by injecting the drug “traumel C” into the pelvic pain points, and in the second group (32 women), Ketonal was used, which permits unrestricted use, distribution, and build upon your work non-commercially.

Keywords: pelvic pain, treatment, traumel-C

Introduction

Chronic pelvic pain syndrome (HTB) is a pathological condition that lasts more than 6 months and manifests itself as a constant pain in the lower abdomen,1 the subjective feeling of which does not correspond to the degree of organic disorders.2–6,9

In 73.1%, the cause of HTB is gynecological pathology, in 21.9% somatic diseases and in 1.1% psychogenic causes are noted.2–4 Chronic pelvic pain syndrome (HTB) in women is a pathological condition that lasts more than 6 months and manifests itself as a constant pain in the lower abdomen, the subjective feeling of which does not correspond to the degree of organic disorders.2–6,9

In 73.1%, the cause of HTB is gynecological pathology, in 21.9% somatic diseases and in 1.1% psychogenic causes are noted.2–4 The quality of life and the presence of pain in a person are incompatible. Pain is not just a problem, it is a test of the tragic element of life. Therefore, pelvic pain in women is not amenable to effective treatment – it is a tragedy, both the patient and her environment.

The pathogenetic mechanisms of HTB include: activation of the hypothalamic-pituitary-adrenal system by pain impulses, resulting in increased emotional manifestations of physical discomfort, followed by a transition to the state of “patients go into pain”, changing their attitude to the world around them. Generator source ktb is myofascially hypertonicity of the pelvic floor muscles. Blood circulation in this zone is disrupted with a predominance of stagnation. Hypoxia develops in the pelvic floor, the accumulation of acidic metabolic products, which leads to irritation and degeneration of the nerve endings of the pelvic organs. The provoking factors of HTB are: stress, hypothermia, physical and mental stress, alcohol and “heat”.1,2,4,5,9

Given the difficulties in achieving optimal effectiveness of routine therapeutic technologies in blocking HTB, it was decided to determine the effectiveness of the use of antihomotoxic drugs in achieving a therapeutic effect.

Material and methods

42 women with HTB who were monitored for 2-7 years. Their average age was 36.4±2.7 years and ranged from 27 to 55 years. All patients are consulted by a neurologist, urologist and surgeon. All women underwent ultrasound, MRI and laparoscopy, 32-hysteroscopy. Excluded gynecological pathology. In the process of observation, anti-inflammatory therapy, antibiotics, painkillers, combined oral contraceptives COCA were received. Total hysterectomy was performed without surgery in 3 patients. The main clinical manifestations of the pathology were burning pain in the pelvic region, radiating to the Zakharyin-Ged zone, increasing at night, dyspareunia and in two women Bingchronic urethritis. When vaginal examination in all women were determined zones of local soreness, spastic state of the muscles that raise the anus, dense bands on the walls of the pelvis, painful on palpation. The diagnosis after examination: “Neuralgia of the pelvic nerves. Ganglioneuritis.”

Statistical processing of the results obtained when comparing the two groups of women studied was carried out using the student’s method.

Depending on the method of treatment, patients are divided into 2 groups. In the first group of women (12 people) used antihomotoxic drug “Traumel” 2.2ml, in the second group (30 chelolvek) “Ketonal” 2.0ml. Chronic urethritis. When vaginal examination in all women were determined zones of local soreness, spastic state of the muscles that raise the anus, dense bands on the walls of the pelvis, painful on palpation.

Results

The drugs were diluted with 0.25% novocaine or lidocaine in an amount of 15-20ml. The resulting solutions were injected through the vaginal wall into the pain points of the pelvic walls at intervals of 2 days on the third in an amount of 8 procedures.

Pain in the pelvic region disappeared in all patients after the third procedure. 14 months after the treatment, the recurrence of pain in 1 group of women was not observed, so the effectiveness of treatment is regarded as 100%. In the second group of women, after 6 months, the
recurrence of pain was noted in 2 (6.7%) women, and after 14 months in 4 (13.3%), so the efficiency was 80%. The reliability of the results and their statistical difference were significant (P≤0.001).

**Conclusion**

Pharmacopuncture is a fairly effective procedure in the treatment of cthb, especially with the introduction of the drug “traumel C” in the critical points of the pelvic walls. The use of antihomotoxic therapy aimed at implementing the processes of sanogenesis is not only more physiological for the body, but also more effective both in terms of achieving the clinical effect and the processes of relapsing of HTB.

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**Conflicts of interest**

The authors declare there are no conflicts of interest.

**References**

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