EXPERIENCE OF APPLICATION OF MEDICINE VIUSID AND EPIGEN (GLIZIGEN) IN COMPLEX THERAPY OF INFECTION FOR PREGNANT WOMAN

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Problem of virulent diseases of female genital organs is still one of the most actual and important at the present day in medical and social as well as in scientific and research spheres. In recent years we can observe expansive growth of disease incidences of various infections including micouriaplasmatic infection. In spite of significant success in diagnosis and treatment, these infections are still very essential in the structure of obstetrical pathology and perinatal disease incidents as well as in mortality.

Urgency of the issue is based on the following parameters:

- difficult treatment of urogenital infections in the period of gestation based on required avoidance of negative influence of chosen medicine on fetus;
- existence of associated forms of infections;
- tendency to hasty growth and generation of microorganisms;
- long-lasting persistence of viruses and bacterium in organism;
- oligosymptomatic development of disease;
- absence of parallel between severity of infection process of mother and fetus;
- combination of some focuses of persistent infection, combined character of infection;
- disorder of innidiation resistance of organism.

It is known that during infection serious disorders are developed in immune system at systemic and local levels. This process is characterized by low activeness of interferon, high activeness of natural killers, low activeness of macrophages, inhibition of secular component of immune system in the form of imbalance of T-secular component, increased quantity of immunoglobulins of all types. At all times medicine that consists of harmless natural products with metabolite effect and activates body defenses was of high priority for drug therapy.
One of such medicine is VIUSID – orthomolecular complex of natural substances, biological activity of which is increased as a result of additional molecular activity. Components of VIUSID are widespread immunomodulators that improve metabolism at secular level and have pronounced anti-inflammatory, antiviral and antioxidant effect.

Other important factor of complex therapy is application of local medicine that influence on local immune system in epitelia of genital tracts. Immunomodulator of local application EPIGEN-INTIM, plant preparation can be used for this purpose.

**Study purposes**

Taking into account the fact that microplasma is carrier for viruses, we made attempt to evaluate effectiveness of the medicine VIUSID and EPIGEN in complex therapy of microplasmic infection for pregnant women. Treatment was administrated from the second trimester of pregnancy. Prescription of VIUSID includes 1packet twice a day after meat during 14 days. Local therapy of EPIGEN was taken by the pregnant women independently with administration of five doses introvaginally for the period of 10 days.

**Materials and methods of research.**

We observed 60 pregnant women with microplasmic infection confirmed by data of clinio-laboratory methods of research including bacteriological diagnostics, enzyme immunoassay and PCR. Examined pregnant women were divided on 2 groups: the 1st group (basic) consists of 10 pregnant women that administrated VIUSID and EPIGEN in combination with “basis-therapy”; the 2nd group (comparative) consists of 30 pregnant women that were treated with “basis therapy”. “Basis-therapy” includes obliged treatment of married couple, rational specific antibiotic therapy, metabolic therapy, prophylactic of candidiasis, enzymotherapy.

Effectiveness of proposed therapy was estimated on the basis of comparative analysis (before and after treatment), data of clinico-laboratory researches, results of functional methods of research of twin-placental systems, course and termination of pregnancy as well as health of newborn child in early neonatal period.

**Results and discussions.**

Middle age of observed patients was 27 yeas.

Structure of extragenital diseases of the observed groups is represented in Diagram 1. Chronic diseases of urinary system were the most frequent diseases in both basic and comparative group (66.7% and 60.0% correspondingly).
High level of frequency of inflammatory diseases of metra and adnexa were indicated between gynecological diseases of patients of basic group (1) and comparative group (2). This level was corresponding to 53.3% and 36.7%. In addition to this 33.3% of patients had combination of inflammatory diseases of uterine appendages and cervical erosion.

Diagram 2.

Previous gynecological diseases
Threatened miscarriage is the most frequent complication during early pregnancy in each group. Threatened miscarriage in the 1st trimester was diagnosed for 20 (66.7%) women of the 1st group and (73.3%) women of the 2nd group.

During the 2nd trimester threatened miscarriage was diagnosed for 5 (16.7) patients of the 1st group and 10 (30.0%) of the 2nd group. During the 3rd trimester threatened premature birth were diagnosed for 1(3%) woman in the 1st and 5(16.7%) women for 2nd group.

Thereby, clinical symptoms of threatened miscarriage in the 1st trimester as well as its frequency and relapses were two times more frequent in the comparative group that is more higher (p<0.05) than in the 2nd group (diagram 3).

Diagram 3.

Complication of pregnancy

We performed ultrasound study and cardiotocography for study of fetoplacental complex in observed group.

Analysis of dynamics of placenta thickness showed backwardness of placenta of 7 patients from 28-29 week of pregnancy as a result of decrease of its thickness and slow increase of its thickness for week as compared with standards. In addition to this it was registered that thinning of placenta during II trimester was 1.7 times more frequent in the 2nd group of research. Early insenescence of placenta (III degree of maturity of placenta in 28-29 week) was registered as diagnosis of 5 patients of the 2nd group.
In accordance with data of ultrasound study symptoms of arrested development of fetus were detected in 3 cases of the comparative group. In all cases hypotrophy was of asymmetric type.

Cardiotocography during 34-40 weeks was performed for evaluation of intrauterine fetus. Results of studies are represented in table 1. Whole number of studies was equal to 97, at average 1.7 study for 1 woman.

Table 1.

Indexes of health of fetus in accordance with data of cardiotocogramma

<table>
<thead>
<tr>
<th>Indexes of health of fetus</th>
<th>Basic group (n=30)</th>
<th>Comparative group (n=30)</th>
<th>P&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Absolute number</td>
<td>M,m±%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Absolute number</td>
<td>M,m±%</td>
</tr>
<tr>
<td>till 1.0 (norm)</td>
<td>23</td>
<td>50</td>
<td>12</td>
</tr>
<tr>
<td>hypoxia of fetus</td>
<td>7</td>
<td>23.3</td>
<td>18</td>
</tr>
<tr>
<td>1.01 - 2.0</td>
<td>6</td>
<td>20.0</td>
<td>9</td>
</tr>
<tr>
<td>2.01 - 3.0</td>
<td>1</td>
<td>3.0</td>
<td>6</td>
</tr>
<tr>
<td>3.0 and more</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

35 (57.4%) pregnant woman had normal cardiotocogramma of fetus. 25 (42.6%) patients had symptoms of antenatal illness of fetus. Term birth was reported in 7 cases where Index of Fetus Health were equal to 2.0-3.0 on the basis of administrated complex therapy and operative delivery was reported in 1 case in accordance with similar index. Live mature boy was born with estimation in accordance with Apgar score 7-8 points and hypotrophy of 1 rate. Programmed labor were applied for one case with Index of Fetus Health 3.0. Live mature boy was born with estimation in accordance with Apgar score 6-7 points and hypotrophy of 1-2 rate. Study of pregnancy terminations sowed that all cases of the basic group terminated with term birth but in the comparative group amount of term birth was equal to 90.0% and number of premature birth was equal to 3 (10%).

Table 2.

Pregnancy termination in observed groups

<table>
<thead>
<tr>
<th>Pregnancy termination</th>
<th>Basic group</th>
<th>Comparative group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Absolute number</td>
<td>M,m±%</td>
</tr>
<tr>
<td>Term birth</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Premature birth</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Spontaneous miscarriage</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
It is known that data referred to children health in neonatal period can be useful for objective criteria of effectiveness of proposed system/preventive measures/therapy. Health of newborn child during delivery of the basic and comparative groups showed that evaluation of newborn child according to Apgar score with 8-10 points was registered in the basic group more frequent (diagram 4).

Diagram 4.
Health of newborn child during delivery (in accordance with Apgar score).

In the basic group evaluation in accordance with Apgar score was equal to 7.9+/-0.5 points; children were not born in asphyxia. In the comparative group number of children without asphyxia was equal to 87.5%, with mild asphyxia to 9.4% and hard asphyxia to 3.1%. 3 (5.6%) newborn children of the 2\textsuperscript{nd} group were born with symptoms of antenatal hypotrophy. Thereby, hypoxia and hypotrophy of fetus took place in the 2\textsuperscript{nd} group more frequent.

All pregnant woman before and after treatment were prescribed concentration of tree basic class of immunoglobulin (IgG, IgM, IgA), including determination of level of serunal interferon, spontaneous interferon, virus-challenged interferon- \(\dot{\alpha}\), mitogen-challenged interferon-\(\gamma\). Under reception of data after therapy termination two groups showed decrease of white blood cells, increase of lymphocytes, decrease of level of serunal interferon, increase of level of virus-challenged interferon- \(\dot{\alpha}\), mitogen-challenged interferon-\(\gamma\) that confirm effectiveness of the treatment. Test laboratory examination after 3 weeks from treatment termination showed clinical and laboratory recovery of 96.7\% of patients of the basis group and 86.7\% of the comparative group.
Hereby, improvement of clinical characteristics of patients, positive influence on course and termination of pregnancy as well as health of newborn child confirm that proposed complex therapy with application of medicine VIUSID and EPIGEN are high-efficiency for treatment of microplasmic infection of pregnant woman. Application of VIUSID confirms that this medicine influences on some factors of development of placental insufficiency and by means of some process of metabolism it participates at regulation of energy-supply resolving affected compensation abilities of mother and productive organism. High clinical effectiveness and safety of medicine, absence of adverted reactions gives opportunity to recommend VIUSID for wide application during period of gestasia.

РЕЗЮМЕ
В данной статье приводятся сравнительные данные полученные авторами при проведении комплексной терапии 60 беременных с микоплазменной инфекцией. Основную группу составляло 30 беременных, получавших наряду с «базис-терапией» препараты ВИУСИД и ЭПИГЕН; сравнительную группу – 30 беременных, получавших «базис-терапию». Полученные данные свидетельствуют о значительной эффективности проводимой терапии в основной группе.

ТУЖЫРЫМ
Бұл макалада микоплазмалық инфекциялы 60 жүктіəйелдерге комплексті терапия жүргізген автордың мәліметтерімен салыстырмалы түрде жүргізді. Виусид жəне Эпиген препараттары басыс терапиямен алғанда негізін топты 30 жүкті эйелдер күрді; салыстырмалы топқа базис терапия алған 30 жүкті эйел. Басты топтагы эсерлі жүргізілген терапия негізін алынған мәліметтер куәланырыды.

RESUME
The present article provides the comparative data, received by the authors at performing a complex therapy of 60 pregnant women with micoplasmal infection. The main group consisted of 30, medications – VIUSID and EPIGEN; comparative group consisted of 30 pregnant women, who received “basis-therapy”. The received data witness significant efficiency of performed therapy in the main group.

EPIGEN = GLIZIGEN as Registered in other countries