

**SOME PROBLEMS OF THE TIMELY DIAGNOSIS, TREATMENT
AND REHABILITATION OF PATIENTS WITH ALLERGIC
BRONCHO-OBSTRUCTIVE DISEASES**

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For the last decades a growth of frequency and heaviness of allergic broncho-obstructive diseases (ABOD) has been registered in nearly all developed countries. Etiology, pathology and mechanisms of development of these diseases are not clear enough by now and that is why the methods of their diagnosis, treatment and rehabilitation are not sufficiently worked out, too. The purpose of our work is to make an attempt for improvement of diagnosis, treatment and rehabilitation of ABOD.

For 9 years, 8132 adults with ABOD were studied. Skin allergic tests and functional breathing tests were made to all of them. Bronchial provocations with specific and non-specific antigens and immune tests were made to some of the patients. The patients were divided in 4 groups. Ist group of 870 patients treated with bronchodilators: xanthines, -sympathomimetics, cholinolytics, Ca-antagonists and corticosteroids in order not only to compare their effect but in immunopharmacological aspect, too. In IInd group of 6089 patients specific immunotherapy was applied separately or in combination with intal, zaditen, respivax, levamisol and physical methods. In order to project the specific immunotherapy the titer of specific IgG antibodies in the serum of patients was examined. The patients from the IIIrd group (349) were treated with different immunomodulators: levamisol, respivax, dipiridamol, Gamma A and vitamins A, B, C. In the IVth group together with the bronchodilators were applied physical methods: LASER puncture and interference current.

After comparing the different bronchodilators it turned out that the clinical effect of theophyllin and agonists is greater than that of cholinolytics. The Caantagonists can not be used as monotherapy in patients with expressed bronchospasm. But they can be used for patients with expressed rhythmical disturbances and combined pathology. The immunological activity of patients treated for a long period with bronchodilators was inhibited and the inhibition was greater after treatment with corticosteroids. After successful specific immunotherapy the phagocytosis is stimulated and the number of patients with cellmediated immune deficiency decreases. We found a correlation between the in-

crease of the specific IgG antibodies in the serum of the patients and the clinical effectiveness of the specific immunotherapy in 93,7% of the patients. The immunotherapy is more effective when it is combined with other drugs and with psychic and physical rehabilitation.

Among the immunomodulators with greatest effectiveness were levamisol and respivax. They reduced the frequency, the duration and severity of recurrences and the number of bronchodilators. All the patients treated with physical methods got better. 82% of the patients treated with LASER puncture did not get any asthma attack and in the order 18% the attacks became less frequent. The number of the bronchodilators also was reduced and in 10,8% of cases they were discontinued. The treatment with interference current also was with excellent effect in 87,5% of the cases. A reduction of therapy with other medicines was attained in 56,2%. Our findings are similar to the results of other authors (1-6).

As a conclusion we can say that bronchial provocations with specific and non-specific antigens work out the details of diagnosis of ABOD. Our findings of correlation between the increase of specific IgG antibodies and the clinical effectiveness of specific immunotherapy show that it can be used for an impartial assessment of the effectiveness of immunotherapy. The inclusion of immunomodulators in the complex treatment of the patients reduces the frequency, the duration and the severity of recurrences and enhances the effectiveness of the desobstructive therapy. The physical methods are with significant therapeutic effectiveness in the patients with ABOD.

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