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EXPERIENCE OF APPLICATION OF GEL "ALLOMEDIN" IN PURCHASING RELEASES OF SIMPLE HERPES

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The efficacy and safety of local application of the gel "Allomedin" in the relief of recurrences of herpes simplex when used for 10 days as monotherapy in comparison with the effectiveness of therapy with the drugs "Zovirax" (cream) and "Fenistil Pencivir" (cream) in 3 groups of 17 patients. The effectiveness of the drug was determined by the doctor and the patient based on the assessment of complaints and the clinical picture of the disease. Results: revealed high efficiency and good tolerance of the gel "Allomedin" at external treatment of recurrent herpes simplex. Significantly earlier regression was noted complaints and a faster reduction in the size of the rash. The drug has a pronounced epithelizing effect, shortens the period of formation and falling off of crusts. Received the results suggest that it is therapeutically equivalent to acyclovir. A good effect of therapy was noted by 88.2% of patients. Conclusion: Allomedin gel can be recommended as a means of choice for a wide use in clinical practice in the treatment of recurrent herpes simplex.

Key words: Allomedin, herpes simplex, external treatment, Zovirax, Fenistil Pencivir.

We've studied the efficacy and safety of the gel "Aloomedin" local application in coping with the recurrence of herpes simplex when used within 10 days as monotherapy in comparison with the efficiency of therapy with such preparations as "Zovirax" cream and "Fenistil Pentsivir" cream, in 3 groups of 17 patients. The efficiency of the preparation was determined by the physician and the patient on the basis of the assessment of complaints and clinical picture of the disease. Results: a high efficacy and good tolerability of the "Allomedin" gel for external treatment of recurrences of herpes simplex. A statistically true earlier setback of complaints and more rapid reduction of the sizes of rash are noted. The preparation shows an evident epithelializing effect, reduces the period of appearance and falling away of crusts. The received results allow to consider the preparation a product, therapeutically equivalent to Aciclovir. A good effect of the therapy is noted by 88.2% of patients. Conclusion: the "Allomedin" gel can be recommended as a means of choice for a wide use in clinical practice in the treatment of recurrences of herpes simplex.

Key words: Allomedin, herpes simplex, an exterior treatment, Zovirax, Fenistil Pentsivir.

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associated with widespread and frequent occurrence of the problem of herpes infection (HS) that of diseases caused by various types of viruses family Herpesviridae, the most common of which are herpes simplex viruses (HSV) 1st and 2nd type. This group of viruses is characterized by neuroimmune tropism and lifelong persistence in the human body ka. The medical and social problem of GI is also associated with frequent recurrence of the disease, which leads to a decrease quality of life of patients, lack of universal treatments that can eliminate herpes viruses from the human body, and the possibility of developing severe complications, especially in persons with immunodeficiency. Still

may play a role in complicated pregnancy and childbirth, miscarriage, in the genesis of premature pregnancy, in non-developing pregnancy, in the vitality of various pathological conditions in the fetus, it associated with the development of antiphospholipid syndrome ma [4, 5].

The features of GI are its contagiousness, recurrence viral nature of the flow, the formation of a secondary immunodeficiency, the possibility of transmission in various ways mi (airborne, household, through the skin and mucous-stony membranes, blood transfusion, genital, intracervical, transplacental, intranatal) [4]. In about 60% of cases, HI is asymptomatic, in

one problem of the GI, which is noted by both Russian and foreign researchers, is underdiagnosis of genital herpes, frequent setting of erroneous diagnosis in atypical or low-symptom forms [1-3]. It is also necessary to note possible unfavorable reproductive health consequences of HSV infection of women and children's health, especially in primary infection of pregnant women. HSV infection

connection with which the main role in the spread of HSV is assigned asymptomatic virus isolation [6, 7]. According to WHO about 70% of the world's population is infected with a virus catfish herpes simplex and in about 10-20% of infected there are any clinical manifestations of GI [8, 9]. In the United States, 98 million cases of labial and 8.5-9 million cases of genital herpes (HH) [10]. According to other sources, 55 million people in the United States have genital

Gynecology

herpes infection, of which only 20-25% know about this, even fewer patients receive adequate treatment [11]. In general, abroad the incidence rate of HSV-infection is 80-200 cases per 100 thousand population [12]. The number of carriers of HSV-2 in the world in 2003 was 535.5 million (16.2% of the total population) [13].

According to the International Herpes Forum IHMF (International Herpes Management Forum 2004), information about the true incidence of GI in the Russian Federation. According to SSCD in Russia from 2003 to 2009, the increase in the incidence of genital cold sores in the Russian Federation amounted to + 6.7%, in 2008 it was the incidence of genital herpes was 23.0 per 100 thousand [14], and in 2009 - 20.8 [15]. In the Nizhny Novgorod region in 2009, this indicator was 13.9 per 100 thousand population. Despite a slight decrease in morbidity bridging GG, in some territories of the Russian Federation its growth was noted: in the Southern Federal District (by 36.4%), the Volga Federal District (by 30.7%) and Ural FD (by 18.0%), where severe recurrent GG is most often registered in Yekaterinburg (50.0%), Yamalo-Nenets Autonomous Okrug (30.0%), Chelyabinsk (25.0%) [16, 17]. According to A.A. Khryanina (2010), 99.4% of the adult population of Siberia is infected with HSV-1 and 20% - HSV-2 (in women infection was higher). Prevalence of HSV-2 in Siberia turned out to be similar to that in the United States and Scandinavian countries [18].

Herpes simplex virus belongs to the alpha herpes viruses, which are characterized by a short cycle of reproduction (about 10 hours), high tropism for cells of epithelioid series and cytopathic action [19]. It is a DNA virus that consists of a nucleotide genome, capsid and outer envelope containing lipids. HSV-1 and HSV-2 have both common and type-specific antigens, and therefore they differ somewhat in virulence and pathogenicity, but have similar cytopathic effect as a result of viral replication in the cell, which is morphologically and clinically indistinguishable for both types of virus [8].

HSV-1 is more likely to cause labial herpes, and HSV-2 is more likely to cause genital HSV-infection. However, in recent years, there has been a tendency towards an increase in the frequency of detection of HSV-1 in the genitourinary path, which is associated not only with the spread of orogeny contacts, but also with the emergence of reliable laboratory methods for determining the GI (in particular, methods of amplification of nucleic acids) [20].

Interaction between the virus and the human body is a decisive stage in the development of GI. In the present time it is generally accepted that the state of the immune system determines the frequency and duration of recurrence of HSV

[25-27]. Comparative clinical studies of various drugs in this group did not reveal any advantages, any of them in terms of efficiency and safety dangers.

Currently, most authors believe that GI treatment should be comprehensive: etiologic and pathogenetic, using a combination of various drugs with different mechanisms of action effects as in the acute period (primary infection or recurrence), and in the period of convalescence and in the period [28-31]. Moreover, most researchers note the high efficiency of complex therapy of GI using various immunomodulators [6, 21, 23, 32-36]. Other researchers note that effective the resistance of such treatment in comparison with the standard antiviral therapy has not been proven [4].

According to the recommendations of the Russian herpes forum, additional specific appointment to systemic antiviral therapy of local antiviral agents is appropriate, starting from the moment of the precursors of recurrent genital herpes, taking into account data from some research on maturation of virions and in the skin. The use of topical antiviral drugs in the complex treatment of increasing the effectiveness of therapy [8, 37]. In the recommendations, the authors take into account the opinion of experts who have developed European guidelines for the treatment of HH, it is noted that local antiviral treatment in the form of monotherapy is considered ineffective and should be prescribed only in combination with taking acyclovir derivatives [11]. Means for external treatment have only a symptomatic effect and do not significantly affect the further course of HH [38]. Monotherapy with external agents is possible with treatment of the patient at the height of exacerbation in order to reduce shortening the duration of the skin manifestations of the viral process [8].

Thus, differentiated tactics are needed in the management of patients with HH, and the issue of optimization of therapy of HSV-infection currently continues to be relevant.

In 2009-2010 on the basis of the Nizhny Novgorod NIKVI conducted a study comparing the effectiveness of funds for external treatment of exacerbation of GI, the purpose of which was:

- evaluate the effectiveness (therapeutic equivalent -ness) topical application of the gel "Allomedin" (degree of reduction of objective and subjective symptoms) in patients suffering from recurrent herpes simplex genitalis, in comparison with the effectiveness of drug therapy Zovirax (cream) and Fenistil Pentsivir (cream);

infections [21–23].

According to the European Disease Guidelines, sexually transmitted infections (2004) and clinical recommendations of RODV (2008) [24, 25], all patients, who went to the doctor within 5 days from the beginning of the relapse, systemic highly specific antiviral drugs: acyclic nucleosides (acyclovir, valacyclovir, famciclovir). They block replication of HSV, quickly and effectively stopping acute GI phenomena, but do not lead to the eradication of the virus and not always affect the frequency and severity of future relapses, also in they have no effect on asymptomatic virus shedding

• assess safety (side effects, tolerance bridge) topical application of the gel "Allomedin" relapses of herpes simplex, by registering lingual phenomena.

Materials and methods

The study included 51 patients of both sexes from 20 up to 71 years (average age - 40.7 ± 2.1 years); 16 men and 35 women with a clinically established diagnosis of "chronic relapsing herpes simplex. Genital herpes - the dog was diagnosed in 16 (31.4%) patients: (7 men and 9 women), labial - in 35 (68.6%) patients (9 men and 26 women). All patients participating in the study

110 No. 6 (19) November 2011 MEDICAL ALMANAC

Page 3

Gynecology

had an exacerbation of GI (no later than 3 days from the onset of recurrent wa). The average number of exacerbations of the disease per year was 4.1 ± 0.4 . 98% of patients presented characteristic complaints (74.5% - for itching in the focus, 47.1% - for pain and 68.6% - for burning nie). Within 2 months before the start of treatment and given exacerbation, the patients did not take any Russian or immunomodulatory drugs, from research patients with manifestations of acute respiration were excluded infection, severe somatic diseases yami, women who are pregnant or in the period of lactations.

For the distribution of patients into 3 groups of 17 people in depending on the drug used, the method was used adaptive randomization, with gender characteristics and the localization of the herpetic process was not taken into account (genital and labial herpes were taken as equivalent pathology). Patients of the 1st group received external treatment for 10 days, Allomedin gel (every 8 hours - 3 times a day on the foci), 2nd group - cream "Zovirax" (every 4 hours - 5 times a day), 3rd group - Fenistil cream Pencivir "(every 2 hours - 8 times a day). The resulting mean Most of the patients used it as monotherapy. If rash-regressed earlier, the use of the drug was discontinued. it was said.

Before the start of treatment (1st day) and on the 3rd, 5th, 8th, 10th day therapy, the assessment of complaints and clinical presentation was carried out diseases (presence of subjective symptoms, localization stage of the process, the size of the rashes, the presence of a bubble in the focus kov, hyperemia, edema, erosion, crusts). The degree of expressed value of the trait was assessed by a 3-point verbal analogue scale: 0 - no symptom, 1 - weak phenomenon, 2 - medium degree, 3 - pronounced manifestation.

During and at the end of the study, undesirable phenomena arising in the course of treatment, their possible relationship with the drug used was assessed volume, taking other medicines. On the 5th (conclude-full) visit by the investigator and the patient subjective assessment of the effectiveness of treatment (good effect, satisfactory or unsatisfactory).

In the 1st group of patients who received the gel externally "Allomedin", 17 patients were included: 2 men and 15 women, mean age 36.6 ± 4.2 years, 5 patients had diagnosed with genital herpes (1 man and 4 women), in 12 patients - labial herpes (in 1 man -

hyperemia (100%) in the focus, erosive elements (35.3%), 11.8% of patients had fresh crusts in place primary elements.

Group 2 of patients who received topical cream "Zovirax", 17 patients were included: 8 men and 9 women shin, mean age 39.8 ± 2.8 years, 3 patients had fatigue the diagnosis of genital herpes has been made (in 2 men and 1 woman - shin), in 14 patients - labial herpes (in 6 men and 8 women) with a frequency of exacerbations per year from 1 to 12 (average the number of exacerbations per year was 3.8 ± 0.6).

In this group, all patients (100%) had characteristic complaints: itching in the focus - 82.4% (moderate symptom rate on a 3-point scale was 1.86), pain - 47.1% (the average severity of the symptom is 1.63) and burning sensation - 64.7% (the average severity of the symptom - 2.18).

A limited process was observed in 16 patients (94.1%), extensive - in 1 patient (5.9%). The size of the focus is up to 0.5 cm were observed in 10 (58.8%) people, from 0.5 to 1 cm - in 6 patients (35.3%), > 1 cm - in 1 patient (5.9%). Clinical symptoms on the first day of observation were presented blistering rashes (in 94.1% of cases), swelling (100%) and hyperemia (100%) in the focus, erosive elements tami (23.5%), 17.6% of patients had fresh crusts on place of primary elements.

In the 3rd group of patients who received topical cream "Fenistil Pencivir", 17 patients were included: 6 men rank and 11 women, mean age 45.8 ± 3.5 years, 8 patients comov was diagnosed with genital herpes (in 4 men rank and 4 women), in 9 patients - labial herpes (in 2 men and 7 women) with a frequency of exacerbations per year from 1 to 12 (the average number of exacerbations per year was 3.4 ± 0.6).

In this group, all patients had characteristic complaints: for itching in the focus - 70.6% (the average degree of severity of symptoms ptoma on a 3-point scale was 1.75), pain - 58.8% (the average severity of the symptom is 1.7) and burning - 70.6% (the average severity of the symptom is 1.75).

Limited process diagnosed in 15 patients (88.2%), widespread - in 2 patients (11.8%). Small lesions were observed in 9 (52.9%) people, medium-sized - in 7 patients (41.2%), large - in 1 patient (5.9%). Clinical symptoms on the first day of observation were are represented by blistering rashes (in 94.1% of cases ev), edema (100%) and hyperemia (100%) in the focus, ero-

and 11 women) with a frequency of exacerbations per year from 1 to 12 (average the number of exacerbations per year was 5.2 ± 1.0).

In this group, 16 patients (94.1%) had characteristic complaints: itching in the focus - 70.6% (moderate symptom rate on a 3-point scale was 2.0), pain - 35.3% (the average severity of the symptom is 2.17) and burning sensation - 70.6% (the average severity of the symptom - 2.25). 1 patient had no subjective feelings.

Limited process (1 focus of herpetic eruptions) was in 12 patients (70.6%), a widespread process (2 and more than the focus) - in 5 patients (29.4%). The size of the focus is up to 0.5 cm (small) were observed in 4 (23.5%) people, from 0.5 to 1 cm (medium-sized focus) - in 8 patients (47.1%), > 1 cm (groupy) - in 5 patients (29.4%). Clinical symptoms in on the first day of observation, vesicles were presented rashes (in 76.5% of cases), edema (100%) and

elements (23.5%), 17.6% of patients had fresh crusts in place of the primary elements.

Summary information about complaints and clinical manifestations exacerbation of GI in patients of 3 groups before treatment are presented in table 1, about the size and number of foci - in table 2.

Results and its discussion

In the course of treatment in patients of the 1st group, complaints are completely regressed on average by 3.7 ± 0.4 days (for 89.6 ± 8.9 hours), in the 2nd group - by 4.6 ± 0.5 days (for 110.1 ± 12.7 hours, $p > 0.1$), in the 3rd group - by 5.5 ± 0.6 days (for 132.7 ± 14.0 hours, $p < 0.02$).

At the 2nd visit (on the 3rd day), 24 patients presented complaints. 47.1% of all observed patients): itching in the focus persisted in 33.3% (-41.2% compared to visit 1), pain in the focus - in 15.7% (-31.4%), burning - in 15.7% (-52.9%).

Gynecology

Of these, in the 1st group of patients with complaints, there were 4 people (23.5%), which compared to visit 1 amounted to -70.6%. In group 2, there were 8 such patients (47.1%, $p > 0.1$), this is -52.9% compared to 1 visit. The third number of such patients is 12 (70.6% *, $p < 0.01$), -29.4% compared to visit 1.

A significant part of the patients of the 1st group noted disappeared itching, burning and pain in the focus of inflammation already in the first day of treatment.

At the final visit, complaints of burning sensation in the outbreak presented by 1 patient of the 1st group (table 3). Average the timing of regression of individual complaints in patients of 3 groups of are given in table 4.

In group 1, all complaints regressed almost the same. temporarily: itching - in 3.8 ± 0.4 days, pain and burning - in 3.7 ± 0.4 day. In groups 2 and 3, pain first disappeared (3.3 ± 0.3 - in 2nd gr. and 4.3 ± 0.5 - in the 3rd group) and a burning sensation (for 3.9 ± 0.5 and 4.3 ± 0.7 days, respectively) in the foci of herpetic eruptions - niy, itching regressed somewhat more slowly (for 4.3 ± 0.5 - during 2nd, $p > 0.2$ and 5.3 ± 0.7 - in the 3rd, $p > 0.05$ compared to the 1st group).

During the study, it was noted that in all groups significantly faster regression of complaints was in patients with labial herpes (4.3 ± 0.3 days) than in patients with HH (5.8 ± 0.7 days, $p < 0.05$), and the duration of clinical manifestations lesions of the disease did not differ (9.4 ± 0.2 and 9.2 ± 0.4 days respectively). Relevant data for individual groups are presented in table 5.

Objective symptoms of GI in patients of the 1st group regressed on average by 8.76 ± 0.4 days (for 210.4 ± 10.2 hours), in group 2 - by 9.7 ± 0.3 days (for 232.9 ± 7.1 hours, $p > 0.05$), in the 3rd group - by 9.5 ± 0.3 days (for 227.3 ± 7.7 hours, $p > 0.1$). These data can be expressed as average duration relapse. Nevertheless, in each group there were registered There are patients who, at the final visit (10 day) persisted any manifestations of herpetic process: 1 patient (5.9%) in the 1st group (persisted slight edema and hyperemia in the focus), 5 patients (29.4%, $p > 0.05$) in group 2 (slight hyperemia and mild crusts), 5 people (29.4%, $p > 0.05$) in the 3rd group (similar manifestations). Wherein of 11 patients with remaining clinical manifestations diseases, only 2 (18.2%) suffered from genital herpes

88.2% *, $p < 0.05$ and 94.1% * of patients, $p < 0.01$) and epithelialisation were significantly faster - in 5.0 ± 0.6 days, compared with patients of the 2nd group, in whom the epithelialization process took 7.1 ± 0.6 * days ($p < 0.02$), and the 3rd group, in which ny indicator was 6.6 ± 0.4 * days ($p < 0.05$).

Consequently, the formation and falling off of crusts on the ground former rashes also occurred faster - for 8.4 ± 0.4 days (in the 2nd group - in 9.5 ± 0.3 * days, $p < 0.05$; in the 3rd group - for 9.2 ± 0.5 days, $p > 0.2$).

Reduction of the size of herpetic eruptions by 2 times in the 1st group it happened by 4.8 ± 0.4 days (for 114.4 ± 10.8 hours). In the 2nd - by 6.0 ± 0.4 days (for 144.0 ± 10.2 hours, $p < 0.05$), in the 3rd - by 5.7 ± 0.5 days (for 136.9 ± 11.0 hours, $p > 0.1$). It is necessary note that 1 patient of the 3rd group with genital herpes catfish at the 2nd visit, the appearance of 2 small fresh elements on the periphery of the main focus (against the background regular use of Fenistil Pentsivir cream).

In patients of other groups of new rashes on the background of treatment niya was not recorded.

Given the larger number of patients with advanced herpetic process and more severe course of GI (more frequent exacerbations) in the 1st group, the results obtained tats of treatment with the gel "Allomedin" can be recognized as good mi, and the effectiveness of treatment is high.

For the totality of all indicators (regression of complaints, clinical symptoms, tolerance of the prescribed drug rata), an assessment was made of the effectiveness of treatment for GI treatment by patients and by a physician-researcher.

TABLE 1.
Complaints and clinical symptoms in patients before starting treatment

Sign	1st group (A)	2nd group (H)	3rd group (F)
	(17 people)	(17 people)	(17 people)
Itching in the outbreak	12 (70.6%)	14 (82.4%)	12 (70.6%)
Pain in the hearth	6 (35.3%)	8 (47.1%)	10 (58.8%)
Burning in the hearth	12 (70.6%)	11 (64.7%)	12 (70.6%)
Bubbles	13 (76.5%)	16 (94.1%)	14 (82.4%)
Puffiness	17 (100%)	17 (100%)	17 (100%)
Hyperemia	17 (100%)	17 (100%)	17 (100%)
Erosion	6 (35.3%)	4 (23.5%)	4 (23.5%)
Crusts	2 (11.8%)	3 (17.6%)	2 (11.8%)

catfish, the rest had nasolabial GI localization.

Duration of existence of objective symptoms of GI is presented in table 6. The disappearance of vesiculate rashes in patients of all 3 groups in most cases of registration was studied already at the 2nd visit (on the 3rd day): the average duration of manifestations was 3.4 ± 0.4 days for the 1st and 3rd gr., 3.3 ± 0.2 - for the 2nd. Local inflammatory symptoms processes observed in all patients before starting treatment, were somewhat slower, however, in the group patients who used Allomedin gel, regression occurred faster than in the 2nd and 3rd groups: swelling disappeared by 4.6 ± 0.6 days in the 1st group, by 4.9 ± 0.4 days - in the 2nd group, by 5.1 ± 0.5 days - in the 3rd group; hyperemia in the focus persisted for a long time - up to 6.9 ± 0.7 days in the 1st group, and 8.1 ± 0.6 days - in the 2nd and 3rd groups ($p > 0.1$). During the study, a pronounced epithelizing effect of the gel "Allomedin" in contrast to comparison drugs: erosion at the site of the opened bubble rashes were formed only in 58.8% patients of the 1st group (in the 2nd and 3rd groups, respectively, in

TABLE 2.

The size and number of foci of herpetic eruptions

Dimensions and quantity foci	1st group (A)	2nd group (H)	3rd group (F)
	(17 people)	(17 people)	(17 people)
□ 0.5 cm (small)	4 (23.5%)	10 (58.8%)	9 (52.9%)
0.5 to 1 cm (medium)	8 (47.1%)	6 (35.3%)	7 (41.2%)
1 cm (large)	5 (29.4%)	1 (5.9%)	1 (5.9%)
1 lesion	12 (70.6%)	16 (94.1%)	15 (88.2%)
2 or more	5 (29.4%)	1 (5.9%)	2 (11.8%)

TABLE 3.

Patient complaints during treatment

Visit No.	1st group (A)	2nd group (H)	3rd group (F)
	(17 people)	(17 people)	(17 people)
Visit 1 (1st day)	16 (94.1%)	17 (100%)	17 (100%)
Visit 2 (3rd day)	4 (23.5%)	8 (47.1%)	12 (70.6%)
Visit 3 (5th day)	1 (5.9%)	3 (17.6%)	5 (29.4%)
Visit 4 (8th day)	1 (5.9%)	1 (5.9%)	2 (11.8%)
Visit 5 (10th day)	1 (5.9%)	0	0

112 No. 6 (19) November 2011 MEDICAL ALMANAC

Page 5

Gynecology

88.2% of patients indicated a good effect of treatment 1st group, 70.6% of patients of 2nd group and 64.7% of patients 3rd group ($p > 0.05$) (table 7). Subjective assessment of the therapy administered by the patient and the doctor in most cases teas in all groups were the same. In the 1st group, the opinions of the patient that and the doctor coincided in 100% of cases, that is, the effect of treatment was unambiguous and did not cause difficulties in assessment. U 5

TABLE 4.

Average time frames for full regression of complaints

Complaints	1st group (A)		2nd group (B)		3rd group (F)	
	(17 people)	(17 people)	(17 people)	(17 people)	(17 people)	(17 people)
	days	clock	days	clock	days	clock
Complete regression all complaints	3.7 ± 0.4	89.6 ± 8.9	4.6 ± 0.5	110.1 ± 12.7	5.5 ± 0.6	132.7 ± 14
Itching regression	3.8 ± 0.4	90.0 ± 10.7	4.3 ± 0.5	104.0 ± 13.2	5.3 ± 0.7	127.4 ± 16.2
Pain regression	3.7 ± 0.4	88.0 ± 10.1	3.3 ± 0.3	78.0 ± 6.0	4.3 ± 0.5	103.2 ± 12.4
Burning regression	3.7 ± 0.7	87.2 ± 15.2	3.9 ± 0.5	94.0 ± 10.8	4.3 ± 0.7	102.5 ± 17.8

TABLE 5.

The duration of subjective sensations and objective symptoms mov in patients with different GI localization during treatment

Groups	Indicator	Duration of patients with HH (days)	Duration of patients with PH (days)
1st gr. (AND)	Complaints	5.0 ± 1.5	3.8 ± 0.5
	Symptoms	8.6 ± 1.0	8.8 ± 0.5
	N	five	12
2nd gr. (Z)	Complaints	5.3 ± 1.5	4.4 ± 0.6
	Symptoms	9.3 ± 0.7	9.8 ± 0.3
	N	3	14
3rd gr. (F)	Complaints	6.5 ± 0.8	4.7 ± 0.7
	Symptoms	9.5 ± 0.5	9.4 ± 0.5
	N	8	9
All groups	Complaints	5.8 ± 0.7	4.3 ± 0.3
	Symptoms	9.2 ± 0.4	9.4 ± 0.2
	N	16	35

TABLE 6.

patients (29.4%) 2nd group, and 3 patients (17.6%) 3rd group, opinions the doctor and the patient differed in the assessment of the treatment.

All patients assessed the tolerance of the prescribed preparata for external treatment as good. No adverse local and general reactions were not recorded but. Patients of the 1st group noted the convenience of using neniya gel "Allomedin" 2-3 times a day (compared with applying Zovirax cream 5 times a day and 8 times a day cream "Fenistil Pentsivir") and its good organoleptic (cosmetic) properties: transparency, does not shine after application, and therefore it can be applied before appearing in public places.

Conclusion

In the course of research to assess the effectiveness and safety the use of the gel "Allomedin" in the treatment of relapses herpes simplex has been found to be highly effective and good tolerance for external treatment, even as monotherapy of this disease. Gel "Allomedin" quickly stops subjective sensations and objective problems exacerbation of herpes infection, especially when early start of treatment. In the course of therapy, a worthy correct earlier regression of complaints presented by the patient - than in the treatment with Fenistil Pentsivir cream, and more rapid reduction in the size of the rashes (by compared with treatment with Zovirax cream). The drug proved to be has a more pronounced epithelial effect, reduces the period of formation and falling off of crusts (reliable difference with both comparison drugs).

The results obtained are superior or comparable with the results obtained in the treatment of recognized standard - cream "Zovirax" (acyclovir), - in combination - with high compliance of treatment (application of the preparation rata 2-3 times a day) and excellent cosmetic properties properties allow you to use the gel "Allomedin" for relief of exacerbations of labial or genital herpes of any severity and consider it a drug, therapeutically equivalent to acyclovir.

Duration of objective symptoms of GI

Symptom	1st group (A)		2nd group (B)		3rd group (F)	
	days	clock	days	clock	days	clock
Bubbles	3.4 ± 0.4	81.2 ± 9.2	3.3 ± 0.2	78.0 ± 4.1	3.4 ± 0.2	82.3 ± 5.5
Puffiness	4.6 ± 0.6	110.1 ± 14.1	4.9 ± 0.4	118.6 ± 10	5.1 ± 0.5	121.4 ± 11.5
Hyperemia	6.9 ± 0.7	165.2 ± 16.2	8.1 ± 0.6	194.8 ± 15.1	8.1 ± 0.5	193.4 ± 12.3
Erosion	5.0 ± 0.6	120.0 ± 13.9	7.1 ± 0.6	169.6 * ± 13.7	6.6 ± 0.4	159.0 * ± 10.5
Crusts	8.4 ± 0.4	201.6 ± 10.4	9.5 ± 0.3	227.3 * ± 6.9	9.2 ± 0.5	220.8 ± 12.4
All symptoms (continued efficiency relapse)	8.8 ± 0.4	210.4 ± 10.2	9.7 ± 0.3	232.0 ± 7.1	9.5 ± 0.3	227.3 ± 7.7

TABLE 7.*Evaluation of the effectiveness of treatment*

Effect	Patient opinion			Doctor's opinion			opinions Divergence
	Good	Satisfied	Unsatisfied.	Good	Satisfied	Unsatisfied.	
1st group (17 people)	15 (88.2%)	2 (11.8%)	-	15 (88.2%)	2 (11.8%)	-	-
2nd group (17 people)	12 (70.6%)	five (29.4%)	-	thirteen (76.5%)	four (23.5%)	-	five (29.4%)
3rd group (17 people)	eleven (64.7%)	five (29.4%)	one (5.9%)	eleven (64.7%)	6 (35.3%)	-	3 (17.6%)

The effectiveness of the gel "Allomedin" for the relief of recurrence of HSV infection, in addition to objective data, den and subjective assessment of the treatment given by patients and doctor: a "good" effect of therapy was noted by 88.2% of patients, which fully coincided with the assessment of the researcher.

The safety of using the gel "Allomedin" is proven the absence of undesirable phenomena associated with the use treatment of the drug, as well as local and general side reactions. In this regard, "Allomedin" can be recommended in as a means of choice for widespread use in clinical practice.

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