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MODERN METHODS OF TREATING CANDIDIASIS AND IMPROVING THE EFFECTIVENESS OF TREATMENT

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Abstract: The article provides literature data on the possibility of using both traditional and alternative methods of treating candidiasis. As an alternative method of treating candidiasis, we recommend auto-vaccination.

Key words: candidiasis, treatment, vaccine, autovaccinotherapy.

Introduction.

Candidiasis is an infectious disease caused by fungi of the genus Candida, occurring with damage to the skin, mucous membranes and internal organs, with the possibility of generalization of infection. The factors predisposing to the development of candidiasis are quite diverse: intoxication, neoplasms, metabolic disorders and others diseases that lead to the development of immunodeficiency conditions. In most patients, candidiasis develops a second time, complicating the chronic disease against the background of frequent or massive antibacterial therapy, general and local use of immunosuppressive treatment. Despite the sufficient number of publications devoted to this issue, the treatment of candidiasis is not an easy task. The main principle of therapy is to effectively act on fungi, prevent relapses of the disease and eliminate the negative effects of drugs on the patient's body. It is necessary to treat concomitant diseases and eliminate risk factors for the development of candidiasis. Immunocorrection should be performed and, if possible, local treatment should be used. In addition, it should be remembered that candidiasis in most cases develops in association with other microorganisms and should be considered as a polyethological

disease. Therefore, the issues of finding a rational therapy for candidiasis remain relevant. Antifungal drugs, general and topical drugs for the treatment of fungal infections are represented by the following groups:

I. Antibiotics

1. Polyene antibiotics: amphotericin B, ambizom, amphoglucamine, mycoheptin, nystatin, levorin, pimafucin, etc.
2. Griseofulvin (fulcine).

II. Preparations of the azole group

1. Imidazole derivatives: ketoconazole, clotrimazole, miconazole, econazole, bifonazole, miconazole, terconazole, tenonitrozole.
2. Triazole derivatives: fluconazole, itraconazole, voriconazole.

III. Pyrimidine derivatives: flucytosine,

ancotyl.

IV. Allylamines: naphthyphine (exoderyl).

V. Terbinafine: lamisil.

VI. Morpholine: amorolfin (lotzeril).

VII. Other drugs

1. Cyclopyroxolamine (batrafen, dafnejin).
2. Nitrofurans: chloronitrophenol, nitrofungin, nifuroxime.
3. Preparations of undecylenic acid: mycoseptin, zincundan, dostundan, undentsin.
4. Boron-tannin complex: fitex.
5. Preparations of different groups: derivatives of salicylic acid, zinc salts, iodine preparations, gentian violet, decanine, octocyl, sodium tetraborate.

VIII. Combined drugs: mycozolone (miconazole + mazipredone), travocort (isoconazole + diflucortolone), klion-D (miconazole + diflucortolone), terzhinan (nystatin + neomycin + ternidazole + prednisolone), pimafucort (natamycin + neomycin sulfate + hydrocortisone), triderm (betamethasone dipropionate + gentamicin + clotrimazole), fucorcine solution.

To reduce the duration of treatment and the frequency of relapses, with the possibility of access to a mycotic focus, local antifungal therapy is used along with general drugs. The modern therapy of candidiasis is based on the use of antifungal drugs. However, as practice shows, most patients experience relapses after discontinuation of such treatment, associated with the resumption of Candida activity spp. Although the list of drugs with antifungal activity is quite large, in practice their choice is quite limited due to a number of disadvantages inherent in most drugs: toxicity, narrow spectrum of antifugal activity, low bioavailability, high recurrence rate, clinically significant drug undesirable interactions or high cost. But the main reason for the need to find new alternative therapies is the development of microorganisms of resistance mechanisms to widely used drugs. According to the literature, the resistance of Candida spp. to azole drugs reaches 10%, which is associated with point mutations V4371 and N44OK in the ERG11 gene.

Widespread, not always justified use drugs of the latest generations can lead to selection of the most resistant strains. To overcome the polychemo-resistance of microorganisms, combinations of various

antifungal drugs are used. Although such combinations are obviously highly effective, they are not without disadvantages due to their effect only on the fungal flora, without taking into account the entire microbiological spectrum bioniches of the patient, which requires the introduction of additional antibacterial drugs in the event of a mixed infection. These drugs do not affect the body's immunoreactivity. There is also the possibility of microorganisms developing resistance to them; in addition, their use is limited by pharmacoeconomic aspects. All this dictates the need to search for alternative effective methods of therapy, which can be used both as monotherapy and in combination with other drugs.

Immunomodulators and eubiotics. Candidiasis usually develops against the background of primary or secondary immunodeficiency conditions. For correction immunological disorders in the treatment of candidiasis, it is advisable to use immunomodulatory therapy, which is recommended in the complex treatment of candidiasis. Besides, it is recommended to include drugs that normalize intestinal microbiocenosis and other biotopes of the patient’s body. Complex treatment, including correction of dysbiosis, can increase the effectiveness of candidiasis therapy. Thus, the low effectiveness of using antifungal drugs in the form of monotherapy, the need to use other drugs in therapy drugs with multidirectional effects dictate the need for scientific search for new complex methods of influencing the pathological process. Use of vaccines and autovaccine therapy. Immunotherapy for chronic inflammatory diseases diseases (CVD) began to be developed even before the emergence of modern chemotherapy drugs. Currently, immunotherapy indicated for indolent infectious diseases, frequent relapses of chronic venous disease, and the presence of microbial resistance to antibacterial agents and the ineffectiveness of traditional treatment methods. The advantage of using vaccine therapy is the specificity of its effect on immune system, with active stimulation of the development of anti-infective immunity. That's why creating a Candida vaccine matters despite the fact that in persons with lifelong carriage of Candida spp. immunity does not develop.

Autovaccines are prepared from autologous flora and are used primarily for the treatment of CVD associated with impaired immune response and caused by pathogens resistant to standard therapy. Immunotherapy aimed at strengthening nonspecific resistance is recognized as an important strategic direction in the fight against Candida spp. According to some authors, humoral immunity during autovaccinotherapy remains mostly unused, according to the observations of others, indicators of both cellular and humoral immunity increase. Activation of immune processes in a patient with CVD when using individual vaccines is justified. Along with clinical improvement in autovaccinotherapy, an increase in a number of indicators of nonspecific immunity (complement, phagocytosis, cytochemical activity of cells, etc.) is noted. Modulation of the synthesis of three active immunoregulatory cytokines is also noted: interferon γ, granulocyte macrophage colony stimulating factor and interleukin-1ß. At the same time, although the immunomodulatory effect of membrane components or fragments of cellular This is recognized, but the true mechanisms of action of the autovaccine are still not clear, which opens up wide opportunities for scientific research.

Conclusions.

The trigger mechanism of the inflammatory process is the complex relationship between the macro- and the microorganism. Violation of immunoregulation reactions and changes in the resistance factors of the macroorganism – on the one hand, the increase in the resistance of microorganisms to antimicrobial drugs – on the other hand, create difficulties in developing schemes for the rational treatment of CVD. This dictates the need to develop new methods of complex therapy of CVD, which have an effect on the associations of pathogen microbes, on the normalization of changes in the immune system, which can be used both independently and in combination with traditional therapies. In our opinion, the method of autovaccinotherapy meets such criteria.

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