

Possibilities of using vegetative resonance testing in gynecology

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For the period 2004-2006 we studied the possibilities of using ART in the diagnosis of gynecological diseases and, in particular, in the differential diagnosis of chronic pelvic pain syndrome.

Chronic pelvic pain accounts for 10% of all pathology with which women turn to a gynecologist (Mayorov M.V., 2004). Chronic pelvic pain syndrome (CPPS) is defined as

1) a condition characterized by the presence of nonspecific pelvic pain for more than 6 months. with an indefinite onset and the absence of morphological changes in organs and tissues, which can cause pain syndrome of varying severity (Tatarchuk T.F. et al., 2003);

2) non-menstrual pain in the pelvic region, abdominal wall below navel, lower back lasting more than three months with an indefinite onset and no changes in organs and tissues (V. Kustarov, 2005).

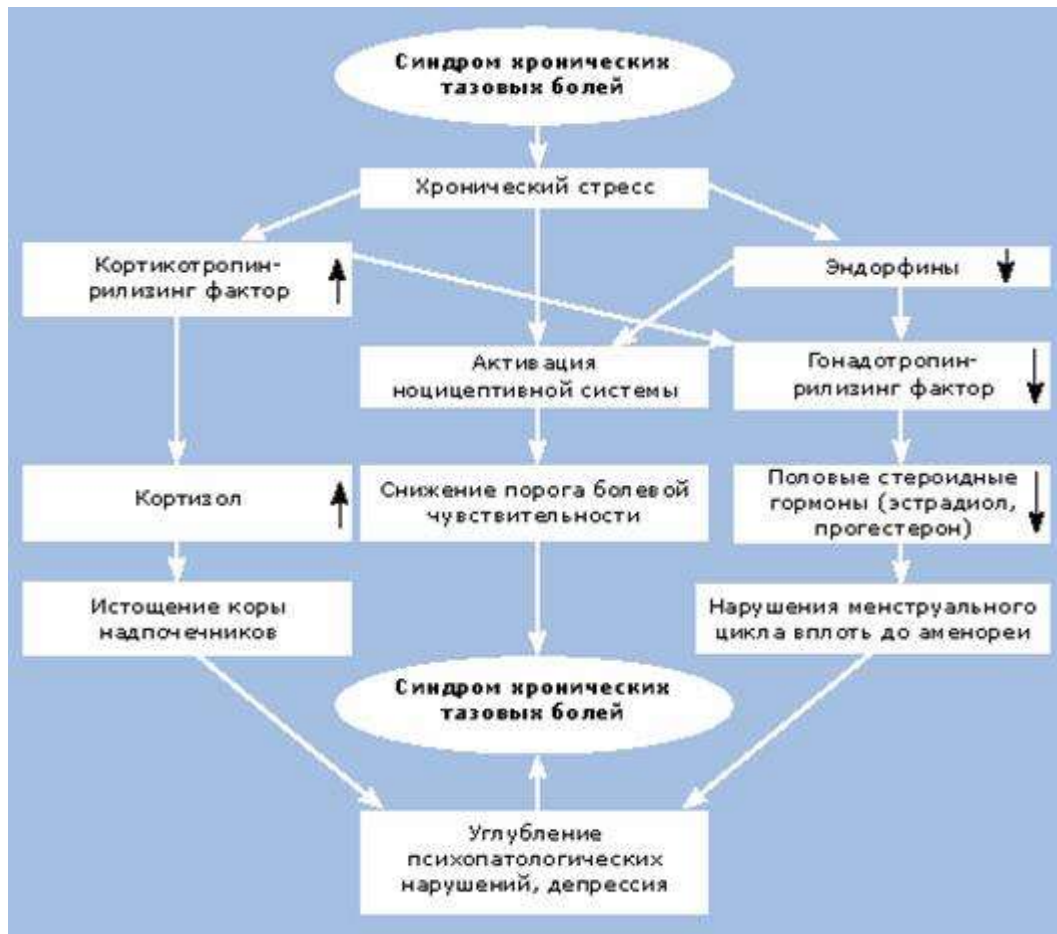
Among all the causes of pelvic pain, chronic pelvic pain syndrome is the most difficult to diagnose and treat due to the lack of a leading link in the pathogenesis of this disease and specifically defined local pathological changes.

Despite the fact that many authors Mandelstam, Petrov-Maslakov, Bodyazhina, Tatarchuk, Savitsky, Mayorov, Duncan, Alain, Masters and others have dealt with the issues of the pathogenesis and rational treatment of the syndrome, the etiology and pathogenesis are not fully disclosed and in connection with this there are difficulties in choosing a pathogenetic treatment.

According to modern authors, the following main points are characteristic of the pathogenesis of CPPS:

- it is a polyetiological pathology, in the pathogenesis of the development of which there are both central and peripheral disorders that make up the so-called "vicious circle" (Fig. 1);
- dysfunction of the hypothalamic-pituitary, increased excitation of the nociceptive systems with a decrease in the threshold of pain sensitivity and increased pain sensation even in the presence of subthreshold stimuli (Savitsky G.A. et al., 2000);
- congestion in the small pelvis due to impaired regional blood circulation (vascular hypertonicity, vasodilation);
- tissue hypoxia, accumulation of algogenic substances and irritation of nociceptors;
- thrombosis of the pelvic and ovarian veins (due to possible varicose veins and primary hypercoagulability);
- violation of the metabolism of prostaglandins, an increase in the content of which causes characteristic symptoms (Mayorov M.V., 1998, 2000, 2001);
- gestagenic insufficiency, which increases the sensitivity of the myometrium to prostaglandins;
- is considered a pelvic neurosis.

When reviewing the literature on CPPS, none of the sources mentioned the etiology of the disease. Due to the lack of data on these issues in the literature, we considered it appropriate to study the features of the pathogenesis of chronic pelvic pain syndrome according to the autonomic resonance test (ART). The high degree of informational content of which allows you to get a more specific idea of the pathogenesis of CPPS and a differentiated approach to pathogenetic therapy, which, in turn, will reduce the number of relapses and disability.



Rice. one. "Vicious circle" of neuroendocrine disorders in chronic pelvic pain syndrome "(cited by T.F. Tatarchuk, 2003)

The study involved 56 women aged 18 to 54 years in an outpatient setting. Patient selection criteria were specific complaints of a subjective and objective nature, medical history, ineffectiveness of previous courses of therapy (short remissions between courses of treatment, repeated visits to a specialist in a short period), inconsistency between the low severity of objective disorders and vivid subjective manifestations of the disease. According to preliminary general clinical and instrumental examinations (PV examination, general blood and urine analysis, bacterioscopy of mucus from the cervical canal and vagina, C-reactive protein, liver function tests, prothrombin / fibrinogen, ELISA A, M, G and PCR for STDs and viral infections, Ultrasound, Doppler, computed tomography and MRI), no objective abnormalities were found.

The survey was carried out on the hardware and software complex "IMEDISEXPERT" (RU # FS022a2005 / 2263-05) using the method "Pathophysiological chains" according to A.A. Ovsepyan.

In all 56 women, infectious etiological factors were determined in the form of monoinfection - 2 patients and mixed viral-bacterial-fungal association - 54. Were identified: CMV, herpes virus types 1 and 2, Epstein-Barr virus, chlamydia, mycoplasma, ureaplasma, gonococcus, Staphylococcus aureus, hemolytic streptococcus A, Candida yeast. The infection was localized mainly in the area of plexuses, endothelium of the vessels of the small pelvis, internal genital organs, paravertebral ganglia, kidneys, mucous membranes of the bladder and urethra.

In 35 women, autoimmune processes of 1-2 tbsp were determined. in the endothelium of the pelvic veins, in 15 - autoimmune processes 1-2 tbsp. in the endometrium, 6 - autoimmune processes 1-2 tbsp. in the ovaries.

Functional disorders in the hypothalamus-pituitary-ovary system were identified in 56 patients.

Based on the data obtained, we believe that the leading link in the development of CPPS is the dysfunction of local cellular and humoral immunity with the emergence of autoimmune processes to one's own tissues, which determines the specificity of clinical manifestations and torpidity to the drugs used.

The etiopathogenetic factors identified with the help of ART allow the so-called "chronic pelvic pain syndrome" to be classified as chronic inflammatory diseases of the pelvic organs.

conclusions

1. Modern general clinical, biochemical and instrumental diagnostic methods do not have a sufficient degree of sensitivity to identify the etiology and pathogenesis of subclinical chronic inflammatory diseases.
2. ART is a highly sensitive method for identifying functional disorders in the work of the psychoneuroimmunoendocrine system, which makes it possible to use it for both therapeutic and diagnostic and scientific purposes.
3. As an independent nosology, the term CPPS is not correct and it is necessary to use a more correct name - chronic inflammation of the pelvic organs.

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