

Using bioresonance therapy to treat secondary amenorrhea
(case from practice)

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Recently, there has been a significant increase in the number of women of reproductive age with various disorders of the menstrual cycle (primary and secondary amenorrhea, oligomenorrhea, opsomenorrhea, polymenorrhea, hypermenorrhea, menorrhea, dysfunctional uterine bleeding). This is due to the widespread prevalence of chronic inflammatory diseases of the pelvic organs, prolonged psycho-emotional stress, adverse effects of environmental factors, etc.

Secondary amenorrhea is the absence of menstruation for 3-6 months or more. The causes of secondary amenorrhea are:

- pregnancy;
- hypothalamic anovulation (hypogonadotropism, hypothalamic conditioned amenorrhea, emerging decline level luteinizing hormone, which may be associated with weight loss, sharp stress, anorexia);
- recent withdrawal of hormonal contraceptives;
- early depletion of the ovaries;
- hypo- and hyperthyroidism;
- hyperprolactinemia;
- polycystic ovary syndrome;
- tumors of the ovaries, adrenal glands;
- anomalies in the development of the uterus.

The plan of diagnostic measures for amenorrhea includes: determination of the concentration of prolactin, thyroid-stimulating hormone, luteinizing hormone of blood serum, progesterone test, ultrasound examination of the genitals, if necessary - X-ray examination of the Turkish saddle, endometrial biopsy.

In the treatment of secondary amenorrhea, hormonal drugs are traditionally used in various combinations, depending on the identified cause of amenorrhea (progesterone, progesterone in combination with estrogens in a cyclic mode).

Clinical example

Patient V., 25 years old. Menses - from the age of 15, duration - 5 days, not abundant, moderately painful during the first two days; the cycle was established after 4 months, the duration was 28 days. At the age of 19, after suffering a psycho-traumatic situation against the background of a decrease in body weight by 8 kg in 1 month, the menstrual cycle was disrupted (there were no menses for 5 months). Examination of the data indicating a lesion of the pituitary gland was not found, ultrasound examination of the genitals revealed no pathological changes, erosion of the cervix was found. For 3 years, combined hormonal therapy was carried out with a temporary effect only while taking the drugs. In addition, there have been repeated unsuccessful attempts to treat cervical erosion.

On August 15, 2006, the patient first came to the medical center LLC "Occidental-Express" with complaints about the absence of menses for 6 months (hormone therapy was canceled on its own 8 months ago), rapid fatigue. During the diagnostics by the method of vegetative resonance testing "IMEDIS-TEST" revealed: geopathogenic load of the 2nd degree, electromagnetic load of the 4th degree, radioactive load of the 2nd degree, mental load of the 7th degree, pronounced tension of the immune system, depletion of the endocrine system of the 1st degree; chlamydia trachomatis - uterus, ovaries, mycoplasma - ovaries, kidneys, Trichomonas D8 discharge, toxoplasma - ovaries, kidneys, toxoplasmosis D12, adnexitis D6.

Prescribed treatment: general BR-drug, recorded through Cu met. D400, private BR-drugs, "Bach Flowers", Systemic Spiritual Adaptants, Raeks, Gormel SN, resonance frequency therapy №10.

09/20/2006 The state of health has improved. When examining by the ART method revealed: absence of geopathogenic load, electromagnetic and radioactive load of 1 degree, mental load of 3 degrees, Trichomonas discharge D30, toxoplasmosis D32, adnexitis D15. Treatment with general and private BR-drugs, Gormel SN, was continued, drugs "Cycle Phases" were added to the therapy, vitamins.

12 weeks after the start of treatment for menses resumed. During the the last 3 months, while taking, regular above drugs menstrual periods remain cycle, at gynecological examination 02/14/2007, erosion of the cervix is not was diagnosed. Recommended further observation and treatment.

Conclusions:

1. Using methods of vegetative resonance testing and resonance frequency therapy, it is possible to clarify the etiology of chronic inflammatory processes and achieve a stable remission or complete cure.

2. An integrated approach to the treatment of secondary amenorrhea allows normalize the menstrual cycle without the use of hormonal drugs.

Literature

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