

Functional diagnostics and therapy of infertility and pregnancy pathologies using the pregnancy model in EPD, ART and BRT

I.A. Bobrov, E.Yu. Pechnikova  
(Clinic "Family +", Moscow, Russia)

Every year, the issues of infertility treatment, as well as treatment, and, more importantly, prevention of pregnancy pathology, are becoming more and more urgent [1, 2, 3].

Therefore, the search for new methods not only for diagnostics, but for differential diagnostics, which makes it possible not only to identify infertility, but also its cause, remains relevant. And also to evaluate the results of treatment and give a prognosis for the course of this, and even better, the forthcoming pregnancy. It is also desirable that diagnostic methods can be applied in the course of therapy. As the saying goes, "he who diagnoses well, heals well."

In connection with this very specific formulation of the problem, the question arises of the possibility of using tests with functional loading. That is, about the selection of a provoking stimulus capable of simulating changes in the state of the body, relative to the questions asked.

It should be noted that the questions of functional diagnostics have tried to be raised before. So, even Schmidt, Pfaul and Will in 1968 created a direction in the form of biofunctional diagnostics (BFD). The result of the research was a biofunctional test. However, the question of the selection of the functional load (FN), capable of adequately reflecting the state of the functional systems (FS) of the body, turned out to be unresolved. For example, it is not clear why the frequency of 10 Hz supplied to the BAP should be the main one in determining their condition. Thus, due to the unresolvedness of many theoretical problems, as well as due to the cumbersomeness and laboriousness. Although, if we consider the issue carefully, then we can say that any measurement, say, BAP, using an electric current, is in itself a breakdown with a functional load. The same can be said about R. Voll's method. The only difference is that R. Voll successfully solved the problem of determining the resistance of "healthy" BAPs, representing certain PSs and individual organs, to the effects of FN in the form of an electric current with certain characteristics [4]. And, accordingly, the instability of pathological BAPs to this kind of FN. Thus, with EPD according to R. Voll's method, the electric current is a nonspecific FN in determining the state of BAP. However, the question of the selection of specific FN for the diagnosis of specific situations and pathologies remains open. with EPD by the method of R. Voll, the electric current is a nonspecific FN in determining the state of BAP. However, the question of the selection of specific FN for the diagnosis of specific situations and pathologies remains open. with EPD by the method of R. Voll, the electric current is a nonspecific FN in determining the state of BAP. However, the question of the selection of specific FN for the diagnosis of specific situations and pathologies remains open.

Regarding the topic stated in the article, the authors believe that they were able to resolve this issue.

So, since the main task was to solve the problem of obtaining and maintaining pregnancy, then, as the FN, it was decided to take a pregnancy model. This model was compiled from informational copies of organopreparations available in the selector. Specifically were taken informational copies of such organopreparations as the placenta, amnion, hCG hormones and placental hormone, as well as, in fact, the embryo and the umbilical cord.

This set of organopreparations in the form of a single prefabricated organopreparation

The "pregnancy model" (MB) was used both as a FN in EPD according to R. Voll's method, and as a test indicator in the use of ART.

In case of EPD according to R. Voll, MB was put into the load through the medication test connector. This was done after fixing the patient's initial parameters. Thus, it became possible to simulate the state of all the main functional systems of the body (FS) before and after FN, that is, before and after a possible pregnancy. The advantage of conducting tests with FN using EPD according to R. Voll is relative simplicity and a small amount of time spent. Since the measurement is mainly carried out according to the CTI, and only if necessary, that is, when significant deviations are detected on the CTI, along the rest of the BAPs of the meridian. At the same time, it is possible to obtain not only a qualitative, but also a quantitative analysis of the state of both the main FS and their subsystems in the form of, for example, individual organs, or their elements. One of the advantages of the method in displaying the IMEDIS program is the ability to graphically display the results. This is convenient both for the purpose of comparing the results in the course of treatment, and for the purpose of providing information to patients, and in the most accessible, graphical form.

During ART, MB was used as a test guide. The most important thing with this method is to identify, in addition to organs and systems interested in the pathological process, such qualitative indicators as hormones interested in the process. More precisely, the identification of those hormones of the woman's body, deviations in the balance of which, cause pathological manifestations, in our case, in the onset and course of pregnancy. And also, the type of pathological processes that can develop in a particular organ or system (allergic, autoimmune, infectious, etc.).

The described integrated approach allows you to determine the degree of a woman's readiness for pregnancy, as well as to identify the weakest organs and whole FS that determine the risk during pregnancy or prevent its onset. In addition, it became possible to dynamically track the effectiveness of the treatment process for conditions such as infertility or systemic complications during pregnancy. The most striking example of such complications is recurrent miscarriage. Moreover, drawn up in the form of graphical displays, as well as series of qualitative indicators, such data become available, except for EPD and ART specialists, both for doctors of other specialties (with some desire and public training), and for the patients themselves. The importance of understanding the situation on the part of the patient is relevant, when the question arises about the timing of the possible onset of pregnancy and the possible risks during it. The relevance of this issue will be shown below.

Of course, the use of tests with FN in the form of MBs should be performed already at those stages of treatment, when the woman's body is maximally compensated for all indicators. Then, according to the results of functional tests (FP), further treatment is corrected. Unsatisfactory the results of AF can serve as an argument for postponing pregnancy, until the condition stabilizes under the influence of FN.

In cases where sufficient stabilization methods

energy-informational medicine (homeopathy, BRT, reflexotherapy) cannot be achieved, for example, with severe genetic pathology with AHS, it is possible to make a correct prognosis of the disease. On the basis of such a forecast, knowing the potential risks, it can be assumed that the correction of which links of homeostasis will be necessary. Accordingly, it is possible to take timely measures to control them. And also an option is possible when therapy is prescribed in advance, with a preventive purpose. For the cost of complications can be prohibitively high, up to the death of the fetus, or termination of pregnancy. These conditions include severe forms of the adrenogenital syndrome of AHS. More details about the ACS are discussed in another article by the authors. In such cases, against the background of FN MB, it is possible to select an adequate, minimum dose of allopathic drugs, for example, dexamethasone with AGS or Fraxiparine, in severe forms (sometimes caused by DIC genetically syndrome).

In addition to diagnostic, MB has a very important therapeutic meaning. For if some informational stimulus causes deviations in the state of the FS, then the doctor has the opportunity, firstly, to try to simply adapt the patient by using BRT according to various strategies, with a load in the form of MB. The process of bioresonance adaptation can be carried out both along all meridians, and along individual ones, which are manifested by the greatest deviations when conducting tests with FN. And secondly, you can find those points on the chronosemantic track that make it difficult for a woman's body to adapt to pregnancy both in virtual and in real time. Obviously, in this case we are talking about chronosemantic therapy [5], and, specifically, about working with mantic BAP (MBAT) interested in fertility issues. The signal from the identified MBAT can be processed in various ways (potentiated, inverted, etc. ) and used as a medicinal product. The purpose of this method is to level those moments in the patient's life that, due to their traumatic nature, have changed the control processes in the body in such a way that the issues of childbirth have become impossible or difficult. That is, we are talking, as in the case of such therapeutic methods as homeopathy and reflexology, about the restoration of adequate management processes, including those adequate regarding fertility issues. It is also possible to adapt the patient with the use of MBs, through chiroglyphic lines using a laser probe and BRT projection of the brain. that childbearing issues have become impossible or difficult. That is, we are talking, as in the case of such therapeutic methods as homeopathy and reflexology, about the restoration of adequate management processes, including those adequate regarding fertility issues. It is also possible to adapt the patient with the use of MBs, through chiroglyphic lines using a laser probe and BRT projection of the brain. that childbearing issues have become impossible or difficult. That is, we are talking, as in the case of such therapeutic methods as homeopathy and reflexology, about the restoration of adequate management processes, including those adequate regarding fertility issues. It is also possible to adapt the patient with the use of MBs, through chiroglyphic lines using a laser probe and BRT projection of the brain.

Undoubtedly, the use of diagnostic methods with FN in the form of MB makes sense after the patient's body is stabilized within the current homeostasis. That is, roughly speaking, when from the point of view of the EAF, the indicators of the CTI are in the corridor or in the vicinity of the corridor of the norm, and from the point of view of ART, the indicators of the biological indices are as close to optimal as possible. Only after that is it worth moving on to correction within the framework of dynamic and chronosemantic homeostasis [6, 7, 8].

In the clinic "Family +" during the year, according to the described method, 50 patients were treated for infertility. It should be noted that virtually all of them had previously been treated in various clinics, both state and commercial. At the current time, 25 of them are at various stages of pregnancy. The rest are in the process

treatment.

It should be noted that in 6 women, pregnancy began clearly before the completion of the course of treatment, as evidenced by the results of PD with MB. Based on these results, the patients were asked to postpone the onset of pregnancy and continue the course of treatment. Since a high probability of complications during pregnancy was suspected, such as poorly controlled decompensation of AHS, accompanied by autoimmune processes, in particular, of the small pelvis. For example, placentitis, chorionitis, capillarotoxicosis, and disseminated intravascular coagulation syndrome. However, for various reasons, the warnings were ignored.

It was no surprise to the authors that these patients developed the expected health abnormalities during pregnancy. Of course, "forewarned is forearmed," and the developing complications of pregnancies can be successfully stopped. However, with the right approach, most of them could be avoided.

These facts indicate that in the treatment of fertility pathology, the FD algorithm proposed by the authors with the use of FN with MB has fully justified itself. However, the choice of the therapy algorithm remains with the attending physician.

The authors believe that there is a great future for correctly selected FN or test pointers. This applies not only to the pathology of childbirth, but also to other areas of medicine. And efforts must be made to develop this direction.

#### Literature

1. Infertile marriage. Guide for Physicians / Ed. IN AND. Kulakov. - M. "GEOTAR-Media", 2006.
2. Balabolkin MI Endocrinology. - M.: Medicine, 1989. - S. 349-355, 383-386.
3. John F. Laycock, Peter Weiss. Fundamentals of Endocrinology. - M.: Medicine, 2000. - S. 212-262.
4. Samokhin A.V., Gotovsky Yu.V. Electropuncture diagnostics and therapy according to the method of R. Voll. - M.: IMEDIS, 1995.
5. Gotovsky Yu.V., Mkhitarian K.N. Lectures on chronosemantics. - M.: IMEDIS, 2004.
6. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Traditional acupuncture from the point of view of modern theories of physiology, pathology, and therapy. Message 1. Methodology of traditional acupuncture in the light of the modern theory of functional systems. // Reflexotherapy, 2003.- No. 1 (4). - P. 14-twenty.
7. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Traditional acupuncture from the point of view of modern theories of physiology, pathology, and therapy. Message 2. Implicit time of the body // Reflexotherapy.- 2003, No. 2 (5). - P. 14-18.
8. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Traditional acupuncture from the point of view of modern theories of physiology, pathology, and therapy. Communication 3. Health, illness, treatment // Reflexotherapy, 2003. - №3 (6). - S. 44-51.

I.A. Bobrov, E.Yu. Pechnikova Functional diagnostics and therapy of infertility and pregnancy pathologies using a pregnancy model in EPD, ART and BRT // XIII