

The use of ART and BRT in the complex treatment of uterine fibroids
(preliminary results)

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Fibroids are one of the most common benign tumors of the uterus. Over the past decade, this disease has been on a steady rise throughout the world. It can be noted that the uterine fibroids have sharply "rejuvenated".

In our center in the last 6 months, 38 women with a diagnosis of uterine fibroids have been observed. All patients were subdivided into 3 subgroups by age: from 25 to 35 years old - 7 women, from 35 to 45 years old - 19 women, from 45 to 55 years old - 12 women.

Of them:

- 1) 48% of the observed patients are overweight.
- 2) 4% of patients have a history of uterine bleeding 3-4 times a year with subsequent diagnostic curettage of the uterus. Histology: glandular cystic hyperplasia of the endometrium with signs of chronic inflammation.
- 3) In 64% of patients, bleeding is of the type of hypermenorrhagia.
- 4) 8 women suffered from impaired fertility: of them primary infertility - 2 patients, secondary infertility - 6.

Since uterine fibroids in recent years are more often diagnosed in women of fertile age (childbearing age), the problem of early diagnosis, correction of the menstrual cycle, treatment of urogenital and extragenital diseases, conservative management of patients with uterine fibroids is of particular importance.

Women in the age subgroup from 45 to 55 years old are in the premenopausal period with a delay in menstruation from 8 months to 1.5 years.

All observed patients had pain in the lower abdomen and lower back of varying intensity and discharge from the genital tract.

In 35% of patients, using the ART method, geopathogenic load and electromagnetic force fields of 2-3 degrees are tested; stress of the endocrine system of 2-3 degrees: the anterior lobe of the pituitary gland, ovaries, thyroid gland.

On the immune system - a pronounced degree of stress in 70% and a moderate degree of exhaustion in 30% of the observed patients.

In laboratory tests (immunogram), there are changes in the T- and B-lymphocytic systems with the acquisition of T-suppressors, a decrease in the concentration of Jg G.

The role of inflammatory diseases of the genitals in the pathogenesis of uterine fibroids is generally recognized. In 99% of patients, various urogenital infections: chlamydia, ureaplasmosis, mycoplasmosis, gardnerellosis, trichomoniasis, CMV, papillomatous virus, candidiasis. Trichinosis and schistosomiasis are tested in 20% of observed patients.

Of the extragenital pathologies that contribute to the development of uterine fibroids, one should first of all note diseases of the liver, kidneys and gastrointestinal tract.

Since it is in these organs that the processes of metabolism of sex hormones are carried out. Considering the above facts, we believe it is important to use ART and multiresonant therapy in the treatment of patients with uterine myoma.

The obligatory stages in the treatment were as follows:

1. Removal of geopathogenic and electromagnetic load.
2. Signing up for homeopathic grits of selected drainage preparations firm "ONOM".
3. Conducting BRT with the creation of general and private BR-drugs.
4. Creation of a private BR-drug taking into account the leading pathological factor a.
5. Additionally, we used electronic copies of the company's preparations "Heel".
available in Medicamentous selector (Ginekohel, Gepar compositum, Galium-Hel, etc.).
6. To inhibit the growth of uterine fibroids:
 - Vitamin A (retinol acetate), 20 drops of oil solution 3 times a day 15 to 25 of the cycle for 3-6 months.
 - Vitamin E (tocopherol acetate) 1 capsule (100 mg) daily from 15 to Day 25 of the cycle;
 - on the days of menstrual bleeding and on the eve of their appointment antianemic therapy and adaptogens - eleutherococcus, methyluracil.
7. EPT every day for 6 days, 7 minutes for the identified microorganisms.
8. Cleansing the body (liver tubing, bowel irrigation with subsequent treatment of intestinal dysbiosis, ozone therapy).

Clinical example

Patient M., 28 years old. She complained of pain in the lower abdomen and lower back, heavy menstruation, turning into uterine bleeding. Hemostasis in this patient was achieved only after curettage of the uterine cavity and the introduction of uterotonics.

Historesponse: glandular-cystic hyperplasia with signs of chronic inflammation.

Life history: chronic tonsillitis from the age of 16, chronic cholecystitis and chronic colitis from the age of 22. Gynecological history: menarche from 13 years old, were established immediately. There is only one marriage.

Pregnancy - three, one ended in childbirth at 22, two - with an abortion.

Pregnancy proceeded with preeclampsia of 1 degree, labor was complicated delayed discharge of the placenta. The placenta was removed by hand.

Second honey. the abortion was complicated by inflammation of the appendages. She was repeatedly hospitalized. Secondary infertility since 2000.

When diagnosing by the ART method, the geopathogenic load of the 2nd degree, the psychological load of the 2nd degree, the tension of the endocrine system, and the pronounced degree of the tension of the immune system are tested. From urogenital infections: chlamydia, trichomaniasis, CMV. Nosodes: chronic colitis D26, pyelonephritis D32, chlamydia D60, cholecystitis D32, uterine myoma D26, adnexitis, fibrous and cystic mastopathy.

A comprehensive step-by-step treatment was performed as described above.

As a result of the treatment, the patient's body weight decreased, the menstrual cycle returned to normal, the pain in the lower abdomen disappeared,

normal work of the gastrointestinal tract was restored. During the last 5 months, no recurrence of uterine bleeding was observed.

Follow-up and treatment of all 38 women is ongoing. During this time, the patients show a steady improvement.

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