Correction of hypothalamic-pituitary disorders in menopause syndrome using the BRT method Kiriyak A.S. (Chisinau, Moldova)

The perimenopausal period of a woman's life is characterized by her high social significance associated with the accumulated experience, knowledge and work experience. At the same time, it is with the cessation of menstrual function that all physiological processes proceed against the background of pronounced changes in the functional state of the hypothalamic-pituitary structures, cardiovascular the vascular system, a decrease in immune defense and an increase in the frequency of autoimmune diseases. Most of the symptoms of menopause are associated with a decrease in the level of estrogen in the blood and asthenia of the nervous system, which is the most common cause of hypothalamic disorders. The leading symptoms are vasomotor lability, nervousness, anxiety, irritability, depression, headaches, dizziness, pain in the heart, dryness and increased soreness of the vagina, a decrease in the size of the uterus and mammary glands. The duration of the disease can be up to 10-15 years. According to VP Smetnik, the duration of climacteric syndrome up to 5 years is observed in 35% of patients, 5–10 years in 55%, more than 10 years in 10% of patients.

Vasomotor lability is often manifested by such a phenomenon as "hot flushes" - redness of the skin, accompanied by a feeling of heat and profuse sweating.

Hot flushes occur in 65–76% of women with spontaneous menopause or in those who have undergone bilateral oophorectomy. Hot flush is thought to be due to sudden weakening of the central mechanism.

thermoregulation, then the mechanisms that promote heat loss are activated. When measuring skin temperature in large groups of women, regularities of physiological shifts in temperature, skin conduction, ECG, blood pressure, and the level of luteinizing hormone (LH) in the blood were revealed, which is reflected in Fig. 12.



Rice. one.The dynamics of a number of parameters during 42 hot flashes, followed in 6 women. The mean duration (\pm standard error) of subjective sensations of heat (2.7 \pm 0.1 min.) Is shown by the bold black line labeled "tide". An increase in the temperature of the fingers (on average by 2.3 ° C) is observed at the 6th minute and lasts longer than the sensation of heat. The pulse rate increases by 9.1 beats / min regardless of the change in blood pressure (BP). At a recording speed of 1 mm / s, sharp fluctuations in the electrocardiogram (ECG) are observed, but at a normal recording speed of 25 mm / s (insert in the figure), the rhythm and configurations of the ECG waves remain normal. (Courtesy of Casper R. and Yen SS S.)





time 77 tides. The concentration is expressed in absolute values (mIU / ml) after the onset of the flush (0 on the abscissa). The graph shows the results of determinations every 5 minutes, starting from the 20th minute before and ending 20 minutes after each high tide. It can be seen that the onset of the flush coincides with an increase in serum LH levels. (Courtesy of Casper R. and Yen SS S.)

In classical medicine, with climacteric syndrome apply medicinal non-hormonal therapy, including drugs sympatholytic or anticholinergic action, vitamins B1, B6, E, ATF, tranquilizers, antipsychotics, psychotropic stimulants and hormonal therapy with estrogen-progestogen drugs. The use of drug and hormonal therapy is ineffective and has a large number of contraindications.

The organism is "a self-regulating, self-healing and even self-improving system" (Pavlov I.P.).

Bioresonance diagnostics and therapy is a method that exclusively affects the information sphere and allows the use of ultra-weak electromagnetic oscillations of the human body to correct disorders and restore physiological homeostasis.

The tests "Vegetative burden" and "Endocrine index" according to the method developed by A. Hovsepyan, allow us to both diagnose the state of the thalamic structures and the pituitary gland, and to correct these disorders.

We observed 12 patients aged 45 to 56 years, whose main complaint was "hot flashes" lasting from 5 to 25 minutes. and a frequency of 5 to 20 attacks per day. All patients underwent tests "Vegetative burden" and "Endocrine index". The following indicators were determined: "weak degree of vegetative burden" - 3 patients, "medium degree of vegetative burden" - 6 patients, "strong degree of vegetative burden" - 2 patients, "very strong degree of vegetative burden" - 1 patient; "1 degree of endocrine disorders" - 3 patients, "2 degree of endocrine disorders" - 7 patients, "3 degrees of endocrine disorders" - 1 patient, "4 degrees of endocrine disorders" - 1 patient.

Via Cu met. D400 was determined in the frequencies of which meridians it is possible to correct these disorders and BR-therapy was carried out along the identified meridians. During the session, the BR-preparation was recorded. The dose was selected according to the chain - "vegetative burden" + the number of globules of the BR-drug. The received daily dose was checked through the general "Adaptation reserves".

If a decrease in RA was detected, it was determined on which organ the decrease in PA depends, and drainage preparations were selected for the organ.

During the BRT sessions for the correction of vegetative burdens, all 12 patients experienced an improvement in their well-being already at the end of the session. The patients described their feelings with such concepts as "lightness, clearing in the head, reducing tension, improving mood, it became comfortable inside."

With repeated sessions, which were carried out once every 7-10 days, through Cu met. D400 determined the directions of exposure to BRT at a given session, i.e. correction was performed either by the test "Vegetative burden", or by the test "Endocrine index". Depending on the severity of the clinical manifestations of "hot flushes", it took from 2 to 4 BRT sessions to remove this problem. Patients are monitored for follow-up or duration of remission.

Clinical observation

Patient S., 51 years old. From 43 years of age menopause. Within one year from the onset of menopause, hot flushes of pronounced intensity appeared 15 to 20 times a day.

The duration of the attack reached 15–20 minutes. Hot flashes were accompanied by a sharp redness of the skin of the face and neck, profuse sweating at the end of the attack, tachycardia, shortness of breath. The patient consulted a local gynecologist, and she was prescribed treatment with combined estrogenprogestogen drugs. Hormonal treatment was effective: the number of seizures decreased to 3-5 times a day and their duration decreased to 2-3 minutes. After a 3month course of treatment, the patient noted a sharp weight gain (10 kg in 3 months), the appearance of intense migraine-like headaches and recurrent, dull pains in the right hypochondrium. Seeing these new symptoms as a complication from the hormone therapy she was receiving, she stopped taking the drugs. Within 7-10 days, "hot flashes" resumed with the same frequency and duration. For 7 years she tried to be treated with herbs, dietary supplements, tranquilizers, but without success. To all her suffering was added severe irritability, periodic depression and a feeling of constant, unjustified anxiety.

When testing: "very strong degree of autonomic burdens", "4 degree of endocrine disorders", tests "posterior-median" and "anterior-median" meridians were negative, therefore, at the first session, BRT was performed with load tests "very strong degree of autonomic burdens "And Cu met. D400 along the identified meridians. They turned out to be the meridians MC, TR, VB, V, Nervous degeneration. At the end of the session, the BR-drug was recorded and assigned for daily administration in the selected dose. When testing the daily dose through RA, a decrease in reserves was revealed, and the pancreas turned out to be the "problem" organ. Were selected preparations Leptandra Compos., Nux-vomica hom., Berberis hom., Which eliminated the decrease in RA. On the 3rd day after the BRT session, I accidentally met patient S. in the corridor of the polyclinic - she came for an ultrasound scan. To the question, how many seizures there were after BRT, she thought, and then, looking up in amazement, answered that she did not remember at all whether she had seizures during those 2 days. And this is after 7 years of suffering and unsuccessful attempts at treatment! Currently, the patient feels satisfactory. "Hot flashes" happen 1-2 times a day, no more than a minute. Tachycardia attacks do not bother, mood and sleep is good.

Conclusion

Bioresonance therapy is an effective method treatment functional disorders of the hypothalamic-pituitary structures. Small but well organized - resonant effects on complex self-regulating systems are extremely effective. Good tolerance and the absence of side effects during BR therapy are especially important for this contingent of patients, since the critical period of life that they are experiencing is accompanied by pronounced and deep restructuring of many body systems.