

Treatment of uterine fibroids - myths and reality

A.S. Kiriya

(Research Institute of Health Protection of Mothers and Children of the Republic of Moldova, Chisinau, Moldova)

Why has the treatment of uterine fibroids in the last decade become a fashionable topic of discussion not only among patients, gynecologists, but also among information therapists, especially for beginners? Unfortunately, drug aggression together with a fairly spoiled ecology (water, air, food spoiled by food additives, stress) led to the growth of uterine fibroids in the population, which was actually observed by statistics. When examining women over the age of 30, uterine fibroids were found in 15-17% of women. Among urban women, the incidence of this disease is 19-27% and is significantly lower in rural areas. According to foreign authors, the average prevalence of uterine fibroids is about 30%. In the twentieth century, there was practically no conservative treatment for fibroids. The tactics of managing patients with this diagnosis was reduced to regular examinations in order to identify the rate of tumor growth and complications (menorrhagia, metrorrhagia, anemia, node necrosis, malignancy, etc.). If the doctor ascertained the rapid growth of the tumor or complications became life-threatening, then the woman underwent surgical treatment, varying in scope of intervention (from amputation to extirpation). In fact, for many years the patient was without any treatment and official medicine simply waited for the client, that is, the fibroid, to "mature" for the operation! Everything has changed radically since the beginning of the 21st century: medicine has become a very profitable business! A huge mass of "miraculous" medicines, revolutionary biotechnologies, devices of all directions and stripes poured into the medical services market. What methods are not offered today to treat uterine fibroids - from the laying on of hands of psychics, herbal medicine, hormonal treatment and ending with the most sophisticated operations (laparoscopic myomectomy, hysteroscopic myomectomy, percutaneous and transcatheter embolization of the uterine arteries, etc.). With all the variety of proposed methods, they all boil down to only two options: cut off or suppress growth, and the result is one - desynchronization, disruption of adaptation reserves and the appearance in the future of a whole list of functional and organic disorders.

According to modern scientific concepts, uterine fibroids - is a benign tumor that develops from muscle and connective tissue elements, belonging to the group of mesenchymal tumors. The mesenchyme of the genital tubercle serves as a precursor of the primitive myoblast, indifferent cells of the endometrial stroma and various cellular components from which vessels (endothelial, muscle and perivascular cells) are formed. The tumors of the uterus developing from these tissues are of a diverse nature: from commonplace tumors of the reproductive system to the most unusual, "Exotic" neoplasms (angioma, intravenous leiomyoma, gastrointestinal periangiopericytoma, stromatosis, leiomyosarcoma and mixed mesodermal tumors). In addition to the separation of tumors by tissue composition (fibroids, fibromas, angiomyomas and adenomyomas), isolate simple and proliferating tumors; the latter are found in almost every fourth

a patient with uterine fibroids. Myomatous nodes do not have a capsule and are surrounded by a hypertrophied muscular layer of the uterus. Based on the study of the ultrastructure of myoma, the following interpretation of the processes occurring in the myomatous uterus was proposed: this is a disorder of microcirculation and an increase in tissue hypoxia, which cause compensatory changes in smooth muscle cells (an increase in the smooth cytoplasmic reticulum, an increase in the number of mitochondria, their swelling, etc.), then comes decompensation (ischemic zones in mitochondria, lipid degeneration, adhesion of myofibrils, vacuolization of the nucleus, diffuse edema, etc.); subsequently, edema develops and cell destruction begins.

With the advent of resonant frequency diagnostics, for the first time it became possible not only to raise questions: as a result of which of pathophysiological processes, uterine fibroids appear, when and in what forms should it be treated (just to treat, not to stop growth), and is it necessary to spend the body's energy on urgently reducing the mass of the tumor? Maybe it is better to carefully remove the cause (or reasons) and factors contributing to its growth, and a wise, evolutionarily savvy organism will do everything itself with minimal energy consumption? There was a real opportunity to answer these questions and to carry out etiological and pathogenetic treatment in the most gentle way for the patient. The work of luminaries in information therapy Yu.V. Gotovsky, L.B. Makhonkina, A.A. Hovsepyan prepared a fertile ground for the formation of our empirical experience, which, more than ever, needs to be understood from the standpoint of evidence-based medicine. As a result of 10 years of searching,

Rule # 1: We are not treating myoma, we are treating the patient.

Clinical example

Patient B., 38 years old, complained of chronic laryngitis (she is a teacher, and this disease greatly complicates her professional activities), recurrent constipation and bloating. From the anamnesis, it turns out that her menstrual cycle is within normal limits, there were 2 pregnancies that ended in normal childbirth, the last 8 years has not been protected by anything and has not become pregnant, 3 years ago, an ultrasound scan revealed uterine fibroids equivalent in size to 6-7 weeks of pregnancy, with 2 small intramural nodes. Subsequently, periodic examinations by a gynecologist confirmed the absence of tumor growth, and therefore she did not receive any treatment. After diagnostics using the method of autonomic resonance test (ART), we found a pronounced EM load (the patient spends many hours at the computer), the presence of functional disorders of the pancreas, 12 of the duodenum, the presence of bacterial fungal, viral loads in the area of the lymphatic follicles of the pharynx, kidneys, gastrointestinal tract, endometrium and ovaries. Conducted a course of efferent therapy to remove bacteria, viruses, fungi and their toxins, EM load. Further treatment was aimed at optimizing the work of the adrenal glands, hypothalamus, increasing thymic immunity and bactericidal activity of the mucous membranes. Nothing was prescribed for fibroids specifically. The patient visited us 3 times during the year. State increased thymic immunity and bactericidal action of mucous membranes. Nothing was prescribed for fibroids specifically. The patient visited us 3 times during the year. State increased thymic immunity and bactericidal action of mucous membranes. Nothing was prescribed for fibroids specifically. The patient visited us 3 times during the year. State

her throat improved significantly, her throat no longer bothered, another control ultrasound showed that the uterus was normal and myomatous nodes were not detected. But even more she struck us a month later with the news that she was pregnant and would give birth. Pregnancy proceeded physiologically and ended in urgent labor. The child was born healthy. Follow-up: 3.5 years have passed since the treatment, ultrasound - uterus, ovaries without features.

Conclusion: a real assessment of the leading links of functional desynchronosis leads to therapeutic effects, which the informotherapist did not specifically strive for when selecting therapeutic effects.

Rule # 2: Treatment shouldn't be worse than illness.

Clinical example

Patient L., 53 years old, complained of recurrent uterine bleeding, for which she had already undergone curettage of the uterine cavity twice within 8 months. Now she is bleeding profusely again for the 5th day and refuses to go to the scraping, suggested by the local doctor. From the anamnesis: obesity 1–2 degree, hypertension, calculous cholecystitis, chronic colitis, anemia (HB - 82), according to the last ultrasound - uterine myoma (7–8 weeks), endometrial polyposis. Considering that at the time of examination, the patient's condition was moderate (profuse bleeding against the background of anemia, BP 180/110) with ART using the technique proposed by A.A. Hovsepyan, the main attention was paid to the condition of the genitals. The most affected organ was found to be the endometrium at D30 + 4 tbsp. anabolism + 5 tbsp. acidity + 4 tbsp. tension on the vagus + 2 tbsp. bactericidal activity, false polarity, Cytochrome D60, DNA disruption of 2 tbsp., Chlamydia D6, 26, 32, Mycoplasma D26, Coxsackie B4 D30, 60, 200. We selected amino acids that remove false polarity, and immediately gave the tested dose to take. Conducted simulation modeling, creating a virtual norm for the endometrium with the condition of inversion of etiology and went to the dominant conjugate organ - the pancreas D12. Having created a virtual model of the norm for the pancreas with a targeted indication of the endometrium, to which we also added inverted etiology and compensatory hyperplasia, we performed an BRT session along the selected meridians and, when the indication of the meridians disappeared, we recorded the drug. The required number of globules was selected from the chain used for the BRT. Then the selected dose was tested through the test "blockade of adaptation reserves" to check the tolerance of the patient's energy reserves to possible energy expenditures, and after that they were scheduled for an appointment every other day - only 6 receptions. Additionally, an energy-saving diet, vit. A and E - to stabilize membranes, in order to stop bleeding, the Heel preparation - Tsinamomum, a preparation with amino acids for removing false polarity. The effect of the treatment was quick and impressive, fully confirming the main postulate of informotherapy: small, but properly organized resonant effects on complex systems are extremely effective and lead to greater results with lower energy costs.

The bleeding stopped within 2 days, the control ultrasound performed 1.5 months later showed a decrease in the size of the uterus by 40%, and

complete absence of polypous growths. Further observation of the patient, which was carried out only in the form of periodic interviews and recommendations by phone (since she left for another city) for a year, showed that menopause had finally come, and the bleeding with which she turned to us was the last.

conclusions

The ART method revealed deep metabolic disorders in the endometrium, pronounced energy deficiency, decreased local immunity, impaired amino acid polarization, increased tissue hypoxia, which caused compensatory changes in smooth muscle cells and endometrial cells. If we directly began to influence the endometrium in order to correct such numerous and diverse "breakdowns", then most likely either did not receive a clinical effect at all (this is at best!), Or, on the contrary, would cause a clear deterioration, due to large energy expenditures of the body, arising from an attempt to fulfill the task set by the doctor, an unsolvable task for him. Such a breakdown would be interpreted by a novice informant therapist as a notorious

"Homeopathic exacerbation", an experienced doctor would immediately think about the correctness of his tactics. The unique capabilities of imitation modeling allowed us to actually apply the famous Chinese system WU-XIN (although we practically do not own it) and go to the associated organ. The therapeutic effect on an organ that is energetically full of energy allows the body to use the resources of adaptation economically and purposefully, which leads to the suppression of pathological and restoration of physiological frequency spectra of oscillations and their synchronization.