

Electro-acupuncture diagnostics by the method of vegetative resonance test  
"Small forms" of genital endometriosis

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The problem of the so-called "small forms" of genital endometriosis has attracted the close attention of many clinicians in recent years, because it is believed that they can cause infertility of unknown origin and cause chronic inflammatory diseases of the uterine appendages with ineffective therapy. According to Smetnik V.P. (2001), with the introduction of laparoscopy, small forms of endometriosis were found in 30-50% of women with the so-called unclear cause of infertility. The name "small" forms of the disease is conditional, meaning small, up to 0.5 cm in diameter, foci of endometriosis. These include small single endometrioid heterotopias in the peritoneal region of the utero-rectal cavity, the peritoneum of the sacro-uterine ligaments and on the surface of the ovaries.

One of the most accessible and widespread non-invasive methods for diagnosing genital endometriosis is ultrasound. However, this method does not allow the identification of superficial implants. Therefore, the diagnosis can be made with confidence only on the basis of the results of an invasive study (laparoscopy or laparotomy), while additional histological examination of biopsies of suspicious or pathological areas is recommended. [4].

Laparoscopy provides the ability to determine the magnitude implants, their number, maturity (in color and shape), activity. "Small" forms of endometriosis during laparoscopy have the appearance of small reddish, brownish, bluish-purple foci. Faint coloration and discoloration of the lesions can lead to difficulties in establishing a diagnosis by direct visual observation, in such cases, endometriosis can only be diagnosed by taking a biopsy from areas of normal and changed peritoneum. [one].

However, endometrioid elements with histological study are not always found. lesions similar to appearance endometrioid heterotopias are sites of former hemorrhages. Such foci can be the remnants of old menstrual blood, poured into the abdominal cavity in a retrograde way through the fallopian tubes.

Thus, the preoperative detection of genital endometriosis in its "minor forms" is still a difficult task and is possible only with the use of invasive research methods - laparoscopy or laparotomy.

The search for other diagnostic methods, safer and less traumatic, with a high diagnostic efficiency remains topical.

The method of electropunctural diagnostics (EPD) according to the vegetative resonance test (ART) can meet these requirements. Diagnostics by the ART method consists in the phenomenon of resonance that occurs in the body of the investigated person upon presentation of a certain frequency spectrum from the outside,

corresponding to a certain pathological process. In the presence of a similar frequency spectrum in the patient's body, this manifests itself in a change in skin resistance, which is recorded by an EPD device. This allows for the diagnosis and differential diagnosis of latent, erased forms of the disease, including such as genital endometriosis.

When conducting a study to determine the accuracy of the EPD method by ART in the diagnosis of endometriosis at the Department of Obstetrics and Gynecology, Grodno State Medical University, we examined a group of patients suffering from infertility of unknown origin, for which they were subjected to laparoscopic operations. The clinical diagnosis of "minor forms" of genital endometriosis was established by direct visualization of endometrioid heterotopias during surgery. The obligatory final link of the patient examination algorithm was the morphological study of biopsies of suspicious or pathological areas.

The patients were examined by the EPD method according to ART before the operations, without acquaintance with the medical documentation and data from other examination methods. Informed consent was obtained from all patients to conduct the study. For EPD by ART, the SVN-1 apparatus was used. To determine the resonance for nosodes and organ preparations, microresonant circuits proposed by the Ukrainian scientist VN Sarchuk and diagnostic cassettes manufactured by IMEDIS in Moscow were used [2, 3].

When diagnosed by the EPD method by ART, all the patients were examined for their gynecological status, in most cases other organs and systems. According to the results of the examination, an electropunctural diagnosis was made, which, upon completion of the entire study, was verified by the history of the disease with the clinical diagnosis.

A total of 42 women with various forms (primary and secondary) infertility were examined. The diagnosis of "minor forms" of genital endometriosis by the ART method was established in 15 out of 17 patients with a clinical diagnosis of endometriosis, which is 88.2%. False negative results were obtained in 2 patients.

Conclusion: "no endometriosis" by the ART method was done in 22 of 25 patients (88.0%) in whom the diagnosis of endometriosis was not revealed during surgery. The discrepancy was observed in 3 cases.

Thus, the use of the method of electropunctural diagnostics by vegetative resonance test for the diagnosis of "small forms" of genital endometriosis showed its high diagnostic sensitivity - 88.2%, specificity - 88.0% and overall accuracy - 88.1%.

There is no doubt that the data obtained as a result of this study are of great interest.

It seems appropriate to us further study diagnostic capabilities of the EPD method for ART in identifying the causality of female infertility and diagnosing "small forms" of genital endometriosis.

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