Diagnostics and therapy of the consequences of birth trauma in obstetric gynecological and general therapeutic practice

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

The clinical experience of the authors testifies to the frequent underestimation by doctors of various specialties of the birth trauma suffered by patients, more precisely, its consequences. Such an underdiagnosis occurs despite numerous descriptions in the specialized literature of the pathogenesis of both the injury itself and its consequences.

Nevertheless, as, again, the experience of the authors shows, patients who have suffered a birth injury, or an injury at an early age, are faced by specialists of various specialties. Moreover, more often these are non-neurological specialists. With regard to the peculiarities of the authors' work, these are endocrinologists, and gynecologists, and psychologists - psychotherapists.

The problem is that very often the fact of injury is not recorded anywhere, perhaps due to underestimation of the very fact of injury and its significance. At the same time, most patients have no obvious clinical manifestations in the form of psychopathological, psychotic manifestations or gross neurological pathology. Thus, these patients do not come to the attention of psychiatrists or neuropathologists. But this does not mean at all that they do not have pathological manifestations associated with the trauma they have suffered. More often, doctors have to deal with subclinical manifestations of neuropsychiatric pathology, in the presence of obvious
clinical manifestations in related areas.

It should be noted that the concept of birth trauma is heterogeneous in terms of etiology [6]. It includes both mechanical and hypoxic trauma.

Mechanical trauma occurs during the rapid passage of the fetus through the birth canal, which occurs during rapid and rapid childbirth. Trauma can occur, firstly, as a result of deformation of the bones of the skull, while the brain receives mechanical damage. Such damage, as a rule, affects both the actual substance of the brain and its membranes. In addition, the cervical spine with the spinal cord and medulla oblongata in the spinal canal can be damaged. The very damage to the substance of the brain and membranes occurs by the type of compression. As a result, there is a mechanical injury to the very substance of the brain. In addition, it is possible to develop hemorrhages from microscopic to significant, both inside the medulla, and under the hard and soft membranes. Also as a result of hemodynamic disturbances at the time and during the injury,

Brain hypoxia occurs, as a rule, against the background of general fetal hypoxia. This situation usually occurs when the blood supply to the fetus is disturbed, both at the level of the placenta, and when the inflow and outflow of blood along the umbilical cord is disturbed. Hypoxia is also possible with a prolonged anhydrous period. But in this case, there may also be a mechanical effect on the head of the fetus in the form of uterine pressure, for example, in the case of non-opening of the cervix during discharge of water.

Asphyxial trauma, for example, as a result of entanglement of the umbilical cord, combines

in itself both a hypoxic injury and a full-fledged mechanical one. Such mechanical injury affects, first of all, the cervical spine. In this case, there is a violation of both the flow of arterial blood, which causes hypoxia itself, and the outflow of venous blood, as a result of which the intracranial pressure increases with possible sweating of blood through the walls of the vessels into the brain substance, as well as the development of hemorrhages itself with a mechanical effect on the brain cells. Damage to the cervical spine, and, accordingly, the cervical spinal cord and medulla oblongata with membranes, leads to an even greater disturbance in the intracranial blood flow due to a violation of the nervous regulation of vascular tone, and due to a violation of the regulation of the cerebrospinal fluid. In addition, in the future, there may be problems with external breathing,

Special attention should be paid to injuries of the spine and spinal cord. What happens not only with a rapid birth or inadequate support, but also with a pelvic delivery or a cesarean section. In these cases, non-isolated trauma occurs.

a certain part of the spine, as is often thought, is a systemic lesion of the central nervous system. So, with a cesarean section, damage to the cervical spine and synobasilar synchondrosis occurs very often [10]. Damage to the cervical spine may be accompanied by dysfunction of the cervical spinal cord and medulla oblongata. In extreme manifestations, damage to the organs of the posterior cranial fossa is possible, up to the rupture of the tentorium of the cerebellum (which, of course, happens quite rarely, but not as much as is commonly thought). A violation of the function of synobasilar synchondrosis [10] leads to a violation of the motility of the bones of the skull, and, accordingly, the intracranial cerebrospinal fluid and hemodynamics. With the passage of the fetus in the breech presentation, not only the trauma of the lumbosacral spine occurs with the spinal cord sections passing through the spinal canal, which in the future in itself can play a great role in the development of pathology. It can be affected as the lumbosacral spine itself, with the corresponding parts of the spinal cord located in the spinal canal. The organs that receive innervation from these parts of the spinal cord also suffer. Thus, the function of the pelvic organs, kidneys and adrenal glands, intestines, etc. can be seriously impaired.

With an injury to the lumbosacral spine, as well as the coccyx, a systemic violation of the structure and function of the entire spine very often occurs, already due to the fact that the spine is a single anatomical and kinematic system, united by a system of ligaments, muscles and membranes. Consequently, a violation of the structure of the lower sections leads to a violation of the structure of the upper sections of the spine, that is, the thoracic and cervical, as well as the corresponding segments of the spinal cord. The segmental innervation of the corresponding internal organs is also violated. Separately, we note the emerging pathology of the first and second cervical vertebrae and, accordingly, synobasilar synchondrosis, the pathology associated with which is described above.

The very passage of the fetus from the pelvic adjacent to the birth canal,

especially fast, can be considered as a mechanical injury, as well as a brain injury of the type of hydrodynamic shock. In this case, the shock wave is transmitted through the spinal canal through the cerebrospinal fluid, in the form of a cerebrospinal fluid, into the cranial cavity. In fact, a hydrodynamic shock occurs, into which a mechanical injury to the pelvic region is transformed, affecting the brain.

The issues of childbirth with the imposition of forceps and the use of vacuum extraction, in view of the obviousness of the issue, will not be considered.

As you can see, birth trauma of the central nervous system is polyetiological. As an extreme case, one can imagine a case when in childbirth there is a violation of placental hemodynamics with a violation of the inflow or outflow of blood through the umbilical cord, in a fetus with an umbilical cord entanglement. Then there is a discharge of water, weakness of labor, followed by drug stimulation. As a result, rapid childbirth occurs. Or, the cervix does not open, and doctors are forced to perform a cesarean section.

As a result, the child is born with CNS damage. In this case, the lesion can be focal in nature, in the form of a local lesion of certain areas of the brain and spinal cord, as a result, for example, of a shock or pressure effect of a local nature. And also a diffuse (residual) character, when all the brain matter suffers, or most of it, with its uniform distribution, relative to the entire brain matter. At the same time, as already mentioned, in cases of both focal and diffuse lesions, not only the brain matter itself is involved in the pathological process, but also the hard and soft meninges.

Children with focal pathology, as a rule, immediately fall into the field of vision of neuropathologists and receive appropriate therapy [6]. Diffuse lesions of the central nervous system are often not differentiated at all, or its significance is clearly underestimated. Since the only manifestation of such a pathology in a newborn may be a violation of the excitation of the central nervous system and such an "insignificant" manifestation as an increase or, less often, a decrease in muscle tone.

It should be noted that due to the plasticity of the neonatal nervous system and high compensatory capabilities, many clinical manifestations of CNS pathology are stopped by, often, minimal prescriptions in the form of therapeutic massage, dehydration, vascular and neuroprotective therapy. Moreover, not only residual, but also focal manifestations are stopped. After that, the patient disappears from the field of vision of specialists.

However, the experience of the authors shows that most often, even in spite of the treatment carried out, the consequences of the birth injury persist. And they manifest themselves throughout a person's life. Only these manifestations, firstly, are not as bright as is usually expected (this applies mainly to psychoorganic changes), and secondly, these manifestations can often relate to rather unexpected aspects and simply not be associated with the transferred birth trauma (as for many psychological aspects).

To begin with, consider the consequences of organic damage to the central nervous system. As already mentioned, patients with gross focal and residual pathology are under the supervision of neuropsychiatric specialists. Fact

injury in this case is installed. And since diagnostic and therapeutic techniques do not differ from those discussed in the article, we will not consider them separately. In addition, against the general background, the number of such cases in relation to the total mass is not large. Much more often, people who have suffered a birth injury receive neurological assistance only in the early stages of development (for example, before the relief of hypertonicity), or do not receive it at all. Nevertheless, changes in the central nervous system and its functions remain and affect the entire further course of the patient's life.

Basically, organic changes in such patients consist in diffuse (residual) damage to the substance of the brain, vessels and membranes. Changes in the functioning of neurons, inherent in trauma,
are supported by impaired liquorodynamics and hemodynamics [6], which, in turn, are aggravated by changes in the regulatory function of the central nervous system. Thus, a vicious circle of governance is formed.

From the point of view of the clinic, such changes may not manifest themselves in any specific manifestations. However, we should note the following changes. Firstly, the author cannot but agree with the ones described by A.M. Wayne disorders of the hypothalamic-pituitary-adrenal system, expressed in a violation of its reactivity, or rather, in an increase in its sensitivity to stimuli [3]. What can be considered as an increase in sensitivity to stress, with a decrease in resistance to them. When a sufficiently insignificant stimulus can cause a significant stress reaction, not only according to the sympathoadrenal type, but also according to the classical type described by G. Selye. When hyperactivation of the adrenal cortex occurs, accompanied by hypercortisolism and the development of a clinical picture of Selye stress syndrome,

On the other hand, against the background of residual changes in the central nervous system and moderate, often transient intracranial hypertension, certain psychophysical personality traits develop. Briefly, such features can be characterized as the formation of elements of the epileptoid personality type. Such personalities are characterized on the one hand by the rigidity of the psyche. That is, the inability to switch attention, such patients fixate on certain events and situations. At the same time, due to insignificant intracranial hypertension and, consequently, increased tone of the cerebral cortex, such people have a very good memory. At the same time, such individuals are characterized by increased sensitivity, which can be
explained both in terms of organic changes and psychological factors.

The very fact of birth trauma is not only a physical, but also a psychological traumatic factor. It is impossible to ignore the work of one of the researchers in this area, S. Groff [7, 8, 9]. In his studies with the use of trance states, Groff came to the conclusion that the whole process of childbirth, as well as the prenatal period, is recorded in the memory of the fetus and later, the person who was born. At the same time, depending on the phase of the childbirth process, fourbasic perinatal matrices (BPM) (According to S. Groff.). Depending on how the childbirth took place, the child forms an attitude to the outside world, since the experience gained during childbirth,

is essentially the first, and, therefore, one of the most striking experiences of interaction with the outside world and, with the mother, as a manifestation of this world. Accordingly, favorable atraumatic childbirth forms an attitude towards the outside world as a safe one. Traumatic childbirth, on the other hand, forms an attitude towards the outside world as a source of danger and pain. Moreover, as already mentioned, the mother can be considered by the fetus, and later by the child, as an element, and the main one, of this world. Hence, a person's perception of the world around him, as well as the mother, as a source of increased threat and danger, can remain for the rest of his life.

It should be noted that we are not talking about the experience of the fruit of the process of its birth, but about its perception as a reflex, in the broad sense of R. Descartes, that is, the implementation of the principle of reflection. Moreover, reflections at all levels: nervous, mental, biochemical and biophysical. In contrast to the experience, accompanied by a sufficiently high activity of the brain, including electrical, reflection does not require high activity and, therefore, energy costs. For it is known that in the process of birth, the electrical activity of the brain of the fetus and the newborn is minimal. That is, there is a picture of protective inhibition. Experiencing is possible in the future, and under the condition of the initial protective inhibition of the central nervous system, and the trauma of the experience, the memory of birth is blocked in the subconscious of a person.

In addition, the model of an organism, including a human, as a single psychophysical phenomenon, proposed earlier by one of the authors and co-authors, based on a viscoelastoplastic body with a biophysical control loop, implies a model that allows describing the fixation of the process of childbirth at the level of the whole organism [3]. This becomes possible if we consider the biophysical control loop with functional systems of various levels, including ordinary meridians, elements and miraculous channels, as a set of programs encoded in an analogous way in the structure of that most viscoelastoplastic body organism. Other words, the psychophysical phenomenon of a person, like other biological ones, objects, can be considered as a single construction of "living formulas".

Then any traumatic impact automatically will be fixed in the structure of the body. And even more so, as intense as a birth injury. And, being in most cases the first such intense impact, the birth trauma is actually recorded on a "blank sheet", largely determining the subsequent reactions of the individual.

Thus, we can already talk about the psychophysical foundations of the formation of BPM. Depending on at what stage of childbirth the traumatic effect occurred, the characteristics of the individual's response to the outside world are formed. Which is successfully used not only by psychologists, but also by homeopaths, in particular, by one of the authors.

Based on the above, we can say that as a result of the birth trauma, a completely definite psychophysical type of the patient is formed. Such a person is characterized by low stress resistance, with a tendency to develop distress syndrome. At that

at the same time, the patient perceives the surrounding reality as a constant source of increased danger, being in constant expectation of it, that is, initially in a state of stress. And, given the rigidity of the psyche, any impact or word can be perceived as aggression or resentment, and a huge (unlimited) amount of time can be experienced, even after the end of its action, being a constant source of stress.

Accordingly, the results of such influences can be summed up, leading to the patient's body in constant increasing stress, with the outcome in distress. This, in turn, can lead to decompensation of many diseases, for example, adrenogenital syndrome (AGS) or AGS of a similar condition, when hyperandrogenemia develops as a result of depletion of the adrenal glands during the synthesis of glucocorticoids against a background of low glucocorticoids [1]. Being a disease, they themselves lead to the decompensation of other systems, in particular the immune system, with the development of allergies and autoimmune conditions. Note that each of the described pathological processes can be the cause of both infertility and pregnancy pathology. In addition, the experience of traumatic childbirth captured in the BPM, from a psychological point of view,

As can be seen from what has been said, specialists in many specialties need to keep in mind the birth trauma, both etiological and pathogenetic factor. Especially in cases that are resistant to therapy. Since, often, the reason that determines the patient's resistance to therapy can be either purely mechanical (dysfunction of synobasilar synchondrosis, cervical spine, including 1-2 vertebrae, difficulty in CSF flow, etc.), or psychological, have specific for trauma, metabolic changes, etc.

In any case, if a specialist of any profile, having no initial diagnostic capabilities, is faced with a similar situation, then he should bear in mind a similar situation, and, if possible, carry out diagnostics in order to identify such changes. If the doctor is provided with diagnostic methods to identify post-traumatic changes, then it is necessary to identify them as early as possible, as a possible etiological and pathogenetic cause of the patient's current state. Accordingly, the identified pathology, the doctor who owns the methods of energy-informational therapy and diagnostics (BRT, EPD, ART, homeopathy, IRT, etc.) must prescribe the appropriate therapy himself, or refer the patient to a specialist of the appropriate profile. In the latter case, objective control is required using all of the above,

The solution of the tasks set can be carried out both by the EPD method according to R. Voll, and by the ART method. Although, according to the author, whenever possible, priority should be given to the Voll method. Since this method is quantitative, allowing one measurement to assess the state of the represented system on a continuous scale. The number of points, however, is limited.

First, these are the points of the meridian of nervous degeneration. All points are important, since trauma can be in any department. But more attention

it is worth paying first to the KTI, or rather, to the ratio of the indicators of the left and right points. A pronounced imbalance may indicate an asymmetric injury. Undoubtedly, the effect of the “fall of the arrow” is of great importance, as an indicator of degenerative processes in the system, as well as its instability to a specific load. Undoubtedly, the greatest value should be turned to the points representing the membranes and the cervical spine of the NN, to their absolute indices, the ratio of indices of left and right points, as well as indices of the "arrow falling".

The indicators of the articular degeneration meridian are of great importance. Again, the ratio of indicators to the left and to the right, the "drop of the arrow" on the CTE and other points, especially the point of the 1st and 2nd cervical vertebrae, matters. According to the state of the latter, it is possible to judge not only the state of the cervical spine, but also the functioning of the synobasilar synchondrosis (articulation with the main bone of the temporal and occipital bones) [10], which defines CSF dynamics not only inside the skull, but in the spinal canal. In addition, symmetry, mobility and mobility of the bones of the skull and spine largely depend on the state of synobasilar synchondrosis.

Of no small importance is the state of the point of the cervical ganglia on the meridian of the endocrine system, which can also be used to judge the injury of the cervical spine.

In addition, it makes sense to evaluate the indicators of other points, by the state of which it is possible to indirectly assume the fact of injury. These include the point of the pituitary gland, given its location and the possibility of injury in trauma, both directly and with damage to the membranes and impaired CSF dynamics. As well as points of the lumbar spine on the meridian of the bladder, since trauma can affect it, both directly and indirectly. Valuable information can be obtained from the indicator of the points of the thoracic and abdominal aorta on the meridian of Vascular degeneration, the iliac and hypogastric on the meridian of the Large intestine, the superior and inferior mesenteric plexus on the meridian of the Small intestine, the point of the solar plexus on the meridian of the Stomach, and the pelvic plexus on the meridian of the urinary plexus ... These points, allowing to determine the state of the main nerve plexuses, it is possible to assess the state of segmental innervation, and, accordingly, the spine in certain parts, as well as the sympathetic part of the nervous system. Indirectly, according to the state of these points, it is also possible to assume the presence of injury.

Of course, only a comprehensive assessment of the state of these points is important.

The identification of the postponed trauma by the ART method also has its own characteristics.

To do this, it is necessary to appreciate the body's autonomic response to certain organopreparations. Such as drugs for various areas of the brain and various parts of the spinal cord. In addition, it is necessary to assess the response to preparations of the dura mater and pia mater, cerebrospinal fluid, various parts of the spine and the main nerve plexuses.

The state of these systems can be assessed, firstly, based on the tested potencies of the organopreparation. Although there are different opinions

about the ratio of potency and severity of the pathological process. Of the most common, we note the opinion that the higher the tested potency, the more acute the process, the lower, the more likely the transition of the process to the stage of degeneration. And also the opinion that the higher the potency, the more ancient and far advanced the pathological process. Clarify the situation by determining the acid-base balance for each organ, for example, testing the acid and alkaline nosodes in relation to each system or organ [2].

Also, the solution can be found in the definition of biological indices (BI) for each organopreparation. Thus, it becomes possible to identify not only the most affected organ or system, but the one that makes the greatest contribution to both the patient's painful state and the state of his health. This can be done by comparing the BI of various organs and systems with each other, as well as withBI of the whole organism.

It is also necessary to take into account that, in addition to obvious pathology, trauma to the central nervous system, including generic, creates "locus minoris". Accordingly, this system is most susceptible to external adverse effects, such as viral or infectious burden, post-vaccination and other toxic-allergic and autoimmune reactions. Therefore, when testing such facts, an analysis of the state of all previously described systems is required, a detailed collection of anamnesis, and possibly the help of psychotherapists who know trance techniques.

As for the treatment of the consequences of birth trauma, the arsenal of tools is quite extensive. This is homeopathy, bio- and multiresonance therapy, both endogenous and exogenous. All these methods can be conditionally divided into non-specific and specific.

Nonspecific prescription of homeopathic remedies "by etiology", such as: Arnica, Hypericum, Gelleborus, Sulfuricum Sodium and Muriaticum Sodium, Tsikuta; Zinc, plumbum and their salts, etc., the use of autonosodes, in particular blood. And also the use of BRT with the preparation of the OBR drug. In addition, this also includes such general strengthening techniques as non-specific methods of reflexology and physiotherapy exercises, for example, Qigong.

Specific methods include BRT with the preparation of a private BR-drug, multi-resonance therapy with specially selected frequencies, the use of nosodes and organopreparations, respectively, of pathology; chronosemantic therapy [5]. Of reflexology, such methods include specific techniques, respectively, symptomatology and pathology. The specific selection of homeopathic remedies is made primarily based on the symptomatology of the process, but necessarily, taking into account not just the etiology, but the peculiarities of the etiological process and its pathogenesis, in this case, birth trauma. For, the peculiarities of the development of birth trauma, its type, largely determines the subsequent type of patient's response and his relationship with the outside world [9].

The specific methods of therapy include manual therapy, especially craniosacral therapy [10]. Also relevant is psychotherapy in various variations, including trance techniques [7, 8]. But this is already a topic for other articles.

For several years now, our clinic has been using diagnostics for

described method. The efficacy was evaluated on 200 randomly selected patients, both women and men. All of them applied for fertility pathology (infertility, pregnancy pathology). Persons with a history of trauma were excluded from the examination. Of the 200 patients who did not tolerate, on the basis of history, serious injuries, signs of the consequences of such were identified in 176 people. Subsequently, through an additional targeted survey of parents, the fact of birth trauma was confirmed in 100 people. In the remaining 76, the fact of birth trauma was confirmed on the basis of examination by psychologists and chiropractors. And, just as important, the effectiveness of ex yuvantibus therapy aimed at treating the consequences of trauma. This issue was considered more fully above.

These figures once again indicate that the consequences of birth trauma are much more widespread than is commonly believed. And about her rather frequent underdiagnostics.

The authors are confident that the materials of this publication will help their colleagues to improve the effectiveness of treatment, as well as help the broadest possible circle of specialists.

Bibliography

1. Bobrov I.A., Pechnikova E.Yu. Diagnostics and therapy adrenogenital syndrome in obstetric and gynecological and general therapeutic practice // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M .: IMEDIS, 2007. - P. 85-103.

2. Bobrov I.A. Acidic and alkaline water as acid-base nosodes equilibrium // Abstracts and reports of the XII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M .: IMEDIS, 2006. - P. 221-225.

3. Bobrov I.A., Gotovsky Yu.V., Mkhitaryan 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.

4. Diseases of the autonomic nervous system / Ed. A.M. Wayne.- M .: Medicine, 1991.

5. Gotovsky Yu.V., Mkhitaryan K.N. Lectures on chronosemantics.- M .: IMEDIS, 2004.

6. Gusev E.I., Grechko V.I., Burd. G.S. Nervous diseases.- M .: Medicine, 1988.

7. Groff S. Areas of the human unconscious. - M., 1976.

8. Groff S. Beyond the Brain. Birth, death and transcendence in psychotherapy. - M., 1993.

9. Zee Harry van der. Miasms in labor.- M .: Homeopathic medicine, 2004.

10. Chikurov Yu.V. Craniosacral therapy. - "Triad X", 2004.

I.A. Bobrov, E.Yu. Pechnikova Diagnostics and therapy of the consequences of birth trauma in obstetric-gynecological and general therapeutic practice // XIV
"- M.:" IMEDIS ", 2008, vol. 1 - C.142-155