

Levels of neuroendocrine regulation and treatment of mastopathy

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It is better not to encourage the intensity,
but the productivity of appointments.

In the modern structure of the etiology and pathogenesis of most endocrine diseases, there are a number of levels at which neuroendocrine regulation disorders occur. For example, in the definition of mastopathy, in the first place is the dyshormonal, and then, the hyperplastic process in the mammary gland.

And although endocrinology distinguishes at least five levels in neuroendocrine regulation, from a practical point of view, it is more convenient to use three in reflexology.

Highest level, on which the analysis and integration of the activity of the entire neuroendocrine system takes place - these are the departments of the central nervous system, the amygdala, the hippocampus, the pineal gland. Here, the circadian production of neurotransmitters takes place, which are leading in the rhythmic work of the entire neuroendocrine system.

Second level, on which there are two closely related sublevels: sublevel A - the hypothalamus, where the production of neurosecret liberins and statins occurs, which coordinate the work of the underlying structures of the endocrine system;

sublevel B - pituitary. Here is the direct transition between the nervous and endocrine systems. The biosynthesis of tropic hormones of the pituitary gland (ACTH, TSH, LH, FSH, PRL) is regulated both by the central nervous system and by the principle of feedback, by the amount of peripheral hormones in the blood through the hypothalamus. Despite the dual regulation, the pituitary gland is one of the most vulnerable places in the neuroendocrine regulation system.

Third level represent the peripheral organs of the endocrine system - the ovaries, adrenal glands, thyroid gland and target organs, where hormones realize their final effect (genitals, mammary glands, adipose tissue).

At this level, the ovaries biosynthesize estrogens and progesterone, which determine the stages of egg maturation and the cyclical nature of changes in target organs - the uterus, fallopian tubes, mammary glands.

With the help of ART and the Voll method, it is noted that with dyshormonal diseases, changes occur at all three levels of the neuroendocrine system - vertical regulation. For example, with mastopathy in most patients, violations are detected not only in the mammary glands themselves, but also in the hypothalamic-pituitary system, and in the pineal gland (viral, geopathogenic, psychovegetative and other burdens).

Many endocrinologists have noticed the fact that with anovulatory cycles and chronic adnexitis, a deficiency of peripheral hormones develops, but at the same time, the level of sensitivity to neurotransmitters increases in the cells of the pituitary gland. As a result, they respond to a similar dose of the releasing hormone by releasing a large amount of FSH, LH and PRL. Thus, the body tries to increase the amount of missing estrogens and progesterone, but at the same time, a high level of PRL, which has a direct tissue effect, sharply stimulates the proliferation of glandular cells in the mammary glands. An excess of prolactin and a violation of the ratio of estrogen and progesterone are the main pathogenetic mechanisms of the development of mastopathy, which must be taken into account when creating pointers for BR-drugs. In addition, prolactin stimulates the secretion of aldosterone,

Recently, it has been increasingly noted that after surgical removal of the ovaries, uterus or interventions on the thyroid gland, many women develop mastopathy. This is explained by the fact that at the third level, in addition to vertical, there is also horizontal regulation - the influence of endocrine organs on each other. For example, a violation of the biosynthesis and metabolism of adrenal hormones leads to diseases such as sclerocystic and polycystic ovaries. As a consequence, a decrease in the level of estrogen and progesterone, an increase in the amount of tropic hormones and the development of dyshormonal hyperplasia in the glandular tissues. Or another example. With a decrease in the production of thyroid hormones, there is an excessive formation of both TSH and PRL. A high level of the latter causes the growth of intraductal epithelium in the mammary glands, galactorrhea and amenorrhea. By the way, in allopathy for the treatment of mastopathy, "small" doses of potassium iodide are often used (0.25% solution inside, 10 ml once a day for 1 year). Yes, such treatment of mastopathy sometimes has a therapeutic effect, but it is fraught with great danger to the thyroid

glands, especially in autoimmune diseases.

It should be noted that the regulation processes in the neuroendocrine system are closely related to the work of many internal organs. It is known that the main metabolism of estrogen occurs in the liver. Then they are excreted in the bile into the gastrointestinal tract. In this case, part of the estrogen is excreted from the body, and part is absorbed back into the bloodstream, undergoing reactivation. With liver diseases, the process of converting estrogens into an inactive form decreases, and their level in the blood increases. Elevated estrogen levels cause sodium retention in the body. Excess sodium leads to an increase in intercellular fluid with the development of edema of various localization. Strengthening proliferative processes in the mammary glands, together with swelling, causes tension in them and pain.

It should also be noted that with hormonal contraception it is difficult to control the level of hormones circulating in the blood. At the same time, an increased load on the biliary system is created and the development of gallstone disease is provoked.

In addition to the intestinal-hepatic cycle of hormone utilization, about 50% of estrogens and progestins are excreted through the kidneys. Therefore, in case of dyshormonal diseases, their condition must also be taken into account.

For effective treatment of various forms of mastopathy, it is necessary to act on:

1. All levels of the neuroendocrine system.
2. On the breast itself.
3. On the internal organs that are directly involved in neuroendocrine regulation (bile and urinary systems, intestines).

We believe that there is no need to repeat everything that has been sufficiently well covered by our colleagues about the methods of creating private and general BR-preparations, about the importance of identifying and eliminating geopathogenic, electromagnetic, psychovegetative and other loads. All this is described in detail at seminars, practical classes and in the methodological publications of the firm "IMEDIS". However, it is rare to find modern studies on the effects of homeopathic monopreparations both on organs and on the higher centers of regulation, the selection of which was made through the ART pointers. It is important to note that the APK "IMEDISEXPERT" has a huge selection of pointers of homeopathic remedies in various potencies. We are trying to fill the gap in this direction and will be glad if our experience brings practical help to someone.

We used Epiphysis D4 - D6 (indication of mental burden) as an indicator of violations in the first level and the subsequent filtration of homeopathic remedies through it. At the second level - Hypothalamus D800 (psychosomatic disorders) and Hypophysis D6 - D200 (endocrine index). One of the nosodes: Mastopathia cystica or Mamma fibromatosis in D12 potency served as a pointer and filter for the drugs of the third level.

In the following table, we present our study of homeopathic remedies that are most consistent with the three levels of the neuroendocrine system in the treatment of mastopathy. The drugs are distributed according to the decreasing frequency of their resonant response and, accordingly, use.

Table 1

Level I		II level		III level	
Ignatia	++++	Conium	++++	Phytolacca	++++
Arnica	++++	Phytolacca	++++	Arnica	++++
Conium	++++	Iodum	++++	K iod	++++
Pulsatilla	+++	Ignatia	+++	Lapis al.	+++
Phytolacca	+++	Ca carb.	+++	Pulsatilla	+++
Thuja	+++	Pulsatilla	+++	Conium	+++
Cimicifuga	+++	Arnica	+++	Thuja	+++
Mercurius sol.	+++	Lycopodium	+++	Ca iod.	+++
Lycopodium	+++	Arg nit.	+++	K carb.	+++
Ca carb.	+++	Phosphorus	+++	Ba iod	+++
Ca fluor.	+++	China	+++	Iodum	+++
Ca phos.	+++	Chamomilla	++	Chelidonium	++
Psorinum	++	K carb.	++	Ca carb.	++
Medorr.	++	Nux v.	++	Lycopodium	++
Bryonia	++	Ars. iod.	++	Chimaphila	++
Silicea	++	Bryonia	++	Ars. iod.	++
Belladonna	++	Carbo animal.	++	Thyreoidin.	++
Staphysagria	++	Hepar sul.	++	Graphites	++
Causticum	++	Merc. sol.	++	Sepia	++
Phosphorus	++	Mg carb.	++	Hydrastis	++
Lachesis	++	Graphites	++	Scrophularia	++
Sepia	++	Chelidonium	++	Bromium	++
Platinum met.	++	Sepia	++	Ac. lacticum	++
Chamomilla	++	Staphisagria	++	Radium	++
Veratrum vir.	++	Hydrastis	++	Chamomilla	++
Sulfur	++	Sanguinaria	++	Aster. rub	++
		Folliculinum	++	Medusa	++
		Tuberculinum	++	Mer. iod	++
		Alumina	++	Rauwolfia	++

In our opinion, the most appropriate potencies of homeopathic remedies for influencing the third level are D3 – C12. On the second - C30 – C100. On the first one - C200 – C1000 and higher.

Of the 128 homeopathic monopreparations that are most often used in the treatment of this disease, we recommend first of all to test those presented in this table, having previously found out with the ART method what level should be affected.

The use of this table and the ability to independently create new groups in the medicaments editor of the APK "IMEDIS-EXPERT" can significantly reduce the time for accurate selection of homeopathic monopreparations and get the maximum result.

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"- M.:" IMEDIS ", 2008, vol. 1 - C.239-245