

Possibilities of the vegetative resonance test in determining adaptive reserves in pregnant women with the threat of premature birth

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SUMMARY

The paper presents the results of clinical studies of adaptation reserves in pregnant women with the threat of preterm labor (UPR) by the method of autonomic resonance test.

The study involved 243 women aged 16 to 42 years, 138 - with the threat of premature birth and 105 - with a normal pregnancy.

In the group of pregnant women diagnosed with UPR, low adaptive reserves of the uterus were tested in 120 (87.0%) women.

High reserves of adaptation of the uterus were found in 18 patients with UPR (13.0%). The identification of low reserves of adaptation of the uterus in pregnant women suffering from UPR is regarded by the authors as a situation when, with the threat of premature birth, the phenomenon of frequency hypersynchronization develops in the uterus against the background of desynchronization of other body systems. Within the framework of the theory of human adaptive activity, we interpreted this as a situation when, with insufficient adaptation of the uterus to pregnancy, a "maladaptive disease" develops in the body of women, which is clinically manifested by the threat of premature birth.

In women with normal pregnancies, only 11 (10.5%) of the examined were found to have insufficient reserves of adaptation of the uterus, in 89.5% of cases (94 pregnant women) high adaptive reserves of the uterus were revealed, which indicates the synchronization of frequencies of all organs and systems. We regarded this as a situation when the adaptive response of the uterus is part of the general adaptive response of the whole organism, which leads to the normal course of pregnancy.

Key words: threat of premature birth, adaptive reserves, diagnostics, vegetative resonance test.

Introduction

The most important problem of medicine is the preservation of the health of a pregnant woman. This is an assessment and prognosis of the course of pregnancy, optimization of the adaptation of the mother's body to pregnancy, improvement of diagnosis and treatment of diseases occurring during pregnancy, etc. The solution of such issues should be carried out on the basis of the introduction of the latest information technologies, which make it possible to obtain reliable information about the body.

women and the possibility of predicting the outcome of childbirth. Recently, in practical medicine, more and more attention is paid to methods of non-invasive diagnostics that meet the requirements of ensuring the complete safety of the examination, its comfort, efficiency, versatility, while maintaining a high reliability of the results.

According to modern concepts, the basis of a pregnant woman's health is adaptation reserves that allow the body to remain normal in a wide range of changes in living conditions. The most important component of adaptation reserves are functional reserves. They are subdivided into constitutional (genotypic and phenotypic), explicit (which can be identified and used at the moment) and hidden (blocked, which can become apparent when the organism passes into a more favorable state) [2, 5].

The assessment of constitutional reserves is made on the basis of anamnesis, anthropometric data and clinical studies. Constitutional reserves characterize individual inherited and acquired defective (weakened) functional capabilities of various organs [4]. Therefore, they determine a certain upper limit of the functional reserves of the corresponding organs, and therefore, to a large extent, of the whole organism. Knowledge of the individual constitutional "weak points" of the body of a pregnant woman allows the doctor to take a differentiated approach to maintaining the functions of the organs of the reproductive system.

The threat of premature birth (UPR) is the most frequent complication of pregnancy; over the past decades, this pathology has not tended to decrease, which gives reason to consider this problem extremely relevant in obstetric practice. Pathological changes that develop during UPR suppress the compensatory and adaptive capabilities of the "mother - placenta - fetus" system, slow down the growth and development of the fetus, and cause a complicated course of pregnancy and childbirth [6].

The human body as a whole and its constituent subsystems are a source of very weak electromagnetic oscillations in a wide frequency range. Due to the consistency (coherence) of oscillations in a huge frequency range at different hierarchical levels, an organism can exist as a system and react as a whole to changing environmental conditions, i.e. general adaptive reactions may develop.

Moreover, in the norm, the local adaptive response is part of the general adaptive response of the whole organism. Disruption of one of the links in the physiological adaptation of the maternal organism to pregnancy leads to "maladjustment disease", which can manifest itself as the threat of premature birth. It is known that synchronization in a living organism cannot be rigid, because this violates the adaptive properties of the organism, the flexibility of its regulation. But violation of the optimal level of synchronization, both in the direction of hypersynchronization and in the direction of desynchronization, leads to a violation of homeostasis.

Adaptation reserves can be determined invasively, according to the leukocyte blood count [2], as well as non-invasively, using the autonomic resonance test (ART)

[5]. With the help of ART, it is possible to determine the degree of synchronization and desynchronization of organs and systems, and to identify with which organs synchronization disorders are associated. We did not find data on the determination of the adaptive reserves of pregnant women with UPR by the ART method, which determined the relevance of the study.

Purpose of the study

To determine the adaptive reserves of the body in pregnant women with the threat of premature birth.

Materials and methods

Prospective, randomized, "blind", controlled study. The study involved 243 women aged 16 to 42 years, of which 138 are pregnant with the threat of premature birth (main group) at 23–36 weeks of gestation. The control group consisted of 105 women with physiologically proceeding pregnancies, with a gestational age of 23–36 weeks. The base of the study is the Grodno Regional Clinical Perinatal Center, the Department of Pregnancy Pathology and the Obstetric and Gynecological Department.

The criteria for inclusion in the study were: gestational age of 23–36 weeks, signs of threatened abortion.

Pregnant women with a pain syndrome not associated with the threat of termination of pregnancy (premature detachment of a normally located placenta) were excluded from the group examined.

The health status of the patients was assessed using the ART method. The patients were examined without acquaintance with the medical documentation and data from other examination methods. Voluntary informed consent was obtained from all women to conduct the study. Microresonant circuits proposed by V.N. Sarchuk were used to test nosodes and organopreparations. and test-pointers of the Center "IMEDIS" (Moscow) [1,3].

The diagnosis based on the results of electropunctural diagnostics was verified with a clinical diagnosis of the history of childbirth. The clinical diagnosis of UPR was established on the basis of complaints, anamnesis, gynecological status, ultrasound data, dopplerometry and cardiotocography, etc. When assessing the proportions, the confidence interval (CI) was 95%. Statistical processing was carried out by methods of nonparametric statistics (the median (Me), 25 and 75 percentiles (25–75%) were calculated.

results

The age of the subjects ranged from 16 to 42 years, averaging 25 (22 - 30) years in the first group and 26 (23 - 30) years in the second. The average age of the onset of menarche in pregnant women in the main group varied from 11 to 18 years, averaging 13 (11-16) years, in patients of the control group - from 11 to 17 years, on average 13 (11-15), menstruation in the majority women of both groups were established at once.

A burdened obstetric history occurred in most pregnant women

suffering from UPR. 25 subjects (18.1%; CI 12-25%) had a history of abortion, spontaneous abortions - in 17 (12.3%; CI 7-18%) patients, missed pregnancies - in 11 (8.0 % CI 3-13%) women, stillbirth - in 3 (2.2%; CI 0-5%). In the second group, a history of abortions was noted in 20 (19.0%; CI 11-27%;) pregnant women, spontaneous miscarriages - 13 (12.4%; CI 6-19%), undeveloped pregnancy - 6 (5.7% ; CI 1-10%) of patients.

Among the past gynecological diseases in the 1st and 2nd groups of women, the following prevailed: inflammatory diseases of the uterus and appendages (36.2%; CI 28-44% and 39.0%; CI 30-48%), cervical erosion (31 , 9%; CI 24-40% and 34.3%; CI 25-48%), ovarian cysts (10.1%; CI 5-15% and 13.3%; CI 5-17%), infections, sexually transmitted infections (10.9%; CI% 5-16% and 10.5%; CI 5-16%), primary (6.5%; CI 2-11% and 2.9%; CI 0-6 %) and secondary (2.2%; CI 0-5% and 3.8% CI 1-8%) infertility, respectively, which characterizes the comparability of the main and control groups.

Anamnesis and data of an objective examination made it possible to establish that in 92.8% of cases in women with UPR and 87.6% of patients from the control group had earlier or had extragenital pathology upon admission.

In 37 (26.8%; CI 19-34%) pregnant women with UPR, there were indications of previous childhood infections, acute respiratory viral infections, tonsillitis, every fourth (26.1%; CI 18-33%) suffered from diseases of the urinary system, 25 (18.1%; CI 11-25%) had chronic gastritis, cholecystitis, in 25 (18.1%; CI 11-25%) metabolic and endocrine disorders (obesity I - III degree, euthyroid goiter 1 degree) , as well as arterial hypertension, neurocirculatory dystonia. Indications of cardiac pathology (mitral valve prolapse, abnormally located chord of the left ventricle) were indicated in 22 (15.9%; CI 9-22%) patients, lung diseases (bronchitis, pneumonia) - in 11 (8.0%; CI 3-13%) women, 17 (12.3%; CI 6-18%) pregnant women, suffered from eye disease (astigmatism, mild myopia).

Of the transferred extragenital diseases, the most common in the 2nd group of the surveyed were childhood infections - 35 (33.3%; CI 24-42%) patients and acute respiratory diseases - 28 (26.7%; CI 18-35%) women. 15 (14.3%; CI 7-21%) pregnant women complained of diseases of the liver and biliary tract, 13 (12.4%; CI 6-19%) of the examined women complained of diseases of the gastrointestinal tract. Previous diseases of the kidneys and bladder were mentioned by 20 (19.0%; CI 11-27%) patients, diseases of the respiratory system - 14 (13.3%; CI 6-20%) women. Every fifth pregnant woman (22.9%; CI 14-31%) suffered from metabolic endocrine disorders and vegetative-vascular dystonia. Vision diseases were detected in 14 (13.3%; CI 6-20%) patients, cardiac pathology - in 13 (12.4%; CI 6-19%) patients. The peculiarities of the course of pregnancy in women with UPR, was the presence of concomitant complications. Preeclampsia was diagnosed in 30 (21.7%; CI 14-29%) pregnant women, placental insufficiency - in 18 (13.0%; CI 7-19%), anemia in pregnant women - in 14 (10.1%; CI 5 -15%) of patients. Premature maturation of the placenta was detected in 11 (8.0%; CI 3-13%) women, polyhydramnios - in 10 (7.2%; CI 2-12%) pregnant women.

When analyzing the outcome of childbirth, it was revealed that in most of the subjects of both groups, childbirth occurred through the vaginal birth canal. Cesarean section was performed in 49 (35.5%; CI 27–44%) patients of the main group; in the group with physiologically proceeding pregnancy, there were 27 such women (25.7%; CI 17–33%).

In group 1, 42 (30.4%; CI 22–38%) patients gave birth within 260 days, term delivery occurred in 96 (69.6%; CI 61–77%) pregnant women. In group 2, only 11 (10.5%; CI 4–16%; $p < 0.001$) patients had preterm birth, 94 (89.5%; CI 83–95%; $p < 0.001$) gave birth on time more than 260 days.

In women with UPR, the average weight of newborns was 3150 (2850–3600) g, height - 51 (50–53) cm, in the group of uncomplicated pregnancy, respectively - 3400 (3200–3750) g and 52 (52–54) cm. The state of newborns was assessed using the Apgar scale, in the group of pregnant women with UPR the following indicators were revealed: 8/8 - 32 (21.9%; CI 15–29%) children, 8/9 - 104 (71.2%; CI 63–79%). In the group with a physiologically proceeding pregnancy, all newborns had an Apgar score of 8/9. By sex of newborns, boys were 86 (58.9%; CI 50–67%) and 56 (52.3%; CI 42–62%), girls 60 (41.1%; CI 32–49%) and 51 (47.7%; CI 38–57%) in groups 1 and 2, respectively.

Low adaptive reserves of the uterus were found in 120 of the 138 subjects of the main group, which is 87.0% of all cases of clinical manifestations of UPR. High reserves of adaptation of the uterus were found in only 18 women (13.0%; $p < 0.05$ in comparison with the control group) with UPR. The identification of low reserves of adaptation of the uterus in pregnant women suffering from UPR was regarded by us as a situation when the phenomenon of frequency hypersynchronization develops in the uterus against the background of desynchronization of other body systems [3]. Within the framework of the theory of human adaptive activity, we interpreted this as a situation when, with insufficient adaptive reserves of the uterus during pregnancy, a "maladaptive disease" develops in the body of women, which is clinically manifested by the threat of premature birth.

In the group of patients with uncomplicated pregnancy, only 11 (10.5%; $p < 0.05$ compared to the main group) women had insufficient reserves of uterus adaptation, in 89.5% of cases (94 subjects) high adaptive reserves of the uterus were revealed, which indicates the synchronization of the frequencies of all organs and systems. We regarded this as a situation where a high adaptive response of the uterus is part of the general adaptive response of the whole organism, which leads to the normal course of pregnancy.

conclusions

1. With threatened premature birth, 87% compared with the control group of pregnant women revealed low adaptive reserves of the uterus ($p < 0.05$).
2. Under normal pregnancy conditions, 89.5% compared with the control group of women revealed high reserves of adaptation of the uterus ($p < 0.05$).
3. When detecting low reserves of adaptation of the uterus in pregnant women with UPR

inpatient treatment of the threat of termination of pregnancy is indicated.

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