Diagnostics and therapy of prenatal stress in reproductive pathology spheres and general therapeutic practice I.A. Bobrov, E.Yu. Pechnikova (Medical and psychological clinic "Family with a plus", Moscow, Russia)

Very often, specialists of various profiles not only from our center, but also from other medical institutions are faced with a situation where, for no apparent reason, there is a clear violation of the body's reactivity, both physiological and psychological. That is, in the absence of significant deviations in the test indicators (in particular, the hormonal status, including estrogens - androgens) from the norm corridor, the absence of obvious pathogenic effects, including injuries and serious diseases in the anamnesis, as well as in the absence of data on a family history of hereditary pathology. And since nothing else, from the point of view of modern practical medicine, can explain such deviations in psychophysical reactivity, most doctors simply ignore such facts. For, "if the fact does not fit into the framework of theory, so much the worse for the fact."

However, according to the authors, in modern medicine there is a need to try to explain the accumulated facts. Moreover, without this, a meaningful development of medical theory and, more importantly, practice is impossible. This means that it is impossible to increase the effectiveness of treatment. Moreover, more than enough facts have accumulated. From multiple disorders of psychophysical reactivity, as already mentioned, for example, changes in sexual activity, to anatomical abnormalities, for example, in the uro-genital area. It is impossible to explain these facts otherwise than by deviations in hormonal status. And this is with absolutely normal laboratory parameters [1, 2].

The only explanation that, according to the authors, can be acceptable, is a change in the sensitivity of receptors, which until recently found indirect confirmation not only in the observations of psychologists and gynecologists, but in the studies of patients with the ART method. A paradoxical situation arises in which a significant deviation of the hormonal status is tested by the ART method, for example, by the type of excess, say, androgens of adrenal genesis, the same is confirmed by the examination of a psychologist and gynecologist, including by status locales, and indicators of hormonal status are found within the reference range, and DNA abnormalities are not tested. The most interesting thing is that the best clinical effect was obtained when treating patients and patients, according to the diagnosis made by ART methods, as well as clinical examination by a gynecologist and a psychologist - psychotherapist. This is the best proof of the correctness of our approach.

However, the etiology of this phenomenon remained unclear for a long time. This issue was partially resolved using theoretical developments that consider birth trauma as an etiological factor in many disorders, such as subclinical forms of posttraumatic lesions of the central nervous system, expressed in the instability of the hypothalamic-pituitary-

adrenal system, increased sensitivity to stress

influences, both physiological and psychological, mental rigidity, etc. [1, 2], followed by an inadequate response to stressful influences. This approach made it possible not only to explain part of the phenomenon, but also to significantly increase the therapeutic efficacy. However, in a number of cases, it is very difficult to explain the patient's condition by birth trauma alone, and sometimes it is generally not possible to detect signs of birth trauma either by EPD methods or anamnestically.

It was assumed that in the process of formation on the embryo, and later - on the fetus, the impact of other stress factors is possible, which are able to radically change the reactivity of the organism, and throughout its further life. The mechanism of stress realization remained unclear, although the mechanism of changes in the expression of receptor genes was not ruled out.

Experimental confirmation of our assumptions, as well as their explanation were obtained by a group of Ukrainian scientists from the Department of Reproduction and Adaptation of the Institute of Endocrinology and Metabolism named after V.I. V.P. Komissarenko AMS of Ukraine (Kiev) and Bukovyna State Medical Academy (Chernivtsi) under the leadership of A.G. Reznikov. These scientists studied the effect of prenatal stress on the development of the embryo. For this, pregnant female mice were subjected to stress, mainly immobilization. Then the state of the neuroendocrine system of the born mice was investigated [3].

The research results exceeded all expectations. It was shown that the stress to which pregnant female mice were exposed directly had a powerful effect on the state of the fetus, and subsequently, the born offspring. And it persisted throughout life, influencing its quality and duration.

Specifically, it has been proven that prenatal stress can cause pronounced changes in the neuromorphological manifestations of sexual differentiation in the brain. In other words, to provoke changes that cause homosexual behavior of individuals, moreover, due to the involvement of many systems. This is a monoaminergic system, and a change in the metabolism of androgens in the brain, and the content of low molecular weight proteins in the brain. In particular, a modifying effect of prenatal stress on the hypothalamo-pituitary-adrenocortical system with impaired response to stress has been proven both in the central link (synthesis and sensitivity to ACTH, dopamine and norepinephrine) and in the peripheral link (adrenal glands), with impaired glucocorticoid synthesis in response to stimulation. ; moreover, the reaction is multidirectional depending on gender.

In addition, the influence of prenatal stress on long-term disorders of the reproductive system was revealed, both in males and females. With a violation of the structure of sex-dimorphic structures of the brain and, a violation of both their sensitivity to androgens and other steroids of various origins, and their metabolism in the brain, as well as a change in the synthesis of pituitary gonadotropins with subsequent impairment of fertility.

Separately, it is necessary to note the influence of prenatal stress on the ratio of stress-implementing and stress-limiting systems revealed by Ukrainian researchers. With the development of functional pathology of the HPAS and the involvement of not only the glucocorticoid system, but also metabolism and expression receptors prolactin, thyroxine, as well as the GABA-ergic and opioid systems, melatonin and somatotropin, endorphins, prostaglandins and even natriuretic peptide.

The results of a study of the effect of prenatal stress on the enzymatic systems of the body, such as the microsomal systems of the liver, for example, cytochromes, and even

alcohol dehydrogenase. The revealed effect on the activity of lipid peroxidation enzymes, as well as NO synthase, is extremely important.

One of the key points of the study can be considered the confirmation of the fact of modification under the influence of prenatal stress of genomic activity both in the neurons of the brain and the expression of genes that determine the receptor activity of the above systems, which persists throughout the life of the organism. This largely determines the clinical manifestations in organisms subjected to prenatal stress.

From a practical point of view, it is very relevant to identify by Ukrainian authors lipid peroxidation as a result of exposure to reactive oxygen species, as one of the main ways of implementing prenatal stress. Stress can vary in nature. From pharmacological, with unmotivated use of pharmacological drugs, in particular, hormonal ones, to episodic hypoxia due to ischemia - reperfusion in fetoplacental insufficiency [4, 5], including all kinds of psychological and psychophysical stress in the mother.

Obtaining theoretical confirmation of experimental developments on the influence of prenatal stress posed the task of verifying the presence of prenatal stress in a particular patient using EPD methods, in particular, according to R. Voll and ART.

According to the authors, they, to some extent, managed to solve the problem.

Actually, it is possible to assume the presence of prenatal stress on the basis of a standard examination according to R. Voll and ART. Significant, from the point of view of the authors, in this case, in the study according to R. Voll, is the identification of a significant deviation in the indicators of such BAPs on the meridian of Nervous Degeneration, such as points of the central nervous system, as well as parasympathetic ganglia and cranial nerves, indirectly reflecting the state of the stem structures brain. According to the measurement results, the presence of pronounced degenerative tendencies can be considered characteristic, that is, the tendency of indicators to low values with a pronounced "drop of the arrow", with "relatively normal" indicators on the points of the meninges and the cervical spine, changes in which may indicate a traumatic genesis of changes ...

In addition, significant degenerative changes on the epithelial degeneration meridian (EPD) associated with psychosomatic disorders can be considered characteristic, to a greater extent, on the EPD BAP of the vegetative system and the head.

Degenerative tendencies in BAPs of the endocrine system, specifically, BAPs of the pituitary gland and hypothalamus, reflecting the instability of the state of the central links of the neuroendocrine system, can also be considered significant.

But, of course, studies by R. Voll in the light of the

the topic is clearly not enough. And the ART method in this case plays a decisive role.

The very fact of testing the significance of a number of hormones, especially when their indicators in blood tests are within the refractive values, indicates a change in the receptor sensitivity of the central systems of the body, that is, the central nervous system and the neuroendocrine system. Especially significant, in the opinion of the authors, is the fact of testing hormones such as androgens, especially of adrenal origin (DHEA, androstenediol), in the absence of testing of the sixth chromosome, that is, in the absence of AGS, as well as endorphin, melatonin, dopamine, serotonin, LH, FSH, thyrotropin and their releasing hormones, ACTH and glucocorticoids.

When in doubt, testing of significant hormones is carried out through the chain: ART, a significant preparation of the brain and a preparation of the embryo (brain - decrease in the measuring level, embryo - recovery original measuring level). maybe application serums central nervous system and neuroendocrine system and embryonic serum tissues (f-ma "Medfarma"). It is also possible to use these drugs. a joint

When these changes are detected, it becomes relevant to identify the very fact of prenatal stress, one of the main mechanisms of implementation, as already mentioned, is peroxidation under the influence of reactive oxygen species. Accordingly, to identify this mechanism, the authors used energy-informational copies as markers

potentiated drugs Ozone and Hydrogen peroxide, proposed by one of the co-authors as "nosodes of metabolism" [6]. It is important to test the preparations of Ozone and Hydrogen Peroxide, both separately and sequentially, with respect to the already mentioned chains from the preparation of the brain, embryo, sera of the nervous and neuroendocrine systems and embryonic tissues. What is, according to the authors, the main way to identify in the prenatal period the presence of peroxide and active oxygen lesions of the central nervous system, as nonspecific ways of stress realization. And having tested, for example, with respect to these chains, such markers as carbon dioxide and atomic oxygen [6], we can talk about the consequences of hypoxic stress as a result of repeated ischemia-reperfusion processes [4, 5]. This is clarified by testing metabolic markers such as acidic and alkaline water, which in this case, will indicate the presence at the time of stress (hypoxia, ischemia - reperfusion) acidosis or alkalosis [6], which may accompany an ischemic state, or compensatory hyperoxygenation ... As can be seen from the above, the presence of a history of prenatal stress should determine the testing of both drugs (markers). Accordingly, the more potencies tested, and also the higher they are, the more likely the patient is to have the consequences of prenatal stress. As can be seen from the above, the presence of a history of prenatal stress should determine the testing of both drugs (markers). Accordingly, the more potencies tested, and also the higher they are, the more likely the patient is to have the consequences of prenatal stress. As can be seen from the above, the presence of a history of prenatal stress should determine the testing of both drugs (markers). Accordingly, the more potencies tested, and also the higher they are, the more likely the patient is to have the consequences of prenatal stress.

This technique, in the presence of an appropriate clinical picture, objective data, complaints and anamnesis, according to the authors, is sufficient to identify the fact of prenatal stress.

From the point of view of therapy, it should be noted the enduring importance of constitutionally oriented therapy, which can be selected in various ways [7, 8]. The authors consider the application of constitutional

drugs are the main principle of therapy, with which it is worth starting and ending therapy.

BRT, both general and specific, does not lose its importance in terms of strategies, the choice of which should be made in accordance with the situation of a particular patient. With the preparation of the BR of the drug, which can be considered as a variant of the autonosode, albeit an electronic one. The latter, like blood and urine autonosodes, which also have a right to their place in the therapy of the problem we are considering, should be constitutionally oriented, for example, by "targeting" according to the CMH.

In addition, the use of nosodes, including electronic ones, based on, for example, significant hormones, in relation to which there is a violation of the expression of receptors, is relevant. Such nosodes, which in this case can be considered as metabolic nosodes, can be used both after BRT adaptation and as an independent, constitutionally adapted drug, for example, according to KMH, like autonosodes.

A very effective option can be application organopreparations of the embryo, as well as sera of embryonic tissues of the nervous and endocrine systems, possibly together with preparations of the umbilical cord, placenta and amnion, which should be determined based on the test results. Moreover, it is possible to use both independent drugs, preferably constitutionally oriented, and their introduction into the circuit during BRT. This can help the body "remember" the state of its embryonic development and adjust it towards normalization. This is also facilitated by the introduction of information about these drugs in the BRT process through the Min-Men points and the umbilical ring [9].

However, it must be remembered that when using nosodes in all variants, it is possible to exacerbate constitutional features, as a reaction of the type of "conflict of programs", which requires a competent approach, and, in particular, may allow a more accurate selection of a truly constitutional drug [10].

It is also possible to use induction programs, both in the form of direct induction and electronic recording, which can also be considered as a variant of nosodotherapy.

Separately, it is worth considering targeted etiopathogenetic therapy with homeopathic preparations. And here, along with such drugs as: Opium, Acidum hydrocyanatum, Laurocerazus, Hypericum, Zinc, Cuprum and their salts, etc., one cannot but consider such drugs as Ozone and Hydrogenium pyroxide (potentiated hydrogen peroxide). The latter, attributed by the authors to metabolic nosodes, can be considered as key nosodes of this direction [6], since they reflect the key moments of CNS damage during prenatal stress.

Thus, therapy with the use of drugs from potentiated ozone and hydrogen peroxide should be considered as a separate stage in the treatment of patients who have undergone prenatal stress.

The described approach, used within the center where the authors work, has significantly increased the effectiveness of treatment of reproductive system disorders and reduced its time.

It is very gratifying that practical developments within the concept

energy-informational treatment found their theoretical and experimental confirmation from the side of classical allopathic medicine.

As can be seen from the article, its content may be of interest not only for obstetricians and gynecologists, but also for doctors of almost all specialties, from allergists-immunologists to psychiatrists and narcologists, because we are talking about the key points that determine the reactivity of the body.

Bibliography

1. Bobrov I.A., Pechnikova E.Yu. Diagnosis and therapy of adrenogenital syndrome in obstetric-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., Pechnikova E.Yu. Diagnosis and therapy of consequences birth trauma in obstetric - gynecological and general therapeutic practice // Abstracts and reports of the XIV International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M .: IMEDIS, 2008. - P. 142-155.

3. Reznikov A.G., Pishak V.P., Nosenko N.D., Tkachuk S.S., Myslitsky V.F. Prenatal stress and neuroendocrine pathology / Edited by A.G. Reznikov).-Chernivtsi: Medakademiya Publishing House, 2004.

4. Sukhikh G.T., Vikhlyaeva E.M., Vanko L.V., Khodzhaeva Z.S., Shurshalina A.V., Kholin A.M. Endothelial dysfunction in the genesis of perinatal pathology // Obstetrics and gynecology.- 2008. - No. 5.

5. Protsenko D.N., Ignatenko O.V., Babayants A.V. Intensive therapy severe gestosis // Questions of gynecology, obstetrics and perinatology. - 2008. - No. 3 (7).

6. Bobrov I.A. Possibilities of minimizing diagnostic and therapeutic exposure through the use of nonspecific nosodes of metabolism // Abstracts and reports of the XII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M .: IMEDIS, 2006. - P. 225-229.

7. Bobrov I.A., Gotovsky M.Yu., Goltsov A.G., Storozhenko Yu.A. Grade efficiency constitutional homeopathic therapy method constitutional delusion test // Traditional №1 (12). - P. 18-23. the medicine. - 2008. -

8. Bobrov I.A., Gotovsky Yu.V., Ilyukhin V.V., Mkhitaryan K.N. Chronosemantic model of the constitution of the organism and its implementation using the program "Astromed-M" // Homeopathic Bulletin. - 2004, no.11. - P. 44-48.

9. Bobrov I.A. Possible points of optimal introduction of information // Abstracts and reports of the XIV International Conference "Theoretical and Clinical Aspects of Bioresonance and Multiresonance Therapy". Part II. M .: IMEDIS, 2007. -P. 189-198.

10. Bobrov I.A., Mkhitaryan K.N. Program conflict, both diagnostic and therapeutic factor // Abstracts and reports of the XIV International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M .: IMEDIS, 2008. - P. 198-203.

I.A. Bobrov, E.Yu. Pechnikova Diagnostics and therapy of prenatal stress in reproductive pathology and general therapeutic practice // "- M.:" IMEDIS ", 2009, v.2 - pp. 86-96