

Diagnostic value of the method of vegetative resonance test
in identifying placental insufficiency

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Fetoplacental insufficiency (FPI) is the most important problem of modern perinatology. Its frequency ranges from 4% to 45%, perinatal morbidity reaches 70%, and mortality 2.4–17.7% (Savelyeva GM, 2000). Pathological changes that develop in FPI contribute to: a decrease in uteroplacental and fetal-placental blood flow; decreased arterial blood supply to the placenta and fetus; restriction of gas exchange and metabolism in the fetoplacental complex; violation of the processes of maturation of the placenta; a decrease in the synthesis and imbalance of placental hormones and their precursors of maternal and fetal origin. All these changes 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.

Thus, fetoplacental insufficiency is a symptom complex in which morpho-functional disorders of the placenta and fetus.

For the diagnosis of FPN apply the following methods: Ultrasound, dopplerometry, cardiotocography, which allows you to monitor the condition of the fetus, to assess the functions of the fetoplacental complex. Ultrasound research methods are highly informative and accurate, however, the correctness of the diagnosis in this situation is determined by the selected evaluation criteria. Ultrasound placentography allows you to determine the correspondence of the degree of maturity of the placenta to the gestational period. Dopplerometry allows you to assess the state of blood circulation in the "mother - placenta - fetus" system most fully. Among the methods for diagnosing hypoxia and studying compensatory abilities of the fetus are useful cardiotocography, as well as prenatal electrocardiography. An important role in the diagnosis of the functional state of the fetoplacental complex is played by the study of its hormones, pregnancy proteins, and enzymes [8].

Taking into account the varying degrees of sensitivity and specificity of the methods, the final diagnosis of FPI is established taking into account the complementary data an integrated research: echography, cardiotocography and dopplerometry.

Diagnosis of FPN represents certain t ore and forces look for new, if possible, minimally invasive and reliable diagnostic methods. The diagnosis of FPI requires simple, non-invasive, rapid methods that provide an immediate response and at the same time have a high degree of reproducibility in the hands of the doctor.

The experience of using millimeter-wave electromagnetic radiation (EMR MD) shows that for each person there is an individual EMR MD frequency, the presence of which in the spectrum of frequencies generated by the device causes an acute resonant response from the patient's body, the so-called "response". [one]. EMR frequency of MD that can cause

"Response", received in the literature the name of the individual characteristic frequency (IHF).

Known instrumental method for determining ICH, based on electropuncture diagnostics by vegetative resonance test (EPD by ART) [5, 6]. Previously, we have shown a high correlation (94–96%) in the detection of strictly defined HCI in the body of patients with certain diseases of the female genital area (ovarian cysts, uterine fibroids and inflammatory processes of the uterine appendages) and tuberculosis [3, 9]. Thus, the determination of HCI in sick persons can significantly increase the diagnostic efficiency of the examination.

We hypothesized that HCIs characterizing the current pathological process of an organ or system, according to the principle of domination, can impose their frequencies on the entire body as a whole, which is determined by EPD diagnostics using ART [4].

In the course of the study of pregnant women by the EPD method according to ART, we identified the placenta ICH, which in FPI dominated the general frequency spectrum of the body.

Diagnostics by the ART method consists in the phenomenon of resonance that occurs in the organism of the investigated person upon presentation of a certain spectrum of frequencies 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.

We did not find data on the diagnosis of FPN with the definition of ICH, that determined the relevance of the study.

Target research. Define diagnostic significance
electropuncture diagnostics at pregnant withfetoplacental failure.

Materials and methods

Prospective, randomized, "Blind" controlled study. Examined 183 women aged 16 to 42 years, including 77 pregnant women with placental insufficiency. The control group consisted of 106 women with physiological pregnancy. The base of the study is the Grodno Regional Clinical Perinatal Center, department of pregnancy pathology and obstetric and gynecological departments.

The method of EPD by ART was used. Patients were examined without acquaintance with medical documentation and data from other examination methods. Voluntary informed consent was obtained from all women to conduct the study. To determine the resonance to nosodes and organ preparations, microresonant circuits proposed by V.N. Sarchuk were used. and diagnostic cassettes produced by "IMEDIS", Moscow. [2, 4]. To generate EMR MD, a diagnostic cassette was used [7]. According to the results of the examination, an electropuncture diagnosis was made, which, upon completion of the study, was verified by a clinical diagnosis of the history of childbirth.

The clinical diagnosis of FPI was established on the basis of complaints, history, gynecological status, ultrasound data, Doppler and cardiotocography, and

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The diagnostic significance of the method was determined according to the criteria of evidence-based medicine (sensitivity, specificity, accuracy, etc.).

results

In 65 out of 77 examined subjects of the main group, placental hi was tested, which is 84.4% of all cases of clinically diagnosed FPN. In 12 (15.6%) pregnant women with FPI, IHC placenta was not detected. Within the framework of the theory of human adaptive activity, this was interpreted by us as a situation when local adaptive reaction placenta in conditions pathology (fetoplacental insufficiency) maybe subjugate myself general adaptive response of the whole organism [2].

In the group of women with uncomplicated pregnancy, only 8 (7.6%) of the surveyed had placental hi, in 92.4% of cases (98 people) placental hi was not detected, which we regarded as a situation where the local adaptive response of the placenta was part of the general adaptive response of the whole organism.

Thus, the diagnostic significance of the study was: DC (diagnostic sensitivity) - 83.3%, DS (diagnostic specificity) - 92.4%, DZOR (diagnostic significance of negative results) - 88.2%, DZPR (diagnostic significance of positive results) - 89.0%, OT (overall accuracy) - overall accuracy - 88.5%.

Conclusions:

1. Method of electro-acupuncture diagnostics by vegetative resonance the test has a high sensitivity - 83.3%, specificity - 92.4% and accuracy - 88.5% in the diagnosis of placental insufficiency.

2. We believe that the EPD method according to ART can be recommended for use in health care facilities for the diagnosis of FP along with other examination methods.

Literature

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T.Yu. Egorova, M.I. Palamarchuk Diagnostic value of the method of vegetative resonance test in the detection of fetoplacental insufficiency //"- M.:" IMEDIS ", 2009, v.2 - C.298-303