

Diagnostics of threatened premature birth
method of vegetative resonance test
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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.

Diagnosis of UPR is based on detecting an increase in the tone of the uterine muscle and changes in the cervix: softening, shortening, smoothing. However, the accuracy of these criteria in diagnosis premature birth is relative. According to the results of numerous multicenter studies, up to 40% of patients with such symptoms who received a placebo delivered on time. Increased uterine activity is observed in pregnant women and may be a nonspecific symptom and does not always lead to premature birth. Insufficient assessment of the nature of the contractile activity of the uterus can lead to late diagnosis, when the cervix is already opening or premature rupture of amniotic fluid occurs and the therapy used is ineffective.

Clinical diagnosis of UPR presents certain difficulties, is often untimely, and therefore there is a need to develop new, if possible, minimally invasive and reliable diagnostic methods.

According to modern concepts, the basis of the health of a pregnant woman is adaptation reserves that allow the body to remain normal in a wide range of changes in living conditions. 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. 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, aside

hypersynchronization and in the direction of desynchronization leads to disruption of homeostasis.

Recently, it has been proposed (Makhonkina LB, Sazonova IN, 2000) a non-invasive method for determining adaptive reserves - using electropuncture diagnostics by vegetative resonance test (EPD by ART) [4]. With the help of EPD by ART, it is possible to determine the degree of synchronization and desynchronization of the organism and systems, and to identify which organs are associated with synchronization disorders.

The experience of using millimeter-wave electromagnetic radiation (EMR MD) shows that for every person there is

individual frequency of EMR MD, the presence of which in the spectrum of frequencies generated by the apparatus causes an acute resonant response from the patient's body, the so-called "response" [2]. The frequency of EMR MD, capable of causing a "response", has received in the literature the name of an individual characteristic frequency (IHCH).

Known instrumental method for determining the ICH, based on EPD by ART [8, 9]. Previously, we have shown a high correlation - over 90% of detection in the body of patients with strictly defined HCI in some diseases of the female genital area (ovarian cysts, uterine fibroids and inflammatory processes of the uterine appendages) and tuberculosis [6, 11]. Our studies on the diagnosis of genital endometriosis by the EPD method by ART showed a coincidence with clinical diagnoses in 90.1% of cases [5]. 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 [7].

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 URM with the definition of ICH, that determined the relevance of the study.

Target research. Define diagnostic significance
electropuncture diagnostics in pregnant women with the threat of premature childbirth.

Materials and methods
Prospective, randomized, "blind", controlled study. The study involved 243 women aged 16 to 42 years, including 138 pregnant women 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, department of pregnancy pathology and obstetric-gynecological department.

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

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

The method of EPD by ART was used. Patients were examined without acquaintance with medical documentation and data from other examination methods. All women received a voluntary informed

consent to conduct research. 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. [fourteen]. To generate EMR MD, a diagnostic cassette was used [10]. According to the results of the examination, an electropuncture diagnosis was made, which, upon completion of the study, was verified.

clinical diagnosis of labor history.

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

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

results

In 120 of the 138 subjects of the main group, the HI of the uterus was tested, which is 87.0% of all cases of clinically diagnosed UPR. In 18 women with UPR (13.0%), this HI was not determined. We considered the identification of hihc of the uterus in pregnant women with UPR as a situation when 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, this means that in conditions of pathology (threat of premature birth), the local adaptive response of the uterus subordinates the general adaptive response of the whole organism [3].

In the group of patients with uncomplicated pregnancy, only 11 (10.5%) women had uterine HCI, in 89.5% of cases (94 subjects) this HCI was not detected, which indicates the synchronization of the frequencies of all organs and systems. We regarded this as a situation when, normally, the local adaptive reaction of the uterus is part of the general adaptive

the reaction of the whole organism.

Thus, the diagnostic significance of the study (diagnosticniya was: DC sensitivity) is 87.0%, DS (diagnostic specificity) - 89.5%, DZOR (diagnostic significance of negative results) - 83.9%, DZPR (diagnostic significance of positive results) - 89.5%, OT (overall accuracy) - 88.1%.

conclusions

The method of electropunctural diagnostics by vegetative resonance test has high sensitivity - 87.0%, specificity - 89.5% and accuracy - 88.1% in the diagnosis of threatening preterm labor, which makes it possible to recommend it for use in health care facilities for diagnosing UPR along with other methods survey.

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"IMEDIS", 2009, v.2 - C.311-317