

Experience with the use of drugs "Happy Motherhood" ("GUNA"),
"Infertility" ("Artemis") as tests
to identify the etiology of infertility and BRT

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Relevance

Diagnosis and treatment of infertility is one of the most pressing topics in gynecology. Despite the many times the perfection of medical technology, the availability of a large selection of methods for determining hormonal, immune, biochemical status, a large number of drug and surgical methods of treatment, the number of women who cannot become mothers increases by 200-250 thousand every year. Now 78 live in Russia. million women, of which 39.1 million are of reproductive age (15-49 years). According to statistics, 6 million of them are infertile. In men, infertility affects 4 million among people of reproductive age.

Difficulties in diagnosing the causes of infertility and searching for a rational, pathogenetically justified treatment method are associated with the variety of systems involved in the implementation of the reproductive function and the extremely complex architecture of interactions between these systems. Systems are those set objects that consist of a set of elements and differ constancy their actions in response to certain external influences. The constancy and uniformity of the reaction of an interacting group of elements in relation to a certain external influence is a criterion of consistency.

The human body is a collection of a huge number of functional systems of different levels - metabolic, homeostatic, behavioral, social, etc. And this aggregate is a system in which target connections play a special role, they are also functional. Expediency permeates the integral living biosystem "consciousness-organism". It is expediency that makes the human body a cybernetic system - an adaptive automatic control system -

self-organizing, self-adjusting,
self-algorithmic. But, the more complex the control, the more likely an error will occur.

There is a very interesting model in cybernetics - the black box model, designed to facilitate the study of complex systems.

A black box is a system in which only input and output values are available to an external observer, and the structure and internal processes are not known. The black box represents, as it were, a system from only one side: the relationship, the connection between entry and exit. In this regard, the desire to understand the behavior of the system. Behavior only. Neither structure nor material is taken into account here. In every patient, his infertility initially appears as a black box model. As a result of vegetative resonance testing, a model of systems dysregulation is created,

providing fertility, thanks to which we understand the behavior of these systems and the causes of dysregulation, while the usual properties of tissues, organs are not taken into account. The resulting model allows us

to draw up a formula for BRT adequate to the situation, which solves the problems of the reproductive function of this patient

Exploring the diagnostic capabilities of test pointers "IMEDIS-EXPERT" in search of the causes of infertility, we drew attention to the drugs "Happy motherhood" ("GUNA") and "Infertility" ("Artemis") - as pointers to the problem. The logic of the Happy Motherhood test is simple - for a happy motherhood to be realized, a woman must be healthy: correct synchronized work of the endocrine, nervous and immune systems, the presence of regular ovulations. In fact, the drug "Happy Motherhood" is infertility, anovulation in inversion. The drug "Infertility" is a direct indicator of the problem.

ART Agroindustrial complex

Any diagnostics is based on the concept of a model, i.e. on certain ideas about the diagnosed object and about its functionality. Among the different categories of models, two classes of models stand out for their power: information and conceptual models. With the help of the information model, we can see an object or process in a form that is inaccessible to ordinary perception: for example, with the help of any apparatus (in X-rays or infrared rays, segmental diagnostics, ART, etc.). The set of ideas that arose on the basis of an information model, previously accumulated knowledge and formed in relation to the problem being solved, is already a conceptual model.

In our case, using tests-pointers to the problem "Happy motherhood" and "Infertility", we build an initially informational model of infertility in a given patient. Then, complementing the information model with other diagnostic methods (ultrasound, EEG, enzyme immunoassay, etc.), we build a conceptual model. A logically built conceptual model allows us to more effectively substantiate a strategy for managing a given case.

Another important aspect of the diagnosis and treatment of infertility is the relationship to infertility as a psychosomatic disorder of reproductive function. Psychosomatics (Greek.psyche - soul, soma - body) is a direction in medicine and psychology that studies the influence of psychological (mainly psychogenic) factors on the occurrence and subsequent dynamics of somatic diseases. According to the main postulate of this science, a psychosomatic illness is based on a reaction to an emotional experience, accompanied by functional changes and

pathological disorders in the organs. The corresponding predisposition can influence the choice of the affected organ or system. Any psychosomatic illness is a property of the human body as a system. It is not deduced separately from either mental or physiological (including hereditary) properties of an individual; it cannot be explained by studying the properties of any one subsystem - mental or somatic. Only the interaction between these subsystems and the environment can lead to a new state of the organism, defined as a psychosomatic illness. And only an understanding of these connections can make it possible to effectively influence the disease that has arisen. Psychosomatic disorders are leading in the problem of infertility.

Monthly bleeding is a form of femininity, the ability to conceive and bear a fetus. The female body is subject to this rhythm. The principle of femininity is determined, first of all, by the ability to give oneself (to open oneself, to take in oneself, to conceive, to conceal); this requires a refusal from the declaration of one's own EGO, from the desire for domination. Dissatisfaction with one's own femininity is the main cause of menstrual irregularities and all symptoms of reproductive disorders.

functions.

Necessary Mark essential and unique peculiarity
psychosomatic diseases: penetrating into the body human and
the pathogenic agent damaging its body shell in its primary form is not a substrate or a physicochemical factor of the environment: it is not a microbe, virus or fungus, not mechanical injury, radiation, toxin or hypothermia. This is an image or product of an informational message of the environment, transforming at the "I" level into a pathological affective-cognitive structure. And it is a purely ideological formation, therefore, it is possible to detect, "see" it by the only method so far - with the help of a vegetative resonance test (ART). Hardware-software complex "IMEDIS-EXPERT" contains a huge number of test pointers (more than 30,000). By combining test pointers according to certain algorithms, it is possible to determine the features of the pathological affective-cognitive structure that caused damage to the reproductive system.

Each thought and emotion (or affective-cognitive structure) is always bodily displayed, that is, it has a material imprint - a somatic substrate equivalent. A certain life situation gives rise to a pathogenic affective-cognitive structure in the mind of an individual, based on which lies psychic, mentally stressed e tension and corresponding negative emotions. constitute arousal neurophysiologically such states of nerve cells of certain and interconnected areas of the brain. At the cellular level, this excitation corresponds to an increase in the activity of neurons. For the energy and metabolic support of such an enhanced cellular function, according to the law of metabolic regulation of local blood circulation, the flow of arterial blood always reflexively increases. It has been proven that an increase in arterial flow to any tissue or organ when certain values of volumetric blood flow are exceeded ceases to correspond to the drainage capabilities of the venous system carrying blood away, and there is a difficulty in venous outflow and an increase in venous pressure. In the nervous system, increased arterial blood flow to chronically excited parts of the brain from a certain point also causes an increase in pressure in small veins and venules. This leads, when the venous pressure reaches certain values, to the formation of edema in the form of a kind of "clutch" or "cloud" around the altered section of the vascular-capillary network. As a result, the pressure in small veins and venules decreases to values that are not dangerous for the integrity of these vessels. Edema by well-known and well-studied mechanisms leads to hypoxia, energy deficiency and complex metabolic disorders in the nerve (and other) cells of this area of the brain. As a result, the intensity of metabolism in the area located in the energy deficit and complex metabolic disorders in the nerve (and other) cells of this area of the brain. As a result, the intensity of metabolism in the area located in the energy deficit and complex metabolic disorders in the nerve (and other) cells of this area of the brain. As a result, the intensity of metabolism in the area located in the

edema of the population of neurons, which automatically leads to a weakening of their functional activity.

Initially, the number, size and localization of perivascular edematous foci generally topically coincide with the number, size and localization of foci of acutely or chronically overexcited nervous tissue. Then, due to the drainage of excess fluid through various extravascular spaces, this topical correspondence is gradually disrupted. It is clear that we are not talking about the harmfulness of affectation in general, but only about the affect of a certain strength and duration, gradually or sharply leading to a pathological increase in the permeability of the vascular wall. Changes in the activity of nerve cells located in the area of edema affect the functioning of the brain as a whole. As you know, in the nervous system, all neurons with the help of their processes are connected to each other by the type of a network, and hundreds of them are in synaptic contact with each nerve cell, thousands and even many tens of thousands of others. Therefore, disruption of the activity of each neuron immediately changes the activity of the nerve cells associated with it, and disruption of the activity of an entire neural ensemble - the functioning of many or even all nerve centers. That is, the larger the territory and severity of edema and the number of foci of overhydration, the more neurons and their populations change their activity, and the more this affects the work of the brain and the nervous system as a whole.

It is important that with the development of edema in the zones of cortical fields and subcortical nuclei, not only the function of neurons suffers, but also the interneuronal intracortical and intranuclear associative neural tracts, which are most important for the analytic-synthetic and integrative activity of the brain, are damaged (1 Ch).

Depending on the nature of the emotion that caused the damage and the characteristics of interneuronal disorders that developed in response to this damage, the corresponding functional or organic tissue damage develops in the future, which is manifested as a certain symptom. IN particular, infertility as a symptom can be represented as a chain next of cause-and-effect relationships: cognitive overload (introduction of a damaging thought form) - hyperactivation of neurons - increased blood flow - increased pressure in small veins and venules - alteration of the walls of these vessels - exudation (plasma filtration) - edema - complex metabolic disorders in the area of edema - inhibition of the activity of neurons (and other cells) - disorders of the endocrine, immune systems, autonomic nervous system - reproductive disorders (inflammatory, allergic degenerative, tumor processes in the genital area, glands; menstrual irregularities, spermatogenesis; violations of the peristalsis of the fallopian tubes, etc.) - infertility.

Based Togo, what organism is an self-regulating, self-healing system, it can be assumed that when the primary focus of neuronal hyperactivation is inactivated by exposure to such the thought-form can cause the restoration of functions along the entire pathological chain. This assumption formed the basis of the algorithm for searching for a damaging thought-form using the ART method and neutralizing the focus of neuronal hyperactivation.

a similar thought form using MRI. Approbation of the algorithm in clinical practice has shown its effectiveness in the treatment of various types of reproductive disorders.

Purpose of the study: improving the efficiency of diagnosis and treatment of patients with reproductive disorders based on the study features of the use in ART of drugs "Happy (" GUNA "), " Infertility motherhood (" Artemis "). Research objectives:

1. Explore the possibilities of using drugs "Happy motherhood (" GUNA "), " Infertility (" Artemis ") as tests to identify the etiology of infertility.
2. Explore the possibilities of use drugs "Happy motherhood (" GUNA "), " Infertility (" Artemis ") as tests for the selection of drugs and the method of BRT.

Materials and methods

In accordance with the purpose and objectives of the study, a comprehensive examination of patients with impaired reproductive function in the form of infertility, algomenorrhea, polycystic ovary disease, and pathology of pregnancy was carried out. The material of the study was the data of ART, instrumental and laboratory methods in patients with reproductive disorders for the period 2007-2009 years.

The main group included 104 patients of reproductive age (92 women 18-38 years old and 12 men 27-39 years old) with established diagnoses:

- 1) group A: primary infertility in women - 15 patients;
- 2) group B: secondary infertility in women - 10 patients;
- 3) group C: infertility in men (oligozoospermia, teratozoospermia, asthenozoospermia) - 12 patients;
- 4) group D: algodismenorrhea - 41 patients;
- 5) group F: polycystic ovary - 18 patients;
- 6) group E: pathology of pregnancy (threat of termination of pregnancy, toxicosis of the 1st and 2nd half of pregnancy) - 8 patients.

The control group included:

- 1) group I: 15 women without anamnestic and clinical signs reproductive disorders;
- 2) group G: 6 men of reproductive age with normal sperm indicators.

All patients were repeatedly examined and underwent conventional treatment in medical institutions at their place of residence or in specialized centers for infertility. History of diagnoses of algodismenorrhea, polycystic ovary disease, infertility (female and male):

- 1) antibiotic therapy was received once - 96 patients (100%);
- 2) antibiotic therapy received 2 or more times - 92 patients (95.8%);
- 3) hormonal therapy with estrogen / progestogen drugs - 52 patients (54.1%);
- 4) therapy with non-steroidal anti-inflammatory drugs received 96 patients (100%);

- 5) diagnostic and therapeutic laparoscopy underwent one time 19 patients (19.7%);
- 6) diagnostic and therapeutic laparoscopy 2 or more times passed 8 patients (8.3%);
- 7) hydrotubation once - 7 patients (7.2%);
- 8) hydrotubation 2 or more times - 4 patients (4.1%);
- 8) in vitro fertilization was performed once in 6 patients (6.2%);
- 9) in vitro fertilization 2 or more times was performed in 3 patients (3.1%). One patient underwent IVF procedure - 8 times !!
- 10) intrauterine insemination with the sperm of the husband or donor once - in 11 patients (11.4%);
- 11) intrauterine insemination with the sperm of the husband and donor 2 or more times - in 10 patients (10.4%).

The method of vegetative resonance test on APK "IMEDIS-EXPERT" was used as the main diagnostic method.

Ultrasound and laboratory methods were used as additional research methods. Ultrasound was performed using an ACUSON Sequoia 512 device manufactured by Siemens.

State hormonal homeostasis was evaluated by determining the concentration in the plasma of peripheral blood of estrogens, progesterone, prolactin, FSH, LH, testosterone, cortisol, radioimmunoassay using immunoradiological commercial kits of the firm "CIS" (France) and immunoassay commercial kits of the firm "Hoffman la Roche" (Switzerland). Blood for research was taken from the cubital vein on an empty stomach on days 5-7 and 21 of the menstrual cycle.

The state of local immune homeostasis was assessed by determining the concentration of immunoglobulins of classes A, M, G in washings of secretions from the cervical canal of the cervix on the 5-7th and 21st days of the menstrual cycle. The method of radial immunodiffusion was used according to Mancini et al. (1965) with standard anti-IgIg antisera of the corresponding classes using immunodiffusion plates produced by "REAPHARM" (Moscow).

The treatment was carried out by the methods of BRT and MRI on the APK "IMEDIS-EXPERT" according to the algorithm: through the filters "Happy motherhood" or "Infertility" tested drugs that reflect the possible causes of reproductive dysfunction. Found group of tests in the future was used as a comprehensive filter for determining therapeutic drugs and the type of induction therapy with brain rhythms during MRI. After the diagnosis, an MRI session was immediately carried out with the recording of the BR-preparation for sugar crumbs. The dose was tested for admission and the frequency of receptions.

Results and its discussion

According to ART data in control groups I and G (healthy) tested:

- 1) OBI in the amount of 1-2 in 16 patients (76.1%). More than 2 - at 5 patients (23.8%).
 - 2) OBI in the range of 7-12 - in 10 patients (47.6%), 13-15 - in 11 (52.3%).
 - 3) RA "good" - in 12 patients (57.1%) and "high" - in 9 (42.8%).
 - 4) The drugs "Happy Motherhood" and "Infertility" are not tested.
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5) Carriage of infections without clinical manifestations was tested: staphylo-streptococcal - in 7 (33.3%) patients, chlamydia - in 4 (19%), mycoplasma - in 8 (38%), herpes of different groups - in 20 (95.2%), hepatitis B virus in one examined (4.7%), lamblia - in 3 (14.2%), toxoplasma - in 2 (9.5%), Trichomonas - in 2 (9.5%), roundworm - in 1 patient (4, 7%), intestinal acne - in one patient (4.7%).

6) When analyzing indicators of IgIg concentrations in cervical secretion in women in the absence of reproductive dysfunctions, attention is drawn to the presence of high concentrations of IgIg classes A, G in the phases of proliferation and secretion, which can be explained by an increase in the bactericidal properties of cervical mucus during periods of greatest susceptibility to infection of the internal genital organs. IgIg class M was not detected in any of the phases of the menstrual cycle, which indicates the absence of an inflammatory reaction in the genital tract in these patients.

In the main group during ART testing it was determined:

Group A (primary infertility in women) and group B (secondary infertility in women)

1) OBI more than 3 - in 25 patients (100%).

2) OPI in the range of 3-19 in 25 (100%) patients.

3) RA low - in 7 (28%) patients, moderate - in 12 (48%), good - in 6 (24%).

4) Immediate causes of infertility (results of implementation affective-cognitive overload) were:

- infections (herpes, chlamydia, mycoplasma, gonococcus, B-hemolytic streptococcus, klebsiella, E. coli, candida) - in 9 (36%) patients;

- metabolic disorders of hormones (estrogens, progesterone, FSH, LH, PRL, cortisol, testosterone) - in 11 (44%) patients;

- allergy (allergic reactions to household and food allergens, allergy to semen) - in 3 (1.2%) patients;

- stress, psycho-vegetative load - in 2 (8%) patients.

5) When analyzing the indicators of IgIg concentrations in the cervical secretion in women with infertility and infectious genesis, attention is drawn to the presence of high concentrations of IgIg classes A, G during the entire menstrual cycle and the lack of correlation with the phases of the cycle. Ig M was elevated throughout the menstrual cycle.

6) When analyzing the hormonal status in 6 (54%) patients with identified ART as a hormonal cause of infertility was determined by various variants of hormonal function disorders when determining the concentration of estrogens, progesterone, prolactin, FSH, LH, testosterone, cortisol in the peripheral blood plasma, by radioimmunoassay. In 5 (45%) patients, the hormone level was normal and correlated with the phases of the menstrual cycle.

7) According to ultrasound, the state of the uterus and appendages was unremarkable in 7 (28%) patients. The remaining 18 (72%) showed various signs of inflammatory, degenerative, hyperplastic processes.

Data from groups C (male infertility) and F (polycystic ovary) completely correlated with the data of groups A and B.

Group D (algodismenorrhea):

- 1) OBI in the amount of 1-2 - in 26 (63.4%).
 - 2) OBI in the range of 6-11 - in 36 (88%), in the range of 4-18 - in 5 (12%) patients.
 - 3) RA medium - in 24 (58%), good - in 15 (36%), high - in 2 (6%).
- Otherwise, the data correlate with the indicators of groups A, B, C, D. In the group of patients with pregnancy pathology, the main cause of reproductive dysfunction was stress and psycho-vegetative loads.

Treatment results:

- 1) Group A (primary infertility in women): 11 patients had pregnancy, of which - 8 ended in childbirth on time, 3 patients continue their pregnancy, 4 patients continue the course of treatment.
- 2) Group B (secondary infertility in women): 4 patients had pregnancy, 6 continue the course of treatment.
- 3) Group C (infertility in men): the wives of 7 patients had pregnancy, 5 continue the course of treatment.
- 4) Group D (algodismenorrhea): all 41 patients had persistent relief of pain and normalization of the cycle.
- 5) Group F polycystic ovary: all 18 patients developed normal ovulatory cycles with complete disappearance of signs of polycystic disease according to ultrasound and basal thermometry.
- 6) Pathology of pregnancy: all 8 patients improved their health, indicators of laboratory tests and ultrasound data. In 5, pregnancy ended with delivery on time. The condition of the newborns is satisfactory. 3 patients are getting pregnant.

Clinical examples

1. Patient Christina B., 20 years old. Diagnosis: Algodismenorrhea. Polycystic ovaries. Anovulatory cycles.

Complaints: sharply painful periods for 7 years. Almost every month for 7 years, he takes painkillers and antispasmodics on the days of the menstrual cycle. Migraine headaches a day before menses, sometimes with nausea and vomiting. Menstruation irregular after 21-45 days, scanty - 1-2 days. Periodic cycle delays of 2-3 months. Sexual life from the age of 17, does not protect herself, does not get pregnant. Menarche at the age of 13 - immediately painful and irregular. At the age of 5, she suffered infectious hepatitis - a moderate form. From the age of 18, he often suffers from colds.

In the diagnosis by the ART method, the drug "Happy Motherhood" ("GUNA", Flowerplex) was used as the main filter. Through it, psychovegetative disorders of 4-5 Art. (Pineal gland D4 4-5 conventional units), depressive disorders (Mandragora root D30), disorders between psychotic. end. and the outside world (Hypothalamus D800). Through the identified tests after the addition of Cu met D400, prolactin and grade 2 endocrine depletion were determined, as well as the corpus callosum comp, Adrenal glands

D10, Hypothalamus D3, Pituitary gland D10, Ovary D3. Through the entire set of filters identified, we received preparations showing the specificity psychoemotional trauma, which led to disturbances in the hypothalamohypophyseal-adrenal-gonadal system with an increase in prolactin levels, block of ovulations, the development of persistent spastic pain syndrome (psychosocial, group "Medpharma"): Fear of evaluating the action. Installation: "I am not important." Installation: "I have no right." Installation: "I am not satisfied." Internal dignity, regulation. Self-esteem, regulation. Honesty, incentive. Psychopathic lies, deliverance. Loss of pets, help.

After testing, the patient admitted that since childhood she has been experiencing strong psychological pressure from her mother, who is very strict with her, and she often has to lie in order not to be punished. When asked about the loss of the animal, she confirmed that her beloved cat had recently disappeared, and she is very worried about this.

Through drugs from the "Medpharma" group, the patient has been tested in the induction program for the treatment of brain rhythms P10. Stress program III (endocrine regulation). The patient underwent an BRT session with selected drugs from the "Medpharma" group. At the end of the session, the drug was recorded on the sugar crumbs and the dose was selected for the appointment. In addition, the patient received a BR-drug for elimination of the hepatitis B virus found in her. As drainage agents, the following drugs were selected from HEEL: Leptandra com., Nervoheel, Cerebrum com. She took these drugs in within 8 weeks.

On repeated admission: no complaints, during the period of treatment the menstrual cycle has passed with a frequency of 28-30 days, moderate and painless. Basal thermometry shows biphasic cycles. The patient reported with excitement that she did not believe herself that menstruation could be painless and without regular headaches.

For ART: Hepatitis B virus has not been tested. BR-drug with drugs "Medpharma" was re-prescribed for admission - less often and in a lower dose. Additionally, massage, exercise therapy and psychologist consultations were prescribed. After 4 months from the start of treatment, pregnancy began, which proceeded physiologically and ended with childbirth at term. The child was assessed on the Apgar scale of 8/8 points.

2. Patient S., 29 years old. She has been married since the age of 20. The husband is healthy - normozoospermia. Diagnosis: Primary infertility. Anovulatory cycles. Chronic adnexitis in remission.

To be treated for infertility for 5 years. She received several courses of antibiotic therapy, hormone therapy (1 year), underwent laparoscopy and hydrotubation once. She refused the proposed IVF - she considers this method unacceptable for ethical reasons. From the anamnesis: rarely was ill in childhood. Menarche at the age of 14. The menstrual cycle before marriage was regular, then delays of varying duration began to appear. No complaints from other bodies and systems. Attention was drawn to the patient's lack of hope for a cure. I came for bioresonance treatment on the advice of a friend without faith in success: "to do everything I can" ..

At the first appointment by the ART method, the patient was found to have toxic burdens - mycoplasma, ureaplasma, B-hemolytic streptococcus. Through the test-index "Infertility" ("Artemis"), an endocrine form of infertility was revealed. Due to the presence of infections and to prepare for pregnancy, it was decided to initially carry out treatment in order to eliminate the infection. Using the nosodes of infections and the identified "stress" indicators, "Psychovegetative loads" as filters have been tested to identify damaging thought forms. Tested: "English oak" and "Grape-leaved clematis" - remedies for apathy (Bach flowers); Kundalini Energy and Lifestyle Changes (GUNA). The "Normal Protein" program was found to be a suitable induction program.

BRT was performed in time modulation mode using the tested drugs. The drug recorded during the BRT process was prescribed to be taken together with the drains for 8 weeks.

Infections were not tested at the 2nd appointment during the diagnosis by the ART method. The FSH hormone with BI 18 was tested through the "Infertility" indicator test. Through Cu met. 400, it was determined that FSH should be with BI 8. The reason for the inadequate level of FSH turned out to be "Psychovegetative load of 5 tbsp." and "Endogenous psychoses", through which the drugs of the company "GUNA" were determined: "Elimination of the energy of anger" and "Relief of tension". Induction program P1. Alpha rhythm. BRT performed. The drug was written down and the dose for the appointment was determined. The drug was prescribed once a week for 12 weeks. Drains: Metroadnex injel, Ovarium, Cerebrum com.

Pregnancy began after 4 doses of the drug, developed physiologically and ended in delivery on time. Child on the Apgar scale 8/8 points.

When analyzing this case, it can be seen how, after marriage, the patient developed a personal conflict associated with the suppression of anger at her husband, family life, and restriction of personal freedom. By temperament, she is choleric, she tried to preserve the marriage and tried to "tame" her domineering character. In the course of treatment, conversations were held to explain the reasons for her infertility and the appropriate literature was recommended for reading.

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