

Prospects for the application of traditional medicine methods in mammology  
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The mammary glands - an important "component" of the female body - have the greatest social significance as a symbol of motherhood, femininity and sex appeal.

Thanks to numerous publications in newspapers, magazines, discussions of the problem on television and radio, many women are aware of the existence of breast tumors. However, a significant part of women are not aware of the basic facts accompanying this disease: how often and why it occurs, what are the early signs and symptoms of the tumor, what treatments are used and how effective they are.

The overwhelming number of breast diseases should be attributed to benign processes. Malignant tumors are ten times less common.

Breast cancer (BC) is the leading cancer in women. According to the WHO, over 1 million women in the world fall ill with breast cancer annually, the number of diseases is projected to increase by 2010 to

1.45 million

In Russia, breast cancer ranks first in the structure of cancer morbidity and mortality.

According to surveys, at an outpatient appointment with an oncologist, up to 50% of patients are patients with mastopathy. Previously, mastopathy was considered as a precancerous disease of the breast. Currently, it is believed that this pathology is not a precancerous condition or a stage of an oncological process in the mammary glands, since it is unauthorized to attribute more than half of all women to patients suffering from precancerous breast disease. However, one should not underestimate the role of mastopathy in the development of breast cancer. Long-standing mastopathy is the leading risk factor for developing breast cancer.

It should be noted that the low detection rate of these diseases in the early stages is often due to a lack of knowledge in the field of mammology among obstetricians-gynecologists, since this particular category of doctors is the most frequently visited among women.

During a preventive examination by an obstetrician-gynecologist, often the condition of the mammary glands is not included in the examination and collection of the patient's anamnesis. The above indicates that early diagnosis of breast pathologies is difficult.

The causes of these disorders are huge. According to L.N. Sidorenko (1991), the main ones are:

1. Frustrating (stressful) situations that are present in life every woman (dissatisfaction with marital status, as well as their position in society, everyday conflicts, conflict situations at work, mental stress, etc.), since any stress is accompanied by various functional disorders of the neuroendocrine system.

2. Factors of a reproductive nature (number of pregnancies, childbirth,

abortion, age during pregnancy and childbirth, the birth of a large fetus, duration of lactation, the time of the onset of menarche and the onset of menopause, etc.).

3. Factors of a sexual nature.

4. Gynecological diseases and, first of all, inflammatory processes in the small pelvis

5. Endocrine violations (dysfunction thyroid glands, metabolic syndrome, polycystic ovary syndrome, type 1 and 2 diabetes mellitus, etc.).

6. Pathological processes in the liver and biliary tract.

7. Hereditary (genetic) predisposition.

There is no doubt that the priority direction in cancer prevention at present is the prevention of cancer by protecting a person from factors in relation to which it is known with certainty that they increase the risk of this disease. The second important aspect of breast cancer prevention is the early detection of breast diseases, adequate therapy for mastopathy and monitoring of this group of women. Moreover, given the more frequent appeal of women to obstetricians-gynecologists, the role of these specialists increases, both in identifying this group of diseases and referring to special diagnostics, as well as in the therapy prescribed by them and compliance with the rules for recommending contraceptives.

Let's make a reservation right away that the diagnosis of breast diseases must be carried out in a specialized medical institution with an oncological or mammological profile. Diagnosis of "mastopathy" established after the examination, including complex diagnostic research, clinical mammography, ultrasound examination and other methods, presence in dairy and glands of tumor formation.

Despite significant technical progress, the first place in the diagnosis is clinical examination, consisting of a thorough history taking, examination and palpation of the mammary glands, as well as regional zones of lymph flow.

The main clinical manifestation of mastopathy is pain or pain in the mammary gland, which intensifies a few days before menstruation and stops or decreases after it ends. Pain can be of varying intensity and character. Sometimes sleep is disturbed, chronic somatic diseases are exacerbated, neuropsychiatric disorders develop. One of the manifestations of diffuse mastopathy is the syndrome of premenstrual tension, which is expressed in engorgement of the glands, the appearance of a feeling of fullness, an increase in stromal edema, an increase in blood circulation, and the appearance of seals in the luteal phase of the menstrual cycle. This is the result of proliferative changes in the ducts and epithelium of the mammary gland under the influence of progesterone.

Discharge from the nipples occurs in 5-6% of women. They may be

different. The color of the discharge can be very diverse, and most often does not indicate the cause of the changes that have occurred.

Difficulties in the differential diagnosis of pain syndrome arise due to the numerous reasons for its origin, tk. the syndrome can occur not only with hyperplastic processes in the mammary gland, but also have an extraorganic origin. In wide clinical practice, unfortunately, there is still a tendency to attribute all possible forms of mastoses - banal mastalgia, pathological secretion, impaired development and function of the glands, acute and chronic inflammatory processes - to mastopathy. Pain can be the result of a psychopathic reaction, which is relieved by the usual methods of psychotherapy, sedatives, vitamin therapy. Pain can occur with cervicothoracic osteochondrosis or radiculoneuritis, intercostal neuralgia, plexitis and are eliminated

appropriate therapy. Breast pain can be mimicked by attacks of angina pectoris, requiring treatment by a physician or cardiologist.

Clinical practice confirms that the majority of patients with gynecological, and especially neuroendocrine gynecological diseases, have one or another pathology of the mammary glands. The connection between changes in the mammary gland in PCB with impaired functional state of the ovaries and menstrual reproductive function has been proven. At the same time, the highest risk group for severe pathology of the mammary glands is represented by women with hyperplastic processes of the genitals.

The availability of the mammary glands for examination and the apparent simplicity of diagnosis often leads to misinterpretation of the results of clinical research, which are often carried out by poorly trained specialists in this matter. All this leads to both hypo- and overdiagnosis.

Therefore, the manual new examination should be supplemented with a comprehensive radiological, ultrasound (ultrasound), radiothermometry (RTM-diagnostics) and other types of instrumental studies.

The main method of objective assessment of the state of the mammary glands in the group of patients after 40 years is mammography. Mammography is an X-ray of the breast without the use of contrast agents.

Ultrasound diagnostics is constantly increasing its potential due to the improvement of existing and development of new diagnostic techniques.

A new technology for measuring the temperature of breast tissue and its digital image is the method of microwave radiothermometry (RTM study) using a computerized diagnostic complex (RTM-01-RES). The complex is designed to measure the intensity own electromagnetic radiation of the patient's internal tissues in the microwave in range, which is proportional to the tissue temperature.

Only a comprehensive examination of patients, carried out in specialized medical institutions, where, along with the possibility of receiving experienced clinicians-mammologists, there are possibilities for carrying out various methods of X-ray, ultrasound, RTM, cytological and other methods, can provide the necessary list of medical measures in a qualified manner.

To solve this goal: changing priorities to a preventive focus and selecting women at risk in order to identify the causes of cancer at the diagnostic stage, a screening examination program is proposed, that is, a program for the early detection of precancerous conditions and breast cancer.

The currently existing approach to the treatment of dyshormonal pathology of the mammary glands can be divided into the following types:

- use of fortifying agents and vitamin therapy;
- phytotherapeutic treatment;
- hormonal agents - progestogens (local forms).

Some authors recommend starting treatment with the development and strict adherence to a diet. It is known that there is a relationship between the use of caffeine, theobromine, theophylline and the development of PCB. It is believed that these substances contribute to the development of fibrous tissue and the formation of fluid in cysts. Therefore, it is recommended to limit such foods as: coffee, tea, chocolate, cocoa or completely stop using them, which can significantly reduce pain and feeling of tension in the mammary glands.

It has been established that both FCB and breast cancer are associated with diseases of the liver, gastrointestinal tract, chronic constipation, changes in intestinal microflora and insufficient amount of fiber in the daily diet. Therefore, with FCB, some authors recommend food rich in fiber, a sufficient amount of liquid (at least 1.5-2 liters per day). Since estrogen is utilized in the liver, any dietary disturbances that impede or limit normal liver function (cholestasis, fat-rich foods, alcohol, and other hepatotoxic factors) can, over time, affect estrogen clearance in the body.

The complex of treatment for mastopathy includes vitamin therapy. Vitamins enhance the therapeutic activity of active drugs, eliminate or weaken side effects, stabilize the activity of the peripheral and central nervous systems, and strengthen the body's immune system.

For the treatment of all types of mastopathy, phytotherapy is used - specially selected collections of medicinal herbs that normalize metabolism, promote the rapid elimination of toxins and stimulate the defensive reactions of the body. Medicinal herbs are capable of a versatile body, while impact on simultaneously providing a healing effect with several diseases. Having in the arsenal of 10-15 herbs and using them in various combinations, it is possible to successfully treat a number of diseases of the mammary glands and the accompanying pathology of other organs and systems.

The diffuse variant of mastopathy is not at all life threatening. Nevertheless, left without attention and adequate treatment, this disease causes significant inconvenience and trouble for both women suffering from this disease and their loved ones. Left without medical attention, mastopathy can lead to sexual disharmony, which, in turn, can aggravate the course of breast disease. Long-standing mastopathy is the leading risk factor for developing breast cancer. Given the widespread prevalence of mastopathy among the female population and the relatively low effectiveness of treatment, it is also necessary to mention

the existence of the problem of economic costs and losses associated with this disease, therefore, the urgency of further research is obvious.

Thus, numerous studies have shown the unity of genesis in hyperplastic processes in target organs and female genital organs. At the same time, all the mechanisms regulating the formation of gynecological pathology, realize their effect in the mammary glands.

Unfortunately, there is still no exact answer to the question of FCB treatment. This is due to the complexity of determining etiological factors of this disease. In clinical practice, at one time, hormone therapy with androgens was widely and not always reasonably used, leading to a violation of the hormonal status of a woman and the development of hyperandrogenism. Iodine preparations were often prescribed to all women without taking into account the state of the gastrointestinal tract and thyroid gland.

The most important thing when prescribing therapy for patients with FCB is an individual approach with maximum consideration of the causes of the disease and the combination with another pathology. A prerequisite for the appointment of therapy is a well-defined diagnosis, taking into account clinical manifestations, data from anamnesis, endocrine, neurological and gynecological status, psychoemotional state of a woman, objective gynecological, ultrasound and hormonal background. Only such an integrated approach will allow for rational treatment, excluding the possibility of unwanted complications.

But still, the first and most important stage in the treatment of pathologies of the mammary glands, like any other disease, lies in the elimination of the causative factor or reasons that support the existence of this pathology in the body.

The success of therapy often depends on an effective combination of different therapies. In recent years, methods have become especially popular energy-informational therapy, such as: bioresonance therapy (BRT), homeopathy. As a rule, they work well together, and many specialists in clinical practice use them together. The body's ability to withstand the adverse effects of the environment is an inevitable result of evolution.

Work has begun to address the following tasks:

1. Develop a screening test using electropuncture diagnostics to assess the health of a woman. results
2. To study the possibilities of using energy information technologies in the treatment of fibrocystic disease.
3. Determine the place of BRT in the treatment of fibrocystic disease.
4. Evaluate the results of using BRT during therapy for patients with fibrocystic disease.
5. Give an objective assessment of the state of the mammary glands in the diagnostic period, during treatment and follow-up.

For the first time, the results of electropunctural diagnostics (EPD) were used as diagnostic criteria: integral coefficient of instability (ICN), the state of the channel system in the paradigm of the U-sin cycle, the results of diagnostics by the method of vegetative resonance test according to

a specially formed group of pointers for diagnosing adaptive capabilities, energy consistency of the channel system, the significance of risk factors in each individual case.

EPTD in women with FCB was used as a diagnostic method allowing objective monitoring during treatment and observation of patients with fibrocystic disease.

Rapid assessment - screening of a woman's health index.

General diagnostic screening: CNI, U-syn cycle.

Determination of the presence or absence of the following main factors affecting health status (On a "Yes - No" basis):

- the presence of an electromagnetic load (mobile phone, computer and etc.);
- the presence of a radioactive load (X-ray and radioactive load);
- the presence of a toxic load;
- infectious factor;
- the presence of mental stress (stress, depression, psychosis);
- determination of the degree of inadequacy of nutrition;
- the presence of hormonal dysfunction.

Time for general diagnostic screening is 5-10 minutes. Testing of integrative health indicators.

A BRT technique has been developed for the treatment of fibrocystic breast disease, which is easy to perform, tolerable, affordable and allowing to improve the results of treatment.

The therapeutic efficacy of BRT of mastopathy, both as an independent method and used in combination with classical methods, makes it possible to widely use this technique in practical mammological, obstetric and other gynecological and other treatment-and-prophylactic organizations, engaged in the diagnosis and treatment of dyshormonal diseases of the mammary glands.

For the treatment of FCB, BRT is used, both as an independent type of treatment, and in combination with routine treatment methods. Comparison of the results of traditional, routine and complex treatment (using medicinal and bioresonance effects) in patients with fibrocystic breast disease has been made.

An assessment of the effectiveness of BRT is carried out, taking into account the degree of assessment of the impact of risk factors, characteristics of mastopathy, options for complex treatment of the most common form of dyshormonal diseases of the mammary gland, both as an independent method and in combination with routine methods.