

Application of multilevel systemic therapy
in the treatment of primary female infertility of mixed genesis

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Infertility is the inability of a mature organism to conceive. Fruitless marriage - This is the absence of pregnancy after 12 months. regular sex life without protection. Distinguish between primary and secondary infertility, female and male. Primary female infertility - infertility in women who have a regular sex life without contraception and have not had a single pregnancy; secondary - pregnancy in the past occurred, but after that it is absent for one year of regular unprotected sex. There are the following reasons for female infertility:

- 1) Ovulation disorder - 35-40%;
- 2) Pipe factors - 20-30%;
- 3) Various gynecological diseases - 15-25%;
- 4) Immunological causes - 2%.

However, in addition to this, a group of patients with so-called unexplained infertility has been identified, the cause of which cannot be established by existing research methods.

Clinical example

Patient M., 38 years old, applied for medical help at LLC MCIT "Artemida" on July 22, 2009 regarding primary infertility for 14 years.

Anamnesis: menstruation from 13 years old, irregular, delay up to 4-6 months. Due to unstable intra-family relations, she was not examined or treated anywhere. Sexual life since 22 years old, regular, without contraception. The only partner, constant.

In 1998, a legal marriage was registered with the same partner. After marriage - no menstruation, rapid weight gain for no apparent reason. Consulted by an endocrinologist, conclusion: hypothalamic syndrome; secondary amenorrhea. Husband spermogram - no pathology. Medical therapy with parlodel for 6 months as prescribed by an endocrinologist and diet therapy - no effect. Due to the development of persistent secondary amenorrhea and the emergence of a desire to have a child, in 2005, she was re-examined - a therapeutic and diagnostic laparoscopy was performed, during laparoscopy the diagnosis was made: scleropolycystic ovary of secondary genesis. Electrocauterization of both ovaries was performed [2], antibacterial therapy (oral ericycline) was carried out in the postoperative period. For three months after the surgery, the couple used mechanical contraception (condom). After three months, contraception was canceled. A woman's menstrual cycle is 35-41 days, menstruation is 5-7 days. Due to the lack of pregnancy,

According to the literature, the absence of pregnancy within 6 months after surgery, even if ovulatory cycles (according to functional diagnostics tests) is extremely

an unfavorable prognostic sign [1], since fertility declines progressively by the end of the first year after surgery. Following this, persistent anovulation is restored in 3-5 years. At the same time, attempts to stimulate ovulation with clomiphene do not give a positive result.

In 2007, the patient, in an attempt to find the cause of such persistent pathological changes, and also in view of a progressive decrease in libido, turns to a psychoanalyst for help. Against the background of psychotherapeutic sessions, the concomitant psychogenic nature of infertility is revealed (according to statistics, the percentage of women with this pathology is up to 28%). At the time of contacting our Center for help, the patient's prognosis was determined by her gynecologist as unfavorable.

When deciding on the expediency of BRT in this case, we formulated a number of tasks, the successful solution of which would help to realize the key request of a woman - pregnancy and the subsequent birth of a healthy child. At the same time, the tasks were as follows:

- 1) Harmonization of relations between a married couple in the existing social and closely related environment.
- 2) Normalization of the woman's endocrine system, restoration ovulation and normal libido.
- 3) Awareness by the patient of the true meaning for her of the fact of birth child.
- 4) The onset of pregnancy and its favorable bearing.
- 5) Favorable outcome of childbirth.

All the above tasks were solved within the framework of multilevel systemic adaptive therapy according to the method of A.E. Kudaev, K.N. Mkhitaryan, N.K. Khodareva. At the same time, sessions of bioresonance therapy were carried out once a month. Each session included:

- 1) Testing the patient for the presence or absence of external impacts.
- 2) Determination of the "level of development of the disease" according to the author's schemes - at the time of each request.
- 3) Determination of the type of each manufactured product, taking into account two the above items.
- 4) Drawing up a list of test pointers used for manufacturing each group of informational drugs.
- 5) Direct production and recording of informational preparations.

Information preparations were made on the equipment of the company "IMEDIS": apparatus "IMEDIS-BRT-PC" (registration certificate No. FS 022a3066 / 0414-04 of 08.07.2004) (module "Drug selector") for storage, testing and energy-information transfer drugs with the ability to regulate their potency. Along with the equipment of the company "IMEDIS", in the manufacture of information products used the apparatus "Golden Section" and a light probe, which are the author's development of LLC MCIT "Artemida".

At the initial stage, therapy was carried out for both partners at the same time. At the same time, after the third session, the patient's husband completely disappeared nicotine addiction.

In the process of carrying out bioresonance therapy (15 sessions were carried out within 1 year 3 months), the following therapeutic results were obtained in this patient:

1) Restoring normal ovulatory menstrual cycles after conducting five sessions of BRT.

2) A radical change in attitudes towards the problem of childbirth. IN particular, mechanisms for an adequate solution to the problem were formed and fixed in the event of both a favorable and an unfavorable outcome of the current situation.

3) Restoring harmonious sexual relations with her husband, and normalization of the existing closely related ties.

4) The onset of the long-awaited pregnancy in November 2011. A feature of this case is the absolute absence of any

concomitant drug therapy. changes observed in the patient,

normalization of all physiological functions.

a clear shift in the event scenario in the positive direction.

At the same time, psychological events occurred synchronously

with In addition,

List of used literature

1. Smetnik V.P., Tumilovich L.G. Non-operative gynecology. - MIA "Moscow", 2002. - 199 p.

2. Kulakov V.I., Selezneva N.D., Krasnopolsky V.I. Operational gynecology. - NGMA, 1999. -- 135 p.

3. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel system adaptive diagnostics and therapy. - Rostov-on-Don, 2010.

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