

Application of multilevel systemic diagnostics and therapy
in the treatment of endometrial polyp
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Numerous studies confirm that hormonal disorders in a woman's body play an important role in the functioning of the endometrium. Normal changes in the lining of the uterus during menstrual cycle and pathological changes in the endometrium are caused by nervous and endocrine factors that are among themselves in diverse complex and interactions [1].

Endometrium - hormone-sensitive the cloth, possessing the ability to dynamically respond to any changes in hormonal levels, the endometrium is renewed every month. In the reproductive age, a woman may have various disorders of the endometrium (the lining of the uterus). One of these disorders includes endometrial polyps, which can interfere with embryo implantation and cause menstrual irregularities. The frequency of detection of endometrial polyps is from 6 to 20%, and this percentage increases with the age of the woman. Endometrial polyps are found in women with reproductive disorders, including women with infertility [5].

An endometrial polyp is an excessive focal proliferation of the lining of the uterus (endometrium) that grows from the wall of the uterus into the cavity and sometimes grows through the cervical canal to the vagina. Often endometrial polyps are found against the background of excessive proliferation of the endometrium throughout the uterine cavity (endometrial hyperplasia). The size of the endometrial polyp can be from a few millimeters to several centimeters. The shape of the polyp is more often round or oval, it has a division into a body and a leg.

Polyps can be single or multiple, they are located in the area of the fundus and tubal corners of the uterus. In structure, the polyp contains endometrial tissue (glandular polyp) or may contain fibrous tissue (glandular fibrous or fibrous polyp). The reason for the development of endometrial polyps is a violation of the hormonal function of the ovaries, proceeding in the form of excessive formation of estrogens and progesterone deficiency. Moreover, it is not a specific increase in hormone levels that matters, but their ratio in favor of estrogens throughout the entire menstrual cycle. This leads to the fact that the endometrial focus grows excessively and cannot be fully rejected during the next menstruation; an endometrial polyp is formed during several menstrual cycles.

Women with metabolic endocrine diseases (polycystic ovary syndrome, adrenal cortex dysfunction), fat metabolism disorders, predisposed to arterial hypertension and diabetes mellitus are predisposed to the development of polyps [1].

The manifestation of endometrial polyps is diverse and depends on the age of the woman, the hormonal reproductive function of the ovaries, the presence of concomitant pathology (uterine fibroids, adenomyosis, inflammatory diseases of the uterine appendages). The most common and almost constant manifestation of endometrial polyps is menstrual irregularities. With polyps on

background normal menstrual cycle celebrated meager intermenstrual and premenstrual bleeding, as well as an increase in menstrual blood loss. Allocations can be not only bloody and bloody in nature, but also appear in the form of profuse leucorrhoea.

In women of reproductive age, endometrial polyps can cause acyclic bleeding. This is especially true for women with anovulatory menstrual cycles (with polycystic ovaries, with endometrial hyperplasia) [5].

Often, patients are worried about cramping pains, which is observed with large (more than 2 cm in length) polyps. Pain is evidence of the "birth" of the polyp or the death of parts of the polyp. Sometimes a woman on her own may suspect the presence of an endometrial polyp according to the signs listed above, but more often a doctor suspects an endometrial polyp during an ultrasound examination. It is impossible to reliably determine the presence of an endometrial polyp with ultrasound, one can only suspect.

The most informative method for detecting an endometrial polyp is hysteroscopy, which allows not only to detect polyps with a high degree of accuracy, but also to precisely remove them, to control the polyp bed after its removal. The removed material is sent for histological examination to determine the structure of the polyp. Based on this analysis, treatment is prescribed.

In some situations, routine antibacterial and anti-inflammatory treatment for 7-10 days is sufficient. In some cases, hormonal treatment is necessary (in women of reproductive age, hormonal low-dose contraceptives for 2-3 months). Treatment is recommended by the doctor after receiving the results of histological examination [4].

Clinical case

Patient P .; Born in 1981, she turned to MCIT "Artemis" on November 12, 2010 with complaints of pain in the lower abdomen, intermenstrual bleeding, and mood swings over the past two months. When contacting the antenatal clinic on November 5, 2010, an ultrasound examination of the pelvic organs was prescribed, in which a polyp with dimensions of 15 x 10 x 18 mm was determined in the middle third of the uterine cavity, uterine myoma with foci of adenomyosis, indirect ultrasound signs of chronic endometritis, endocervicitis, moderate structural changes in the ovaries. From the proposed hysteroscopy and separate diagnostic curettage of the uterine cavity, the patient refused.

In MCIT "Artemis" bioresonance therapy was carried out, according to the algorithm of multilevel systemic therapy [2, 3]. In this case, the patient first-level therapy was carried out with targeted information drugs aimed at:

- optimization of hormonal levels;
- correction of metabolic processes;
- antidegenerative therapy;
- correction of psychological and psychosomatic s a patient's tattoo [2,

3].

Informational preparations were made on the equipment of the company "IMEDIS", namely, on the apparatus "IMEDIS-BRT-PC" (registration certificate No. FS 022a3066 / 0414-04 of 08.07.2004) (module "Drug selector") for storage, testing and energy-informational transfer of drugs with the ability to regulate their potency; as well as on the author's apparatus for information transfer "Golden Section".

As a result of the course of treatment carried out for one month with targeted information drugs, with repeated admission, it was revealed that the pain syndrome was stopped, intermenstrual bleeding disappeared, and mood stabilized. In the ultrasound examination of the pelvic organs dated 16.12.2010, the formation in the uterine cavity measuring 8 x 4 mm, ultrasound signs of elimination of the endometrial polyp against the background of moderate hyperplasia. The patient is currently continuing treatment at the Artemis Center for Cytology. Thus, the use of multilevel systemic therapy allows, in a fairly short time, without the use of surgical methods of treatment, to achieve the elimination of the endometrial polyp.

Literature

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