

Possibilities of the autonomic resonance test in the diagnosis of dysmenorrhea

A.S. Kiriya
(Moscow, Russia)

Dysmenorrhea is a symptom complex that includes a wide range of neurovegetative, metabolic endocrine, mental and emotional abnormalities accompanying the process of menstrual endometrial rejection. Menstrual pain is the leading symptom. The frequency of dysmenorrhea is, according to different authors, from 40 to 90%, while in general, only those cases of dysmenorrhea are statistically taken into account that reduce the normal level of a woman's activity or require medical intervention. According to most authors, dysmenorrhea most often occurs before the age of 27 years, then its frequency decreases. According to ICD-10, this pathological condition is designated as: N94.4 - primary dysmenorrhea, N94.5 - secondary dysmenorrhea, N94.6 - unspecified dysmenorrhea.

Primary dysmenorrhea is functional dysmenorrhea, in which there is no organic pathology of the pelvic organs.

Secondary (acquired) is organic dysmenorrhea, in which lower abdominal pain is associated with gynecological diseases.

Unspecified dysmenorrhea - no abnormalities (functional or organic) were found during the examination.

According to the severity of dysmenorrhea, there are:

I degree - menstrual pain is mild, rarely disrupts daily activity, systemic symptoms are absent, sometimes analgesics are required;

II degree - menstruation is moderately painful, daily activity is impaired, analgesics effectively relieve pain, there may be systemic symptoms;

III degree - severe pain, a sharp violation of activity, there are vegetative symptoms: headache, weakness, nausea, vomiting, diarrhea, etc., with a low efficacy of analgesics.

At different times, the origin of primary dysmenorrhea was explained by various factors, both physiological and psychological. According to modern literature, it is believed that primary dysmenorrhea is caused by dysfunction of the hypothalamic-pituitary-ovarian system, cortical-subcortical relationships, in which the production of estrogens, progesterone, neurotransmitters and other biologically active compounds in patients with an ovulatory menstrual cycle is impaired. And since the leading role in the pathogenesis of dysmenorrhea, in particular, the spastic contraction of the myometrium, is the overproduction of prostaglandins F_{2a} and E₂ in the menstrual endometrium, then all treatment is reduced to the use of non-steroidal anti-inflammatory drugs. In cases where an additional contraceptive effect is needed, COCs or pure progestogens are widely used.

The etiopathogenesis of secondary (acquired) dysmenorrhea is associated with organic disorders in the small pelvis, such as: inflammatory processes

internal genital organs, endometriosis, uterine fibroids and ovarian tumors, the use of intrauterine contraception, malformations of the genital organs, ruptures of the posterior leaf of the broad ligament of the uterus (Alena-Masters syndrome), varicose enlargement of the parietal pelvic veins or veins in the area of the own ligament of the ovaries, adhesions in small pelvis.

In order to carry out a full differential diagnosis of primary and secondary dysmenorrhea, the following studies are required: gynecological examination with sampling of material for bacteriological research; ultrasound examination of the pelvic organs; hysteroscopy and laparoscopy - to exclude intrauterine and abdominal pathology; consultation of related specialists, electrocardiography, electroencephalography, rheoencephalography and other special instrumental research methods to exclude extragenital pathology; general and biochemical blood tests; consultation with a psychologist. It would seem that after such a thorough examination it is impossible not to determine the cause of the disease. Nevertheless, in the absence of obvious organic disorders and changes in the analyzes, the etiology is practically impossible to determine and prescribe etiopathogenetic treatment, and then the diagnosis "N94.6 - unspecified dysmenorrhea" is made. Such patients are forced to take symptomatic treatment for years, in the hope that the body will somehow cope with this problem itself. Unlike all of the above diagnostic methods, which mainly reflect the morphological side of pathology, the autonomic resonance test (ART) using integrative indicators of the state of the body makes it possible to determine the etiopathogenetic mechanisms of the development of the disease. On the example of dysmenorrhea - a painful condition caused by disorders in a multi-level system, consisting of a large number of organs, tissues, different both in structure and function,

The menstrual cycle is a complex multilevel system, the regulation of which is carried out according to the hierarchical principle and the type of direct and feedback, while the signals coming from the underlying structures correct the activity of the overlying ones. Any external and internal stimuli can affect the menstrual cycle and cause its irregularities. There are 5 levels of regulation of the menstrual cycle:

Level 1 - cerebral cortex, amygdala, hippocampus, thalamus, pineal gland;

Level 2 - hypothalamus;

Level 3 - pituitary gland;

Level 4 - peripheral endocrine organs (ovaries, thyroid gland, adrenal glands);

Level 5 - target organs: endometrium, uterus, uterine tubes, vagina, skin, bones, adipose tissue.

Conducting ART allows you to solve the following tasks: a) to identify the level of violation;

b) identify the nature of the violation; c)

identify the etiology of the disorder.

Solving these problems will allow you to choose a strategy and tactics of treatment, as well as determine the likely prognosis of the outcome of the disease.

Clinical examples

1. Patient EV, 17 years old, schoolgirl. She complained about it harshly painful periods during the past year. Pain occurs on the 1st day of the cycle, is wavy in nature, lasts from 6 to 24 hours and is often accompanied by headache, nausea and vomiting. She underwent ultrasound of the pelvic organs and thyroid gland - no abnormalities were found. I took celebrex, but-shpu, nemesil.

From the anamnesis: she was born full-term, grew and developed normally. Rarely had acute respiratory infections - not long and quickly recovered. Since 8 years old he has been playing tennis. In addition to tennis, at the age of 16, she began to engage in athletics. To study perfectly well at school. Menarche at 15. The cycle was established within a year and was not painful at first. Currently, menstruation in 28-30 days, 4-5 days, moderate. Virgo intacta.

ART results

Load tests (geopathogenic, radioactive, electromagnetic) - negative.

Group health level - 2/1, optimal - 2/1, constitutional - 1/2.

Biological indices (BI) - 4/5/6/14/15/16/17, optimal BI - 5/6/7/16. Adaptation reserves (RA) - average 1 st., Optimal - average 1 st.

Block of adaptation reserves 1 st.

Determine the reason for the block:

Block RA 1 st. ↓ + Selenium met. D60 (general indication of physical exhaustion) ↑;

Block RA1 st. ↓ + Inadequate nutrition 2 tbsp. ↑ + Cobalt met. D200 (Lack of minerals and trace elements) ↓ + trace elements: iron, zinc ↑;

Block RA1 st. ↓ + Inadequate nutrition 2 tbsp. ↑ + amino acids: glycine, tryptophan, cysteine ↓.

At this stage of testing, it is determined that a patient with a strong constitution (health level 1/2) is in a reactivation reaction due to a block of adaptation reserves due to overwork and inadequate nutrition, which caused a deficiency of nutrients important for metabolism - trace elements and amino acids. The reactivation reaction is an attempt to maintain activation without stressing it out under unbearable loads. Deficiency of zinc, glycine and cysteine leads to disruption of the systems that provide detoxification and immune protection in the body: zinc participates in redox reactions of the body, is part of co-enzymes. Glycine and cysteine are involved in the formation of glutathione, the main function of which is to protect cells from oxidative stress. In addition, cysteine is involved in the regulation of microcirculation - it increases the release of nitric oxide. Tryptophan is a precursor to serotonin. A decrease in serotonin levels leads to a decrease in the pain threshold and an imbalance between

processes of excitation and inhibition in the nervous system, since serotonin is an inhibitory neurotransmitter. Iron deficiency - leads to anemia, tissue hypoxia.

When questioning the patient about nutrition, it was found that she was unhappy with her appearance and wanted to lose weight. To do this, she increased her sports load and began to eat less. The information received may well explain the mild form of dysmenorrhea, but for severe autonomic disorders in the form of nausea, vomiting, headache, it is insufficient.

We continue diagnostics using the ART method:

1. We filter organic products through the worst biological index: BI17 + hypothalamus D4, pituitary gland D5, basilar artery D10, D12, internal cerebral veins Comp.

2. Through the resulting complex filter (worst BI + organopreparations) we filter test indicators characterizing certain states of tissues, interstitium, cell membranes, metabolism, etc.: BI17 + hypothalamus D4, pituitary gland D5, basilar artery D10, D12, internal cerebral veins Comp + cytochrome A D60, high degree of tension immune system, indicator of autoimmune processes Comp., chronic inflammation 1, autoimmune autoaggression. percent 1.

3. Through the resulting complex filter (worst BI + organopreparations + states) we filter indicators for the presence of parasitic, mycotic, bacterial, viral burdens = BI17 + organopreparations + conditions + Interferon D30 + Epstein-Barr virus.

The data obtained suggest an autoimmune inflammatory process in the hypothalamus and pituitary gland caused by a viral infection. The direct influence of the level of sex hormones on the activity of immunity in a woman's body and the frequency of exacerbations of chronic infections during menstruation has been proven, which is what happens in our patient - dysmenorrhea is combined with an exacerbation of a viral infection. Based on the peculiarities of the etiopathogenesis of the disease in this patient, it is advisable to carry out treatment in 2 stages: first, to optimize physical activity and nutrition, to replenish the deficiency of nutrients, to carry out bioresonance and homeopathic treatment to remove the blockade of adaptation reserves and reactivation reactions. Then carry out the elimination of viral infection, correction of immunity in order to remove from the state of autoimmunity.

2. The patient is 22 years old, works as a manager and is studying psychology by correspondence. She complained of recurrent pain in the lower abdomen, painful menstrual cycle with disability (severe pain in the lumbar, sacral region and lower abdomen) with profuse bloody discharge with clots. A similar state has been going on for 5-6 months, then dying down, then intensifying. According to ultrasound: the phenomenon of adnexitis in the stage of incomplete remission. Complete blood count: moderate monocytosis and slightly increased ESR. In a smear, the number of leukocytes is not increased, coccal flora. Immunological tests for genital infections are negative. Received 1 course of antibiotic therapy in

combination with non-steroidal anti-inflammatory drugs, vitamin therapy, physiotherapy. Immediately after treatment with antibiotics, the condition improved somewhat, but by the end of the course of physiotherapy, the pain even intensified. Somatic history is favorable (occasionally had angina in childhood). Menstruation from 12 years, regular, moderately painful, not profuse, for 6-7 days. Sexual life from the age of 16 - there were 2 sexual partners.

ART results

Load tests (geopathogenic, radioactive, electromagnetic) - negative.

Group health level - 3, optimal - 2/2, constitutional - 2. Biological indices (BI) - 8/11/12, optimal BI - 10.

Adaptation reserves (RA) - low 3 st., Optimal - average 1 st. When filtering RA + Argentum nitricum C52 = average 1 tbsp.

When filtering RA + Argentum nitricum C44 = high 1 tbsp.

At this stage of testing, it is determined that a patient with an average constitution (health level 2) is in a training reaction - the most energy-efficient to maintain an anti-inflammatory effect. The optimal step of therapy for RA is small, but when solving psychological problems, significant progress is observed - up to high RA 1 tbsp. When questioned by the patient about psychological problems, she said that she had a difficult relationship with her first boyfriend, which ended in a breakup. Now she has a more harmonious relationship with her new boyfriend, and they are going to get married soon. But she is still very offended by the first gentleman - this was her first love, and he, according to the patient: "broke her heart."

Further testing through the worst BI12 revealed organ products: endometrium D12, fallopian tubes D10, ovaries D4, kidneys (pyelorenal zone) D5, lumbar plexus D10, sacral plexus D12, pelvic plexus D12 + moderate tension of the immune system + 3 degrees. download lymphatic. systems Comp + Acute inflammation 1 Comp + Chronic inflammation Comp + Chlamydia tr. Comp, Mycoplasma Comp, Streptococcus - hemolytic gr. The Comp and an indication of the depletion of the immune system Comp. + Herpes simplex virus 2 Comp.

When filtering through BI11: BI11 + Organopreparations (Ileum D10, Colon D4, Mucous membrane of large intestine D4, Vagina D10) + Indikan D32, Skatole D32, Histaminum D60.

The tests carried out allowed us to assume:

- the disease is classified as psychosomatic, since the high importance of solving psychological problems for optimizing the reserves of adaptation was revealed;
- the presence of an exacerbation of the chronic inflammatory process caused by bacteria and the depletion of antiviral immunity in the female genital organs, kidneys, pelvic plexuses and lumbosacral region;
- the presence of dysbiotic disorders in the intestines and vagina.

Based on the characteristics of the etiopathogenesis of the disease in this patient,

it is advisable to carry out treatment in several stages:

- multi-resonance therapy for mental and dysbiotic disorders;
- elimination of genital infections, correction of the immune system;
- restoration of the functions of the genitourinary system, pregravid preparation.

Conclusion. The nosological forms of dysmenorrhea (primary, secondary and unspecified) isolated in ICD-10 cannot be used for the formation of a diagnosis with ART, since ART determines the cause of the development of the syndrome. The use of ART for the etiopathogenetic diagnosis of dysmenorrhea made it possible in each case to determine the cause of the development of this syndrome and, by prescribing a reasonable treatment, to obtain a complete cure.

Literature

1. Garkavi L.Kh., Kvakina E.B., Kuzmenko T.S. Antistress reactions and activation therapy. - M., 1998 .-- 565 p.
2. Gotovsky M.Yu., Kosareva LB, Fedorenko SI, Perov Yu.F. Electro-acupuncture vegetative resonance test. - M. : IMEDIS, 2013 .-- 236 p.
3. Prilepskaya V.N., Mezhevitinova E.A. Dysmenorrhea (to help practical doctor) // Gynecology. - 2001; 6 (3): 215-18.
4. Prilepskaya V.N., Mezhevitinova E.A. Dysmenorrhea: treatment algorithm // Gynecology. - 2006.8 (2): 33-5.
5. Sinchikhin S.P. et al. Modern aspects of etiology, pathogenesis, diagnosis, clinical picture and treatment of dysmenorrhea (literature review)<http://celebrex.paininfo.ru/articles/54.html...>

A.S. Kiriya Possibilities of the vegetative resonance test in the diagnosis of dysmenorrhea // - M. : "IMEDIS", 2014, v.1 - P.186-195

[To favorites](#)