

SBPD Screening for Chronic Metabolic Disorders

NS. Kirgizova

(GBOU VPO RNIMU named after N.I. Pirogov, Ministry of Health of the Russian Federation, Moscow, Russia)

Chronic metabolic disorders are conditions that are most common in adulthood, forming systemic pathologies, occupying the first positions among the causes of mortality in the population.

It is generally accepted that the term metabolic syndrome means a condition characterized by an increase in visceral fat mass, a decrease in the sensitivity of peripheral tissues to insulin and hyperinsulinemia, which disrupt carbohydrate, lipid, and purine metabolism, often in combination with arterial hypertension.

Markers of metabolic syndrome according to H. Arnesen (1992) can be the presence of at least two of five disorders:

- insulin resistance with reduced carbohydrate tolerance and hyperinsulinemia;
- dyslipoproteinemia with hypertriglyceridemia and a reduced level of high density lipoproteins;
- a tendency to thrombosis and an increase in the blood plasma level of a plasminogen activator inhibitor;
- arterial hypertension against the background of increased activity of the sympathetic nervous system;
- generalized obesity with increased secretion of free fatty acids into the portal vein.

Metabolic syndrome can be diagnosed in persons of the middle and older age group with overweight, fat distribution according to the android type (abdominal circumference in women - more than 80 cm, in men - more than 94 cm), who have high blood pressure, high blood insulin levels, suffering from vascular pathology, having a violation of the metabolism of uric acid, a decrease or extinction of sexual function, leading an unhealthy and sedentary lifestyle.

In developed countries, 20–40% of people over 30 years old can be classified as suffering from metabolic syndrome.

The adaptive system in persons suffering from metabolic syndrome carries out constant compensatory work. The degree and duration of compensation depends on factors of genetic predisposition, healthy lifestyle skills, diet therapy, drug support. Early detection and treatment of metabolic disorders plays a significant role.

In the practice of a complementary medicine doctor, it is often necessary to help patients with certain signs of metabolic syndrome, to draw up an individual program for correcting lifestyle, physical activity, dietary and drug support.

The severity of metabolic disorders can be determined by the presence of a pronounced increase in body mass index, blood pressure numbers,

dyslipidemia, hormonal disorders, vascular manifestations. However, it is quite problematic to assume the likelihood of metabolic compensation and the onset of positive changes in the course of treatment, as well as the possibility of the patient's resistance to the recommended therapy and the reasons for this resistance.

Testing adaptive systems method segmental biofunctional diagnostics (BFD) allows you to:

1. Obtain data characterizing the initial state of adaptation as a marker of the organism's compensatory capabilities in metabolic syndrome.
2. Trace the dynamics of the planned therapy.
3. Determine the need for additional diagnostics to identify and elimination of "weak" spots in the endocrine, digestive, vascular, nervous, musculoskeletal and other systems of the body.

SBPD is performed with a functional load, including organotropic bioresonance therapy using classical channels, as well as a personalized induction program. We study both the absolute indices of the integral coefficient of instability (ICI) and its dynamics in the process of SBPD with a functional load.

The absolute indices of the IQN at the stage of compensation are 11–25 USD. Indicators below \$ 11 refer to the characteristics of a reduced adaptation function. Indicators above \$ 25 refer to the characteristics of an irritated adaptation system.

Three variants of the dynamics of indices of CNI are traced, presented according to the increase in the severity of metabolic disorders:

- initially normal indices of ICI, after functional load deviating towards low, outside the corridor of the norm;
- initially low indicators of IQN, after functional load incoming within the corridor of the norm;
- initially low indices of ICI, after functional load deviating even more towards low rates.

The first two options can be considered as subcompensated cases of metabolic disorders. The third option is often found in individuals with signs of adaptation decompensation in metabolic syndrome.

As an additional marker for assessing the energy system, the quantitative determination of the enzyme Coenzyme Q10 in blood serum is used.

To illustrate the above, we present two clinical examples. 1. Patient A., 52 y.

The main complaint about a decrease in mood and vitality tone. Objectively, slightly increased nutrition, an "apple" -type figure, abdominal circumference 98 cm. Physical data were normal. In the blood there is a high level of LDL, the coefficient of atherogenicity is 5.3 (n. 2.0–3.0). High insulin levels - 11.7 (up to 10.4). Leptin, testosterone within normal limits. Coenzyme Q10 - 0.36 (n. 4-1.6). IQN in dynamics - 9.6-4.3 (n. 11-25).

2. Patient I., 56 years old. The main complaint is a deterioration in well-being with

an increase in blood pressure to medium values, hypertension is poorly corrected. Objectively increased nutrition, an "apple" -type figure, waist circumference 90 cm. Physical data were normal. Initial manifestations of systemic deficiency of blood flow in the carotid arteries by ultrasound. The level of LDL is elevated in the blood. High level of leptin - 29 (up to 13.8). Insulin, sex hormones are within normal limits. Coenzyme Q10 - 0.38 (n. 4-1.6). IQN in dynamics - 8.1-3.2 (n. 11-25).

When analyzing clinical examples, it becomes obvious that there is a what correlation between CNI indices and the level of Coenzyme Q10 in both cases. This pattern can be traced in a large number of clinical cases, which allows the use of CNI and the level of Coenzyme Q10 as integral indicators for the diagnosis of metabolic syndrome.

The degree of deviation of the CNI from normal parameters, the rigidity of its dynamics allows assessing the severity of the metabolic syndrome and predicting the success of its treatment.

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