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Article name: СКЭНАР И АНТИГОМОТОКСИЧЕСКИЕ ПРЕПАРАТЫ В ТЕРАПИИ ПРЕДМЕНСТРУАЛЬНОГО СИНДРОМА

SCENAR AND ANTIHOMOTOXIC MEDICATIONS IN THE PREMENSTRUAL SYNDROM THERAPY

Premenstrual syndrome (PMS) includes psycho-emotional, vegetative vascular and metathetical endocrine violations appearing in the second phase of the cycle. A hormone of the brain front lobe – prolactin – plays a considerable role in the PMS appearance.

Work objective

Study the effectiveness of SCENAR-influence in monotherapy as well as in combination with *HEEL* products (Germany) on women with PMS.

Methods and materials

Clinical effectiveness of treating 27 women with PMS was evaluated in the *Harmony* SCENAR-center (Kiev).

Psycho-emotional disorders, neurological symptoms and changes in mammary glands composed most of the clinical picture. 89% of women had concomitant extragenital pathology.

Prolactin level in the blood was measured using radioimmunologic method before therapy and after it. Patients were divided into 2 groups. Patients from the first group were treated only with SCENAR-97.4+ according to the scheme '7 days before menstruation' during 3 menstrual cycles. Patients from the second group underwent additional antihomotoxic therapy in the second phase of the cycle.

Results

Treatment results were evaluated according to changes in women's subjective feelings and data of hormonal investigation and USI. The therapy was considered to be effective in considerable decrease of the complaints or no complaint at all during the PMS.

Prolactine level before the treatment was not considerably different in both groups. 11 women (40.7%) had prolactinemia up to 30 ng/ml (about $28,1 \pm 1,8$ ng/ml). The rest of the patients had normal concentration - $15,7 \pm 1,2$ ng/ml.

After 3 courses of therapy prolactine content in blood decreased to $12,2 \pm 2,1$ ng/ml.

We noted a normalizing influence of the suggested schemes of treatment by menstrual cycle's violations, hypomenstrual syndrome, algodismenorrhea, and original sterility. No side effects were noted.

Conclusion and recommendations

1. SCENAR-influence and homotoxic therapy regulate prolactine concentration in blood plasma of patients with PMS. It may be caused by

- the influence on hypothesis-hypothalamic structures as well as by changing the sensitivity of target tissues to the hormone studied.
2. Clinical effectiveness of treating childbearing age patients with PMS is higher in combination of SCENAR-therapy and *HEEL* products.
 3. All stated above allows to recommend the practitioners use SCENAR-therapy and antihomotoxic medications (Mulimen, Nervoheel, Hepeel) in treating patients with PMS of this category.

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