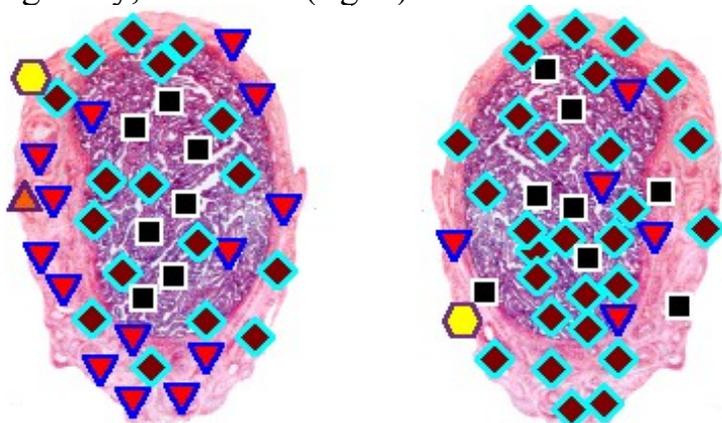


## Opportunities of " Sensitiv –Imago " hardware-software complex application for uterine tube pathology diagnostics at women.

It is known, that various small pelvis diseases at women can lead to reproductive function abnormalities. The most often reason of female barrenness is the uterine tubes pathology which 30-85 % of women are having, and which arises, as a rule, owing to operative interventions on the organs of small pelvis and as result of inflammatory diseases of uterine appendages in the past [1]. At the moment the clinical physicians are widely using endoscopy methods to make diagnosis of the pathology (and to treat it), because these methods are the most sparing ones. However, the endosurgical interventions can cause certain traumas and, accordingly, can lead to various complications. The methods of echoscopy and of hysterosalpingography are not informative enough [2]. To optimize the diagnostics of female reproductive system pathology on pre-clinical stage we have used the hardware-software complex " **Sensitiv –Imago** " [3,4,5]. In total 26 women have been examined who addressed us because of not becoming pregnant after minimum one year regular sexual life. For comparison, the computer test also has been carried out to 14 healthy women (without a burdened gynecologic anamnesis) who had childbirth. At the same time the standard methods of small pelvis organs examination were applied. The results received with using of " **Sensitiv –Imago** " diagnostic system, in 95 % of cases have coincided with the results of echoscopy and hysterosalpingography.

To illustrate the method of bioresonance diagnostics, some results of testing the patients having chronic salpingoophoritis and adnexitis in the anamnesis and the test results of healthy women, are given below:

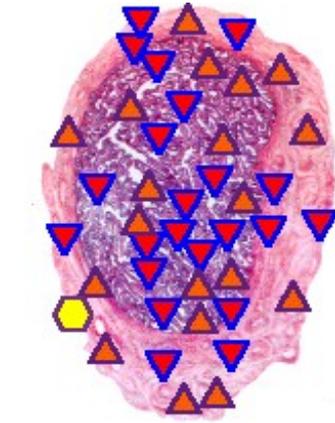
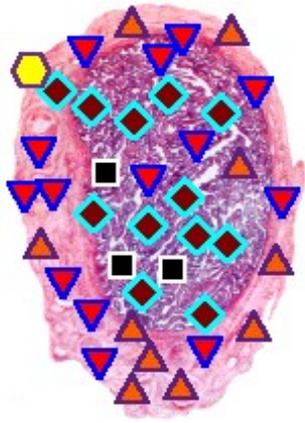
1. Patient A., 27 years has addressed us because of no pregnancy after 3 years of regular sexual life (fig. 1);
2. Patient M., 24, 1,5 years in a marriage but the pregnancy did not come (fig.2);
3. Patient O., 28 years, not burdened gynecologic anamnesis, had not complicated pregnancy, childbirth. (fig. 3);
4. Patient P., 32, not burdened gynecologic anamnesis, had not complicated pregnancy, childbirth (fig. 4).



(uterine tube - on the right)      (uterine tube – on the left)

Figure 1.

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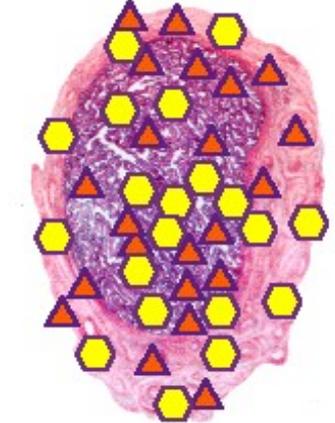
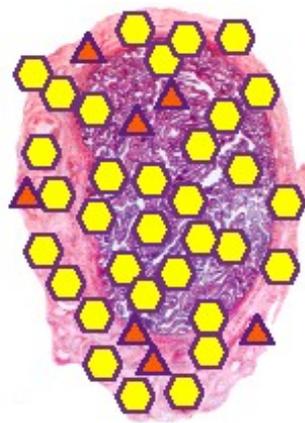


(uterine tube - on the right)

(uterine tube - on the left)

Figure 2.

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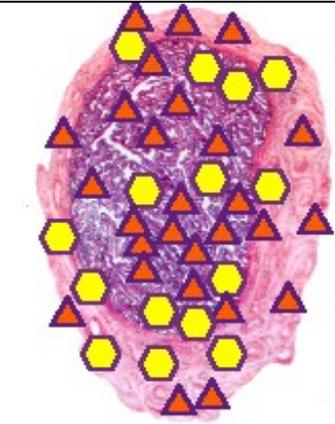
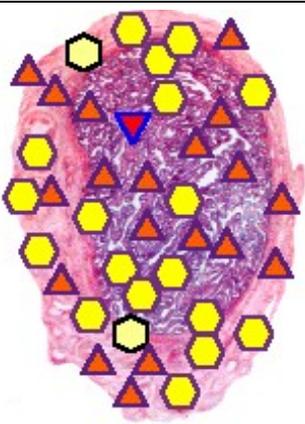


(uterine tube - on the right)

(uterine tube - on the left)

Figure 3.

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(uterine tube - on the right)

(uterine tube - on the left)

Figure 4.

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On the illustrations given above it is visible, that the patients who have addressed us because of no pregnancy, have an expressed uterine tubes pathology (black markers in the lumen of the tube specify the presence of the expressed organic changes); the first patient has a bilateral process while the second patient has an

obviously prevailing right-hand obliteration (figures 1 and 2 accordingly). The cartograms of healthy women are shown in figures 3 and 4.

Thus, the bioresonant testing, as an early, pre-clinical diagnostics in the most cases enables a fast revealing of obstructive processes of uterine tubes, without preliminary preparation and cavity interventions, and, as visible on the cartograms, allows to estimate the state of paraglandular zones that can be interesting when revealing adhesive process in the small pelvis cavity.

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