

Combination of tactics and strategies in the treatment of chronic pancreatitis  
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"What dose of medicine will be sufficient  
it is impossible to solve with the help of  
elegantly twisted reasoning and flamboyant sophistry ...  
Pure experiment, careful observation and experience - this  
is what can determine the solution to the problem ... "

S. Hahnemann

It is well known that in the process of potentiation of any substance, its initial quantitative characteristics gradually tend to zero, and qualitative ones, on the contrary, are steadily increasing. A unique phenomenon occurs - consistent transition from quantity to quality. Moreover, according to the law of potentiation, the depth and strength of the therapeutic activity of the drug increases with each higher potency.

Based on the accumulated experience in the treatment of chronic pancreatitis, we realized that the elimination of pain is not a guarantee of the absence of the disease. Often there is such a situation that after our treatment the patient feels quite satisfactory, but after 6-12 months the ultrasound shows the continuation of the chronic inflammatory process in the pancreas. Such data led us to search for deep, long-term and mild-acting methods of therapy.

Without a doubt, many tactical treatments can achieve good results at the moment. For example, the use of homeopathic chelators, which most often consist of drugs in low potencies, or resonance frequency therapy. BR-therapy also has a great advantage for stopping the exacerbation of pancreatitis. The creation and reception of a private BR drug is able to quickly interrupt the onset of an attack of pancreatitis, without going into the details of the etiology and pathogenesis. But the peculiarity of these options for therapy is that soon enough the homeopathic chelator or BR-drug ceases to work due to the fact that the patient's condition has changed. That is, there were some changes in the pancreas, and a new state arose, which is significantly different from the original. Sure, if the patient lives in your city, he can be seen by you 2-3 times a week. And if he is from the regional center or from another city?

We attribute frequent patient visits to correct a new condition to the disadvantages of tactical treatment options.

To achieve good long-term results, we use a combination of tactical and strategic therapy options. We refer to the prescription of high potency homeopathic medicines as strategic treatment options. As the patient's condition improves, we reduce and cancel the proportion of tactical therapy, but select a higher potency of the homeopathic monopreparation. That is, we are moving on to strategic therapy.

When combining tactical and strategic approaches to treatment, we adhere to the following sequence of actions:

1. Determine the etiological and organ nosodes.
2. We select complex homeopathic or resonant frequency drugs.
3. We select the most similar homeopathic monopreparation in medium or high potencies.
4. We create a BR-drug, give it at the reception.
5. After 3-5 minutes we check all the selected drugs again. Usually, after this, the etiology and complex homeopathic remedies are temporarily stopped being tested, but the monopreparation in medium or high potency continues to resonate perfectly. With this approach, we provide adequate treatment, both for the next few days and for the long term.

For the manufacture of a BR-preparation, we usually used information taken by an inductor or a "loop" from the area of the anterior abdominal wall and left hypochondrium - where pain is projected. But several cases prompted us to pay more attention to complaints of pain in the spine.

Patient A., 48 years old. Prolonged dull pain in the thoracic spine. During the diagnosis, changes were found both in the discs and in the vertebrae themselves of an inflammatory-degenerative nature. Appropriate treatment was selected and carried out, but the results were unsatisfactory. On repeated admission, the inductor took information from the painful area of the spine (Th5 - Th7) and through it all meridians were tested in the BRT mode. A clear resonance is noted on the pancreatic meridian (RP). Then, through the captured information (D + H), the organopreparation Pancreas 3 was checked.

1. Pancreas 3 + Nos. Salmonella
2. Pancreas 3 + Iris 30
3. Pancreas 3 + Podophyllum 12
4. Pancreas 3 + Momordica 6
5. Pancreas 3 + Merc. corroivus 6

Then all the selected drugs are rechecked through the captured information (D + H). After determining the individual resonance number and making a particular BR-preparation ((D + H) + meridian RP ) appointments made:

1. Nos. Salmonella 5 grains daily.
2. Iris 30, 5 grains once a week.
3. Podophyllum 12, 5 grains 3 times a week.
4. Momordica 6 5 grains 3 times a week.
5. Merc. corroivus 6, 5 grains 3 times a week.
6. BR-drug, 5 grains daily. Reappointment - after 1 month.

On the second appointment. On the 8-9th day after the start of the course of treatment, there was a disorder of stool and moderate pain in the abdomen. On days 10-11, the abdominal symptoms disappeared and the pain in the back decreased significantly. According to the test results, the treatment was corrected and a new BR drug was manufactured:

1. Salmonella is not tested.
2. Iris 200 5 grains 1 time in 3 weeks.
3. Podophyllum 30, 5 grains once a week.

4. BR-drug 5 grains 3 times a week.

5. Nos. Pancreas 3 to 5 grains 3 times a week. The third appointment is after 2 months.

At the third appointment, there are no active complaints, but through Nos. Pancreas has a clear positive response to Iris 1000, which is prescribed once a month for 5 grains for 6 months. At the end of the course of treatment, a follow-up appointment and an ultrasound scan to compare the results.

Thus, it is clear that with latent pancreatitis, the absence of vivid clinical signs from the abdomen is possible, but the presence of symptoms from the projection zones of the spine. Through such projection information (D + H), one can reach both the latent cause of the disease and the constitutional homeopathic remedy.

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