

Description of the algorithm for the initial patient admission
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The proposed algorithm was the result of our own practical work and was dictated by the need to combine in optimal proportions diagnostics, patient management tactics, therapy, drug production, health prognosis, time and timing of patient admission.

Algorithm for the initial patient admission

1. Perform standard operations to start the computer and programs "IMEDIS-EXPERT".
2. Fill in an individual patient card.
3. Enter the window "Lists of medicines", open the portfolio "Complexons various firms ", in its composition to open a portfolio " Drugs of Dr. Schimmel. "

In "Preparations of Dr. Schimmel" there are the following sections:

- the minimum test kit;
- resoplex;
- parasitic burden;
- miasms;
- HS-complexes.

3.1. The smallest test kit contains 41 pointers.

Test the patient using 39 indicators, excluding the indicators "Effective medication" (Ferrum Metallicum D60) and "Test of medicines for effectiveness" (Cytochrome-A D60).

The use of only these 39 indicators in diagnostics makes it possible to obtain the optimum (not the maximum) information about the patient's health in a short period of time. This makes it possible for a doctor who has no experience of working with this equipment to obtain the main information about the pathology, without being "sprayed" on particulars.

On the basis of these pointers, it is possible to carry out in-depth, detailed diagnostics using the pointers from the "Vegetative resonance test" window. Here are some examples.

3.1.1. If pointers to geopathogenic load are triggered (Silicea D60) or electrosmog (Phosphorus D60), it is necessary to connect the Belt induction device to the APC (EPT output jack). Put the "belt" on the patient, placing it horizontally in the projection of the solar plexus.

Enter the "Vegetative resonance test" window. Switch on the frequency of 6.20 Hz at an intensity of 20 to 40 units and recheck the previously triggered pointers. If the pointer is confirmed, then leave this frequency on and every 2 minutes. to test the quality of treatment. In case of tolerance of external burdens to the therapy for 15 minutes, it is necessary to prepare preparations by recording on sugar crumbs through the device "Inductor" with a frequency of 6.20 Hz and to prescribe the patient treatment for 7 days.

External burdens are pronounced and complicate the diagnosis. patient management tactics are acceptable in the absence of acute pathology.

This

3.1.2. If carcinoma indicators fire (3-5),

on the

carcinomatous tendency (6, 7) or a benign tumor (16), then we recheck them through the preparations "Precarcinosis" (10, resoplexes), "Discrasia-premalignization" (11, FM-complexes), "Onco protein, sum of potencies" (12, oncodiagnostics), "Protein normal, sum of potencies" (24, oncodiagnostics), Fuzailov's drug 1 sum (36, oncodiagnostics).

Segmental diagnostics is an additional way to check the onkomarkets. As a rule, pre- or tumor processes are accompanied by the following triad: hypoergy, parasymphaticotonia and immunodeficiency. After making sure of the presence of onkometki, we determine the organ of the lesion, we carry out a differential diagnosis with inflammatory processes (including identification of pathogens). Given the psychological characteristics In some patients, it may be possible to recommend additional traditional clinical examinations, although practice shows that APC tests are highly sensitive and reliable.

3.1.3. Analyzing pointers to endogenous depression (11, mandrake D60), mental burdens (14, thalamus D60) and the degree of stress load (25-30, adrenal glands D6-40). The result of the analysis is a correlation between the psycho-emotional state of the body and the work of its organs and systems.

If there is such a dependence, go to the "Vegetative resonance test" window, open the portfolio of "Brain rhythm treatment programs", double-check the need for this type of therapy and select the appropriate program.

3.1.4. A group of pointers (8-10, 20, 21, 32-39) guides the doctor to search infectious beginnings. Diagnostics is carried out in the section "Parasitic burden" and "Miasma".

3.2. Section "Resoplex" is represented by 25 drugs. Of which 20 drugs - the first and second levels, and 5 - these are drugs of the third and fourth levels. For diagnosis and treatment, drugs are used ONLY of the first and second levels. This is due to the fact that drugs of these levels relieve symptoms of acute processes well, weaken the course of chronic ones, practically do not disrupt the reserves of adaptation, do not cause complications and do not require special equipment to determine the level of exposure. Based on the results of the work in this section, a preliminary version of the recipe is selected.

3.3. The sections "Parasitic burden" and "Mysms" contain 19 and 25 pointers, respectively. Before working with these pointers, we put on the "Belt" induction device on the patient horizontally, at the level of the navel, and connect it to the "Frontal electrodes" socket.

We make a selection of indicators triggered during the diagnosis. After that, we switch the induction device to the "EPT output" socket. Sequentially open the window "Electropuncture therapy", "EPT bases", the section "Fungi, helminths, protozoa ..."

3.4. Segmental diagnostics. Diagnostics is carried out twice in a row. We evaluate the data using the second measurement cycle. The method is fast, informative and visual for both the doctor and the patient.

We evaluate the pituitary gland and the thyroid gland (endocrine system),

the state of immunity and the type of regulation of the body. This makes it possible to indirectly assess the general state of adaptation reserves, the conditions for the development of tumor processes (hypoergy + parasympathicotonia + immunodeficiency).

We analyze the work of the nervous, cardiovascular, respiratory, digestive, genitourinary systems and the state of the musculoskeletal system.

To make the final diagnoses, it is necessary to take into account and compare: the results of previously selected indicators, the results of visual data of segmental diagnostics and the presumptive leading syndromes obtained as a result of computer diagnostics.

3.5. The final editing of the recipes is in progress.

4. Treatment can consist of three main elements: first - mandatory - endogenous bioresonance therapy, the second (electropuncture therapy) and the third (brain rhythm therapy) - are switched on as needed. Considering that the patient is being examined for the first time, and we do not know the possible response of his body to the treatment (paradoxical reactions), we perform therapy in an "easy" mode: against the background of included homeopathic preparations, we carry out organotropic, consistent, according to the "golden ratio", for all meridians in order of therapy. The therapy time for the meridian is 4.00 sec. in the "circular with frontal electrodes" mode, the total therapy time is 440.00 sec. The control of the results of the treatment carried out is carried out by the method of segmental diagnostics against the background of the included drugs. Depending on the results of therapy, it is possible to carry out repeated treatment sessions (maximum - 2-3).

In the case of a patient with acute inflammatory processes, the type of resonance therapy changes. It is carried out in swing mode, fixed frequency code, change of leads, selection of leads - diagonal with frontal electrodes 2, time per frequency - 1.00 sec., Total therapy time - 900.00 sec. The therapy is also carried out against the background of selected drugs. Number of sessions - maximum 2. Control - according to the results of segmental diagnostics.

Especially noteworthy is the assessment of the sustainability of the effect achieved as a result of therapy. This is done by the method of segmental diagnostics, changing the sensitivity of the method from 100 to 300 (five clicks of the left mouse button - "five steps"). If, after the first or second step, problems are again identified in the area on which they worked, then the effect of therapy should be considered short-term, not persistent. At this stage, the patient needs frequent therapy and monitoring: 1-2 times a week. In addition to evaluating the effectiveness of therapy, the technique of "Steps" allows prognostically as much as possible the "problem" is necessary for organ or system that the correction of further treatment.

5. Preparation of preparations. According to our observations, 1-2 therapeutic the drug is the optimal amount for the patient. A large number of drugs create psychological and organizational inconveniences for the patient. As a rule, these drugs are multicomponent, selected according to the principle of compatibility in the general formulation.

At the initial admission to the patient, it is recommended to make preparations in three ways:

5.1. Recording copies of homeopathic remedies selected in the prescription in the first container of the selector for 2-3 minutes. This method of making preparations is the simplest, but rarely used. As a rule, this method is used if endogenous bioresonance therapy has not "gone", there are low reserves of adaptation of the organism or severe combined pathology.

5.2. Recording for sugar crumbs is made against the background of bioresonance therapy in organotropic mode, simultaneous, along all meridians, total recording time - 200 sec, without connecting the patient. This method of making preparations is applicable for patients with average adaptation reserves.

5.3. The record is similar to the record set out in clause 5.2., But is made on background of connection of the patient (selection of leads "Circular with frontal electrodes"). This type of preparation is used when patients have good adaptation reserves.

We deduce the concept of adaptation reserves synthetically from the data of segmental diagnostics.

Thus, for the first group of patients (p. 5.1.), A relatively "light" drug is prescribed - only a selected set of electronic copies of homeopathic remedies. The recipe for the second group of patients (p. 5.2.) Is "loaded" with standard fluctuations of all twenty meridians. The recipe of the third group (p. 5.3.) Additionally includes its own disharmonious vibrations.

6. Terms and frequency of dispensary observation and treatment of the patient. the date the next visit to the patient is determined by the diagnostic data and the results of therapy and ranges from one to three weeks.

The reception on the patient's biorhythms proved to be very good at work. If there are no special indications, then we usually prescribe a reception when the physical, emotional and intellectual cycles, as well as the general condition of the body, enter the negative phase or at the peak of the negative phase. It all depends on the tasks set. If it is necessary to correct the treatment and "cut off" the peak of the negative phase, then the reception is prescribed when entering the negative phase. If the task is to conduct additional diagnostics, then the patient is admitted at the peak of the negative phase.

The proposed algorithm was formed on the basis of data from practical work and outpatient admission of patients for two years. This technique allows the doctor, during the initial admission, to obtain optimal diagnostic data, to perform the maximum adequate therapy, to determine the prognosis and timing of the patient's next admission, and minimizes the number of possible errors.

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