

Further development of the concept of integral examination and treatment  
the patient using the ART + method

I.V. Nadolnaya  
(Vladivostok, Russia)

Over the past year, I had the opportunity to check and clarify the concept of examination and treatment of patients using the MINIEKSPERT-D apparatus, which I proposed last year. This made it possible to verify the correctness of the general principles of the approach to diagnosis and treatment at several levels simultaneously: intercellular, intracellular and at the level of the DNA nucleus.

Surely, many doctors were faced with the problem of the return of symptoms of the disease in a patient who was thoroughly and seemed to be successfully treated. Symptoms may return within 2 months to 1.5–2 years. Work only at the level of the intercellular space gave practically no explanation why this is happening.

With the use of the ART + method, this has become clearer. Let me explain with an example.

Patient K., born in 1949, 20.09.05, asked for help in connection with attacks of nocturnal and daytime seizures and retrograde amnesia following seizures. Prior to that, such attacks were disturbed only at night. In the course of diagnostics, the cause of this condition was consistently different structures of the brain, the organs that are the sources of this state of these structures, the adrenal glands, pancreas, liver, stomach were determined, and at the end of treatment - the pathological dominant in the cerebral cortex. Diagnosis and treatment were carried out at level 1 (i.e., at the level of the intercellular space). On March 17, the patient had no complaints and the treatment was considered completed. After 4 months. , 17.07.06, the patient again suffered an attack, but only at night and immediately asked for help.

During the diagnosis, strong metabolic disorders in the arachnoid were found:

Arachnoid + catabolism 2 tbsp. + alkalinity 1 tbsp. + 3 tbsp. bactericidal + DNA violation 4 tbsp. + PRR of a high degree + geopathogenic load 2 tbsp. + blocked adaptation reserves of the 10th degree due to false polarity + the presence of metabolic hypoxia + depletion of the endocrine system 3 tbsp. norepinephrine + 5 stress level + enzyme deficiency (brain) + indication of the load of the lymphatic system.

At level 1 the cause of this condition was left lung in potency D12 (for many years, the patient suffers from a persistent runny nose, and during and after the attack, the nose was completely blocked, there was nothing to breathe). By the time the patient returned to visit, I was already looking for an organ-cause not only at the level of the intercellular space, but also at the level 3-4 (DNA level), therefore at level 4 at buff 20 the organ-cause came out pancreas in D5 potency with a low degree of anti-cancer

resistance. The left lung as a cause organ at the 4/20 level has not been tested. If I had defined the treatment strategy as before, I would certainly have started treating the left lung. But when connecting the left lung D12 in inversion found that in this case the potency of the pancreas at the level of 4/20 from D5 (slight hypofunction) dropped to D3 (a sharp decrease in activity), and its anticancer resistance decreased. I.e., the true cause of edema and metabolic disorders in the arachnoid was hypofunction of the pancreas, and changes in the left lung were only a compensatory reaction, and if I tried to treat it, I would get a short-term improvement with a subsequent return of symptoms. On the same day, July 17, the pancreas was treated and the attacks did not bother anymore until 11/14/2006, when the norm was tested at the level of the intercellular space along the arachnoid membrane, and at level 4, at a gain of 40, the "plan" for violations was tested in its metabolic processes.

Here I would like to make a digression and again draw your attention to the fact that not only morphological structure is encoded in DNA, but also reactive properties and adaptive capabilities (V.P. Kaznacheev, 1974, 1980), so with a high degree of probability we can test this genetic "blueprint" at levels 3 and 4 using the ART + method, which I wrote about last year. In addition, this once again serves as a confirmation of the relativity of the D6 potency as a norm for an organ at the level of the intercellular space, since this, perhaps, a forced norm in the conditions of genetic errors in the organ.

So, the cause of the problem with the arachnoid 4/40 came out at the level 1 of the pancreas in the D5 potency, and at the level of 4/1 the gallbladder D12. And again the same sequence was observed: With the abolition of the organ of level 1, a deterioration in the condition of the organ of level 4 was noted. After treatment of the gallbladder, the seizures stopped again.

This case in my practice is not an isolated one; when diagnosing and treating all my patients, I consistently observe this subsequence. In 2 cases, there were exceptions: the main organ was at the level of the intercellular space, and the treatment gave stable results. In both cases, the change was caused by ionizing radiation.

As the results were accumulated, the idea began to arise of a faster and more in-depth treatment of patients, which would not be too repelled by complaints. Complaints are most often the result of processes occurring in the intercellular space, which, according to my observations, turned out to be nothing more than compensatory reactions, with the help of which the body tries to adapt metabolic processes in conditions of certain genetic fermentopathies or other genetic defects. Under these conditions, a very effective and stable indicator of health levels turned out to be, which in itself is integrative and gives an idea of the reserves of the organ as a whole. Since September 2006, the following algorithm has been formed:

1. Determine the health levels according to Vithoukias on the intercellular, intracellular levels and DNA levels (3 and 4 at different gains).
2. Most often at levels 3 and 4 we determine which organ and in what potency corresponds to the worst health level according to Vithoukias.

3. Determine the inversion of which of these organs and in what potency leads to a dramatic improvement in the indicators of health levels according to Vithoukas at all levels when tested according to the ART + method.

4. We carry out diagnostics of this organ exactly at the level where we were changes were found.

5. Determine the organ-cause (both at level 1 and at level 3 or 4 according to VRT +), which became the source of these changes.

6. We clarify which of the two plots we found - at level 1 or at level 3-4 - is the true culprit of problems and we treat him.

This algorithm enables a principled approach to treatment without getting bogged down in particulars. In addition, when diagnosing according to this algorithm, the deep interconnections of organs and systems, on which all oriental medicine is based, become visible, which gives the doctor the opportunity to integrate the knowledge of traditional European and traditional oriental medicine in order to provide the most complete care to the patient. The use of the MINIEKSPERT-D device gives the doctor an invaluable opportunity to expand the range of patient's problems that the doctor can successfully solve, considering them in a complex and with minimal costs for the patient.

#### Literature

1. Kaznacheev V.P., Baevsky R.M. .. Individual characteristics adaptive reactions in humans and the problem of prenosological diagnostics // "Adaptation and the problem of general pathology." - Novosibirsk, 1974, vol. 2. - S. 9-13.
2. V.P. Kaznacheev Modern aspects of adaptation ". - Novosibirsk: "Science", 1980.
3. Khlunovsky A.N., Starchenko A.A. Damaged brain. - SPb .: "Doe", 1999.
4. Makhonkina L.B., Sazonova I.M. Resonance test. Possibilities diagnostics and therapy. - M., 2000.
5. Samosyuk I.Z., Lysenyuk V.P. Acupuncture. - AST-PRESS, 1994.

---

I.V. Nadolnaya Further development of the concept of integral examination and treatment of a patient using the ART method + // XIII

P.372-376