

Selection of adequate nutrition using targeted blood autonosode
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Purpose of the study:

Development of an optimal ART filter for identifying food products compatible with the patient's therapy task, in particular, the treatment of chronic diseases with metabolic disorders and / or allergization of the body.

Theoretical model used

In order to select adequate nutrition with the help of ART, taking into account the individual characteristics of the organism, a filter is needed that:

- firstly, it is focused on the specific diseases of the patient, i.e. reflects a specific part of his diagnosis.
- secondly, it is constitutionally oriented, i.e. reflects the system (constitutional) a picture of pathological processes, occurring in his body.

It was hypothesized that as such a filter it is advisable to use targeted autonosode blood (NANCr) [1].

Theoretical considerations in favor of this choice:

1) Blood is the richest bank data about of all pathophysiological processes in the body [2].

2) A targeted blood autonosode can presumably trigger calm activation reaction (Garkavi L.Kh., Kvakina E.B., Ukolova M.A.), aimed, in particular, at the elimination of cellular metabolites accumulated as a result of suboptimal nutrition [3].

Some preliminary remarks and definitions

1. Algorithm for making a targeted autonosode of the patient's blood used for research

The following algorithm was used to obtain NANKr-a for subsequent selection of adequate nutrition:

1. The first step is to model the patient's disease at the level constructing a specific part of his ART diagnosis and creating (recording) a marker of a model of his disease S. For this, based on the results of an ART examination of the patient, a group of simple and / or complex specific test indicators (test indicators for specific nosologies) causing vegetative resonance was selected in his body when they are placed in the measuring circuit. Note that there are many ways to obtain a specific part of an ART diagnosis:

- using the construction of pathophysiological chains according to A.A. Hovsepyan;
- with the help of the selection of drugs of the SIN class of the "ONOM" company;
- by choosing the most affected meridians, chakras, chromosomes, FM layers (compact diagnosis), etc.

All these methods were used by the author - the direct executor of the study (E.A. Gribovskaya) - in more or less cases. None of these methods of identifying a specific part of an ART diagnosis is

caused no clear preference or clear denial in relation to the results of subsequent therapy.

The sum of the identified resonance test pointers of a specific part diagnosis is further denoted by S , i.e. $S = S_1 + S_2 + S_3 + \dots$ where S_1, S_2, S_3, \dots individual identified resonance test pointers from a specific part of ART- the patient's diagnosis. We call the S marker a specific part of the patient's ART diagnosis.

2. The second step is to write the KMX marker (the sum of terminal and nodal mantic points on the chiroglyphic lines of the patient's palm) [4], which at the 4th step of the algorithm was used to ensure the constitutional orientation of the manufactured NANCr. We call the KMX marker constitutionally oriented (ecological) part of the patient's ART diagnosis.

3. The third step is creation constitutionally oriented model diseases of the patient to target NANCr on it. For this purpose, the index S of the specific part of the patient's ART diagnosis and the KMX marker are added together, i.e. the marker $S + KMX$ is built, which is taken as the marker of this model.

4. The fourth step is preparation of the targeted autosode of the patient's blood (NANKr-a). According to the author's experience, it is better to prepare this autosode classically, through a series of dilutions and shaking. The resulting n-potency (n-integer) of the autosode is aimed at a constitutionally-oriented model of the patient's disease by selecting such n for which the ART condition is satisfied:
 $(S + KMX) + Pot_n \text{ NANCr} = (S_1 + S_2 + S_3 + \dots + KMX) + Pot_n \text{ NANCr} \quad (one)$

In a number of cases, the electronic method of potentiation was used. In that case, the ART condition was taken as an ART targeting criterion:

$(S + KMX) + Pot_\alpha \text{ NANCr} = (S_1 + S_2 + S_3 + \dots + KMX) + Pot_\alpha \text{ NANCr} \quad (1')$ which differs from (1) only in that the value α (position indicator potency regulator), it does not have to be an integer.

Thus, when constructing a targeting marker (target marker) [5] and the subsequent manufacture of an autosode based on it, compactified ART diagnosis of a patient, and compactification was carried out using the KMX marker [6].

2. Algorithm for the selection of products incompatible with the blood autosode, aimed at a constitutionally-oriented model of the disease
 To determine the compatibility or incompatibility of a food product with NANCr, the following ART criterion was used:

$$(\text{NANCr} + \text{Food Product}) \quad (2)$$

those. the food product indicator test, filtered through NANCr, does not cause vegetative resonance in the patient's body:

- if the food product index test met the specified criterion, then this product was considered compatible with NANCr, and was left, during therapy, in the patient's diet.
- otherwise, i.e. if the condition was met:

$$(\text{NANCr} + \text{Food Product}) \quad ,$$

the product was considered incompatible with NANCr, and was excluded (during therapy) from his diet.

Thus, to determine compatibility or incompatibility

a food product with NANCr, the method was used mediated ART [7]. At the same time, the pre-fabricated NANCr was essentially model marker the totality diseases of specific (nosologies) and patient like constitutional

Of course, in the case when the manufactured NANCr caused direct vegetative resonance in the body (the vast majority of cases), checking condition (2) was reduced to checking the condition:

NANCr + (Food product) , (2 ')

those. to the formation of a causal chain at the level of direct vegetative resonance.

The following products were used as test pointers of products to determine their compatibility or incompatibility with NANCr:

- OTI allergens and / or other test pointers from the electronic selector (the latest program upgrade offers a wider list of products and the correct design of dietary recommendations);

- natural products, initially "suspicious" of allergy or intolerance by the patient, or reliably allergic and / or intolerable to him. After the first course therapy products incompatible with manufactured NANCr-ohm, usually were included in the list of markers specific parts of the patient's diagnosis, for the manufacture of the subsequent NANCr-a.

Research methodology

In total, 53 patients with metabolic disorders were examined and treated: overweight and concomitant complications (hypertension, osteochondrosis, endocrine disorders), of which 12 were diagnosed with food allergy. The patient's diagnosis in all cases was confirmed using clinical examination methods.

For each of the patients, according the algorithm described in the previous to the section, an autosode was made blood (NANCr), aimed at constitutionally oriented model of his disease. Subsequent therapy was carried out by:

- prescribing a manufactured NANCr-a to the patient;
- exclusion from his diet of foods incompatible with this NANCr.

In some cases, drainages and systemic spiritual adaptants (SDA) were additionally prescribed.

The results of the therapy in all cases were monitored using ART and repeated clinical examinations. Were used: weighing, measuring pressure, biochemical blood test, ultrasound, standard tests for the presence of viral or bacterial infections, helminthic invasions, etc., depending on individual complaints and the initial diagnosis of the patient.

Research results

According to the data of repeated clinical and ART examinations

of patients, their condition, after 2 or 3 courses of therapy, could be graduated as follows:

1. The state of complete remission of current diseases - 27 people.
2. State of significant improvement - 13 people.
3. Condition of minor improvement - 8 people.
4. No changes - 2 people.
5. Deterioration of the state - 0 people.
6. It was not possible to re-examine - 3 people. Subject to the patient's compliance with the doctor's recommendations, he not only "lost extra pounds", but also significantly improved overall health, blood biochemical parameters, blood pressure returned to normal, viral and bacterial infections, helminthic invasions disappeared, (complete or partial) remission was observed chronic diseases of various nosologies.

Examples of

1. Patient R.V., 30 years old. Height 184 cm, weight 140 kg. Applied 03.09.2006. complaints of overweight, shortness of breath, pain in the right hypochondrium, in the region of the heart, high blood pressure, joint stiffness. Weight has been increasing gradually over the past 7-8 years. Diets and restrictions have produced intermittent and short-term results. It was decided to correct fat metabolism by selecting the optimal nutrition using NANCr.

Diagnostics: results of primary ART-examination:

Biological index 12, 16 with optimal 9. Adaptation reserves are low, 2 degrees.

When constructing pathophysiological chains according to the method of A.A. Hovsepyan:

1) "O.T.I." adipose tissue + Level 5 anabolic processes
activity ↑ + Psychovegetative loads 1 c.u. + Endocrine index +
Lack of enzymes + Hereditary congenital toxic information (Intox III) + Epstein-Barr herpes virus D60 + hypothalamus and / or posterior pituitary gland ;

2) Revealed: toxic load causes pathological fluctuations in meridians of the gallbladder, blood circulation and endocrine. The frequency characteristics of the interested meridians were further entered into the sum of test pointers for targeting the blood autonosode.

3) Further: "adipose tissue + catabolic processes of the 5th degree activity" + (alternate testing) 1) Psychovegetative loads: Bach flowers "apatechny agrimony, pedunculate oak, speckled lip, gentian" - all , 2) hormones: thyrotropin, thyroxin T4, testosterone, dopamine, lipotropin, endorphin, adrenal cortex - all , 3) enzymes: coliacron, coenzyme Q10,4) - all .

Therapy:

1. By meridians: Gall bubble, Three heaters, Blood circulation, in the mode of simultaneous therapy for 10 sec. a record was made of the body's response to the load of the Epstein-Barr virus (for 2 grains).

Drainage preparations were selected according to it: Dre GKN, Dre4, hypothalamic-pituitary system ("Guna").

2. Complex test-index: S = psycho-vegetative loads + hormones + enzymes + drains + adipose tissue + catabolic processes 6 st of activity + 2 grains of the test indicator - the body's response to the viral load obtained in paragraph 1. was used as a specific part of a target marker for the manufacture of a blood autonosode. Thus, the blood autonosode was targeted according to the S + KMX marker, and a preparation directed to specific nosologies and, at the same time, constitutionally oriented drug, NANCr, was obtained.

3. Food products incompatible with NANKr turned out to be:

- pork,
- egg white,
- almost all cereals, with the exception of unpolished rice,
- peanuts,
- Cherry,
- cherries,
- tangerines,
- plum,
- potato,
- cauliflower,
- oyster mushroom.

The patient was assigned:

A) reception of manufactured NANKr-a,

C) taking a complex drainage drug "ONOM" Dre GKN + "Guna" Dre4, (hypothalamic-pituitary system) + hormones + enzymes + "Bach flowers" (all drugs were taken from a specific part of the patient's ART diagnosis).

Besides:

C) Recommendations were given to exclude from the diet foods incompatible with those manufactured by NANKr.

A return visit took place three weeks later. The patient conscientiously and with pleasure excluded the indicated foodstuffs from his diet, lost 8 kg, blood pressure did not rise even once, noted frequent stools, lost a lot of fluid due to polyuria and increased sweating, although he consumed less than 2 liters of fluid per day. By the time of admission: he feels more active, sleeps less, is interested in what kind of sport he could do.

The results of the ART examination:

- reserves of adaptation are good, 4 degrees,
- BI - 10 with optimal - 8.
- anabolic processes of 1 tbsp are preserved in adipose tissue. activity,
- the Epstein-Barr virus is tested in the D800 potency and does not reduce measuring level when tested through a pseudo-transparent filter "adipose tissue + catabolic processes of 6 tbsp.", that is, it loses its significance in fat metabolism.

Further ART examination was carried out according to the same scheme, with the preparation of a new NANCr, and this time the target marker included food products incompatible with the previous NANCr and newly identified test pointers. Diet recommendations remain the same, water consumption is at least 2 liters per day.

Two days later, the patient reported that he was covered with a rash, blood pressure rose slightly, a thick white coating appeared on the tongue, the nature of the discharge changed, these phenomena disappeared within 2-3 days.

After 1 month from the start of treatment, the patient lost 17 kg, blood pressure is stable, normal, notes an increase in potency, began to swim, bought skis, finished taking medications two weeks ago, strictly adheres to dietary recommendations.

ART examination data:

- the reserves of adaptation are high 1-2 st.,

- BI - 9, optimal - 8,

- Epstein-Barr virus D2000,

- Catabolic processes of the 2nd degree are tested in adipose tissue. Therapy. The KMX marker was again written off from the patient. The SDA was selected through the new KMH marker: Life-Giving Fire and Nicholas the Wonderworker. The patient has not been prescribed any other drugs. Diet recommendations are the same, the patient is under supervision.

Follow-up - 6 months, condition without deterioration.

2. Patient Zh.T. 48 years old, height 162, weight 72, complaints of tendency to completeness. 5 years ago she was examined using the Hemocode method in Moscow. The weight loss was then 7 kg. Weight has remained fairly stable to date.

ART examination data:

- adaptation reserves - good, 3 degrees,

- BI - 10-11, with optimal BI - 9. Therapy:

In MT mode, the KMX marker was recorded. Test pointers for targeting (components of the target marker) were selected by filtering through the CMH, using the VRT criterion:

KMH + Target marker .

That is, it was assumed that the components of the target marker are included in the cause-and-effect chains of the KMX marker.

The following preparations were identified as components of the target marker: "Fats - fat metabolism", "Basal metabolism decrease", "Regeneration and rejuvenation". Accordingly, the sum of drugs was used as a specific part of the target marker: S = "Fats - fat metabolism" + "Decreased basal metabolism" + "Regeneration and rejuvenation" (all - firm "GUNA"). As a non-specific part of the target marker, the KMX marker was used as usual. Thus, the blood autosode targeted S + KMX using the ART criterion:

(S + KMX) + Pot_n(ANKr) , NANC_r = Pot_n(ANKr). The resulting list of incompatible food products in the patient almost completely coincided with the list of products identified during the previous examination (according to the Hemocode method), except for fermented milk products that were previously excluded from the diet.

Secondary visit to the patient - in a month. Within a month, the patient lost 4 kg, and she feels well. ART examination data:

- reserves of adaptation are high 1-2 degrees,

- BI - 10-9 with the optimal - 8.

Therapy:

Through KMH, suitable Systemic Spiritual Adapters were selected: the Life-giving Cross and the Nikolsky Key.

Monitoring continues.

3. An interesting case from practice (the only one).

The patient is 22 years old, height 168, weight 64, no complaints. By filtering through the CMH, the following drugs were identified as components of a marker for targeting the blood autonosode: GUNA "Carbohydrate metabolism", Rostock "Extracting prohibitions and deprivations", "Sexuality", organopreparation "Hypothalamus". NANKr was prepared according to the standard procedure. To the amazement of the doctor and the patient, all meat products were incompatible with him. dairy products, fish, eggs. The survey was interrupted. Tested not was held on Good Friday.

Conclusions:

1. Usage aimed autonosode blood (NANCr-a) in conjunction with the exclusion of food from the patient's diet incompatible with therapy with this nosode, is a highly effective treatment for chronic diseases with metabolic disorders and, in particular, obesity conditions. The advantages of this method in comparison with the corresponding methods of orthodox medicine are:

- the possibility of quick and painless therapy of concomitant acute and chronic diseases of the patient;
- no complications when trying to reduce the patient's weight;
- the possibility of including in the patient's diet the products excluded from this diet during the course of therapy, subsequently, after the end of the course of therapy;
- sustainability of therapy results: positive follow-up in treated patients.

2. Optimal, for the treatment of diseases with metabolic disorders, targeting marker is a marker (S + KMX), in which:

- its specific part S is the sum of test pointers identified during the ART examination of the patient;
- its nonspecific (ecological) part is a KMH marker.

Thus, the use of compactification of a patient's diagnosis is clinically justified, at least in the treatment of metabolic disorders.

3. Using SDA, selected by filtering through a marker KMH, as the completion of the course of therapy, is a good way to ensure a favorable follow-up, at least in the case of diseases with metabolic disorders.

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