

Algorithm and morality in the examination by the ART method  
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Doctors who often begin to work with the APK "IMEDIS-EXPERT", and even practitioners, are looking for the optimal and shortest algorithm for diagnosing patients. The abundance of test pointers and equipment capabilities sometimes confuses even an experienced doctor. This is especially true in chronic patients with multiple pathologies, when it seems that you can "drown" in problems.

I will tell you about my algorithm, worked out through trial and error, maybe it will help someone in the work.

Maintaining the general trend recommended by the creators of the method, I believe that it is inappropriate and incorrect to "load" a patient with "all" information at once, even from the point of view of deontology, especially when it comes to a patient who is seriously ill and usually for a long time.

After a thorough history taking, and a story about the possibilities of the method, I usually ask the patient, what do you want to know about your state of health with the help of this method? It's no secret that often we, doctors, "abuse" the information given to us, trying to look more competent in front of patients or for other reasons. This, in turn, sometimes leads to negative consequences and even discrediting of the method and equipment.

We receive unique information about the patient's health. And this information should be handled very carefully. After all, the probability of error and subjectivity can play a cruel joke with both the doctor and the patient. I had to repeatedly encounter patients from colleagues working with the ART method, incl. from other countries. There were several impressions:

- patient overload with information that is often of secondary importance to him;
- the interpretation of the information received sometimes leaves much to be desired, which, of course, speaks of the "qualifications" of the doctor.

We all study here, and I urge my colleagues to approach their activities as professionally as possible, because we work on the verge of what is known and therefore bear great responsibility, not only to patients and colleagues, but incl. and before those who will be after us. And that is why we are going to the conference to share our experience and study the experience of colleagues.

I consider it necessary to ask the patient the following question: What should happen to you for you to consider that this method has benefited you? People themselves "lay out" all their problems to you. The doctor's business is only to hear the patient, and the IMEDIS technique will do its job. As they say, it has been tested by practice on numerous patients.

Further testing by the ART method. I do not always use pineal gland amplifiers at the first appointment, because problems in chronic patients "lie on the surface." If the patient plans to undergo treatment, I consider it sufficient to "show" those problems that are relevant at a given period of time

and require the fastest solution. These are acute and exacerbations of chronic processes, pathogenic and toxic loads and burdens, their connection with possible infections, allergies, autoimmune, degenerative processes. Further in the course of treatment, when a trusting contact with the patient is established, "less significant problems" are uncovered and treated. If I know that I see a patient for the last time (do not think about a bad one), then I give extended information about his health status and treatment options.

Testing is carried out through the appropriate test pointers with the construction of the corresponding pathogenetic chains, according to the classical principles from the general to the particular. Although in a number of cases I consider it advisable to deviate from the generally accepted scheme and conduct an examination "from the opposite", that is, from a particular pathology to general problems. Let me explain with an example.

Patient S., 36 years old, complained of palpitations of 100–120 beats per minute, discomfort, periodic "stabbing" chest pains not related to anything. Has been ill for about five years. Clinical examinations did not reveal any organic pathology. The patient is diagnosed with VSD, NCD and other functional disorders. Takes beta blockers, which provide temporary improvement. When the latter are canceled, the picture of the disease is repeated.

The absence of organic pathology of the heart was confirmed by the ART method, through the organopreparation "heart". And at the same time it was revealed:

- electromagnetic burdens in the atrioventricular beam of the 3rd degree;
- the presence of type 1 coxsackie virus in the atrioventricular bundle;
- dysbiosis of the large intestine;
- psycho-vegetative loads of 4 degrees;
- microelement and multivitamin deficiency.

Considering that the above problem may be associated not only with disorders in the heart itself, but also with extracardiac pathology, the corresponding organs and systems were tested for possible pathology, where, by the way, nothing dangerous for the patient was revealed.

Appropriate treatment was carried out using RFT F89, 6.2 Hz, induction program "Stress I", "Bach Flowers", drainages of the company "OHOM", OBR drug, intake of multivitamin-mineral complexes. As a result of treatment, the heartbeat returned to normal to 72 beats per minute, without taking beta-blockers. The patient began to feel great. And her words after the treatment sounded like a reward: "The best treatment I have ever met in my life!" Believe me, these words are worth working for. The "local problem" of the patient was solved and the effectiveness of the method was proved.

Conclusions:

- the use of ART, BRT methods makes it possible to effectively diagnose and treat both general and highly specific health problems of the patient;
- the use of the above techniques allows you to abandon the "lifelong" intake of chemicals and avoid possible complications;

- methods of ART, OBRT, IPM significantly reduce the time of examination and treatment of the patient and have long-term effectiveness;
  - these techniques allow an individual approach to solving the patient's problem and avoid costly and sometimes potentially dangerous manipulations and procedures.
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