Biological indices: value in diagnosis
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After H. Schimmel introduced the concept of "Biological indices" (BI), the interpretation of their meaning has undergone significant changes: from determining the biological age by the BI value (Gotovsky Yu.V., 2000), to using BI as a marker of the degree of "slagging" intercellular space (Gotovsky Yu.V., Ovsepyan A.A. et al; 2001-2004).

Many articles of the collections of abstracts and reports of the International Conferences on Bioresonance and Multiresonance Therapy indicate the presence of certain indicators of BI in the form of one number (for example, 21), which is used to judge the amount of "slagging" of the intercellular space.

Having conducted numerous measurements of this indicator in diverse patients, we came to the conclusion that we can agree with both the authors who use in their practice testing only one BI [2, 3], and with those who test all available BI [4]. The fact is that this criterion (BI) indicates not only the state of the intercellular space, but also the state of adaptive reactions (AR).

L. B. Makhonkina and I.M. Sazonova [4] give the relationship between BI and AR. So, with BI = 8, 9, in a patient with AR of calm activation of the lower floor, with BI = 1, 2, 3, 4, 5, 6, 15, 16, 17, 18, 19 - high floor activation reaction. If the patient's BI starts at 11 and goes up (up to 21), this is a typical manifestation of chronic stress (not to be confused with acute stress, when almost all BI values from 1 to 21 are tested).

It is simply necessary to take into account all BI values from the point of view of AR! Judge for yourself - if a patient has acute or chronic stress, what will be the success of the therapy without taking into account AR? Minimum!

How, then, to understand authors who have only one BI tested? Maybe they are wrong? No!

To explain this, it is necessary to move on to one more question, which causes slight bewilderment to almost everyone who sometimes encounters a paradoxical situation in everyday practice: after receiving the test result (the result is usually expected), the doctor suddenly sees that the pointer was not turned on into the testing circuit. The doctor realizes himself, includes this pointer in the contour and gets exactly the same results. What happened? And there was mental testing. If the doctor has extensive experience in the ART method, then he gets the correct answer to the mentally asked question about the presence of a particular problem. Thus, if a doctor wants to find the maximum BI, he finds it, and the rest of the BI values does not interest him, therefore they are not tested. If the doctor has extensive experience in daily testing, his body "memorizes" the drugs used from the selector (or from cassettes), and he can test for some time without connecting the selector or cassettes. True, such testing leads to a great burden on the doctor, his increased fatigue. With prolonged use, the "memory" for drugs is gradually extinguished, therefore it is undesirable to use such testing for a long time, and

undesirable for doctors with health problems. This is discussed in detail in [1].

Therefore, if you set yourself the task of testing AR, see all BI indicators, and the picture of the patient's condition will be more complete. Sometimes, after identifying a state of chronic (or acute) stress in an outwardly successful patient, it is enough to remove it - and all problems will simply go away without any additional treatment, or minimal intervention is required.

BI indicators can be used to judge the severity of the body's problems. For example, with general BI, indicating the presence of stress, in combination with private BI, characteristic of reactivation, we can confidently say that this organ is oncology [4]. This is then confirmed by tests for anticancer resistance, grade of malignancy, photon indices, etc.

One (maximum) BI indicator is very convenient in a general assessment of the state of the intercellular space and to determine the effect of a particular chemical substance (including glucose, cholesterol, urea, etc.) on the state of the intercellular space, in order to determine how to purify it [1, 2, 3].

Thus, BI indicators may indicate:
- the degree of "slagging" of the intercellular space;
- the state of adaptive reactions;
- the degree of influence of a chemical on the state of the body. The use of one (maximum) BI or all of the identified indices depends on the tasks that are posed during the survey.

Literature
1. Ovsepyan A.A. Author's seminar November 2-6, 2004
2. Ovsepyan A.A., Machanyan A.S., Gotovsky Yu.V. Diagnostics and treatment gout using the hardware-software complex "IMEDIS-FALL" // Abstracts and reports. X International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2004 .-- P. 199.

3. Ovsepyan A.A., Machanyan A.S., Gotovsky Yu.V. New approaches to imitating modeling of diagnostic and therapy processes with the help of APK "IMEDIS-VOLL" // Abstracts and reports. IX International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2003 .-- P. 65.
4. Makhonkina L.B., Sazonova I.M. Resonance test. Possibilities diagnostics and therapy. - M .: ed. RUDN, 2000.