Adaptation reserves: value, correction

Orlov Yu.N.
(1602 District Military Clinical Hospital of the North Caucasian Military district, Rostov-on-Don, Russia)

The prospect of treatment of any nosological unit depends not only on the correct diagnosis, but also on the initial state of the patient, in which adaptation reserves (RA) are one of the main factors.

Unfortunately, this condition is not always correctly assessed by the doctor, and sometimes, even with its correct assessment, it is not taken into account. This situation very often leads to a lack of effect from the therapy, and sometimes to a deterioration in the patient's condition, and the doctor enters into despondency, disbelief in his own strength or the correctness of the treatment. Sometimes the patient is miraculously cured from a small intervention of the doctor during the course of the disease, - the doctor's unreasonable optimism arises: "I can do anything!" However, the application of the same "golden recipe" to the treatment of another patient does not lead to success, and then they say that the patient is to blame - he did not follow the regime, did not follow the recommendations, etc. This has been said more than once in [1], [2], [3], and by many other authors as well. This is the most common problem not only for novice doctors working in the ART method,

What's the problem? If the initial RA is high, then with a little help to the sick body, you can get a pronounced improvement ("miraculous cure"). However, with depleting and low RA, even after conducting a correct diagnostic study, choosing an adequate treatment for the condition (we do not consider the issues of incorrect diagnosis, inadequacy of the therapy), you may not get the desired result in the treatment. Therefore, it is necessary to take into account one of the main factors

- reserves of adaptation.

As stated in [4], “the adaptation reserves of the organism are understood as the totality of the following reserves:

- cash (plastic: a supply of substances that can be converted into energy, if necessary, for example, stores of glycogen in the liver; reserves of fat in fat depots; reserves of minerals and trace elements, etc.);

- functional (potential):

structural reserve (blood depot, excess capillaries that are not included in the bloodstream; temporarily "silent" neurons in the central nervous system), duplication of physiological mechanisms,

the ability of many organs to increase mass by changing quantity functioning cells at certain functional states;

- energy.

In this case, the priority is given to the latter two.

The body is constantly adapting, adapting to changing conditions existence per check morphophysiological changes, aimed at maintaining the relative constancy of his internal environment -

homeostasis. The state of human health is ultimately determined by the amount and capacity of his adaptive reserves. "

Such a long quote from [4] is necessary for a clear understanding of what RA is.

RA is conditionally divided into:

- general (of the whole organism) and particular (of an individual organ or tissue);
- explicit (directly tested) and potential (latent: tested through Cuprum metallicum D400 or Veratrum viride C30) - this applies to both general and specific RA.

A large gap between the indicators indicates the presence of mesenchymal blockages, and a minimal gap or lack thereof indicates serious problems (oncology, diffuse lesions of connective tissue, etc.) [1, 6].

It is not very promising to start any therapy for drying out RA without their preliminary restoration to the level of good ones, since such treatment will be ineffective (or ineffective, and in some cases will bring direct harm to the patient).

The restoration of RA must be carried out through the optimal step.

To raise the RA to the required indicators, drugs from the companies "Pascoe" and "Wala" [1] and adaptogens are used.

From our experience, the most effective use of adaptogens: the effect of the application occurs in 30 minutes; its maximum severity is after 6 hours, the duration of action is 1 day. When applying the found dose through the optimal step of therapy, and after 2–3 days, the body reaches optimal RA. When retesting, the identified RAs will be equal to the optimal RAs of the previous testing. There can be several such steps to achieve good RA (preferably 4 degrees). The dose of the adaptogen is selected by testing (usually the first dose for drying out RA is 10–12 drops). The recovery time for RA from "dry" to "good" is on average 5–7 days (maximum - 14 days). The intake of adaptogens is prescribed at 7 o'clock in the morning (but not later than 9 o'clock) on an empty stomach, because it is at this time that RAs are formed for the coming day.

Which adaptogen is most suitable in a particular situation should be checked by testing, keeping in mind the following features of such therapy:

1. The mildest effect is exerted by Eleutherococcus. His hard overdose.

2. Very "Hard" impact renders ginseng. Easily overdose.

3. Despite the fact that all adaptogens affect the entire body, their can be conditionally divided into groups according to the predominant target organ:

- for diseases of the upper respiratory tract, propolis is the most effective adaptogen (it is easier to dose an alcoholic or aqueous solution of the drug; there is no drug better than propolis for the prevention and treatment of influenza and acute upper respiratory tract diseases of a different etiology - recovery occurs within 1-2 days);

- mumiyo:

in small doses - for cardiovascular diseases,

in medium doses - for peptic ulcer,
in large doses - for fractures and other bone diseases,

- leuzea - with diabetes mellitus,
- Schisandra - during the recovery period after illness, before sleepless nights (duty, etc.).

More details about the use of adaptogens can be found in [5].

And one more indicator should be taken into account together with the RA: "Inadequacy of nutrition." Without eliminating inadequate nutrition (especially 3-4 degrees and in elderly patients) is RA recovery remains problematic.

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