

Cause and effect - a linear chain or a network of interactions?

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Western pharmaceutical medicine is in many ways a palliative system. The patient comes to the doctor with complaints of symptoms and expects to receive medication to soften or relieve them. In most cases, the cause of the problem is not investigated. Clinical examination goes one step further. So, a patient with a complaint of pain in the sternum may, for example, be diagnosed with heart failure. But rarely questions arise: why did this happen to a particular patient, and what is the chain of events. Part of the reason for this problem is overworked doctors. But we should not forget about the nature of the training of doctors and medical culture. Western medicine is dominated by pharmaceuticals, and medical culture is about thinking in terms of pharmaceutical decisions.

An important difference in bioresonance medicine is the determination of the cause of the disease. Taking measurements at acupuncture points, we evaluate functional changes in the body. Next, we try to establish the root cause. When working with the ART method, we identify the most affected organ, the organ associated with symptoms, the meridian with the greatest disturbances, etc. When working according to R. Voll's method, we evaluate the measurement results to identify the key meridian and key organ. In each method, we look at the causal chain and look for its beginning. As a result, we begin treatment with the organ that gave rise to the development of the disease.

In this article, I want to share my latest data that raises the question, is this model correct? Is there a chain of causation that works like a domino? It is more likely that there are several causal chains interacting with each other.

In recent months, I have pondered the role of the brain and nervous system in functional medicine. It is clear that the brain and peripheral nervous system play an important role in maintaining health, but detailed assessment of these functions is not made due to the complexity. In EAF, most of the points of the autonomic nervous system are located on the main artery, and the points of the brain are on the skull, which makes measurement difficult. It is simply impossible to measure all these points during the limited time of a patient's admission, and here the hardware-software complex "IMEDIS-EXPERT" comes to our aid.

Operating procedure. I start by correcting polarity problems (geopathogenic loading, etc.). Then I define the key disorder using measurements according to R. Voll's method. After that, I do a stress drug using the patient's disharmonious signals. Then I act on the most pathological points using the optimal settings. Then I use a loading drug to determine the key nosode and key drugs. I continue to work on the points and meridians using the identified organopreparations, key nosode, drainage and concomitant medications.

I usually stick to the following sequence:

1. Measurement of multiple end points. If at all points

high values are observed, the problem lies either in the temporomandibular joint, or the direction of rotation of body fluids is changed. (For example, in a healthy person, the rotation of the blood field should be right-handed. Sometimes the direction changes to the opposite, causing a chaotic effect on the body. This is manifested by high values at all CPI and endpoints. It is assumed that the change in blood polarity is associated with hepatogenic load.). It is necessary to correct these problems before proceeding with the examination. The absence of any character in the measurement results also indicates a polarity reversal.

physiological body fluids. My experience shows that the change in the polarity of urine (in the normal state - left) is often associated with hypersensitivity to man-made electromagnetic fields. Saliva should rotate to the right. A change in the direction of rotation of saliva may indicate digestive problems or the influence of dental materials.

2. If the above is not revealed, then we measure all the KTI and points lymph meridian on the hands. The points of the lymph meridian will give us information about the possible presence of chronic foci (values of more than 80 units at the points of the tonsils, teeth and sinuses).

It should be noted that if pathological values are observed on the CTE, then all important points related to this organ or system should be measured. However, if a normal value is observed on the KTI, we cannot say that the organ or meridian does not have problems. Often, the nature of the disease should be taken into account and all points related to the examined organ should be measured.

3. Measurement of points associated with organs or systems that can be involved based on patient complaints.

4. Analysis of measurement results using the "Worst points".

5. Using the point with the worst performance for further testing. We will test all organ products at this point. Usually we identify many drugs that return the point to the normal corridor, we will write them down in the prescription. These drugs indicate the various organs associated with the measured point. In my opinion, the set of organs and tissues involved is primarily a network of interactions, and not a linear process, the measured organ is the center of the network. An analysis of the functions of each organ involved gives a picture of all the patient's symptoms, including those that the patient forgot to mention.

Treatment:

1. Writing a loading drug for 2-3 globules of granulated sugar. I do it is either in the "Disharmonic signal only" mode on the "MORA" device, or, accordingly, on the "IMEDIS-EXPERT" APK. In general, you can use the recording of all fluctuations.

2. Impact on the point using the "MORA" apparatus or impact on the meridian using the "IMEDIS" bioresonance therapy. I use the following modulation therapy: 1 second therapy - 1 second pause, total time - 1 minute. As a result of the impact at the point

the values in the corridor of the norm are tested, but this result is retained for no more than several hours.

3. Continuation of measurements. The loading drug is placed on a medicinal plate or in a container 2 of the "IMEDIS" apparatus. At the same time, at the treated worst point, the initial bad values will again be, this indicates to us that the treatment is not completed. We have removed some of the disharmonious signals, but not all. It can be assumed that we have overcome secondary or collateral problems, but not the key one. We need a loading drug to continue.

We test on the treated worst point of the nosode using loading drug. With this measurement, we will not fix insignificant problems. We will transfer the revealed nosodes to the recipe.

4. Testing of key supportive drugs (homeopathy, drains), again using a loading drug. We will transfer the selected drugs to the prescription.

5. Further treatment of the worst point with the same parameters during 2 minutes. This stabilizes the point, disharmonic signals are either eliminated or significantly weakened.

6. Comprehensive testing of the key nosode and drains for the treated point. If everything is in order, then the value will be within the normal range. We will treat the point for another 2 minutes by adding the tested drugs.

7. Conducting basic therapy or therapy along the meridian, organ, requiring support by connecting all the drugs included in the prescription.

8. Writing drugs from a prescription, testing individual dosage.

9. Re-admission of the patient is carried out in 2-4 weeks. Majority organopreparations will stop being tested, there will be a few left. New organopreparations may be needed. The strong organs will be corrected, the weak need to continue to be helped. You should also test different potencies of the drugs, you may need to change the potencies.

Summary

The testing of organopreparations proposed by me at the key point is similar to the identification of an organ by the ART method. I find EAF measurements more reliable and reproducible.

Energy disturbances in the body are not localized in one organ or tissue. They form complex interactions between organs. The body functions as a whole. Each affected organ affects the general condition of the body and gives secondary symptoms of varying intensity. This is a complex network interaction, not a linear sequence of cause and effect. Like a spider web, where the key organ is in the center, connecting many strands of the web at the same time. Secondary affected organs contribute by forming complex contours. When treating, it is necessary to take into account all these connections and maintain all affected organs at the same time. It should be especially noted that the brain and nervous system are involved in any disease.

By discarding secondary signals, we can test drugs by focusing on key nosodes and supportive drugs, significantly increasing the effectiveness of treatment.

