

The concept of integral examination and treatment of the patient with the help of  
device VRT +  
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In the process of diagnostics, each thinking doctor is faced with the question of how fully and deeply he sees the picture of what is happening with the patient, and, accordingly, how effective the treatment he will be doing.

The modern approach of practical medicine to the assessment of the patient's internal state is largely untenable, since it is not based on the study of the properties of the patient's body and personality, but on the assessment of his condition as a flat "slice" of quantitative indicators accumulated by the doctor for some time: clinical, biochemical, data of neurophysiological, X-ray and other types of examination, which, of course, are not carried out simultaneously. In such an assessment of the internal state, very little place is given to the quality of what happens to the patient.

According to I.V. Davydovsky, in no way can we consider the interconnection of biological phenomena as a simple sequence of a series of events: "You cannot consider the cause otherwise than as a LINK between the cause and the action." The effect emanating from a cause depends not only directly on this cause, but also on how it is refracted through the individual qualities of a biological object, in this case, through the individual qualities of the patient. If we take into account the cyclical changes in these qualities, both individually and in the aggregate, then it can be argued that the same stimulus (external cause), applied at different points in time to the same living system, will generate different, significantly different from a friend of the investigation. And if the doctor is trying to assess the quality of the disease, based on the results of the examination, taken at different times, he risks failing. In addition, the overspecialization of medical specialties has led to a loss of the sense of the integrity of the human body. The stomach is treated by a gastroenterologist, eyes - by an ophthalmologist, heart - by a cardiologist. And where is the patient himself as a person, as a genetic individuality and uniqueness?

In the light of the above, we can say that a doctor conducting diagnostics using the autonomic resonance (ART) "IMEDIS-TEST" has a significant advantage.

In a fairly short period of time, he has the opportunity to assess the totality of processes occurring in the patient's body. And with the help of the ART + apparatus, you can also assess the genetic condition of the disease. Thus, we have the opportunity to assess the state not in the notorious plane, but along the entire vertical that determines this process. Suppose we have this very process "X" in the intercellular space. Having determined its biochemical parameters, we can immediately switch to level 2, i.e. into the intracellular space and clarify what happens there in the organ of interest to us, to what extent the processes inside the cell determine what happens outside it. Having decided on this, we are at the same

moment we have the opportunity to switch to levels 3 and 4 and see if there are genetic reasons for this condition.

Let me explain with an example.

Patient V., 32 years old, came for examination, has no complaints. During the examination at level 1, all indications we have about the oncological process in the colon were tested:

Large intestine D30 + anabolism 4 tbsp. + acidity 3 tbsp. + VNS voltage 2 tbsp. by parasympathicus + high degree of tension of the immune system + PI 19 + DNA disorders 3 tbsp. + False polarity along a number of meridians + Oncoprotein D3 + low degree of anticancer resistance.

In addition, at level 2 (intracellular), the D3 potency was tested, indicating degenerative changes in the intestinal cells, which confirmed the suspicion of an oncological process. The patient was referred to the laboratory for taking an analysis for tumor markers, which turned out to be positive.

The treatment was carried out: correction of false polarity with the help of amino acids along the meridians, on which this incorrect polarity was detected, and, in addition, in parallel, the patient was taking anti-oncological drugs that were suitable for him, available in the IMEDIS selector. On average, these drugs were completed in 14–30 days. I would like to note the effectiveness of this treatment regimen, which I have been using for 3 years with positive results.

I would like to note that false polarity is not an unambiguous indication of oncology. Very often it is present in various long-term chronic processes and is the link that prevents you from getting rid of them. The doctors! Don't be afraid of false polarity! It needs to be treated. Amino acids in such cases are truly invaluable.

So, at the end of the treatment, the patient was tested for absolutely normal, optimal processes in the large intestine, both in the intercellular and intracellular space. But at level 4, the colon continued to be tested at the D30 level, which indicated that there was still a "blueprint" for the tumor in the DNA, and that not all spectra of false polarity were covered by the previous treatment. The meridians and other amino acids were again identified, the correction was again carried out, and as a result, at all 4 levels, the colon was tested only in the D6 potency. We must not forget that we also have a genetic conditionality of this or that type of reaction and, in principle, a "plan" for it can be detected at levels 3 and 4 with a fairly high degree of reliability, especially when it comes to false polarity or built-in in the DNA of virus fragments.

To illustrate, I give the following example.

Patient K., 17 years old, complained of nocturnal enuresis, which constantly bothered since childhood, and not more often than 1-2 times a week, increasing after physical exertion or before a sharp change in weather. In addition, at the reception, severe sweating of the palms was found, which the patient, as it turned out, considered his norm.

During the diagnosis, disturbances in the nervous regulation of the urinary bladder sphincter by the type of sympathetic depletion were found. Recovery

nervous regulation did not give special results. Through the virtual testing "I have no nocturnal enuresis" a problem was found in the adrenal plexus, after the elimination of which the patient noted a significant improvement: enuresis persisted only during a sharp change in weather. The already refined virtual testing was again carried out, as a result of which an incorrect polarity was found and an indication of an oncological process at level 1 in the hypothalamus. After its elimination, the patient's bedwetting practically did not bother, sweating significantly decreased, but virtual testing worsened at level 4, where again false polarity was revealed in other meridians and amino acids that were not manifested in previous therapy sessions. After prescribing the drugs, the patient noticed a sharp deterioration in his condition. Re-diagnosis revealed depletion of the sympathetic part of the autonomic innervation of both the bladder sphincter and the urethra sphincter, which had been thoroughly treated beforehand. Here the thought arises about the relativity of the concept of "optimal organ function". What was optimal for the ANS in the hypothalamus with false polarity ceases to be so in the hypothalamus with normal polarity, which was illustrated by this case. A stress load resonated on one of the sphincters, on the other - again a false polarity (for other amino acids), after the treatment of which the bedwetting stopped. If the patient's treatment were stopped at the previous stage, the deep genetic predisposition to this process would remain out of the scope of attention.

Also, with the help of the ART + device, you can work more deeply with psychosomatics. Each of us has patients who, after improvement, necessarily have an exacerbation that does not depend on our treatment in any way. A person is used to being sick, he subconsciously solves a number of his problems with this disease, at the same time consciously demanding improvement from the doctor. And here again virtual testing can help us: "I don't want to get sick". The VRT + method is good because we can quite clearly trace at what level the patient is blocking our treatment: on the intercellular, intracellular, or this is the level of the reaction caused by the genotype, i.e. hereditary.

On the basis of the Weismann-von Neumann axiom (the axiom of structure according to S.P. Panushko), all organisms constitute the unity of the phenotype and the program of its structure-genotype (Mednikov BM, 1989). Moreover, the phenotype has such a property as the limits of its modification variability, or the reaction rate. The concepts of "reaction norm" (VOLTARECK A., 1913; BAUER E., 1913) and "adaptive norm" (SHMALHAUSEN I.I., 1968) are fundamental categories natural science, characterizing the successful or unsuccessful adaptation of the organism to specific environmental conditions. With a significant change in living conditions, the human genotype expresses a new phenotype, which gives the fastest and most complete effect of adaptation to unusual conditions of life and activity. That is, in addition to morphological characteristics, a person inherits reactive properties and adaptive capabilities (V.P. Kaznacheev, 1974, 1980). In response to the disturbing effect of the external environment, the body responds with a whole range of specific and nonspecific reactions within,

established by the manifested phenotype, taking into account the presence of sufficient adaptive potential. It can be assumed that psychosomatics is to some extent a perverted form of adaptation when the response potential is insufficient. In conditions of a large flow of information, an organism, as an open system, in conditions of adaptive insufficiency, tends to self-restraint, which, when it goes beyond certain limits, can cause self-destruction. And if a number of psychoemotional problems disrupt the work at the morphofunctional level, which we can both diagnose and adequately treat, nothing can prevent us from doing the same at the constitutional level, i.e. at level 3 and 4 according to the ART + method. We have many excellent psycho-emotional drugs, from the more accurate

appointments which the patient will only benefit. A sufficient number of observations have accumulated confirming the effectiveness of this approach to the problem of psychosomatic diseases.

Thus, the use of the ART + method significantly expands the doctor's capabilities, helps to cover not only the superficial, but also the deep layers of a particular pathology, thereby helping to solve a number of fundamental problems of the patient.

#### Literature

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