

## On the importance of psychological stress in diagnosis and treatment

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The clinical experience accumulated over the years of working with patients in a therapeutic hospital allowed us to form our own opinion about the role of the psyche in the formation of diseases.

The existing term "professional patient" defines the prototype of the patient for whom his illness has value, measured by the doctor's attention to it. Such patients are happy to talk about the symptoms of the disease, the order of their appearance, go to a demonstration in student audiences, and are continuously treated. Their best friends are nurses. Once again, appearing in the ward, they say "I have come to give up" and are located at home in the ward. It is not possible to cure such patients, because the disease has become the *raison d'être* of their existence, and they compensate for the deficit of attention in communication with medical personnel.

There is another category of patients who became sick after communicating with an overly frank doctor. Significant interjections and nods are often enough for suspicious people to think that they are seriously ill. In this case, more optimistic forecasts are not convincing for them.

Each doctor in his clinical practice has met such and many other manifestations of psychosomatics. There are well-known arguments of gastroenterologists about the "bad character" of ulcers, about abdominal pain and diarrhea against a background of stress, about "nervous pruritus" that masks true itching in dermatological patients, and much more. The chain "stress-illness, illness-stress" is known.

The work on the ART method has provided new interesting data on this topic. Diagnostics using ART allows you to form a chain of disease (or ART diagnosis) taking into account many factors. The picture of the disease includes both environmental and infectious factors (congenital and acquired), and metabolic disorders and food intolerance, and a deficiency of vitamins and minerals. In addition, in the overwhelming majority of patients, psychological stress is included in the picture of the disease.

Long-term observation of such patients made it possible to identify some patterns that helped to improve the quality of their treatment. All patients who come for treatment are divided into 2 groups. Patients of the 1st group solve the problem with which they have addressed, after which they are treated occasionally, as needed.

Patients of group 2 prefer, after solving the problem, to continue planned observation with an interval of 3-5 weeks. In this group, patients more often than in group 1 needed programs of brain rhythms - stress, depression, overcoming their fear, etc. At the same time, there was a certain need to visit a doctor, the need to share their experiences. After carrying out the selected programs of brain rhythms, the psychological load decreased, but remained at an increased level.

At the same time, endocrine system disorders were regularly determined in patients of this group, which made it possible to make an assumption about its relationship with psychological stress. After that, patients of group 2 were

divided into 2 streams.

Patients of the 1st stream continued visits in the same regimen (30 people).

The goal of treating patients of the 2nd stream was a stable decrease in psychological stress, leveling of negative emotions. The prerequisites for this work were the observation of patient S., whose endocrine system was stable in a calm state. At the onset of pregnancy, the onset of a sense of fear caused progesterone deficiency, which led to a miscarriage. It was logical to assume that the influence of the psyche on the somatics, as well as the somatics on the psyche, is a two-way process. Therefore, the construction of the model of the disease included both negative emotions and the organ, the "incorrect" functioning of which caused these negative emotions. So the chain turned out: fear - depletion of the endocrine system 2 - ovaries D4. Then there were 2 possible options for exposure. Through this chain, brain rhythm programs were tested. The sexual regulation program was suitable,

In the second case, the compilation of the chain continued by including all metabolic disorders in the inversion (according to Hovsepyan) and drainages, and the elaboration of this chain through a sequential, circular BRT, followed by recording the drug for 1 minute. In the latter case, at subsequent visits, negative emotions were tested to a lesser extent, and upon further work according to this scheme, they were no longer tested after 1-2 sessions.

40 patients were treated according to the proposed scheme. All of them showed a connection between negative emotions and the state of the endocrine system, and moreover, than in half of cases it is a dysfunction of the reproductive organs.

Examples of

Feeling of anxiety, fears - thyroid gland D30. Feelings of loneliness, helplessness - womb D30; regularly a sexual regulation program was tested. At the same time, women talked about sexuality "suppressed" by parents in adolescence. Working out the chain, including the organ and PSN (psychosocloading), led to the complete compensation of negative emotions.

Self-sabotage, self-realization (difficulties) - the pancreas, the dysfunction of which led to various inflammatory, degenerative and oncological diseases.

Depression in adults and adolescents - reproductive organs in potency D3-4. Were compensated by the program of sexual regulation and the development of the chain through the BRT.

Fear of the future, checking, humiliation - the thyroid gland, was worked out by the program of sexual regulation or a chain through the BRT,

Jealousy - uterus D15-D30, sexual regulation program or chain through BRT.

Hysteria - uterus D30. Self-hatred is the D30 womb.

Laziness, responsibility, focus on success, diligence, hard work,

obligation, despondency, lethargy - testicles D3-D4 or thyroid gland D3-D4.

Envy, the ability to forgive - uterus D30 - diseases from inflammatory to cancer.

Aggression, closeness (openness with new friends), loss of the ability to love - D3 womb.

It should be noted that, despite the fact that the target organ was not always the reproductive organs, programs of sexual regulation, both male and female, were best tested through the problem.

#### Example 1

Patient E.K. She complained about spontaneity of actions, loss of control over herself. Testing of psychosocial loads (PSN) revealed aggression, willingness to take risks, closeness, despair, through mental stress 5 tbsp. and depletion of the endocrine system 3 tbsp. revealed the ovaries in the D3 potency. She has a history of rivalry since childhood, a fight with her brother for the love of her parents, a desire to prove to her parents that she is better. In the future, the rivalry spread to girlfriends, employees and others in everything - in work, in gaining knowledge, external attractiveness.

Carried out the treatment by constructing chains Hovsepyan, including tested by PSN. After treatment, PSNs were not tested, the level of psychological stress decreased significantly, endocrine disorders were compensated. The patient became calmer, rivalry was no longer dominant.

#### Example 2

Patient A.S. complained of laziness, lethargy, loss of initiative, lack of self-realization, difficulty in choosing a job. When testing PSN, laziness, responsibility, commitment, the ability to achieve better, and weakness of will were selected. No physical manifestations of weakness were identified. Through the selected PSN, depletion of the endocrine system, the dominant organ was revealed by the testicles in potency D3, D4. Treatment was carried out by building a chain of metabolic disorders with the inclusion of PSN, conducting through it a suitable program of sexual regulation and sequential circular BRT, followed by recording the improved metabolism for 1 minute on BRT. Compensation was achieved in 2 sessions, when the patient's relatives noted his activity in home repairs and job search.

Thus, using PSN tests in diagnostics, we obtained an additional tool that allows us to determine with a high degree of certainty the pathological process in organs, "hiding" under the guise of other diseases and often not being tested directly or with the help of other diagnostic chains. The revealed interdependence between organic damage to the endocrine glands and human behavioral reactions allows, acting on the affected organ, to directly influence the behavior and psyche of patients.

The experience gained once again emphasizes the importance of assessing mental stress in the pathogenesis of somatic processes and the need to correct these stress using both BRT and other psychotherapeutic methods.

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