Experience with Connective Tissue Full Resonance Scale
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At the XIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy" Dr. M. Shraibman proposed a full resonance scale of connective tissue for work on the ART method. It was possible to match this scale with my proposed patient management algorithm, which was reflected in the materials of the conferences in 2005 (work with miasms and antifungal therapy) and 2007 (general approaches to therapy).
I present the results obtained in the form of a table.

Table 1

Stages of work	Control criteria	Pointers for targeting therapy	Indicators CT scale by the end of the stage
Preparing for therapy miasms	Epiphysis of c.u., BI, FI, morphoscales	Ferrum met. D60	22-25
Miasm therapy	Epiphysis of c.u., BI, FI, morphoscales	Ferrum met. D60	34–37
Fungus therapy (RFT session)	Epiphysis of c.u., BI, FI, morphoscales	Ferrum met. D60	40-42
Elimination of toxins after fungal defeat	Epiphysis of c.u., BI, FI, morphoscales	Ferrum met. D60	49-51
Working with the karmic space	Epiphysis of c.u., BI, FI, morphoscales, RA	Ferrum met. D60	70-75
Working with atmic window	Epiphysis of c.u., BI, FI, morphoscales, RA, US	Argentum nitricum C52	78-80
Aligning Magnet-foot center Removal of immunodeficiency cit conditions	Epiphysis of c.u., BI, FI, morphoscales, RA, US, Ependymoma D32, Crackevan D100	Meridians Hypothalamus D800	87-90

The hypothalamus D800 is located in the first window of the ART program, the "psycho-vegetative loads" folder.

The use of this scale is very convenient in practical work. I use it as follows. During the initial diagnosis of the patient and the determination of the main control criteria, I determine the worst indicator on the CT scale. Usually in the primary patient, it is in the range of 1-5. Immediately I determine the optimal step of therapy on this scale - through Kuprum met. D400. I tell the patient his medical history - the primary source organ (determined at the 3-4th diagnostic levels) - the consequence organ (at the 2nd diagnostic level) - the target organ (the 1st diagnostic level). I tell the patient's complaints according to Schimmel's causal chains according to the organ determined at the first diagnostic level. It is interesting to note that the most affected organ at the first level belongs to all bad indicators (BI, FI, morphoscales, ST).

I select the therapy through the key problem at this stage. Building a chain: Key problem (Ferrum met. D60) + what is the problem (free radicals, infectious diseases, allergens, etc.) + target organ (organopreparation) + medication . Having picked up a medication for this chain, having worked

the scheme of taking the drug, before giving it to the patient, I double-check it according to all control criteria. If, with the selected drug, all the control criteria reach the optimum (determined through Cuprum met. D400), then the therapy is selected correctly.

The use of a connective tissue scale in work speeds up and facilitates the work of the doctor-operator with the patient. When rechecking the selected therapy according to all control criteria, the possibility of error is practically excluded. The diagnosis itself and the selection of the drug take a minimum of time, which is especially important when working with children. Minimum time - maximum assistance to the patient.

Having worked for almost a year with this scale, having understood the accuracy of diagnostics using the CT scale, I decided to remove some control criteria from the main algorithm, leaving the most indicative ones. The main control criteria that I use at the moment are Epiphysis in USD, BI, FI, morphoscales, ST.

The connective tissue scale is the "beacon" that does not allow you to lose reference on the road to recovery, which doctors of information therapy help to determine for each patient, i.e. we are with you.

I would like to tell M.M. Many thanks to Schraibman for the work he has done. Over the past year, it was possible to determine the next steps of therapy, which bring the indicators of the CT scale to 100. This work will be presented and analyzed in the next report.