Conflict of programs as a diagnostic and therapeutic factor I.A. Bobrov, K.N. Mkhitaryan (Center "IMEDIS", Moscow, Russia)

In recent years, within the framework of bioresonance therapy, methods that are designed, in fact, to make adjustments to the work of patient programs, have become increasingly important. This can apply to both programs of biological functioning and social realization of the individual [2, 3, 5, 6, 9, 10].

For this purpose, the patient's body is presented with samples of either evolutionary programs or models of social programs and behavior. That is accompanied by attempts of various forms of adaptation, both of the patient to the program, and of the program to the patient. Nevertheless, it is not uncommon for a patient to experience various reactions in the course of therapy with the use of information drugs based on such programs, which can be ambiguously assessed by both the doctor and the patient. This applies to both evolutionary programs and programs aimed at the formation of a normal pregnancy, as well as social adaptation programs.

And this is not surprising. Since the very fact of the need to use this kind of therapy indicates that the body either cannot independently implement such programs, for example, due to their inferiority, or implements programs of a different kind. In any case, we can talk about inadequate or erroneous control in the body as a cybernetic system [4].

Accordingly, when trying to offer the body a new type of response, or behavior, different types of responses may arise.

1. After adaptation procedures, the body unconditionally accepts program and follows it. In this case, we get a good therapeutic effect without any side reactions.

2. For any reason, the body completely ignores the program provided to him. Accordingly, we do not notice any complications, but there is also no therapeutic effect.

3. The body begins to implement the proposed program, but there are obstacles to its implementation. Obstacles can be of two types.

A) The presented program is not complete. That is, by asking basic parameters, the therapist assumes that the body itself will find resources, both informational (which is more relevant) and material. However, a situation is possible when the body cannot to find the specified resources.

In this case, the body has a new painful management processes condition like a violation may develop, due to the emergence of a new situation. Which, of course, will be accompanied by the appearance of new symptoms.

 B) The presented program is competitive with respect to the already existing programs of the body. Such programs can be genetically determined, as well as acquired as a result of all kinds of influences, both mechanical and informational. As a result, there is a conflict between two or more programs, which also manifests itself in the form of painful symptoms. It is characteristic that it is possible both an exacerbation of existing symptoms, or the manifestation of previously present ones, and the emergence of completely new ones.

Regarding the first two points, the doctor's tactics are clear. In the first case, the optimal tactics will be dynamic observation, in order to determine the next moment of intervention, as well as to timely identify the possible occurrence of the situations indicated in the third paragraph.

Regarding the possible occurrence of the situations described in the third paragraph, the question is quite serious. Pathological manifestations that have arisen in a situation where the body cannot cope with the task set before it can progress. The results of such a process can be very significant. But at the same time, with the right approach, the use of a newly arisen situation can provide an invaluable service, allowing

optimize the treatment process.

For we must not forget the importance that the representatives of such a direction of energy-informational medicine as homeopathy have attached and are attaching to symptoms [7, 8]. Especially the direction of development of symptoms, as well as the emergence of fundamentally new symptoms. Since the totality of painful symptoms reflects a violation of control processes in the body, as a cybernetic system (functional system according to PK Anokhin) [1, 4]. This question becomes especially relevant, since the energy-informational preparations considered in this article, carrying information about certain programs, are, in fact, informational nosodes, or sarcodes. And the drugs that are the result of the adaptation of programs can be considered either as autonosodes, or as mixed drugs that are both auto- and heteronosodes at the same time.

Recall that in homeopathy, exacerbation of symptoms, both existing and previously transferred diseases, is allowed. But, provided that their development obeys a certain pattern described in Hering's laws, that is, from the inside out, from top to bottom, from later to earlier

[7]. In such a situation, it is recommended to continue the therapy begun, only by adjusting the intensity of exposure so that such exacerbations are not unnecessarily painful, do not complicate the patient's life, disrupt social adaptation, and even more so, do not pose a threat to the patient's health and life.

Violation of Hering's laws indicates that it is necessary to correct therapy. It may be necessary to postpone therapy with the use of information programs for a while, and conduct therapy regarding the manifestations that have arisen. In order to replenish the information resources of the body and give the body an opportunity and time to restore material resources.

Moreover, it is necessary to take the emergence of new symptoms seriously.

With these symptoms, the body signals its fundamental inability to fulfill the program proposed to it. And also about the type of violation of adaptation and a shortage of resources, including information. Due to this, a new type of violation of control processes may arise, that is, a new disease.

This situation requires serious consideration. Since being

ignored, it can lead to both an aggravation of the current pathology and the emergence of a fundamentally new one. However, competently carried out measures to resolve the arisen contradiction can transfer the patient's condition to a qualitatively new level, which will allow him, in the future, to successfully implement the program proposed to him.

To do this, when the situations under consideration arise, it is necessary to revise the therapy. And to conduct treatment for newly emerging, or exacerbated, especially against Hering's law. It can be homeopathic treatment, especially constitutional, and chronosemantics, and

bioresonance and multiresonance therapy. And also, manual therapy and psychotherapy.

Clinical example 1

Patient I. Passed treatment ON occasion autoimmune polyendocrine syndrome involving the thyroid, pancreas, pelvic organs. In addition, among the complaints were complaints of weakness, fatigue, depressive reactions.

As an etiological factor were considered: parent-child pathology relationships, as well as traumatic divorce.

Bioresonance and multiresonant therapy, chronosemantic therapy, as well as constitutional homeopathic therapy. Against the background of the therapy, the patient's condition improved significantly. However, at some point in time, the treatment process slowed down. At the same time, the results of therapy remained unstable, that is, the patient required constant supportive treatment. In view of these reasons, one of the authors decided to apply therapy with the use of a drug with a record of a regenerating trepang. After selection by the ART method, with verification for BI, BRT was started, with a tested preparation, in order to further prepare a chronosemantic preparation.

However, in the process of BRT with a recording of a regenerating trepang, the patient developed a pronounced hysterical reaction, accompanied by a sensation of a lump in the throat, and impaired breathing. Then there were intense pains in the body, "as if from a bruise."

And after that, an associative array arose. From which it was possible to find out that in her youth, the patient, while in a strange city, was attacked and severely beaten. It is characteristic that the areas of pain that arose corresponded to the places in which the injuries were received, and which then hurt for a long time. Thus, the patient experienced a shock, both psychological and physical.

This episode was regarded as a missing link in the pathogenesis of the patient's disease, as well as as a cause of therapy instability.

In accordance with the developed symptoms, therapy was carried out aimed at overcoming the consequences of psychological and physical trauma, both planned and "ex tempore". Were used drugs such as Arnica, Opium, Igntia. Symptoms were relieved. Psychotherapy was applied. Subsequently, constitutional therapy was applied using Sodium muriaticum, with a positive and stable result.

Clinical example 2

Patient P. was undergoing treatment for infertility. As a result of long-term therapy with the use of BRT, MRI, manual therapy, psychotherapy and homeopathy, including constitutional, the patient's condition was recognized as satisfactory. On the basis of diagnostic methods, such as EPD, ART, psychodiagnostics, no obvious obstacles to the onset of pregnancy were identified. There were no significant abnormalities in the examination using the pregnancy model. However, the pregnancy did not occur.

Then BRT was undertaken with a pregnancy model. The preparation adapted according to KMH was prepared. Which was assigned to the patient for admission.

According to the patient, already during the BRT, she felt anxiety and discomfort. But she did not tell the doctor about this. While taking the drug, after 2-3 days, she began to develop unmotivated attacks of fear with panic attacks. Moreover, such states appeared for the first time in life. Against the background of further administration of the drug, the seizures grew and became more frequent. The woman reported this to the attending physician. The drug was discontinued, and homeopathic therapy was prescribed. The drugs were constitutional, taking into account the newly emerging symptoms. Intensive psychotherapy was also started.

As a result, the symptoms were arrested and the state of health improved. A month later, the patient had a successful pregnancy.

Bibliography

1. Anokhin P.K. Cybernetics of functional systems // Selected Works. - M., 1998

2. Bobrov I.A., Pechnikova E.Yu. Functional diagnostics and therapy infertility and pathology of pregnancy using the model of pregnancy in EPD, ART and BRT // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M .: IMEDIS, 2007. P. 103 110.

3. Brichuk V.A., Koritsky O.V., Koritsky Yu.V., Mkhitaryan K.N. Evolutionary program of lizard regeneration // Ibid. M .: IMEDIS, 2007. P. 72 79.

4. Gotovsky Yu.V., Bobrov I.A., Mkhitaryan K.N. Acute therapy by control action through an additional external control loop in real time. // Reflexotherapy, 2004, No. 4 (11). P. 28 31.

5. Gotovsky Yu.V., Mkhitaryan K.N. Lectures on chronosemantics. M .: "IMEDIS", 2004.

6. Dudoladov V.V., Mkhitaryan K.N., Sobotovich S.L. Drugs regenerating sea cucumber and the problem of regeneration and rejuvenation of the body // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M .: IMEDIS, 2006. P. 82 92.

7. Koeller G. Basic principles of homeopathy. Direction of cure (Hering's law) // Homeopathy // M .: "Medicine", 2000. - Pp. 139.

8. Köller G. Homeopathy // Homeopathy. - M .: "Medicine", 2000. - Pp. 41 65.

9. Kudaev A.E., Mkhitaryan K.N. Light probe and light chronosemantics in bioresonance therapy // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M.: IMEDIS, 2007. P. 38 52.

10. Mkhitaryan K.N., Storozhenko Yu.A. Models and experiments in fate // Ibid. M .: IMEDIS, 2007. - S. 15–23.

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