New approaches to the simulation of diagnostic and therapeutic processes

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The modeling methods used in the ART system are based on the resonance effect that occurs in the body between two or more frequency spectra. In fact, the frequency spectrum of one test indicator is superimposed on the frequency spectrum of another test indicator, and if the frequencies coincide, in any of the sections of these spectra, their amplitudes are summed up, as a result of which one narrowly directed frequency spectrum begins to prevail, i.e. from two frequency spectra of two test pointers, we get one resulting frequency spectrum. It must be borne in mind that within the framework of the autonomic resonance test (ART), all indicators, except for organopreparations, chemicals and nosodes of specific infections, are
homeopathic medicines, which have a fairly wide range of frequencies. As you know, any homeopathic preparation contains frequencies that affect a number of physiological, mental and other functions of the body, and as indicators, they are selected solely on the basis of high statistical reliability. Therefore, when testing two or more frequency spectra of homeopathic pointers at the same time, overlap in several regions of these frequency spectra may occur, and we may receive a false-positive answer that may not correspond to the selected guidelines. Based on the above, we come to the conclusion that the sequence of connection of various pointers in the study of ART is very important, and, which is especially important, in the modeling of pathophysiological chains. When simulating, the first or second pointer should be with a limited frequency spectrum that would unambiguously indicate a specific problem and would be inherent only to a specific indication. Such pointers include organopreparations, chemicals and nosodes of specific infections (viruses, bacteria, fungi). The connected second pointer will resonate only in the portion of the frequency spectrum of the second pointer limited by the first preparation, i.e. we will have one total frequency spectrum. When the third pointer is connected, it will resonate in the portion of the frequency spectrum of the third pointer, which is even more limited by the first and second preparations, i.e. we will have a single, more intense and less "scattered" total frequency spectrum, which is better tested and more reliable. Such a chain will be considered as one frequency spectrum, i.e. one pointer. For clarity of the above material, we will give several examples of the use of modeling methods.

from different fields of medicine.

Obesity

Weight human supported on permanent level thanks to hypothalamic regulation system, providing balance between the arrival and consumption of energy. It is this system that regulates food intake and satiety. It usually works so effectively that
unintentional weight changes are clearly abnormal

condition and often force a person to see a doctor. Weight gain, unlike weight loss, is rarely associated with illness. Most often, this is common obesity as a result of overeating and insufficient physical activity. However, obesity can also be caused by hypothyroidism, Cushing's syndrome, or hypothalamic lesions such as craniopharyngioma. The pathological cause of weight gain should only be sought when it is accompanied by other symptoms. Sometimes, for example, with heart failure and renal failure, as well as with cirrhosis of the liver with ascites, weight increases not due to fat, but due to fluid. Although many studies show that metabolic disorders and dysregulation of hunger and satiety predispose to obesity, no one has yet become fat without overeating. Since obese patients have increased body weight, and, consequently, increased basal metabolism, their food consumption is also high. Certain specific pathological mechanisms may also play a role in obesity. Particularly interesting is the presence of the satiety hormone leptin, which is produced by adipose tissue. Leptin is thought to act on the hypothalamus to induce hunger. It is possible that obese patients have impaired sensitivity to leptin. Despite the fact that obesity is rarely caused by disease, it is often associated with diabetes mellitus, hyperlipoproteinemia and arterial hypertension. Weight gain is most often associated with common obesity and requires additional examination only in three cases: Certain specific pathological mechanisms may also play a role in obesity. Particularly interesting is the presence of the satiety hormone leptin, which is produced by adipose tissue. Leptin is thought to act on the hypothalamus to induce hunger. It is possible that obese patients have impaired sensitivity to leptin. Despite the fact that obesity is rarely caused by disease, it is often associated with diabetes mellitus, hyperlipoproteinemia and arterial hypertension. Weight gain is most often associated with common obesity and requires additional examination only in three cases: Certain specific pathological mechanisms may also play a role in obesity. Particularly interesting is the presence of the satiety hormone leptin, which is produced by adipose tissue. Leptin is thought to act on the hypothalamus to induce hunger. It is possible that obese patients have impaired sensitivity to leptin. Despite the fact that obesity is rarely caused by disease, it is often associated with diabetes mellitus, hyperlipoproteinemia and arterial hypertension. Weight gain is most often associated with common obesity and requires additional examination only in three cases: that obesity is rarely caused by disease, it is often accompanied by diabetes mellitus, hyperlipoproteinemia and arterial hypertension. Weight gain is most often associated with common obesity and requires additional examination only in three cases: that obesity is rarely caused by disease, it is often accompanied by diabetes mellitus, hyperlipoproteinemia and arterial hypertension. Weight gain is most often associated with common obesity and requires additional examination only in three cases:

- if hypothyroidism is suspected, the serum TSH concentration is determined;
- with a combination of obesity of the trunk with diabetes mellitus, arterial hypertension, weakness of the quadriceps muscles of the thigh and a tendency to bruise, suspect Cushing's syndrome and conduct a short test with dexamethasone and determine free cortisol in daily urine;
- if obesity is combined with headache and endocrine disorders suggesting a craniopharyngioma or pituitary tumor with compression or invasion of the hypothalamus, CT or MRI of the head is performed.

A biochemical blood test can reveal diabetes mellitus, hypercalcemia, chronic renal failure, liver dysfunction and electrolyte disturbances characteristic of adrenal insufficiency and gastrointestinal diseases. Determination of serum TSH concentration allows detecting thyrotoxicosis. As the main index in the framework of ART, we have chosen an organopreparation of the company "O.T.I." "Adipose tissue" that may or may not be tested. It depends on whether the synthesis of adipose tissue is stable or not. If the adipose tissue does not increase or decrease, then it will not be tested, and vice versa. Through this organopreparation, we test the level of metabolic processes to determine the degree of synthesis or destruction of adipose tissue. The higher the anabolic processes in adipose tissue, the more intensive is its synthesis. If the adipose tissue does not increase or decrease, then the anabolism will be 1. If the adipose tissue is reduced, different degrees of catabolism will be tested. The more intense the decline

body weight, the higher the levels of catabolism will be.

The state of acid base balance for adipose tissue is of fundamental importance. The higher the level of alkaline reaction on adipose tissue, the denser the adipose tissue with less hydrophilicity, i.e. the lymphatic tissue will be tested. workload (in inversion). The volume of the body, as a rule, looks inadequately smaller in comparison with the weight. With a high level of alkaline reaction, the rheological properties of the fat secreted by the sebaceous glands of the skin also change, which can clog the ducts of the sebaceous glands and lead to the formation of lipomas. The appearance of an acidic reaction in adipose tissue indicates either poor drainage in adipose tissue, or an increase in the production of acidic metabolic products in adipose tissue. The higher the level of acid reaction in the adipose tissue, the more loose the adipose tissue, with greater hydrophilicity, that is, the lymphatic load will be tested (directly). The volume of the body, as a rule, looks inadequately larger in comparison with the weight. Normally, the VNS voltage of the 1st degree should be determined on the adipose tissue, according to the parasympathetic department. High level of VNS voltage, according to the parasympathetic department, indicates an increase in the tropic effect of the vagus on the synthesis of adipose tissue, i.e. enhanced self-healing effect.

The appearance of tension, according to the sympathetic division of the ANS on adipose tissue, indicates an increase in the production of leptin, which increases the feeling of hunger, exciting the centers of hunger in the hypothalamus. Based on the above, the chains will be very different.

Let's take a look at some of them.

Patient A.R. 54 g, height - 172 cm, weight - 138 kg. He contacted us on 02.09.2006 with complaints of overweight, increased appetite, shortness of breath, pain in joints, muscles and spine, insomnia, drops in blood pressure, constipation. The complaints began to increase after the menstruation stopped a year ago. During the year, the patient gained 52 kilograms, although she claims that she eats no more than before menopause.

Adipose tissue + anabolism 1, 2 + alkalinity 1, 2, 3 + VNS voltage 1, 2 + sympathicus D 5, 4. + lymphatic congestion (inverted), + connective tissue insufficiency 1, 2, 3 (in inversion) + depletion of the endocrine system 1, 2 + estradiol, estrogen, endorphin, serotonin, T3. Along this chain, it can be understood that the patient's processes of synthesis of adipose tissue prevail, which has low hydrophilicity, in which increased synthesis of leptin, in which the shape of the organ is changed towards plus tissue, against the background of insufficient activity of the hormones estradiol, estrogen, endorphin, serotonin, T3 ... The appearance of leptin, indirectly indicates the interest of the central structures of the brain. We connect everything that is not the norm in inversion, i.e. Adipose tissue + anabolism 1 (2 in inversion) + alkalinity 1 (2, 3 in inversion) + (ANS voltage 1, 2 in inversion) + sympathicus D 5, 4 + lymphatic load 1, 2, 3 (in a straight line) + connective - direct tissue insufficiency + (depletion of the endocrine system 1,

Connecting from the selector and write on 2–3 globules sah. crumbs in the first container of the apparatus for 1 minute. We put the obtained preparation into the load in the second container of the apparatus and in the MT mode we will look for the organ that

can provide us with such an exchange of adipose tissue. The hypothalamus turned out to be such an organ, and it should work according to the following parameters, i.e. Hypothalamus D 5, 4 + anabolism 1 + alkalinity 1 + depletion of ANS + sympathicus D 10, 12 + depletion of the endocrine system 1, 2 + norepinephrine, androgens, DHEA + Intox 1 (in inversion) + coxsackievirus D 10, 12 (in inversion). And without the toxic loads that are caused by the coxsackievirus D 10, 12.

Retreat

The hypothalamus is part of the diencephalon and is located at the base of the forebrain just below the thalamus and above the pituitary gland. Its weight is about 5 g. The hypothalamus has no clear boundaries; it can be considered as part of a network of neurons stretching from the midbrain through the hypothalamus to the deep parts of the forebrain. The hypothalamus is the main coordinating and regulating center of the autonomic nervous system. It accommodates fibers of sensory neurons from all visceral receptors, taste buds and olfactory receptors. From here, through the medulla oblongata and the spinal cord, regulation of the heart rate, regulation of blood pressure, regulation of respiration and regulation of peristalsis occurs. In other parts of the hypothalamus, there are special centers on which hunger, thirst and sleep depend, as well as behavioral reactions, associated with aggression, and behavioral responses associated with reproduction. The hypothalamus controls the concentration of metabolites and blood temperature, together with the pituitary gland, it regulates the secretion of most hormones and maintains the constancy of the blood composition and the constancy of the tissue composition. Estradiol and testosterone receptors have been found in the limbic system and hypothalamus, which are responsible for motivation and emotion. The hypothalamus is the highest center for the regulation of endocrine functions, it combines the nervous and endocrine regulatory mechanisms into a common neuroendocrine system, coordinates the nervous and hormonal mechanisms of regulation of the functions of internal organs. The hypothalamus contains normal type neurons and neurosecretory cells. Both those and others produce protein secrets and mediators, however, protein synthesis prevails in neurosecretory cells, and the neurosecret is secreted into the lymph and blood. These cells transform a nerve impulse into a neurohormonal one. The hypothalamus forms a single functional complex with the pituitary gland, in which the former plays a regulatory role and the latter plays an effector role. The hypothalamus secretes two groups of substances that affect the cells of the anterior pituitary gland: releasing factors, or liberins, stimulating the synthesis and secretion of hormones by the cells of the anterior pituitary gland (corticoliberin, lu-liberin, somatoliberin, thyreoliberin and folliberin), statins inhibit the synthesis and release of hormones and somatostatin). The pituitary gland responds to signals coming into it from the hypothalamus by the production of its tropic hormones, which are sent to the peripheral endocrine glands. In addition, the supraoptic and paraventricular nuclei of the hypothalamus produce vasopressin and oxytocin, which, along the branches of the axons of neurosecretory cells, enter the posterior lobe of the pituitary gland, from where they are carried by the blood. The hypothalamus is located anterior to the pedicles of the brain and includes a number of structures: anteriorly located visual and olfactory parts. The latter includes the hypothalamus itself, or the hypothalamus, in which

the centers of the autonomic nervous system are located. The hypothalamus controls the activity of the human endocrine system due to the fact that its neurons secrete neurohormones (vasopressin and oxytocin), as well as factors that stimulate or inhibit the production of hormones by the pituitary gland. In other words, the hypothalamus, the mass of which does not exceed 5% of the brain, is the center for the regulation of endocrine functions; it combines the nervous and endocrine regulatory mechanisms into the general neuroendocrine system. The hypothalamus forms a single functional complex with the pituitary gland, in which the former plays a regulatory role, and the latter plays an effector role. The hypothalamus also contains neurons that perceive all changes in the blood and cerebrospinal fluid (temperature, composition, hormone content, etc.). The hypothalamus is associated with the cerebral cortex and the limbic system. The hypothalamus receives information from the centers that regulate the activity of the respiratory and cardiovascular systems. In the hypothalamus are centers of thirst, hunger, centers that regulate human emotions and behavior, sleep and wakefulness, body temperature, etc. The centers of the cerebral cortex correct the reactions of the hypothalamus, which arise in response to changes in the internal environment of the body. In recent years, enkephalins and endorphins with morphine-like effects have been isolated from the hypothalamus. They are believed to influence behavior (defensive, food, sexual responses) and vegetative processes that ensure human survival. So, sleep and wakefulness, body temperature, etc. The centers of the cerebral cortex correct the reactions of the hypothalamus, which arise in response to changes in the internal environment of the body. In recent years, enkephalins and endorphins with morphine-like effects have been isolated from the hypothalamus. They are believed to influence behavior (defensive, food, sexual responses) and vegetative processes that ensure human survival. So, sleep and wakefulness, body temperature, etc. The centers of the cerebral cortex correct the reactions of the hypothalamus, which arise in response to changes in the internal environment of the body. In recent years, enkephalins and endorphins with morphine-like effects have been isolated from the hypothalamus. They are believed to influence behavior (defensive, food, sexual responses) and vegetative processes that ensure human survival. So,
the hypothalamus regulates all body functions except heart rate, blood pressure and spontaneous respiratory movements, which are regulated by the medulla oblongata.

Since we have reached the central structures, we have to use type 2 chains. Hypothalamus D5, 4 + anabolism 1 + alkalinity 1 + depletion of ANS + sympathicus D10, 12 + depletion of the endocrine system 1, 2 + norepinephrine, androgens, DHEA + Coxsackie virus D10, 12 (inverted).

Connecting from the selector and write on 2–3 globules sah. crumbs in the first container of the apparatus for 1 minute. We put the resulting drug in the load in the second container of the apparatus and in the MT mode we will look for an organ that can provide us with such a work of the hypothalamus.

This organ turned out to be the corpus callosum, i.e. Corpus callosum Comp. + anabolism 1 + alkalinity 1 + VNS voltage 1, 2 + sympathicus D5, 4 + endocrine system stress 1, 2 + norepinephrine, androgens, DHEA.

Retreat

The terminal brain consists of two cerebral hemispheres, separated from each other by a deep longitudinal slit, in the depths of which one can see the corpus callosum connecting them, formed by the white matter, i.e. fibers. The main connection between the hemispheres is the large nervous tract - the corpus callosum. For a long time, the function of the corpus callosum remained unclear, but in the mid-1950s, animal experiments showed its critical role in coordinating the activity of the two hemispheres. If the corpus callosum and the optic chiasm are cut, then the conditioned reflexes developed for one eye are not realized in response to a conditioned stimulus presented to the other eye. Information remains limited only

one hemisphere. In the 1960s, Sperry and colleagues (Sperry et al.) Conducted a series of careful observations of patients with corpus callosum transection, undertaken to relieve incurable epilepsy. At first glance, these patients looked completely normal after the operation. Their seizures spread from an epileptic focus to only one hemisphere, without affecting the other. Apart from severe headaches splitting the head (figuratively), in such patients with a “split brain” (literally), everything else was completely normal. The defect manifested in these patients is one of the most interesting and thought-provoking in the field of neurophysiological dysfunctions. If written information is transmitted in this way only to the right hemisphere, then patients deny that they have seen anything. In other words, information received by the right hemisphere, did not have access to the speech centers located in the left hemisphere. Although the patient sincerely denies that he is familiar with the information that reached his right hemisphere, it can nevertheless be shown that it did indeed reach the right hemisphere and was processed. The right hemisphere controls the left hand. If the patient is asked to show with his left hand something about the proposed stimulus, then he succeeds. Further analysis of patients with a severed corpus callosum shows that the cerebral hemispheres are attuned to different functions. that it did indeed reach the right hemisphere and was processed. The right hemisphere controls the left hand. If the patient is asked to show with his left hand something about the proposed stimulus, then he succeeds. Further analysis of patients with a severed corpus callosum shows that the cerebral hemispheres are attuned to different functions. that it did indeed reach the right hemisphere and was processed. The right hemisphere controls the left hand. If the patient is asked to show with his left hand something about the proposed stimulus, then he succeeds. Further analysis of patients with a severed corpus callosum shows that the cerebral hemispheres are attuned to different functions.

The left hemisphere (speech) is more focused on analytical tasks, while the right one is focused on solving problems in general. The right hemisphere is capable of simple understanding of speech, and the left hemisphere is capable of its holistic perception. In normal individuals, they work together, complementing each other. There is evidence that the specialization of the hemispheres in men is more pronounced than in women. The right hemisphere, for example, has some ability to perceive speech, while the left is more likely to perceive the whole picture. The brain, especially the sensory brain, is capable of drawing conclusions from almost imperceptible details. It is a hypothesis-generating machine that evolved in a long evolutionary war between predators and prey. If a cracked twig, an unusual noise, a barely audible rustle are not instantly completed to a complete image, its meaning will not be immediately appreciated, then the sacrifice, lunch, disappear. Or, conversely, a jump into safe cover, a split second late, means the end of life. Only if all factors can be controlled can the amazing features of the brain with the intersected corpus callosum be understood.

Corpus callosum - the largest commissure is located at the bottom of the longitudinal fissure and connects the new cortex of the left and right hemispheres, uniting (coordinating) the functions of both halves of the brain into a single whole. Violation of conduction through the corpus callosum leads to inadequate assessment and response to the presented stimulus.

Since we have reached the central structures, we have to use type 2 chains. Corpus callosum Comp. + anabolism 1 + alkalinity 1 + VNS voltage 1, 2 + sympathicus D 5, 4 + endocrine system stress 1, 2 + norepinephrine, androgens, DHEA. Connect from the selector and write sah into 2-3 globules. crumbs in the first container of the apparatus for 1 minute. We place the resulting drug in the load in the second container of the apparatus and in

In the MT mode, we will look for an organ that can provide us with such a work of the corpus callosum.

According to this chain, it can be understood that the patient was dominated by a decrease in conduction through the corpus callosum, which was accompanied by depression, and this conduction needs to be improved. The main neurotransmitter in the subcortical structures is norepinephrine, and therefore requires its activation.

The liver turned out to be such an organ, which had to work with the following parameters, i.e. Liver D10, 12, 15 + catabolism 1, 2, 3, 4 + alkalinity 1, 2 + depletion of ANS 1, 2, 3 + parasympathicus D10, 12, 15 + depletion of the endocrine system 1, 2, 3 + adrenaline, estrogen, estrodiol , DHEA.
+ tension of the immune system 1, 2, 3 + thymus D5, 4, 3 + lymphatic congestion (in inversion) + connective tissue insufficiency 1, 2, 3 (directly).

Now it becomes clear that mental problems have disturbed homeostasis in the body, which has led to inadequate biochemistry in the liver, and the hypothalamus has adapted to this condition, which it perceives as the norm for this organism. Since we have entered the peripheral structures, we must use type 1 chains. Liver D10, 12, 15 + catabolism 1,
2, 3, 4 + alkalinity 1, 2 + depletion of ANS 1, 2, 3 + parasympathicus D10, 12, 15 + depletion of the endocrine system 1, 2, 3 + adrenaline, estrogen, estrodiol, DHEA
+ tension of the immune system 1, 2, 3 + thymus D5, 4, 3 + lymphatic congestion (in inversion) + connective tissue insufficiency 1, 2, 3 (directly).

Connecting from the selector and write on 2–3 globules sah. crumbs in the first container of the apparatus for 1 minute. We will put the obtained preparation into the load in the second container of the apparatus and in the MT mode we will look for an organ that can provide us with such work of the liver. Such an organ turned out to be the ovaries with the following parameters, i.e. Ovaries D10, 12, 15 + catabolism 1, 2, 3 + alkalinity 1, 2 + depletion of the ANS 1, 2, 3 + parasympathicus D10, 12, 15 + depletion of the endocrine system 1, 2, 3 + adrenaline, estrogen, estrodiol, DHEA
+ tension of the immune system 1, 2, 3 + thymus D5, 4, 3 + lymphatic congestion (in inversion) + connective tissue insufficiency 1, 2, 3 (directly). At the end, add the address, i.e. Ovaries D10, 12, 15 + catabolism 1, 2, 3 + alkalinity 1, 2 + depletion of ANS 1, 2, 3 + parasympathicus D10, 12, 15 + depletion of the endocrine system 1, 2, 3 + adrenaline, estrogen, estradiol, DHEA
+ tension of the immune system 1, 2, 3 + thymus D5, 4, 3 + lymphatic congestion (in inversion) + connective tissue insufficiency 1, 2, 3 (direct) + Liver D10, 12, 15. In the BRT mode with connected frontal electrodes, we determine the meridians through which we can get the answer.

In the BRT mode, with the load obtained by the complex drug, we carry out therapy, in a simultaneous mode, with the connected frontal electrodes, along the selected meridians.

After receiving the answer, we record the drug in the first container of the apparatus for 2-3 minutes. We test the dose through the chain, i.e. connect from the selector Ovaries D10, 12, 15 + catabolism 1, 2, 3 + alkalinity 1, 2 + depletion of VNS 1, 2, 3 + parasympathicus D10, 12, 15 + depletion of the endocrine system 1, 2, 3 + adrenaline, estrogen, estradiol, DHEA. + tension of the immune system 1, 2, 3 + thymus D5, 4, 3 + lymphatic load (inverted) +

connective tissue insufficiency 1, 2, 3 (direct) + Liver D10, 12, 15 + increasing number of balls in the load before triggering.

We received a drug that will restore ovarian function, liver biochemistry, remove depression and restore the reactivity of the center of hunger on the hypothalamus, i.e. it will be a pathogenic drug.

8 globules were tested, which were divided into 4 doses of 2 globules. It was BP-1.

For the treatment to be final, we need to change the homeostasis of the body in such a way that it matches the state that we are causing. For this, the tested amount of the drug, i.e. 8 globules, put into the load in the second container of the apparatus and turn on the MT mode.

Let's check the state of the hypothalamus and its parameters, which should be, i.e. Hypothalamus D 10, 12 + anabolism 1 + alkalinity 1 + VNS voltage 1 + sympathicus D5 + Intox 1 (in inversion) + coxsackievirus D 10, 12 (in inversion). No toxic loads caused by coxsackievirus D 10, 12.

Since we are working on central structures, we must use type 2 chains. Hypothalamus D10, 12 + anabolism 1 + alkalinity 1 + VNS voltage 1 + sympathicus D 5 + coxsackievirus D 10, 12 (inverted). Connect from the selector and write sah into 2-3 globules. crumbs in the first container of the apparatus for 1 minute. We put the resulting drug in the load in the second container of the apparatus and in the MT mode, we will look for an organ that can provide us with such a work of the hypothalamus. The small intestine turned out to be such an organ, i.e. Small intestine D10, 12 + catabolism 1 + alkalinity 1
+ VNS voltage 1, 2, 3 + sympathicus D5, 4, 3 + immune voltage
systems 1, 2, 3 + thymus D5, 4, 3 + Intox I (in inversion) + penicillium camemberti, penicillium notatum (in inversion).

Since we have entered peripheral structures, we must use type 1 chains. That is, Small intestine D10, 12 + catabolism 1 + alkalinity 1 + VNS voltage 1, 2, 3 + sympathicus D5, 4, 3 + immune system tension 1, 2, 3 + thymus D5, 4, 3 + penicillium camemberti, penicillium notatum (in inversion).

Connect from the selector and write sah into 2-3 globules. crumbs in the first container of the apparatus for 1 minute. We will put the obtained preparation into the load in the second container of the apparatus and in the MT mode we will look for an organ that can provide us with such a work of the small intestine.

The pancreas turned out to be such an organ, i.e. Pancreas D10, 12 + catabolism 1, 2 + alkalinity 1 + depletion of ANS 1, 2 + sympathicus D10, 12 + tension of the immune system 1, 2, 3 + spleen D5, 4, 3 + penicillium camemberti, penicillium notatum (inverted) ... At the end, add the address, i.e. Pancreas D10, 12 + catabolism 1, 2 + alkalinity 1 + depletion of ANS 1, 2 + sympathicus D10, 12 + tension of the immune system 1, 2, 3 + spleen D5, 4, 3 + penicillium camemberti, penicillium notatum (inverted) + Small intestine D10, 12. In the BRT mode with connected frontal electrodes, we determine the meridians through which we can receive the answer.

In the BRT mode with the load of the obtained complex drug, we carry out therapy, in a simultaneous mode, with the connected frontal electrodes, along the selected meridians. After receiving the answer, we record the drug in

the first container of the apparatus for 2-3 minutes.

We test the dose through the chain, i.e. connect from the selector Pancreas D10, 12 + catabolism 1, 2 + alkalinity 1 + VNS depletion 1, 2 + sympathicus D10, 12 + immune system voltage 1, 2, 3 + spleen D5, 4, 3 + penicillium camemberti, penicillium notatum (in inversion) + Small intestine D10, 12 + increasing number of balls in the load, which will work. We have received a preparation that will restore homeostasis adequately to our preparation BP-1.

4 globules were received, which were divided into 2 doses of 2. This is BP-2.

The patient used the drug for 2 months. All complaints are gone, I lost 17 kilograms during this time.

After a year, her weight dropped by 39 kilograms. No further treatment was given.

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