

Possibilities of work of the room of energy-informational therapy and diagnostics, equipped with the equipment of the type APK "IMEDIS-EXPERT", in a multifunctional medical center,

on the example of the IPC "Family with a plus"

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The methods of energy-informational medicine and diagnostics have wide opportunities and prospects. Especially, with the appropriate ideological and technical support, which is quite successfully presented by the IMEDIS Center. When receiving such opportunities, it is very important to properly dispose of them. This applies to both the individual work of a specialist in energy-informational medicine (EIM) and his work in the medical team and in interaction with doctors.

In such a situation, along with great opportunities, a great responsibility falls on a specialist working in the area under consideration. For, when receiving such opportunities, it is extremely important to properly dispose of them.

A specialist working with the use of EIM methods must clearly understand the essence of the methods that he uses in the process of diagnosis and therapy, be it ART, BRT, EPT according to R. Voll, IRT or homeopathy, complex or unicist. But these are just methods. Their effective use is possible if there is an understanding of the causes of the disease process and the characteristics of its development (etiology and pathogenesis). And for this, it is necessary to create a model that most fully describes the current state of the patient, inextricably linked with the reasons that led to him and the features of his dynamics. Moreover, given that within the framework of any monosystem, the model will not be complete, it is necessary to use various systems. So, models can be used in the system of concepts of traditional Chinese medicine and homeopathy, the chronosemantic model, modern cybernetics and the theory of functional systems, genetic and biochemical models, of course, modern models of clinical medicine, psychology, experimental physiology, etc. To do this, the doctor must have extensive knowledge not only in the areas he practices, but also in related areas, as well as in the fundamental fields of medicine and natural science, such as physiology and pathophysiology, biology and immunology, psychology and cybernetics.

The key to the correct tactics and treatment strategy is the correct diagnosis, as a model of the condition. But in the aspect of the issue we are considering, a diagnosis is not just a nosological unit, within the framework of, say, ICD. It is necessary to use all available methods of examining the patient. Therefore, along with such highly effective diagnostic methods as ART and EPD according to R. Voll, one should not forget about such classical diagnostic methods as competent and complete collection of complaints and anamnesis, examination, if necessary, auscultation, palpation, etc. This can help save a significant amount of time and effort to build an optimal scheme for further diagnostics and, accordingly, therapy within the framework of the synthetic model. Since a competently collected anamnesis accounts for up to 70% of the success of diagnosis and treatment.

It is difficult for one EIM doctor to obtain a detailed, confirmed idea of the patient's condition. This either delays the therapy process or fragments it. As a result, the effect of therapy is often reduced, and often leads to the patient's "exit" from therapy. When creating a model of the patient's condition and, accordingly, the patient's treatment, a specialist acting within the framework of the methods we are considering should take into account that not only he alone can, and often, and should take part in the process of diagnosis and treatment, since any patient has individual characteristics psychological and somatic status, which are optimally diagnosed and treated by a team of specialists.

As the experience of our center has shown, the best results can be obtained only with a synergistic, integrated approach to patient treatment. As a rule, in this process, in addition to the doctor of energy-information therapy and diagnostics, narrow specialists, in our case, a gynecologist or urologist, a specialist in manual therapy and osteopathy, who owns the techniques of cranio-sacral therapy (CST) and

psychologist / psychotherapist.

Since only such an integrated approach allows, on the one hand, to most fully cover the issues of therapy, and on the other hand, diagnostics and monitoring of the treatment process. With this approach, the EIM doctor has the opportunity to receive the maximum amount of information about the patient's condition, both current and its dynamics in the course of treatment. Thus, a gynecologist provides information on the dynamics of local processes, evaluating "status locales", as well as an ultrasound specialist providing information on structural changes in organs. Psychologist / psychotherapist clarifies information about the patient's psychological constitution, his "basic delusion", again, in its dynamics in the course of complex treatment. An osteopath, while carrying out his treatment, can also provide information or confirm existing suspicions, for example, about the consequences of a birth injury, as well as about the success of the therapy process.

The task of a specialist in the specialty we are considering is the competent collection of information and its processing in order to be able to comprehensively consider the problem. It is possible to build a comprehensive model the current state of the patient and its dynamics, and, as a consequence, the prognosis of this state for the future. This includes an assessment of the "energy" state of the main functional systems of the body (by energy, the authors mean the classical physical definition of energy as the ability of the system to perform work), with the isolation of the core of pathology and compensation, the identification of significant burdens

(infectious, vaccine, mental, etc.), both the organism as a whole, and its individual systems and organs with the definition of the type of lesion.

On the basis of such an integrated approach, it is possible to create and implement an optimal treatment plan, moreover, a constitutional or constitutionally oriented treatment, since only such treatment can lead to a patient's cure. The above applies to all specialists

directions: psychologists / psychotherapists, and chiropractors, kinesiologists, osteopaths and narrow specialists (at the same time, they need to understand that the "narrow", particular problem they are considering is part of a systemic process and its effective solution is possible only within the framework of treatment of the whole organism). This also applies to the actual EIM specialists in the selection of specific therapy: whether it is homeopathy, classical reflexology, and, what should be especially noted, BRT itself, with the preparation of a BR-drug, as well as the use of nosodes, autonosodes and organopreparations, which include regeneration programs, which, according to the authors, must be constitutionally oriented, for example, according to KMH. This allows not only to increase the effectiveness of therapy, but also to avoid complications and adverse reactions.

And here the role of the doctor of energy-informational medicine acquires a completely new meaning. Because his office turns into a center for collecting and processing information, on the basis of the results of which both the initial state of the patient and the effectiveness of the complex treatment carried out are determined. It becomes possible, according to the results obtained, to correct the therapy.

But for this it is not enough for a specialist in our specialty to just competently collect information and create a dynamic model of the patient's condition. It is also necessary that such a comprehensive model be adequately perceived by specialists in other specialties. And for this it is necessary not only to describe the patient's condition from the point of view of various systems and directions (EPD, ART, traditional Chinese medicine, immunology, psychology, etc.) in their dialectical unity. It is necessary to make this model available to colleagues, representatives of other specialties. In other words, it is necessary to describe the dynamic model of the patient's condition in terms, terms and systems that are understandable for doctors of other specialties. Since only complete mutual understanding between specialists of different specialties is the key to good treatment results.

Only when the specialists of related specialties understand the principles of the EIM cabinet, it becomes possible to convey to them the most complete information about the patient's condition, the reasons that gave rise to it and possible ways of healing. This is especially true for specialists in "narrow" specialties who cannot always see the "forest for the trees", that is, assess the patient's condition as a whole, against the background of specific problems related to the diocese of a particular specialist. The opportunity to look at a model describing a holistic state can greatly influence the opinion of a particular specialist about the treatment path. Not to mention the influence on their opinion of the effectiveness of such EIM methods as: BRT, MRI, homeopathy, reflexology.

So, for example, it is extremely important for a gynecologist and endocrinologist to have information about the presence of adrenogenital syndrome (AGS) in a patient with infertility, that is, a genetically determined pathology, or an AGS of a similar condition, that is, a condition that is not genetically determined and caused, for example, impaired expression of receptors, as a result of prenatal stress, as discussed in another article by the authors in this collection. And also about the connection of the severity of this state with stress, and specific emotions,

against the background of stress instability of the patient's central nervous system, which, of course, will be of interest to a psychologist, or a psychotherapist. The reason for the instability of the central nervous system, such as birth trauma, is of interest both for these specialists and for, for example, a kinesiologist or an osteopath, with his specific and rather effective methods within the framework of this problem. All other problems can and should be considered in the same way. Whether it is thrombophilia or DIC syndrome with a possible complication in the form of gestosis in obstetric practice or other vascular disorders in general therapy, up to myocardial infarction, etc. In order for them to promptly send for diagnostics, including intermediate ones, in the course of treatment, as well as to fully understand the results and take them into account, making the correction of the therapy.

Thus, a specialist in energy-informational medicine at his workplace acquires a very special significance. In addition to therapeutic functions, the possibilities of which, in particular, thanks to the developments of the IMEDIS Center, are very large, other, often equally important functions fall on its shoulders. The first task is the function of general observation of the process of treatment of a particular patient, assessment of both the final and intermediate results of the work of both the specialist himself and specialists of other specialties and their interaction. And, as a consequence, a kind of "dispatching function" that allows you to "dose" and adjust the activities of other specialists, determining its sequence, intensity, and also the moment of the end of therapy. For it is very important how to carry out the treatment in full and stop on time. For there is nothing worse than the treatment of iatrogenies. From the first function, it follows the second - informational and educational. Since only a well-informed specialist in all areas is able to both treat well himself and competently interact with specialists in other areas and specialties, which undoubtedly increases the effectiveness of the patient's treatment, both in general and in the conditions of a particular medical institution.

It should be noted that all of the above applies not only to EIM specialists working in wide-profile medical centers, but to doctors who work "individually". For, in any case, they do not work in a vacuum, and in one way or another they are forced to interact with other doctors, if not directly, then through patients. That is, through the results of their activities. Since often the patient continues, for various reasons, to be observed by specialists of other, mainly narrow profiles. Therefore, even in such cases, it is advisable to try to synchronize efforts, which will increase the effectiveness of treatment and minimize complications.

The authors did not delve into the possibilities of working as a specialist in energy-informational medicine within the framework of this article. Since a lot has been said and written on this topic, including by the authors, and there will be even more. Especially if dear readers listen to the authors, for which

the authors are very hopeful.

### Bibliography

1. Samokhin A.V., Gotovsky Yu.V. Electro-acupuncture diagnostics and therapy by the method of R. Voll. - M.: IMEDIS, 1995.

2. Gotovsky Yu. V. Mkhitarian KN Structural concept of the disease and the role of the external control circuit in its treatment // Abstracts and reports of the II International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". - M.: IMEDIS, 1996.

3. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Acute therapy by means of control action through an additional external control loop in real time // Abstracts and reports of the VII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M.: IMEDIS, 2001. - P. 251-257.

4. Bobrov I.A., Gotovsky Yu.V., Ilyukhin V.V., Mkhitarian K.N. Implicit time of the body and treatment of the body in its implicit time // Abstracts and reports of the VIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M.: IMEDIS, 2002. - P. 330-352.

5. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Using the concept internal time for diagnostics and therapy of the body in the context of teaching the body to solve particular problems of self-realization // Abstracts and reports of the IX International Conference "Theoretical and Clinical Aspects of Bioresonance and Multiresonance Therapy". Part II. M.: IMEDIS, 2003. - P. 165-182.

6. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Traditional acupuncture from the point of view of modern theories of physiology, pathology, and therapy. Message 1. Methodology of traditional acupuncture in the light of the modern theory of functional systems. // Reflexotherapy.- 2003, No. 1 (4). - P. 14-twenty.

7. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Traditional acupuncture from the point of view of modern theories of physiology, pathology, and therapy. Message 3. Health, illness, treatment // Reflexotherapy.- 2003, No. 3 (6). - P. 44-51.

8. Bobrov I.A., Gotovsky Yu.V., Mkhitarian K.N. Bio and multiresonant therapy and the phenomenon of internal time // Reflexotherapy. - 2003, No. 4 (7). - P. 5-12.

9. Bobrov I.A., Gotovsky Yu.V., Ilyukhin V.V., Mkhitarian K.N. Chronosemantic model of the constitution of an organism and its implementation using the Astromed-M program. // Homeopathic bulletin.- 2004, no.11. - P. 44-48.

10. Gotovsky Yu.V., Bobrov I.A., Goltsov A.A., Kosareva L.B., Mkhitarian K.N. The virtual space of internal nosologies of the body and its compactness // Abstracts and reports of the XI International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M.: IMEDIS, 2005. - P. 266-291.

11. Bobrov I.A., Mkhitarian K.N. New approaches to control and enhancement the effectiveness of treatment. Determination of the lesion levels and the direction of the healing process // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance

therapy". Part I. M.: IMEDIS, 2007. - P. 247-256.

12. Bobrov I.A., Mkhitarian K.N. Frequency resonance test. Diagnostics and therapy of functional systems of the level of elements and miraculous meridians // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M.: IMEDIS, 2007. - P. 256-265.

13. Bobrov I.A., Pechnikova E.Yu. Diagnostics and therapy adrenogenital syndrome in obstetric and gynecological and general therapeutic practice // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M.: IMEDIS, 2007. - P. 85-103.

14. 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.

15. Bobrov I.A., Mkhitarian K.N. Description of constitutional types human on the basis of the functional activity of extraordinary channels // Reflexotherapy. - 2007, No. 2 (20). - P. 19-29.

16. Bobrov I.A., Pechnikova E.Yu. Diagnosis and therapy of consequences birth trauma in obstetric - gynecological and general therapeutic practice // Abstracts and reports of the XIV International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M.: IMEDIS, 2008. - P. 142-155.

17. Bobrov I.A., Pechnikova E.Yu. Some aspects of diagnosis and therapy genetically determined thrombophilia in obstetric - gynecological and general therapeutic practice // Abstracts and reports of the XIV International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. M.: IMEDIS, 2008. - P. 155-163.

18. Bobrov I.A. Possible points of optimal introduction of information // Abstracts and reports of the XIV International Conference "Theoretical and Clinical Aspects of Bioresonance and Multiresonance Therapy". Part II. M.: IMEDIS, 2007. - S. 189-198.

19. Bobrov I.A., Mkhitarian K.N. Program conflict, both diagnostic and therapeutic factor // Abstracts and reports of the XIV International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M.: IMEDIS, 2007. - P. 198-203.

20. Reznikov A.G., Pishak V.P., Nosenko N.D., Tkachuk S.S., Myslitsky V.F. Prenatal stress and neuroendocrine pathology / Edited by A.G. Reznikov).- Chernivtsi: Medakademiya Publishing House, 2004.

21. Brichuk V.A., Koritskiy O.V., Koritskiy Yu.V., Mkhitarian K.N. Evolutionary program of lizard regeneration // Abstracts and reports of the XIII International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part II. M.: IMEDIS, 2007. - P. 72-79.

22. Gotovsky Yu.V., Mkhitarian K.N. Lectures on chronosemantics.- M.: IMEDIS, 2004.

23. Dudoladov V.V., Mkhitarian 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.

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