A four-level algorithm for the diagnosis and treatment of chronic pathology using the complex "IMEDIS-EXPERT" and apparatus "MINI-EXPERT-D"

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A serious problem continues to be faced by a doctor of any specialty.
- treatment of chronic pathology. And if the treatment of an acute process or exacerbation of the chronic process does not cause special questions, then with the treatment of the chronic process, in principle, many problems arise. These problems are associated with the characteristics of chronic inflammation as such.

Acute inflammation develops immediately after exposure the damaging agent, while the exudative tissue reaction predominates, the damaging agent is removed and the process ends:

a) reparation in the form regeneration parenchymal cells;

b) replacement of damaged tissue with by filling the defect connective tissue (scarring);

c) restoration of damaged tissue processes. by combinations these two

Chronic process characterized by the presence simultaneously active inflammation, tissue damage and damage repair. In this case, much more tissue damage occurs than in acute inflammation, and the dead cells are replaced by a connective tissue scar. The development of sclerotic changes withpersistent destruction of connective tissue is the most important sign of chronic inflammation, resulting in the development of fibrosis or scarring.

That is why I would like to draw attention to the need at each session test on the patient filters that indicate cicatricial interference fields.
By working through each such field of interference, we can find another chronic focus or even an oncological process.

As in the case of primary chronic, and in the case of secondary chronic inflammation, it seems that the body, unable to remove the cause of the inflammation, surrounds the focus of inflammation.
a connective tissue scar in order to protect, as if localizing the inflammatory process. The reason for this state of affairs may be not only the characteristics of the damaging agent (n., Non-metabolizable silicon crystals in silicosis, foreign bodies in tissues, a persistent pathogen in the tissues), but also one or another hereditary fermentopathy, which can be identified and treated with the help of my proposedat the 13th International Conference of the algorithm developed for the MINI-EXPERT-D apparatus. During these two years, I had the opportunity to clarify some aspects of his work. In addition, a doctor from Komsomolsk-on-Amur, GA, began to work with this algorithm with similar results 2 years ago. Logvinov, so I would like to remind and clarify what this algorithm is.

1) On my first visit, I check Vithoulkas health levels at each level of the machine. Then, as usual, I define biological,

photon indices and adaptation reserves at the 1st level of the apparatus (i.e., at the intercellular level) in order to determine the patient's treatment strategy. When the reserves of adaptation are exhausted and low, it is first necessary to take measures so that they become “good” at least 3-4 degrees, otherwise the patient is simply unable to “respond” to our influence.

2) In the case of a "scattering" of photon indices, it is necessary to see in which organs and in what potencies of organs are these indices, what are they caused by, and are they not tested on these organopreparations DNA indices. If DNA indices are tested, then it is imperative to clarify that DNA abnormalities are due to fragments of DNA viruses or false polarity. If DNA fragments, then the organ can be treated immediately, if there is a false polarity, then the organ cannot be directly treated, it is most likely an organ of dumping from deeper structures, and by treating it directly, we will worsen the situation in these deep structures. I would like to note that DNA abnormalities mean gross abnormalities that are significant enough for the body for this particular patient.

3) So, we have health levels according to Vithoulkas, we have decided on adaptation reserves and treated (or not treated, depending on the DNA indices) this or that organ at level 1.

4) We carry out virtual test "I don't want to get sick" (the patient writes this phrase on a small piece of paper). The test is necessary in order to maximally remove psychosomatic layers, the self-restraint that the body has imposed on itself in conditions of adaptive failure. Suppose this virtual test weighs down the instrument levels1, 3, 4/10 and 4/30,
at these levels, we see a decrease in the measuring level of the apparatus when this test is added to the circuit during testing. We put the virtual test in inversion, as it were, we cancel the burdening agent and recheck the health levels. Most often, health levels (UZ) significantly improve, up to 1/1, at all levels of the device (UPr), except for one, at which the health level does not change at all or practically (for example, this is the remaining 4/3 at the device level 4/50).

5) Determine on which UPr it is better to work out this virtual test.
You can do this mentally or by elimination, I prefer mentally - it's faster. Suppose we need to work forUPr 4/30. We look, there is a burden onmain or muscle-tendon meridians, we select these meridians, find out which drug relieves the burden, most often these are drugs of the "Aura Soma" group, write down the drug in the frequencies of the identified meridians, select the dosage and give it to the patient. At this stage, the 1st reception can be completed,

6) But it is possible to determine in advance which organ remained bad, for example 4/3 on UPr 4/50. For example, we see that with a given level of health resonates liver D15. By turning it on in inversions, we find that health levels at all levels of the apparatus UPr went out to 1/1. This means that this is the very area with which we have to work. If the ultrasound did not go out to 1/1, but even worsened, then it is necessary to look for another organ or another potency and do the same with it. By doing this, we go to the main site, to the main source of patient health problems with minimal risk of making mistakes, and more often than not, this is not the organ that causes

complaints. And if we work with him, then we will not disrupt any compensatory mechanisms.

7) On 2nd visit, if conditions allow, we find out what is there happens in liver D15 at the device level 4/50. Again, I draw your attention to the concept of "genotype" and "phenotype", since onUPr 3-4, i.e. indicators of acidity, alkalinity, tension / depletion of the ANS and many other indicators resonate at the level of the nucleus, apparently as a result of the influence of the conditions of the external and internal environment on the patient's genetic apparatus. And if all these processes per unit of time are mobile and unstable, there is still some resultant work of this particular group of cells, since here we see the work not of the organ as a whole, but the “work plan” of this particular group, which has the maximum value for the patient's health. at a particular stage. Judging by the results of diagnostics and treatment, through levels 3-4 of the apparatus, we have the opportunity to reach the so-called polygenic, or multifactorial hereditary diseases, for which the question of the type of inheritance cannot be resolved on the basis of Mendel's laws. The development of each of them depends on the addition of the action of several non-allelic genes. Among them there can be dominant and recessive, sex-linked and autosomal. The threshold effect (ie "the last drop") in these diseases is exerted by a certain limiting factor of the external environment, adaptation to which is controlled by this group of genes (for example, salt load, if we are talking about multifactorial inheritance hypertension or alcoholism if multifactorial nature is considered alcoholism). That is, we have the opportunity to test a number of such lemitting factors that will resonate with the nucleus and the genetic apparatus of the cell.

8) For example, we see the following picture: Liver D15 + catabolism 5 tbsp. + alkalinity 3 tbsp. + depletion of the ANS + vagus nerve D3 + bactericidal activity 1 tbsp. + DNA violation 4 tbsp. + anticancer resistance (CRR) above average + dystrophic indicators from Makhonkina's morphological scale both at the intracellular and intercellular levels (which resonate) + Index to connective tissue 97 (Shraibman scale) + Intox 3 + Chromium 2000 + Dental interference fields 2 tbsp. + Radioactive load 3 st. + Mercury (mindful of the presence of merthiolate in many childhood vaccinations) + phenol or formalin / aluminum (mindful of the same) + Endogenous depression + Lack of enzymes (for example, by immune or allergic status) + Endocrine disorders 3 tbsp. (on the pituitary gland) + RA Block 10 tbsp. + False polarity (those. RA blockade of this group of cells is caused by false polarity). So, we have "signs"gray cardinal, which is behind everything that happens to the patient, and these "signs" are at the level of the 4/50 apparatus.

9) Since the liver has a high anti-cancer resistance, it is worth to assume that this is not the organ that is truly dangerous for the body, since there is no danger of a transition to the oncological process. It is the oncological process that is the scarecrow from which the body is trying to defend itself. With the wrong choice of the organ that needs to be influenced, we risk getting oncology in the future, which can be detected by applying a modeling system.

10) With a high PRR, the liver is most likely a compensatory body, which can now be clarified. The logic for writing a marker is as follows:“What is the reason for the appearance of such changes in a normal group of liver cells? "So, we leave in the selector all parameters that were found on the liver, except for metabolic processes, VNS reactions and bactericidal activity.
Filters of metabolic processes, ANS and bactericidal action turn off and connect norm pointers. If the determination of the normal parameters of metabolic processes is difficult, for example, in the liver: we also remove the organopreparation in the D15 potency, leaving all the pathological parameters in the liver, connect liver D6. Search logic: "In the absence of existing violations, what will be the norm for this group of cells?»In this case, the D6 potency will resonate with the norm for this group of cells, which we leave connected from the selector. Potency D6turn off and connect
true potency. Thus, we have a marker, for example: Liver D15 + Catabolism 1 tbsp. + Alkalinity 1 tbsp. + Indication of VNS voltage + Sympathicus D6 + Bactericidal activity 6 tbsp. + DNA violation 4 tbsp. + RRP above average, etc.This marker is recorded in the frequencies of all the main meridians and in the swing mode of all meridians, since it is also necessary to take into account the violations along the muscle-tendon meridians. We write down a marker for 3-6 balls in2nd container of the device for the BRT. You can wrap the recorded marker in foil for easier work.

11) The marker is placed either in a passive electrode or on a plate drug testing. All drugs in the selector are disabled. We have an empty selector and marker on the plate (in the electrode). Now we find out which organ at level 1 of the apparatus is the cause of the existing changes in
liver D15. For example, resonated gallbladder D3. That is, if we try to treat the detected on UPr 4/50 liver D15, then we will get a sharp decrease in the functional activity of some group of cells in the gallbladder. The first culprit was found. Then we go to the levels 3-4 of the apparatus. Considering that there are indications of enzymatic disorders, we assume that this will be the pancreas. And the patient really resonates
pancreas D15 n., at the level 4/30 device, and anticancer resistance (PRR) in pancreas D15 low degree and DNA violation 4 tbsp. That is, by undertaking to heal liver D15 4/50, we will get deterioration not only in gallbladder, but also in pancreas.

12) So, we have two different organs, one for UPr. 1, another on UPr 4/30. Determine on which UPr we need to work to heal the true culprit. Ifliver D15 - "gray cardinal", we see that behind her is the "grayest", the true culprit. It is necessary to determine which of the two. We connectgallbladder D3 in inversion and find that in this case pancreas goes into potency D30 + PRR becomes extremely low + DNA violations of the maximum degree appear, i.e. there is a clear deterioration with a decrease in PRP with the danger of transition to oncology. This means that the gallbladder D3 is a compensatory organ, and in no case should it be touched, but it must be treatedpancreas D15

on the UPr 4/30.

13) C pancreas we work in the same way as we worked with above liver, with one difference: after the filter "RA blockade + false

polarity "we check which main meridians this false polarity passes and which amino acids are corrected (more often - one, rarely - two, and in three cases I had that three). We write down
amino acids + pancreas D6 (since we need to set the direction of the amino acid - it is to the normal tissue of the pancreas, and nowhere else) in the frequencies of the found meridians in 2nd container of the apparatus,
we select the dosage and give it to the patient. Since genetically determined fermentopathy is actually treated, amino acids work for a month and a half, no less.

14) Remove the marker from the outline and check the potency of the three organs for device levels 1 and 2. Since we change the control signal, the potencies of these organs, ideally, should become D6 without DNA violations. If this has been achieved, we select drainages for all three organs, taking into account, inter alia, there is or not an indication of oxygen starvation, lymphatic tissue burden and high biological indices not only through the organs, but also through
organs + lymph, which is extremely important, since the release of metabolites can be not only into the intercellular space, but also into the lymphatic vessels, and if we do not add this filter, then we can ignore this release.

15) Thus, amino acids targeting the pancreas
iron, solve the problems of the liver, gallbladder and a large number of organs and systems for which the found meridians with false polarity are responsible, there is a restructuring of metabolism from pathological to physiological without disrupting compensation, which is ideal for the patient.

16) The next point is very important: need to check scar fields interference. It was when using this algorithm that it became clear that persistent destruction is a defense mechanism, and the purpose of this mechanism is to delimit the focus, which the body cannot get rid of due to fermentopathy. When correcting with amino acids at the level of the nucleus, the need for such protection disappears, the adhesions become not a defense for the body, but an obstacle and begin to be tested. This can show up either at the end of the amino acid correction session, or at the next session.

17) Important Notice: during treatment according to this algorithm fundamental changes in the patient's condition occur every 10-14 days; if the patient comes less often, then various exacerbations are possible caused by the "emergence" of cicatricial fields of interference and foci.

18) Next, 3-th session begins with the elimination of adhesive interference fields, if it was not done at the end of the previous session. First, we treat the adhesive fields, then we check against the background of the abolition of amino acids, what happened to our "triad":liver D15 4/50 + gallbladder 3 level 1 + pancreas D15 4/30. To do this, we place the found last time amino acid
+ pancreas D6 into inversion and see what happens to the liver.
Against the background of amino acids, the liver will go out in the D6 potency, with the abolition of amino acids, its real potency may be D15-D10. We adjust the single and daily dosea / c + organopreparation D6 and then see what happens to photon indices. Most often, a scattering appears photon indices, which suggests that we have reached a very important center for the body. In this hearth

photon indices can be used to test both parasites (even large ones, such as bovine and pork tapeworm, diphyllobotrium, which the body did not "see" before the treatment of fermentopathy due to a defective reaction), as well as viruses, fungi and any other pathogen. That is, a previously inaccessible chronic focus becomes visible and accessible for action.

19) We find the organ in which these FIs are located (there may be two organs), for example, this is the D30 jejunum and the Coxsackie virus is tested in it. If it was only a matter of fermentopathy, then the body would crush the virus without thinking too much. This means that there is some problem in the jejunum, the presence of which interferes with the elimination of the virus. We check whether or not there is a DNA abnormality in this part of the jejunum. Suppose they are not. In this case, we clarify the metabolic processes in this area and see what caused the blockade of adaptation reserves here. These can be toxic metals, chemical burden, but most often these are stressful and various psychoemotional loads.
We check in the frequencies of which meridians the RA blockade is located, and often these are muscle-tendon meridians, we find a corrective drug and write down in the 1st or 2nd container. When discussing the treatment of patients with G.A. Logvinova found out that psychoemotional drugs work well when recorded in 1 container. It remains to find a reliable parameter that would indicate the record in which container is required for a particular patient. This parameter turned out to befilter for physical exhaustion, which indicates increased energy consumption. If the drug recorded in the 2nd container causes an indication of increased energy consumption, then the drug must be recorded in the 1st container. Moreover, an interesting regularity was discovered: the drugs recorded in the 1st container work out very quickly, within 10-14 days, while the drugs recorded in the 2nd container work much longer. This, apparently, is due to the greater depth and duration of the stress to which the patient was exposed and a slower and more gentle exit is required and the states to which the 2nd container reacts.

20) After a psychoemotional drug is prescribed, most often
it is required to treat a viral infection or remove any other pathogen found. For example, this is the Coxsackie virus found in the jejunum. Since we removed the blockade of RA by psychoemotional load in the organ, we can stop the multiplication of the virus:vir. Coxsackie + inversion of false polarity + Meridians through which we can receive it + preparations recorded along these meridians. And in this case, Dr. Schimmel's resonant homeopathy works exceptionally well.

21) After the amino acids have been worked out, for at least 2-3
months, adhesion fields of interference continue to emerge, which are worked out in the manner described above. Since chronic inflammation proceeds as a series of acute inflammations against the background of tissue repair, we have a large number of layers of new inflammations on the incomplete reparative process, which urgently require treatment and, moreover, become available for treatment.

Thus, the proposed 4-level algorithm largely solves the problem of not just eliminating exacerbations, but the treatment of chronic inflammatory processes.

As an example, I cite data on some patients,

treated with this algorithm, both by me and G.A. Logvinova:

1. Patient R., 53 years old. Diagnosis: Chr. hepatitis, chr. pancreatitis:By the results of ultrasound from 30.06.08

Liver: Sizes: right lobe - 16 cm, left - 8.5 cm, caudate - 2.8 cm, the structure of the parenchyma is diffusely heterogeneous, the vascular pattern is moderately depleted.

Pancreas: Dimensions: head - 29 mm, body - 18 mm, tail - 30 mm, the contours are bumpy, echogenicity is increased significantly, the structure of the parenchyma is diffusely heterogeneous.

According to the results of ultrasound from 23.01.09 (i.e. h / z 7 months):

Liver: The right lobe is 14.6 cm, the left is 7.8 cm, the caudate is 2.3 cm, the structure of the parenchyma is homogeneous, the vascular pattern is preserved.

Pancreas: Dimensions: head - 22 mm, body - 11 mm, tail - 20 mm, the contours are even, clear echogenicity is moderately increased, the structure of the parenchyma is homogeneous.

It should be noted that the patient underwent an ultrasound scan in the same medical institution using the same equipment.

2. Patient V., 38 years old. Diagnosis: Infertility.The patient had a lack of motility of sperm, initially treated with conventional methods, then 3 years of bioresonance therapy together with his wife, to no avail. As a result of the application of this algorithm, sperm motility was restored and within 2 months. conception occurred.

3. Patient M, 42, Diagnosis: Hypochromic anemia. Conventional therapy ineffective.

An. blood from 03.09.08:Erythrocytes 2.1x10 / l, hypochromic, HB - 76 g / l, anisocytosis, poikilocytosis. As a result of the treatment according to this algorithm, at a certain stage, babesiosis was detected, therapy was carried out: modeling of babesia fibrosis with the parallel appointment of drainages.

An. blood from 11/28/08:Erythrocytes 4.7x10 / l, normochromic, HB - 120 g / l, the patient continues treatment for another reason, blood test for 3 months. stable.

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