Optimizing Resonant Human-Environment Relationships its habitat is a step towards a new generation of adaptogens S.K. Makina (Medical center "Vega-plus", Petropavlovsk, Kazakhstan)

"Disease is a violation of the ideal

equilibrium

between the individual and the Environment "

Hippocrates

The WHO charter gives a sanocentric definition of health as a state of complete bodily, mental and social well-being, and not just the absence of disease or physical defect. The new version of the WHO strategic program "Health for all in the 21st century", Presupposes the achievement of the highest possible level of health of all inhabitants of the regions of the world. One constant goal is to achieve the full realization by all people of their "health potential ", search for resources, what is good in a person and the development of this

- "cultivating human health". AND HEALTH is the search for new human capabilities.

Methods of diagnostics and therapy of energy-informational medicine (EIM): autonomic resonance test (ART) and multiresonance therapy (MRI) achieve exactly this main goal: to reveal and develop the "health potential" of both a patient and a healthy person. Materials of 14 International Conferences "Theoretical and Clinical Aspects of Application

bioresonance and multiresonance therapy "are evidence of this obvious fact [1]. From the positionbiophysical model of "health - disease",

the method of adaptive MCT with targeted drugs considers a person not only as a biological object with an anatomical structure, but also as a complex energy system, taking into account its emotional and spiritual components. These are the so-called exposure levels. EIM principles and methods providetriune impact to a biological object at the informational, energetic, physical levels and allow achieving the health formula: energy-informational, neurohumoral homeostasis.

Man, animals and flora Are open information

thermodynamic [2], autonomous electric [3], hydrated

macroquantum systems [4], continuously exchanging mass, energy, information with the external environment.

Quantum mechanical concept illness provides, what disorders of energy-informational exchange with the external environment: the ability to perceive and process information, lead to diseases of an individual or society. The disease is viewed as a person's loss of adaptive abilities, inadequacy of compensatory mechanisms, combined with quantum chaos in the body as a result of field deformations and energy imbalance in the bioenergetic system. Hence, the goal of any therapy is the optimal adaptation of the body to the sum of all stimuli and, thereby, maintaining the balance of an open, self-adjusting, self-regulating biosystem.

Achievement of health occurs when adequate relationship

a person with the outside world, leading to internal balance. Based on the methodological principles of EIM, Gotovsky Yu.V. developed andmethod of adaptive multilevel systemic therapy (MCT) targeted energy-informational preparations and systemic spiritual adapters (authors AE Kudaev, KN Mkhitaryan, NK Khodareva) [6].

The method allows you to dynamically and gently optimize human interactions with the outside world and accordingly change the state of the internal balance. How does a person interact with the outside world? According to the authors of the MCT, each person has his own frequency corridor. This frequency corridor corresponds to a certain understanding characteristic of each person. If a person enters an environment that differs from his frequency corridor, a certaina signal of the inadequacy of the environment, which damages it or can destroy it. Human health dependson the degree of human relationship with the outside world and the state of its internal balance. This aspect is considered by the authors as one of the main etiological moments of health disorders. This approach continues the ancient Chinese tradition of looking at health from the perspective of continuous energy-information exchange, exchange of gi: gi is external and gi is internal. If a person is genetically strong, then events change and the body resists these commands from the external environment, adapting internal resources. The etiological moment is common, but the manifestations at the level of physiology are diverse.

Thus therapy objectives are reduced to optimizing the above relationships, finding a consensus, expanding the human frequency corridor, leading to changes in the psychoneuroimmunoendocrine system, which then reacts differently to signals from the external environment.

In the last year, both classical methods of adaptive BRT and MRI and the method of adaptive MCT with targeted energy-information drugs have been used for diagnostic and therapeutic purposes in the treatment of patients. Diagnostics and therapy were carried out using the APK "IMEDISEXPERT", the Center "IMEDIS" (Moscow), the device "golden section" and the light probe of the center "Artemis" (Rostov-on-Don).

Using the adaptive MCT method, a positive result was obtained in a number of patients with severe clinical pathology in a relatively short period of time, with a minimum number of sessions and without exacerbations. There was practically no need to conduct resonance frequency therapy (HRT) sessions for the infection found. Adaptive MCT was used in patients of different ages with various nosological forms.

The systemic, etiotropic principle in therapy when using the drug targeting method made it possible to minimize the number of sessions and increase the length of time between doses in patients.

The effectiveness of treatment was assessed according to the data of an objective examination, general blood and urine tests, blood biochemical parameters, immunograms, and ultrasound.

To determine the degree of disturbance in the relationship of the examined patient with the environment, a number of tests in ART were used. The most sensitive of them turned out to be the well-known test - the drug Fuzailova 15 (PF) and the Shraibman Connective Tissue Scale (SCC). In the case when after adaptation by the patient's MCT methods to the signals of the external environment, all test indicators for violations of the above relationships are not tested, and the PF is preserved, a thorough comprehensive examination is necessary for oncopathology, both explicit and latent. All patients received allopathic treatment for a long time to no avail.

We bring to your attention examples from numerous patients, when the patient's condition has changed dramatically in 1 session or directly on session. In all cases, the test pointers pointing to the for maladjustment of the patient environment were positive.

Example 1

Patient A., 4 months old. Date of admission:

06/26/2008 Diagnosis: Natal injury to the cervical department spine.

Extremely tense family relationships - according to relatives. Objectively, the child's head is constantly thrown back and to the right as much as possible, hypertonicity of the muscles of the upper extremities.

Adequate adaptation of the child to environmental factors was carried out. Informational preparations have been created: the sum of systemic spiritual adaptants (SDA) and the sum of negative programs (NP) aimed at CMH (the sum of indicators obtained with the help of a light probe from the lines of life, head, heart along the dominant hand); the sum of neuroinfections aimed at CMH. During the first week, the child began to keep his head straight and practically passed the hypertonicity of the muscles of the upper extremities. The result is sustainable.

Follow-up for 9 months.

Example 2

Patient B., born in 1979 Reception date 09/27/2008

Diagnosis: Chronic glomerulonephritis. Mixed flow option. Transient azotemia. Hypercholesterolemia. Obesity II degree.

Expressed affection for his mother, daughter, condemnation of the father.

During examination in a hospital in Krasnoyarsk in April 2007, the diagnosis was made: acute glomerulonephritis. (urinary syndrome with proteinuria up to 1.7 g / day, moderate laboratory ESR activity up to 18 mm / hour).

In May 2007 and again in May 2008, hospitalization due to exacerbation of chr. glomerulonephritis, mixed course, stage of exacerbation. Transient azotemia (urinary syndrome with proteinuria up to 3.2 g / day, urea - 9.3 mmol / l, creatinine - 220 μ mol / l, ESR - 50 mm / h, hemoglobin - 107 g / l, without immunological tension). Was discharged against the background of improved blood and urine tests (proteinuria up to 3.2 g / day, urea 6.2 mmol / l; creatinine 111 μ mol / l, ESR - 26 mm / h). Subsequent data analyzes were saved without special changes.

09/29/08 an adequate adaptation patients to factors environment. Created information mational preparations according to the method adaptive MCT: Amounts of SDA and NP, respectively, on KMH. After taking them in the session, the PF test remained positive. The further tactics of therapy were determined through the optimal reserves of adaptation. Additional drainage preparations and PF have been created, aimed at CMH, urine autonosode aimed at for micosis fungoides.

In October 2008 - urine protein - 57 mg / day, leukocytes - 2–4, erythrocytes up to 50 in p / s, ESR - 25 mm / h; In November 2008: urine protein - neg., Leukocytes - 2-3, erythrocytes - 0-1 changes, ESR - 30 mm / h. From December to the present, laboratory data are normal.

06.01.2009 re-examination. No complaints. MCT continues.

Treatment is carried out against the background of taking the tableted Plaquinil, Renitec, Curantil.

Follow-up for 6 months.

Example 3

Patient N., born December 6, 2004 Reception date 27.05.2008

Diagnosis - Hemorrhagic vasculitis, skin-articular-abdominal form, severe recurrent course.

During pregnancy, my mother divorced her husband. The child is very attached to his father. Loves him and wants him to be with his family.

From 22.02. until 13.05.08 was inpatient treatment in the rheumatology department. On discharge from the hospital, the child's condition is serious. Extremely asthenic. Hemorrhagic rash on the arms and legs, areas of pigmentation, itching. In dynamics, during allopathic therapy, deterioration of laboratory parameters: HB - 122 then 106 g / l, platelets 289 - 383; ESR - 6 - 39 mm / hour; urine protein - neg. - 0.0099, erythrocytes - absent - completely; Hospital therapy - fraxiparin / heparin, pentoxifylline, diclogen, prednisolone. Due to the lack of positive dynamics, the child

consulted in the NCP and Household of the city of Almaty and the clinic in Novosibirsk. The treatment is still without the slightest effect. Diet from the beginning of treatment - porridge on water, no salt. Heparin 6 times a day n / a, during the last 1.5 months.

05/27/08 - the child is indifferent to everything, pronounced asthenicity, hemorrhagic rash on the skin of the hands and feet, swelling and pain in the feet, in the knee and ankle joints. Cannot stand or walk due to pain in the feet. An adaptive MCT was performed. Preparations for the child have been created: Amounts of SDA and NP at KMH: Amount of NP at KMH for mother. Immediately during the session, edema, rashes and pains on the legs began to decrease significantly, more on the right. The child was able to stand leaning on his right leg. On the morning of 05/28/08, a miracle happened in the literal sense. All complaints disappeared. From 28.05.08, my mother independently canceled heparin and diet, and also introduced nutrition, without any restrictions, without further complications. For some time - trental per os. The child is cheerful. Complete normalization of laboratory analysis data. The condition remains stable to this day.

Follow-up for 10 months.

Example 4

Patient S., born 11.10.2005 Reception date 12.12.2008 Diagnosis: Intestinal dysbiosis, decompensated form. Intestinal candidiasis. Giardiasis of the intestine. Atopic dermatitis. Thrush

The family is stable, emotionally balanced. During pregnancy (5 months), my mother had contact with a gypsy woman who put her into a trance. During the trance, my mother gave her all the money and jewelry.

The child has been ill since 2007. Examination at the healthcare facility revealed the presence of saprophytic staphylococcus, Candida, Escherichia coli in the feces, and Streptococcus pyogen from the lesion focus. ELISA - lamblia - positive. The conclusion of the immunologist - microbial eczema, with gastropathology. There are no data for primary immune deficiency. Long-term treatment (n / giardiasis,

p / worms, antihistamines) without effect. Daily tube of dexamethasone ointment to reduce itching, throughout the year.

Objectively, the child's skin of the whole body and face is covered with a smallspotted papular rash, with profuse scabs, alternating with elements of lohenization. The scalp is covered with scabs. The child's nutrition is solely only porridge on the water.

12.12.2008 The child was adequately adapted to the factors environment. Dexamethasone ointment was canceled. Targeted informational preparations have been created: the amount of SDA and NP at KMH. In just a week, the skin of the body and face was completely cleansed. On 12/30/08, the mother gave paracetamol about a cold in the child. After that, rashes appeared about 30% of the body surface. In January, a second session of therapy was carried out, with the creation of adaptive drugs using the MCT method. There are no rashes on the skin of the body and face. Hyperemia of the skin in places where there were rashes, with single elements of lichenization. Itching practically does not bother. Expansion of the diet - added potatoes, bananas, baked fruits. The treatment continues.

As can be seen from the examples, a quick, positive effect was obtained in patients, despite the severity of their condition and the difference in nosological forms, by the method of adaptive MCT with targeted drugs. The method ensured the adequacy of the impact on the patient, depending on the degree of violation of his internal environment to the external one. Thus. the adaptation of patients to the damaging factors of the external environment was carried out, restoring balance in the most complex human energy system, taking into account its physical, emotional, spiritual component. The cure mechanism was launched at the information-energy level in the form of a control signal: a targeted drug, followed by restoration

biochemical processes in the body. The method ensures the minimum expenditure of a person's energy budget for the restoration of health and allows for the prevention of disability for both children and adults. The question of the size of financial investments when using allopathic medicine and energy-informational medicine is actually decided in favor of the latter.

Conclusions:

1. The maladjustment of a person to environmental factors leads to disorders its internal balance, health problems, illness. The most sensitive test of maladjustment is the PF test and M. Shraibman's STK scale

2. Targeted energy-informational preparations created by the method adaptive MCTs are new generation adaptogens.

3. Adaptive MCT methods	targeted drugs, provide energy costs,
etiotropy, minimality	optimality
therapeutic effect,	allow you to minimize the volume

therapeutic interventions and realize the "health potential".

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