On the possibilities of modeling methods for the diagnosis and treatment of obsessive-compulsive disorder using hardware-software complex "IMEDIS-FALL"

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Obsessive-compulsive disorder is characterized by disturbances in the field of emotions and will - indecision, suspiciousness, fearfulness, all sorts of doubts, fears and apprehensions. The most common obsessive fear of heart disease (cardiophobia), fear of enclosed spaces (claustrophobia), or open spaces (agoraphobia). More rare manifestations of the disease are obsessions, memories of movement or actions (rituals).

Obsessive-compulsive disorder is commonly referred to as obsessive neurosis. Phobia is classified as a special form of neurosis. Mental trauma is the main cause of obsessive-compulsive disorder. These can be conflict situations generated by the coexistence of conflicting tendencies. An example is the emerging feeling of hatred for a loved one, the desire for his death. But moral principles and a sense of duty leads to a conflict situation, and an obsessive fear of sharp objects, an obsessive feeling of guilt in front of a loved one, may arise, which leads to neurosis.

Obsessive-compulsive neurosis should also include perversions, which are fixed obsessive actions or drives, as well as obsessive ideas and thoughts. The performances are in the nature of vivid obsessive memories, these include some melodies, individual words, phrases from which the patient cannot get rid of. Obsessive memories are particularly persistent. An example would be a woman who constantly looked after a sick mother. After the death of a loved one, she was left with a sense of guilt in what had happened, and she constantly tried to evoke an image of her mother, which led her to a severe depression and neurosis.

Obsessive thoughts can be expressed in the form of obsessive doubts, fears, memories, blasphemous thoughts, philosophies. One doctor became incapacitated because of agonizing doubts about the correctness of his prescription. He checked and rechecked the dosage dozens of times with reference books, and yet the thought that he could be mistaken did not leave him and came back again as soon as he closed the book.

With obsessive fears, patients are excruciatingly afraid that they cannot perform this or that action or perform this or that act when it is required. For example, playing a role on a stage, playing a musical instrument, or having sexual intercourse. Obsessive fear leads to a violation of the corresponding function and gives a picture of the neurosis of expectation.

As described above, obsessive fear or phobias are varied and common. The behavior of patients takes on a corresponding character.

A patient with a fear of certain objects asks relatives to remove them away from him, and a patient who is afraid of an enclosed space will

avoid staying in a room, transport, especially one. With an obsessive fear of contamination, patients wash their hands all day, despite the fact that the skin on the hands begins to change. Rags, towels, linen are constantly boiled so that they are "sterile". An infarctophobic patient is afraid that she will have a heart attack on the street, and no one will help her. Therefore, she chooses a route to work that runs past hospitals and pharmacies, but she sits in the doctor's office without fear and fear, realizing its unfoundedness.

Thus, phobia Is fear associated with a certain situation
or by a group of views.

Obsessive actions are most often in the nature of the measures expected above to overcome phobias (often washing their hands, bypassing open areas, not staying in a closed room, etc.). Often there are obsessive tendencies to count objects or windows, or women in red slippers, etc.

This also includes some tics, especially difficult ones, but not violent. The division of obsessive states into obsessions, thoughts, fears and actions is very conditional, since each obsessive phenomenon, to one degree or another, contains ideas, feelings and drives, closely related to each other. The patient may have a number of obsessions and rituals.

Obsessive-compulsive disorder in psychasthenic psychopaths can be regarded as a special form of neurosis - psychasthenia. The main character traits of psychasthenics are indecision, fearfulness, a tendency to doubt, anxious and suspicious state. They are characterized by an increased sense of duty, a tendency to anxiety, fear. This is based on a decrease in "mental stress", as a result of which higher full-fledged mental acts are replaced by lower ones.

Expectation neurosis is expressed in the difficulty of performing a particular function due to the obsessive fear of failure (speech, walking, writing, reading, sleeping, playing a musical instrument, sexual function) can occur at any age. For example, speech impairment may occur after an unsuccessful public speech, during which, under the influence of an agitated patient situation, the speech function was inhibited. In the future, a feeling of anxious expectation of failure developed in
the need for public speaking, and then when speaking in an unusual setting. Similarly, the neurosis of expectation develops with an unsuccessful sexual intercourse, where one or the other partner did not feel at their best.

Thus, neuroses are associated with the factor of memory, psyche and autonomic reactions.

We have developed a method of treating this category of patients with the help of electromagnetic oscillations received from the patient himself (endogenous bioresonance therapy).

For the development of diagnostic and treatment methods, the equipment of the IMEDIS center was used, with the use of a vegetative resonance test.

First of all, it was necessary to understand which brain structures are responsible for the appearance of dominant memories, which can disrupt the work of structures responsible for mental and autonomic reactions.

To understand the process of the emergence of dominant memories, we present the results of some studies in the world, which, in our opinion, reveal the mechanisms of long-term memory.

American scientists from the SUNY Downstate Medical Center have discovered a molecular mechanism that is responsible for storing information in the brain. Experiments have shown that suppressing the corresponding molecules allows long-term memories to be erased. Moreover, it turned out that such a "cleansing" of memory absolutely does not prevent the repeated memorization of information.

According to the researchers, long-term memory is provided by an enzyme called protein kinase M-zeta, which constantly strengthens the strength of synaptic connections between neurons. By inhibiting the activity of this enzyme, scientists have learned to erase memories of a day or even a month ago. It is noteworthy that the suppression of other similar molecules could not affect memory.

A detector, a biochemical clue that coordinates the collection of different types of information turned out to be a molecule n-methyl d-aspartate (NMDA). Blocking NMDA receptors leads to learning loss and sometimes complete memory loss. And drugs that stimulate the work of NMDA receptors, on the contrary, improve memory.

The inclusion of long-term memory blocks is provided approximately 10 minutes after the arrival of information in the cell. During this time, there is a restructuring of the biological properties of the nerve cell. A number of researchers believe that afferent impulses arriving in nerve cells during learning causes either a quantitative activation of RNA and protein synthesis, which can lead to the establishment of new synaptic connections and restructuring of existing ones, or the oncoming activation of the synthesis of nucleic acids and protein is targeted, specific. , and synthesized molecules are a repository of information.

The results obtained to date indicate the great importance of the main mediators (acetylcholine, norepinephrine, dopamine, serotonin, GABA) in these processes, although the specific forms of participation of each mediator depend on what type of information is memorized. For example, it has been shown that a decrease in the level of acetylcholine in the brain by choline acetylase inhibitors disrupts learning, and its increase accelerates the development of defensive skills. Serotonin facilitates the development and storage of skills based on positive (nutritional) reinforcement and negatively influences the formation of defensive responses. According to existing concepts, the noradrenergic and serotonergic systems are largely antagonists in relation to memory processes, and the ability to develop certain skills depends not so much on the absolute level of content of this or that mediator, but on the ratio of the activities of these systems. Thus, disorders caused by an increase in serotonin content can be compensated for by parallel activation of the noradrenergic system and vice versa.

It was found that some oligopeptides, which are molecules of a small number of amino acid residues, are able to modify the learning process and affect the degree of production, storage and

extinction of acquired behavioral reactions. Of the peptides belonging to the number of hormones, the most pronounced effect on the processes of learning and memory is exerted by the pituitary hormones - adrenocorticotropic hormone (ACTH) and vasopressin. When studying the effect of ACTH on memory processes, it was shown that that the main role in its action belongs to the ACTH fragment4-10, which has almost the same effect on these processes as the whole hormone.
In addition, it was found that the stimulating effect of ACTH fragments on learning is not associated with the actual hormonal function of the peptide, since the fragments - memory activators are deprived of such a function.

The hormone of the posterior lobe of the pituitary gland, vasopressin, also has a pronounced positive effect on the development of conditioned reactions in animals. Stimulation of memory processes by vasopressin is not associated with its hormonal action, since the same stimulating effect is exerted by some of its analogs and fragments that do not cause hormonal reactions characteristic of vasopressin. There is every reason to believe that ACTH and vasopressin or their fragments formed in the body as a result of the breakdown of hormones not only stimulate memorization when they are introduced from the outside, but constantly function in the brain as regulators of memory processes (Ashmarin I.P. et al., 1996).

In the 1970s, specific morphine receptors were found in the brains of various vertebrates. These receptors are focused on synaptic membranes. The richest in them is the limbic system, on which the emotional response depends. Later, endogenous peptides were isolated from the brain tissue, mimicking the various effects of morphine upon injection. These peptides, which have the ability to specifically bind to opiate receptors, are called endorphins and enkephalins.

It turned out that peptides with morphine-like activity are derivatives of β-lipotropic hormone of the pituitary gland. It was found that β-endorphin is a fragment of β-lipotropin from the 61st to the 91st, γ-endorphin from the 61st to the 77th and α-endorphin from the 61st to 76th amino acid residues.

Enkephalins are also β-lipotropin fragments, but they are significantly smaller than endorphins. Enkephalins are pentapeptides. The most studied are two pentapeptides: methionine-enkephalin (Tyr-Gly-Gly-Fen-Met) and leucine-enkephalin (Tyr-Gly-Gly-Fen-Leu). The content of methionine enkephalins in the brain is 4 times higher than the content of leucine enkephalins.

According to the literature, the main structure in which information is recorded and reproduced is the limbic system.

After preliminary processing in the central nervous system, the second level of central processing of information occurs in four functional systems, to which signals from the senses come. These are the associative system, the limbic system, the motor system, and the autonomic system. The complex, almost unexplored interactions of these brain regions can be considered the basis of our behavior. The limbic and paralimbic structures, the anterior and medial nuclei of the thalamus, the medial and basal parts of the striatum, and the hypothalamus form an extensive neural structure - limbic system. She coordinates emotional, motivational, vegetative and endocrine processes.

The limbic system also provides another important function, the violation of which is often found in clinical practice - the memory of events, acquired skills and accumulated knowledge.

The limbic system mainly includes the structures of the olfactory brain. - the most ancient part of the hemispheres. In the descriptions of morphologists, the so-called limbic system is presented in the form of an "anatomical emotional ring", which includes various brain formations. These are cortical structures: hippocampus, parahippocampal gyrus, cingulate gyrus, structures of the olfactory brain (olfactory bulbs, olfactory tubercles), areas of the cortex above the amygdala, and also partially the frontal cortex, insular cortex and temporal lobe cortex; subcortical structures (amygdala, septal nuclei, anterior thalamic nuclei), hypothalamus, mastoid bodies. All limbic structures are connected with each other and with other parts of the brain. The connections with the hypothalamus are especially rich. Signals pass through the limbic system, directed from all senses to the cerebral cortex, and also in the opposite direction. It determines the emotional mood of a person and motivation, i.e. motivation for action, behavior, learning processes, memory, and also provides a general improvement in the body's adaptation to constantly changing environmental conditions. Despite the fact that damage to the limbic structures causes amnesia, the limbic system cannot be considered a storehouse. Memory traces are distributed throughout the associative cortex, and the role of the limbic system is to combine these separate fragments into accessible for recall

events and signs niya. The defeat of the limbic system does not erase the traces of memory, but violates them conscious replay remain formation, while individual fragments information intact provide the so-called procedural memory.

Thus, the interest of obsessive states limbic systems in the occurrence of the is manifested presence of a dominant memory and emotional reactions, and since the connections of the limbic structures with the hypothalamus are very pronounced, this condition is accompanied by dysfunctions of the hypothalamus with the involvement of the autonomic, endocrine and immune systems.

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, the 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, aggression-related and breeding-related behavioral responses. 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

constancy of 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 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 neurosecretory is released 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 (dopamine 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 branching axons of neurosecretory cells, enter the posterior lobe of the pituitary gland, from where they are carried by blood.

The hypothalamus is located anterior to the cerebral peduncles 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, which 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. The hypothalamus contains centers of thirst, hunger, centers that regulate human emotions and behavior, sleep and wakefulness, body temperature, etc. Centers of the cerebral cortex regulating human emotions and behavior, sleep and wakefulness, body temperature, etc. Centers of the cerebral cortex regulating human emotions and behavior, sleep and wakefulness, body temperature, etc. Centers of the cerebral cortex correct the reactions of the hypothalamus, which arise in response to the on changes internal environment of the body.

In recent years from hypothalamus highlighted possessing morphine-like action of enkephalins and endorphins. Believed to influence behavior (defensive, eating, sexual responses) and

vegetative processes, providing survival person. So, the hypothalamus regulates all body functions except heart rate, blood pressure and spontaneous respiratory movements, which are regulated by the medulla oblongata.

Since the limbic system and the hypothalamus have extensive connections with the cortex, which is responsible for the conscious function, and obsessions - the conscious function, we will be interested in the adequacy of these connections.

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 to only one hemisphere. In the 1960s, 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, the 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 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 data that the specialization of the hemispheres in men is more pronounced than in women.

Right the hemisphere, for example, has some ability perception of speech, while the left perceives the whole picture to a greater extent. The brain, especially the sensory brain, is capable of drawing conclusions from almost

inconspicuous 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 is not immediately appreciated, then the sacrifice, lunch, will 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.

The corpus callosum - the largest commissure, is located at the bottom of the longitudinal slit 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.

Conduction disturbance on the corpus callosum body leads to inadequate, conscious assessment and conscious awareness respond to impulses, coming from the limbic system and the hippocampus.

Thus, it becomes clear that obsessive states and their characteristics depend on the function of the limbic system (hippocampus), hypothalamus and corpus callosum.

To diagnose these conditions, a research algorithm was developed, which was tested on 350 patients.

Without the connection of amplification drugs (pineal gland), mental stress is tested, sequentially all 8 degrees. In most patients, various degrees of mental stress are tested. Normally, the psyche should be tested for any stimulus in one state or another. But she must respond adequately, without hyper- or hyporeaction. We need to find out what degree of mental stress is inadequate.

To do this, we connect Cu Met D400, having previously disabled the indicators for mental stress, and through it we filter the identified degrees of mental stress. The degree of mental stress that
restores the measuring level is inadequate, i.e. Cu Met D400
↓ + mental load ↑.

To find out whether the identified mental load is dominant, it is necessary to test the presence of mesenchyme blocks on this chain. Mesenchyme blocks can be of the 2nd (associated with neurotransmitters) and 3rd layers (neuronal transmission), i.e.

Cu Met D400 ↓ + mental load ↑ + mesenchymal block 2, 3 layers ↓. There can be only a block of the 3rd layer, or 2 and 3 layers at the same time.

In the absence of mesenchyme blocks, this mental load, although not adequate, is not dominant.

As a result of numerous measurements and EEG data, a pattern was revealed between the activity of neurons in the central nervous system and the degrees of mental stress.

The mental stress test reflects more the degree of neuronal activity than the mental state. With convulsive and tense
the activity of the central nervous system is determined by the 1-3 degree of mental stress, and in case of suppressed and depressive conditions, the 6-8 degree.

Next, you need to determine in the frequencies of which structure of the brain

determined fixed, inadequate, neuronal activity.
Since the presence of a fixed memory is necessary for the obsessive state, we will be interested in the structures of the limbic system, i.e.
Cu Met D400 ↓ + mental load ↑ + mesenchymal block 2, 3 layers ↓ + hippocampus comp ↑.

If fixed, inadequate neuronal activity is determined in other structures of the brain that are not related to memory, then this is a completely different pathology.

Next, it is necessary to determine the metabolism of the hippocampus itself in order to exclude its own pathology, i.e.
Cu Met D400 ↓ + mental load ↑ + mesenchymal block 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑.

There is no vegetative component on the hippocampus.

The appearance of anabolism more than one indicates an increase in the activity of synthetic processes, up to proliferation, i.e. tumor processes.

Testing for catabolism on the hippocampus indicates an increase in destruction processes, up to inflammation and degeneration.

Next, it is necessary to determine the degree of functional activity of hippocampal neurons, on which there is a fixed, inadequate, neuronal activity. Since neuronal activity completely depends on the state of hormones (neurotransmitters), it is necessary to find out the state of the endocrine system, and through which hormones this disturbance is realized, i.e.

Cu Met D400 ↓ + mental load ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + endocrine system state ↓ + hormones ↑.

If the metabolic parameters are inadequate and in order to exclude morphological changes in the hippocampus itself, it is necessary to test through a pointer to connective tissue insufficiency in the straight line and in the inversion, i.e.
Cu Met D400 ↓ + mental load ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + endocrine system state ↓ + hormones ↑ + connective tissue insufficiency.

If connective tissue insufficiency is tested directly, then we we have “minus” fabric, if in inversion - then “plus” fabric.

In the presence of connective tissue insufficiency, check the necessary state of the immune system and determine the department, i.e.
Cu Met D400 ↓ + mental load ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + endocrine system state ↓ + hormones ↑ + connective tissue insufficiency ↓ + immune system state ↑ + department ↓.

If the parameters of metabolism on the hippocampus are inadequate, it is necessary to sequentially test the presence of toxic loads: Cu Met D400 ↓ + mental load ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + endocrine system state ↓ + hormones ↑ + connective tissue insufficiency ↓ + state of the immune system ↑ + department ↓ + Intox ↑.

If Intox I is being tested, then it is necessary to find out what substance it is

matches, i.e.
Cu Met D400 ↓ + mental load ↑ + mesenchymal block 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + endocrine system state ↓ + hormones ↑ + connective tissue insufficiency ↓ + immune system state ↑ + department ↓ + Intox ↑ + viral load ↓ + specific virus ↑.

Herpes viruses, hepatitis viruses are very common
B, C, coxsackie A7, B4

As a rule, no other pathogens are found.

If Intox III is being tested, then it is necessary to find out what kind of burden this corresponds to and specific L-amino acids in potencies 1000 and 2000, i.e.
Cu Met D400 ↓ + mental load ↑ + mesenchymal block 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + endocrine system state ↓ + hormones ↑ + connective tissue insufficiency ↓ + immune system state ↑ + department ↓ + Intox III ↑ + type of weighting ↓ + amino acids ↑.

Thus, we learned how and with what parameters hippocampal neurons function, on which there is a fixed, inadequate, neuronal activity.

Since this state of the hippocampus corresponds to obsessive-compulsive neurosis, it must be changed.

The order is being built:
mental load (in inversion) ↓ + blocks of mesenchyme 2, 3 layers (in inversion) ↑ + hippocampus comp ↓ + anabolism 1 ↑ + alkalinity 1 ↓ + state of the endocrine system (in inversion) ↑ + hormones ↓ + connective tissue insufficiency (on inverse) ↑ + state of the immune system (in inversion) ↓ + department ↑ + Interferon D30 ↓ + viruses (in inversion) ↑ + amino acids ↓.

After connecting the preparations from the selector, we will write down to 2-3 globules in the first container of the BRT 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 which organ should be changed in order for the hippocampus to function with the ordered parameters.

The hypothalamus turned out to be such an organ, which means that the fixed, inadequate, neuronal activity of the hippocampus led to a disruption in the autonomic-endocrine system.

Since we have reached the central structures, we have to use type 2 chains.

Hypothalamus ↓ + anabolism 1 ↑ + alkalinity 1 ↓ + state of the endocrine system ↑ + hormones ↓ + state of the immune system ↓ + department ↑ + Interferon D30 ↓ + viruses (inverse) ↑ + amino acids ↓.

Having previously removed the globules from the 2nd container, we connect the preparations from the selector, and write down on 2-3 globules in the first container for 1 minute.

We put the resulting drug in the load in the second container and in the MT mode we will look for an organ that can provide us with such a work of the hypothalamus.

The corpus callosum turned out to be such an organ, which means that the neurons of the hippocampus, which have fixed, inadequate, neuronal activity, led to a disruption in the autonomic-endocrine system, which in turn led to inadequate functioning of the corpus callosum, which led to the appearance of mental inadequacy.

The corpus callosum must work with the following parameters:
Corpus callosum comp ↓ + anabolism 1 ↑ + alkalinity 1 ↓ + endocrine system state ↑ + hormones ↓ + immune system state ↓ + department ↑ + Interferon D30 ↓ + viruses (inverted) ↑ + amino acids ↓.

Having previously removed the globules from the 2nd container, we connect the preparations from the selector, and write down on 2-3 globules in the first container 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 corpus callosum.

The liver turned out to be such an organ:
Liver D10, 12, 15 ↓ + catabolism 1, 2, 3, 4 ↑ + alkalinity 1, 2 ↓ + VNS depletion 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 (inverted) ↑ + Interferon D30 ↓ + viruses ↑ + amino acids ↓.

Now it becomes clear that in order to remove the component of memory, which led to the appearance of fixed, inadequate, neuronal activity on the neurons of the hippocampus, the liver must work in a mode of hyperfunction (i.e., in high potencies), with intense destruction (catabolism 1, 2, 3, 4) biologically active substances that are related to memory factors.

Having previously removed the globules from the 2nd container, connect the preparations from the selector and write them into 2-3 globules in the first container of the apparatus for 1 minute.

We put the resulting drug in the load in the second container and in MT mode we will look for an organ that can provide such a work of the liver.

These organs can be, first of all, the kidneys, testes, ovaries, intestines and the liver itself.

For clarity, let's consider a specific case (the easiest one).

Clinical example

Patient Sarksyan A.T., 17 years old, came to us on July 15, 2007, complaining of pronounced disgust, fear of being left alone, constantly washing her hands after touching something, avoiding communication with anyone, for fear of contracting infections ...

During the examination by ART, the following parameters were found:
1. Cu Met D400 ↓ + mental load of the 7th degree ↑.
2. Cu Met D400 ↓ + 7 degree mental load ↑ + mesenchymal block 2, 3 layers ↓.
3. Cu Met D400 ↓ + 7 degree mental load ↑ + mesenchymal block 2, 3 layers ↓ + hippocampus comp ↑.
4. Cu Met D400 ↓ + mental load of the 7th degree ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑.
5.Cu Met D400 ↓ + mental load of the 7th degree ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + depletion of the endocrine system 1, 2, 3 ↓ + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↑.
6.Cu Met D400 ↓ + mental load of the 7th degree ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + depletion of the endocrine system 1, 2, 3 ↓ + adrenocorticotropic hormone (ACTH) + vasopressin +

serotonin + norepinephrine + DHEA ↑ + depletion of the immune system 1, 2, 3 ↓ + spleen ↑.
7.Cu Met D400 ↓ + mental load of the 7th degree ↑ + blockymesenchyme 2, 3 layers ↓ + hippocampus comp ↑ + anabolism 1 ↓ + alkalinity 1 ↑ + depletion of the endocrine system 1, 2, 3 ↓ + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↑ + depletion of the immune system 1, 2, 3 ↓ + spleen ↑ + Intox I ↓ + viral load ↑ + Coxsackie virus B4 D5, D15, D30, D60 ↓.

Thus, we learned how and with what parameters hippocampal neurons function, on which there is a fixed, inadequate, neuronal activity.

Since this state of the hippocampus corresponds to obsessive-compulsive neurosis, it must be changed.

The order is being built:
mental load of the 7th degree (in inversion) + blocks of mesenchyme 2, 3 layers (in inversion) + hippocampus comp + anabolism 1 + alkalinity 1 + depletion of the endocrine system 1, 2, 3 (in inversion) + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA + depletion of the immune system 1, 2, 3 (in inversion) + spleen + viral load + Coxsackie virus B4 D5, D15, D30, D60 (in inversion).

We will write down the revealed necessary parameters into 2–3 globules in the first container of the apparatus for 1–2 minutes.

The resulting preparation is placed in the second container of the device for BRT without connecting the electrodes and turn on the MT mode.

Let's look for which organ and how should be changed in order for the hippocampus to function with the ordered parameters.

The hypothalamus with the following parameters turned out to be such an organ:
Hypothalamus comp ↓ + anabolism 1 ↑ + alkalinity 1 ↓ + tension of the endocrine system 1, 2, 3 ↑ + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↓ + tension of the immune system 1, 2, 3 ↑
+ spleen ↓ + viral load ↑ + Korsaki virus B4 D5, D15, D30, D60 (in inversion) ↓.

Having previously removed the globules from the 2nd container, we connect the preparations from the selector and write them into 2-3 globules in the first container for 1 minute.

The resulting preparation is placed in the second container of the device for the BRT without connecting the electrodes and switched on in the MT mode.

Let's look for which organ and how it should change in order for the hypothalamus to function with the ordered parameters.

The corpus callosum turned out to be such an organ, which means that the hippocampal neurons, which have fixed, inadequate, neuronal activity, led to a disruption in the autonomic-endocrine system, which, in turn, led to inadequate functioning of the corpus callosum, which led to the appearance of mental inadequacy.

The corpus callosum must work with the following parameters: Corpus callosum comp ↓ + anabolism 1 ↑ + alkalinity 1 ↓ + endocrine system tension 1, 2, 3 ↑ + serotonin + norepinephrine + DHEA ↓ +
tension of the immune system 1, 2, 3 ↑ + spleen ↓ + viral load ↑ +
Coxsackie virus B4 D5, D15, D30, D60 (in inversion) ↓.

Having previously removed the globules from the 2nd container, connect the drugs from the selector and write down on 2-3 globules in the first container for 1 minute.

The resulting preparation is placed in the second container of the device for BRT without connecting the electrodes and turn on the MT mode.

Let's look for which organ and how it should change so that the corpus callosum functions with the ordered parameters.

This organ turned out to be the liver with the following parameters:
Liver D10, 12, 15 + catabolism 1, 2, 3, 4 + alkalinity 1, 2 + ANS depletion 1, 2, 3 + vagus D10, 12, 15 + endocrine system stress 1, 2, 3 ↑ + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↓ + tension of the immune system 1, 2, 3 ↑ + spleen ↓ + viral load ↑ + Coxsackie virus B4 D5, D15, D30, D60 (in inversion).

Now it becomes clear that in order to remove the component of memory, which led to the appearance of fixed, inadequate, neuronal activity on the neurons of the hippocampus, the liver must work in a mode of hyperfunction (i.e., in high potencies), with intense destruction (catabolism 1, 2, 3, 4) biologically active substances that are related to memory factors.

Since we have entered the peripheral structures, we must use type 1 chains.

Having previously removed the globules from the 2nd container, we connect the preparations from the selector and write them into 2-3 globules in the first container for 1 minute.

We put the obtained drug in the load in the second container and in the MT mode, we will look for an organ that can provide such a work of the liver.

The kidneys with the following parameters turned out to be such an organ:
Kidneys D10, 12, 15 + catabolism 1, 2 + alkalinity 1, 2 + VNS voltage 1, 2, 3 + sympathicus D3, 4, 5 + endocrine system stress 1, 2, 3 ↑ + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↓ + tension of the immune system 1, 2, 3 ↑ + spleen ↓ + viral load ↑ + Coxsackie virus B4 D5, D15, D30, D60 (in inversion). Having previously removed the globules from the 2nd container, connect the drugs from the selector and add the address at the end:
Kidney D10, 12, 15 + catabolism 1, 2 + alkalinity 1, 2 + VNS voltage 1, 2, 3 + sympathicus D3, 4, 5 + endocrine system stress 1, 2, 3 ↑ + adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↓ + tension of the immune system 1, 2, 3 ↑ + spleen ↓ + viral load ↑ + Coxsackie virus B4 D5, D15, D30, D60 (in inversion) + Liver D10, 12, 15.

In the BRT mode with connected frontal electrodes, we determine the meridians through which we can receive the answer.

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

After restoring the initial measuring level, we record the drug in the first container for 2-3 minutes.

We will test the dose of the drug by connecting from the selector
Kidney D10, 12, 15 + catabolism 1, 2 + alkalinity 1, 2 + VNS voltage 1, 2, 3 + sympathicus D3, 4, 5 + endocrine system stress 1, 2, 3 ↑ +

adrenocorticotropic hormone (ACTH) + vasopressin + serotonin + norepinephrine + DHEA ↓ + tension of the immune system 1, 2, 3 ↑ + spleen ↓ + viral load↑ + Coxsackie virus B4 D5, D15, D30, D60 (in inversion) + Liver D10, 12, 15 + an increasing number of globules per load, which will restore the original measurement level.

The minimum required dose for a single dose has been received. It corresponded to 6 globules.

We continue to increase the number of globules until the drug starts to decrease the initial measurement level. We get the maximum daily dose. It corresponded to 26 globules.

The patient was prescribed 6 globules 4 times a day and released for two weeks.

BR preparation 1 was obtained.

The patient came to the second appointment 2 weeks later with marked clinical improvement.

The patient complained only of weakness and lack of, as she put it, "energy."

An energy correction was carried out for primary elements. The degree of deficiency of primary elements was determined, and which ones.

The patient had a deficiency of 1, 2, 3, 4 degrees according to the primary element "water" and "wood", i.e.

insufficiency of primary elements 1, 2, 3, 4 ↓ + primary elements "water" and "wood" ↑.

Since the 1, 2, 3, 4 degree of insufficiency corresponds to the D200 potency, the primary elements were written from the selector in the first container at the position of the "Potency" knob 4.6.

We test the dose of the drug:

insufficiency of primary elements 1, 2, 3, 4 ↓ + an increasing number of globules written into the load, which will restore the original measuring level.

It corresponded to 4 globules.

The drug was prescribed 4 globules once a day. The patient took drugs for 2 months. No further treatment was given.

Follow-up - 2.5 years, no relapses, feels fine.

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