About the meaning of the test-pointer "blockade of mesenichyma"

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In the ART system, great importance is attached to the indicator "blockade of the mesenchyme" (BM). The provision on the need to remove these blockades is debatable, since it is believed that such an action can provoke an exacerbation of a chronic process, cause an acceleration of tumor growth, etc.

An important point in solving these and similar issues is understanding what pathophysiological processes or morphological changes are hidden in the preparation.

The role and place of connective tissue (CT) in the development of pathological processes, the characteristics of its morphological composition, as well as the importance of assessing its condition are devoted to the works of Yu.V. Gotovsky, L.B. Makhonkina, I.M. Sazonova (1996–1997) [1, 3, 7], M.M. Shraibman (2007-2008) [4, 5]. The significance of mesenchymal blockages and their place in the diagnostic process was first pointed out in detail by A.A. Hovsepyan [6].

The importance of assessing the state of the mesenchyme lies in the fact that we are talking about a tissue that is complex in morphological and metabolic terms, is widely represented in the body and has a great influence on the course of physiological and development of pathophysiological processes. ST, being an integral part of all organs, forms, together with blood, an internal environment through which all structural elements receive nutrients and release metabolic products, thereby representing an important link in maintaining homeostasis. With all the variety of different types and varieties, ST is characterized by relatively few structural elements - cells and intercellular matrix. There are three main types of CT cells: fibroblasts and their varieties; macrophages (histiocytes) and mast cells. The rest of the cellular elements - neutrophilic and eosinophilic leukocytes, lymphocytes and plasma cells - are of hematogenous origin and penetrate into CT in large numbers only during a pathological process. The intercellular matrix consists of elastic and collagen fibers, the space between which is filled with the main substance containing carbohydrate-protein complexes: proteoglycans and glycoproteins. Other components: water, enzymes, inorganic salts, proteins, vitamins, hormones get here from the plasma. In addition, the terminal part of the capillary network and the receptor part of the autonomic and somatic nervous systems are located in the connective tissue space [2, 8]. In the mesenchyme, we have multiply intertwined regulatory circuits that communicate through The intercellular matrix consists of elastic and collagen fibers, the space between which is filled with the main substance containing carbohydrate-protein complexes: proteoglycans and glycoproteins. Other components: water, enzymes, inorganic salts, proteins, vitamins, hormones get here from the plasma. In addition, the terminal part of the capillary network and the receptor part of the autonomic and somatic nervous systems are located in the connective tissue space [2, 8]. In the mesenchyme, we have multiply intertwined regulatory circuits that communicate through The intercellular matrix consists of elastic and collagen fibers, the space between which is filled with the main substance containing carbohydrate-protein complexes: proteoglycans and glycoproteins. Other components: water, enzymes, inorganic salts, proteins, vitamins, hormones get here from the plasma. In addition, the terminal part of the capillary network and the receptor part of the autonomic and somatic nervous systems are located in the connective tissue space [2, 8]. In the mesenchyme, we have multiply intertwined regulatory circuits that communicate through hormones get here from plasma. In addition, the terminal part of the capillary network and the receptor part of the autonomic and somatic nervous systems are located in the connective tissue space [2, 8]. In the mesenchyme, we have multiply intertwined regulatory circuits that communicate through hormones get here from plasma. In addition, the terminal part of the capillary network and the receptor part of the autonomic and somatic nervous systems are located in the connective tissue space [2, 8]. In the mesenchyme, we have multiply intertwined regulatory circuits that communicate through endogenous and exogenous interactions, damage to which during the development of the disease leads to the development of blockages and, as a consequence, distortion of the results of assessing the state, and assessing the state of individual organs and systems.

Apparently high importance adequate assessment fortunes mesenchyme caused the representation of a large number drugs connective tissue in the selector device "IMEDIS-Expert".

The purpose research was to determine the meaning and place indicator "Blockade of mesenchyme" in the system of diagnostics and treatment of chronic diseases by the ART-BRT method.

Materials and research methods

Changes in the state were assessed in 128 patients, men and women, aged 21 to 72 years, with various chronic pathologies, both during the initial study and at the stages of therapy. Evaluation of changes in test results was carried out according to the following criteria: change in organ potency (above and below the initial data); the appearance (disappearance) of psychological stress; change in depth (2 and more cu) and direction of the metabolic reaction (catabolism / anabolism); change in the autonomic (2 or more cu) reaction (tension / exhaustion in sympathetic - parasympathetic links), identification of previously latent toxic burden.

The first result was the need to differentiate the concept of mesenchyme blockages into general or systemic ones, which are revealed during general testing according to the list in the ART window, and private or organ ones, characterizing the state of an individual organ or system. Systemic blockages are detected directly during testing, or their presence can be assumed with a general ineffective testing pattern, despite the presence of complaints or clinical manifestations of the disease in the patient ("non-resonating patient"). The presence of this type of BM usually accompanies patients with multifaceted pathology and a significant decrease in adaptation reserves. The neutralization of such blockages leads to the emergence of sufficiently clear reactions of the patient to the test pointers, which makes it possible to continue the diagnostic search without interference.

The second basic point was the absence of mesenchymal blockages in cases of urgent treatment of patients, regardless of the nature of the pathology.

The main topic of the research was the study of the significance of private or organ blockades, which were revealed when creating a pathophysiological chain according to A.A. Hovsepyan [7] within the previously listed test pointers. In the presence of blocks, they were neutralized, followed by repeated testing for all initial indicators and the identification of additional burdens.

Removal of the mesenchyme blockade was carried out according to the author's method, which is quite simple and takes three to five minutes. It should be noted, however, that a preliminary general release does not result in the removal of private blocks.

In no case, the neutralization of BM did not lead to an exacerbation or progression of the main process.

Results and discussion

After removing the mesenchymal blockade, all examined patients showed changes in the initial tests, from 1 to 5. In total, 436 corrections of the studied parameters were made, an average of 3.4 per patient.

The greatest number of changes in comparison with the initial data was observed when assessing the state of metabolic reactions. The total number of corrections was 103, or 80% of the number of patients. In most cases (81 or 78.6%), the observed changes were characterized by a shift in metabolic reactions towards catabolism. In 22 cases (21.4%), changes in the direction of anabolic reactions were noted. Displacement of indicators to the side deepening of catabolic reactions in all cases testified to the hidden, most likely, under the protective blocks, the depth of the inflammatory process. Patients with metabolic shifts in the direction of increasing anabolic reactions were made up of two groups of 11 people. In the first of them, the intensity of anabolic processes reflected the processes of reparation in the organ, while the second group consisted of patients with signs of active development of benign or malignant neoplasms. In half of the patients in this subgroup, the signs of anabolic processes activity, revealed after the removal of the blockade, were the primary markers for the diagnosis of tumor processes.

In second place in frequency - 96 cases (75.0%) was the identification of toxic burdens, which in the overwhelming majority (91 or 94.8% of the identified) were latent infections underlying the pathological process (Intox I marker) ...

The appearance or disappearance of the index of mental load (PN) was noted in 91 cases (71.1%), and the detection of previously hidden PN occurred in 72 (79.1%) patients, while the disappearance of the manifest PN was noted in 19 people (20.9%). The identification of the latent psychological component in the pathogenesis of the disease leads to the necessary correction of therapy tactics in the early stages of treatment, which cannot but affect the final result.

Changes in the potency of organopreparations were observed in 66 cases, which amounted to 51.6% of the total number of patients. A decrease in potency from the initial (below D6) was observed in 45 cases (68.2%), an increase (over D6) in 19 cases (31.8%). Refinement of this indicator makes it possible to more accurately assess the true state of the affected organ, hidden as a result of compensatory reactions.

Changes in the state of the autonomic nervous system (ANS) in relation to the studied organ occurred either in the direction of aggravating the initial disturbances or with a change in tension / exhaustion by sympathetic / parasympathetic link to opposite states in terms of value, only 80 observations - 62.5% of the total. The predominance of changes in the direction of the sympathetic link was noted in 39 (48.7%) cases, parasympathetic - in 41 (51.3%). Clarification of the nature of the vegetative regulation of the pathological process, in particular the dynamics of its change during the neutralization of blocks, allows one to assess not only the depth of damage to the target organs, but also the level of adaptive capabilities of the organism.

Thus, the results of this study allow us to conclude:

1. Test pointer "Blockade mesenchyme " is an reflection functional changes, which are most likely of an adaptive or compensatory nature.

2. Blockades of the mesenchyme develop primarily in patients with chronic, including benign and malignant neoplasms, pathology.

3. Blocks of the mesenchyme can be general or systemic in nature, the presence their evidence of low adaptive capabilities of the organism. Another type of mesenchymal blockade - private or organ - characterize the compensatory capabilities of the body in relation to a specific pathology in the organ.

4. Unblocking of the mesenchyme makes it possible in 75% of cases to reveal latent

a toxic etiotropic factor, first of all, the presence of a latent infectious process.

5. Identification and neutralization of mesenchymal blockade at the diagnostic stages carries with it dangers and makes it possible to create a full-fledged characteristic of the pathological process in a complex category of chronic patients.

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