Algorithm for diagnostics and therapy by the method of autonomic resonance
test "IMEDIS-TEST" MC "Health Formula"

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During 2007-2009, the team of the "Formula Health" MC studied various schemes of diagnostics and therapy using the ART-BRT method [1-10, 14]. Comparing and analyzing the author's approaches, we managed to form an algorithm for testing and subsequent BR-therapy, which, according to the authors, allows us to effectively solve the problems of treating patients with multiple chronic pathologies, who constitute the overwhelming majority of those who turn to MC for help. As a basic model used to construct algorithms for diagnostics and therapy, a model for assessing the state of an organ by the ART method proposed by A.A. Hovsepyan [11]. At the same time, the authors made significant changes, both in the diagnostic algorithm and in the algorithm for constructing therapy, in particular:

- the principles of inclusion of test pointers of mesenchyme blockades into resonance pathogenetic chains used for diagnostics have been changed;
- the search for the "core of pathology" was carried out through the diagnostic resonance chain obtained as a result of testing;
- the electronic preparation was obtained using mainly one pathogenetic chain;
- Systemic Spiritual Adaptants (SDA), regeneration signals were used in both diagnostic and therapeutic resonance chains;

- according to indications, corrected resonance chains aimed at KMH were used to obtain an electronic preparation;
- The patient's therapy was carried out by alternating the use of targeted nosodes and responses to corrected resonance chains with CMH.

The result was the construction of the following, standard for the MC "Health Formula", the basic scheme of examination and therapy.

Algorithm for standard patient examination

1. Revealing the presence or absence of latent mesenchymal blockages. IN The scale of test indicators "blockade of mesenchyme" was used as a filter. If the answer was positive, the blockade was neutralized by conducting BRT with inversion of the blockade in the following sequence: vertical, horizontal, diagonal and circular with frontal electrodes connected, each lasting 60–90 seconds.

2. Identifying and building search filters - test pointers (usually Causticum D60, D400 + Thalamus), with the help of which the localization and state of the organs and systems involved in the pathological process are determined. In the case when several target organs are detected simultaneously through these filters, only one is selected for the subsequent construction of the therapy signal at the initial stage of treatment. In this case, the choice of an organ is made based on clinical considerations, as well as on the potency and state of the organs being diagnosed.

3. Identification of the organ. Determination of the localization of the pathological process in

tissues, organs and systems by introducing localization test indicators into the measuring circuit through a search filter. The list of organopreparations of the main ART panel (organopreparations in D4 potency) was used as the primary list of test-pointers of localizations. In doubtful cases, the list of organopreparations of the "OTI" company was additionally used, as well as, in accordance with the clinical views of the doctor.

4. A group of resonating potencies of the organ involved in pathological process. For this purpose, in the organopreparations section of the list of medications, the appropriate organ, tissue or system is selected, all filters are removed, all potencies of the target organ are sequentially tested. For the construction of the therapy signal, either the group of potencies from D3 to D5 or from D10 to D30 is used alternatively, thus, the high and low potencies are separated, since therapy with their help will cause opposite adaptive responses. It is usually advisable to start therapy with high potencies, passing to low potencies in subsequent sessions.

5. Physiological state of the organ odede goes by sequential introduction into the resonant circuit, the first which link is the sum of the revealed potencies of the target organ, test pointers metabolism (anabolism / catabolism, alkalinity / acidity), as well as a test indicator of the state of the ANS. The latter, being filtered through the previous chain, is interpreted by the authors as the vegetative intention of the organism to the affected organ. The chain built up to the present moment is already a fairly complete description of the picture of what is happening in the organ. Combinations of combinations of test pointers make it possible to recognize the following processes in the target organ: inflammation, degenerative processes, tumor growth, etc.

6. The next stage of the examination is the identification and removal of blockages mesenchyme inherent in this organ. For this purpose, test indicators of mesenchyme blockade are included in the resonance chain. If none of the test pointers is triggered, the diagnostic process continues. The absence of triggered test indicators of mesenchyme blockade can be considered as an additional sign of an acute process. In the case of the presence of resonated test pointers, an auxiliary BRT is performed with the included chain and inversion of the indicators of mesenchyme blockades for 30 seconds for four types of BRT (horizontal, vertical, diagonal, circular). After the blockade is removed, the physiological chain is retested (organ potency, metabolic parameters, VNS state). It should be noted that this step is necessary. Potencies and metabolic parameters of target organs, and, consequently,

7. The etiology of the pathological process is revealed by adding to a chain of test pointers Intox I, II, III with subsequent filtration through them of nosodes and (or) complexones of viruses, bacteria, fungi, parasites and external aggravating factors. At the same time, in order to identify the type of pathogenic agents, OHOM detoxification test indicators were added to the resonance chain (DIS 1–18). In order to simplify testing, we used Medpharma drugs.

8. By introducing test pointers into the resonant chain of the target organ

the state of the immune, endocrine and lymphatic systems is determined by the intention of these systems in relation to the target organ.

9. In order to exclude the tumor process in the resonant chain a test-indicator of connective tissue insufficiency is introduced. In the case of the resonance of this index, the nature of the process is clarified using markers from the morphology folder, the resonance scale of the connective tissue of M.M. Shraibman. [15, 16].

10. Revealing mental load is done by adding to the resonant chain of the corresponding test-indicator and the subsequent differentiation of these loads by means of psychosocial load drugs of the "Medpharma" company and Systemic Spiritual Adaptants (SDA) [4]. We use an 8-degree scale, which provides sufficient adequacy of test results to clinical observations [13].

11. The previous 10 points of the study allow you to build a complete and adequate, from the point of view of subsequent therapy, description of the state of the "leading" target organ. However, in most cases, it is advisable to supplement this description with the state of another target organ, which we will call the "core of pathology". In order to identify the "nucleus of pathology", a total marker describing the state of the primary target organ is recorded on 1 or 2 globules of granulated sugar in MT mode without connecting electrodes. Then testing is performed again according to the above scheme (paragraphs 2-10) with the identification of a new organ and its condition. As a rule, a newly identified organ is primarily affected and subsequently covered by cumulative pathogenetic blockages of the body.

Algorithm for creating circuits of the main and additional electronic drugs (EP):

1. In a resonant chain reflecting the state of the primary organ-targets, links are identified that correspond to the conditional norms of metabolism, the state of the ANS, the immune and endocrine systems, as well as all the characteristics that are reflected in the resonance chain of organopreparations. All these test pointers in the corrected chain - the main electronic drug - remain unchanged.

2. Test pointers are highlighted in the same resonant chain, characterizing pathological abnormalities in the primary target organ. All the indicated states in the resonant chain - an electronic preparation - are replaced by inverted ones.

Similarly, in the resonant chain describing the state of the organ of the "nucleus of pathology", as well as in points 1, 2, normal links are revealed that remain   unchanged   and pathological   links,   people in need   in inverting.

Additional elect   a ronic drug is built from a resonant chain, describing the state of the organ of the "nucleus of pathology" by preserving its normal links and potencies of organopreparations entering it and by inverting the rest.

In the event that, based on the clinical picture of the disease or the results of an ART examination, the picture of the disease appears to be chronic polynosology, it is advisable to use the main and

additional electronic drugs aimed at CMH, that is, their potency satisfying the ART conditions:

KMX ↓ + Pot$_\alpha$ (Basic electronic drug) ↑, and

KMX ↓ + Pot$_\alpha$ (Additional electronic drug) ↑, respectively.

Algorithm of therapy

1.In order to transform the main and additional electronic drugs (corrected main and additional chains), bioresonance therapy is carried out for 10-15 minutes for each of them. The patient is then prescribed a drug with a recording of the response signal produced during the last two minutes of therapy. The duration of the drug intake is 10-14 days. After the expiration of the period for taking the drugs, the patient was scheduled for a second visit.

2. In cases where the electronic drug was received from With the use of signals preliminarily aimed at the CMH, the period of taking the drugs was prolonged and amounted to 20–30 days. Preparations with preliminary targeting of the signal to CMH were used in the following cases: chronic pathology with reduced reserves of adaptation, all pathological processes with changes in organ volume (cysts, tumor formations, hernias of any structures), a long interval between two patient visits, the final stage of therapy, with the aim of lengthening the period of remission at the end of the disease.

3. In chronic polynosology, therapy was carried out sequentially by organs and systems, starting with the most significant for the patient. The algorithm for determining the most significant organ is described in paragraphs 1-3 of the examination algorithm.

4. In the absence of polynosology and at the final stages of therapy therapy is applied according to A.A. Hovsepyan [12] using chains with compensator organs.

When using the presented tactics, in none of the cases was there a situation of exacerbation of the process or deterioration of general well-being during therapy, despite the severity of the initial state. In total, 1800 patients were examined and treated according to the presented algorithm.

Conclusions:

1. The studies carried out allow us to conclude that The proposed diagnostic and therapeutic algorithms are highly effective for the treatment of patients with chronic polypathology.

2. Particularly effective, both in terms of diagnosis and therapy, is a combination of models and an algorithm for describing the state of an organ developed by A.A. Hovsepyan, and such elements of multilevel systemic therapy as the use of SDA, regeneration drugs, autonosodes, methods of targeting CMH.

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