

Old signs in a new light
Yu.N. Orlov
(Rostov-on-Don, Russia)

The main "enemy" of the doctor testing a patient is the time the doctor spends on a complete examination. Therefore, to reduce time costs, many different research algorithms are proposed. You can say: how many doctors, so many algorithms.

The aim of this study was: to find all the patient's problems, in a short time and with a high diagnostic value, so that the most effective treatment can be made.

It took us a year to find the pointers used in this algorithm (which we took, of course, from the IMEDIS system).

In general, in the IMEDIS system there are many different pointers to various problems. Each of them is good enough. But many of them, to one degree or another, repeated others, or, as it were, were included in more general indexes. For example, Intox. They indicate toxic information, if they are tested, we can judge the presence of a substance load (Intox

I), the consequences of this substantial load (there was a virus - it "left", but what we "did" we see through Intox II), or this load is already at the DNA level (Intox III). But, in fact, Intox is a part of the pathology that exists in the body. After all, the patient can have a lot of problems. Here you can talk about other very important pointers, but the essence is already clear. This means that we need to look for such pointers, which would be, as it were, "a top view of all the problems."

We found such pointers - there are several of them. Moreover, each of them individually is very good, but in sum, it produces something new, which differs from simple addition of pointers.

To determine only the pathological spectrum (without studying the deviations in the physiological spectrum), such indicators turned out to be (in total):

Key nosode (Zincum Metallicum D26) + Effective medication (Ferrum Metallicum D60N) + Meridian with maximum disturbance (Zincum Metallicum D60).

As it turned out, the application of the sum of these pointers (we called them the "Complex Summary Pointer" [KSU]) is comparable to testing by the ART + method. That is, we can test even very weak indications, which during normal testing (directly) can only be detected using VRT +. This is most acceptable for those doctors who do not have the ability to test using the ART + method. This is especially evident when testing Morphoscale.

To determine deviations only in the physiological spectrum it is necessary to determine the optimality. But then it turned out that the use of only Cuprum meth. The D400 does not always reveal this entire spectrum. Determination of the entire spectrum of nonoptimality is possible only when using the sum of two drugs:

Kuprum met. D400 + VV (Veratrum viride).

Interestingly, in total, they reveal more indicators than each of them individually.

We tried one more pointer together with the KSU - we added

tested Epiphysis D26. As it turned out, the diagnostic sensitivity has increased even more, however, this combined index is not suitable for diagnosing psychological problems, because the pointer in the window "Vegetative resonance test" (which is called "Mental state definition") is nothing more than the same Epiphysis (but in different potencies). In addition, if the doctor himself has problems with vegetation, the pineal gland, then testing with the addition of a test ampoule of the Epiphysis becomes impossible.

So far, there are not very many statistics on the use of the proposed pointers - 79 people. But even with such a number of patients, it became clear that it was possible to significantly reduce the list of identified problems. Even small, but significant for the body, pathological changes in the patient (acidity, catabolism, mental stress, the state of the immune, endocrine, autonomic systems, etc.), which are "invisible" during direct testing, are revealed. At the same time, the entire list of significant problems is much smaller than when testing by any other method, which greatly facilitates further treatment.

Yu.N. Orlov About old signs in a new light /
"- M .:" IMEDIS ", 2010, vol.2 - P.74-76