Photon Resonance Test

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I would like to share my thoughts on the photon resonance test and the MINI-EXPERT-D (VRT +) apparatus. This device is the most important step in the development of diagnostics. Its capabilities are surprising and delightful. As far as the vegetative resonance test was more progressive in comparison with the diagnosis according to R. Voll, the photon resonance test is more perfect than ART. Systemic medicine asserts: "There cannot be several diseases in the human body, the disease is always one, and it manifests itself as inflammatory reactions in some organs, degeneration in others, tumors in others, and functional disorders in the fourth." And the more accurately the doctor determines the key organ or the key pathological triggering program in this complex system, the more successful the treatment will be.

Let me give you a simple example: a patient with obesity 3 tbsp. when testing by the ART method and at the first level of ART +, grade 2 anabolism was tested in adipose tissue, the reason could not be found; at the second level - anabolism 3 tbsp., the reason - violations of biochemical processes in the liver; at 3-4 levels anabolism 5 tbsp. (which, by the way, was more consistent with her appearance), the reason is the pathological miasm. The technique of miasm correction with ART + at the 3rd level and a bioresonance drug for the liver, created with ART + at the 2nd level, made it possible to normalize the menstrual cycle and cause persistent weight loss.

Second example: several patients completed treatment for chronic urological infections. In ART - kidneys and genitals in D6 potency, nosodes of pathogens are not tested. With ART + at the 2nd and 3rd levels, the same organopreparations are determined in the D4 potency and everything is tested! nosodes of pathogens.

Third example: in a key affected organ, many causes can be tested (geopathogenic load, psychoemotional load, food additives, viruses, bacteria, fungi, etc.). Treating everything at once is dangerous and ineffective. It is dangerous because blockages of adaptation reserves may occur, followed by an exacerbation of the disease. It is ineffective because the body cannot walk, stand and jump at the same time, it must do one thing. Not always the use of filtering tests, even such effective ones, KSU (Orlov's complex index) can reveal a key problem if we test simply on ART. If testing makes it possible to determine not only the key organ, but also the level (ART +), then it becomes possible, using the same filtering tests, to find the main problem and treat it exactly.

In addition to the possibility of more accurate and correct testing, it is necessary to note such remarkable technical capabilities of ART + as regulation of the current strength and polarity reversal on the active electrode. The skin of patients is different, its thickness, moisture can vary greatly. On the other hand, differences in the state of the ANS also strongly affect the measurement quality. The provided in the device the ability to change the current strength on the probe allows you to get clearer and easier testing. It helps a lot with

testing, for example, children. As for the polarity, sometimes there are patients in whom the reproducible BAPs have a negative polarity (in contrast to the majority, in whom the BAPs have a positive polarity). It is almost impossible to test such patients on conventional ART. In recent years, I have met five of these patients. All my attempts to somehow improve the quality of testing on ART were crowned with failure (we tried to change the time of day of testing, conducted induction therapy, tried to find the best extension of the scale, did gymnastics, etc., etc., all to no avail). And testing for VRT + with negative polarity on the probe solved all the problems.

What is ART +? The apparatus for carrying out the photon resonance test, called VRT +, was created in 2002 at the IMEDIS Center under the leadership of Yuri Valentinovich Gotovsky. If an apparatus is created by an incredibly talented person, a situation is likely when all the possibilities of this apparatus do not open up immediately. It often takes time before much is understood and explained. The initial methodology of the photon resonance test was proposed by Helmut Schimmel at the International Conference on Bioresonance Therapy in Moscow in 2002. It was a well-known scheme to all of us:

Level 1 - blood / lymph / organs / organic systems. Level
2 - a cell with organelles (protoplasm).
Level 3 & 4 - Cell Nucleus - DNA (External and Internal).

But do we see this when testing for ART +? I think that many doctors working on ART + have questions. Here are some of them:

1. Biological index is a potentiated mesenchyme, i.e. the cloth.
According to the Schimmel scheme, this test should only be tested at the 1st level. We are quite clearly testing this indicator at all four levels. The same goes for almost all major filters.

2. Organopreparations are also potentiated tissues. They also
are well tested at all levels of ART +. One could say that different potencies reflect different depths of resonant response, that the higher the potency, the deeper into the cell. But if the organ is healthy, we test D6 at all four levels. On the other hand, there is often a situation when D5 is tested at levels 1-2, and D4 and even D3 at levels 3-4. That is, the deeper into the cell, the stronger the degeneration. But why are the low potencies of the OP tested at deep levels? How can this tissue be tested in the nucleus of a cell?

3. Helminth eggs are best seen when tested at level 2. This is
what, are they inside the cell?

4. Another interesting observation. If you choose an arbitrary list homeopathic remedies, organopreparations, nosodes (whatever) and test each drug from the list separately at each level, then we will see a positive test for some drugs, and they will be different at different testing levels. If this list is tested in its entirety, it turns out that when testing a large number of drugs, the decrease in the measuring level will be at the 1st level, possibly at the 2nd, but not at the 3rd and 4th levels. And this despite the fact that some drugs from this list were tested at 3-4 levels!

All this seems incomprehensible to us, doctors, who have knowledge of physics at the level of 10th grade of high school. But if for some time we forget that we are testing organs, tissues, cells and remember that we are actually testing some spectra of control signals, then the picture appears in a different light. Why do we need this? I will answer the question with a question. How can you work without understanding what you are really testing? How then is it possible to discover something new in methods? If you don't understand the basics, then you become just an operator, not a doctor.

So what are ART + levels?

1st level: this is like the work of a conventional VRT, only with a low measuring current level.

2nd level: the second level differs from the first in that a modulated light source is additionally switched on. This is an input signal amplifier.

3rd level: everything is the same as on the second level, plus the connection of a special ampoule, which reduces the impact of external noise. This is a level with input signal amplification and external noise suppression.

4th level: adds the ability to amplify the tested body signals 50 times. This is a level with amplification of the input signal, suppression of external noise and amplification of the output signal by 10; twenty; thirty; 40 and 50 times.

The use of all the above capabilities of the equipment allows you to test very weak signals generated by the human body. But from the theory of processing weak signals in technical devices, it is known that obtaining a low-amplitude signal is achieved by narrowing the frequency range of the receiving system. That is, the weaker the signal, the narrower the frequency range. From this it follows that we will see a strong and broad spectrum signal only at the first level (for example, helminths, exacerbation of a bacterial infection, a large list of drugs, etc.), at the 2nd, 3rd and 4th levels the spectrum of this signal will be wider than the reception range and will be perceived as noise, and, therefore, will not give a decrease in the measurement level. On the other hand, a strong in amplitude and narrow in spectrum signal (BI, RA, OP, STS, etc.)) will be tested at all four levels. And vice versa, a weak signal (any infections without exacerbation, initial manifestations of oncology, viruses, etc.) is not visible at the 1st level, and, therefore, on conventional ART, but it is well tested at deep levels of ART +.

What can we do practical conclusions?

1. Treatment must be carried out at the level where
key signals. This is all of us known testing directly Fe met D60 N or (better) testing directly KSU. We treat at the lowest possible level. More precisely, if KSU is tested at all four levels, we carry out therapy only at the 1st. If you start to heal immediately on the 2nd, we can miss a strong signal that indicates a serious problem in the body. If KSU is tested at levels 2, 3, 4, then we conduct therapy first at the 2nd, etc.

2. It is not desirable at the 2nd, and even more so at the 3rd and 4th levels, to test a large list of drugs. The shorter the chain, the better. Otherwise, measurement errors may occur.

3. Almost any drug from the selector can be tested on any

level of ART +.

In conclusion, I would like to strongly recommend the work on ART +. This device opens up incredible possibilities in the diagnosis and control of any therapy.

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