Autonomic resonance diagnostic technology

V.N. Pastukhov, N.A. Pastukhova
(MC "Health Formula", Yekaterinburg, Russia)

Currently, the actual problem of the vegetative resonance test "IMEDIS-TEST", as a medical practice, is the lack of a unified methodological approach to diagnosis and treatment. The analysis of published works testifies to the existence of various, rather deeply different from each other, theoretical and practical ways of solving these problems [1,
2, 3, 5, 6, 7, 8, 9, 10, 15]. Based on the available information, as well as analyzing our own experience, we came to the need to create our own testing and therapy algorithm, which, in our opinion, meets the requirements of consistency, objectivity, can be cross-checked and leads to satisfactory treatment results.

The pathophysiological model for assessing the state of an organ by the ART method proposed by A.A. Hovsepyan

[eleven].

Anticipating the discussion of the research and therapy algorithm itself, we must define the basic concepts: what in the IMEDIS-TEST system should be considered a diagnostic task and how to formulate a diagnosis. The latter is important because treatment tactics depend on how the diagnosis is formulated.

Practical experience demonstrates a pronounced inconsistency of the nature of the information obtained by the ART method with the requirements and standards that underlie the ICD. The large amount of information received that allows us to assess the general condition of the body, to identify localization with a full characteristic of the degree of damage to individual organs, which makes it possible to identify the cause-and-effect relationships between diseases of organs and systems leads us to the need to operate mainly within the boundaries of syndromes.

Thus, the construction of clinical diagnoses, although possible, is not the main goal of the study due to the peculiarities and capabilities of the ART method. The latter give the researcher the opportunity to obtain, firstly, a general, at the level of the organism, the physiological characteristics of the patient's condition (BI, RA, the state of the endocrine, immune system, etc.). Secondly, to identify the leading syndromes of the pathological process. Thirdly, localize the affected area by identifying the organs involved in the process. Fourthly, to determine the system of relationships and dependencies in the development of the disease between various organs. And, finally, with a high degree of certainty, indicate the etiological factors underlying the disease.

To summarize, we can say that by conducting diagnostics using the ART method, the doctor has the opportunity to obtain a detailed pathophysiological characteristic of the patient's condition, which makes it possible to identify the leading and secondary syndromes in the development of the pathological process and to carry out pathogenetic therapy in the future based on the information received. However, at its core, therapy will be syndromic in nature.

The abundance of information received, as a rule, does not fit into the framework of the classical formulation of the diagnosis, which also leads us to syndromic

assessment of the patient's condition.

Testing begins with the identification of mesenchymal blockages (BM), which is a fundamental point in the diagnosis. Previous studies have shown that the presence of systemic BM significantly distorts the test results, often masking the presence of infection [14]. A similar effect is observed with blockages at the organ level. Therefore, work with a specific organ also begins with the elimination of BM on it. When BM is detected, they are neutralized by conducting BRT in a sequential mode with inversion of the blockade according to the following configurations of signal passage through the electrodes: vertical, horizontal,

diagonal and circular with connection of frontal electrodes,
lasting 60–90 seconds each; in the presence of organ BM - 30 seconds.

The first moment of any diagnostic procedure is the exclusion of the oncological process in the subject. For this purpose, all ART tumor markers are used, the connective tissue scale according to M.M. Schreibman, prefix polarizer GShK. Oncological alertness should same be present at the initial testing of any of the organs.

Identification of affected organs in ART can be based on How on patient complaints (through an organ with manifest complaints), and when using test pointers or search filters.

The latter represents the sum of several test indicators for the presence of a problem in the body. The task of creating a search filter is the formation of a powerful directional signal, which allows, on the one hand, to narrow the frequency boundaries of the search, on the other hand, to obtain a clear resonant response of the target organ. In addition, the possibility of rechecking the result obtained using various filters increases the reliability of the diagnosis.

Depending on the task of the search, search filters-
amplifiers are divided into groups by us:

1) pointers to the presence of an inflammatory process;
2) pointers to identify the source of pain syndrome;
3) indicators of the psychosomatic nature of the disease;
4) pointers to the most pronounced morphological changes;
5) indicators of conditions (diseases) accompanied by neuro-humoral (autonomic) disorders;
6) pointers to systemic disorders (immunity, endocrine system, allergies, etc.);
7) search for chronic foci of infection;
8) through the target organ.

1. Drugs serve as indicators of the presence of an inflammatory process Caustic D60, D400 and Chromium D100, indicating the presence of free radicals in the tissues. In combination with Thalamus, they will

indicate the presence of an inflammatory process, accompanied by clinical manifestations (complaints). The combination of Caustic and Biological Index (BI) will give information about the presence of inflammation with impaired drainage functions in the diseased organ.

CausticD60 ↓ + vegetative burden ↑ + OP (organopreparation) - an acute inflammatory process;

CausticD400 ↓ + vegetative burden ↑ + OP - primary (old) focus of inflammation;

Chromium D100 ↓ + vegetative burden ↑ + OP - subacute, chronic inflammation;

Caustic D60, caustic D400, chrome D100 - inflammation without clinical manifestations;

Caustic D60, chromium D100, caustic D400 ↓ + BI_n ↑ + OP - inflammation with impaired tissue drainage.

2. Preparations Zinc D12, D26, D60 reflect the state of various fibers the sympathetic division of the autonomic nervous system (ANS) and, thus, can be used as markers of the sources of pain and tonic disorders.

Zinc D12 - sensitivity disorders (sympathetic α-fibers);

zinc D26 - disorders of smooth muscle tone and secretion (β-fibers); zinc D60 - pain (c-fibers).

Zinc preparations are used both singly and in total, in combination with vegetative burden, foci of interference, PN (mental stress):

Zinc Dn ↓ + vegetative burden ↑ + OP ↓; Zinc DN ↓ + PN ↑ + OP ↓;

Zinc Dn ↓ + Caustic Dn ↑ + OP ↓.

3. The presence of psychosomatic pathology is detected with positive tests of PN in combination with any of the layers of mesenchymal blockade (BM). In this combination of tests, BM indicates the presence of blocks in the structures of the central nervous system and characterizes, according to A.A. Hovsepyan: 1 layer - blockade of neurons of the limbic system; Layer 2 - blockade of hippocampal receptors for hormones; Layer 3 - interneuronal blockade of impulse transmission. Leading PN, in the presence of several, is revealed through Cu met. 400.

The combination of PN with a drug from the group of Psychosocload ("Medpharma") or Systemic Spiritual Adaptants (SDA) will indicate the existence of a dominant psychological complex in the formation of organic pathology.

The use of the pathophysiological characteristics of the state of the hippocampus as a filter will also help to identify a disease or syndrome in the etiology of which a psychological component is expressed.

PNn ↓ + blockade of mesenchyme 1 layer ↑ - mainly peripheral organs;

PNn ↓ + blockade of mesenchyme 1-2, 2-3 or 1-3 layers ↑ - mainly central structures.

PNn ↓ + psychosocloads ↑ + OP, PNn ↓ + SDA ↑ + OP, causal relationships of organic pathology with psychological complexes;

Hippocampus Дn ↓ + A / K ↑ + Щ ↓ + PN ↑ + ↓ ↑ endocr. ↑ + Intox ↓ + OP, organ

as a cause / effect of psychological problems.

4. Identification of the morphologically worst organ with using a connective tissue scale (TSS) M.M. Shraibman in combination with Caustic D400:

STKn ↓ + CausticD400 ↑ + OP, as the worst organ in morphological terms.

5. A universal indicator filter for various pathologies with the presence of a vegetative component is a pathophysiological model of the hypothalamus state.

Hypothalamus Дn ↓ + A / K ↑ + Щ ↓ + ↓ ↑ endocr. ↑ + intox ↓ + OP, as an organ of the cause of vegetative disorders.

6. Targeted search through systemic violations is carried out in the presence of indications of appropriate changes. At the same time, an organ with the most pronounced disorders of the system is identified, through which the search is carried out:

Endocrine strain / exhaustion. systems ↓ + hormones ↑ + OP,an organ causally related to hormonal disorders;

tension / exhaustion of the immune system ↓ + thymus / spleen ↑ + OP, organ with maximum changes in immunity;

histamine Dn ↓ + type of allergy (1-4) Dn ↑ + organ dysfunction Dn ↓ + OP, organ, pathological processes in which led to allergies.

7. Search through the metabolic model of the diagnosed infection allows you to identify chronic foci of this infection:

nosode (sum)Дn / complexone (sum) ↓ + A / K ↑ + U / K ↓ + OP, where OP - organs that are foci of infection.

8. Search through the affected organ leads to organs and systems, those involved in the process, including those underlying the disease ("the core of pathology").

OP / nosode ↓ (main complaints) + A / K ↑ + U / K ↓ + ↓ ↑ VNS ↑ + vagus / sympathetic ↓ + OP, the second organ involved in the pathological process.

9. The search for foci of chronic infection is carried out through metabolic characteristics of a previously identified pathogen:

nosode (sum)Дn / complexone (sum) ↓ + A / K ↑ + U / K ↓ + OP, where OP - organs that are foci of infection.

The second stage is the establishment of dependencies (connections) between the identified lesion focus and other organs and systems. For this purpose, a pathophysiological model of the initially identified affected organ is used as a load (search filter).

Working with an organ

1. Identification of the affected organ is carried out by introducing into measuring circuit of the apparatus through the search filter of the test-pointer of the process localization. The list of organopreparations of the main ART panel (organopreparations in D4 potency) is usually used as the primary list of test-indexes of localizations. Considering that the given potency in this list is D4, it is necessary to clearly understand that situations of false-negative responses are possible during testing, if the state of the affected

organ differs sharply from the state characterized by the potency D4. Therefore, it is advisable to have an additional list of organopreparations presented by complexones from various companies.

2. After identifying the target organ, it is tested
resonating potencies. For this purpose, in the organopreparations section of the list of medications, the corresponding organ, tissue or system is opened, the filters are removed and all potencies of the target organs are sequentially tested. To construct the therapy signal, either the group of potencies from D3 to D5 or from D10 to D30 is used alternatively, thus, high and low potencies are separated, since therapy with their help will cause opposite adaptive responses. In the absence of the desired
An organopreparation in the list uses an organopreparation / nosode from the list of complex preparations. It is possible to combine an organopreparation and a complexone in one list. When simultaneously high and low potencies of an organ are identified for therapy, potencies are selected that are not optimal in relation to Cu met. D400. Most often, it is advisable to start therapy with high tendencies, moving to low in subsequent sessions.

3. Physiological condition organ determined by sequential introduction into the resonant circuit, the first link of which is the sum of the revealed potencies of the target organ, test indicators of metabolism (anabolism / catabolism, alkalinity / acidity), and the state of the ANS (tension / exhaustion, according to sympathetic / parasympathetic link). The chain built to date is a fairly complete description of the process taking place in the organ, and can be used as an electronic preparation. Combinations of combinations of test pointers already make it possible to diagnose the main pathological processes, such as: inflammation, degeneration, tumor growth, etc. The value of constructing such a characteristic of the state of an organ is also in the possibility of dynamic monitoring of the course of treatment (the development of a pathological process) at the stages of therapy.

4. 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 BM test indicators can be considered as an additional sign of an acute process. In the presence of resonated test pointers, an auxiliary BRT is carried out with the circuit switched on and inversion of the BM pointers for 30 seconds in four BRT configurations. After the blockade is removed, the physiological chain is retested (the potency of the target organ, metabolic parameters, the state of the ANS). It should be noted that this step is necessary. Potencies and metabolic parameters of the target organ, and, consequently, the initial prerequisites for constructing a diagnosis during subsequent testing may change.

5. The etiology of the pathological process is revealed by adding to
a chain of test pointers Intox 1, 2, 3 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, test indicators of the company's detoxification are introduced into the resonance chain.

"OHOM" (DIS 1-18). In order to simplify testing, we used the lists of the company "Medpharma" and the folders "other drugs": helminths, bacteria, viruses.

6. 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 state of these systems in relation to the target organ.

7.In order to exclude tumor growth,
in inversion test-indicator of connective tissue insufficiency. In the case of the resonance of this index, the nature of the process is clarified using oncological markers from the morphology folder, the resonance scale of the connective tissue of M.M. Shraibman. [16, 17].

8. Identification of mental stress (PN) is made by adding to
resonant chain of the test pointer from the eight-step scale of the ART table. Subsequent differentiation of these loads is carried out with the use of psychosocloading drugs (PSN) from Medpharma and Systemic Spiritual Adaptants (SDA) [4]. The PN (1–8) and PSN scales ensure the adequacy of the test results to clinical observations [13].

9. Identification of foci of chronic infection should be carried out on
stages of diagnosis so that, against the background of the treatment being carried out and the decrease in the activity of the pathogen, not to miss such a focus. If the focus remains in the patient's body, despite the nature and intensity of the therapy, a relapse of the disease or reactivation with a different localization of the process is inevitable.

The described step-by-step construction of the pathophysiological characteristics of the affected organ is a fairly complete and adequate characterization of the state of the investigated organ and is the basic basis of the drug for subsequent therapy. At the same time, not in all cases, especially in chronic diseases, we find isolated damage to an organ or system. In many cases, the damage to an organ that manifests a problem is secondary against the background of a long sluggish process of another localization, which cannot be identified through search filters due to low activity or the presence of pathogenetic blockages. Without identifying the range of organs involved in the development of the pathogenesis of the general damage to the body, without identifying among them the so-called "nucleus of pathology", and without making an appropriate correction, we have no right to count on a favorable result of therapy. Therefore, the next stage of diagnosis is the search for other organs involved in the process. For this purpose, the total marker (electronic preparation) describing the state of the primary target organ is recorded on 1 or 2 crumbs in MT mode without connecting electrodes. Krupka with recorded information is placed in container 2 of the apparatus and the second organ is identified according to the tables of organopreparations. Next, the second organ is tested according to the above scheme. The procedure must be repeated until the entire range of interested bodies is identified. recorded on 1 or 2 crumbs in MT mode without connecting electrodes. Krupka with recorded information is placed in container 2 of the apparatus and the second organ is identified according to the tables of organopreparations. Next, the second organ is tested according to the above scheme. The procedure must be repeated until the entire range of interested bodies is identified. recorded on 1 or 2 crumbs in MT mode without connecting electrodes. Krupka with recorded information is placed in container 2 of the apparatus and the second organ is identified according to the tables of organopreparations. Next, the second organ is tested according to the above scheme. The procedure must be repeated until the entire range of interested bodies is identified.

Another way to identify concomitant pathology can be testing organs through the identified blockades of adaptation reserves inherent in the primary target organ, that is, tested at the end
pathophysiological chain.

Both of these paths do not replace, but complement each other.

Thus, as a result of the testing proposed according to the scheme, a complete picture of the pathological process is created in all the variety of involved pathogenetic mechanisms.

Some notes on testing issues.

As you know, the presence of metal jewelry, electrical appliances, synthetic clothing in a patient can cause errors during testing. On the other hand, dressing the patient in cotton clothes and removing jewelry requires additional space and time. In order to optimize the process, we remove from the patient self-powered devices and those jewelry that are not used in continuous wear mode. To level the possible effect of induced electromagnetic fields, testing is carried out when all electrodes are connected to the patient in the "diagnostics" or "drug test without electrodes connected" mode of the apparatus.

The problem of an “agitated” and “non-resonant” patient, in order to solve it, requires an operation to remove the mesenchymal blockade, including cases when BM are not tested.

It should be borne in mind that in the "ART" window organopreparations are presented in the D4 potency. With a pronounced discrepancy between the functional state of the desired organ and the state corresponding to the D4 potency, there is a risk of obtaining a false negative test result. In doubtful cases, it is recommended to use organic preparations in complex potencies.

When assessing the state of an organ by potency, it is generally accepted that the D3-5 potencies correspond to a decrease in the functional activity of the organ or degenerative changes that have developed in it. Potencies D10-30 characterize the state of functional tension or inflammation. Potency D6 - "norm". The latter conclusion can carry a serious semantic error, because often the D6 potency describes the state of an organ that is in functional equilibrium, but carries pronounced pathological deviations. In this regard, in the presence of clinical data or when entering an organ as a result of working out relationships, it is advisable to conduct a metabolic and autonomic assessment of the state of the organ in the D6 potency.

Conclusion

The use of diagnostic test filters greatly facilitates the search for leading pathological processes in the patient's body. The choice and the possibility of constructing a diagnostic filter, practically unlimited in the breadth of the problems posed, is very important. When constructing a diagnostic filter, it is extremely important to adhere to the principle of "physiologicality" of the problem posed, that is, the filter components, their combination, must comply with the laws of physiology.

It is impossible to confine oneself to the identification and subsequent study of one, clinically vividly manifesting itself as a problem (which usually corresponds to the high potency of the organopreparation). There is no and cannot be isolated

organ damage. Therefore, the next stage of diagnostics, which is extremely important for the development of treatment tactics and prognostic assessment, is the search for related problems through a filter, which is a previously identified problem. In this way, a reference point for stopping the search can be the closure of the chain of identified affected organs on the initially identified organ. Often in one of the links in this chain, we can find what is commonly called the "core of pathology." At the same time, at the time of the study, the diseased organ may not manifest itself clinically, not respond to search test filters (not knowing the problem, how to formulate the question?) And correspond to the low potencies of the corresponding OP.

Faced with the problems of a patient, with chronic pathologies, one involuntarily becomes imbued with the thought of the infinity of interconnections in the human body and the infinity of the search begun.

Literature

1. Avanesova E.G., Avanesova T.S., Gotovsky M.Yu., Bocharov D.G. The use of the vegetative resonance test "IMEDIS-TEST" in clinical practice: Manual. 2nd ed. - M .: IMEDIS, 2007 .-- 164 p.

2. Andreychenko G.Yu. General approaches to therapy // Abstracts and reports. XIII International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part II. - M .: IMEDIS, 2007. - pp. 203–216.

3. Gotovsky Yu.V. Bioresonance and multiresonance therapy // I International Conference "Theoretical and Clinical Aspects application of bioresonance and multiresonance therapy ". - M .: IMEDIS, 1995. - S. 436–444.

4. Bazikyan G.K., Ovsepyan A.A., Machanyan A.S., Gotovsky Yu.V. Optimization diagnostics and treatment of multilayer and polyfactorial pathology using the hardware-software complex "IMEDIS-FALL" // Abstracts and reports. VI International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2000. - pp. 24–50.

5. Gotovsky M.Yu., Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel systemic adaptive diagnostics and therapy with systemic spiritual adapters: Electronic version. - 2009.

6. Gotovsky Yu.V., Mkhitaryan K.N. Choosing a bioresonance strategy therapy // I International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." - M .: IMEDIS, 1995. - S. 446–450.

7. Kempe N. Multilevel bioresonance therapy with information autonosodes // Abstracts and reports. XIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: "IMEDIS", 2007. - pp. 105–112.

8. Kempe N. Seven years of experience with the expert system "IMEDIS" // Abstracts and reports. VIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part II. - M .: IMEDIS, 2002. - S. 4–17.

9. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel systems

diagnostics of the body using resonance chains in the framework of virtual ART // Abstracts and reports. XI International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2005. - S. 291-300.

10. Mkhitaryan K.N. Treatment of the body as design and subsequent initialization of functional systems // Abstracts and reports. XII International conference "Theoretical and clinical Aspects application bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2006 .-- S. 186-221.

11. Ovsepyan A.A., Machanyan A.S., Gotovsky Yu.V. New approaches to imitation modeling of diagnostic and therapeutic processes using the hardware-software complex "IMEDIS-FALL" // Abstracts and reports. IX International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2003. - pp. 65–84.

12. Ovsepyan A.A., Bazikyan G.K. Optimization of bioresonance diagnostics on the hardware and software complex "IMEDIS-VOLL" // Abstracts and reports. V International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 1999. - S. 201–206.

13. Hovsepyan A.A., Machanyan A.S. New approaches to simulation modeling the processes of diagnostics and therapy // Abstracts and reports. Xv International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part I. - M .: "IMEDIS", 2009. - pp. 124–139.

14. Pastukhova N.A., Pastukhov V.N. On the importance of psychological stress in diagnosis and treatment // Abstracts and reports. XIV International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS. - S. 298–302.

15. Pastukhov V.N., Pastukhova N.A. About the meaning of the test pointer "blockade mesenchyme "// Abstracts and reports. XVI International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2010. - S. 145-151.

16. Sobotovich S.L. Treatment of viral and bacterial infections with using step-by-step frequency modulation // Abstracts and reports. X International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part II. - M .: IMEDIS, 2004. - pp. 123–124.

17. Shraibman M. Complete resonance scale of connective tissue and its diagnostic value in the system me "IMEDIS-TEST" // Abstracts and reports. XIII International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2007. - pp. 171–175.

18. Shraibman M. Accurate diagnosis in the vegetative resonance test "IMEDIS-TEST" // Abstracts and reports. XV International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M .: IMEDIS, 2009. - S. 70–74.

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