

Diagnostic value of organopreparations in potency D6

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One of the postulates in the "IMEDIS-TEST" diagnostic system is the position that the organopreparation (OP) in the D6 potency reflects the state of the norm. Is it really? If we proceed from the position that potencies below 6 reflect changes in the direction of degeneration, and above - inflammatory processes, then this is possible. If we evaluate the value of the potencies of organopreparations as a reflection of the functional state of the organ, then the situation in the assessment of this indicator changes. It is impossible to exclude the situation when the organ, in the presence of pronounced metabolic and regulatory disorders, is in a state of functional equilibrium. With such an assessment of the situation, finding an organ in the D6 potency cannot serve as a reason to stop further testing. An adequate assessment of the state of an organ can be obtained only upon obtaining a minimum

pathophysiological characteristics, including the assessment of the state of metabolism and the level of autonomic regulation [1].

This assumption made us conduct a study of the state of organs determined in the D6 potency, identified as a result of constructing logical and interconnected chains according to the previously presented diagnostic search algorithm [2].

Research objectives:

1. Determine whether the potency of the OP D6 is a reflection of the "norm" in the state of the organ.
2. To identify the most characteristic pathological changes in potency OP D6.
3. Determine possible patterns of detection of pathological changes in the organ, with the OP D6 potency.

The presented material was obtained by analyzing the observations identified in the process of diagnostic and therapeutic work by one doctor for the period September-December 2010.

Were analyzed: ways to identify an organ in the D6 potency; changes in metabolic parameters in the direction of anabolism or catabolism, the nature of weights.

The work included 88 observations made in 78 patients during routine diagnostic and treatment studies. Women - 44 (56.4%), men - 34 (43.6%), which, in general, corresponds to the structure of admission. The age of the patients is from 22 to 72 years old, 1 child is 4 years old. The identification of the affected organs took place in two ways. The main one was the detection of OP as a result of testing logical chains of interaction through test filters or models of the identified organ pathology. Another way was direct testing of the organ condition on the basis of patient complaints in the absence of response to the applied test filters. The same group included four cases of control testing of the organ condition at the stage of therapy.

By the nature of the changes, the patients were divided into 4 groups:

1. With the presence of catabolic changes in the studied OP - 52 people;

2. With the presence of anabolic changes in the studied OP - 6 people;
3. With simultaneously identified two organs in the potency OP D6 - 10 people, 20 observations;
4. With the presence of mesenchymal blockade (BM) on the organ in the OP D6 - 10 potency Human.

In the first group, according to the research algorithm (using filters), 29 patients were identified, which amounted to 55.8% of the number in the group, according to complaints - 23 people, including four, undergoing stages of therapy (44.2%). U 11 in patients of the first subgroup and in 10 patients in the second, the presence of infection was the main aggravating factor (40.1% of the total group). In other cases, metabolic, autonomic or endocrine disorders of varying severity took place, in seven cases provoked by the presence of metals in the tissues.

In the group of patients with a predominance of anabolic processes, 4 cases consisted of patients identified as a result of planned control over the course of the process (recovery) at the stages of therapy. These observations are referred to those identified by "complaints". Of the cases identified as a result of the diagnostic search, in the first, the cause of the shifts was endocrine disorders associated with calcium metabolism, in the second - the initial stage of the oncological process. Infectious burden was present in one observation.

In patients of the third group, in all cases, pathological processes were identified as a result of constructing logical chains or using test filters. In eight cases, combined organ damage associated with general metabolic and endocrine disorders was observed. Three of them showed signs of generalized infection. In two other patients, concurrently developing processes were identified, with different etiological factors at the base. Signs of infection were noted in five patients of the group.

In the fourth group, the identification of target organs in the OP D6 potency in 6 cases was the result of a diagnostic search, in 4 the study was carried out on the basis of a patient's complaint. At baseline, no abnormalities in metabolic reactions were observed in 4 patients. In 4 cases, catabolic reactions prevailed, in 2 - anabolic ones. After removing the BM [3], the test results changed in all cases. In nine cases, catabolic reactions appeared or worsened. In one case, anabolic tendencies intensified with the appearance of additional signs of a neoplastic process. In seven cases, the potency of the tested organs underwent changes, both in the direction of decreasing the value (3) and increasing (4). Infectious burden accompanied the processes in 5 cases.

Summarizing the results obtained, we can see that the detection of pathological processes in an organ with an initial potency when testing D6 is not a rare event. Based on the number of admitted patients, their share was about 10%. In 31 cases (39.7%), the diagnosis was carried out on the basis of patients' complaints, while the diagnostic test pointers did not provide useful information when searching for pathology. When conducting a search using test filters and pathophysiological models of pathology, finding the desired organ was, in the overwhelming majority of cases,

the result of building logical chains of relationships between organs and systems. This indicates that an organ in the D6 potency can be in a state of compensation or physiological rest, despite the presence of sufficiently profound changes in it. Another criterion confirming the presence of problems with the potency of OP D6 is a rather high percentage of infectious burden - 36.4% of the number of observations. As a rule, these are hidden processes leading to the compromise of the immune system and being an integral part of the "core of pathology".

It is impossible not to emphasize the following points in the research results. This is, first of all, the absence in the studied groups of patients with urgent pathology and, secondly, the only observation in a child that is not corresponds to the ratio of children / adults in the reception structure.

conclusions

Potency organopreparation D6 maybe appear reflection functional balance achieved by the body of a patient with chronic pathology. This condition does not exclude the presence of pathological changes in the organ, including a sluggish infectious process. State functional balance creates certain difficulties for the detection of pathology by standard methods adopted in the "IMEDIS-TEST" system. Realization of this should force the doctor to carefully analyze the data of the anamnesis and complaints of the patient, use pathophysiological models of the state as test filters and when detecting OP in potency D6 assess metabolic and vegetative status organ, having previously excluded the presence of mesenchymal blockages.

Literature

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