

Some features of testing  
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It is noted that when testing a patient who has consumed alcohol (and hides his condition from the doctor), all scales show the norm. Only the "Group level of health" turns out to be low and through it it is possible to test the drug ONOM DIS 15 "Detoxification of alcoholic injury", which will indicate alcohol intoxication. It is interesting that when testing a patient in a state of alcoholic intoxication, when all other tests simply do not work, the scale "Psycho-emotional stress" most accurately shows the psychological problems due to which, in fact, the person drank alcohol. By the way, ONOM DIS 15 indicates alcohol consumption a week after such an episode.

Determination of optimality (Optimal step) has its own characteristics. We are used to the fact that Cu met. The D400 is always tested, and therefore we use it to determine the optimal therapy step. But as it turned out, Cu met. The D400 is tested about 60% of the time, and the rest is Veratrum Viride (VV). Moreover, at the first level, Cu met can be tested. D400, on the second - VV, on the third and fourth - again Cu met. D400. From session to session, these two pointers can change places in the same person when determining the optimal step of therapy.

The scale "Degree of sensitivity" very well helps with the determination of the position of the handle "Potency", at which it is necessary to carry out the BRT and prepare the BR preparation. This indicator is described in detail in [1]. Having determined the degree of sensitivity (in fact, the patient's sensitivity to the homeopathic preparation is determined), turn the "Potency" knob until the indication stops being tested. This is the desired potency of the drug. It is possible to carry out BR-therapy at this position of the handle - the effect is higher than in the position of the handle by "7".

For practical use, the homeopathic remedy Guajacum is a very good indicator. This drug is used in a scale to identify foci and their layering [1]. In the program "IMEDIS", this test is located in the folder "Head foci". It shows the layers well where the problems are. If the layer (degree) where the problem is located is at level I-IV, then the process is absolutely reversible. At levels V-VI, the process is relatively reversible. In the course of treatment, it is possible to track the correctness of the treatment when the depth of the process decreases. And at the very exit, you can expect some manifestations (for example, when treating herpes, rashes "suddenly" appear).

One of the most important questions during testing is to find among the mass of tested pointers, organopreparations and their potencies, the main link from which to start treatment. Each doctor has his own algorithm. Someone carries out measurements immediately through the complex summary index (KSU), proposed at the last conference [2], someone through the worst indicator of the "Condition" scale (determined using ART +), someone through the worst biological index. Center "Artemis" proposed to identify among the found organopreparations the main (key) method of testing one

through the other. All of the above methods are very good, they help to drastically reduce the number of tested drugs. But, sometimes, this is not enough - all the same, there are still quite a lot of simultaneously identified pointers. We have proposed another technique for identifying the key problem. To make it clearer, let's give an example. The patient was tested organopreparations of the thyroid gland, liver, kidneys, quite pronounced metabolic disorders, deficits, psychoemotional stress. In addition, the Epstein-Barr virus has been identified. It was possible, of course, to determine in which organ it is located, then to treat all these organs. But we decided to find out the significance of this virus. We test it in inversion, and ... just a unique situation arises - everything that has been tested before has ceased to be tested! There is nothing to guess here, the main thing is to eliminate the virus. This was done with a pronounced positive effect. Apparently it's worth saying how we defeated the virus. The virus was tested in the D6 potency. Conducted resonance frequency therapy (RFT) at an intensity of 100 through the UMT (on the head - UMT "loop", on the trunk - UMT "belt"). After the disappearance of the indication of the virus, they began to slowly decrease the intensity (with a step of 3-4 cu). An indication appeared (there were 71, 39, 24, etc.) - we are doing RFT again. And so on for all the identified intensities. Checking the potency of the virus nosode - it became D200. Through this potency we test the drug Viper B D2000. We give the tested dose. Testing the Epstein-Barr virus nosode again - it is tested again in the D6 potency! It is also surprising that the frequency program of the virus is being tested again, which was no longer tested after the therapy session! We carry out repeated RFT according to the above method. When the frequency of the virus has ceased to be tested, we again test the potency of the nosode of this virus. The nosode is no longer tested in any potency! This technique is the most effective when performing RFT, because the treatment is completed in one session, and subsequently this virus is never tested. All indicators returned to normal, only the need arose to prescribe the drug Rezoplex "Lymph".

Thus, if after inverting any of the identified pointers, all other pointers stop being tested, then this is the key cause of all the problems. And as a method of treatment - everyone chooses for himself.

#### Literature

1. Makhonkina L.B., Sazonova I.M. Resonance test. Possibilities diagnostics and therapy. - M.: "RUDN", 2000. - 738 pages (pp. 188-189, 253-255, 259).
2. Orlov Yu.N. About old pointers in a new light // Abstracts and reports. XVI International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy". Part II. - M.: IMEDIS ", 2010. - pp. 74-76.