

Comparative characteristics of scales and used pointers

Yu.N. Orlov

(Rostov-on-Don, Russia)

Finding the shortest path to determine the patient's problems with the maximum reliability of the results obtained remains one of the difficult diagnostic issues. There are more than 50 pointers for diagnostics in the IMEDIS program. If you test everything, it takes a lot of time, and it is not always advisable.

We have carried out studies to compare different pointers and scales of the program, and each of the tested pointers was examined at different levels using the ART + apparatus (apparatus "MINI-EXPERT-D"). By the method of numerous enumerations of all pointers, it was revealed that the following pointers are the most capacious for diagnostics:

- Biological indices (BI);
- Scale "Psycho-emotional stress" (PEN);
- Adaptation reserves (RA);
- Group level of health (GUZ);
- Scale "State" of Shraibman.

These pointers are the most voluminous and comprehensive outline of the state the patient. It turned out that the on the different levels different characteristics of these pointers.

For BI, most often, on the deeper levels are tested additional indices that do not go beyond the extreme indicators of the first level. But if the pathology is pronounced, then there are indicators at 2-4 levels, going beyond the extreme indicators found at the first level.

For PEN, the peculiarity is that very rarely in a patient this index is not tested at the first level. But if this patient has already been treated with you for some time, and you removed the PEN for him, then at deeper levels the psychological stress continues to be tested. It is noted that if during the session the revealed emotions are removed with the help of, for example, Bach Flowers, then upon repeated testing, immediately, during the session, other emotions are found at a deeper level. These loads must also be eliminated. And in the recipe for treatment, it is necessary to include all identified drugs of all levels - the effect will be higher. It is known that RA includes cash (plastic) functional (potential) and energy reserves [1]. Adaptation (adaptation to changed conditions) is based on morphophysiological changes,

Cash reserves are a supply of substances that can be converted into energy (glycogen in the liver, fat reserves in the fat depot, reserves of minerals, trace elements, etc.). These reserves are constantly being spent and accumulated.

Functional (potential) reserves are also a structural reserve (blood depot, an excess of capillaries that are not included in the bloodstream, temporarily "silent" neurons in the central nervous system), this is a duplication of physiological mechanisms, this is the ability of organs to increase mass due to a change in the number of functioning cells ... Potential reserves are determined by the ability

increasing the rate of circulation of biologically active substances.

Depending on the state of the body, RA at different levels is different. Moreover, it may be that RA at the first level, for example, high, and at deeper levels - medium or even drying out. That is, there is a sufficient supply of substances, functional and energy reserves in the intercellular space, and deeper - they dried up. Sometimes there are very high RAs (and an inexperienced doctor is happy about this), and optimal ones are good. This indicates that there is a reactivation reaction, and there is nothing to be happy about. The body is overstrained to solve the tasks before it.

GUZ also at different levels can be different. In most cases, this indicator does not correlate with RA at the initial examination. GUZ is more torpid to the changes occurring in the body during treatment. And if the GUZ has become better, then this is a sign of a well-conducted treatment.

The "Condition" scale, in our opinion, is the most suitable indicator for the initial diagnosis of a patient. Very often, at deeper levels, the indicators are much worse than at the first level, which indicates the need to start treatment from this level.

All indicators need to be assessed collectively. There is no index by which it is possible to determine the patient's condition in the entire volume of the processes occurring in the body - all the above scales must be applied. If the doctor is limited in the time of the examination, then the most suitable indicators will be the GUZ and the "Condition" scale.

Literature

1. Makhonkina L.B., Sazonova I.M. Resonance test. Possibilities diagnostics and therapy ". - M.: RUDN, 2000. -- 738 pages (S. 149, 150).

Yu.N. Orlov Comparative characteristics of scales and used pointers // XVII