Sanogenesis and pathogenesis V.A. Torshin (ChMUP "Traditional Medicine", Brest, Belarus)

> - What if it's not an overkill? - What then? - Line! Dispute of rural communists from the movie "Eternal Call".

The border between sanogenesis and pathogenesis is very unstable and depends on many factors: hormonal levels, time of day, season, psychoemotional state, etc.

In official medicine, they usually treat any conditions that go beyond the generally accepted norms: fever, rash, blood pressure, allergic manifestations, etc.

Thanks to the capabilities of our equipment, we can carry out differential diagnostics between sanogenetic and pathogenetic states at the current moment.

## Case from practice

A 32-year-old man complains of periodic rises in blood pressure up to 160/100, accompanied by general weakness, headaches, and discomfort in the region of the heart. When trying to lower A / D medically, the general condition worsens: weakness appears in the legs, concentration of attention is impaired.

We measure the patient A / D, we get - 150/100. We carry out testing by the method of vegetative resonance test. The Glomus carotis gauge does not give a decrease in the measuring level. What does it mean? This means that the body "does not notice" that its pressure is not 120/80, ie. A / D 150/100 performs some additional function.

We ask the question: Is it sanogenetic for the body to raise the pressure? Glomus carotis 1 + efficiency (index FerummetalicmD26) 1. We got the answer: Yes, it is sanogenetic (that is, it is good for the body). Next question: What is the purpose of a sanogenetic rise in blood pressure?

Glomus carotis  $\uparrow$  + efficiency  $\downarrow$  + spinal cord  $\uparrow$ .

We got the answer: The rise in blood pressure is sanogenetic for the spinal cord, or, in other words, the spinal cord "requests" blood pressure to maintain its own function.

Next question: What is wrong with the spinal cord, because of what it has to "request" an increase in blood pressure?

Glomus carotis efficacy  $\uparrow$  + spinal cord  $\downarrow$  + fluoride burden  $\uparrow$ . We got the answer: The spinal cord has to "request" an increased A / D due to the burden of fluorine in the tissue of the spinal cord.

Next question: What other organs have fluoride burden? Spinal cord  $\downarrow$  + fluoride burden  $\uparrow$  + adipose tissue of the lungs  $\uparrow$ . Now we can make uptreatment algorithm.

Target: elimination of toxin (fluoride) from target organs.

We carry out bioresonance therapy with inversion of the tested burdens with fluorine, we add drainage therapy. After the end of the session, we carry out a control measurement: Glomus carotis 1. This means that the body no longer needs to raise blood pressure to improve spinal cord function.

The patient was given recommendations. Reappointment is scheduled in 3 weeks.

Follow-up: Blood pressure returned to normal three days after the first dose. Has been doing well for the last 6 months. On repeated reception, the Glomus carotis indicator did not decrease the initial measurement level during testing. Blood pressure is 120/80.

From practice: high blood pressure is most often "inquired" by the organs of "heat" - the spinal cord, brain, heart, small intestine. However, most often (in about 80% of cases) it is the spinal cord, apparently, this organ experiences the greatest stress due to the peculiarities of blood supply and function.

In approximately the same vein, one can work with other conditions that require differentiation between sanogenesis and pathogenesis.

I would like to once again thank the developers of our equipment for the endless possibilities of our method.

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"IMEDIS", 2011, v.1 - C.339-342