

Using multilevel system adaptive
diagnostics and therapy in practice

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The basic methodological approach underlying all our works is the idea of a person and his body as an integral open functional system, since it is this theory that covers the processes of human life in interaction with the environment, including the exchange of substances, energy, information. The method of multilevel systemic adaptive diagnostics and therapy (MSADT) is the author's school (Kudaev A.E., Mkhitarian K.N., Khodareva N.K.) of the use of a combined diagnostic technique using ART [1] and therapy using BRT [2]. The basic principles of information diagnostics and therapy have been developed in the framework of the combined use of ART-BRT [3, 4].

The MCADT concept considered in this work is a model of energy-informational diagnostics and therapy. According to this model:

- the organism is a self-fulfilling energy-informational system;
- the body has internal time and seeks to preserve (search and retain) dynamic and chronosemantic homeostasis, in addition to maintaining the well-known static homeostasis; - behavior (external and internal, i.e. physiological) of the organism can be considered as organized according to the levels of integration associated levels of his homeostasis.

It is possible to formulate the principles of diagnostics and therapy of the body within the framework of the IRADT model (a kind of IRADT program) [4]:

- diagnostics and therapy of the body are carried out by methods of energy-informational medicine, i.e. by searching and introducing signals into it, causing energy-informational resonance in it and, accordingly, signals that compensate for this resonance;
- the body is diagnosed with respect to the levels of integration of its behavior, i.e. levels of his self-realization, combined. This means, in particular, that the diagnosis of the spiritual as well as the chronosemantic levels of an organism are considered the most important components of its diagnosis, and it is assumed that without taking into account the state of these levels, full treatment of this organism is impossible;
- therapy of the body is carried out with the expectation of restoring its ability to self-fulfillment at all levels.

Conventionally, a person has 4 levels:

1. The first level is the physical body. Includes all physiological processes associated with the self-realization of the physical body of a person.

2. The second level is the psychoemotional component. Implies emotional reactions of a person to various changes in the surrounding space.

3. The third level is eventfulness or eventful reality. Implies interaction of parts of an open system - "random" processes.

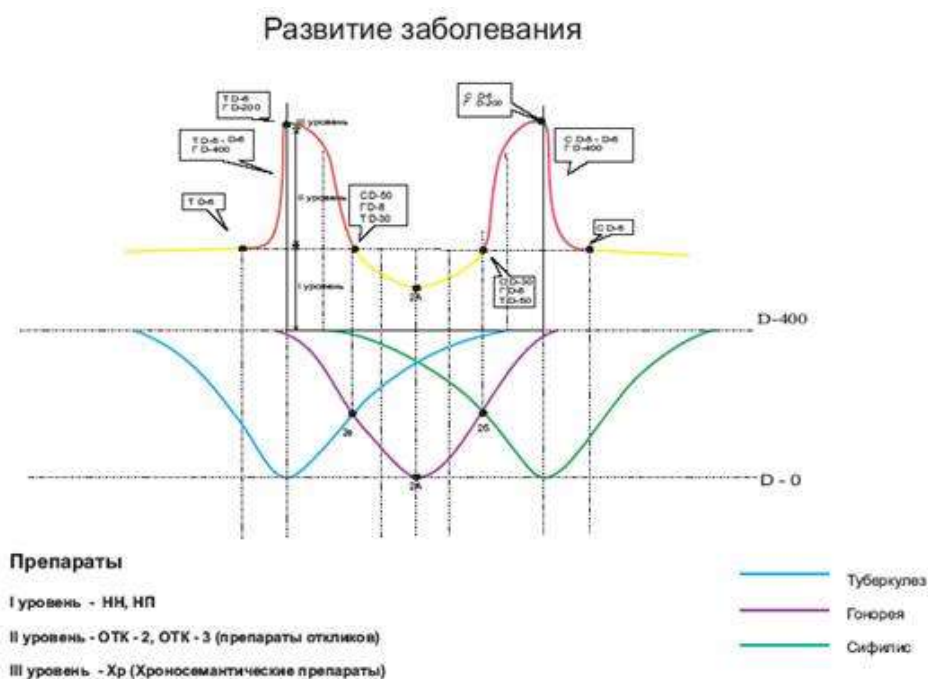
4. The fourth level is spiritual. This is the "inner agreement" of a person with himself. It is assumed that a full-fledged treatment of the body cannot be reduced to treatment at any one of these levels, but must be combined at all of them:

- therapy of the body is aimed at teaching it to solve those tasks of self-realization that it must, but cannot solve, or at adapting it to a certain class of self-regulation modes, to which it is not adapted. Thus, it is always an adaptive, coaching therapy;
- body therapy should be optimal in the sense that physiological

the price for adaptation paid by the body in the process (and as a result) of its implementation should not exceed the physiological gain from the results of this adaptation;

- exist methods for obtaining optimal therapy signals organism - targeting, receiving a signal-response to a reference signal and chronosemantic therapy, which, when applied in aggregate, allow in a large number of cases to obtain signals of optimal therapy from signals - markers of various self-fulfillment tasks used for diagnostics. The application of a systematic approach and control theory to the combined method of ART-BRT made it possible to formulate and develop a number of models and practical methods: the choice of various bioresonance drugs by means of special tests that reveal the phase of the disease development, the targeting method, the creation of fundamentally new groups of drugs based on the theory of the control signal of therapy (in particular, SDA), the chronosemantic model of therapy and the concept of fate, and others.

Recent developments have led us to the possibility of choosing the tactics of therapy based on ideas about the three-phase miasmatic nature of the development of the pathological process. This approach consists in the fact that the degree of the pathological process is assessed on the basis of a test indicator of the burden of hereditary toxins of tuberculosis, syphilis and gonorrhea. The test is based on the idea of the existing connection between the three types of body responses described in traditional homeopathy - the three main miasms (according to Hahnemann). The graph (Fig. 1) shows a diagram of the development of any disease from psora to syphilis. Depending on the phase of development of the disease, drugs of various levels are used: targeted drugs, C-responses, chronosemantic therapy.



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The author's version of MCADT was used in the medical centers of MCIT "Artemida" (director A.E. Kudaev) and GUZ "TsVMiR No. 1" RO (chief physician, MD Khodarev S.V.). Since 2008, the obtained statistical materials have been published annually in the proceedings of conferences on bioresonance and multiresonance therapy [5, 6, 7]. This work provides a statistical report on the results of a clinical study - the application of the IRADT method - for the period from January 2010 to January 2011 and an averaged assessment of its effectiveness across groups of nosologies. Application results

method IRADT are given in table. one.

Table 1

Nosology	Rack. improved (count sick.)	Relates. improved (count sick.)	Without. improved (number sick.)	Total (number sick.)
Ill. respiratory organs Bronchial asthma	28	nineteen	-	47
Diseases of the heart vessel systems	83	78	five	166
System diseases digestion	348	87	nine	444
Kidney disease and urinary system	205	67	2	274
Diseases of the central nervous system and peripheral nervous system	3	nine	one	13
Diseases of the musculoskeletal locomotor apparatus	31	nineteen	3	53
Diseases of the skin and hair	27	28	4	59
Diseases of the genital area	305	143	6	454
Diseases of the endocrine system	56	61	3	120
Total	1086	511	33	1630
Total, %	66.7	31.3	2.0	

Under lasting improvement either complete recovery or the onset of stable remission in the course of a chronic disease, confirmed by the data of an objective clinical examination, was understood. Under relative improvement the improvement of the general condition, the transition of the disease to a subacute state, accompanied by the presence of the main symptoms, was understood, provided that these changes were confirmed by the results of clinical and additional examinations. The lack of improvement in the patient's condition was understood as the absence of dynamics of the patient's condition, confirmed by the invariability or minor changes in the results of clinical and additional examinations.

Thus, the assessment of the results of the joint work of the State Healthcare Institution "TsVMiR No. 1" of the Rostov Region and the MCIT "Artemis" indicates the high efficiency of the combined use of the MCADT techniques for the therapy of patients.

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