

Benefits of multilevel system adaptive diagnostics and therapy

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I have been doing information medicine for 4 years. During this time, I studied and tried to apply in practice different methods in search of the most effective ones.

Over the past two years, I have been admitting patients within the framework of the IRADT, using mainly the pseudotransparent marker (PPM) technique according to A.E. Kudaev, according to the level of development of the disease on the equipment of the company "IMEDIS" using the apparatus "golden section" and the light probe of the company "Artemis", and every time I am convinced of the correctness of my choice.

First of all, it is the speed and conciseness of the initial stage of testing that impresses, which allows you to immediately get an idea of the patient's health status using several integrative indicators and determine which methodology should be applied at this stage. And on repeated sessions - also to make sure that the healing is going in the right direction.

It should be said that the stability of the results achieved at each stage of treatment is of no small importance. It would seem that two years are not enough to talk about any significant follow-up. But in December 2010, four patients resumed the treatment interrupted after 3-4 sessions for a year, and it turned out that all the results that were achieved in the previous sessions in each of these patients were preserved, and we just need to continue the treatment from that the place where the therapy was interrupted.

The method of finding the key organ according to A.E. Kudaevu is the identification of the body's natural request to solve exactly the problem that should be dealt with in the first place. It seems speculatively that the patient is worried about a problem in some organ, well, let's treat him (this organ). And we cure, cure, cure, but the problem, dying out, does not completely go away, we receive not healing, but only compensation. Because it was we, the doctors from our bell tower, who decided that it was necessary, but for the patient's body it may not be timely. He, the body, must first solve completely different problems, after which he himself will cope with that problem of ours. When we fulfill the order of the organism, sequentially moving from one KO to another session after session, then we collect puzzle from lost in the result illness pieces programs self-realization until its complete restoration.

Example

Patient Y., 37 years old. Diagnosis: autoimmune thyroiditis. IRADT sessions: once a month. All manifestations of thyroiditis completely disappeared after a session of therapy with a complex fateful marker found through the small intestine. Follow-up - 1 year.

The MCADT deserves special attention in the treatment of patients with multiple pathologies, severe nosologies, allowing consistently step by step to restore the lost health, and sometimes allows solving seemingly insoluble problems.

Examples of

1. Patient V., 65 years old, started treatment two years ago. A patient with angiography revealed a narrowing of the lumen of most of the arteries. During coronary artery bypass grafting and plasty of the external carotid artery, he suffered a massive stroke. I came to the appointment with residual symptoms of hemiparesis, speech impairment, type 2 diabetes, hypertension, renal failure, edema. The therapy sessions were carried out once a month, with the exception of a 3-month break after a shoulder fracture. Currently he feels well, no complaints, speech and movement are fully restored, he has not taken antidiabetic drugs for more than 8 months. The glucose level is normal. There is no renal failure or edema. In recent months, the rise in blood pressure was noted once and quickly stopped. Most OPs are not tested. The treatment continues.

In addition, IRADT allows solving problems that seem insoluble at first glance.

2. Patient A., 79 years old, suffers from hypertension, peptic ulcer duodenal disease, suffered myocardial infarction. Two years ago, during a hypertensive crisis, a retinal infarction of the left eye occurred, followed by complete blindness in this eye. She received treatment within the framework of MCADT once every 1-2 months. At the first level, in addition to the main drugs, the total drug for the regeneration of the newt or the tail of the newt, tested through the retina or KMH, was periodically prescribed, aimed at them. As a result of the treatment, vision began to gradually return. First there was a sensation of light, then the outlines of objects. Now, when checking eyesight, he sees the top line of the table with his left eye. This, of course, is not much, but compared to complete blindness, it is almost a "miracle". Peptic ulcer disease is also in the past. The treatment continues.

But the main thing is still the preventive focus of the IRADT. This is especially true in childhood, adolescence and adolescence. When we test in children, we find the roots of those problems that are waiting in the wings and will manifest themselves with age. The main source of these problems is, of course, external influences, both general, tested directly, and specific, detected only through CO, supported by chromosomal abnormalities and leading to organ weakness - the basis of future chronic processes. When managing patients within the IRADT, moving from one KO to another, we eliminate the very possibility of problems in these organs in the future.

It should be noted that there are very pronounced positive changes in patients receiving treatment within the framework of IRADT in the eventual reality of their surroundings. As a rule, relationships with loved ones are being established, creative potential begins to manifest, new opportunities appear in terms of work. And this happens to every patient to one degree or another.

Thus, the following conclusions can be drawn:

- IRADT makes it possible to systematically, consistently, effectively, tactically check each appointment in patients with a wide variety of pathologies, allowing you to systematically restore the lost health from session to session;
 - IRADT, especially when using the PPM technique, has a pronounced prophylactic focus;
 - IRADT is the method of choice when the goal of treatment is to fully restore the patient's self-realization program.
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