

Disease masks  
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Sometimes, when treating the underlying disease, they do not pay attention to concomitant diseases. Proceeding from the fact that the body is a single whole, during treatment, concomitant pathology should not be underestimated, although it can be difficult to identify this pathology, especially if the patient does not make any complaints from other organs. As has been repeatedly confirmed by other authors who work on the equipment of the company "IMEDIS", it is very important to early detection of latent pathology, which is still impossible to determine by conventional clinical examination methods.

Example 1

A 65-year-old female patient of average build complained of persistently high blood pressure 210–205 / 100–105, despite the long-term therapy with allopathic drugs. Currently, the patient lives alone, works as a librarian, and does not experience any stress.

From the anamnesis: life together with her husband, with whom the patient lived until the age of 55, was full of stressful situations. Emotional instability was noted. Against this background, "terrible" headaches appeared. She was treated and examined by a neurologist with varying success. Periodically, abdominal pain, bloating, sometimes heartburn, and unstable stools were noted. Because the symptoms were minor compared to the neurological pathology, they were ignored. A year ago, during the prophylactic medical examination, an ultrasound examination of the digestive organs was carried out, which did not reveal significant changes in the digestive organs ("correspond to the age norm"). A biochemical blood test revealed a high cholesterol level of 8.2. Recently, the patient has had a dry mouth, more often at night, and sometimes during the day. No thirst. Blood test reveals sugar levels

6.1. Homeopathic treatment was carried out five years ago. There were no positive dynamics either. Examination of the patient by R. Voll's method revealed a hyperergic reaction to all BAPs on the meridian of the small intestine, both on the right and on the left. On further examination, a resonance on lamblia was noted. At the same time, the patient recalled that in childhood she was treated for dyskinesia of the biliary tract and with duodenal intubation, lamblia was identified.

In oriental medicine, the small intestine is responsible not only for the digestion of food, but also for emotions. It is also called the "animal brain". The meridian of the small intestine is all the receiving and assimilating vessel that provides nutrition to the body at all levels - organ, emotional, mental. Mental health problems are a common symptom that occurs when the small intestine is unable to separate the good from the bad. The person has difficulty making decisions and making judgments. It is very important to be able to understand what is happening in our life, and how it can be used in our own life. People with a weakened small intestine overthink and try to manage their

emotions with the help of reason. As a result, they sink into despondency and depression, and lose their sense of humor. Excess energy in the small intestine area leads to fussiness, emotional overload, overeating, inability to relax and control feelings. Such people are overly ambitious, but they can never succeed in their endeavors. Negative emotions are manifested in the small intestine through the contraction of certain parts of this organ. Anger causes the right side of the intestine, adjacent to the liver, to contract. Anxiety affects the side bordering the spleen. Impatience affects the lower intestine, fear affects the deep regions, while sadness weakens both sides of the small intestine. These unstable states of the motor function of the small intestine contribute to the introduction of lamblia cysts into the human body and their dispersal in the mucous layer of the small intestine. The peculiarity of the biology of these protozoa lies in the fact that they exist in close contact with the villi of the brush border of the small intestine. Giardia have a very reliable mechanism of attachment to the brush border of the small intestine: the capture of microvilli by the bent edges of the suction disc and "adhesion" to the surface of the microvilli with the help of micro outgrowths of the edge fold of the cytoplasmic membrane. The described mechanisms allow lamblia both to resist the motor function of the intestine, and, holding on to the substrate, to carry out the processes of nutrition and division. Attached to the brush border of the small intestine, lamblia (trophozoites) pump out the contents of the spaces between the villi. They get the opportunity to use the products of membrane digestion - a process that occurs on the surface of the membranes of microvilli. That is, the basis of their ecophysiological relationship with the host organism arises. Giardia is able to pump out nutrients and enzymes

directly from the brush border, interfering with the process of membrane digestion. The synthesis and secretion of enzymes (invertase, lactase, amylase, enterrases, phosphatases, etc.) is impaired, the absorption of fats, carbohydrates, proteins and vitamins, especially fat-soluble vitamins, is reduced, the metabolism of folic acid, thiamine, cyanocobolamine, ascorbic acid, vitamin "A" changes, carotene. The products of metabolism and death of lamblia are absorbed from the intestines, causing sensitization of the human body, which can manifest itself in various forms of the disease, including an increase in blood pressure.

Considering the patient's age, the duration of the disease and long-term and unsuccessful treatment with allopathic drugs for arterial hypertension, appropriate nutrition was recommended, several sessions of bioresonance therapy were performed, after which homeopathic drugs in low potencies were prescribed and a course of treatment with sorbents and probiotics was carried out to regulate the function of the small intestine. against the background of standard allopathic therapy for hypertension. Two months later, at the second appointment, the patient noted: finally, blood pressure, which had been at high levels for a long time and stably, began to gradually decrease, while she lost 2 kg, her health improved, sleep improved, headaches did not bother, from the gastrointestinal intestinal

tract - flatulence disappeared, stool returned to normal, in the biochemical blood test, the cholesterol level dropped to 6.2 and the sugar level to 5.7. The patient continues to take allopathic drugs, against the background of which the patient has a stable blood pressure of 130-140 / 90 mm Hg. When the patient is re-examined by the Voll method, normoergic indicators are noted on the meridian of the small intestine on both sides, and indicators on other meridians have also improved. The patient is happy. Decided to continue the homeopathic treatment.

Thus, when diagnosed by the Voll method, the latent pathology of the small intestine, which insignificantly expressed and not detected by conventional research methods. The decrease in blood pressure and the improvement in general well-being occurred after a long-standing, latent, current disease of the small intestine was treated. This example confirms the importance of functional diagnostics for the holistic perception of the patient's body and the possible finding of the so-called "root" of the pathology.

#### Example 2

A man, 37 years old, complained of feeling unwell, weakness, sweating at night, recurrent sore throat, low-grade fever, which appears in the late afternoon. From the anamnesis it is known that there are oncological diseases in the family on the mother's side, and that the patient at the age of 23 had had infectious mononucleosis. Since it is known that after suffering an infectious mononucleosis, a stable immunity remains in the body, the suspicion of this disease was immediately excluded. During the last two weeks he was treated by an ENT doctor with a diagnosis of exacerbation of chronic tonsillitis. Sore throat has decreased, but the state of the body has not changed. I turned to a therapist. Clinical and laboratory examination was carried out. Radiography of the lungs showed no pathology, ultrasound of the internal organs showed no pronounced changes. In clinical blood tests, changes are noted that are characteristic of the inflammatory process in the body. Laboratory test for the presence of antibodies to HIV antigens was negative. The patient underwent two courses of antibiotic therapy, while the general condition of the patient did not change.

Examination using electropunctural diagnostics according to R. Voll's method revealed a sharp decrease in indicators on the meridian of epithelial and parenchymal degeneration and a moderate hyperergic reaction on the meridians of the liver and spleen. Further examination revealed a resonance for the Epstein-Barr virus.

This virus is known to also cause Burkett's lymphoma and nasopharyngeal carcinoma. And as noted by a number of authors, the role of the Epstein-Barr virus has not been sufficiently studied in the pathogenesis of a number of other pathological conditions. It is known that the DNA-containing Epstein-Barr virus is morphologically indistinguishable from the herpes simplex virus and has common antigenic components with it, has a tropism for B-lymphocytes and can persist for a long time in the host cell in the form of a latent infection. It is indisputable that the immunodeficiency states of the body contribute to the generalization of the infection.

The patient was treated: several sessions of bioresonance

therapy, and then a course of homeopathic treatment was prescribed, increasing the immune status - phosphoricum acidum, avena sativa, cystus, potassium carbonicum. Gradually, the symptoms of the disease began to go away. The temperature returned to normal, the night sweating disappeared, and the general state of health improved. When re-diagnosed by the method of R. Voll, there was no resonance for the virus, the previously detected changes in the meridians of the liver and spleen were absent. There was only a decrease in indicators on the meridian of epithelial and parenchymal degeneration. Once again, completely revising the patient's anamnestic data (oncological diseases in relatives, long-term latent carriage of viruses), against the background of a relatively stable state, the nosode carnosinum was given once in high potency. Over the past two years, the patient has repeatedly undergone electrostructural diagnostics according to R. Voll. There are no changes on the above meridian. The patient feels satisfactorily. No relapses were observed.

Thus, sometimes in unclear cases of diagnostics of diseases, spores can be resolved using electropuncture diagnostics according to the method of R. Voll and ART.

Each diagnostic method has its own application. If the general clinical examination of the patient does not remain symptoms of the disease, in electropuncture diagnostics will be more evidence-based and will reveal the secrets of the disease, which is later confirmed by clinical analyzes.