A correctly set goal is the key to successful therapy.

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Many people know the catch phrase: "Successful treatment depends on the correct diagnosis by 50%." Although it should sound like this: "Successful treatment is 50% dependent on the correct goal or task." One way or another, but the result directly depends on the original task. This is especially important in the framework of bioresonance medicine, since the doctor directly identifies and directs the therapy with the help of pointers. What you indicate is what you get. Therefore, within the framework of this article, the option of constructing a goal for all subsequent therapy is considered. The proposed option is based on a systematic approach to patient assessment.

What is the usual goal of a doctor when starting to work with a patient? A good specialist should have no more than two such goals: tactical (for the near future) and strategic (long-term result).

Tactical target - help the patient to solve the problem with which he came.

Strategic goal - help the patient live a long, healthy life, successful life.

Strategic goal is achieved within the framework of multilevel systemic adaptation therapy (MSADT), proposed by A.E. Kudaev et al.
Tactical target it can also be solved within the framework of the IRADT, but it can also be solved symptomatically (what worries the patient, then we treat it). All classical official medicine and, unfortunately, many traditional medicine specialists set themselves only tactical tasks and solve them by conducting therapy aimed at eliminating the symptoms of the disease.

The symptomatic approach is based on the following postulates:

a) a patient is a certain sum of organs, each of which may have its own diseases, which are completely unrelated to each other, therefore, we treat the diagnosis (classical medicine);

b) the patient has several diseases that are related to each other and mutually influence each other (traditional doctors using symptomatic therapy). It makes no sense to consider the allopathic approach because of its complete inconsistency. Symptomatic treatment within the framework of traditional medicine, in general, and bioresonance therapy in particular, sometimes makes sense as a one-time session in an acute process. Although it must be admitted that even an acute process within the framework of IRADT is solved much more efficiently than with the help of symptomatic therapy.

So, it would be completely wrong to think that one patient can have several diseases: a) not related to each other (classical Western medicine); b) related and influencing each other (symptomatic approach within the framework of traditional medicine).A patient, as a single organism, can have only one disease, which manifests itself as inflammation in one organ, degenerative processes in another, the formation of tumors in a third, problems in society, etc. These are not different diseases, connected or not connected with each other, it is a single process, a single failure in an ideal system called "man". This failure did not occur.

at the same time - something came from past incarnations, something was passed on with genes from parents, something was added during life. The disease is one, but its causes and manifestations are multi-layered. A sick person can be compared to an originally clean stream, into which a stone once fell, at first only slightly disturbing the strength of the stream. Then, over the years, gradually twigs and leaves got stuck in the place of the obstacle, which had already significantly changed both the strength and the direction of the stream flow. It is necessary to disassemble such a "blockage" gradually, layer by layer. But in each such layer there is no need to remove each leaf, it is enough to remove a more or less large (key) stick, and the flow will wash off the leaves by itself.

It is also necessary to work with the patient, remembering that the disease is one, and its manifestations can be many. Moreover, some manifestations are the cause (stick), and some are the consequence (leaflet). That is, some symptoms reflect the processes that are the cause of a single disease of the body, while others reflect the processes that are the consequence. Moreover, at each stage of therapy, among several disorders-causes, there are only one or two key ones. And in order to quickly and safely walk the path to recovery, it is necessary to work with these key manifestations of the disease.

For example, a patient in the picture of his illness has symptoms from the respiratory system and from the gastrointestinal tract, and in the gastrointestinal tract the picture is also very diverse (for example, the patient has chronic tonsillitis, bronchitis in the acute stage, acute sinusitis, gastric ulcer in remission, dyskinesia of the gastrointestinal tract, dysbacteriosis, chronic spastic holitis). How to treat? Maybe start with what worries the patient the most (the patient feels good for a while, and the doctor is thankful)? Or maybe all at the same time: 5-6 remedies (one for each main symptom)? But it is more correct to identify the key organ and treat it (a stick in a stream), then everything else will normalize itself (leaves). In our example, the key OP will be the small part of the intestine, the PDU made on it will solve all the problems, remove all the symptoms.

How can you define this key problem or task that needs to be addressed? There are several options for identifying the underlying problem. All these options imply the identification of a key organ by testing through any one scale, which, in our opinion, reflects the organism as a whole. For example, the definition of a key organ through the Adaptation Reserves, the State scale, Morphoscale, connective tissue scale, etc. etc. Or the definition of a key organ through a certain sum of scales, for example, through the KSU (Complex summary index proposed by Yu.N. Orlov, which includes: Metallic zinc D26 + Ferrum metallicum D60N + Zincum metallicum D60 + Cytochrome-A D60N). A separate option for identifying a key organ can be considered finding it by the method proposed by A.E. Kudaev.

Consider the option of defining the key problem through a specific scale or through the KSU. When using this technique, the following was very often observed: positive dynamics in the selected organ and in the selected scale, possibly in two or three more scales; according to other indicators, either there is no dynamics, or there is a deterioration in indicators. Why does this happen?

Apparently, the point is as follows: any scale is either a potentiated homeopathic remedy or a potentiated organic remedy, or a potentiated nosode. That is, when we determine, for example, the stress or depletion of the immune system, then in fact we look at whether the HP is optimal or not and in what potency, from which this scale was created, and we find a non-optimal indicator of it. Moreover, this index is only indirectly related to the immune system of a given person, it does not fully reflect the entire versatility of the processes occurring in the body. And so on all system pointers. I.eeach individual indicator (scale) rather approximately reflects a separate function of the body, especially the entire system - "man" as a whole. Therefore, it is completely incorrect to look for the patient's key problem through any scale separately. Each system pointer (scale) is a puzzle in the whole picture called "patient". Only by putting together all the puzzles, you can understand what you are dealing with.

So, the idea arose to create a large complex drug that would fully reflect all the patient's systemic processes. And already through it, look for the key problem. Thus, using the most complete picture of the patient's pathology, it is possible through it to find the problem, solving which, you will cure the body as a whole (we will consider the method of creating a complex drug further).

There is one more important point. If we find a key problem in one way or another, then we select a therapy for this problem, using it (the key problem) as a pointer, we get a drug that solves it. That is, the Key problem ↓ + drug ↑. In this case, the selected therapeutic agent will not always act systemically. This is especially true for targeted autonosodes and PDUs. 90% of the action of the selected drug will be directed to one problem, albeit a key one, and 10%- on the body as a whole.

If the entire therapy is selected through a large complex index (the sum of pathogenetic indexes - SPU), taking into account the key problem, then we will get 100% result on the key problem and a significant improvement in the body as a whole. For example, through a complex index, we determined that the key problem was Kidney D3-D4 OP and decided to do a targeted urine autonosode. We will target this urine autonosode not at the OP of the Kidney D3D4, but at the Sum of Pathogenetic Pointers (SPM). In this version, we will receive a drug that will ideally display not only the kidneys, but also the joints, and most of the system indicators.

I will repeat it again, since this is an extremely important point. Therapeutic drugs, nosodes, PDUs are selected and targeted specifically at the SPU, and not at the key organ!

Methods for creating an SPU (the sum of pathogenetic indicators)

What pointers (scales) are best used to build a complex system pointer? Do not use organopreparations (OP), because firstly, the tested OPs show changes directly in the organs, while in no way reflect the organism as a whole, do not reflect dysfunctions. That is, the sum of OP is anatomy, and physiology is more important in systemic medicine. The amount of OP is, in fact, an analogue of the allopathic approach to

sick.

So, a complex systemic index should reflect the dysfunctions of the body at all its levels. In the selector, these are practically all the scales in the "VRT pointers" window.

But there is one important point. Namely, as the symptoms of a disease can be a manifestation of either cause or effect, so system indicators can reflect both processes-causes (pathogenetic) and processes-effects (sanogenetic). And in this case, if not only causes, but also effects are entered into the complex index, then we will get a breakdown of RA. Therefore, it is necessary to enter into a large complex index only pathogenetic systemic indicators, and it is precisely systemic indicators. Medicines (eg, SDA, etc.) should not be added to the complex index.

How to determine which indicators are pathogenetic in a given patient, and which are sanogenetic? To begin with, you need some kind of scale, which we will consider as a starting point. Using the many years of experience of a large number of doctors, it can be assumed that such a starting point will be the General Adaptation Reserves and the “Condition” scale. First, it is these indicators that worsen in all patients with an incorrectly selected therapy. Before we say “Second,” let us remember how to determine whether an index reflects a pathogenetic or sanogenetic problem. It is necessary to simulate so that the selected pointer stops being tested (turn it on in inversion) and see how the PA or "State" changes. If RA increases, then the index is pathogenetic, if it decreases, then it is sanogenetic.

Secondly, if we test RA and “State” in this way through each other, we will see that these scales do not change. That is, if you include the previously tested RAs in the inversion, the "State" scale will not change and vice versa. Therefore, it is possible to take the sum of the General RA and the "State" and through them further determine which systemic indicators are pathogenetic in a given patient, and which are sanogenetic. The sum of pathogenetic markers (SPM) will be a complex index for the construction of all further therapy during the session.

So, to build the STS, we perform the following steps:

1. By testing directly from the worst levels to the best we find the worst indicator of the Adaptation Reserves and the “State” scale.

We connect from the Selector by 2-3 indicators up and down from the identified on each scale (total 8-10 pointers). When tested directly, they lower the original measurement level.

2. With the pointers noted above included directly, we test further in the inversion, in turn, all the system scales. We select the "suitable" pointers, during testing of which the recovery will take place the original measuring level. Pathogenetic which are usually Not all pathological levels of any scale. rotary load 3 For example, revealed electroma tbsp. Consequently, the patient has electroma rotary load and 1 tbsp., and 2 tbsp., and 3 tbsp. But only 3 tbsp can be turn up pathogenetic. or 2-3 tbsp., Therefore in the SPU we include only 3 tbsp. (2-3 Art. depends on a situation).

3 The selected list of matching indexes will be a complex systemic index called the Sum of Pathogenetic Markers (SAT). Further, we must rewrite it into pure homeopathic crumbs, through which we build the entire therapeutic part of the session. This step (recording a complex preparation on homeopathic grits) is extremely important. If we carry out further testing through the SPU, included in the selector, we will get completely different results than testing through the same SPU, but recorded on crumbs.

When testing in the above way all system scales and individual indicators on a sufficiently large number of patients, it turned out that some scales are most often pathogenetic, some more often
all sanogenetic.

Pointers (scales), which practically always are pathogenetic:

1. Miasms; Hereditary toxins (syphilitic and oncological).

2. Scales reflecting the aging of the body, namely - "Stress and aging", "Telomerase gene" and "age marker". Inadequate aging always reflects that the body as a whole is far from healthy. On the other hand, the inclusion of these pointers in the SPU allows you to choose a therapy that not only heals well, but also rejuvenates.

3. "Colors" - one color is always pathogenic. The
the pointer is extremely important. There is a correlation between the pathogenetic color and those problems that come to the fore, are priority in this session.

4. Hormones.

5. Meridians (from the ART window).

6. Chakras, if they are blocked by BB (external influence). If
blockages are caused by psycho-emotional stress, then the chakras are not pathogenetic.

7. DNA index (in the ART window).

8. ALL pointers to oncology:
a) anticancer resistance (CRR), b) the
degree of malignancy of the process, c)
onco protein,
d) potential for malignancy, e)
presence of tumors (1-5 cu), e)
false polarity.

It is interesting that Fuzailov's drug is never included in the SPU. As for the pointer to the oncoprotein, if it reflects real oncology, then it is included in the SPU, if it reflects the BB (external influence), then it is not included.

9. Blockade of the mesenchyme. The inclusion of mesenchymal blockages in the SPU is extremely important. Ignoring this scale can lead to errors in the diagnosis of the key problem and in the selection of subsequent therapy!

10. Morphoshkala.

11. Blockade of the RA.

12. Endocrine depletion; depletion of the immune system.

13. Somewhere in 70% of cases, the SPU
includes: a) mental stress,

b) electromagnetic load, c)
geopathogenic load, d)
radioactive load,
e) dental burden, cicatricial interference fields, f)
indication of fungi, viruses, bacteria,
g) trace elements,
h) vitamins.
Pointers (scales), which are more often sanogenetic:
1. "State".
2. Reserves of Adaptation.
3. Schraibman's connective tissue scale.
4. Biological indices.
5. Photonic indices.
6. Hereditary toxins - Tuberculin.
7. Endocrine index (potentiated pituitary gland).
8. Tension of all scales (endocrine, immune, etc.).
9. Vegetative burden (potentiated Thalamus 1–5 conventional units).
10. Most of the meridians.
11. Head centers and interference fields.
12. Anabolism, catabolism.
13. Acid-base balance (acid-base balance).
14. Bactericidal.
15. Connective tissue insufficiency (in the ART window).
16. Lymphatic burden.
17. VNS completely (tension and exhaustion).

From a physical point of view, the complex system indicator of the SPU is a complex control signal of the task set during the session. There is usually more than one answer to solve this problem correctly. That is, in order for an SPU to stop testing, as a rule, more than one drug is required. It is appropriate here to recall the multi-layered nature of any problem. Practically at a session of the SPU, we line up once, and then through it we select the first drug for the key problem. It can be any drug (GP, targeted nosode, BRP, etc.) of any level (spiritual, emotional, physiological). Having determined the single and daily dose through the SPU, we give a single dose to the patient immediately during the session and see if the SPU is still being tested or not. If it is being tested, then again through it we find the key problem, select the drug, determine the dose, we give to the patient, etc. Let's clarify again. The drug, selected taking into account the key problem and targeting the SPU, fully compensates for our complex index when tested, but only after the patient has taken a single dose of the selected drug, we can see how fully it works. And only after taking peros of the first drug, you can decide whether you need to prescribe the second or not at this session.

Example

Patient K., 51 years old. She complained of severe headaches; I have to take pentalgin and other analgesics several times a day every day. Against this background, a pronounced attack develops every 7-10 days.

headache accompanied by vomiting. An ambulance relieves an attack. From the anamnesis: in 2000, at the clinic. Burdenko was diagnosed with Kimmerly's anomaly and underwent surgical treatment. There was an improvement in the state of health within 2–3 years. In the future, the condition gradually worsened, a significant deterioration for the last 3 years (daily headache). On MRI of the brain in 2011, a cyst of the pineal zone up to 1.0 cm, signs of focal multiple changes in the substance of the brain, probably of vascular origin.

On the first session tested: Low RA grade 3; STSH 11; BI 18, FI 20; 3 tbsp curry mesh; Very strong endocrine disorders (level 4), endocrine tension. system 3 tbsp., depletion of endocrine syst. 3 tbsp.; high degree of stress immun. syst., high degree of depletion of immun. syst., mental load - 5 USD Blockade of all meridians, all chakras, all layers of the Mesenchyme, all reserves of adaptation. Organopreparations are mainly in the D4 – D12 range, the arterial network of the brain and the hypothalamus D3 – D30. Helminths - the result is negative.

The therapy used:

a) the author's technique for correcting amino acids;

b) UBRP (level bioresonance drugs) for the liver, pancreas, cervical plexus according to the author's method described in the Abstracts of the BRT Conference in 2010;

c) targeted inverse urine nosode;

d) targeted psychoemotional nosode;

e) drainage complex homeopathic preparations.

Note:

a) UBRP, urine nosode and psychoemotional nosode were aimed only at SPU.

b) Diagnostics and selection of therapy were carried out at 1–2 levels of ART +. The level was determined through the KSU.

Subjectively, the patient noted an improvement in her condition after the 2nd session, after the 3rd session the complaints completely disappeared (there was no headache even on the days of severe magnetic storms). After 5 months (5 sessions) of therapy, no pathology was observed on MRI of the brain. The therapy continues.

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