

Prolonged transfer application method
controlled information and therapeutic signal to pathological

hearth
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In the process of clinical observation of the patient, the doctor assesses the objective and subjective manifestations of the disease. Pain and anxiety are a manifestation of a person's somatic and mental ill-being. Criteria based on the patient's subjective assessment of the pain and anxiety experienced can be used to assess the therapeutic effect on the patient, along with the results of "objective" examinations. An example of a situation in which the subjective symptoms of pain and anxiety have a value comparable to the results of an objective examination is a patient's trauma of minor or moderate severity, not accompanied by anatomical significant for the functioning of the body.

damage. In principle, any such injury should be compensated by the body on its own, due to its ability to heal itself. However, in practice, there are a number of "side" or long-term negative effects, which primarily include:

- the phenomena of stress, including chronic stress, arising as a result of this trauma and associated both with the pain experienced by the patient as a result of trauma, and with negative experiences in this regard;
- a variety of long-term consequences of trauma from the remaining, despite the restoration of damaged tissues, chronic pain or chronic anxiety of the patient and to oncological degeneration of damaged tissues after a considerable time after injury.

These two types of negative consequences of trauma of minor or moderate severity cannot be separated from each other, since the stress experienced by the traumatized organism can subsequently be realized as the cause of the long-term adverse consequences of this trauma. The psychological state of the patient largely characterizes the stress load experienced during the trauma. A change in the psychological state can be considered an objective indicator of the favorable or unfavorable dynamics of neuroimmunoendocrine compensation for the consequences of trauma. And the presence or absence favorable psychological background is directly related to the long- with development term adverse effects of this trauma.

To relieve pain and quickly normalization the psychoemotional state of the patient with trauma of mild and moderate severity, the following therapy algorithm is proposed.

The patient undergoes an ART examination to establish pathological manifestations in functional systems and anatomical structures according to the guidelines [1]. Organ preparations of organs, tissues and anatomical structures located in the area of injury are used as mandatory test indicators for ART examination. To take into account the results of therapy, the patient's pain and anxiety levels are assessed at the time of treatment. Evaluation

levels of pain and anxiety, it is advisable to conduct a survey using a five-point scale of subjective assessments of the patient according to gradations: very strong, strong, moderate, weak, very weak or absent.

Based on the results of ART testing, a clinical and informational portrait of the patient is formed - a set of test indicators identified in the process of ART examination.

Endogenous BRT [2] is performed using hand, foot and frontal electrodes, as well as devices for magnetic therapy "inductor" and "belt" connected to the endogenous therapy circuit and superimposed on the patient's trauma area.

In the first session:

- in the 1st container, disharmonic vibrations from the area of injury are recorded with subsequent placement in the 3rd container of the "IMEDIS-EXPERT" apparatus,
- in the 2nd container of the apparatus is placed the informational preparation "Dying Triton's Tail" in potencies D6 – D10 [3].
- the procedure of bioresonance therapy is carried out according to the 4th strategy.

Starting from the second procedure, therapy is carried out according to the 3rd strategy with the use of organopreparations included in the patient's clinical information portrait.

To enhance the anti-stress, analgesic, decongestant and regenerative effects of the therapy, an individual bioresonance preparation is created. A glass with clean grains is placed in the first container. The bioresonance preparation is recorded throughout the entire therapy session.

At the end of the procedure, the dose of the drug is selected.

In order to enhance and prolong the effect, the resulting drug is applied to the area of injury and fixed with a plaster.

During the treatment of 3 patients with dislocations and 2 patients with fractures of the bones of the fingers, a rapid (from 10 minutes to 6 hours) relief of pain and anxiety syndrome was noted, as well as a decrease in edema, although with a "natural" healing process, pain and puffiness remains at a given severity of injury for 3-4 weeks. Subjective assessments of the intensity of pain syndrome in patients changed from "severe" or "very strong" pain to "weak" or "no" pain during the first procedure or during the first days after therapy. The subjective assessment of anxiety also decreased during the first days of therapy and remained throughout the entire course of therapy, until the patient recovered. The speed and strength of the therapy performed exceeded the well-known analgesic and decongestant drug Traumeel, according to our estimates, by 2–4 times.

In the case of fracture therapy, we did not see a significant acceleration in the rate of bone healing and callus formation.

The results of observation of patients after 6 months from the moment of injury do not reveal residual chronic inflammation of tissues in the area of injury, although usually the percentage of residual chronic

inflammation in trauma is great and is, in some cases, up to 30–35%.

According to our observations, the drug worked for an average of three days. After three days, the crumbs applied to the injury site were absorbed. At the same time, subsequent attempts to apply the resulting drug to the area of injury again did not lead to its resorption. We came to the conclusion that during the indicated period the clinical and informational portrait of the disease changes and the old drug no longer has the desired therapeutic effect. Based on our observations, it is optimal to carry out therapy and create a bioresonance preparation every three days.

Conclusions:

1. An algorithm is proposed and the possibility of quick relief is shown. pain syndrome with trauma of minor and moderate severity.
2. The results of observation of patients in dynamics indicate the prospects of using this treatment algorithm, as it allows to minimize the negative long-term consequences of trauma, and the need for further research.

Literature

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