

## Diagnostic approaches using autonomic resonance testing

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Modern clinical medicine has achieved tremendous heights in understanding the etiopathogenesis of many diseases. Diagnostics and emergency therapy have been improved, and the possibilities of surgery and prosthetics have expanded. Psychosomatic medicine is increasingly revealing the relationship between mental and somatic disorders. But at the same time, the number of chronic diseases is growing. The ecological situation continues to deteriorate, which largely contributes to this.

Today, patient management is a complex process that includes the planning of treatment and diagnostic measures, their implementation, as well as a systematic assessment of the correctness of implementation and the degree of achievement of the planned results. Every day the attending physician is faced with the problem of choosing the optimal amount of diagnostic and therapeutic measures. Diagnostics and clinical prediction are the most important aspects of medical practice. Their main purpose is to provide scientific validity, systematic and effective treatment of the patient. Errors at this stage lead to an increase in complications, lengthening of treatment and create a significant gap between the actual results of medical care and those that can be obtained taking into account the level of development of modern scientific knowledge.

Methods of electropunctural diagnostics (EPD) help the doctor in his diagnostic search, being effective additional methods of medical research, providing information support for the doctor's thinking. Currently, the most widely used methods of EPD are: electropuncture diagnostics by the method of R. Voll (EAF) and autonomic resonance test (ART). Each of these methods has its own characteristics and differences from other EPD methods, a certain range of possibilities and advantages and is focused primarily on practical doctors using traditional methods of treatment.

EPD methods are used in their practice by doctors of both Western and Eastern directions of medicine (for example, traditional Chinese medicine, Tibetan), doctors using homeopathic treatment, homotoxicology, herbal medicine, other methods of natural therapy, reflexology, kinesiology, manual therapy, psychocorrection, doctors with a holistic approach in diagnosis and treatment, as well as doctors working in narrow specializations. This explains the variety of existing and developed diagnostic and therapeutic algorithms for the use of EPD methods and therapy, which, in turn, are determined by the goals and objectives of the diagnostics.

The diagnosis of EPD reflects the functional state of organs and systems and the influence of external factors on the state of the body and can significantly supplement clinical diagnosis.

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The diagnostic arsenal of devices manufactured by the "IMEDIS" company includes the following EPD methods:

- segmental diagnostics;
- electropunctural diagnostics by the method of R. Voll;
- vegetative resonance test.

#### Initial examination of the patient

The combined use of EPD methods makes the initial examination of the patient the most complete and informative. The general sequence of application of EPD methods in the framework of a diagnostic examination:

1. Questioning the patient and objective research.

2. Segmental diagnostics (SRS). SRS gives an assessment of the state of the autonomic nervous system and the assessment of the body's regulatory capabilities, as well as in the "Differential diagnostics" mode, one can view the results of computer processing of the results of measurements of the EP BAZ of the skin on various phantoms [1]:

- "Potential target organs";
- "Analysis of segmental innervation";
- "Analysis of cutaneous innervation";
- "Vertebral diagnostics";
- "Odontogenic diagnostics";
- "The sympathetic part of the ANS."

3. Electropuncture diagnostics by the method of R. Voll. Due to the fact that complex examination, and drug testing is carried out using ART, it is optimal in time to use the measurement algorithm for control points of measurement ("KTI") (less often - the measurement algorithm "KTI + End BAP"). It is necessary to take into account the fact that the revealed pathological disorders during the EAF are ranked according to the subjective opinion of the doctor. The obtained data (or "EAF-portrait") most fully reflect the "energy" or information-functional relationships.

4. Analysis and interpretation of the data obtained, which are taken into account when further examination and selection of the therapeutic effect.

5. Vegetative resonance test. Diagnostic search in ART, regardless of the nature of the existing pathology, adheres to the main principle: the examination is carried out "from general to specific" - first, using general test indicators for the presence of problems, determine the presence of pathology, then its localization, character, determine the treatment regimen [3].

The option of examination using a complex of EPD methods is the most optimal for the initial examination of the patient. During repeated examinations, a combination of SGD and ART is more often used, or they are limited only to ART. Analyzing and taking into account the diagnostic capabilities of EAF and ART, many doctors give preference to ART when examining a patient. This methodological approach is never complete, especially during the initial examination.

the patient. In many cases, it is the EAF-"portrait" of the patient, together with the data of the initial examination (as well as with the data of the anamnesis, all the symptoms and symptoms of the leading syndrome), that plays a decisive role in the advancement of primary diagnostic hypotheses (PDH), which are taken into account in the further conduct of the autonomic resonance testing. The diagnostic approaches used, as mentioned earlier, are different, which is explained by the presence of different directions in medicine. In Western medicine, the examination ends with the establishment of a diagnosis (nosological unit or syndrome). To do this, traditional Chinese medicine (TCM) uses numerous well-established syndromes that differ from those used in Western medicine.

Diagnostic approaches,  
accepted in clinical medicine (Western School of Medicine)

In classical clinical medicine, there is still no consensus about such important concepts as: "health", "norm", "disease". In numerous definitions, the following are used as the main signs of health: 1) the absence of illness, 2) the normal state of the body, 3) the dynamic balance of the body and the environment, 4) the ability to fully perform social functions, 5) complete physical, spiritual, mental and social well-being, harmonious development of the organism, 6) the ability to adapt to dynamic environmental conditions, 7) vitality, as an integral indicator of vital activity, i.e. implementation of biological and social functions, etc.

With regard to the concept of "diagnosis", there are clearer concepts and various classifications have been developed [4, 5, 6, 7].

Diagnosis (recognition) is a short medical opinion about the nature of the disease and the patient's condition in terms of modern medical science. The diagnosis is made based on specific symptoms or signs of the disease.

When forming a diagnosis, one should adhere to certain features inherent in medical science.

1. When making a diagnosis, indicate:

a) the underlying disease at the time of communication with patients; b) complications of this disease;  
c) concomitant diseases, which at the time of communication with the patient may not require special treatment, but can or should be taken into account in the treatment of the underlying disease.

2. Take into account that there are the following types of diagnosis:

a) direct or by analogy; b) differential diagnosis; c) synthetic or complete diagnosis; d) diagnosis by observation of patients; e) diagnosis by therapeutic effect (ex juvantibus).

3. By the time of detection of the disease are distinguished: a) early diagnosis; b) late diagnosis; c) retrospective diagnosis; d) postmortem diagnosis.

It must be remembered that the disease is a mobile process (S.P. Botkin), and the diagnosis during the period of observation of the patient, his treatment, may change.

4. According to the degree of validity, they are distinguished: a) preliminary (hypothetical) diagnosis; b) final (justified) diagnosis; c) the diagnosis is in question (doubtful).

5. There are four sides of the diagnosis: a) morphological; b) functional; c) pathogenetic and pathophysiological; d) etiological.

Diagnostic technique.

Making a diagnosis is the first task of a doctor when working with a patient. It is based on the following methods:

1. Physical methods;
2. Laboratory methods;
3. Instrumental methods;
4. Surgical methods;
5. Treatment;
6. Observation [4, 5, 6,7].

V modern medical literature used by concept "Nosological approach". At the same time, clinicians seek to find or isolate pathological form, which is characterized by a specific cause, unambiguous pathogenesis, typical external manifestations and specific structural disorders in organs and tissues.

Another most commonly used approach is syndromic. The principle of diagnosis, which implies the recognition and differentiation of diseases, regardless of their belonging to different nosological units. The various syndromes are so clearly different from one another that it is impossible to confuse them. This is the most important advantage of the syndromic principle of diagnosis. A diagnostic algorithm is a precise, generally understood prescription for a step-by-step performing, in a certain sequence, elementary mental operations and actions to establish a diagnosis of all diseases manifested by this leading syndrome. The obligatory fundamental components of the diagnostic algorithm are the syndromic principle of clinical thinking and the principle of optimal diagnostic feasibility. Following the algorithm guarantees the solution of typical problems of a certain class, which most often ensures the effectiveness of treatment.

ART, as a variant of additional research methods, is similar to syndromic approach within the diagnostic algorithm.

Regardless of the nature of the pathology, in the process of ART they always go from the general to the particular. This makes it possible to shorten the diagnostic search, determining the range of the most significant processes in the body at a given time.

Using the filtration method, the doctor identifies the localization of the pathology, its nature, the existing relationships between organs and systems.

#### Stages of diagnostic measures

1. Identification of symptoms of the disease.

Interrogation of the patient and objective research is recommended to be carried out according to a strict algorithm: complaints, their detailing, questioning by systems, history of the development of the disease, history of the patient's life, general examination, objective research by systems. The condition of each of the systems is also assessed on the basis of local examination, palpation, percussion and auscultation.

## 2. Isolation of general and local symptoms

General symptoms are known to occur in a wide range of pathological conditions. In this regard, their diagnostic weight in European medicine is not very large, they rather assess the severity of the patient's condition. Local symptoms, especially if their parameters, features are identified, most likely indicate which system or organ is affected in a given patient.

3. Grouping symptoms into syndromes and isolating the leading syndrome  
In European medicine, it is important that, in the medical sense, the symptom complex is considered as a syndrome, and not as a random set of symptoms.

When performing ART, the doctor chooses test pointers that cause the greatest decrease in the measuring level (IU).

This or that lesion is concretized by the filtration method.

4. Putting forward primary diagnostic hypotheses and them differential diagnosis, establishment of a preliminary diagnosis. PDGs can be put forward in the form of assumptions about specific nosological forms or about groups of diseases or syndromes. Next, a differential diagnosis (DD) of PDH is carried out. Its main task is to highlight the most likely hypothesis as a preliminary diagnosis. In this case, not only the symptoms of the leading syndrome are taken into account, but the entire set of symptoms in a given patient, data from the anamnesis of the disease and life.

When advancing the PDG and carrying out differential diagnostics, the doctor builds a research algorithm, which is determined by the capabilities of the ART method. Using the ART method, the doctor has the ability to simulate a particular process.

5. Determination of the plan of laboratory and instrumental examination patient, identifying symptoms using these methods.

Taking into account the preliminary diagnosis and the most important diagnostic hypotheses in terms of prognosis and treatment, a plan for examining the patient is determined using additional laboratory and instrumental research methods. At the same time, a number of new symptoms come to light. If the decisive method is performed and a diagnosis is made (nosological or syndromic), then the diagnostic search ends.

6. Grouping of previously identified and newly discovered symptoms in syndromes and isolation of the leading syndrome

Symptoms identified through questioning and physical research, as well as as a result of additional research methods, are again grouped into syndromes, and the leading syndrome again stands out among them.

7. Putting forward secondary diagnostic hypotheses, their DD - establishing final diagnosis, nosological form

On the basis of the newly isolated leading syndrome, secondary diagnostic hypotheses (EDH) are put forward, and their differential diagnosis is carried out.

8. Formulation of a detailed clinical diagnosis for a given nosological form

After establishing the final diagnosis of the nosological form, a detailed clinical diagnosis is formulated (taking into account the existing classification).

Thus, in the presence of primary information, the doctor develops a diagnostic hypothesis. As a rule, this happens during a conversation with a patient. Inspection is essentially devoted to testing and correcting a hypothesis. Sometimes it happens that the examination completely rejects the original hypothesis, and then another is put forward. The number of such "returns" is sometimes large in case of an unclear or rare disease.

The use of EPD methods and, in particular, ART, makes it possible to bring the "diagnosis of the disease" closer to the "diagnosis of the patient", because many factors are taken into account, such as: psychoemotional state, neuroendocrine and immune status, the influence of external loads, the presence of intoxication, etc.

If, when testing with EPD methods, the data obtained indicate the need to change the patient's main diagnosis, then the necessary additional laboratory and instrumental studies are carried out to confirm them. The clinical diagnosis is made according to the usual criteria accepted in official medicine.

### Diagnostic Approaches Adopted in Traditional Chinese Medicine (Eastern School of Medicine)

The views on health and illness of Western doctors and traditional Chinese medicine (TCM) doctors are not fundamentally different. What TCM and European medicine have in common is that they view health as a normal state of the body. The fundamental difference is that modern clinical medicine treats the cause of the disease as a particular one. BMT considers the imbalance of the body system to be the cause of the disease, taking into account external and internal factors, i.e. generally. TCM seeks not so much to defeat the disease as to help the human body restore the balance of forces that could withstand the disease, i.e. goes against modern methods aimed at combating the consequences of the disease.

TCM is essentially a syndrome medicine. Diagnosis based on syndromes (Bien-zheng) and related treatment are specialties of Chinese medicine. TCM syndrome reflects the state of the patient's entire body at a certain point in time and, in a sense, represents the patient's current diagnosis. In each specific case, it is necessary to determine whether there is an acute painful condition or a chronic illness, i.e. what should be influenced first of all: on external symptoms or on the cause. The therapy is specific and

selected individually. The syndromes inherent in Chinese diagnostics include mainly the following elements:

1. Generalized assessment of the cause of the disease.
2. Establishing the localization of the disease.
3. Characteristic signs of the disease.
4. Assessment of the confrontation between the disorder that caused the disease (He) and body resistance (Zheng) of the patient [10].

The data obtained in the course of the SRS, EAP very organically and logically merge into the syndromic diagnosis of BMT. The use of ART in TCM complements syndromic diagnostics, allowing to identify the core of the pathology, the main etiological factors, facilitates differential diagnosis.

Let's consider an example of a specific clinical case.

#### Clinical example

Patient V.V. Age: 24

He complained of cutting pains in the urethra, lower abdomen, radiating to the lower back, perineum, scrotum, thighs. Positive symptom of "morning drop".

Ill since the age of 14. The disease began with the appearance of a red itchy spot in the groin area. In 2–3 weeks, cutting pains during urination were added. Testing for genital infections was negative. At the age of 15, he was diagnosed with nonspecific urethritis. The prescribed therapy (including courses of antibiotic therapy with broad-spectrum drugs every 3 months) did not give positive dynamics. The condition steadily worsened with the gradual addition of additional symptoms from the gastrointestinal tract, hepatobiliary system, cardiovascular systems and nervous systems. The patient notes that in the last 1.5 years there has been a slight violation of sexual function. He was repeatedly examined (in Russia and abroad), but the etiological factor was never identified. Due to the ineffectiveness of the therapy, given the brightness of the patient's description of his condition, the attending physicians repeatedly sent the patient for a psychiatric examination. Two years ago, after another course of antibiotic therapy, complaints from the liver network intensified, a biochemical blood test showed an increase in AST and ALT.

The purpose of this examination is to find out the reasons for this state of the body and to optimize the patient's therapy.

To do this, you need to determine:

1. Are these complaints related to the patient's possible presence mental disorders.
2. Are there really any disorders of the body corresponding to the complaints the patient and what they are caused by.

The solution of these problems is necessary for the choice of tactics and strategy of therapy. The patient underwent SGD, EAF, ART.

The results of SRS: a state of pronounced hyperergy, sympathicotonia, which does not change after a test load, the presumable leading symptoms -

cerebrovascular (hypo), urogenital (hypo), a state of immune reactivity - a pronounced tension of immunity. The measuring level for all leads, with the exception of the frontal, is 96-6 cu, which corresponds to the stress response of the organism. The putative leading syndrome is consistent with the patient's complaints. A possible cause of the pathological state of an infectious genesis is indicated by the "state of pronounced immunity tension" revealed in SRS.

EAF results: The worst indicators on BAP: MP 65 (prostate) - 93 (PS 15), MP 66 (b, c, d) 67 - 96 (PS 10). The indicators correspond to the EAF-picture of bladder inflammation, urethritis, prostatitis. But the presence of relatively small values of the "drop arrow" are favorable in terms of the forecast.

According to the results of "Automatic diagnosis", the most probable diagnoses: hepato-cholecystitis, cystitis, prostatitis, anterior and posterior urethritis, lateral pharyngitis, catarrhal bronchitis. "Syndromic diagnosis" - the most probable leading syndromes - cholecystopathic, urogenital.

The SRS and EAP data correspond to the patient's complaints and examination results. According to the EAF picture, together with the data of the anamnesis, it can be assumed that the infectious agent is significant in the development of pathology and the presence of generalization of the process.

Using a syndromic approach to diagnostics, we choose the leading syndrome - chronic pelvic pain syndrome.

Based on the nosological diagnostic principle of the diagnosis, it can be assumed in this patient that the disease began with infectious urethritis. But at this time, the picture is already characteristic of complications of urethritis - chronic (possibly non-bacterial) prostatitis, colliculitis, tk. there is a prolonged pain syndrome (monotonous exhausting pain in the perineum, pelvis and genitals, urinary disorders and varying degrees of sexual dysfunction). Having begun as an infectious and inflammatory process, the further persistent course of chronic prostatitis is supported by autoimmune mechanisms. That is, chronic infections, and impaired blood supply to the prostate, and disturbances in the nervous regulation of the functions of the pelvic organs are important for the development of the disease.

Colliculitis is characterized by burning, stabbing or shooting pains radiating to the perineum, scrotum, thighs, lower abdomen, which is more reflected in the patient's complaints.

If we argue from the point of view of TCM, then the patient's condition fits into the "syndrome of accumulation of dampness and heat in the lower jiao" (and taking into account the existing food provocation and "average jiao"), the syndrome of "stagnation of blood". Etiopathogenesis according to BMT in this case is considered as "penetration into the pathogenic principle associated with humidity and heat, which go down." This syndrome is leading at all stages of the disease. Less pronounced, but significant, is the symptomatology of the liver stagnation syndrome. Other syndromes (for example, "spleen and kidney yang depletion", "yin and kidney emptiness") are less significant at this time.



Taking into account the data of the survey and examination of the patient, the data of the survey on the SRS, the EAF, the PDG is already being nominated. Nevertheless, the goal and objectives of the patient's study have not yet been fully resolved, and further examination by the ART method takes this into account.

ART results (summary is given): The meridian with the maximum is disturbed. + BLADDER.

The meridian with the maximum is broken. + LIVER + Redundancy of the disturbed meridian. These results of ART correspond to the patient's BMT patterns that were identified earlier.

Testing the available toxic loads indicated the importance of the infectious agent:

Intox 1 ↓ + Parasites D30, Bacteria D30 (Metabolix) ↑

Taking into account the significance of toxic loads associated with the parasitic, bacterial factor, taking into account the leading syndrome, which is also characterized by the presence of an infectious etiological factor, the nosodes of genital infections were tested, starting with the nosodes with the highest degree of probability for this pathology (with urethritis, prostatitis, as acute and chronic).

Despite the negative results of numerous surveys to identify an infectious agent that were carried out earlier, the doctor should not forget about the possibility of false-negative (and false-positive) laboratory results. Testing of infectious nosodes, including opportunistic flora, was carried out. Using the method of filtration through general test indicators, the leading nosode of schistosomiasis was determined for a given patient's condition, which was also determined through indicators of intoxication, through organopreparations of the urethra, prostate, urinary bladder, and blood.

For example: An extremely high degree of stress on the immune system is associated with Schistosoma hematobium (eggs) Comp. + Schistosoma hematobium Comp. + Schistosoma hematobium (pair) Comp. + Schistosoma intercalatum Comp. + Schistosoma hematobium Comp.

Diagnostics was carried out using the programs of resonance-frequency therapy (F399, 530, 581, 140 - a positive response at an intensity of 100 cu), which is typical for the activity of the process.

Based on all examination data (complaints, medical history, examination results, EAF diagnostics, ART data), it can be assumed that chronic pelvic pain syndrome is associated with chronic urethritis (complicated by colliculitis, prostatitis). Given the etiological factor, the patient has genitourinary schistosomiasis. This diagnosis, being the primary one, requires obligatory laboratory confirmation. Given that the existing autoimmune reactions are indirectly associated with schistosomiasis, it can be assumed that the ELISA will be positive. Further laboratory examination confirmed the diagnosis:

B65.0 Schistosomiasis due to schistosoma haematobium [genitourinary schistosomiasis] ICD-10 International Classification of Diseases

Of course, with such a long course of the inflammatory process, given

existing disorders in systems, therapy aimed only at the infectious agent (schistosome) will not be decisive and comprehensive for the recovery of this patient. Not only work with the etiological factor is important, but, perhaps to a greater extent, it is the optimization of the disturbed energy balance, the restoration of the affected structures of tissues and organs, enzyme systems, the optimization of neuro-endocrine regulation, etc.

#### Diagnostic Approaches Using Autonomic Resonance Test in homeopathic treatment

The diagnostic approach of a homeopathic physician has significant differences. Most often, patients with certain diagnoses turn to a homeopath. So, the disease is determined by the totality of the patient's symptoms. The development of symptoms is the result of a disorder of vital energy.

Collecting anamnesis in homeopathy, in addition to well-known purposes, is aimed at a detailed identification of the constitutional type and modalities. You should also decide whether the patient needs additional examination by laboratory and instrumental methods, i.e. in a manual beyond the purview of the homeopath. An experienced homeopath always selects the most informative, characteristic or key symptoms (symptom ranking) from the numerous information obtained during the questioning and examination of the patient. The most valuable are the symptoms that characterize the person as a whole, as well as those that are special, vivid and unusual for each specific case of the disease. To choose a medicine that exactly or approximately corresponds to the patient's constitution, to implement the principle of similarity between the medicine and the patient is an important condition for effective treatment.

Determining the presence of acute or chronic inflammation is also important, due to the fact that in classical homeopathy, the understanding and treatment of acute and chronic diseases is fundamentally different from those in allopathy and homotoxicology. Testing ART indicators for acute or chronic inflammation (Mesenchyma D15, Mesenchyma D 4) will facilitate the choice of tactics for a homeopathic physician. The indicator giving a positive test indicates the patient's condition and can be used as a filter ampoule when choosing a drug [11].

In the treatment of chronic diseases, the drug should be selected strictly taking into account the miasmatic model of this disease in a particular patient. First of all, it is necessary to collect all the information, evaluate the significance and value of symptoms and analyze the resulting picture of the disease. The homeopathic aggregate in chronic diseases becomes a true full-fledged holistic aggregate when the miasm is included as an integral part of it. The miasmatic manifestations are multifaceted and varied [14], and even with great experience it is not always possible to determine the dominant miasm, especially the main one. The use of pointers for chronic miasms in testing helps the homeopath to find a dominant miasm or an existing set of miasms.

When performing ART in a number of patients, the presence of a negative

influence on the body of external factors that impede the effective action of homeopathic remedies. Such factors include geopathogenic, radioactive, electromagnetic loads. If a negative effect on the body of external loads is determined, then the preliminary implementation of a therapeutic effect to compensate for the condition will allow a more objective assessment of the patient's condition in the absence of negative effects of these loads, will create favorable conditions for the implementation of the action of the selected homeopathic remedy.

In some cases, the appointment of nosodes is required, which is also determined by the method ART.

To carry out adequate homeopathic therapy, an optimal choice of drug and potency is required. The assessment of the selected agents is determined by the results of testing by the method of filtration through indicators of efficacy, drug tolerance and other test indicators tested in the patient. This practice is detailed by M.G. Abakarov in the methodological manual [11].

It is possible to use indicators of the "Morphology" scale to assess the effect of the drug within the framework of Hering's law. Comparative analysis of test results by filtering through process indicators at the intercellular and intracellular levels helps the doctor in choosing a drug and assessing its action. Recommendations for the choice of potencies of a homeopathic drug can be obtained using the resonant diagnostic scale RU (a number of potencies of the homeopathic drug Rumex) to determine the degree of patient sensitivity: at the first degree of sensitivity: potencies D1, D2, D3, C3, C6; at the second degree of sensitivity: potencies from 12 to 30; at the third degree of sensitivity: potencies C50, C100, C200, SZ00; if RU2 and RU3 pointers are tested, then the recommended potency is C50; at the fourth degree of sensitivity: potencies C500, C1000;

Use when conducting ART integrative indicators, diagnostic scales and a number of other test pointers to existing problems helps the homeopathic doctor not only complement the picture of the disease, but also trace the correctness of the choice, the effectiveness of the selected remedy, choose the potency and, using imitation modeling, make a forecast.

#### Diagnostic Approaches Using Autonomic Resonance Test in homotoxicology

The supporters of homotoxicology adhere to the following views on human health: homotoxicology considers the disease as a biologically expedient process of protecting the body from exogenous and endogenous so-called "homotoxins" or an attempt to compensate for the damage caused by them, i.e. an attempt by the body to bring itself into a state of biological balance. Symptoms of the disease are manifested by visible manifestations of the body's defense reactions aimed at neutralizing and eliminating homotoxins; therefore, the task of therapy is to maintain the symptoms, not their

suppression. Recovery is the process of freeing the body from the so-called "homotoxins" and eliminating the lesions caused by them. Homotoxicology considers health as a state of the organism with the absence of so-called "homotoxins" and the absence of functional or organic lesions caused by them [12, 13].

Based on the theory of homotoxicology, homotoxicosis is a pathophysiological condition that forms under the influence of homotoxins on cells and tissues. It manifests itself at the humoral and / or cellular levels and can lead to morphological changes in tissues. When drawing up therapy regimens by homotoxicologists, such factors as lifestyle, bad habits, etc., the duration of the disease, the number of concomitant symptoms and diseases are taken into account; age, phase of homotoxicosis [9].

Diagnostic approaches using ART in homotoxicology generally do not differ from other diagnostic options and adhere to the main principle of ART - "from general to specific". Determination of the influence of external loads, the presence of psychovegetative, toxic loads, the determination of the localizations and the nature of pathologies, the study of various integrative indicators of the examinee create a general picture of the patient's condition for the doctor. At the stage of detoxification and drainage therapy, it is very convenient to monitor the effectiveness of drugs using the indicators of the biological index scale, the connective tissue resonance scale, and adaptation reserves. To determine the phases of homotoxicosis, it is convenient to use testing of indicators of the "Biological clock" ("OTI") scale, - three groups of drugs, each of which consists of 6 increasing dilutions of one of the biotherapeutic complexes and is designed specifically to determine the phase of homotoxicosis. The drugs of each group are tested simultaneously, using the filtration method and, mainly, in combination with pre-selected organopreparations. For example, a positive test when filtering the Cronointox group of drugs shows that this organ may be in a homotoxicological humoral phase (excretion / reaction). Identification of problems associated with organs and tissue systems, determination of the etiological factor of the disease helps in determining the range of basic therapy drugs, which are necessarily tested for efficacy and tolerance through appropriate test indicators. The same applies to the stage of constitutional correction.

Diagnostic approaches in the practice of doctors in  
order to choose the tactics of bioresonance therapy

Many doctors in their practice use bioresonance therapy (exogenous and endogenous) as a therapeutic effect. The diagnostic approach in such a case is determined by the purpose of the examination - the choice of tactics and strategies of bioresonance therapy to optimize the patient's condition. The data obtained during the SRS, EAF assess the state of the ANS and the regulatory capabilities of the body, reflect the general energy state and the state of the meridian systems. Testing "from the general to the particular" helps to highlight the most significant aspects of the state of the body

of the subject a, by filtering the test indicators of organopreparations through the selected test indicators (giving the greatest decrease in the measuring level during testing), determine the localization of the process (the selected test indicators for the convenience of further examination are recommended to be placed in one of the work lists). Further research is to determine the nature of the process and the choice of therapeutic effects. Integrative indicators are of great importance here. So, if the patient has a depleting or low reserves of adaptation, there is a depletion of the ANS, then this may indicate in favor of carrying out exogenous bioresonance therapy. From the tested VRT pointers for further work, it is necessary to select those, during testing of which the most pronounced decrease in the measuring level of the measuring point was noted.

An interesting fact is that sometimes 1-2 ART indicators are tested positively in patients with many chronic diseases. This is due to the fact that this process in the patient's body is most important for him at this time.

The choice of the BRT strategy is determined by the physician based on the totality of data obtained during the examination by EPD methods, and is monitored during the course of the therapy by testing. For example, the presence of high or very high reserves of adaptation indicates the possibility of conducting BRT according to the "training" 3rd strategy.

#### Clinical Perimer

Patient L., 50 years old. For 15 years, he has been suffering from attacks of bronchial asthma, type 2 diabetes mellitus, obesity, and has been taking allopathic treatment. Against the background of ARVI, the condition deteriorated sharply, pronounced Status asthmaticus. Examination results: cyanotic pastiness of the face, barrel-shaped chest, participation of additional muscles in the act of breathing. Breathing is heavy, wheezing, voice is weak. Auscultatory: multiple dry wheezing. Percussion: box sound. The purpose of testing: the choice of strategy and tactics of bioresonance therapy to optimize the patient's condition.

ART results: health group 3, BI 21/16, Average adaptation reserves. From the entire set of test pointers to general problems, a positive reaction was obtained to the index "Cicatricial interference fields" (with localization - bronchi, lungs) and "Lack of trace elements" (magnesium), "Lack of vitamins" (vitamin B6). Were selected drugs with an anti-scar effect, magnesium D30, vitamin B6 (for injection into the circuit during therapy), meridians that solve the problem, and therapy was carried out (under the control of testing biological indices and adaptation reserves) with subsequent recording of a combined bioresonance drug. Against the background of taking the drug, the night passed calmly, there was no suffocation. During the next day, the patient noted aches throughout the body, a rise in temperature with a feeling of heat, profuse but easy sputum discharge without suffocation. On the 2nd day, the general condition returned to normal, there were no attacks of suffocation. The patient took this bioresonance drug for 2 weeks and noted a gradual decrease in sputum production in the absence of

asthma attacks. Further, retesting was carried out, in which the therapy was adjusted in accordance with the new results.

Whatever diagnostic approaches using ART a doctor uses, it is necessary to adhere to the basic principles of testing:

- testing is conducted "from general to specific";
- testing is conducted from external factors to internal;
- when determining the presence of a negative effect on the body of such external factors as geopathogenic, radioactive, electromagnetic loads, it is necessary to correct the state;
- to assess the state of the patient's body and determine the prognosis, testing of the main integrative indicators and the permissible step of therapy is carried out; The use of integrative indicators of the patient's health status allows to optimize the diagnostic process and, using situational modeling, to evaluate the results of various types and options of therapy [8].

#### Literature

1. Gotovsky Yu.V., Kosareva LB, Kempe N., Samokhin A.V. Segmental bioelectronic functional diagnostics: Methodological guide. - M.: IMEDIS, 2004.
2. Samokhin A.V., Gotovsky Yu.V. Electro-acupuncture diagnostics and therapy by R. Voll's method. - M.: IMEDIS, 2006. -- P. 53.
3. Avanesova E.G., Avanesova T.S., Gotovsky M.Yu., Kosareva L.B., Bocharov D.G. Clinical aspects of the use of the vegetative resonance test "IMEDIS-TEST" in pediatrics: Methodological manual. 2nd ed. - M.: IMEDIS, 2011.
4. Postovit V.A. Diagnosis and diagnostics in clinical medicine. - Publisher: Leningrad Pediatric Medical Institute, 1991. - P. 108.
6. Avtandilov G.G., Zayratyants O.V., Kaktursky L.V. Making a diagnosis. - M.: Medicine, 2004. -- 304 p.
7. Fundamentals of clinical diagnostics of internal diseases / Mukhin N.A. - 1997.
8. Gotovsky M.Yu., Perov Yu.F., Chernetsova LV. Bioresonance therapy. 2nd edition, revised. and add. - M.: IMEDIS, 2010. - S. 45-46.
9. Complex antihomotoxic drugs: Handbook. - K.: Cascade-Medical, 2004. -- 279 p.
10. Schnorrenberger K. Textbook of Chinese medicine for Western doctors. - M., 2003.
11. Abakarov M.G. The use of the vegetative resonance test in Classical Homeopathy: A Methodological Guide. - M.: IMEDIS, 2005. -- S. 28.
12. Reckeweg HH Was ist Krankheit. Biol. Med. 1974; 3 (3): 79-82 / (Reckeweg G.-A.G.: On the question of determining the disease // Biological Medicine. - No. 2. - 2008. - S. 4-5.).
13. Frazze V., Bauer G. Modern homeosiniatry: a practical guide / Per. with him. - M.: Arnebia. 2005. -- 144 p.

14. Rajindran I.S. The core of the disease. Lectures on chronic diseases and miasms. - M.: Homeopathic Medicine, 2006. - pp. 92-94, 124.

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