

## Modern aspects of the application of multilevel system adaptive diagnostics and therapy in practice

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This paper briefly describes the methods and technologies currently used in the author's version of multilevel systemic adaptive diagnostics and therapy (MSADT) [1]. It is known that the basic methodological approach underlying IRADT is the idea of a person as an open functional system. The IRADT concept combines information biology and medicine with psychology and psychotherapy.

Human health is not only biochemical processes occurring at the level of body cells, but also energy-informational, psychoemotional event processes. The IRADT methodology makes it possible to compose a "Portrait", which is the relationship between the physiological state of a person and the outside world around him.

A logical continuation of this aspect of the theory is the need to influence not only at the level of cells, organs, tissues, but also at the level of event space, since it is the psychological component of the interpretation of events that underlies the development of certain diseases.

IRADT is a progressively developing system. The concepts underlying the IRADT paradigm about human levels and the development of diseases, targeting drugs, the work of signals-responses, Systemic Spiritual Adapters, conditionally positive and conditionally negative drugs, etc. have received worthy development in the last two years.

Testing the physiological state, identifying the key (weak) organ, evaluating its acid-base state according to E. Revici [2], then we can determine the psychoemotional and event stages of the disease development. The modern methodology for identifying and influencing the pattern made it possible to combine the 1st and 2nd levels of exposure. This was based on the works of R.G. Hamer [3], as well as experimental work of MCIT "Artemida" using GDV and AMP devices (non-invasive blood analyzer, BioPromin, Ukraine). By localizing the pattern in the brain, taking into account the stage of the process (conflict or conflict resolution according to R. Hamer), the types of visual impact are determined - various maps (Fig. 1), which are responsible for the types of character, behavior, emotions, and world perception. Music is another type of stimulus material. Currently, a music library has been created,

To enhance the accuracy of the drugs effect, to increase the effectiveness of therapy, a modification of the classical chronosemantic technique [4] in combination with the Su-Jok effect [5] is used.

### Clinical example

Pituitary adenomas are the most common tumors of the chiasmatic-sellar region, accounting for up to 18% of all brain neoplasms in adults and are benign and relatively slowly growing formations. The causes of pituitary adenomas have not yet been fully elucidated.

Diagnostics of the pituitary adenomas:

1. Examination by a neurosurgeon, endocrinologist, ophthalmologist.
2. X-ray of the skull.
3. Hormonal blood test.
4. Computed tomography of the brain.
5. Magnetic resonance imaging.



Rice. 1

The manifestations of a pituitary adenoma depend on what hormone is produced by the cells in the adenoma, on the size of the adenoma and the rate of its growth.

Today, there are three main types of treatment for patients with pituitary adenomas. - neurosurgical, radiation, drug treatment (dopamine agonists, somatostatin analogs, somatotropin receptor blockers) and their combination. The decision on the method of treatment depends on the type of tumor, its size, location and degree of hormonal activity of the tumor, and is made individually for each patient.

#### Clinical example

Patient A., 38 years old, turned to MCIT "Artemis" on 25.02.11 with complaints of persistent headaches, which she has been suffering from for 5 years. MRI examination of the chiasm-sellar region of the brain from 01/19/11 revealed that the structure of the pituitary gland is diffusely heterogeneous, with the presence of hypointense areas of signal change in the adenohipophysis, more on the right, up to 1.4–0.5 cm in size, with uneven, indistinct contours. The pituitary funnel is deviated to the left. The upper contour of the pituitary gland is convex, in the anterior sections, it may somewhat press the chiasm. After intravenous administration of a contrast agent, a pronounced inhomogeneous increase in the signal intensity from the pituitary gland with a delay in contrast and low signal intensity from the identified foci in the adenohipophysis is determined.

CONCLUSION: The MR picture corresponds to the pituitary microadenoma.

The patient was consulted by an endocrinologist and refused the proposed treatment. In MCIT "Artemis" the patient was diagnosed using the ART method. Taking into account modern views, the key organ was identified, the state of the key organ (pituitary gland) was assessed - degeneration / inflammation (according to E. Revici), which made it possible to confirm the diagnosis of pituitary adenoma. Bioresonance information preparations were prescribed, aimed at optimizing the hormonal and immune status, correcting metabolic processes, psychological and

psychosomatic status.

Targeted bioresonance information preparations were used: microelements aimed at the adenohypophysis (according to Revici), blood autonosode aimed at the endocrine system, life-saving drugs, response drugs using stimulus material, Systemic Spiritual Adaptants.

Control MRI examination of the chiasmatic-sellar region with contrast from 02/17/12: the adenohypophysis in the coronary projection of the usual shape, with a clear rounded contour. The structure of the tissue of the adenohypophysis is homogeneous, the contrasting is intense, homogeneous. The pituitary funnel is of normal size, located in the midline.

CONCLUSION: MRI data for the volumetric process in the pituitary gland is currently not revealed.

The patient practically does not bother with headaches. Informational preparations were made on apparatus "IMEDIS-BRT-PC" (set 2, Drug selector) for storage and testing of drugs, as well as information transfer of drugs with possible regulation of their potency (registration certificate No. FS 022a3066 / 0414 04 dated 07/08/2004), as well as on the author's apparatus for information transfer "The Golden Ratio".

This paper traditionally presents a statistical report on the results of clinical trials of therapy by the MRADT method at the Center for Rehabilitation Medicine and Rehabilitation No. 1 and MCIT Artemis for the period from January 2012 to January 2013 and an assessment of its effectiveness by nosological groups. The results are presented in table. 1.

Table 1

Statistical report of the results of clinical trials

Nosology	Rack. improved (number sick.)	Relates. improved (number sick.)	Without. improved (number of patients)	Total (number of patients)
Organ diseases breathing	88	36	-	124
Diseases of the heart vessel systems	56	48	eight	112
System diseases digestion	194	78	eight	280
Kidney disease and urinary systems	214	66	5	285
Diseases of the central nervous system and peripheral nervous system, psyche	34	64	12	110
Diseases of the musculoskeletal locomotor apparatus	32	27	6	65
Skin diseases and scalp	38	21	6	65
Genital diseases spheres, incl. infertility	168	114	eight	290
Diseases endocrine system	86	74	ten	170
Psychological and social problems	98	50	6	154
Total	1008	578	69	1655
Total, %	61.0	35.0	4.0	1655

Persistent improvement was understood as either complete recovery or the onset of persistent remission in the course of a chronic disease, confirmed by the data of an objective clinical examination. Relative improvement was understood as an improvement in the general condition, the transition of the disease to a subacute state, accompanied by the presence of the main symptoms, provided that these changes were confirmed by the results of clinical and additional examinations. The lack of improvement in the patient's condition was understood as the absence of dynamics of the patient's condition, confirmed by the invariability or minor changes in the results of clinical and additional examinations.

The high clinical effectiveness of the MRADT method in a wide range of diseases has been confirmed in multicenter clinical trials (Moscow, Novosibirsk, Vladivostok, Perm, Rostov, Minsk, etc.).

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