

Observations in daily work
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In everyday practice, one has to observe completely unusual phenomena of examination, test results that contradict the initial knowledge ...

We know that you cannot test a patient under the influence of alcohol. But sometimes you have to do this, against the will of the doctor, in order to determine the treatment options. It turned out that acute alcoholism does not interfere with obtaining sufficiently reliable results of the examination, although the subtleties, probably, still not everything can be determined - but this is not the goal with such testing. Most often, a person uses alcohol to relieve stress of various kinds. The one who uses it becomes cheerful, relaxed, "soul-guy". And during testing, even if, figuratively speaking, his vodka splashes under his chin, depression, fears, loneliness and other negative emotions are determined. It turns out that alcohol does not cure them! The conclusion is obvious ...

There was one case that cannot be called except as a miracle. A wound on the skin, up to 5 cm long, for a period of about 5-6 days, without suppuration (independently treated by the patient), with a discrepancy of the edges up to 0.5 cm. The tested preparations were selected: everything related to regeneration, anabolism of all degrees, ATP, leather. In the BRT "Swing" mode, therapy was carried out until the initial level was restored during testing. Recording on balls in the first container (this is how it was tested), once given a definite number of balls. The next day, there is a barely noticeable whitish scar at the site of the wound! .. It is incredible that all therapy was done with impairments: it was necessary to write off information from the wound and select drugs through it, make a BR-drug. Since there were no more wounds to repeat, it is difficult to say what happened. Maybe there were unaccounted moon phases on that day,

We all understand that our testing is a momentary snapshot of the state of the body. We understand that each test is another piece of a puzzle [1], from which a general picture of the patient's condition is formed. And this state is constantly changing. Even in the process of testing, when you return to recheck the test, which was being determined 5 minutes ago, suddenly it stopped being tested! The usual response of a doctor is "Wrong!" The question is: when did you make a mistake - before or now? The correct answer: neither then nor now there was a mistake. The state changed and the labile indicator disappeared.

Many people in practice have cases when, during routine testing (not treatment, namely testing!), The patient suddenly has pains, or he falls asleep, although before that he could never sleep during the day, or his mood improves. And the little chest just opens: you test Bach Flowers - sadness-melancholy passes, you test Epiphysis or melatonin - falls asleep. There are many other cases that need to be considered: this is additional information for the observant doctor in terms of determining the patient's condition.

In our practice, we violate generally accepted testing standards:

we examine our patients every day, or even up to three times a day. This is completely contrary to what all the other doctors of bioresonance therapy do, most of them using the practice of homeopathy: the next examination is in a month. Our tactics made it possible to understand how labile many indicators are, even those that were considered unshakable, and what will happen to the patient in a month - only very experienced doctors understand.

Starting the examination, we immediately determine the general condition of the patient, because without this, it is very easy to make further mistakes, both in diagnosis and in treatment. Among the relatively small number of indicators characterizing the patient's condition, three indicators are the most informative: the "Condition" scale, Adaptation reserves and group levels of health. In our opinion, they most comprehensively show the patient's condition, quickly respond to changes in the state of health, including the ongoing therapy.

Quite often, during treatment, the indicators of the above scales are slowly but surely improving, but at a certain stage, some of them suddenly "fail", and the patient's subjective condition worsens. Both the patient and the inexperienced doctor may experience panic - we are treating, we are treating, but it got worse! And this panic can be prevented only by the knowledge that there are homotoxicological phases according to Reckeweg, and when toxins begin to be released from the deeper layers outward, then, reaching the very top, they give symptoms of intoxication that do not last long [2].

These phases can be checked using two separate scales:

- from the program window "Vegetative resonance test", the folder "Head hearths";

- through the complexions of the company "OTI" - "Biological clock (Chronorgans)". The folder "Head foci" contains two pointers:

- a) "Indication of head lesions (1)" - the drug Spenglersan Colloid; this is an indication only of lesions located in the head area,

- b) "Indication of head foci (2)" is "Head foci and interference fields of 1-11 st.", which are an indication of the layers (degree) of occurrence of foci and interference fields throughout the body, and not just in the head [2].

In the process of proper treatment, the depth of the lesions decreases. The OTI biological clock allows the determination of homotoxicological phases:

- Humoral phase (excretion / reaction) - index: Chronointox 7-12 DH;
- Matrix phase (accumulation / impregnation) - pointer: Detoxergan 7-12 DH;
- Cellular phase (Chronorgan 23 7-12 DH).

In a fairly healthy person, especially one who has already been treated with BRT, who has very good health indicators on all scales, it is advisable to look at the above tests: if the treatment is completed correctly, there should be no indications on any layer. And if there is, then through them you can easily find the affected organs and tissues, and what caused the damage.

There is another scale by which you can determine the progression

diseases (penetration to deeper levels) and regression and background of treatment. This is the "KDT: Levels" scale (in the drop-down list in the "VRT" window it is called that). The definition is based on the sum of two meridians. For example, the superficial location of the pathogen is tested according to Tai-yang (Mn + Tn), and the deepest location of the disease (6th level) according to Shao-yin (Po + Se). This scale is more informative in the acute course of the process, and can be used simultaneously for treatment. However, the patient must be connected to the BRT plates during testing.

For BRT doctors who do not have much experience and do not always understand the abundance of the obtained indicators, Rubimed preparations will help to increase the speed of the examination, which suggest the location of the problem and the emotions associated with it. At the same time, emotions can be associated with a specific chakra, without organic damage to the area of this chakra. But it can also be together - emotions and somatics. These drugs have a deep energetic effect, harmonizing four energy levels: vitality (vitality), emotions, mentality, causality (that is, causality; causal interdependence of events in time: the genetic connection of phenomena, of which one (cause) determines the other (effect)). The same drugs are also used for treatment, and they, in conjunction with SRS,

It is no secret that there are as many work algorithms as there are doctors using the BRT method. But in our practice we use the most - in our opinion - perfect to date algorithm proposed by [1] - here it is very difficult to make a mistake, especially with the use of the apparatus "Mini-Expert-D" (VRT +).

Literature

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