

Cicatricial interference fields - implications for diagnosis and therapy

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The basis of each diagnostic process is a certain algorithm, the order of actions of which should be followed in order to establish a complete diagnosis. ART has been used for several decades. Huge experience has been accumulated, and, nevertheless, each doctor in his practice is faced with the problem of choosing an algorithm for conducting autonomic resonance testing. This is due to the different goals and objectives of the survey. But the various algorithms are united by the basic concept of the ART method:

1. Use of integrative indicators of the patient's health status allows you to optimize the diagnostic process and, using simulation, to evaluate the results of various types and options of therapy at the testing stage.

2. ART examination is conducted from general to specific with subsequent detailing particular problems.

3. When performing ART diagnostics, priority is given to those indicators the reaction to which is more pronounced.

The survey "from particular to general", when a particular problem is the starting point of the survey, is more consistent with the nosological approach. The probability of error is higher here. Therefore, this option is more often used within the framework of a narrow specialization. The examination "from the general to the particular" is similar to the syndromic approach within the framework of the diagnostic algorithm. The quality of diagnostics depends not only on the completeness of the information collected, but also on how adequately it is systematized. It is the selected general test indicators in combination with the test results of integrative indicators that determine the further course of diagnostics. This article discusses the cicatricial interference marker test and associated diagnostic and therapeutic options.

As a starting point in the construction of the examination algorithm, the indicator for the presence of cicatricial interference fields (RPF) is used in cases when:

- the RPP pointer is the only pointer that gave a positive reaction in direct testing of common test pointers. This the body regards the state as the most significant at the current time. In such a situation, the RPP indicator is considered as the only starting point and is used to build an algorithm with the definition of the localization and nature of the process, the selection of a therapeutic effect. After the therapy for RPP, the creation of a frequency drug, other test indicators are started to be tested, which determine the further course of diagnostics.
- the RPP pointer significantly changes the measuring level along with a number of other common test pointers. In such cases, it is mandatory taken into account when carrying out diagnostics and choosing therapy.

Cicatricial interference fields are a variant of structural (organic)

blockade of the mesenchyme. RPP is scars (foci localized in the mesenchyme), adhesions, degenerative tissue segments that disrupt the normal functioning of the body, its regulation, and also have a remote effect. They are a source of interference and disrupt the communication properties of the mesenchyme. Formed after damage, inflammation, as a protective reaction of the body, these blockades are sanogenetic, but, blocking the conduction of energy, they gradually turn into pathogenetic.

1. Scars are dense connective tissue formation, resulting from tissue regeneration after damage or inflammation. According to the etiology, scars are postoperative, post-traumatic, and burns. Scar tissue differs from the tissue it replaces by its reduced functional properties. Most scars are formed by a combination of several types of scar tissue. These tissues are combined in the rumen in various volumetric and topical ratios, differing in cellular composition, architectonics and functional state of collagen fibers, and the presence of immature tissue nodes. To choose the tactics of therapy during ART, it is important to determine the localization of the cicatricial blockade - the outer or inner path of the meridian has cicatricial interference fields. Cicatricial RPE therapy is long-term and depends on the maturity of the scar.

2. Adhesions - connective tissue cords, often formed in the abdominal cavities in a number of diseases (mainly of an inflammatory nature), after traumatic injuries and surgical interventions. The most common reason for the formation of adhesions is diseases of the organs of an inflammatory nature. Mechanical (traumatic) damage to the peritoneum, serous membrane or exposure to certain chemicals (iodine, alcohol, antibiotics, sulfa drugs, talc, etc.) also contribute to the intensive formation of adhesions. With the development of the inflammatory process, the tissues in the focus of inflammation become edematous, and the surface of the peritoneum is covered with a sticky coating containing fibrin (a protein that forms the basis of a blood clot). A fibrin film on the surface of the peritoneum in the inflammation focus glues adjacent surfaces to each other, as a result of which there is a mechanical obstacle to the spread of the inflammatory process. After the end of an acute inflammatory process, adhesions in the form of transparent-whitish films or adhesions can form in the places of gluing of internal organs. The function of adhesions is to protect the body from the spread of a purulent-inflammatory process in the abdominal cavity. Adhesions develop with hemorrhage, especially with infection of the outflowing blood. In gynecology, often the cause of the formation of adhesions is bleeding during ectopic pregnancy and with ovarian apoplexy, with endometriosis. The function of adhesions is to protect the body from the spread of a purulent-inflammatory process in the abdominal cavity. Adhesions develop with hemorrhage, especially with infection of the outflowing blood. In gynecology, often the cause of the formation of adhesions is bleeding during ectopic pregnancy and with ovarian apoplexy, with endometriosis. The function of adhesions is to protect the body from the spread of a purulent-inflammatory process in the abdominal cavity. Adhesions develop with hemorrhage, especially with infection of the outflowing blood. In gynecology, often the cause of the formation of adhesions is bleeding during ectopic pregnancy and with ovarian apoplexy, with endometriosis.

The nature of the cicatricial interference fields has features in its various localizations. For example, in the lungs it can be scar tissue formed after surgery, in the radiation zone during radiation therapy, adhesions as a result of inflammation, dense mucus. RPP localized in the liver is determined in cirrhosis, with liver fibrosis, for example, schistosomal

etiology, with echinococcosis. RPP with localization in the peritoneum - adhesions, on the intestinal mucosa, as a result of scarring of micro-ulcers, for example, with parasitosis. RPP indicating cerebrospinal fluid - the consequences of hemorrhages.

If we consider this condition from the standpoint of traditional Chinese medicine, then in the presence of RPD, the following are observed:

- Qi pathology syndromes - more often in the form of Qi stagnation or Qi flowing in the opposite direction.
- Blood pathology syndromes - blood cold or emptiness is more often determined.
- bodily fluid pathology syndromes - a more common variant accumulations of thick sputum (phlegm), especially in diseases of the bronchopulmonary system.

In any case, in the presence of RPP, there is a movement disorder, uneven distribution or depletion of Qi, which leads to disruption of the body's work.

The Spartium scopar D60 and Sulfur D400 pointers are used to diagnose the RFP. These test pointers allow you to identify the different level and nature of blockages. Spartium scopar D60 is more characterized by scar tissue, adhesions, or dense mucus (phlegm). The lesion level corresponds to mesenchymal blockade of 1 or 2 level. The block can be both along the outer course of the meridian, and along the inner one, at the level of intermeridian connections, at the level of organs and tissues. It is also important to understand that the problem may directly affect one meridian, or may be the result of violations associated with other meridians. This is taken into account when choosing a therapeutic effect. The Sulfur D400 index corresponds to deeper blockages - at the level of the receptor apparatus of cell membranes.

1. The presence of RSP is indicated by a decrease in the measuring level at testing the relevant pointers:

Spartium scopar D60 ↓ or Sulfur D400 ↓.

2. Determination of the localization of the process is carried out by the filtration method organopreparations through the selected index:

Spartium scopar D60 ↓ + Organopreparation ↑ or

Sulfur D400 ↓ + Organopreparation ↑.

Depending on the determined localization, it is possible to determine the nature of the process by testing the corresponding nosode.

For example, Spartium scopar D60 ↓ + Endometrium D4 ↑ + Endometriosis D26 ↓.

3. Determination of the meridian with impaired energy circulation is carried out by filtration of MC-preparations:

Spartium scopar D60 ↓ + INC ↑

Sulfur D400 ↓ + MCP ↑.

RPP can be both along the outer course of the meridian, and along the inner one.

RPP along the outer course of the meridian - a positive reaction is observed

on MCP, there is no reaction to the organopreparation. A history of trauma, surgical intervention in the projection of the outer meridian course, which corresponds to the selected MCP, is characteristic. When conducting EPD according to R. Voll's method, the adjacent BAPs in the zone of the RPP projection have a difference in the measuring level of 8 c.u. When carrying out endogenous bioresonance therapy along the selected meridian, the difference in RI BAP may increase. When this zone is connected to the inverse container during therapy in the frequencies of the corresponding meridian, the parameters are normalized.

RPP along the inner course of the meridian - a positive reaction is determined for an organopreparation and the corresponding MCP.

For example: Spartium scopar D60 ↓ + Lungs D4 ↑

Spartium scopar D60 ↓ + MCP (lung meridian) ↑.

Using diagnostic scales, the current state and the step of therapy are determined. This applies to all variants of the RPP - both along the outer course of the meridian and along the inner one. The choice of the diagnostic scale is determined by the nature and depth of the lesion of cicatricial interference fields, the level of blockade. Scales of biological indices (BI), photon indices (PI), morphology scale, and connective tissue resonance scale are used more often. The effect of therapy is also assessed by the change in adaptation reserves.

In the case of testing "from particular to general", the test-pointers of the RPP characterize the state of a particular problem and are determined by the method of filtration through a private index (organopreparation, organ nosode, recording of secretions or from the projection of the problem).

Therapy involves the use of homeopathic medicines with anti-scar effect, MCP (meridian complex drugs), endogenous and exogenous bioresonance therapy (contact option or using magnetic therapy devices). It is effective to use these methods in combination.

The therapeutic effect is selected by the filtering method through the RPP indicator, and the general scheme is as follows:

Spartium scopar D60 ↓ + Drug ↑ (or therapy mode).

Selected homeopathic remedies with anti-scar effect in combination with the target organ are characteristic of cicatricial blockade. For example, the drug Ledum corresponds to post-traumatic scars from piercing objects, bites; Silicea - scars after purulent processes; Hypericum corresponds to scars after trauma in combination with damage to the nervous tissue; Graphite - a tendency to form keloid tissue and fibrosis.

RPP therapy along the outer course of the meridian

For RPP along the outer course of the meridian, the difference in the values of the BAP measuring level according to the R. Voll method, located before and after the scar, is characteristic.

Therapy includes the use of homeopathic drugs with an anti-scar effect, MCPs (meridian complex drugs), endogenous and exogenous bioresonance therapy (contact option or using magnetic therapy devices). It is effective to use these methods in combination.

Options for endogenous BRT:

1. Frontal or point electrodes are placed above and below the scar, endogenous therapy is carried out in the frequencies of this meridian. The electrodes can be located in the initial and final BAP (or BAZ) of the outer path of the meridian.

2. With long-term scars, keloid processes in therapy effectively use Dinv (or D) vibrations from the area of the scar (or BAP) recorded in the frequencies of the meridians of this zone. This drug can be used as an independent drug, as well as used for endogenous bioresonance therapy. As an independent preparation, Dinv can be effectively applied locally - on the scar zone (crumbs, liquid carrier).

3. To container 3 using an electrode (it is possible to use foil, UMT), the scar zone is connected. An additional electrode is located in the same area and is connected to container 1 (straight). Thus, the inverted Ds are directed back to the scar area during therapy.

4. Dinv and H can be recorded on liquid media and injected into the area scar to restore the circulation of energy along the meridians.

5. In some cases, at the final stage of removal of the most stable blockades, it is advisable to carry out BRT with "load" D (alternation of loading and unloading).

6. If necessary, carry out therapy to restore impaired or weakened meridian connections, energy circulation.

Options for carrying out exogenous BRT

The choice of the therapeutic frequency is carried out using magnetic therapy devices using the filtration method:

Spartium scopar D60 ↓ + Frequency ↑.

Recommended frequencies: E133 ("burns, blisters, temperature drop"); E5 ("with a decrease in the effectiveness of acupuncture"); E 38 (scars - "healing"); E79 (scars - "suppuration"); E77 ("postoperative scars"; E206 ("with a decrease in the effectiveness of acupuncture").

Additionally, you can use frequencies that are tropic to the skin. For contact exposure, it is recommended to use:

- point electrodes;
 - plate electrodes, for example, frontal electrodes connected to the active and passive electrode sockets;
 - combinations with a cylindrical electrode;
 - foil;
 - rolling with a roller electrode.
-

The choice of electrodes is determined by the area of the scar field. With the contact option of carrying out exogenous bioresonance therapy, the intensity is determined by the patient's sensation of exposure. Average therapy time is 20 minutes. The effectiveness of therapy is assessed based on the results of the EAF (normalization of the BAP indicators of the meridian) and testing of the ART indicator, cicatricial interference fields - RPP. When carrying out exogenous bioresonance therapy with the use of magnetic therapy devices, the intensity of the effect is determined through the RPP index, as well as through the index of the effectiveness and tolerance of medications. The selected effective and tolerable frequencies are recorded on a medium that the patient uses locally. It is most effective to use a cream as a carrier, which is then applied to the scar area to prolong the effect.

RPP therapy along the inner path of the meridian

In the therapy of RPP along the inner path of the meridian, different approaches are used.

1. For example, in many cases only the use of selected homeopathic remedies.

Spartium scopar D60 ↓ + Drug ↑.

This option reduces the time of the doctor's appointment, but in some cases the effect will have to wait longer than with a combination of therapy methods. The duration of use depends on the nature of the process, an indirect characteristic of which are the drugs themselves.

Example:

RPP ↓ + Palatine tonsils ↑ + Nos. Chron. tonsillitis ↓.RPP

↓ + Preparations ↑ (Fitolyakka 3, Hepar sulfur 3).

In this example, the relationship of RPP with the palatine tonsils, a nosode of chronic tonsillitis in combination with the drugs Fitolyakka and Gepar sulfur, which characterize the process, is determined.

2. The use of selected homeopathic medicines in combination with exogenous bioresonance therapy (contact option or with the use of magnetic therapy devices), the creation of a frequency drug.

3. The use of homeopathic medicines in combination with endogenous BRT. a) homeopathic medicines and BR-medicine are created separately;
b) homeopathic preparations are introduced into the circuit during therapy along the selected meridian (or meridians), a combined BR-preparation is created;

c) if the RPP directly affect the meridian, and is not due to the state of another meridian system, then no separate study is required on the meridians associated with the problem. For example, RPP for the lungs - fibrosis of the lung tissue as a result of the damaging effect of radiation therapy of the breast. In this situation, the combined BR - the drug is created at the frequencies of the lung meridian, because there is damage directly

along this meridian. And it is not associated with the violation of other systems. But if the RPP along the meridian is due to the state of other systems, therapy is additionally carried out along the conjugated meridians with the creation of a BR - drug. For example, with syndromes of bodily fluids pathology (namely, in the presence of dense mucus). In Chinese medicine, there is a definition: "The spleen is the source of mucus; the lungs are a collection of mucus. "

Clinical example

Patient, 25 years old, diagnosed with bronchial asthma. Ill for 7 years. When tested, the only indicator with a positive response was the Spartium scopar D60 bronchial RPD.

Spartium scopar D60 ↓ + Bronchi D4 ↑.

Spartium scopar D60 ↓ + Belladonna 3, Arsenicum album 3, Silicea 3 ↑. The process can be characterized (by the characteristics of the drugs) as the presence of dense mucus (Silicea) in the bronchi after acute inflammation (Belladonna), possibly of viral etiology (Arsenicum album). When questioned, the patient noted that her condition worsened significantly after suffering an acute respiratory viral infection.

Spartium scopar D60 ↓ + INC Lungs ↑.

Spartium scopar D60 ↓ + Bronchi D4 ↑ + BI twenty ↓ + Opt. step rub. (WITHu met. D400) + BI 15↓.

Spartium scopar D60 ↓ + Bronchi D4 ↑ + Opt. step rub. (WITHu met. D400) ↓ + manual gearbox Podzhil. gland ↑.

The therapy was carried out (under the control of testing biological indices and adaptation reserves), followed by the recording of a combined bioresonance drug at the frequencies of the lung meridian (hand electrodes in combination with the UMT "belt" over the projection of the lungs), followed by therapy at the frequencies of the spleen / pancreas meridian. Both meridians were defined as meridians with insufficiency (emptiness of the lungs, emptiness of the spleen), therefore, the amplification factor was used for therapy.

The patient took these BR drugs for 2 weeks. After a 2-day exacerbation, sputum production gradually decreased in the complete absence of asthma attacks. Further, retesting was carried out, in which the therapy was adjusted in accordance with the new results.

conclusions

1. As a starting point when building a survey algorithm the indicator for the presence of cicatricial interference fields (CRF) is used in cases when the indicator of the CRP is the only one that gave a positive reaction during direct testing of common test indicators, or significantly changes the measurement level along with a number of other common test indicators.

2. Cicatricial interference fields are a variant of structural (organic) blockade of the mesenchyme. Formed after damage, inflammation, as a protective reaction of the body, these blockades are sanogenetic, but, blocking the conduction of energy, they gradually turn into pathogenetic.

3. From the point of view of traditional Chinese medicine, cicatricial interference fields can

occur at different levels, which manifests itself in the form of Qi pathology syndromes, Blood pathology, bodily Fluid pathology. In all cases, there is a violation of movement, uneven distribution or depletion of Qi, which leads to disruption of the body.

4. For diagnostics of RPE, pointers Spartium scopar D60 and Sulfur are used D400. These test pointers allow you to identify the different level and nature of blockages. Spartium scopar D60 is more characterized by scar tissue, adhesions, or dense mucus (phlegm). The Sulfur D400 index corresponds at the level of the receptor apparatus of cell membranes.

5. The block can be either along the outer course of the meridian, or along the inner one, at the level of intermeridian connections, at the level of organs and tissues.

6. The problem of RPP can directly affect one meridian, or maybe be the result of violations associated with other meridians. This is taken into account when choosing a therapeutic effect.

7. Therapy includes the use of homeopathic medicines with anti-scar effect, MCP (meridian complex drugs), endogenous and exogenous bioresonance therapy (contact option or using magnetic therapy devices). The use of multiresonance therapy is effective.

8. After the cicatricial interference field therapy has been carried out, test pointers that have not tested positive before. If we consider that the function of adhesions is to protect the body from the spread of a purulent-inflammatory process, therefore, after anti-scar therapy, nosodes of infections or parasitosis can be tested.

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