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Comparative analysis of the results of bioresonance therapy with indicators gas discharge imaging and non-invasive screening analyzer

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Bioresonance therapy, as a means of correcting the somatic state of patients, has been used in medicine for over 35 years. Symptom regression in somatic patients is one of the main goals of exposure, however, to objectify the effectiveness of treatment, its qualitative assessment is not enough. In recent years, a complex system of integral assessment of the effectiveness of therapeutic measures, including not only physical, but also psychoemotional components, has become more and more widespread in clinical practice. For an objective assessment of the state of the body, non-invasive methods are most suitable, which allow identifying the reaction of the body as a single system and assessing the state of individual organs and functional systems. Preference is given to reproducible, safe, informative, methods that do not depend on the wishes and experience of a particular user. These criteria are met by gas-discharge imaging (GDV) [1, 2, 7] and a non-invasive screening AMP analyzer (analyzer), which make it possible to comprehensively and objectively assess the state of the body and the dynamics of therapy [6].

The purpose of this study: to evaluate the results of bioresonancetherapy carried out according to the author's method of MRADT, with the help of gas-discharge imaging and a non-invasive screening analyzer, as well as to analyze the relationship of ART, GDV and AMP indicators.

Study design

The study included 10 patients: men and women, aged 25 to 59 years (mean age 36.2 ± 8.36) with various nosologies.

The research took place in several stages:

1. Vegetative resonance test with preparation of information preparations according to the author's method of MRADT [4].
2. Taking an initial image of all the patient's fingers using gas discharge visualization.
3. Conducting a patient study on a non-invasive screening analyzer:
   a) five sensors are superimposed on the patient at biologically active points and the baseline study is carried out;
   b) without removing the sensors, the patient is given an informational preparation;
   c) 10 minutes after taking information drugs again a study on AMP is being carried out to assess the effectiveness of the drug.

Evaluation of the direction and effectiveness of drugs using bioelectrographic research.

Materials and research methods

Gas discharge visualization (GDV), or bioelectrography, or Kirlianography is a computer registration and analysis of images of a gas discharge glow induced by the electron-optical emission of an object, including a biological one, placed in a high-intensity electromagnetic field. The gas-discharge image was recorded using the GDVCamera software package [3, 6]. As an object, 10 fingers of the patient's hands were used. Computer processing of the obtained images was carried out using the programs "GDV Diagram", "GDV Qualification", "GDV Scientific Laboratory", "GDV Tolerance". For statistical processing of the data obtained, the sign and Wilcoxon test was used.

Non-invasive determination of biochemical and hemodynamic parameters of blood was carried out using a device for screening assessment of blood parameters by the method of multilocal bio-thermometry of blood "AMP", the processing of the results was carried out by a specialized program [6]. The analyzer makes it possible to obtain 125 parameters of the human body's vital functions within 180–720 seconds without taking blood.

IRADT was carried out on the equipment of the company "IMEDIS" (apparatus "Mini-Expert-DT", apparatus "IMEDIS-BRT-PC" (set 2, module "Medication SELECTOR")), as well as the apparatus "Golden Section", which is the author's development of " MCIT "Artemis" [4].

Research results and discussion

When analyzing GDV-grams before and after taking information drugs in the GDV Scientific Laboratory program, statistically significant differences in indicators were established in all patients.

According to the "GDVDiagram" program, before the MRADT, in 80% of cases there was a decrease in the integral area of luminescence, which indicates a decrease in adaptation resources (in 20% it is significant - a sign of astheno-neurotic syndrome); 30% have a decrease in the activation coefficient, and 40% have an increase in it within 2–4, which, according to O.V. Sorokin's data. and Korotkova AK, is considered as compensated chronic stress [8].

According to the "GDV Qualification" program, before MRADT, 100% of patients had maladjustment and / or prenosological changes, sports-important qualities were present in 40%. 70% had a low integral coefficient, 90% had an energy deficit and a high functional-energy balance, 80% had a high level of stress and instability of autonomic regulation.

The program "GDV Tolerance" before the IRADT revealed high anxiety and 50% high aggressiveness in the subjects in 90% of cases, self-control above normal values was observed in 70%.

According to the analyzer of non-invasive screening AMP before MRADT, the revealed changes in laboratory parameters correlated with the initial data of the autonomic resonance test.

After MRADT, according to GDV data, 100% of the subjects showed a decrease in anxiety and aggressiveness, optimization of the tension of mechanisms

psychological protection and balance of energy costs. An activating effect on the psychophysiological state of patients was observed: the integral coefficient, the functional-energy index increased; decreased functional and energy balance, energy deficit and energy deficit symmetry. In 90% of patients, the symptoms of the maladaptive state disappeared and psychophysical qualities characteristic of the activation reaction appeared (activity, purposefulness, self-confidence, stress resistance, mental self-regulation), the presence of prenosological qualities was noted in 10%.

Depending on the state of the subject, the selected "weak" organ, the selected information drugs, the AMP indicators had an individual orientation of reactions: for example, the normalization of liver tests, lipid profile in a patient with a "weak" organ - the liver; improvement of the functional parameters of the cardiorespiratory system and excretory function of the kidney of a patient with a "weak" organ - the kidney, etc.

conclusions

1. Bioelectrography and analyzer non-invasive screening AMP can used as objective methods for assessing the results of autonomic resonance test and bioresonance therapy.

2. Bioelectrography and non-invasive screening analyzer allow to identify potentially dangerous areas of the body, which in the future must be taken into account when conducting bioresonance therapy.

3. Multilevel systemic adaptive diagnostics and therapy is effective method of treatment, which is confirmed by statistically significant differences using the method of gas discharge imaging.

4. The data of the vegetative resonance test are confirmed by biochemical and hemodynamic parameters of the AMP analyzer and the "GDVCamera" software and hardware complex.

5. There is a correlation between finding a "weak" body according to the author's MRADT technique, GDV-grams and AMP indicators.

6. Bioelectrography and AMP analyzer, due to its non-invasive nature research methods can be successfully used for dynamic monitoring of changes in the course of the pathological process in the human body, as well as for assessing the adequacy of the therapeutic effect.

Literature

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