

Method for assessing and correcting immune disorders in the ART-BRT system

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Immune pathology, which is often encountered in the practice of a doctor, is a complex pathology that is difficult to diagnose and correct. The state of the reticuloendothelial system (RES) is key in assessing the characteristics of pathological processes of the immune system.

The macrophage - phagocytic system, the characteristic of which in the ART system is the state of RES and lymphatic follicles (LF), being the most ancient link of the immune defense, can carry information about both current infectious loads and previously transferred attacks in the form of persisting intracellular latent infections.

In the latter case, the phagocytes themselves are hidden foci of infection. We have repeatedly encountered situations where the macrophages themselves were sources of recurrent infection. Understanding of these mechanisms serves as the basis for a more detailed assessment of the state of RES in a wide variety of pathologies.

The complexity of assessing the state of RES and understanding the RES as an organopreparation represent its anatomical features: diffuse distribution (network) of these cells in the tissues and organs of the body. Therefore, we consider it expedient, when assessing the RES, to bind this tissue to the organs of its maximum presence. These organs primarily include the elements of the lymphatic system, represented by the spleen, lymph nodes, the immune system of the liver, bone marrow, where the main synthesis and training of macrophages takes place. On the other hand, in the same organs, the orientation and maturation of lymphocytes takes place, which, when interacting with macrophages, through macrophage cytokines, implement an immune response along the humoral or cellular link.

Thus, to obtain a full-fledged characteristic of the state of RES, taking into account its activating effect on the humoral or cellular link of immunity, it is necessary to build a complex complex preparation, which includes RES + lymphatic follicles in the spleen or thymus (RES + L / F + S / T) + an organ with maximum activity in terms of RES in the same potency (from those previously listed). When searching for pathology, the preparation includes RES, L / F and a marker of the damaged link of the immune system (C / T). This scheme for constructing the drug allows you to detect viral, bacterial, vaccine, etc. burdens of the immune system, regardless of the time of their appearance. The organ tested through the RES is the site of the pathological immune response.

The second stage is the metabolic assessment of the obtained complex immunopreparation (catabolism / anabolism, acidity / alkalinity).

Assessment of the state of the ANS in this model is not performed due to the possible multidirectional autonomic regulation of the organs included in the complex.

It is also not necessary to assess the markers of the immune system. The third stage is the identification of intoxication loads through the Intox 1,2,3 pointers. This step, like all subsequent ones, is performed with respect to the previously obtained model of the state of the RES.

In accordance with the concepts of ART, Intox 1 will give us an idea of the current and vaccine infectious load, Intox 2 - chronic and informational load, Intox 3 - about deep damage at the level of the cell nucleus, including congenital infection and field loads.

This stage is decisive, both in identifying their own loads and in building further tactics.

The next step is to assess the state of endocrine regulation, in which stress hormones and cytokines and steroid depletion are of the greatest importance. The stress set includes hormones: adrenaline, serotonin, gastrin, histamine, thyroxine. Of the steroids, the most important is the level of activity of corticosteroids and sex hormones.

The next step will be to determine the target organs in which the identified immune disorders are realized. To do this, all the information received about the state of the RES is recorded on 2 globules of granulated sugar in container 1 in the BRT mode "drug test" without connected electrodes for 30 seconds. Then the glass with the drug is placed in container 2, and in the organopreparations window, sequential testing of organs is carried out until the measuring level decreases during testing. It must be remembered that several organs associated with both a common etiological factor and a system of compensation for pathological changes can participate in the pathogenesis of disorders of the immune system.

Target organs are those organs or systems through which manifestations of the disease occur, i.e. those main symptoms with which the patient is presented. Their identification makes it possible to formulate a standard clinical diagnosis.

Assessment of the state of the RES revealed several symptom complexes associated with immune disorders:

1. RES, as a carrier of information about the available viral, bacterial, vaccine, congenital stress. Most often, we meet with current (Intox 1) viral or bacterial monoinfection, which, at the time of treatment, is the leading one. In this case, the presence of a background, deeper layer of dormant infection, as well as vaccination burden, is possible.

When installing the Intox 1 indicator in the selector, it is mandatory to check for the presence of vaccination loads with duplication of indicators from different catalogs - bacterial vaccines, viral vaccines. If available, live vaccines are tested directly, non-live vaccines are tested in inversion. The nature of such a search ensures the highest reliability of infection verification.

2. Weights at the Intox 2 level more often characterize toxic effects chemicals, including drugs, metals, radiation. Search through sequential testing Intox 1 through Intox 2 (Intox 2 + Intox 1) allows you to identify toxic or immune effects on

cells of infection located outside the RES. In this case, the antigen / antibody immune complexes related to infectious agents are detected through testing the infection nosodes in inversion.

3. Burdening at the Intox 3 level makes it possible to identify congenital factors of damage and the corresponding miasms, as well as loads - electromagnetic, radioactive, geopathogenic.

After obtaining the characteristics of the state of the RES, according to the indicated scheme, it is necessary to choose the tactics of therapeutic action or correction of immunity disorders. Direct exposure through the RES + lymphatic follicles + spleen / thymus preparation can lead to various effects, including unfavorable ones. In this regard, it seems expedient at the first stage of therapy to exert an indirect effect on the immune system through the correction of organ disorders identified by means of RES. Such an action will simultaneously make it possible to arrest or mitigate the main clinical manifestations of the disease, which is very important tactically. When a favorable response of the organism is achieved, determined by the dynamics of changes in biological indices (BI), adaptation reserves (RA) and organ disorders,

With the initial signs of depletion of cellular immunity (RES + L / F + T), organs that implement this condition and the pathophysiological characteristics of the condition (metabolism, burdens, endocrine component, tissue changes) are re-tested, and thus an electronic preparation for BRT is created. The information is recorded on crumbs using the chosen strategy and assigned to the patient for a period of 3 to 4 weeks.

In the presence of changes in the state of the humoral link of immunity (RES + L / F + S), the tactics of therapy depends on the type of disorder - exhaustion or stress. With signs of depletion, therapeutic tactics do not differ from those with depletion of the cellular link of immunity.

Another situation is observed with the phenomena of hyperergic response, which we most often encounter in practice. In this situation, a direct impact on the system in most cases leads to an exacerbation of the process, which, with low RA, can lead to a failure of compensation and a worsening of the patient's condition. Therefore, the tactics of choice when the humoral link of immunity is stressed is an indirect effect through the target organs. In cases of direct exposure, we recommend reducing the potency of the complex drug by turning the potentiometer knob to the right until a high measuring level is obtained during testing.

It should be emphasized the special importance of work on the identification of post-vaccination loads. The studies carried out by the authors have shown that the targets of the pathological effects of vaccines are often organs and systems, which vaccines are designed to protect from infectious disease. The pathological effect with such an effect can develop at any time after the vaccination: from several hours to several decades. In the latter cases

vaccine burdens contribute to development immuno-infectious degenerative diseases, including oncological processes. The primary target of their action is the cellular structures of the immune system. The latter circumstance makes it possible to identify vaccine burdens through studies of the state of the RES before the appearance of organ damage. Therapy with RES + vaccination burden prevents the development of both early and late post-vaccination complications.

Examples of constructing BRT preparations.

RES Dn + L / F Dn + C / T Dn + K / A 1+n + K / U1+n + Intox 1,2,3 + endocr. sist. + hormone + STN + PRR - diagnostics of the state and burdens of the immune system.

RES Dn + L / F Dn + C / T Dn + K / A 1+n + K / U1+n + OP 1 Dn - organ identification realizing an immune response.

OP 1 Dn + RES Dn + L / F Dn + K / A 1+n + K / U1+n + intox 1,2,3 + endocr. sist. + hormone + STN + PRR - a drug for correcting the immune status.

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