Dependence of the type of adaptive reactions on the dose of the bioresonance drug

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Introduction

In the first half of the 20th century, Walter Cannon introduced the fundamental concept of homeostasis as an integral self-sustaining body system responsible for maintaining the constancy of the basic parameters of its internal environment.

Erwin Bauer, who worked in the USSR in the 1920s, linked the concept of homeostasis with the fundamental physical concepts of free energy and work, and thus paved the way for a quantitative measure of stability and the ability to consider physiological problems in terms and using methods of biophysics.

Finally, the Canadian scientist Hans Selye in 1936 discovered and substantiated the first nonspecific (independent of the quality of the acting factor) systemic response of the body to external influences (strong, inadequate, extreme stimuli), which he called the “reactiontension or stress. " It has now been shown that the development of stress isnonspecific basis of diseases, both somatic and mental. The study of stress has armed medicine with the theory that allows a deeper insight into the mechanisms of disease and justify some types of treatment [1]. But, at the same time, a tendency has emerged to extend the concept of "stress" to a wide variety of reactions caused by stimuli of any strength, and not just strong ones. This is apparently due to the fact that the stress reaction has become very popular, and other reactions were discovered much later and have not yet entered the "science of fixed ideas."

Our compatriots, academicians of the Russian Academy of Natural Sciences, prof. L.Kh. Garkavi and E.B. Kvakina and their student M.A. Ukolov, discovered other (in addition to stress) fundamental non-specific adaptive reactions of the body to external influences (medium and low intensity), these reactions areanti-stress character (opening No. 158, 1975). They were named by the authors as a reactiontraining (Tr) (in response to weak stimuli) and the activation reaction (Act) (in response to stimuli"Average" strength - intermediate between training and stress), later subdivided by L.Kh. Harkavi for calm and increased activation (SA and PA). Later, another reaction was discovered, named by L.Kh. Harkavi by reactivation reaction (PeA). Each of the reactions found, like stress, has its own complex of changes in the body, its regulatory and protective subsystems and metabolism. For each reaction, a set of characteristics was determined - biochemical, endocrine, hormonal, central nervous system and others. Simple indicators were determined that determine the type of each reaction, of which the simplest and most accessible is the leukocyte blood count. Complex neuroendocrine changes that characterize each of the adaptive reactions are reflected in the morphological composition of white blood. The signal indicator of the reaction is the percentage of lymphocytes. A decrease in lymphocytes below the physiological norm (for adults it is <20%) is a stress response, from 21 to 27% is a training response, 28–33% is a calm activation response, 33–40% is an increased activation response. The number of lymphocytes is 41% or more - overactivation. The percentage of lymphocytes determines only the type of reaction, the rest of the white blood cells and the total number of leukocytes may indicate the degree of completeness of the reaction, its intensity and harmony, depending on whether they are in the normal zone or not [2]. The number of lymphocytes is 41% or more - overactivation. The percentage of lymphocytes determines only the type of reaction, the rest of the white blood cells and the total number of leukocytes may indicate the degree of completeness of the reaction, its intensity and harmony, depending on whether they are in the normal zone or not [2]. The number of lymphocytes is 41% or more - overactivation. The percentage of lymphocytes determines only the type of reaction, the rest of the white blood cells and the total number of leukocytes may indicate the degree of completeness of the reaction, its intensity and harmony, depending on whether they are in the normal zone or not [2].

Subsequently, the authors discovered a periodic pattern uniting qualitatively different adaptive reactions, namely, the periodic recurrence of similar reactions depending on the absolute value (strength, dose) of the acting stimuli. This is where the term "reactivity levels" or floors came about. The main adaptive reactions - training, calm and increased activation, stress - as the value of the active stimulus increases (or decreases) by a certain coefficient (K = 1.1–1.4, more often 1.2) are repeated at different levels of the organism's reactivity: the response to small in strength stimuli - at high levels of reactivity (but low floors), and to large in strength - at low levels of reactivity (high floors). At the same time, at each level of reactivity, the reactions retain their main features, although there are differences. Evaluating the intensity of the reaction (according to the leukocyte blood count), one can get an idea of the level of resistance (number of storeys). Age, burden of disease also allow

judge the level of resistance.

Thus, according to a simple signal indicator (% of lymphocytes in the leukocyte blood count), we determine the type of reaction, according to the ratio of other formed elements, their presence or absence, we determine approximately the level of reactivity (floor) on which it develops.

Purpose of the study

To assess the possibility of a relationship between the dose of a bioresonance (informational) drug and the type of adaptive response.

Materials and methods

The study was a pilot study, it involved 3 volunteers - two women aged 43 and 51 years and one man 52 years old, who gave informed consent to the study. The level of adaptive reactions was determined by counting white blood cells in a smear. The type of adaptation reaction was determined for each of the subjects, and then targeted bioresonance (energy-informational) preparations were made according to the MSAD system (multilevel systemic adaptive diagnostics and therapy) [3] in the amount of three pieces. Individual dosage and frequency of administration have not been tested. The initial dose was prescribed based on the most common dosage and frequency of administration - three grains twice a day daily. After two days of admission, blood was taken from the subjects and the type of adaptation reaction was determined. The next two days, the subjects took one grain twice a day, followed by determining the type of adaptive reaction. The subsequent two-day interval included the intake of six grains twice a day of each bioresonance preparation. After that, the type of adaptation reaction was again determined. Finally, a dosage of nine grains twice a day for two days completed the experiment, at the end of which the type of adaptation response was determined.

results

The research results are presented in the form of a table.

Table 1

Dependence of the type of adaptive reactions on the dose of the bioresonance drug

Test-fledged	Types of adaptive reactions				
	Before admission bioresonance drugs	After taking three grains	After taking one grain	After taking six grains	After taking nine grains
1	Reaction training with toxogenic graininess	Reaction workout	The reaction is calm activation	Reaction stress	Reaction workout.
2	Stress response	Reaction training (on border with calm activation)	Reaction workout	Reaction calm activation	Reaction stress
3	Reaction workout	Reaction calm activation with toxogenic graininess	Reaction training with toxogenic graininess	Reaction workout	Reaction increased activation

conclusions

On the basis of the pilot study, changes in adaptive reactions were revealed depending on the dose of the bioresonance drug. The direction of changes in these reactions depends on many factors, including the individual characteristics of the subjects. To establish the dependences of changes in adaptive reactions on the dose of bioresonance drugs

more in-depth research is needed.

Literature

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