Systemic nosological approach. A practitioner's perspective

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Introduction

In my work I have been using the equipment of the IMEDIS Center since 2006: the MINI-EXPERT-DT apparatus, Registration certificate No. FS 022a3065 / 0415-04 dated 8.07. 2004; device "IMEDIS-BRT-PC" (complete set 2, drug selector), Registration certificate Registration certificate No. FS 022a3066 / 0414-04 dated 8.07. 2004, and since 2010 - "MINI-EXPERT-D" (VRT +), Registration certificate No. FS 022a3065 / 0415-04 of 8.07. 2004, since 2015 I have been using a dipstick with a pressure sensor.

Before getting acquainted with the systemic nosological approach (SNP), I examined and treated about 2000 patients with various nosologies, using various combined techniques of ART and BRT, and was confident in their effectiveness.

I got acquainted with the SNP methodology in 2014. In December 2014 and in May 2015 at the IMEDIS Center K.N. Mkhitaryan held seminars on SOR.

Since that moment, according to the SNP system, I have examined and treated about 100 people with various nosologies.

Objectives of the work:

1. Describe the algorithm for the therapy of SNP.
2. Conduct a pilot comparison of the effectiveness of the SNP and other combined techniques of ART and BRT.

Description of the algorithm of the systemic nosological approach

The systemic nosological approach (SNP) is a direction developed by K.N. Mkhitaryan (and co-authors). The aim of this work was to optimize the algorithm for the work of a doctor using ART and BRT. This is an attempt to combine nosological and constitutional approaches in the treatment of a patient. At present, SNP is defined as a therapy algorithm that uses the ART and BRT methods and consists in the sequential selection or production of information drugs that compensate for CMH and its enhancement.

KMX is the sum of signals written off from the end and nodal points of the patient's main chiroglyphic lines. The use of CMH helps to shift the direction of treatment towards the patient's constitution.

Strengthening of the CMH arose due to the fact that the compensated CMH can no longer be used for the subsequent stages of diagnosis and targeting of the selected drugs. To obtain a "working gain" of the marker, the original CMH is rewritten through the 4th input of the "bioresonance module", and its dose is increased until the obtained marker becomes "working", causing vegetative resonance in the patient's body. Subsequent gains are obtained using the same algorithm.

In some cases, an address CMH is used (made to solve specific nosological problems) or an extended CMH, which includes information written off from destructive zones on the papillary lines (according to V.V.

SNP is a natural continuation of the direction of "multilevel systemic adaptive diagnostics and therapy" proposed in 2005 by A.E. Kudaev, K.N. Mkhitaryan, N.K. Khodareva [1]. Therefore, for the following brief description, I use the notation given in [1]. I will only note that the designation Preparation / KMH in this work means, unless otherwise stated, the fulfillment of the ART condition:

KMH ↓ + Preparation ↑. (1)

At present, the SNP consists of blocks carried out in a certain sequence.elimination, constitutional block and regeneration block. Transition from one block of therapy

the other is carried out in accordance with strictly formulated ART criteria.

The elimination unit is necessary for the elimination of infectious agents from the body. Criterionits use is the presence of viral, bacterial, fungal and similar burdens of the body. If we are talking only about viral burden, then the criterion for using the block is the presence of a positive vegetative resonance to the information drug Anaferon 0.

The elimination block consists of 3 preparations [2].

Preparation number 1. Targeted blood nosode (NANCr / KMH). Used for makingNANCr-a. The patient's blood autonosode (ANKr) must be pre-tested using the inversion (Uk. Inv.) And polarization (Uk. Polariz.) Nosodes pointers. Usually, the patient's load with ANKr-ohm leads to a positive vegetative resonance (a decrease in the measuring level): ANKr ↓. Next, you need to act according to the following algorithm:

A) If ANKr ↓ + UK. Inv. ↑ (designation A +) is an inversion sign, then for the manufacture of a therapy drug, a similar ANCr must first be inverted - rewrite it through the 3rd output of the IMEDIS-EXPERT apparatus (designation: 3 → 1 or 3 → 2).

B) If ANKr ↓ + UK. Polaris. ↑ is a sign of incorrect polarization, then for the manufacture of a therapy drug it is necessary to change the polarization of the initial one, ANKr-a - rewrite it from the 1st stage of the 2nd or 3rd to the 2nd output of the IMEDIS-EXPERT apparatus (designation 1 → 2 or 1 → 3).

There are 4 options for preliminary change of ANKr-a: 1. If the ART conditions A) -and B) - are fulfilled, then a preliminary rewriting of ANKr-apo is carried out
scheme 2 → 1 (standard notation).

2. If A) - and B) +, pre-overwrite 1 → 2 (recording with incorrect polarization).

3. If A) + and B) -, then overwrite 3 → 1 (invert if necessary).

4. If A) + and B) +, then overwrite 3 → 2 (if necessary, simultaneously invert and change polarization of the autonosode).

After that, the corrected ANKr is potentiated electronically until the ART condition is met:

KMX ↓ + pot$_{\alpha}$(revised ANKr) ↑. (2)

Pot preparation$_{\alpha}$(revised ANKr) and is called in this case NANKr-ohm (designation: NANKr / KMX = NANKr).

Preparation number 2. Cerebral Response - Off$_{3}$ $_{ZS}$(KMX2 ↓ + ∑Organopreparations of the affected organs (OP) ↑ + Level of catabolism / anabolism ↓ + Level of acidity / alkalinity ↑ + VNS tension / depletion ↓ + Anaferon ↑ + Snake venom ↓) / KMX2. When a positive test for the presence of helminths is obtained, specific anthelmintic drugs (or frequencies) are prescribed.

Preparation number 3. Systemic Spiritual Adaptant (SDA) or amount∑SDA / KMX3. After the elimination block, the infectious burden is retested. If the therapeutic effect is insufficient, the elimination block can be repeated (repeating the block is not useless - its effect is enhanced with the correct selection of drugs!).

Then the readiness of the organism for the stage of regeneration is assessed by checking the presence of a positive vegetative resonance with the potencies of the drug Triton regeneration - (KMX ↓ + pot$_{\alpha}$Triton. Reg. ↑).

If there is no infectious burden, but there is no vegetative resonance with the potencies of the drug Triton regeneration, we proceed to the block of constitutional therapy.

If there is a positive vegetative resonance, go to the regeneration block.Constitutional bloc [3-4]:

Preparation number 1. NANKr / KMH - here the drug NANKr = NANKr / KMH is produced by the samein the same way as in the elimination block.

Preparation number 2. A constitutional homeopathic remedy selected according toART criterion: (KGP) / KMX2 or (KGP) / KMX2.

Preparation number 3. SDA / KMH3.

After a block of constitutional therapy, the presence of an infectious burden is again checked. There are 2 possible check outcomes:

- if an infectious burden is detected, the elimination block is repeated;

- if it is not found, we again check the readiness of the organism for regeneration using the ART condition KMX ↓ + potαTriton. Reg. ↑.

Again, there are two possible outcomes of the check. If the ART condition KMX ↓ + potαTriton. Reg. ↑ satisfied, go to the regeneration block, if not, repeat the constitutional block.

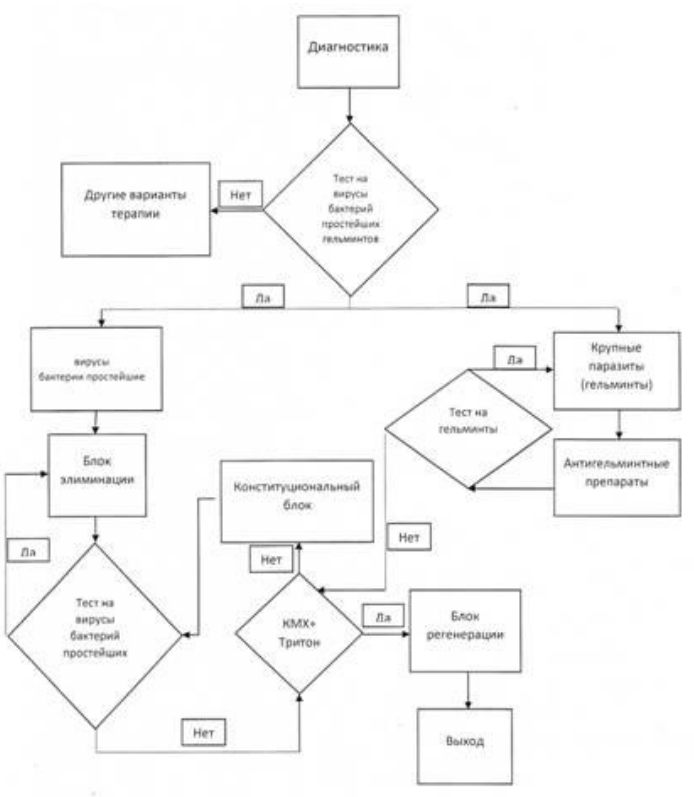
Regeneration unit [2]:

Preparation number 1. (KMH↓ + potαTriton. Reg. ↑) + ∑Organopreparations ↓) / KMX.

Preparation number 2. SDA / KMH2.

Preparation number 3. A drug from the Seroimmuna group or Dickerhof / KMH3. A

graphic representation of the SNP algorithm is given in Scheme 1.



Scheme 1

Pilot study of therapeutic efficacy systemic nosological approach

I have carried out a pilot comparison of the effectiveness of therapy based on AOI with previously practiced algorithms.

Two groups of patients were compared.

The first group consisted of all patients treated with the SNP method. Note that in allIn cases of therapy, a stable remission of the patient's condition was achieved.

The second group included 100 patients selected by randomization, comparable in gender, age and severity of the condition, as well as the main diagnosis with the corresponding patients from the first group, but treated according to standard algorithms. Each of the patients of the second group also achieved remission.

Compared:

- the maximum and minimum time of therapy until remission is achieved (improvement of the patient's condition);
- the average time of therapy until remission is achieved;
- the sum of times for which remission was achieved in groups of patients with the same nosology.

The results of the study are shown in table. 1:

Table 1

Diagnosis	Group 1	Time until offensive remission (improvements state) in 1 group	M average	Sum	Group 2	Time until offensive remission (improvements state) in group 2	M average	Sum
Arterial hypertension	6	14-17 days	15.5	93	5	7-15 days	eleven	55
Neuroses and neurosis-like fortunes	7	30-140 days	85	595	eight	20-80 days	50	400
ARVI	22	3-7 days	5	110	21	2-5 days	3.5	73.5
Autoimmune diseases	7	7-30 days	18.5	129.5	6	3-10 days	6.5	39
Allergic dermatitis	5	14-21 days	17.5	87.5	6	8-16 days	12	72
Gastritis	4	14-28 days	21	84	5	3-18 days	10.5	52.5
Pancreatitis	5	20-50 days	35	175	5	7-20 days	13.5	67.5
Dyskinesias biliary tract, giardiasis	eleven	20-30 days	25	275	13	11-15 days	13	169
Diseases spine	eighteen	7-45 days	26	468	15	4-20 days	12	180
Diseases leg joints	5	12-42 days	27	135	6	7-26 days	16.5	99
Varicose disease	4	14–32 days	2	92	4	8-20 days	fourteen	56
Trophic ulcers	3	20-60 days	40	120	3	11-14 days	11.5	34.5
Cystitis	3	5–90 days	47.5	142.5	3	3-10 days	6.5	19.5
Total	100			2506.5	100			1317.5

From table. 1 shows that SNP showed higher efficiency compared to previously used therapy algorithms:

- the response time of the body to therapy has been reduced on average by almost half;
- the quality of therapy has increased, against its background, the disappearance of concomitant diseases is noted, which were not directly treated in the course of its implementation, although they were present in the patient.

To assess the degree of reliability of the result obtained, I used the Mann-Whitney U-test [5, p. 454].

When comparing the mean time to remission (improvement) between groups 1 and 2, the Mann-Whitney U-test is 12. The critical value of the Mann-Whitney U-test for a given number of compared groups is 45.12 ≤ 45, therefore, the differences in the level of the trait in the compared groups are statistically significant ($p < 0.05$).

Thus, the effectiveness of the SNP is confirmed by practical work.

The most striking clinical examples of the use of SNP

Example 1. Patients (2nd) with a trophic ulcer of the leg. 1 session of therapy (constitutional block) was carried out, the drugs received were prescribed. Result: in both cases, the ulcer healed within 3 days, the scab was gone after 2 and 1.5 weeks, respectively.

Example 2. Patient with an ulcer 12 duodenal ulcer, cholecystopancreatitis, obstructive

jaundice. 2 sessions of therapy (regeneration unit) were carried out; in between, the patient took the prepared preparations. Result: restoration of bile passage, regression of jaundice within 2 days. Within 2 weeks, there was a complete regression of the signs of cholecystitis and pancreatitis according to ART and laboratory data, scarring of the duodenal ulcer according to FGDS.

Example 3. Patient with hepatitis C. Conducted 2 sessions of therapy (elimination block and regeneration block), in the intervals between the sessions, the prepared preparations were taken. The result is the elimination of the virus (according to the blood test - PCR and antibodies) within one month. Previously, such work took up to 6 months!

The above examples show a significant reduction in treatment time.

Discussion and additions

The development of the KMH concept in a “targeted” direction makes the ideology underlying it alive and dynamic. The next step in improving the CMH was the use of signals from the destructive zones of the patient's palms (according to the works of V.V. Finogeev).

In the process of creating the SNP, the ART of the user "Geriatrics" was developed, in which drugs are grouped in logical sequences that allow quickly and efficiently diagnose the patient's condition and choose an effective treatment.

In 2015, this user test was modernized and renamed SNP-2015. Its annual modernization is planned. The level of modernization of the test can be determined by indicating the year of modernization in its name (for example: "SNP-2016").

Doctors trained in the SNP algorithm and using the “SNP-2015” user test within the framework of ART give them a high mark.

Conclusions:

1. The algorithm for the therapy of SNP is described; due to the unambiguous construction, it allows one to apply to results of therapy concepts and statistical methods of evidence-based medicine.

2. It is shown that when using the SNP algorithm, the response time is significantly reduced. the body's response to therapy.

3. It is noted that the use of SNP significantly improves the quality of therapy, allowing more effectively treat the patient's comorbidities.

4. It can be concluded that the SNP algorithm is a promising direction of development methods of ART and BRT.

Literature

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