

Conclusions from everyday practice
Yu.N. Orlov
(Rostov-on-Don, Russia)

When working with patients, there are various situations:

- the time of testing and subsequent treatment is not limited;
- testing time is limited, as a rule, to 1.5–2 hours, but there is time for subsequent treatment;
- the time of working with a patient (both for testing and for subsequent treatment) is sharply limited.

Of course, if the patient tells the doctor that let the session last as long as it takes to establish the truth, then there is full scope for the doctor - all the "muscles" of knowledge can be widely applied.

If the time of admission to patients is set in advance, then in difficult cases of diagnosis, the doctor is forced either to crumple the examination (what in this case can be said about the quality of diagnosis and subsequent treatment?), Or to increase the time of admission (and then the time of admission to the next patient is delayed), or to postpone examination for another time, or divide this session into two parts, in order to continue the diagnostic process later.

The third option of work, when the patient does not have time, but there is a serious problem (most often such circumstances occur with VIP clients), makes the doctor very nervous, and the whole session is sheer adrenaline, since the responsibility is huge! And besides the testing itself, it takes time for further treatment!

In such a situation, we have to be, if not every day, then every other day - for sure. This forces not only to strain all knowledge, but also to constantly and continuously engage in self-improvement, and - most importantly - to constantly look for new ways in diagnostics, creating, improving, testing and developing them.

Here is one of these typical working days: A VIP who has the opportunity to set aside only two days for ART diagnostics. The question that it is impossible to do something meaningful in the field of bioresonance in such a short period of time was not considered. The task was set: to do everything in two days, which usually takes six months. Looking ahead, I will say: the task was completed.

A small digression. Over the past 8 years, we have been constantly looking for those pointers for testing in ART, which would indicate the general condition of the body in full, in order to understand how to work with this patient, and would allow us to determine the most effective treatment tactics. Hundreds (if not more) measurements were carried out with different indicators, until finally we came to the conclusion that the following are the best indicators of the problems of the human body for the initial (and subsequent) examinations:

1) Scales "State", "Adaptation reserves", "Group levels of health".

They most fully reflect the patient's condition at the time of examination. Among these scales, we, using testing by the modified ART + method, found the worst in terms of levels, and then we work at the same level in ART +, where these worst indicators are determined. This made it possible to immediately go to the main

the problem and determine its location.

2) definition of the affected organ:

a) the primary affected organ (Hypothalamus D4 / GlD6 and / or Zincum met. D400)

b) organ-source of complaints (Arsenicum album D60) c)

the most affected organ (Phosphorus D32)

d) meridian with maximum disturbance (Zincum met. D60) (as it turned out with further repeated measurements, this index speaks not only of the meridian with the maximum disturbance, but also of the most affected organ).

The most amazing thing was that all these five pointers were tested at all 4 levels of ART +! For the sake of truth, I must say that in some, very rare cases, when testing these five pointers, sometimes at some of the measuring levels one of the pointers could be tested, which was not directly tested at the first level, which indicated the presence some chronic problem in remission, and only in one, for example, an organ.

Among the tested pointers, we carry out a ranking (by the weighing method according to D. D. Tikhomirov or by the method of "determining a weak and pre-weak organ" according to A. E. Kudaev). We determine the most significant pointer and work through it further (according to the algorithm from the User Group we created, in which it is impossible to miss anything significant).

We determine the choice of treatment tactics according to the method proposed by D.D. Tikhomirov:

- if the physiological frequency range prevails, then we create general and specific BR-preparations;
- if the pathological frequency range prevails, then we will definitely carry out the entire volume of therapy, including nosodotherapy, EPT, drainage and detoxification therapy, "responses", etc.

Physiological frequency range:

- Cuprum Metallicum D400,
- VV (Veratrum viride),
- Argentum nitricum C52,
- Argentum nitricum C44,
- Molybdenum met. D800 (presence of more than two biological indices, or indication of more than 3 age levels) (from experience: in mostcases this pointer is not tested; if it is determined, then there are serious problems in the human body).

Pathological frequency range:

- Zincum met. D12 (indication of the use of nosodes 1; at the same time indicates a violation of sensitivity),
- Kuprum met. D30 (indicating not the use of nosodes 2; at the same time indicates a disorder in the nervous system),
- Zincum met. D26 (key nosode; at the same time speaks of a problem that arose earlier than the current disorders).

Even with a shortage of time, it is still possible to convince the patient that

not one session is needed, but more. In most cases, during our stay in our sanatorium, we managed to persuade our VIP clients not for one, but for two days of stay, while testing at least twice a day.

As it turned out, only such a tactic made it possible not only to reach the main problem, but also to successfully treat it in such a way that in the future the patient could only take the prepared drugs, which led to recovery in a very short time, regardless of what pathology the patient had. ...

With this testing technique, amazing things were found out - many of the axioms that we studied at BRT turned out to be untenable. But that is another story...

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