Using signs of destruction in the patient's palm for diagnostics and therapyS.K.

Golikov, K.N. Mkhitaryan[1], V.V. Finogeev[2]
([1]Center "IMEDIS", [2]Laboratory for determinative studies, Moscow, Russia)

Introduction

In 1996, Yu.V. Gotovsky and K.N. Mkhitaryan discovered a phenomenon: there are biologically active points (BAP) on the lines of the palms, on which there is the effect of a “falling arrow” when taking measurements by R. Voll's method [1-3]. In 2006 A.E. Kudaev, K.N. Mkhitaryan and N.K. Khodareva developed a complex marker of chronosemantics - KMH [5].

In 1996, Vladimir Vasilievich Finogeev began publishing his research in the journal "7 Days" (1300 works in total).

The publications contained a description of dermatoglyphic and chiroglyphic signs of negative events in a person's life.

Through a comparative statistical study of the hands of a large number of people who suffered premature death, ordinary people and centenarians, chiroglyphic signs of onset were identifiedpremature death, called destructive chiroglyphic signs.

Three groups of destructive chiroglyphic signs were identified on the human hand:

1. Group A: destructive changes in the papillary lines (PL) in the palm. These are specific local destruction or changes in the ridges and grooves of the papillary lines.

2. Group B: violations of the structure of OHL (main chiroglyphic lines). Group B features include all types of OHL breaks.

3. Group C: describes linear chiroglyphic figures on the surface palms.

The main conclusions from the research of V.V. Finogeeva:

- the human body displays on the palms in the form of chiroglyphicsigns of groups A, B, and C possible adverse events thatcan happen to him from the moment of birth to the moment of their implementation;
- under certain conditions (diagnosis, therapy, lifestyle changes)destructive signs describing this event can disappear, whenthis predicted event does not occur within the expected time frame;
- according to the drawings and figures on the papillary lines and OHL, it is possible to predict the self-realization of the body, in particular, the timing of the onsetadverse events - in the range from several hours to tensyears.

In 2013, the team of authors consisting of S.K. Golikov, K.N. Mkhitaryan. and Finogeeva V.V. work has begun to study the possibility of preventingadverse events in a person's life.

K.N. Mkhitaryan suggested the possibility of using violations of the papillary pattern for diagnosis and therapy by adding to the KMX marker signals recorded from destructive areas of the PL and linear chiroglyphic figures.

This kind of KMX marker was named KMH-F (in honor of Finogeev, the author who developed the extension).

This work is a preliminary report on these areas of research. The symbols used are described in detail in [4].

Objectives of the work:

1. Build a theoretical model of the phenomenon chiroglyphic signs of premature death (signs of destruction).
2. Assess the possibility of using mantic biologically active zones corresponding to the location of signs of destruction in the palmthe patient, for his diagnosis and therapy with ART and BRT methods and develop an algorithm for such use.
3. Assess the diagnostic capabilities of KMH-F.

Theoretical explanation of the signs of destruction according to V.V. FinogeevThere are three types of violations of the self-preservation program:

The first type is the "blindness" of the program, when some events orthe processes taking place in the eventual or physiological reality of a person are simply not read by it, do not fall into its “field of vision”. This corresponds to the chiroglyphic characteristics of group A.

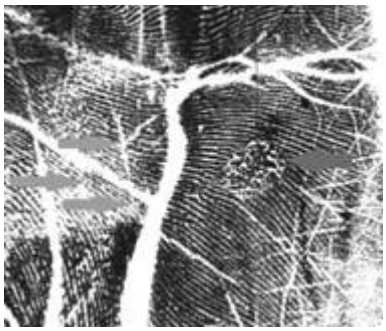
The second type of violation of the self-preservation program is a conflict between past and future, a sharp interruption of a monotonous chain of events in a person's life - corresponds to violations of the integrity of chiroglyphic lines, that is, to the characteristics of a group B.

The third type of violations is the presence of events that are poorly distinguishable by the programself-preservation, but extremely important from her point of view for the self-realization of a person - corresponds to the characteristics of a group C.

The totality of biologically active signals written off from the zones of localization of chiroglyphic signs of a violation of the human self-preservation system (CMH-F), should be considered as the most complete isopathicmodel of the pathological constitution of a person.

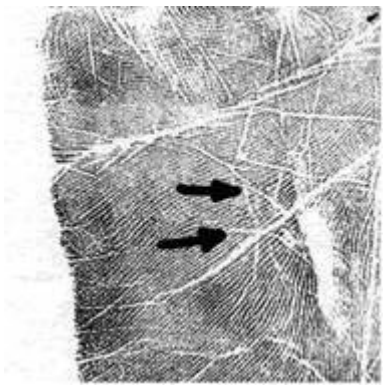
Using signs of destruction for diagnosis and information medicine therapy

In fig. 1-3 show destructive signs of groups A, B, C.



Rice. 1. Group A. The area highlighted by the arrow on the right is granular dysplasia papillary pattern

Rice. 2. Group B. Direct break OHL



Rice. 3. Group C. In this case, it is a cross and a helmet-shaped figure

The first experiments on the use of groups A, B, C for therapy were carried out by the authors of this work and a number of doctors using ART and BRT methods. These experiments showed that the locations of the destructive signs of group A, as well as the locations of the signs of groups C and B, have the properties of BAZ. Signals written off from them cause direct

vegetative resonance (decrease in the initial measuring level, -).

The zones of signs of destruction of groups B and C can be considered as MBAT. Zones of group A can be considered as MBAZ.

In relation to the newly identified BAP and BAZ, the same medical tactics and strategies can be applied as in relation to the previously identified MBAT.

Manufacturing and use of KMH-F

1. A certain scale or set of scales is preselected for assessing the patient's condition. Usually, the scale of biological indices (BI) is used, in more complex cases - the scale of the Adaptation Reserves, Health Levels and the Connective Tissue Scale M.M. Shreibman.

2. KMH is recorded. Its properties are checked to call direct vegetative resonance, KMH **-**...

3. BAZs are identified that correspond to the destructive characteristics of group A.

4. The destructive signals of group A are recorded on lactose crumbs, not included in the KMH. Let's designate them for one arm of the patient:$S_1(A)$, $S_2(A)$, ...$S_n(A)$.

5. The patient is loaded with the extended KMX + marker $S_1(A)$ and verified ART condition KMX **-** + $S_1(A)$ **-** Is a new ART condition, let us explain its meaning. Symbol - means that when filtering through KMX + $S_1(A)$ displacement occurs indices of the tested scales for assessing the patient's condition in the direction of worsening hisstate, while the extended marker still calls the direct vegetative resonance (KMX + $S_1(A)$) **-**...

6. If the condition KMX **-** + $S_1(A)$ **-** is satisfied, then the signal $S_1(A)$ is added to marker KMX, otherwise the signal $S_1(A)$ not used. We denote KMX_1 = KMX + $S_1(A)$ if signal $S_1(A)$ was added to KMX, and KMX_1 = KMX, if this signal $S_1(A)$ not used.

7. The patient is loaded with the KMX marker$_1$ + $S_2(A)$, and the condition KMX is checked$_1$ **-** + $S_2(A)$ **-**... If this condition is satisfied, then $S_2(A)$ added to KMX_1, otherwise $S_2(A)$ not used. Etc.

8. Checking all signals from the list {$S_1(A)$, $S_2(A)$, ..., $S_n(A)$} and add to KMX all those that worsen the values of the indices of the selected assessment scalesthe patient's condition. Received marker KMX_n called the KMH-F marker,removed from one of the patient's hands.

9. To obtain a complete KMH-F, it is necessary to make a KMH-F from each from the patient's hands and summarize them.

It is technically convenient to place the crumbs with the patient's initial MCM into one cup (conventionally, in cup # 1), and the crumbs with the recorded amount -$S_i(A)$ - inanother glass (conventionally a glass number 2).

When checking the condition KMX **-** + -$S_i(A)$ **-** cups No. 1 and No. 2 are placed one on top of the other in the 1st container of a separate apparatus, not connected with the drug selector, and measurements of the selected scales for assessing the patient's condition are carried out.

Results of pilot studies

A pilot study carried out by a group of G.I. Agaeva (Baku), T.V. Akayeva (Moscow), O. V. Vasilkovskaya (Bulgaria, Gabrovo), K.N. Mkhitaryan (Moscow), R. Kh. Mustafin (Moscow), V.A. Shadrichev (Yaroslavl), showed a higher efficiency of diagnosis and therapy using KMH-F compared to KMH:

- Significantly (1.5–2 times) decreased the duration of therapy required to obtain the expected result (GI Agaeva, TV Akaeva, VA Shadrichev);

- there was a stabilization of therapeutic effects that were poorly attainable without the use of KMH-F (R.Kh. Mustafin, V.A. Shadrichev);
- in a number of cases, therapeutic effects were observed that were fundamentally unattainable using standard ART and BRT techniques (T.V. Akaeva, O.V. Vasilkovskaya, R.Kh. Mustafin, V.A. Shadrichev);
- the disappearance of concomitant nosologies was observed, despite the fact that therapy was carried out only in relation to the main nosology (T.V. Akayeva, K.N. Mkhitaryan, V.A. Shadrichev).

In a number of critically ill patients undergoing therapy according to the above algorithm, a repeated analysis of palm prints was carried out for signs of destruction. V.V. Finogeev re-took handprints and analyzed them.

It was found that destructive marks and papillary lines in all cases began to decrease and disappear. In fig. 4 shows the process of restoration of the structure of papillary lines in a patient with multiple sclerosis during BRT.

Start of therapy 10/16/2015 The results of therapy on 01/03/2016

Fig 4. The process of restoration of papillary lines in a patient patient with scattered sclerosis after a course of BRT

Conclusions:

1. A theoretical model of the emergence of the phenomenon of chiroglyphic signs of premature death (signs of destruction). In accordance with this model, chiroglyphic signs of premature death on the palms of a person are a representation: either of a kind of "zones of blindness" of his systemself-preservation, or situations in which this system does not know how to avoid negative events, although in some form and foresees them.

2. Algorithm for the use of signs of premature death of a person in diagnostics and therapy with the use of ART and BRT methods can be based on the use of KMH-F, which includes signals written off from the zones of localization of signs of destruction.

3. The conducted studies show that the zones of localization of signs destruction have the properties of micro-BAP and micro-BAZ.

4. A preliminary assessment of the diagnostic potencies of KMH-F shows that they, in general, exceed the capabilities of conventional CMH, primarily for a group of patients with severe chronic diseases and pronounced zones of papillary pattern dysplasia.

5. Preliminary assessment of the therapeutic potential of KMH-F shows that its use can significantly improve the quality of therapy, in particular, significantly reduce the timing of its implementation, as well as solve a number of problems within its framework that are difficult to solve when using conventional CMH (for example, rapid elimination of hepatitis C virus and other viruses, stable cancer-protective therapy).

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