NLS TRAINING MANUAL

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INTRODUCTION

This is a training program for use with the nonlinear diagnostic system - «DIACOM».

«DIACOM - NLS» refers to an entirely new class of devices, which are called “brain machines”. What are they? At present, science and society in general, is faced with information overload. Every day, there are large and small discoveries, every year there are dozens of new machines and devices developed. This is certainly good. However, a person begins to drown in this sea of information, losing the big picture.

A century ago a doctor for correct diagnosis required the experience of thousands of years of medical observation. Today this requires numerous and costly research and analysis. What helped the doctor to set the correct diagnosis? The answer is basically an inexplicable feeling called intuition.

However, modern science has come very close to unraveling the phenomenon of intuition, and even more mysterious phenomenon of clairvoyance. The point here is that this is not a miracle or divine grace, but electromagnetic vibrations of very low frequency, which can transmit information in the human brain, bypassing the usual senses. Of the 10 million units of information only one is recognized, the others are fixed in the subconscious. Information from the sphere of the subconscious is extracted either spontaneously, or at the level of unusual, altered states of consciousness: hypnosis, dreaming, meditation, or while receiving psychotropic drugs.

The whole world, including the human race, is deeply interconnected through a variety of informational signals. That’s why techniques to obtain information from the sphere of the subconscious, are recognized, while modestly, as priorities in the development of science and society in the next century.

Numerous studies in the field of Energy-Informatics led to the creation of fundamentally new equipment capable of destroying the barrier between the conscious and the subconscious. This process (controlled research) is able to give an enormous amount of new information about the the surrounding world.

A special sphere of interest - medicine. These are new opportunities for diagnosis, different

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from conventional ultrasound and computer tomography. An indispensable instrument for mass prophylactic examinations of the population.

Theoretical and experimental work, which made possible the development of «DIACOM» products, was initiated in the late I century by electronics genius Nikola Tesla. This was then continued by George Lakhovsky, a scientist who studied the effects of radio waves on animal health and condition of plants; American researcher R. Rife, who investigated the effects on the human body not only radio, but electro-frequencies. In 1950, R. Voll in Germany, discovered and developed a system of electrically testing the acupuncture points of human body. Voll's method was the first hardware method of research of the energy-state of an organism. It is done by testing the rates of electromagnetic conductivity at the end points of acupuncture meridians in a person using a special probe. The results of the study (in the form of digital or graphic indicators) may give an idea of the presence of inflammatory, dystrophic or atrophic pathology in the studied meridian and the corresponding organs. Another well-known method for diagnosing the state of energy in a person -is Kirlian's aura-diagnostics . It is used to determine the state of the electromagnetic field of a human in general. Status of individual organs is determined by the configuration of their biofield. NLS-diagnostic method allows the evaluation of the state of bio-energy of each organ individually. The results can be obtained in the form of visual ima ges with the topography of the affected area, as well as a graphical features which allow us to analyze damage to body tissue, allowing more accurately to determine not only the type of injury (inflammation or destruction), but also to clarify the diagnosis.Research is conducted by resonance amplification of radiation to the studied organ and then recovery of evidence via a non-contact method by using trigger sensors.

The first version of a nonlinear analysis device had only a manual input of information, that is a doctor was actively involved in the diagnosis of a patient, through the use of low-frequency vibrations that are close to the theta rhythm of the brain becomes more sensitive to radiation in the body of the patient. The results were recorded using the deviation of an L-shaped frame held by the physician-operator on Flanders's special scale (this scale is presented in the diagnostic module of the program). However, this method of research is too subjective and not safe for the health of the physician operator. This led to the development and creation of so-called trigger sensor, providing automatic input of information about the health of the patient in the computer. On what is the effect of trigger sensors?

For the first time a distant effect of interaction with objects of animate and inanimate nature, that is the transfer of data pulses from a man to machine was registered in the experiments of V.N. Kravkov in the 20-ies of our century. Under the guidance of prof. V. Togatova, reactions of various semiconductor structures on the impact of bio-operators (psychic), were studied. It has been experimentally proved that the human brain without the aid of wires can have an affect the sensitive sensor device.

Software developers, in a dialogue mode between the telemetry complex and the physician operator with remote biofeedback, designed for the perception of the brain activity of the operator or patient but depending on the objectives of the study and configuration of the complex and convert this information into a sequence of pulses with a special trigger sensor.

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This is reflected in the fact that the human brain receives a signal about the need to verify (test) this or that organ. The signal is fed to the monitor screen, as well as the head headphones in a series of electromagnetic waves peculiar to the healthy human body. This is possible because every organ and every cell in the human body has its own spectrum of electromagnetic waves. Thus we would like to ask the question - what is going on with the target organ?

In response to the question, the brain of the subject gives an answer that is perceived by the trigger sensors.

In the basic model, the «DIACOM» device offers a digital trigger sensor, simulated directly in the microprocessor of the main unit through the computer software and analog trigger sensor of the main research unit - pn-junction transistor, which increases the reliability of research.

The purpose of this training program is not a detailed physical justification of the principles of the «DIACOM» device, since different devices are designed differently. Currently, there are several manufacturers of this equipment, “spin-offs” from the original research group. In particular, in the original version of “DIACOM”, the headphones were used as magneto-inductors with an oscillation frequency, which is close to the theta rhythm of the brain, while in later versions of the device - as a conductor of electromagnetic waves that are close to the alpha rhythm of the brain. A good effect is obtained from the use of electromagnetic waves as a trigger mechanism for the study of a healthy body.

Also, in many other versions of the device, laser emitters are used to affect the brain of the patient. Using the laser leads to an increase of the resonant response. However, there is a risk of adverse effects of such exposure, so the laser emitter is not used in all models of «DIACOM» equipment.

INTERFACE AND USE OF THE PROGRAM

POWERING UP

The computer is turned on first, then the location of the power switch is checked on the «DIACOM» device (depending on model, they may be different).

Once computer loads, on the desktop, find the program icon «DIACOM-NLS» (a globe). Double-click the icon using the left mouse button. «DIACOM-NLS» begins to load.

To access the service menu, you should move the mouse cursor to the red dot next to the inscription DIACOM at the bottom right corner and with your left hand press on the keyboard keys Ctrl and Alt and at the same time click the left mouse button.

The service menu contains the following keys: CATALOG OF ORGANS-to create a database for agencies. Users are not encouraged to go into this directory, because often after, the program hangs-up; PERSON FREE -mode settings of the program is used only once to determine the speed of the program (described in the manual for installing and uninstalling DIACOM-NLS

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programs); STANDARDS CATALOG -opens a directory of standards (organo-preparations, diagnoses, biochemical and microscopic studies, benchmarks of various drugs). Product standards can be opened directly from the diagnostic window DIACOM-NLS, work with this will be described in the relevant section. Key Program settings -only used by programmers as a reference. MAIN MENU key -exit to the beginning of the program on the title page.

The main purpose of the title page - to open the main menu. To do this, click the left mouse button when the cursor is located anywhere on the title page. Then open the Main Menu.

It consists of four keys: Patients - opens a file of patients is the primary key; Settings - used to configure the work of some models of the equipment; ABOUT THE PROGRAM - the creators of the program, and EXIT - to exit to the program at the end.

RECORDS.

After we press PATIENTS, the RECORDS window opens.

The top row of keys, or RECORDS menu, begins with the word SEARCH and a window next to it. In this box, enter the last name of the patient, if they came on readmission and you need his RECORD file.

The keys, DOCTORS and STATEMENT, are necessary for proper organization of doctors in the study, if several doctors are working on the same computer at different times. The key with PHYSICIAN opens a list of physicians and this is where you can enter the registration mode of each physician individually (this compiles a separate list of patients for each doctor and a separate financial statement for each doctor).STATEMENT opens the financial report, which is produced separately for each doctor on the list (NB - when you remove the card the patient’s financial report on the study remains).

NEW key opens the card, in which we enter records for a new patient.

The keys, REMOVE and REMOVE BY DATE, are intended for deleting completed research (REMOVE -specific card; DELETE by date -to delete all the patients taken-in before a certain date).

MAIN MENU key - exit when finished.

PRINT CONCLUSIONS key - creates a job for a printer to print opinion, which the physician created independently and printed in the CONCLUSION window.

CONCLUSION window: The results (diagnoses, treatment regimens, etc.), that the doctor can create from preset blocks, available in the database computer or print yourself from the CONCLUSION window. This window is also used to call an alphabetical list of patients. To access the list of patients it is necessary to bring the cursor to the words: Person free (or Ve-geto-test), located in the upper right corner above the bottom of the

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RESEARCH window. Simultaneously press on the keyboard keys Ctrl + Alt with the left hand, and click the left mouse button.

SCHEDULE Key - changes the image of an organ that is highlighted in the list of research with a dark line in the image graph of the study. It is seldom used.

INVESTIGATION Window . After research it appears in the list of studies

In the lower right corner are the control keys.

Two buttons under the words Person free: NEW - used if the patient is required to undertake additional examination at the primary admission; CONTROL - used for readmission to the beginning of research.

The keys, highlighted in blue under the word Handle, are not used because they have remained since the time when there was manual input of information.

ANALYSIS Key - includes entrance into the mode of analysis of the results.

ANALYSIS+ Key - includes entrance to the regime of comparative analysis (after the Ve-geto-Test or META-therapy)

PRINTING Key - includes entrance to the mode of printing the results (pictures and epicrisis composed of preset blocks)

REMOVE Key - removes the selected study.

FILLING OUT PATIENT CARD

After the FILES window opens, if a new patient, you should fill out a new card. To do this, select NEW. A new patient's card opens, in which you put down the patient's name, age and sex (to change the sex, you want to click on the arrow next to the small window next to the word SEX. A small menu with two lines - M and F. Select the desired sex and click the left mouse button). This is the minimum data necessary to get started. If you want, enter the address and telephone number of the patient. Once the card is full, press OK.

Then there is a PAYMENT table. Press OK at the table.

INTERACTIVE HISTORY

After filling out the patient card and proof of payment, the INTERACTIVE history opens.

This window is designed to receive complaints and medical history (surgeries, previous infection and other established diagnoses). In the left panel is a schematic drawing of the human body (male or female) with control points on it in red. Each point corresponds to the

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list of complaints and diagnoses specific to damage the organ, which are marked with the points. For example, the point located in the area of the brain, is consistent with the complaints, typical for pathology of the central nervous system, and a number of neuro-trophic complaints (dryness and peeling of the skin, hair damage, etc.); point located in the epigastrium - complaints that are characteristic of damage to organs of the upper gastrointestinal tract. To access the list of complaints, it is necessary to bring the cursor to the selected point and click the left mouse button. Color point changes to green, and on the right pane a list of complaints comes up. If you'd like to note the diagnosis or resection you should click on the button Diagnosis on the right pane.

Select necessary complaints by ticking in the little box next to the complaint (for this move the mouse cursor to this window and click the left mouse button).

Collection of complaints is best done actively, descending from the top down. However, here every doctor picks up a working algorithm.

The model of the male organism is marked by three resections - resection of the thyroid gland, resection of the gallbladder and appendectomy (the point in the navel), the female organism model for resection has added resection of the uterus. Resection should always be selected. This is due to the peculiarities of Energy Research. An organ or part of the body that has been removed will be shown during the Energy Research either as a completely healthy (no organ - no problem) or will be shown at the state at the time of operation (due informational "memory").

Isolation of these resections is associated with the fact that the gall bladder and appendix contains the pictures together with the liver and large intestine, so for cases with resections pictures will be used, which depict the liver without the gall bladder, and intestines - without appendectomy. Thyroid gland after resection is shown in reduced form, rather than the image of the uterus with the neck and part of the vagina in the study gets only the cervix with the vagina. Isolation of remaining resections only leads to that it is removed entirely from the study alonng with its histological structure, which is not always appropriate.

From the rather large spectrum of diagnoses, which may be mentioned in the collection of history, it is better to use only for hypertension and Vegeto-vascular dystonia. The introduction of other diagnoses, including Botkin's disease, can give you the overdiagnosis of these states and make it difficult to diagnose associated diseases. On the Peculiarities of the diagnosis of hypertension, we shall discuss later, in analyzing the practical issues.

The number of complaints desirable for the proper functioning of the program, especially Vegeto-Test: 3-4. At first, we recommend that you use the complaint "Fatigue, weakness" since it gives overdiagnosis of pathology of the stomach, chest (Figure pectoral), adrenal and thyroid gland. This is due to the fact that the stress response that occurs during the examination of practically every patient, the stomach participates energetically - by increasing the production of cortisol, lungs - through the development of hyperventilation syndrome, adrenal glands - as the main gland through which are realized the stress response and thyroid

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gland - as the organ responsible for the energy state of the organism. Later, when the accumulation of the database and self-tuning of the program, the introduction of the complaint ceases to give such a pronounced change in the direction of the results of hyperdiagnostic stress response.

The optimal number of complaints to work with the program – 10-15.

When the complaint and medical history are collected, press CORRECTION. That brings us to the next stage of research - Creating a list of studies. If you press research, that we will include a research program, generated automatically. Such a program, of course, can also lead to certain outcomes, but better in this case to rely on medical expertise and generate a list of research itself.

DEVELOP A LIST OF STUDIES.

Once you have pressed the correction key, information collection window opens. It has a left panel, showing our assembled complaints and diagnoses.

SPACE key on the left pane allows you to return to the window INTERACTIVE History and add a complaint in the way described above (choose a point and it notes the complaint).

Keys INSTALL, ADD, and REMOVE on the left panel allow you to work with a list of complaints and diagnoses, without leaving the Information Collection window. If you want to add a complaint you must first expand the list of complaints. To do this, click on the arrow next to the blank line under the keys REMOVE etc. It reveals a full list of complaints, from which we select the target. Select, after which the complaint is automatically installed in the first blank line. Then press the ADD button, in the list of allocated complaints appears an empty string. Then press the SET button, and the re-allocated complaint is set in the list of previously made complaints. If you want to remove the complaint, then select it, and then press the DELETE key.

We now turn to the right panel, in which the main work will take place . First we need to expand the list of complaints. To do this, first press the button AUTO TUNE (it is located above the scheme of studies), then immediately press STEALTH (it is located to the left of the words scheme of studies). The first removes the auto-tune and opens a list of basic research, the second - makes a list of corrections, taking into account isolated complaints. When you first press on «AUTO TUNE, generate a list of studies you want, and then try to get started, you'll see a requirement to increase the intuitive mode of analysis (Stealth), and then work on creating a list of studies that should be repeated again.

Once you expand the list of research, review it. Research in the list are always in a specific order in order to apply the principle of color selection. At the top of the list are studies that belong to the base directory. They are marked in blue, after the name of the study are the letters BC (base directory). This is mainly integrated studies, showing just a few organs. Been earmarked for the primary proximate express-analysis. It is recommended to include these studies in the list completely, to get the initial idea of the damage to major organs.

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Next on the list of studies in pink are isolated organs of the gastrointestinal tract, then -emerald green -the organs of the respiratory system, then brown -the organs of the genitourinary system (at the end of the list for women pistachio color studies of breast).Next comes the study of the cardiovascular system, blood and lymph to the lymph vessels of the mediastinum, the endocrine glands, nervous system (in the top lines -the spinal cord, lower -the brain), sensors (eyes, ears, hair, nails), musculoskeletal and chromosomes.

It is recommended to compile a list of research so that in it every organ was represented in the form of a whole organ, and in the form of micro-preparations (histological structure of the body). Micro preparations are displayed in the original list with the letters MC.

In addition, the list you may find studies, allocated by the letter V. This is a rotating three-dimensional models of organs.

Those studies, which are expected to take place, will be checked. If you need to add the study, tick the box next to the study, which you have chosen. If you need to remove the study, place your mouse over the box next to the studies which you want to delete and click the left mouse button. A check mark will disappear, and the study will be excluded from the list.

Once you thus adjusted the list of necessary research, you need to press STUDY highlighted in red.

Besides the mentioned keys is the Clear and ALL keys, located directly above the right pane. You can press Clear to remove all the checkboxes. This is useful when you want to conduct a partial examination of the patient, for example, only the thyroid gland. In this case, we press the button Clear remove all the checkboxes, and then put checks next to the studies of the thyroid gland.

Once you press Clear in its place appears RESTORE key. If you press this key, then you will have selected all shown in the scheme of studies. ALL key functions similarly to the key RESTORE.

In the Collection of Information window on the right panel is a few more keys.

FILES Key -includes access to the files windows (main box).

IMAGE CAPTURE Key -if we press this button, the selected image appears with a dark outline. If the study has been conducted, it shall be allocated with control points (different colors). If the study is conducted, then the picture will have the entropic icons that emerged from the study.

CIRCUIT and EVALUATION OF LESIONS Keys are used for isolation and evaluation centers. Detailed work with these keys will be described in the relevant section of the topic “Diagnostics”.

PREPARATIONS Key includes the manufacture reprint of the drug. REPRINTER duplicates the keys in the analysis window and the window for diagnosis and testing.

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ANALYSIS key is used to connect to the mode of analysis (diagnosis and testing). It duplicates the key ANALYSIS in the files. It is used most often in cases where a partial survey is conducted and there is ability to select the organ for the analysis directly in the scheme of the study window Collection of information (of course, after it is completed).

THERAPY key opens META-therapy, duplicates Therapy key in the analysis window .

When the investigation is complete, you receive the table of the research results. Click OK, and then press FILES above the list of studies.

If you want to stop the study, use the STOP and Files keys that exist in those windows, which is testing the control points and the construction of graphics.

CONDUCTING DIAGNOSIS AND TESTING OF MEDICINE

When the investigation is finished, diagnosis should be set, that is, to provide the alleged diagnosis, as well as a selection and testing of drugs or dietary supplements. To do this, enter the diagnostic mode and testing, which is opened by key ANALYSIS.

There are three ANALYSIS keys in the program: in the DATA COLLECTION box, FILE window, and PRINT RESEARCH RESULTS window (hereinafter PRINT ...). All these allow access to the diagnostic and test mode . ANALYSIS key in the DATA COLLECTION window is rationally used in carrying out partial surveys. After the VEGETO-TEST, this key is disabled. ANALYSIS Key in the FILES window is used most often. Diagnosis and testing mode of the PRINT window has its own peculiarities. This is, firstly, the ability to quickly view images, which is especially important if during the study the doctor is asked a question or distracted by something else. To view the pictures, simply switch the working string with one line to another. List of studies includes more lines and you can immediately see which organs and systems are damaged.

On a separate note, the list of completed studies (as in FILES window and Print window ...), different studies are allocated to different color. Green color identifies those studies whose pictures are entropy icons of 1 to 4, in red -those in the pictures that have at least one 5, brown -those in the pictures that have at least one 6. Thus, the most damaged organs are immediately differentiated using the brown color in the list of studies, the least damaged – green.

After selecting a study for which we will carry out diagnosis and testing, click ANALYSIS key. Analysis window opens in a large window.

Here we can examine in detail the picture to provide a snippet (you must use the magnifying glass in the upper left corner of the picture). Now click the cross in a loop, it turns into a dash, then the mouse leads to a selected starting point, click the left mouse button and stretches a selection window in the right direction to select the sample.

Double-click the left mouse button to fix the fragment.

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In addition, this window is convenient to call the text support. To do this, press key TEXT under the word “Show”. In the picture appear green crosses. To get the text, you must move the mouse cursor to the green crosses. When the cursor reaches the cross, text in small print will appear. If the mouse cursor moves away from the cross, the text disappears. To keep the text fixed, it is necessary at the appearance of text, to click the left mouse button. A large-type text table appears. NB - green crosses indicate the presence of text support, which can be retrieved using the method described above.

PICTOGRAMS key helps penetrate deeper into the research.

CONTROL and STUDY Keys under the word HANDLE are designed to work in manual mode of entering information and do not have any practical implications.

ANALYSIS + Key is designed to open the comparative analysis (same as ANALYSIS + key in the FILES window).

Therapy is the key to open META-therapy.

Vegeto-test key is designed for open Vegeto-test (testing of drugs, that are not entered in the database of the internal Vegeto-test, that is, those drugs that are available to the doctor or a patient in the form of finished dosage).In addition, through an open Vegeto-test the user is able to test food and almost anything, up to literary texts. Conducting open Vegeto-test will be described in the section CONDUCT Vegeto-test.

REPRINTER Key is used to open the manufacturing mode of the reprinted bioresonance drug.

In the lower right corner there are two small windows under ORGAN and CENTER. They contain tables. The table in the ORGAN window always has a graph showing bioresonance electromagnetic characteristics of the investigated organ.

CENTER table is available in the event that the allocation and assessment centers were held. In addition, in each of these windows are the keys TEST and SPECTRUM.

TEST key allows the access to the Diagnostic and Testing window.

RANGE key allows you to learn digital specs of the graphics. This does not have much value to the medical practitioner, but is intended primarily for research work. Better not to include at all, as this creates an opportunity to hang-up the program.

Once you have pressed the TEST button in the ORGAN window (if you want to test the condition of the center) then in the CENTER window, opens a window that has no special name. We will call it a window for Diagnostic and Testing. This window is used to establish a presumptive diagnosis, selection of drugs and their testing, that is: this is a main window, in which a doctor is able to work.

Left in the Diagnostic and testing window, there are two windows of average size. The top

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is called the Group list. In the basic program DIACOM-NLS it highlights the following groups:

- “Organopreparations”,
- “Biochemical homeostasis”
- “Pathomorphology,
- “Nosological forms,
- “Microorganisms and worms”

.
These groups are used for setting the diagnosis.
Also, there are other groups:

- “Allopathy”
- “Homeopathy”
- “Herbal medicine (phytotherapy) ‘
- “Nutriceutics and para-pharmaceuticals”

These groups are used for the selection of drugs.

In database updates for versions of DIACOM-NLS this is where there can be added one or even more groups of dietary supplements from various manufacturers.

CONDUCTING DIAGNOSTICS

In order to reach the diagnosis, there should be in the list of groups checkmarks which identify the groups organo-preparations, pathomorphology, and nosological forms.

The organopreparations - these are graphics of healthy organs. In the list of standards (lower window) The organopreparations are highlighted in blue. The name of the organ is written in Latin. After the name of the organ there are words WALA or PETERLING. These are the name of homeopathic firms, from the standard nosodes preparations which were measured by electromagnetic characteristics of healthy organs.Charts of healthy organs are needed in order to be able to compare the patient data not only from the state of the disease, but also with their health condition.

Pathomorphology - is a diagnosis given histological features of pathologically changed organs. These diagnoses do not conform to the officially accepted classification, for the most part they were moved to DIACOM-NLS from the original program, created by American programmers. Pathomorphological diagnoses are highlighted in the list of standards in green.

Nosological forms - these are complex diagnoses, taking into account both the anatomical, histological, and functional changes in organs. These diagnoses are included in the official classification. In the list of standards they are marked in black. The letter, coming after the names of entities that is the name of the directory in which the drug is located. For example, the letter G after diagnosis GASTRITIS denotes gaster (stomach, ie, gastrointestinal tract).

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Some centers recommend diagnostic use of only nosological forms, but we believe that this unnecessarily reduces the ability to diagnose and an experienced physician is quite capable of coping with the diagnosis given Pathomorphology of an organ. Some of the same standards in the list of pathomorphology have to be diagnosed with essential meaning (for example, hypothyroidism, gastroenteritis, etc.)

After we selected Organopreparations, Pathomorphology, and Nosological forms, in the LIST OF STANDARDS of Descending Spectral Similarity window, there appears a list of diagnoses. Near the top are diagnoses with the lowest coefficient of spectral similarity. In some cases, the diagnoses near the top in red - these are the diagnoses which have a coefficient of spectral similarity less than 0,425. This are the most likely diagnoses, their accuracy is approximately 90-95%. That is the higher in the list of diagnoses, the more likely that the diagnosis is correct. The coefficient of spectral similarity is determined by mathematical analysis of the similarity of the patient charts and graphs of standard processes.The greater the similarity between these graphs, the lower the ratio. Ideally similar graphics would have to have a coefficient of 0,000.

Compare the patient's charts and reference graphics on the table in the upper right corner of Diagnostic and Testing window. Graphs of the patient (blue and red) are marked in thin lines, and graphs of standard processes (also blue and red) - thick lines.

To determine the accuracy of diagnosis, degree of development of the pathological process and the dynamics of its development, measurement of spectral similarity coefficient of the investigated diagnosis before and after adjustment, the entropy analysis of this process before and after adjustment. Then, if the diagnosis is considered reliable, then an epicrisis should be created by pressing PRINT. Then you can check whether the diagnosis got included in the epicrisis. To do this, press Epicrisis. Epicrisis window appears. Check availability of diagnosis and close the window by clicking the X in the upper right corner of the Epicrisis window.

NB - those diagnoses that are already in the epicrisis window and that you did not move there - it is diagnosed in red in the list of standards in the study of the human body (the first part of the list). The appearance of these diagnoses is possible if you do not remove a tick in the box next to the word REITING, located above the LIST OF STANDARDS of Descending spectral similarity. Automatic entry of diagnoses identified in red in the study of the human body, in epicrisis was made in order to facilitate the work of a doctor.It was believed that the study of the human body in red (ie, with coefficients of the spectral similarity of less than 0,425) should be allocated all of the diagnoses related to the core pathology in this patient. They are automatically listed in epicrisis.

Unfortunately, this list frequently requires a substantial correction, because it has overlapping diagnoses, and sometimes diametrically opposed within meaning of diagnoses, such as hypothyroidism and hyperthyroidism (in case there is no clear predominance of one or the other). So allow filled epicrisis to not bother you, just correct it at the end of your work.

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Determination of biochemical parameters is performed in a group BIOCHEMICAL homeostasis using NLS-analysis.

Determination of the microflora in the body produced groups of microorganisms and helminths.

The features of all these groups will be discussed in detail in the relevant sections of the subject “DIAGNOSTICS”.

CONDUCTING TESTING

For selection and testing identified several groups of drugs. These are: allopathy - official drugs; homeopathy - homeopathic medicine, Phytotherapy - plant mono-preparations (single herbs and plants); nutraceutical and parapharmaceuticals - dietary supplements of various firms (Inrich, Sunrider, New Weiss and others). The programs with the updated database list of dietary supplements is significantly expanded compared with the base program.

Above the STANDARDS list are two keys : SORT and SELECT. If you press the SORT, then the standards will be located in the list in alphabetical order. SELECT key is used primarily for work with a group of “Nutriceutics and parapharmaceuticals” or with groups where there are several drugs firms in programs with advanced databases. SELECT key highlights from the list of drugs a certain company. To do this, find the list of any product from this company, highlight it and press SELECT. Left is the list of drugs only from this company.

Selection of products is carried out similarly to the selection of the diagnoses. After the indicated group or several groups of drugs is selected, in the window LIST OF STANDARDS see a list of drugs in order of increasing coefficient of spectral similarity. The lower the ratio, the higher in the list is the drug, the better it fits the patient. However, the selection of drugs from the coefficients of spectral similarity be aware that the drugs are selected on the existing patient’s pathology, not taking into account the degree of development process and its dynamics, as well as the impact on the disease process of other bodies. To take into account all these factors and thereby individualize the appointment of the drug, you should use the regime Vegeto TEST.

For a start it is recommended to tune all medicines that you want to test. This way you reach two objectives: the first - after adjusting, medications in the original list may swap places, in the first place drugs from a more distant part of the list, the second - because, after adjusting, the coefficients of engineered products stand out as black squares, they are easy to search, you immediately form a kind of “list in the list” to conduct Vegeto-test.

Then highlight the drug being tested and push button Vegeto TEST. Do so consistently with all the preparations highlighted by you in the “list for testing”.

The main thing that we need - is to assess the results of the Vegeto-test. For this mode

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there is a comparative analysis ANALYSIS +.After all preparations pass Vegeto test, press the EXIT key and go back into the analysis window. Look for ANALYSIS + key , click it. Leave the window COMPARATIVE ANALYSIS.

IMPORTANT! To properly conduct a comparative analysis, you need to find the initial study of the organ, on which was conducted the Vegeto test, such as the stomach wall. This study should be selected by the tick mark (not just the highlight). This fixes the initial study. Then you need to find the Auto button and press it. The computer itself will find you the first study using Vegeto test. In the studies it will be designated as “stomach wall Chlorophyll - NEWAYS», ie “stomach wall + Chlorophyll businesses in New Veys”. If you did everything correctly, then the upper figure on the left, you will have a picture of the preliminary organ investigation, the lower figure - organ image, obtained after the test (as if being used) of the drug. Under the list there is a line that says “Enhancing compensatory reactions to X%” or “The weakening of compensatory reactions to X%”. The phrase “Strengthening compensatory response” speaks of the improvement in the body after application of test drug with an indication of the extent of this improvement as a percentage, and the phrase “The weakening of compensatory reactions, respectively indicates the deterioration of the body after treatment and also showing the extent of this decline in percentage terms.

To verify the results of testing the next drug, you need to once again push of a button Auto and the highlight will move down, opening the next study, beginning with the words “wall of the stomach”, etc. through the list of testing the products.

After the Vegeto-test and determining the most needed medicines the patient should return to the diagnosis and testing, select each of these drugs individually by highlighting, press PRINT key to PRINT, the drug that was in epicrisis. Once again, we note that each product is entered in epicrisis separately, not a list. To check the correctness of information entered for the epicrisis press Epicrisis. Close the Epicrisis window by clicking the X in the upper right corner of the epicrisis window.

If you need to have an open Vegeto-test (with the real pill or, for example, foods that we put in bioresonance chamber, or “glass”), the analysis window (with the enlarged picture) we find the key Vegeto TEST. (Note: this mode is only possible if the analysis window was opened using the FILES window, but not from the PRINT window ... or INFORMATION). Against the background of the picture appears the Vegeto-TEST table, it displays: “Enter the name of the drug to test” Put in the name in of the test preparation, and then press the OK button. After testing the product, evaluate the test results in the Analysis +.

On the right in the Diagnostic and testing box, a window with a table, which are graphics of the patient and the standard. To the right of the table there are several keys: Object -removes graphics of the patient from the table. BENCHMARK-removed the graphics standard from the table; MODEL -used in the creation mode, “VIRTUAL MODEL”-summarizes the selected graphics to create a virtual model of standards, creating a new graphic model; OPTIMUM -shows the optimal allocation of frequencies in the human body, does not have practical significance for the diagnosis ; SPECTRUM - shows the numeric values of the frequency characteristics of the patient charts and reference.

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Window “STANDARD DESCRIPTION” contains, as a rule, a description of the standard

-the disease, micro-organisms, preparations. If the box is empty, then the description of this standard had not been included in the database. In this window, you can access CATALOG and NEW PRODUCT buttons. Catalog key offers catalog of standards. NEW key is used to record the new drugs. Using this key is not recommended, because the process of making a database of new drugs is rather laborious and requires special skills.
Working with the Catalog of standards will be described in a separate section: Interface and HOW TO USE THE PROGRAM.

In the lower right corner are the control keys to the Diagnostic and Testing windows. The work of most of them has already been described.

The remaining ones are: Restore all key -removes all customizations from engineered standards at once; NLS-analysis key and BENCHMARK-FACILITY key include relevant diagnostic modes, whose work will be described in the topic “Diagnostics”.

When the job, by definition of diagnosis and testing of drugs, is finished, exit back to the window files (push EXIT button in the Diagnostic and testing window and in the analysis window).

This work has been done on each of the investigated organs separately. The new organ for diagnostic testing is chosen from a list of research in the files (or in print ...), take note if its highlighted and repeat the entire procedure.

For beginners it is recommended not to diagnose and test more than 3-4 of the most affected organs.

Preparations of general effect (vitamins, antioxidants) can be allowed to be tried and tested in the first study - the human body. It reflects the core of human pathology and it is possible to pick up the basic scheme of treatment of the patient.

PRINTING RESEARCH RESULTS

When diagnosis and testing of products is finished, you need to formalize the results in the form of epicrisis and transcripts of the basic images of damaged organs.

In the lower right corner of the FILES window we find the PRINT key. Clicking it opens PRINTING of Results. If we conducted an analysis from this window, then accordingly, in it we will stay.

First, if for the registration of medical opinion, we use pre-set blocks, available in the database program, you can extend this conclusion, typing manually refined formulation of diagnoses and dosage of drugs. To do this, click on EPICRISIS above the list of studies. In the

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resulting epicrisis enter own additions.

Then close the epicrisis window by clicking the ‘X’ in the upper right corner of the window.

The second stage is Printing the images. Select the needed images. Only 4 images per sheet may be printed. Select 4 (or a multiple of 4) studies. Press PRINT key. The printer begins to work, printing pictures, and on the computer screen you are prompted “Print epicrisis?”. Presses YES. STANDARDS FOR PRINTING Selection box appears. In the left pane are placed diagnoses on the right - the meanings/descriptions. All diagnoses are in alphabetical order, and are checked. Here in this box we can get rid of “unnecessary” diagnoses, which the computer exhibited. To do this, remove the check-marks of unnecessary diagnoses. Then press the PRINT button in the upper right corner CHOOSE STANDARDS FOR PRINTING.

Thus, in the early stages of editing epicrisis we add the diagnoses, but in the end - we remove “unnecessary” diagnoses.

When you’re finished, press MAIN MENU in the FILES window, and select EXIT.

WORKING WITH THE STANDARDS CATALOG

Quite often when dealing with drugs, microorganisms or other benchmarks there is a need to add a new benchmark study, which is in the database, but not in the case study. In order to add a standard in the study, open standards directory. You can do this by opening the service menu on the front page of the program (see paragraph COVER PAGE at the beginning of this manual). Most often the Diagnostic and Testing window is used.

To open a catalog of standards, it is necessary to place the cursor in the description of standard window. This window should be open, that is, it should be highlighted and the top of the window should be the inscription “Description of the standard. Closed box - gray and empty. At the same time using the left hand, press Ctrl and Alt. Now click the left mouse button. Catalog and NEW keys open. Press CATALOG key.

STANDARDS Window opens. In the right window find the system and the organ where you want to Save this standard, such as genitourinary system, the cross section of the uterus organ. On the left is a standard that you want to enter. First, note the group, which is the desired standard, for example pathomorphology, and then in the bottom window of the standard itself, such as Hyperestrogenism. So, now we have pointed to the right where we need to make reference to the left -what standard you want to make. Selecting in the middle group of keys, an ADD key under the word ORGAN, click it. If done correctly, then the list of standards for the organ at the bottom right will be a new standard - HYPERESTROGENISM. If we used the ADD button under the word System, the HYPERESTROGENISM standard would have appeared in all the studies that belong to the genitourinary system (including the left kidney, for example).

If you want to remove any reference of the study, first we find the system and the organ from which you want to delete the standard (for example: genitourinary system, organ -kidneys

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left). Then on the left we find a group which belongs to this pattern, for example pathomorphology. Then at the bottom right of the list of standards for this organ is the standard that you want to delete -HYPERESTROGENISM. Select it. Press the REMOVE key under the word ORGAN.

DIAGNOSIS

(theoretical foundations)

Features of the diagnosis in the program are very numerous. It is possible to just set a probable diagnosis, but there is also the prospect of tracing the development of disease, the level of compensatory opportunities and much more.

The first level of diagnostics – VISUAL.

During a study, control points on the model of the organ are tested . Their condition is estimated on a six-point scale, where each level corresponds to a certain level of entropy, ie, violations of the structure, the accumulation of energetic failures. For the convenience of testing, each level is indicated by a certain shape and color. The key to the icons is printed with the results of the study. This is the key:

1 (white hexagon) - the level of latent functional activity;
2 (yellow hexagon) - the optimal level of regulation;
3 (orange-red triangle with the top up) - displacement characteristics at higher levels, the state of tension of regulatory systems;
4 (a red triangle, edged in blue, with the top down) -asthenization regulatory mechanisms;
5 (brown diamond) - compensate the violation of mechanisms of adaptation;
6 (black square) -decompensation of adaptation mechanisms expressed pathological condition.
This explanation, of course, is correct, but somewhat cumbersome. When working with a patient requires more than simple language. So explaining to the patient the meanings of entropy icons can be as follows:
1 - closest in meaning to the infant state of tissue. Status of low functional activity, the lower limit of the norm;
2 - healthy status;
3 - minor functional state of stress (can be viewed as an upper limit of norm);
4 - state of the boundary between health and disease, preclinical stage of development of the pathological process;
5 - clinical stage of development of pathology;
6 - pronounced clinical disorders.
For the physician performing the diagnosis requires a somewhat different interpretation of the icon 1 -state breakdown of adaptation, by value closer to 4 than to 3, but with a negative sign.

VERY IMPORTANT! Since the method of nonlinear analysis refers to the Energetically-Informational techniques, visual assessment of damage to the organ is as it relates to ENERGY! In most cases, the energy damage is consistent with somatic

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damage, but there are cases when energetic failure is preceded by the development of somatic pathology. In these cases, the body may be marked with black squares. In analyzing such situations, the smallest coefficient of spectral similarity is most often an organopreparation (ie, a state of a healthy body).

Example: Patient Karma, 32 years old. No complaints. Asthenic physical consistence. The examination revealed a kidney with entropic badges predominantly black. In analyzing the status of urogenital system in the top slot on the list of standards is defined the organ-preparations of healthy kidneys with a coefficient of the spectral similarity of 0,474. On the second line -Nephroptosis with a coefficient of the spectral similarity of 0,531. A further survey of patients revealed that Nephroptosis was established a year ago with the help of ultrasound of the kidneys. In urine, there was not any deviation determined. Condition of the kidneys was seen as a state of energy deficiency of the kidneys, accompanied by a high risk of development of organic pathology. May be diagnosed Nephroptosis.

Quite often there are cases when the patient makes no complaint and does not have an organic disease during the study almost all the organs are determined by the entropy icons mostly dark colors (four, five, six). This kind of picture represents a state of general energy starvation of the organism that occurs with long-lived stress responses, the state of convalescence after infectious diseases, or during a severe exacerbation of chronic diseases, in a state of intoxication (alcohol, bacterial or other). Such a patient is desirable to study again, when the consequences of the energy starvation will be gone.

NB -if a second examination with a good general state of health of the patient and the absence of severe chronic somatic pathology, there is again discovered dark icons on most organs, the possibility should be considered of the formation of malignant cancer pathology.

Another case -when in the presence of masses of complaints and a significant number of somatic pathology of most organs have entropy icons from one to four. Such states are often among people conducting any health programs (including those using dietary supplements), and among people who were in the acute stress condition (chronic stress - icons mostly dark), as well as people who took the survey after any any stimulants (coffee, alcohol, etc.).

The third option - on any organ whose icons form a “mosaic” that is bright icons randomly interspersed with dark. This shows the predominance of this organ at the time of the study for functional disorders. If such a “mosaic” is a dominant dark color (ie, there is very little or no ones and twos), then more data for the fact that there is a “functional storm” against the background of organic pathology.

Occurs version of “mosaic”, where the figure shows a lot of “ones” and “fours”. This option should be considered as a failure of compensation prior to the emergence of clinical pathology.

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The second level of diagnosis

which for many physicians is the main - diagnosis with a list of standards of descending spectral similarity ratio analysis and COEFFICIENT SPECTRAL SIMILARITY (later - CSS).

The value of CSS is determined by analyzing the relations of the patient charts and graphs standard. If a match is perfect, graphics are the same - CSS will be equal to 0. The lower the coefficient of spectral similarity, the more believable is the diagnosis. Absolutely accurate diagnoses are less than 0,425 from KCC. One can say the reliability of such diagnoses is approximately 90-95%. High degree of confidence have diagnoses with KCC to 0,8-0,9. Their reliability is approximately 60-70%.

NB - for the reliability of cancer zone expands to CSS 1,2-1,5.

Example: The patient, 47 years old. The patient complained of abdominal distension, abdominal pain, loss of appetite, and intolerance of fatty foods. The most “breaking” conditions when analyzing the state of the gastrointestinal tract have been studies of the large intestine. These studies in the list of completed studies were distinguished with a brown color (ie, in the pictures of these organs there are “6” icons). Select from the list of research “wall of the large intestine. Presses ANALYSIS. Analysis window open There in the picture, we see that it is mainly represented by the dark entropy icons -4, 5 and 6, that is drawing as a whole shows an unfavorable picture of the energy of the organ. Then press the key under the word TEST ORGAN. Diagnostic and Testing window opens. In the list of groups select from organo-preparations, Pathomorphology and nosological forms. In the LIST OF STANDARDS window there is a list of diagnoses, sorted by increasing rates of their spectral similarity. The more similar the patient charts and graphs of the reference process, the smaller the value of the CSS. The most reliable diagnosis of CSS is less than 0,425. These diagnoses in the list of standards are above and highlighted in red. In our case, selections in red are diagnosed with intestinal dysbacteriosis CSS 0,048; Enterocolitis with CSS 0,205 and dyskinesias large intestine with CSS 0,285. These diagnoses are the most reliable in this patient, with all of these diagnoses, we can make epicrisis.

In elderly and debilitated patients often a list of standards for spectral similarity may begin with a diagnosis, which CSS> 0,5. This is not talking about the low reliability of these diagnoses, but a combination of several pathological states and the inability to isolate the primary.In this case, we take the analysis of diagnoses with the CSS to 1,0-1,2.

Analysis of the patient’s condition can be attributed to the CSS and factor analysis of the optimal allocation. The level of this ratio shows the level of compensation of the investigated organ. The higher this ratio, the higher the level of decompensation. Norm can be equal to the coefficient of 1,5.

With the second level of diagnosis, we can work not only with a single diagnosis, but also with a combination of several pathological processes. For this mode there is a Virtual model. Virtual model Mode is used in cases where you need to determine whether the patient has a combination of any diagnosis, combination in the pathogenesis of inflammation effect of two or more microorganisms. You can use the virtual model and to determine the synergistic or

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antagonistic combinations of several drugs.

Virtual model can be created, based on any standard, but, of course, would be more appropriate to base with the smallest reference CSS, that is the most accurate diagnosis, and then attach it to the others.

Example: Study of Colon WALL. In the list of standards in descending spectral similarity, we see that the top of the list is a diagnosis called Dysbacteriosis. To the left of the list there are a number of empty gray boxes. Bring the cursor to the gray squares, located on the same line with the Dysbacteriosis diagnosis. Now click the left mouse button. In the gray box appears a red dot, and next to it in the next white box number 0 is changed to number 1. Now look at the third line of the LIST OF STANDARDS window.

This line is called Virtual model. Watch carefully, which coefficient of the virtual model appears after we have selected Dysbacteriosis diagnosis with the red dot. This ratio was equal to 0,048 and, thus, was consistent with the coefficient of spectral similarity of dysbacteriosis.

Then put the red dot next to a diagnosis of enterocolitis and see how to change the coefficient of the virtual model. After the addition of the Enterocolitis diagnosis the coefficient of the virtual model was equal to 0,096, ie, it increased almost 2-fold, ie the reliability of a combination of Dysbacteriosis and Enterocolitis diagnoses less than the Dysbacteriosis diagnosis. This change in coefficient indicates that a major, dominant role in the formation of the pathological process from the patient is dysbacteriosis.

If we increase the equity dysbacteriosis, for example, even 20 times (you need to click on a red dot next to the diagnosis Dysbacteriosis 20 times, the figure in a white box next to the red dot with the change from 1 to 20), the coefficient of the virtual model becomes equal to 0,051. This suggests a minimum prevalence of dysbacteriosis twentyfold in the genesis of the pathological process in the patient.

We can analyze the virtual model not only numerically but also graphically. To do this, press MODEL key on the right of the table with graphs. Diagrams drawn with thick lines, after we press the MODEL key will be a graphic summary of the two standards: Dysbacteriosis and enterocolitis. When changing the equity of any of the processes in the virtual model, the form of graphs and the virtual model changes.

To create a new virtual model, for example, to analyze the combination of Dysbacteriosis and dyskinesias of the colon, return to its original position, that is, the red dots should be removed. To do this there are two ways: first - click on an oblique X, located on the left bar VIRTUAL MODEL and the second - you can move the mouse cursor to the red dot and click the right mouse button. Each click with the right mouse button reduces the proportion of reference in a virtual model of 1 unit (if this share was equal to 1, the figure is close to the red dot is changed to 0, and the red dot disappears).

Example: Study of cross section of the uterus. In the list of standards, we

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note the red dot endocervicitis. Coefficient virtual model are given equal 0,669. Now connect with endocervicitis, HYPER-ESTROGENISM. Coefficient of the virtual model decreased, and became equal to 0,653. This suggests that the genesis of the pathological process in our patient and endocervicitis hyperestrogenism play an equal role.

Third, the level of work with diagnoses – cUSTomizaTioN

If you look at the graphs of various pathological processes, we can see that they are located in the table at various levels. Dyskinesia, hypothyroidism, obesity, are located at the bottom of the table, at 2-3 vertical and most chronic pathological processes - at 3-4; benign tumors located at the level of 5-6. Levels of the table can be roughly correlated with levels of energy output of the represented pathological processes.

We first consider an example. Investigation of the liver. Let's see what happens with graphs and the coefficients of spectral similarity in tuning.

Highlight in the list of standards Dyskinesia of the gallbladder. Thick lines in the table represent plots of the standard, ie, dyskinesia of the gallbladder. When you put the blue and red graphs of the standard together and draw their isoline, it will be located at the bottom of the table, level 2. In the middle of the table with thin lines show the graphs of our patient. Isoline of these graphs are located on level 3-4.

Push TUNING button. As you can see, charts of the pathological process of the patient dropped to the level of the graphics of the standard (dyskinesia of the gallbladder).

Now repeat the same operation with a diagnosis of chronic cholecystitis. Patient charts and graphs standard chronic cholecystitis, both are located in the same mid-level of the table.

After adjusting, their relationship changed slightly.

Now note the diagnosis of hepatocellular adenoma. Push Tunning button. As you can see, the graph of the patient rose to the top of the table, to the level of hepatocellular adenoma graph.

Now please note how the value of the coefficients of the spectral similarity of our selected benchmarks was affected after tuning. CSS after adjustment either doesn't change, or in varying degrees, decreases. In some cases, the position changes of the highlighted and TUNED standards in the list of standards - it may rise one or several lines.

In our example, the value of the CSS and the position of the Chronic Cholecystitis diagnosis in the list of standards have not changed. Diagnosis of Gallbladder Dyskinesia also stayed on the first line, where it was before the adjustment, but it decreased CSS from 0,484 to 0,123. The most significant change in the CSS and in the position in the standards lists of hepatocellular adenoma diagnosis. From the bottom lines of the list of standards, it moved into the middle of the list, and it has changed from CSS 3,074 to 1, 044.

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Thus, we determined that the adjustment equalizes the levels at which there are graphs of patients with the levels at which graphs of standards of pathological processes are. It's as if the processes with low energy output (at the bottom of the table) were included in the pathological process of the patient. In the clinic, as you can imagine, less powerful energy processes are absorbed, a part of more powerful energy processes. The development of pathology is from the less powerful processes to the more powerful.

Performing the customization, we identify the initial processes that formed the basis for the development
of the current state of the patient's body, such as dyskinesia of the gall bladder serves as a base for the development of chronic cholecystitis, hyperuraturia -for the development of chronic pyelonephritis, obesity (a term in the analysis of the ferruginous bodies should be treated much more than just an increase of body weight, as well as fatty degeneration of the cell bodies) -for a large number of diverse pathology of iron.Hypotension, hypothyroidism may be included as a variation of a more powerful energy condition essential to hypertension and hyperthyroidism (for example, hypertensives
often have low periods on their individual standards of blood pressure).

According to the difference between the coefficients of spectral similarity before and af-ter adjustment, we can determine how far away an existing patient's disease process is from initial states with low energy and, this is very important, which has the potentiality for the development of the patient's more severe conditions that are at a higher energy level. Included in them, in the first place, are oncological processes.

Summarizing the above, we can say that the list of diagnoses before the adjustment gives us an idea about the state of the patient's health today, and adjustment reveals the source of pathological processes, which are developed based on the current status of the patient, as well as identify trends in oncological processes.

FOURTH DIAGNOSTICS LEVEL -THE APPLICATION OF ENTROPY ANALYSIS

The next step in the correct diagnosis is to determine the stage of development, where the current process is, as well as the degree of activity of the investigated pathological process. For this we use the mode of entropy analysis.

Especially important is the regime for determining the presence or absence of pathological process in cases where CSS has boundary values of – 0,6-0,9. Implementation of the entropy analysis is inappropriate in cases where the CSS is less 0,5-0,6 or more than 1,0.

Consider an example. Investigation of the liver. Highlight diagnosis Dyskinesia gallbladder. Then enter the window of the entropy analysis. There we see the pattern on which is depicted as steps from 0 to 6. At each step there is a figure - the coefficient, and each step corresponds to the graph. If we look at each graph separately, we see that the zero step is a graph that corresponds to the graph of a healthy body, which we explore, that is a graph of

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organo-preparations of the gall bladder. At the 6-th step is the standard graph of the pathological process, on which we conduct an analysis of entropy, ie Dyskinesia gallbladder. Between them, on the steps of 1, 2, 3, 4, 5 - a series of intermediate processes, reflecting the formation of the analyzed pathology. In the classic case of step 0 shows no pathology, 1,2, 3 - pre-clinical phase of the formation of the disease, 4, 5 - clinical acute phase of the process (or exacerbation of the chronic process), and 6 - formation of a pathological process.

Steps in the picture, are duplicated in the form of a series of buttons located in the upper right corner of the window.

Entropy analysis should be conducted before and after adjusting it - only in this case, the information obtained will be complete.

There are several basic options for the distribution coefficients of spectral similarity, the coefficients of the entropy analysis and the steps before and after adjustment, but the focus is on the CSS and the step.

OPTION 1. This option is the easiest to interpret, unambiguous. Before adjusting, the CSS is not too large (usually no more than 0,8), CEA(clinical-economic analysis) roughly coincides with the CSS. Step - 6. After adjusting the CSS and CEA are reduced, usually falling in the zone of confidence (less than 0,425).Step - 6. This distribution of coefficients and levels unambiguously confirms your diagnosis.

Example: Patient X. Investigation of the liver.

Diagnosis - Dyskinesia gallbladder.

Before adjustment After adjustment

CSS - 0,484 CSS - 0,123

CEA - 0,538 CEA - 0,126

Step - 6 step - 6

OPTION 2. Before adjusting the CSS at the level of 0,6-1,0. CEA is not too different from the CSS, also at the level of 0,6-1,0, is step 5-6. After adjusting the CSS and CEA slightly reduced, but not included in the zone of confidence. Step – 6.

The situation is more common in long-existing chronic pathological processes with very small compensatory possibilities. Diagnosis of such indicators can be put on epicrisis.

Example: patient C, 71. Investigation of longitudinal section right kidney.

Diagnosis: CHRONIC PYElONEPHRITIS.

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Before adjustment After adjustment

CSS 0,674 CSS - 0,671

CEA 0,813 CEA - 0,786

Step - 6 step - 6

OPTION 3. Another fairly simple to interpret option. Before adjusting the CSS is in the range from 0,6 to 1,0. CEA is slightly smaller, step -0. After adjusting SCC slightly decreases, and CEA slightly increased. Step is still 0 or 1-2. This scenario is typical for those processes that have only just started their formation. The final diagnosis of such processes in most cases is not specified.

Example: Patient X. Study the thyroid and Parathyroid gland # MK.

Diagnosis: diffuse goiter.

Before adjustment After adjustment

CSS - 0,695 CSS - 0,615

CEA - 0,416 CEA - 0,516

Step - 0 step – 0

OPTION 4. Before adjusting CSS is large (greater than 0.8). CEA is small (less than 0.7, often gets into a zone of confidence - less than 0,425). CEA is located at 0 or 1-2 levels. After adjusting CSS is significantly reduced (usually less than 0.6), CEA is slightly increased, but more than often remains in the zone of confidence (less than 0.6). After adjusting step increases to 5-6. The diagnosis in this case is seen as an expressed trend in the formation of this condition. The situation is typical for processes with low energy capacity.

Example: Patient X study thyroid and Parathyroid gland.

The diagnosis of Hypothyroidism.

Before adjustment After adjustment

CSS - 0.881 CSS - 0,533

CEA - 0,301 CEA - 0,488

Step - 2 step – 6

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OPTION 5. Before adjusting CSS is large or very large (greater than 1.5). CEA is much smaller (in the range from 0,3 to 0,8)., Located at step 0. After adjusting the CSS may be reduced, remaining still higher than or approximately equal to 1,0. CEA can also be reduced, even into the zone of confidence (less than 0,425), but usually remains at step 0 or between steps 1-2. The situation is characterized mainly for processes with high energy capacity. The diagnosis in this case is not valid.

This example is given so a doctor is not perplexed by the small coefficient of entropy analysis. The basis of diagnosis is the CSS and the step where the pathological process resides.

Example: Patient X study thyroid and Parathyroid gland.

Diagnosis: Thyroid adenoma.

Before adjustment After adjustment

CSS 1,979 CSS 1,148

CEA - 0,591 CEA - 0,463

Step - 0 step – 0

OPTION 6. It is used primarily to diagnose uterine fibroids and prostate gland adenoma.

Before adjusting CSS is fairly large (mostly more than 1,2-1,4). CEA is usually significantly less (0,5-0,8), is often at the lower steps (0 or 1-2) or at least a 3-4 level. After adjusting CSS is significantly reduced, but still remains more 0,6-0,8. CEA will be increased, often becomes more than 0,8-0,9. At the same time the step can be 5 or even 6.

Uterine cancer or prostate adenoma in this case is established, if the adjustment to the diagnosis is not lower than 3 steps, and after adjusting is moved to step 6. All other options are considered as a more or less pronounced trend in the formation process. It is also desirable to analyze using the NLS-diagnostics mode.

Example: Patient X. Study: cross section of the uterus. Diagnosis: uterine myoma.

Before adjustment After adjustment

CSS - 1,425 CSS- 0,976

CEA - 0,533 CEA - 0,892

Stairs - 2 step – 5

OPTION 7. Before adjusting the CSS is in the range from 0,5 to 0,9. CEA, as a rule, is

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slightly above, is at step 6 or 5. After adjusting the CSS and CEA decrease, falling in the range of 0,3-0,6. However, with this the step becomes lower by 1-2 units. This condition is characteristic of chronic pathological processes in a state of collapse of compensation or aggravation.
This shows low compensatory possibilities of the pathological process. The diagnosis is valid.

Example: Patient C. Investigation of the stomach wall.

The diagnosis: gastroenteritis.

Before adjustment After adjustment

CSS - 0,579 CSS - 0,396

CEA - 0,621 CEA - 0,358

Step - 6 step – 4

The second indicator, except for determining the extent of formation of the pathological process which is set during the entropy analysis, is the difference between the extreme values of the CEA, located on the first and last steps. “Or, figuratively speaking, the height of the steps. Analyzed only when CEA is at 5 or 6 steps. If this difference is less than 0.3, then the process is developing rapidly, has a small compensation opportunities and is significant for the whole organism.If this difference is large (greater than 0.8), the process is stable, has good opportunities for compensation.

Fifth level diagnostics

In diagnostics, we can also use the modes Vegeto TEST and Standard-Object.

Using Vegeto-test makes it possible to determine the degree of development of the pathological process by Selye.

Every pathological process goes through 4 stages:

First and second phase - two compensatory or physiological phases, when in response to a stimulus, increase the characteristics that were prior to patient load.

The third phase - equalization, when, in response to the stimulus there is no reaction, or it is very small, and, finally, the fourth phase - is paradoxical, when compensatory possibilities have been exhausted, when all possibilities have been exhausted and the compensatory response to the stimulus of all baseline characteristics deteriorate.

When conducting “Analysis +”

The first stage of Selye meet increased compensatory reaction by 15-35%; second-stage gain of compensatory responses to 35-55% (that which is higher is not taken into consideration

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in the analysis); third stage correspond to figures from the weakening of compensatory reactions by 15% to gain compensatory reactions by 15% (ie, fluctuates around 0); the fourth stage corresponds to the weakening of the compensatory reaction by more than 15%.

Consider an example. Patient C. The study: thyroid gland.

After adjustment: hypothyroidism, which is located at 6 stages; Obesity is a level 6; Diffuse goiter located at level 0; Thyrotoxicosis is located at level 0.

We perform Vegeto-test, loading the initial pathologic process in our patient consistently with hypothyroidism, obesity, diffuse goiter, thyrotoxicosis and healthy thyroid gland. Vegeto-Test results were as follows: hypothyroidism -a weakening of compensatory reactions by 33%;

Obesity - increased compensatory response to 3%

Basedow's disease - increased compensatory response to 8%

Thyrotoxicosis - enhancing compensatory reactions by 20%

A healthy gland - increased compensatory response by 19%.

So, given worsening of hypothyroidism, that is a paradoxical phase of Selye, which tells us that the process has no compensatory reserves, we thus affirm supplied earlier diagnosis.

Obesity and diffuse goiter did not give pronounced changes of indicators, that is, there is an equalizing phase of Selye. This suggests that these processes are developed, are in the initial stage of the pathological process or in remission.

Thyrotoxicosis improvement performance is moderate, suggesting that in relation to the disease the patient is in the first physiological phase and hence such a pathological process in the patient does not exist. For comparison -the load of our model of a healthy thyroid has shown improved performance by 19%.

In cases where we are examining a weakened patient with a "bunch" of chronic diseases or an organ in a position of reduced compensatory reactions, it happens that the maximum deterioration of the load gives a healthy body (ie, vegeto-test with the organ gives the maximum attenuation of compensatory reactions). This is an additional test on the state of compensatory possibilities of an organ or the human body as a whole.

Vegeto-test is used for differential diagnosis and confirmation of the pre sence or absence of this process in a patient with associated pathology.

Example: Patient Sidorov. Investigating BACK Gastric Wall. To confirm the presence of gastric ulcers conduct Vegeto-test. The result of Vegeto-test -the weakening of compensatory reactions by 26%, which confirms the presence of ulcerative lesions in this patient.

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Summary: the worse the results of Vegeto-Test, the more likely the diagnosis, which we load the initial pathological process of the patient.

USING STANDARD-OBJECT

This is not a self-diagnostic mode, but a prevention program for selected diseases.

Select any disease from the list of standards and make it a point of reference for other diseases, that is that a dedicated standard-object after pressing STANDARD-OBJECT will have the coefficient of the spectral similarity of 0,000.

Those diseases, which will be located closest to the standard-object can be considered precursors of selected diseases. Example: a patient C. study: The cross section of the uterus.

We take as a standard-object carcinoma of the uterus. The next line below it will hyperestrogenism, then polyp of the uterus and further endocervicitis. Thus hyperestrogenism is the condition, on which is based the development of carcinoma of the uterus. The prevention of carcinoma, therefore, should begin with the normalization of the hormonal balance of women.

ANALYSIS OF ISOLATED LESIONS

In some cases, the study of organ image in the background 3 and 4 reveals a section with 5 and 6. This area is desirable to analyze separately, since the pathological process at this site may be different than in the whole body.

Isolation of foci is desirable to produce immediately after the end of the study. This is due to the fact that after the beginning of the Vegeto-Test the study scheme, which is in the DATA COLLECTION window, closes, and we can not enter into that image which we need.

How does the allocation of foci occur?

Example: A patient, S. Sidorov, after the study of whom is found in THE STUDY SCHEME window the organ where it is necessary to provide focus. Highlight it, find the key CONTOUR, click it. A window opens with an image. Bring the cursor to the desired location, click the left mouse button, then with the mouse circle the center focus. After the allocation of the center, press FILES at the bottom right corner of the window. Collection Window again opens. Now we need to press ASSESSMENT OF CENTER. After pressing this key the removal of energy-specific characteristics of the selected focus occurs.

Now, when you start to analyze the state of the organ, on which was isolated the focus, in the ANALYSIS window in a table with the name of the focus will be graphics, retreived from the focus. Diagnosis of the center is made exactly the same as the diagnosis of organ. Indicators of the organ and source diagnostics need to be compare.

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NLS-ANALYSIS

NLS-analysis, and multivariable analysis, is designed to work with oncological disease. It is used for a refined diagnosis of carcinomas and adenocarcinomas, as well as uterine fibroids and prostate gland adenoma.

Working with the NLS-analysis is similar to working with the entropy analysis. The difference is that only step 1 - the lack of trends in the development oncological-process, and step 7 -shaped Oncology process, are significant. The remaining steps indicate the severity of trends in the development of pathology, and their dynamics before and after the adjustment - the activity of the formation process.

DIAGNOSIS OF MICROORGANISMS AND HELMINTHS

Diagnosis of micro-organisms and helminths is mainly advantageous from the coefficients of spectral similarity to the adjustment, ie at the time of the study. After adjusting analyze only those organisms for identify of which requires provocation (eg, chlamydia, or trichomonads).

Reliably existing are those microorganisms and helminths, the coefficient of the spectral similarity of less than 0,425. Those microorganisms and worms that fall into the corridor of values from 0,425 to 0,8, should be taken into account. These microorganisms are sown either intermittently or are present in the form of antigens.

In addition, for the diagnosis of micro-organisms and helminths recommended the use of Vegeto-Test.

Consider two examples.

Example 1. Study: COLON WALL. Consider the microbial association of the large intestine of a patient with dysbacteriosis. Highlighted red in the top of the list of standards with the CSS 0,236 is Candida albicans, the organism that is reliably present in the intestinal microflora. Escherichia has CSS of 0,622. Helminths (roundworm) have a high CSS of 1,316, that means there is no discussion of helminthosis at this point.

The next stage will determine in what proportions Candida, Proteus and Escherichi are involved in the formation of a pathological process. To do this, use the virtual model. We put a red dot next to candida. Coefficient of the virtual model was 0,236. Now add proteus to the candida. Coefficient of the virtual model has not changed (it was 0,256). Adding the following microorganisms and helminths, together and separately caused only a significant increase in the coefficient of the virtual model. From this it follows that in the formation of dysbacteriosis in the patient, candida and proteus played a major role.
Let us turn to the use of Vegeto-Test. The results are as follows:

Candida albikans - the weakening of compensatory reactions by 40%

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Proteus - the weakening of compensatory reactions to 8%
Bacteria laktis - enhancing compensatory reactions by 33%
Ascaris - enhancing compensatory reactions by 19%.

These results suggest that Candida is the fourth phase of the adaptive reaction of Selye, and hence has the highest degree of pathogenicity. Proteus and Escherichia have a third, equalizing phase, respectively, of low pathogenicity, and do not perform a significant part in the formation of pathology. Bacteria laktis most likely is in a small deficit, and ascaris, with the lrgest CSS and with indicators of the Vegeto-Test, does not exist in the patient.

Due to the fact that in recent years much attention is paid to helminthic invasion, we have to determine as precisely as possible, if there are no worms in the patient. Sometimes it is difficult to do because cystic form of worms does not give reliable figures on the coefficient of spectral similarity.

In the case where helminths corresponds with CSS of 1.00 more, we can use as an additional reserve for diagnosis, Diagnosis of ex juvantibus.

To do this we must include allopathy in the analysis, as well as possibly Nutriceutics. If the top row in the list of standards will be de-worming medication, and their graphs are sufficiently accurate to be consistent with the pattern of the pathological process in the patient, this indicates the fact that parasitic infestation in this patient still exists, but only in the form of cysts or in any other inactive form.

Example 2 -Investigation of longitudinal section of the uterus. We perform an analysis of microflora in the vagina.

In the area of conditional reliability (CSS to 0.8) gets only candidates with the CSS of 0,566. Next to it is pseudomonas with CSS of 0.909, other microorganisms have even greater rates.

Despite such non-exponential results, try to work with the virtual model and Vegeto-Test.

Mark candida with red dot. Coefficient virtual model then corresponds to the CSS and the candida is 0,566. Add 1 part each of pseudomonas and bacterium laktis. The result is a significant reduction in the virtual model, which suggests that these microorganisms are present but not currently in the smear, nevertheless had an impact on the formation of a pathological process in the mucosa of the vagina. Add more. Ureaplasma slightly increased the ratio of the virtual model, and chlamydia immunodeficiency virus and tuberculosis bacteria again lowered substantially below its initial value. This situation reveals the pronounced problems with immunity, although, of course, these microorganisms from the patient will not be found.

Vegeto-Test results were as follows:
Candida - the deterioration of compensatory reactions by 17%

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Pseudomonas, Bacterium laktis and others - improve compensatory response to 26-31%
Ureaplasma - improving compensatory reactions by 55%.
These results confirm the direct involvement of Candida in the formation of patholo
gical changes in the vaginal mucosa. Pseudomonas and other organisms studied, showed in the results of Vegeto-Test improvement of compensatory reactions by approximately 30%, confirmed its non-participation in the formation of endocervicitis. Ureaplasma, with improvement of 55%, corresponds to the formation of the second stage of the physiological phase of Selye. This organism can occasionally be detected in smears.

In such a complex case, STANDARD-OBJECT should be used, to ascertain which microorganisms play a major role in the formation of pathology.

Take as a starting point endocervicitis, the list of groups for analysis add “Microorganisms and worms.” Let’s see which of the microorganisms will be closer to the chosen standard-object. First, candida, and the second, with a slight difference in the coefficients - Ureaplasma.

Conclusion: in the patient is detected in the smear candidates, periodically - Ureaplasma. Pseudomonas bacteria and laktis created the conditions for the development of infection, being within the allowable concentrations. Indicators of the main microorganisms show an overall reduction of the protective forces of vaginal mucosa.

BiocHEmicaL PaRamETERS

Using biochemical parameters in NLS-analysis mode. We will not dwell on this because this section of diagnosis is only beginning to develop and needs refinement. We’ll touch only on points of principle, based on a specific example.

Investigation of thyroid and Parathyroid gland

Try to define the content of triiodothyronine in the patient. The value of the coefficient of the spectral similarity and the coefficients of NLS-analysis to work with the biochemical indices of large irrelevant. The main thing we have to pay attention to is what step NLS-analysis factor on before any adjustment and after it. It is conditionally accepted that performance standards should be distributed between step 2 (the lower limit of normal) and step 6 (upper limit of normal). If the coefficient is on step 1, then the biochemical rate is significantly below the norm, and if 7 - significantly above the norm.

The patient triiodothyronine before adjustment is on step 3 NLS-analysis, after adjustment - step 1, indicating that a downward trend in this indicator.

Working with biochemical properties, it must be remembered that these figures vary over time. There are daily and monthly fluctuations in hormone levels in blood, they vary depending on the homeostasis and other indicators, therefore, the determination of biochemical parameters remains a challenge in which you want to take into account the large number of different factors.

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ANALYSIS OF CHROMOSOMES

Analysis of the chromosomes is conducted, if necessary, first by the complete picture of human chromosomes, and then for all groups of chromosomes separately. After conducting a full investigation select those chromosomes where there are 5 or 6.

The basic principle is to determine the pathological diagnosis of locus, which can use the TEXT key and text prompt. Find the locus marked by 5 or 6, press TEXT, and brings the cursor to the cross, standing in front of the pathological locus, and then look at the text transcript.

Diagnosis does not require the use of all levels of diagnosis immediately.
In some cases, the first is enough of a visual level, some - a visual analysis and the CSS. Entropy analysis is used mainly in cases where the CSS at the level of 0,6-0,8. Vegeto-test is needed to identify microorganisms and helminths, as well as for the differential diagnosis in cases where the probabilities are a few diagnoses.

TREATMENT

After the diagnosis, determine the microflora, proceed to the direction of treatment. That is the testing of medicinal preparations. We can use several groups of drugs - allopathy, homeopathy, phytotherapy, nutraceutical and parapharmaceuticals several firms. The principle of selection of drugs the same as that of a diagnosis - are considered the most appropriate drugs, the coefficient of spectral similarity is less than 0,425.

Since a single drug does not normally cover the entire spectrum available in this pathology problem, it is desirable to use a virtual model for selection of complex products, although in practice this is rarely used.

Most popular in the selection of products is the Vegeto-Test. When working with coefficients of the spectral similarity, we determine what drugs can be used for this pathology in general, and that Vegeto-Test can personalize the selection of drugs. The most effective and devoid of side effects would be drugs that provide increased compensatory reactions by 20-30%. If the drug does not enhance the compensatory reactions or causes them to weaken, then perhaps you should first unload the gastrointestinal tract or liver, after which the selected product will work effectively. Lack of enhancing compensatory reactions may be due to the fact that the improvement will go through the aggravation.

In this «DIACOM» device there are three modes of therapy. They are: META-therapy, FREQ-therapy, and BIO-RESONANT MEDICINE REPRINTER.

META-THERAPY is bioresonance influence on the patient when the patient is “injected” with inverted, in respect to the pathological process, electromagnetic waves. The result of this is tracked on a computer screen and has its own effect of neuro-visual programming.

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To conduct META-therapy, you should select in the list of research an organ or section of the organ which will be “influenced” with the therapeutic effect. From the FILES window press ANALYSIS key. ANALYSIS window appears. To the right of the figure we find the THERAPY key, click it. When this window opens, where there is a command for the entering the META-therapy mode. This is where you press START.

After that, the organ image shows concentric waves moving outward which changes the color of initially exposed entropy icons. The results of the session are analyzed using the Analysis + mode. The results. By the way, this can be used as an additional method of diagnosis. If the gain of compensatory reactions are slow and by 10-20% in a single run, this indicates the process of chronic damage to organ. If a single run of increasing compensatory reactions is more than 20%, the more likely that the organ process is functional or acute. In the same way (by observing the dynamics of change in color of icons) we can identify areas of most severe organic pathology.

1-3 sessions are recommended with functional and acute organic pathology, 3-5 sessions with chronic organic pathology. No more than 3 organs at a time. Longer sessions of METAtherapy, particularly in the area of the head, can lead to a deterioration in the patient’s state of health or aggravate pathological condition.

2nd mode - creating BIORESONANT COPIES of medicine, or nosode preparations of microorganisms, allergens, or of the pathological process.

If you want to create a reprinted copy of the product or the program that is available in the database, inverting the graphs is not necessary.

If you need to create nosode preparation of a microorganism, an allergen, or of the pathological process, it is required to invert the graph.

In the case of a severe inflammatory infectious process it is sometimes advisable to first apply noninverted preparations from microorganisms, so as not to cause severe toxic reactions.

DIAGNOSIS (special clinical aspects)

Consider first what the tables, and graphs placed in this table, look like.

The vertical axis of the table is the delayed value of noise in decibels - from 0 to 266.6. The value of 266.6 decibels represents the critical level of noise in the system, after which the system ceases to be functional, ie noise fills the scoring system control channels. Our bodies, all the cells and molecules of which are in infinite vibrational motion also produce noise. The level of this noise can be a sign of disturbance in the organism as a whole and in systems.

The noise level in decibels is represented on the vertical scale on the right, the left has the same logarithmic scale, helping to standardize the level of noise violation. Conditional equivalent noise level can serve as a redox of any violations.

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At the bottom of the table, at level 2-3 are dyskinesia, hypotension, hypothyroidism, hy poplasia, obesity, this is where initial stages of acute inflammatory processes (though this is very rare, as most of them quickly cause varying degree of redox violations) are located.
In the middle of the table, at level 3-4, is located the principal amount of pathological conditions.
At the top of the table are benign tumors that have very high levels of redox violations.

EXAMPlE: The study: longitudinal section KIDNEY. Hypoplasia kidney - Level 2, chronic pyelonephritis - Level 3-4; fibromatosis medulla kidney, kidney chylangioma - Level 5-6.

This is where a high level of oxidation-reduced violations is reached, and hence the critical level of noise violations, followed by the destruction of the system, graphs showing how the relationship of anabolic and catabolic relationships in the organism diverge, and on the top is a red line that shows the processes of catabolism, while the blue line (anabolic) goes down. This type of schedule is typical for malignant tumors.

On the horizontal axis of frequency, the resonance affects different tissues of the human body. The higher the frequency, the higher level of organization of tissue. In the healthy organs the highest amplitude of the graph corresponds to the most active tissue of the body.

EXAMPlE: On the graph of the organpreparations of the pancreas the highest amplitude of the charts at frequencies 4.2 and 5.8, corresponding to glandular tissue of the pancreas and its secretory functions.

According to long-term practical observations the tissue distribution of frequencies are as follows:
1,8 -bone and fibrous connective tissue;
2,6 -loose connective tissue, major arteries and veins (up to capillaries), erythrocytes;
3,4 -skeletal muscle and heart muscle, the surface of the mucosa of the gastrointestinal tract and urogenital system;
4,2 -glandular part of the mucous membranes of the gastrointestinal tract and urogenital system; glandular tissue of the pancreas and ovaries.
4,9 - liver with ducts, kidneys with ducts, myometrium, the smooth muscles of the gastrointestinal tract, urogenital system, trachea and bronchi.
5,8 -secretory function of the pancreas, ovary, nerve endings, epithelium of the upper respiratory system (nasopharynx);

6,6 -secretory function of the thyroid gland, adrenal gland, the frequency of autonomic regulation; axons of nerve cells of the peripheral nervous system, spinal roots, the epithelium of the lower respiratory system (trachea, bronchi), lymphoid tissue;

7,4 -secretory function of the pituitary, hypothalamus, spinal cord, reticular formation and other departments of the “old brain”, alveoli;
8,2 -the cerebral cortex.

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One of the most common questions asked by patients who came to the survey: “What is blue and the red line on the graphs?”. This issue also concerns the doctors who start training.

So: Blue line - reflects the processes of anabolism, the processes of trophic system, accumulation, it is predominantly (+) processes. Special cases: in inflammation - is a primary, swollen stage of the inflammatory process; for hollow organs and blood vessels - is gipotonus; for the autonomic nervous system (frequency 6.6) - is a predominance of parasympathetic innervation.

Red line - reflects the processes of catabolism, the processes of atrophy and degeneration, often occurring with the destruction or decrease in the volume of tissue. Special cases: for inflammation - the final stage of the inflammatory process; for hollow organs and blood vessels - a spasm; for the autonomic nervous system - is the predominance of the sympathetic nervous innervation.

Normally blue and red line runs parallel to each other, as in a healthy body processes of anabolism and catabolism is balanced; blue line slightly prevails over the red. Pathology dissociation (divergence) blue and red lines. Acute organic processes and expressed functional disorders are accompanied by significant dissociation. The more high-amplitude graphics you see on the screen, the greater the need to pay attention to this study.

EXAMPIE: The graph shows “Progressive diabetes mellitus” with marked dissocia tion of the frequency of 5.8, corresponding to the secretory function of the prostate gland (the predominance of red over the blue line in this case, talks about the preva lence of disorders in the carbohydrate metabolism).

Ideally, the doctor would have to give description of the organ condition over all frequencies in the table, analyzing the damage to the connective tissue and blood vessels, epithelium and muscle of the body, the type of autonomic nervous system, etc. In reality, in most cases it is enough to correctly interpret the performance analysis of the body at a rate of spectral similarity and entropy analysis. As you accumulate experience, most doctors begin to use charts, frequency analysis, pay attention to the tissue injury (blood vessels, glandular tissue, smooth muscles, secretory or vegetative disturbances, alg.. component or misconduct by the CNS or central nervous system).

PRIVATE DIAGNOSTIC

With the diagnosis of the organism as a whole and each organ separately, you must first draw attention to the coefficient of the optimal allocation .. Its value indicates the degree of adaptation of the organism as a whole and each organ separately. Normally, the value of the coefficient of optimal allocation is 1,3-1,8. If the ratio is above 1.8, there is a adjustment tension, or distress. The value of the coefficient of the optimal distribution often correlates with the CSS organo-preparation of the examined organ (especially in studies of the gastrointestinal tract, genitourinary system, respiratory system). If there is a “light” image (where the entropy icons from 1 to 4)

and the ratio of optimal allocation of more than 1,8, which suggests that high energy body at the time of the study does not correspond to the degree of organic damage to the organ.

Reducing the optimal allocation ratio below 1.3 indicates breakdown of adaptation preceding the development of pathological process.

Use of the complaint “Fatigue, weakness”, particularly at the beginning, usually provides a significant weighting of the visual pattern on the models of “Chest organs”, “Stomach”, “The wall of the stomach”, “Adrenal”, “Thyroid”.This is due to the fact that the internal settings of the program carried out over-emphasis on the organs involved in the stress reaction: lungs - due to hyperventilation syndrome (on the model of the lung tissue, usually shown as normal); stomach - due to ulcerogenic action of hormones adrenal, adrenal glands and thyroid gland-like organs involved in the stress response.

GASTROINTESTINAL TRACT

Stomach - when you render to pay attention to the extent and depth of the damage to the stomach wall. Emphasis - CSS and entropy analysis. For the diagnosis of “gastric ulcer” often Vegeto-Test is a great help (especially if the diagnosisof different forms of gastritis, ulcers, and a few others all came out in red). If after diagnosis of “gastric ulcer” with Vegeto-Test gives a weakening of the compensatory reactions of more than 15%, then there is an ulcer present at the time of the study. If after diagnosis of “gastric ulcer” gives the weakening of compensatory reactions of less than 15% or better compensatory response by more than 10-15%, the more likely that a patient at the time of the study has stomach ulcer without exacerbation. If there is improvement in compensatory reactions by more than 35% (2nd physiological phase of Selye), the higher the risk of developing peptic ulcer.

NOTE: Vegeto-test is carried out without adjustment, ie, at the time of the study.

Diagnosis “Gastroenteritis”, if there is no typical picture of the disease should be considered as an enzyme deficiency. If “Gastroenteritis” and “Atrophic gastritis” come up, it may be highly likely regarded as gastritis with low acidity,” esogastritis “-as gastritis with normal acid, and erosive gastritis -gastritis as with acidity. Graphics condition at a frequency of 6.6 may also indirectly indicate the acidity of gastric juice: if there is a blue “peak” at this frequency, this indicates the predominance of the parasympathetic autonomic regulation and may be a sign of acidity. The predominance of red over the blue line at this frequency may be a sign of low acidity.

EXAMPlE: The patient had acute gastritis with normal acidity, high probability of having a stomach ulcer (specify on Vegeto-Test).

Pancreas -should be immediately in the picture, where there is a pancreas, add “Gastroenteritis” from the STANDARDS CATALOG. It will help diagnose the enzyme deficiency. Immediately obviating many cases of hyperdiagnostics-insulin dependent diabetes mellitus. If these diagnoses: “Gastroenteritis” and “insulin-dependent diabetes mellitus”, are close to each other on the list of standards, even if both the diagnoses came with high CSS (0,300-0,500), the more likely the presence

of the enzyme deficiency and the initial manifestations of disorders of carbohydrate exchange.

Diagnoses “Gastroenteritis” and “insulin-dependent diabetes mellitus” refers to three cases of “paired” diagnoses, ie those that only need to be considered together. The second and third “pairs” are diagnosed with Hypothyroidism” and “Thyrotoxicosis”, and “Hypertensive heart disease” and “Hypotension”. The closer to one another in the list of standards descending spectral similarity these paired diagnoses are, the closer to normal blood pressure, thyroid function, or indicators of carbohydrate and enzyme exchange in the pancreas.

Visualization - a great help having the picture “The tissue of the pancreas” and “The islet of Langerhans. In the picture “The tissue of the pancreas”: if the mucous gland duct is damaged - more data for gastroduodenitis, if the maximum damage is to blood vessels - more data for chronic pancreatitis, or if significant damage to gland cells - enzyme deficiency or diabetes. In the picture “The islet of Langerhans” look how damaged beta cells of islets.

EXAMPlE: The patient has chronic sclerosing pancreatitis, marked disturbances of enzyme function, so there is a high probability of having insulin dependent diabetes mellitus.

liver - other than the main diagnosis of CSS and entropy analysis, but pay attention to visual: damage to liver cells indicates toxic liver damage, damage, mainly of connective tissue cells and blood vessels - the former expressed by inflammatory or congestive processes; predominant vascular lesions - venous plethora (including and after a heavy meal), pre-emptive damage in bile duct - the stagnation of bile. If high CSS is diagnosed as “Polycystic liver”, the higher the chance of the presence of hemangioma of the liver.

EXAMPlE: The patient has a chronic intoxication, signs of steatosis, marked depression with symptoms of chronic bile hepatocholecytis. This points towards high probability of lambliasis damage.

Gall Bladder - damage (4,5 and 6) of the mucosa of the gallbladder is mostly related to the degree of stagnation of bile, rather than the presence of inflammation or damage to the capsule - the presence of chronic inflammatory process. The presence or absence of stones can only be assessed as the probability of a greater or lesser extent.

COlON -visualization of some significance has only if lymph nodes are damaged or not (a sign of chronic inflammation). The rest of diagnosis is mainly based on the CSS and entropy analysis.

Be sure to view microorganisms and helminths. In the analysis use Vegeto-Test. For helminths -an additional diagnostic of Ex juvantibus with anthelminthic allopathic drugs (if there is strict adherence of the graphics). To diagnose deficiency of bifidobacteria one can use the medicine Jerusalem artichoke -VITA MAX. If graphics coincide, that shows that there is a lack of bifidobacteria.

EXAMPlE: The patient with the presence of Candida dysbiosis and Proteus. Also enterocolitis against the background of dyskinesia of the large intestine.

Rectum -whether hemorrhoids are present or not is shown by the submucosal layer of the bowel wall. Additionally, you can draw diagnose ex juvantibus using a homeopathic remedy Aesculus.

URoGENiTaL SYSTEm

Kidney - review the list of standards of descending spectral similarity before the adjustment. At the top will be the diagnoses relevant to the condition at the time of diagnosis. It is possible that the patient has pyelonephritis, but because it is not in the aggravation stage the foreground may withdraw hydronephrosis. The presence near the top of closely spaced hydronephrosis, glomerulonephritis and Nephroptosis (mainly “Glomerulonephritis” high CSS) said in favor of violations of water-salt metabolism, especially if the image “nephron” has damage to the glomeruli.

After adjusting, the list always changes significantly, to the fore the comes out latent pathology. Adjusting analysis of the kidneys need a lot of diagnosis: pyelonephritis, Nephroptosis, hydronephrosis, glomerulonephritis, giperuraturiyu, renal stone disease. It is desirable to Vegeto-Test them, but not required. In any case, you will have to take into account the state of the kidneys before adjustment and after adjustment.

Information from visualization practically does not exist.

EXAMPlE: The patient has minor Nephroptosis, sand in both kidneys. High probability of cystic formations of the kidney and chronic pyelonephritis without exacerbation.

Prostate gland - if first in line is urethritis, prostatitis is at stage 1-2 (with preferential damage to the mucous gland ducts); if prostatitis is first - an inflammation at stage 3-4 with damage to the glandular tissue and fibrosis. To analyze the prostate adenoma it is recommended to use the NLS-analysis.

IMPORTANT! Gynecological diagnostics are best done 3-4 days after a period or, in extreme cases, until the middle of the cycle. Before menstruation and the in beginning of period hormonal shifts significantly distort the picture, “closing” the majority of pathological processes.

Uterus -in the picture “longitudinal section of the uterus” it is recommended to see the state of the mucous of the vagina and cervix. It is desirable to look at the microflora. In the analysis of urogenital infections during the Vegeto-Test it is necessary to adjust some microorganisms . This is tantamount to provocation for detection of latent infection. In other cases, the analysis of microorganisms
adjustment is not carried out, as the current condition is what is wanted.

In the picture “The cross section of the uterus”, try to visualize the state of the endometrium and myometrium. In analyzing the CSS and entropy analysis attention should be provided to the diagnosis of “Endocervicitis”. If it is located close to the diagnosis of “Hyperestrogenism”,

this combination can be functional in the premenstrual endometrial hyperplasia.
Closely spaced diagnoses “Endometritis” and “uterine polyp” should be interpreted as endometriosis.
Uterine cancer is diagnosed only in those cases when prior to the adjustment the
CSS and CEA was fairly accurate and the level is not lower than 4. The remaining cases are
treated primarily as a process of formation or a tendency to form.

EXAMPlE: The patient has endometriosis, a uterine myoma.

TESTES - visualization is very important, as in the diagnosis of CSS and the entropic analysis
of hormonal changes, including cyclic (period) may mask the picture of the remaining
violations. Damage to the inner layer - the vessels and connective tissue - more data for
the inflammatory process (especially if combined with a diagnosis of “Adnexitis” high-
CSS), or with emphasis on blood vessels - venous stasis (perhaps with the deletion of the
uterus), 5 and 6 on the yellow body (Corpus luteum) - primarily hormonal disorders, 4 and
5 in the follicles - possible follicular cysts, 5 and 6 - the true ovarian cyst, if the damage is
in the form of 4, 5 and 6 are located throughout the follicular layer - likely polycystic 4, 5,
the outer shell – adhesions.

EXAMPlE: The patient has chronic adnexitis, disruption of the menstrual cycle (luteal
phase deficiency), functional follicular cysts, adhesive process. Recommended
review of polycystic ovaries.

BREAST

Main Diagnostics -by CSS and entropy analysis. If the “step” with the entropy analysis in the
diagnosis of “Mastopatia” before adjusting was at setting 6, and after at setting 6, then it comes
to actually existing pathology, other options are discussed as trends in the formation process.

RESPIRATORY SYSTEM

Nasopharynx - diagnostic by CSS and the entropy analysis, visualization helps little.
Bronchus and lung. When diagnosing lung and bronchus is desirable to pay attention
to the graphics.
2,6 - state of the connective tissue (cartilage of the bronchi), vessels;
4,9 - smooth muscles of the bronchi (spastic reaction);
6,6 - mucous membrane of the trachea and bronchi;
7,4 - alveolar tissue.
First, it is recommended that you carefully review the standards of acute and chronic

bronchitis, bronchial asthma, severe pneumonia and emphysema.
The blue “peak” is at a frequency of 2.6 indicates a productive response from the cartilage,
expressed discrepancy of blue and red lines with a predominance of blue over red in
dicates a chronic process with the growth of cartilage tissue and fibrosis. Red “peak” at a
frequency of 2.6 indicating an allergic reaction or spasm of the vessels.

The predominance of red over the blue line at a frequency of 4.9, especially in the form of “peak”, speaks of bronchospasm.

Blue “peak” at a frequency of 6.6 indicates a productive response from the bronchial mucosa, the prevalence of the frequency of the red line above the blue speaks of atrophic changes in mucosa of the trachea and bronchi.

The predominance of red over the blue line at a frequency of 7.2 indicates a productive response from the alveoli, the predominance of red over the blue line, especially in the form of a “peak” - for emphysema.

Such analysis can help in the diagnosis of asthma, if you have a chronic asthmatic that has not received the diagnosis of “Asthma” in the top of the list of standards.

Very often goes diagnosed with pulmonary tuberculosis. The diagnosis is very possible if it is confirmed by the presence of high CSS in mycobacterium tuberculosis. In other cases it shows a significant reduction in immunity, high risk of colds.

EXAMPlE: The patient in the exacerbation of chronic bronchitis, has the presence of an asthmatic component. Pneumosclerosis. May cause sensitization to tuberculosis.

NOTE: Starting with the cardiovascular system using organo-preperations for diagnosis is not possible.

CARDIOVASCULAR SYSTEM.

Heart - usually in the top lines is “cardiac arrhythmia” and “Paroxysmal tachycardia”, or other diagnoses related to violation of vascular tone. Adjust the diagnosis “myocardial dystrophy”. In favor of spasm of coronary vessels and ischemic disorders unambiguously shows the presence of a red “peak” at a frequency of 2.6. In the presence of cardiosclerosis is the presence of the diagnosis “Atherosclerosis” at the top of the list.

The presence of 4, 5 and 6 in the myocardium of the left ventricle in the picture “The cross section of the heart”, especially in combination with damage to valves or diagnoses “Hypertensive heart disease” or “vegetative-vascular dystonia, are excluded diagnoses of “myocardial dystrophy” and “Coronary heart disease” indicates myocardial hypertrophy of the left ventricle. Also for the diagnosis of myocardial hypertrophy of the left ventricle can be used the diagnosis “subaortal stenosis.

Diagnosis “Rheumatic heart disease” is used for the diagnosis of any inflammatory myocardial damage, including as a result of viral infection, and not only of rheumatic etiology.

To diagnose insufficient potassium is recommended to use diagnostic ex juvantibus with allopathic medication Asparcam.

Arterial vessel -definition of vascular tone causes considerable difficulty. Very often,

for patients with high blood pressure the first line in the list of standards shows “Hypotension”.

Must remember – firstly, that the diagnosis takes into account only the picture of the dynamics, and on the individual patient’s norm.

Secondly, standing next to diagnoses “Hypotension” and “Hypertensive heart disease” speak in favor of normotonii.

Therefore, to avoid embarrassing situations it is recommended to ask the patient whether he had hypertension or vegetative-vascular dystonia and to put them in the history of this diagnosis. Some help in diagnosis can have a visualization model of the blood vessel wall.

BLOOD AND LYMPH

The main diagnoses are done by visualization - which hemacytes have dark entropy icons (4,5 and 6). Damage to erythrocytes is not talking only about anemia, but also hypoxia, violations of redox processes, intoxication, and violations of lipid metabolism.

Damage to monocytes associated with violations of humoral immunity, autoimmune or allergic reactions is connected mainly through viral, protozoan, or parasitic origin.

Damage to lymphocytes is associated with tissue immunity violations, chronic inflammatory reactions, mainly of bacterial origin. Damage to leukocytes is due to acute inflammation.

The most effective when combined with a diagnosis of ex juvantibus. Status of anemia is diagnosed using a homeopathic remedy FERRUM JODATUM, immunity disorders caused by parasitic and viral infections -allopathic drug DECARIS and parapharmaceuticals PAU D’ARCO, for violations of redox processes -homeopathic medicine BARIUM OXALSUCCINICUM, etc. It is important to find a medicine whose graphics match the graphics of the patient.

EXAMPIE: The patient exacerbation of chronic bronchitis, streptococcal origin, hypoxia. Ex juvantibus of allopathic medicines best matches PARACETOMOL, from homeopathy - drugs used for acute inflammation.

ENDOCRINE SYSTEM

Thyroid gland - to refine the diagnosis use visualization. If there are damaged blood vessels and predominantly connective tissue, then it is likely a chronic thyroiditis. In other diagnoses are done by the CSS, the entropy analysis and most necessary: Vegeto-Test (helps in terms of differential diagnosis of hypothyroidism and hyperthyroidism).

In a situation when hypothyroidism and hyperthyroidism after adjusting remain close to each other, regard this as normal functions. It is desirable to conduct a study of Triiodothyronine in the biochemical homeostasis (using NLS-analysis).

Adrenals - the diagnosis is made mainly using visualization and diagnosis of ex juvantibus. The internal (marrow) part of the adrenal gland produces predominantly adrenaline and noradrenaline, is a marker for depletion of the nervous system, internal (net) layer of the adrenal cortex produces mainly androgens, its damage in young women is associated with hyperandrogenism, middle-aged women - with climacteric adjustment, in men - in violation of potency and libido; mid (bunch) layer of the adrenal cortex - produces mainly glucocorticoids (cortisol) among women is linked with increased blood pressure, menopause and obesity in men - mostly from gastric ulcer and 12 duodenal ulcer; outer (glomerular) layer of the adrenal cortex - produces mostly mineral corticoids (aldosterone), the violation of its functions is a violation of aqueous salt metabolism and related hypertension with high diastolic pressure, or conversely, persistent hypotension, and edematous syndrome.

For diagnosis of disorders associated with menopause, homeopathic medicine Edas-101 id used.

Pituitary gland - diagnosis, as in the adrenal glands, is only for visualization (picture “CELL adenohypophysis) and ex juvantibus.

Hypothalamus -pay attention to the core of the Tuber cinereum. In the same zone are arcuate nucleus (or infundibular nucleus) associated with regulation of female sexual cycle.

NERVOUS SYSTEM

Spinal Cord - in connection with the fact that the choice of diagnoses is small, it is necessary to visualize the picture “.eninges of the spinal cord.

Brain - the choice of diagnoses is also small. The diagnosis of “neurasthenia” to better draw the conclusion as “asthenoneurotic state. For diagnosis of epilepsy using a diagnosis of “Spastic syndrome” or “Myoclonus epilepsy” Other diagnoses related to the state of the vascular system of the brain. Increased intracranial pressure is diagnosed as cerebral ventricles.

MUSCOLOSKELETAL SYSTEM

In the diagnosis, if there are complaints of pain in the joints, it is better to use the graphic “Joint surface”. Diagnosis is made in addition to primary diagnosis and also ex juvantibus: drug ARTEPARON - in exchange-dystrophic lesions of the joints; drug METHYLPREDNISOLON

- for autoimmune lesions; drug IBUPROFEN or other anti-inflammatory drugs - for inflammatory lesions.

CANCER

Constitute the most difficult problem to diagnose. This is due to the fact that these processes have very low frequency vibrations. This frequency is in most cases “covered” by processes

with a higher frequency damage - inflammation, etc., and therefore to directly diagnose cancer is rare. With cancer attention is needed, if it is available without tuning coefficient of the spectral similarity of less than 1,200, better to double-check, using all available means, even if CSS is 1,500.

It can be suspect on several grounds:

Significant changes in the pictures “Monocyte” and “lymphocytes”, which ex juvantibus diagnosed antioxidant drugs and cytostatics (even if there is no typical pattern of malignant disease)

Frequency of 2-3 times of very unfavorable results on the survey as a whole (a lot of 5 and 6), especially if it is confirmed by the presence of oncogenes in the chromosomes.