

Multilevel bioresonance therapy with information
autosodes

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The use of nosodes for the treatment of diseases has a very ancient history, much older than, for example, homeopathy.

One of the options for homeotherapy is the so-called isotherapy, characterized in that for the preparation of dilutions, not those substances are used that, in toxic doses, cause symptoms in a person that resemble a certain disease, but directly pathogens, toxins, pathologically altered tissue and body secretions. Based on the law of similarity, these substances can be used in the treatment of diseases that correspond to them. Medicines of this type are called nosodes. To date, there is quite a lot of experience in the use of nosodes for the treatment of humans and animals, as well as for prophylactic purposes. There are also good scientific explanations for the action of nosodes and a variety of techniques have been developed. But they are all based on a material concept of the functioning of living organisms, even in the case when high dilutions are used. Working with the methods of bioresonance therapy, we proceed from a completely different paradigm. We believe that the control of a living organism is carried out with the help of information contained in the morphogenetic field of this organism (in the aura, in the field structure, etc.), and the nervous and endocrine systems are the executors of these complex laws of control). When we use nosodes, we only use the informational part in them. Even if these are low-dose drugs, they are also introduced into the therapy circuit as an information package. If we "prescribe" a material preparation in the form of informed water or globules of sugar or lactose, then in this case the body is not affected by water or sugar, but by the information contained in this preparation. Therefore, the already known and well-proven methods of using nosodes by direct injection into the body may not be optimal at all for bioresonance therapy. This concerns both the use of heteronosodes, which are numerous represented in the IMEDIS selector, and the creation and use of isonosodes (autosodes). Physicians working with the method of bioresonance therapy are increasingly noticing that the transfer of "classical" ideas about nosodotherapy is far from always justifying itself. This applies to both monopreparations from the selector and a variety of chelators containing several different preparations together (nosodes, homeopathic remedies, organic remedies, herbal products, etc.), compiled for "material" therapy. As for autosodes, then the emerging discrepancies in the results when they are applied make us think. So, placing, for example, secretions in case of severe bronchitis or a runny nose in inversion and carrying out basic bioresonance therapy sometimes works wonders, if we do it with the patient's blood, it can lead to completely unexpected and sometimes even serious consequences.

Correct and successful application autosodes presupposes

a certain idea of the informative hierarchical management of a living organism and its parts, a certain model. The foundations for bioresonance therapy were laid in the early 90s by Yuri Valentinovich Gotovsky and his associates in the form of five BRT strategies. You never cease to be amazed at the genius of his vision!

In order to effectively apply autosomal therapy, a number of questions need to be revised and clarified:

- What is the best way to remove pathogenic information from the body and its parts
- How and when this information should be entered into the therapy circuit
- When and in what potency it is necessary to invert this information, and when is it better to enter it directly (load).
- When is it better to produce information drainage at the same time, and when it is necessary to resort to material drainage, for example, using phytotherapy methods.
- How should this therapy be carried out: locally (with a "loop" or inductor) or globally, through electrodes or using a "belt".

- What should be added from the selector or in some other way.
- Should simple bioresonance therapy be performed or should be frequency or time modulation.
- Should purely endogenous therapy be pursued or better take advantage of directly electromagnetic signals (EPT mode).
- And finally, the most important thing when autosode should be used therapy.

Below we outline that the technique that we have after years of work. Specific parameters will be presented at the appropriate workshop.

The technique we have presented has proven to be worthwhile to use both in cases of acute conditions and in chronic diseases. The only one application criterion autosode therapy is the energy potential of the patient. Before each therapy, we perform quadrant measurements, segmental diagnostics and a range of autonomic resonance test measurements. And at the first visit we also take measurements according to R. Voll. If the quadrant measurements have values below 50 units, then we do not carry out either nosodal or autosodal therapy, but try to carry out a general strengthening energizing therapy.

suitable for the patient of the many methods we have in the system. The second criterion is the patient's response to the Zincummet D12 and / or Cuprum met D30 filters (Indication of the use of nosodes or pathological "D" oscillations in bioresonance therapy). If there is a reaction, proceed to the next stage:removal of pathological information. This is a very responsible and very diverse stage. Here it is necessary to decide whether to remove information from the pathogenic area (for example, using an inductor or a separate frontal electrode) or to remove general information from

the included pathogenic information using a "belt" or conventional electrodes (there are many ways to remove this information, at the seminar this issue will be discussed in detail). In this case, of course, you can proceed from the anamnesis, but this is not at all necessary. This is precisely the great advantage of this method, because anamnestic ideas may be far from optimal ideas about pathology. The most interesting method is the simultaneous removal of local and general disharmonious information. So, pathogenic information is recorded on 3 grains. The time of its removal is also a very important parameter. In children, elderly or critically ill patients, this process should be short, so the simultaneous regimen is well suited for this. In this case, the time for taking this information is usually 50–100 seconds. In all other cases, this process is performed in sequential mode and can last up to a full cycle time of 440 seconds. In fact, this is the stage of creating an informational autosode.

Next stage - determination of the required potency this nosode for loading during therapy. In this case, a glass with these three peas is placed on the patient's left hand and the therapist, using a biotensor, determines the required amplification factor by slowly turning the corresponding knob on the device with the other hand. Once this coefficient is selected, a glass with these three peas is placed in the 2nd container (direct entry), and another glass with 5-6 grains is placed in the 1st container (record). In the transfer mode for about 60 seconds, the potentiated nosode is recorded on these 5-6 grains. Now a decision is being made on the time and amount of injection of both direct and potentiated nosodes into the therapy circuit. In the overwhelming majority of cases, the direct autosode is placed in the inverse input, the biotensor determines the time of its introduction into the therapy circuit from the moment of its initiation (time T1) and the number of grains (1, 2, or all 3). Further testing is carried out: when (time T2 from the start of therapy), how much and where to place the potentized nosode (into the second or fourth entrance). All these procedures, which are so difficult to describe, actually take only a few tens of seconds, which will be clearly demonstrated at the seminar.

And finally, the final stage - therapy. In this case, it can be a conventional basic bioresonance therapy, an induction program, bioresonance therapy with appropriate time or frequency modulation according to one of the numerous possibilities available in the system. After starting the therapy, after time T1, the selected number of grains of the direct autosode is placed in the inverse container, after time T2, in the second or fourth container - the selected number of grains of the potentiated autosode and the biotensor determines the time T3 of the insertion into the first container of the grains for recording the drug for the patient. Some additional drugs should be introduced from the selector before starting therapy. Their type and number depend both on the therapy itself and on the goals set. These can be the appropriate drainage drugs, drugs - enhancers, psychosomatic drugs, organopreparations and much more. Their choice is a responsible matter and depends on the experience and skill of the therapist. If there is no firm certainty or there are some doubts, then nothing can be entered. Success will be in this case too. But what is always right is the introduction

organopreparations from the section "endocrine system" Epiphysis D6, Pituitary gland D6 and Hypothalamus D6 and MK-preparations "Anterior-median", "Zadnesredinny" and "Epiphysis".

By the end of therapy be sure to spend at least two control measurements: quadrant measurements and segmental diagnostics. In this case, you must wait at least 2 minutes after the end of therapy. Their results allow conclusions to be drawn about the patient's response to this therapy and will show the therapist if he did everything right. Namely: if the quadrant values are normalized (approaching the values in the corridor of the norm), then you can be calm that there will be no negative acute reaction; if they have decreased too much, it can be expected that the patient will experience some fatigue in the first days after therapy; if they have increased too much, then this may mean that certain blockages of energy flows are removed, which can pass painlessly, but can cause some overregulation, so that within a few days there will be noticeable fluctuations in well-being. Segmental diagnostic indications, if better, than before starting therapy, they will confirm that everything has been done correctly (all time parameters and the degree of potentiation of the autonosode are correctly selected). If the results of segmental diagnostics are worse than before the start, then somewhere there was an inaccuracy or, even, an error. This last statement is the result of our work experience, as we have been conducting this therapy in a wide variety of situations for over a year now. This can be explained. The point is that this multilayer autonosodal therapy creates in the patient's morphogenetic field a corresponding adjusted sample of informational control of the body. As soon as this program is created, it begins to be perceived both through the functions of the autonomic nervous system (partially and central), and to optimize the corresponding energy flows along the meridians. If this correction, If this optimization is done correctly, then both integral and differential parameters of segmental diagnostics are immediately normalized. This is an amazing effect!

And finally, the last stage - testing prescribing the recorded drug. This is a very crucial stage: an overdose will lead to unpleasant moments of well-being and too strong intoxications, which, in turn, can even cause pain, an insufficient dose also disrupts the correct (optimal) passage of the process of normalizing the control functions of the body's systems. Both of these cases are clearly explained by Reckeweg's theory of homotoxicology. Here we were unable to work out any general recommendations, since it turned out to be highly dependent on both the type of therapy chosen and the parameters of the organism. When testing, we not only determine the daily and single doses, but also the approximate time of day for each dose of the drug. In addition, we ask patients to always take about two liters of good water and, if possible, avoid places with strong electromagnetic loads,

Introducing real therapy, we in no way claim to create a panacea for all diseases. This is one of the many possibilities

low energy bioinformatic medicine. It can be easily mastered, gives very good results and is promising in the sense that it allows one to conduct very good sustainable therapy without the usual detailed material diagnosis and to think in the spirit of Yuri Valentinovich Gotovsky's ideas.

This therapy can be applied almost without restrictions even if only a conventional autonomous bioresonance apparatus is available. The effectiveness of this autonosodal therapy is significantly increased if a new autonomous BRT in the golden section mode is additionally brought to the patient through the "loop" or "belt", operating alternately at the frequencies of the anterior median and posterior median meridians for the entire duration of the therapy.

At the seminar, all stages will be analyzed in detail and specific examples will be given.

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