

Sleep and BRT

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For the development of an infectious process, and even more so an epidemic, based on the works of A.L. Chizhevsky, it is necessary, on the one hand, the presence of a pathogenic microorganism in the macroorganism, and on the other hand, additional, so-called spatio-temporal conditions conducive to the emergence of epidemics as a result of increased solar activity and its impact on the biosphere of the Earth. Electromagnetic radiation (EMR) of the Sun for the body is a signal of the presence of ionizing radiation, which causes protective reactions at the level of the body: changes in metabolism at the level of irradiated cells and physiological sleep with the participation of the relic signaling system (RSS), which in the course of the evolutionary process of the RCC emerged as an adaptive mechanism ... It is known that the signaling properties of the PCC can mediate not only ionizing radiation, but also any factor physical, chemical, biological and mental nature, focused on protecting the living low-level creatures from radiation in which they and high-level versatile. reactions have nonspecific,

There are three critical points in the development of the infectious process that occurs with the participation of the Sun:

- contact of the body with an infectious agent;
- exposure to EMP of the Sun;
- physiological sleep.

Let us consider in more detail the role of the last link, namely sleep. It is generally accepted to consider the sleep process as a form of adaptation to the conditions of the internal and external environment. The sleep process is a powerful factor in the adaptation of the organism to changing environmental conditions and an important link in maintaining homeostasis; it plays a decisive role in counteracting the aging process and determines the duration of the biological life of the organism.

Experienced clinicians know that manifestation and recovery are inextricably linked to sleep. It is the period of sleep that is often critical in the course of a particular disease.

Currently, experts do not have a consensus on the meaning of sleep and its individual stages. However, everyone is unanimous that for the normal existence of the body, a special program is needed, according to which the brain works in the phase of paradoxical sleep. This phase of sleep is called cathartic, since it cleans the body of unnecessary information accumulated during wakefulness and disrupts its functioning. During this sleep, 4–6 cathartic programs are initiated, each of which corresponds to a cycle that includes a paradoxical phase.

The importance of this process was noticed in ancient times by Hippocrates, who noticed that the lack of sleep is a prognostically unfavorable sign.

The healing value of sleep is noted in many ancient writings

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testimonies, for example, in the Bible: "Having said this, Lazarus later says to them: Our friend fell asleep. God! If he falls asleep, he will recover "(Gospel according to Jonas).

However, the possibilities of a cathartic sleep program are not endless. In many cases, such a program cannot completely eliminate the consequences of pathogenic effects and the disease becomes chronic. The development of pathology also occurs when the cathartic program itself has defects. Moreover, if the defect of the cathartic program is insignificant, then this can lead to a long latency period (sometimes years or tens of years) preceding the manifestation of the disease.

It was found that information processing during sleep occurs according to an individual program, i.e. cathartic programs are different for each person. Such differences largely determine the systemic qualities of the individual, his higher mental functions, as well as the processing of information and interaction with the environment.

This fact is fundamental to understanding many biological processes. From these positions, the existence of a statistical dependence of the mortality rate on the duration of sleep is explained. It was found that the lowest mortality rate is observed in those people who sleep at night for 7-8 hours. In groups with increased or decreased duration of night sleep, the mortality rate increases sharply by more than 1.5 times, and in persons sleeping less than 4 hours, more than 2 times. These data can be interpreted as follows. An unusual increase in the duration of sleep (more than 10 hours) is due either to defects in the cathartic program, or compensation for a latent pathological process in the body. If the sleep duration decreases to less than 4 hours, the program does not cope with the inhibition of unfavorable conditioned reflexes,

Correction of sleep parameters by regulating its phasing and improving the quality of the cathartic program is of great importance in the treatment of a number of pathologies.

In this regard, bioresonance therapy has a unique opportunity, primarily (adaptive) endogenous BRT and induction therapy.

If the bioresonance effect is produced while the patient is awake, then the therapeutic effect is manifested after several cycles of sleep-wakefulness. At the same time, the cathartic program not only weakens the pathological changes in the body that occurred before the bioresonance effect, but also eliminates them. This process is tantamount to desensitization of the body to all harmful factors, including infectious ones, affecting the body after BRT, and vice versa, sensitization of the body to all factors affecting before BRT.

It follows from this that the following chain of events is the most favorable for a person: awakening - BRT - contact with infection - physiological sleep.

Less favorable chain that can be considered a source of infectious outbreaks: awakening - contact with infection - BRT - physiological sleep.

From these positions, we can explain the feature we identified at the initial stage of the acute period of the infectious process, in particular

hemorrhagic fever with renal syndrome, where during the selection of the type of induction programs, sleep programs No. 6, 18 turned out to be dominant. This was confirmed by changes in the EEG parameters: the amplitude of alpha waves, the appearance of high-amplitude delta waves, as well as an increase in cerebral blood flow, which is a criterion of physiological manifestations the work of the cathartic program, and, consequently, the adequacy and effectiveness of these types of bioresonance effects.

In connection with the considered features of the cathartic sleep program, let us dwell on some practical recommendations for the clinical application of the effects.

BRT can be used as a prophylactic agent when a patient comes into contact with any harmful factors, including infectious agents. For this, it is necessary that BRT preceded the patient's contact with these factors.

This condition can be implemented in several ways:

Method I - BRT and subsequent contact of the patient with harmful factors, occurring during a single waking period. In this case, the subsequent cathartic program eliminates and compensates physiological changes caused by adverse effects.

Method II - course BRT for 10-15 cycles of sleep-wakefulness and subsequent contact of the patient with a harmful factor. In this case, the prophylactic effect of BRT has been observed for quite a long time.

Method III Is a combination of the first two: exchange rate BRT with preliminary single exposure before contact with an unfavorable factor.

Our own observations show that the use of BRT as a prophylactic agent (method II) makes it possible to largely avoid the clinical manifestations of infectious diseases (influenza, ARVI). If infection does occur, then the infectious process proceeds without fever, rhinitis or pharyngitis, subjectively manifesting itself only in some weakness, in contrast to infectious recipients who have not been exposed to the protective effect of BRT.

As a prophylactic agent, BRT can also be used for X-ray examinations, radiation and chemotherapy, in conditions of increased epidemiological danger from any infection, with increased mental and physical stress and other similar cases.

However, BRT influence as a factor regulating the level of specific and nonspecific protection acts only in the case when the organism has nevertheless become infected, when the strengthening of nonspecific protection can prevent the onset of the disease. However, for this it is necessary to correctly select the parameters of the BRT.

So, if it is necessary to strengthen both components of protection (specific and non-specific), then immunomodulators should be used before BRT, which allows to stabilize specific cellular immunity, mediated by T-lymphocytes, after the manifestation of the infectious process.

Of particular interest is the use of BRT for enhancing and weakening the action of drugs due to its modulating effect. In this case, BRT modulates not the actual therapeutic effect of the drug

the drug, but the physiological changes that it causes in the body, regardless of their medicinal value. If the drug is injected into the body before BRT, then its effect is enhanced. If it is introduced, for example, after irradiation, then it is weakened. Before BRT, it is advisable to use those drugs that cause favorable physiological changes in the body, for example, hypertensive drugs in hypertensive patients for several (5-7) sleep-wake cycles, and then use daily BRT sessions, which are most advisable in the evening after taking medications, a course of 7-10 sessions.

Drugs that do not cause direct favorable physiological changes, but nevertheless having an etiotropic effect, it is advisable to use after BRT (antibiotics, sulfonamides, antiviral agents, chemotherapy drugs), thereby, on the one hand, achieving the leveling of their side effects and, on the other hand, enhancing their action due to increasing the sensitivity of microorganisms to etiotropic drugs.

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