

Correction of amino acids as a special case of the treatment of degenerative diseases

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The main contingent of patients applying to the office of bioresonance therapy are chronic patients. And any doctor, testing proficient in ART, easy in can see: the patient came with a chronic case of acute illness or exacerbation. It is determined potency testing organopreparations and metabolic processes in them (anabolism / catabolism, AChR). If we find only potencies of organopreparations D6 and higher, this is an acute disease, if potencies D5 and lower appear, this is a chronic disease. Low potencies reflect a decrease in organ function (if normal metabolic processes are tested against the background of low potencies, namely, 1 grade of anabolism and 1 grade of alkalinity) and degenerative changes (if metabolic processes are impaired). Processes in tissues characterized by low potencies of organopreparations (OP) are not always the result of inflammatory processes characterized by high potencies of OP. And very rarely, low potencies go away on their own when we remove high ones. More often, if we simply suppress the inflammatory processes, not paying attention to the degenerative ones, we can get a worsening of the latter.

But it is precisely by compensating for high potencies, i.e. allopathic medicine deals with relief of symptoms of exacerbation of the disease. Moreover, if it is possible to test a patient before and after classical treatment, for example, with antibiotics, then we see the disappearance of high potencies, but always the deterioration of the low ones! Allopathic medicine cannot cure a chronically ill person simply because it does not affect the degenerative areas in the tissues. Namely, degenerative areas in the tissues are fertile ground for a new exacerbation. There is an eastern proverb: "Bacteria will not sit on healthy tissue."

Partially to the level of degeneration affects phytotherapy, acupuncture, adaptogens, but not lower than D5. BRT can affect degenerated tissues up to and including D3, but only if the process has not yet been completed, i.e. no scar tissue formed.

Therefore, only BRT can really cure a chronically ill patient.

The most obvious way to compensate for low potencies is to perform BRT followed by recording a BR-drug. But here there are several but ...

Firstly, the correct choice of the organ on which the appropriate influence will be carried out. This is not always obvious. We know that in chronic diseases, a single pathophysiological process includes several organs connected by cause-and-effect relationships. And the manifesting body is not always the key.

Secondly, a bioresonance drug, recorded at low potencies, causes an exacerbation, because shifts the process towards D6 as if with a margin. And aggravation is not always a good thing. For patients with low reserves

aggravation can cause disruption of adaptation mechanisms. A shift towards high potencies can provoke active anabolic processes. Moreover, in the conditions of commercial medicine, patients do not perceive exacerbations very well.

Thirdly, the session time increases significantly.

Therefore, we tried to find another way to influence the low potencies. An option that allows you to systematically, i.e. affecting the entire body as a whole, to correct low potencies without causing an exacerbation, without causing an increase in anabolic processes, moreover, increasing the level of anticancer resistance and reducing the DNA index. Active work in this direction has been carried out over the past 3 years. The main method for correcting low potencies of organs at the initial stage of research was the definition and appointment of amino acids in high potencies. Low potencies of amino acids "work" in the intercellular space and do not seriously affect cellular degeneration.

Contingent sick very wide: from diseases blood (thrombocytopenia) to chronic inflammatory and metabolic disorders.

Why were amino acids used? The main construction The material for the body is proteins, which make up 15–20% of body weight. The human body contains about five million different proteins. It is from proteins that cells are mainly built - protoplasm, organelles, membranes, and also the intercellular substance. Enzymes, hormones, many biologically active substances are also proteins. Protein molecules, having a different structure, perform numerous and most varied functions in the body. Proteins are made up of amino acids.

All amino acids have some common properties. They are perfectly soluble in water, can enter into a chemical bond with acids and alkalis. These and a number of other features of amino acids are of considerable importance for metabolism.

Therefore, using amino acids, we can influence the deep metabolic processes in the body.

We know that illness is an adaptive response of the body to some damaging factor. As long as the adaptive reactions are working correctly, the processes are going on, which we fix at high potencies. As soon as there is a depletion or breakdown of the mechanism, which should lead to the complete restoration of an organ or system, we start testing low potencies. Based on this, it is quite logical that a broken chain should be encountered much more often than only in oncology, as many experts believe. And in fact, we see a broken chain and, accordingly, a test for false polarity in all chronic processes. That is, by building a causal chain of organs in low potency, we determine a broken chain on many organ products (not at all).

Correction of the broken chain in the liver and pancreas made it possible to remove all revealed low potencies in other organs.

But the result was unstable, low potencies were tested again at each session, amino acids changed. There was a feeling

that the direction of thought is generally correct, but either the purpose of some amino acids is not enough, or the marker for the selection of amino acids must be different. It turned out both.

Gradually it became clear that with the normalization of amino acids through the liver and pancreas, low potencies on the endocrine glands and in the central nervous system do not go away. Therefore, it is necessary to use something other than the pancreas and liver as a marker. In addition, it is important to take into account the organs responsible for the transmembrane absorption of amino acids. These include the small intestine and kidneys. This is especially true for diseases of the gastrointestinal tract and kidneys. And, secondly, while applying the regeneration of sea cucumber (preparations discovered and developed by the employees of the Vladivostok center "Synergy" under the direction of S.L. and the regeneration of the trepang - in violation of the structure of the organ.

So, all of the above led to the following algorithm for working with low potencies:

1. For subsequent control over the correctness of the selected preparation, it is desirable to identify which organs have low potencies.

2. Determine with which version of the broken chain, mainly in organism we are dealing with. To do this, we first simulate one, then another version of the broken chain and look at what the pancreas and liver will react to. We expose 1 option for a broken chain - 1 tbsp. anabolism + 1 tbsp. acidity (it is not tested) + liver and pancreas in D5 and D10, if the measurement level decreases during testing, then we work with this version of the broken chain, if not, then we check the 2nd option - 1 tbsp. catabolism + 1 tbsp. alkalinity + PE and LF D5 and D10.

3. Suppose catabolism (K) + alkalinity (U) reacted. We expose K + U + Zn met D26 (down) + PE and PZh first in D5, and then in D10. That is, with what potencies one should start working: with high or low. For example, it was tested in D10, therefore, we work with high ones first.

4. K + U + organopreparations in D10, namely

- mucous membrane of the small intestine, liver, pancreas, kidneys,
- spleen, thymus (for children), RES,
- hypothalamus, thalamus, pineal gland,
- widespread OP of endocrine glands in endocrine diseases in patient,
- reticular formation,
- all OPs in the "limbic system" section.

5. K + U + all of the above OP in D10 () + amino acids in high potencies and / or regeneration of trepang.

6. All selected amino acids and (or) trepang + K + U + OP in potency D5 () + the following amino acids and / or regeneration of sea cucumber.

7. As a result, all the selected amino acids should be absolutely clear remove all low potencies identified in point 1.

8. If you check the indicators reflecting cancer predisposition, then we will see their positive dynamics. Namely, a decrease in the DNA index, PI,

the rise anticancer resistance. It is noted decline
connective tissue insufficiency in general and in organs.

The identified amino acids are recorded in the 2nd container of the BRT apparatus in the drug testing mode with the electrodes turned off.

Amino acids and trepang regeneration are prescribed more often in 5-9 balls once every 2-5 days. A properly selected complex works for 1–1.5 months. Then the D3 and D4 potencies are no longer tested. In the future, re-correction of low potencies is required. The timing depends on the disease and the age of the patient.

Further research in this direction revealed that the developed complex index for the selection of amino acids (A / K) and the regeneration of the trepang is a universal guide for the selection of any drugs working at the level of degeneration. In particular, for targeting the inverse blood nosode. Only by using a complex pointer for the selection of A / C for targeting the blood nosode recorded through container No. 3, we will not get exacerbations that always occur with another variant of targeting the inverse blood nosode.

Only after correcting low potencies do we have the right to influence high potencies. For this we have a wide choice: homeopathy, bioresonance therapy with subsequent recording of a BR-drug, targeting nosodes recorded directly. The choice of an organ for therapy and a method depends primarily on knowledge of the doctor. Impact on potency is carried out in the same session, high as well as impact on low.

Application of the above methodology showed her high efficiency. This was reflected in the subjective improvement in patients' well-being, positive dynamics of ART indices, and improvement in the data of official objective research methods (blood, urine, X-ray, ultrasound, etc.).

Conclusions:

1. A reliable way to cure a patient is a mandatory correction not only high, but also low potencies of organs.
2. Of great importance in the effective and safe treatment of degeneration has a list of organopreparations used to create a complex index for the correction of low potencies, and the correct definition of the variant of broken adaptation mechanisms.
3. The use of amino acids in high potencies and preparations Trepang regeneration is effective and safe in correcting low potencies.