

The use of the KMH marker for the individualization of the selection of homeopathic preparations, autosodes, OBR and BPS preparations  
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Introduction. Formulation of the problem

For the period from the beginning of 2005 to 2007. 630 patients underwent treatment by methods of energy-informational therapy on the basis of the private enterprise "Medicor-2". The patients were with various diseases, diseases of the gastrointestinal tract, musculoskeletal system, cardiovascular and nervous systems predominated.

The therapy was carried out on the devices of the Center "IMEDIS": "MINIEKSPERT-DT (with extended functions), the device" IMEDIS-BRT-A "and the Medication selector.

Throughout 2005 (until June 2006), in the course of therapy, patients were prescribed:

- OBR and BSR- preparations,
- complex homeopathic preparations (firms "Hel", "ONOM", "OTI", "Bach Flowers", recorded from the drug "IMEDIS"), selector  
targeted blood and urine autosodes. The high efficiency of the procedures was noted bio- and

multiresonance therapy. In almost all cases, the following were observed:

- quick relief of pain syndrome,
- disappearance of symptoms of diseases,
- improvement of the general condition and clinical analyzes of the patient.

At the same time, although in the case of treatment of acute and exacerbation of chronic diseases it was possible to quickly eliminate both the symptoms of the disease and functional disorders of organs and systems, in patients with organic lesions, with severe chronic diseases, remission after a course of treatment was short-term: usually 1 -3 months. Meanwhile, it is these patients who make up the bulk of Medicor's patients.

We set the task: to develop clinically effective methods of energy-informational therapy, giving long-term remissions in patients with severe chronic diseases and organic lesions - methods of energy-informational therapy with high quality of follow-up.

Chronosemantic therapy and its results in terms of quality follow-up

The first method of energy-informational therapy, studied from the point of view of the quality of follow-up, in particular, the duration of remission, after its use, was the method of chronosemantic therapy [1-2].

The group of patients who underwent chronosemantic therapy at the Medicor state of emergency was 97 people. All these patients suffered from severe chronic diseases, all of them had organic lesions of certain organs, tissues and / or systems.

All these patients (all 97 people) had stable remissions lasting from 6 months to 1.5 years. Perhaps we would have watched more

long periods of remission after chronosemantics. But practically all patients (92 people) came to preventive treatment at least once a year, they, as a rule, underwent chronosemantics again, and they were released again for six months or a year, until the next preventive course of therapy. Thus, it was not possible to trace a longer follow-up without medical intervention.

Thus, according to our data, chronosemantic therapy lengthens the period of remission of a severe chronic disease by 3–6 times, and on this basis it can be attributed to the group of methods of energy-informational therapy with high quality of follow-up.

At the same time, the scope of application of chronosemantic therapy is limited:

1. The duration of the development of the primary therapeutic effect, after its application, moreover, the effects of modeling by the patient's body of various, previous disease states in the process of responding to it. By the type of action, chronosemantic therapy is very similar to the action of the "super-high" potencies of a constitutional homeopathic remedy, and therefore requires:

- or the specific mentality of the patient - to be patient now, but not to suffer in the future,
- or sufficient faith in a doctor who has already improved the patient's condition so much that he has caused his unconditional willingness to follow his instructions.

2. The need for sufficient preparedness of the patient's body for carrying out chronosemantics, i.e. the presence of him sufficient adaptive potential. Chronosemantics, with the exception of terminal states and especially severe diseases, is not recommended to be applied immediately: first, it is necessary to create that supply of vitality, which will be spent by the body on restructuring its "internal time".

We came to the conclusion that it is desirable to have a method of energy-informational therapy with a high quality of follow-up, which allows, in particular, to treat a patient at the stages of treatment preceding chronosemantic therapy.

The constitutional orientation of the energy-informational preparation with use of the KMX marker

On the methodology Based on work [3], we have developed individual selection (constitutional orientation) of complex homeopathic preparations and autosodes using the KMH marker.

The KMX marker was recorded in two versions: using a mechanical (electronic) and a light probe.

1. Recording KMX using an electronic probe.

An electronic probe was read (removed and recorded on a medium), for 30 seconds, indicators from the end points of the chiroglyphic lines of Life, Head, Heart and Fate, as well as from the points of intersection of these lines on the patient's palm, in men, the left lines were used, in women - the right arms.

Wherein:

- the electronic probe was connected to the 2nd container of the device "IMEDIS-

BRT-A "autonomous,

- 2 grains of lactose were placed in the 1st container,
- the recording was made in the drug testing mode.

2. Recording KMX using a light probe.

A light laser probe was used to read information from each point of the main chiroglyphic lines of the patient's palm; in men, the lines of the left hand were used, in women, the lines of the right hand. Wherein:

- the light probe was connected to the 2nd container of the "IMEDIS-BRTA" apparatus,
- a cup with 2 grains of lactose was installed in the 1st container,
- the recording was made in the drug testing mode.

Comment. According to the observations of the authors, the KMX marker, recorded by the light method (light KMX or SKMX), gave a more pronounced decrease in the measuring level during measurements.

Further, the KMX marker obtained in one way or another was placed in the passive electrode of the diagnostic apparatus. In all cases observed by the authors, it caused a vegetative resonance in the patient's body, i.e. the VRT condition was met: KMX .

Then, the preselected or manufactured preparation M - a complex or single homeopathic preparation, autosode or OBR, or CHR, was placed in the second container of the IMEDIS-BRT-A apparatus, while the drug testing mode was switched on.

By changing the position of the potency regulator knob from 7 to 0, the potency of the preparation M was chosen, which gave a stable increase in the measured values, i.e. for which the VRT condition was fulfilled:

$$KMH + Pot_{\alpha} M .$$

The resulting preparation  $Pot_{\alpha} M$  was transcribed in the mode of drug testing on a clean medium (sugar crumbs) for 180 seconds. At the time of recording, the KMX marker was removed from the passive electrode.

Finally, a single therapeutic dose N of the resulting drug was determined:

$$KMH + N Pot_{\alpha} M ,$$

where N is the largest number of grains of the drug ( $Pot_{\alpha} M$ ) compensating vegetative resonance created by KMH, provided that the grains with the KMX recording are in the first or second container of the IMEDIS-BRT-A apparatus, and the grains with the  $Pot_{\alpha} M$  - in the passive electrode. The frequency of administration and the duration of the course of treatment was determined by mental testing.

Study of the duration of remission during patient therapy  
constitutionally oriented drug

1. Research methodology

347 people underwent therapy with constitutionally oriented (with the help of the KMH marker) drugs. In the absolute majority (339 people), these were patients who had previously been treated one or more times using more "classical" methods of bio- and multiresonance therapy, including making and receiving OBR, PBS, conducting RFT sessions, etc. Despite this, all of these patients had poor follow-up quality:

a relapse of the underlying disease that persists in 1-2 months after the course of therapy.

## 2. Research results

After a course of therapy with constitutionally oriented drugs:

- the duration of remission less than 3 months was not observed;
- the duration of remission of about 3 months was observed in 171 people (about ½ patients);
- the duration of remission of about 4 months was observed in 87 patients;
- the duration of remission of about 5 months was observed in 51 patients;
- - the duration of remission is up to six months (and may be more) in 12 patients;
- 26 patients have not yet passed the follow-up examination.

Wherein:

- therapy with constitutionally oriented drugs took place in a limited time (30-40 days),
- in all cases, it proved to be highly effective in terms of improving the patient's clinical condition,
- was not accompanied by any pronounced modeling by the patient's body of previous painful conditions (therapeutic exacerbations).

### Conclusions:

1. Energy informational preparations (including OBR and CHR) individually selected (constitutionally oriented) with the help of the KMH marker give the duration of remission 3–6 times longer than similar, but constitutionally non-oriented drugs.

2. The method of individual selection (constitutional orientation) of drugs using the KMH marker is an important method for improving the follow-up of patients, complementing the method of chronosemantic therapy and more convenient for carrying out the initial stages of patient therapy.

### Literature

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