

Experience in the complex application of ART and IGA-1 in the determination of technopathogenic loads and treatment of mycotic burden
M.N. Chaplygin, Yu.P. Kravchenko, M.S. Chaplygin (Health Center "Knowledge and Health"; Medico-ecological firm Light-2; Ufa State Oil Technical University;

Ufa, Russia)

A significant number of publications, both scientific and popular, are devoted to the problem of geopathogenic zones (GPZ) and their impact on human health. An indicator of the interest of physicians in the influence of GPI is probably a whole series of publications in the collections of reports of previous conferences [1–5]. It was very important to pose the question of the GPZ within the framework of the more general problem of the effect of "external interference fields" on biological objects [6]. The authors of the article proposed a generalized classification of external field influences, dividing them into two large groups: natural and artificial. In general, taking this position, I would like to clarify that by natural field effects we mean the natural background radiation and radiation associated with geophysical anomalies, which, in turn, are caused by the structure of the earth's crust, the structure of underground water flows, crossing the lines of global energy grids. By "external fields of artificial origin" we mean radioactive and electromagnetic fields associated with human life. Areas on the surface of the earth (including premises) in which fields of artificial origin are recorded can be designated as technopathogenic zones (TPZ). In the context of this publication, we will use the concept of TPZ in a narrow sense - only to describe areas with an electromagnetic background. TPZ, as a rule, are formed in conditions when the electromagnetic fields of industrial frequency 50 Hz, radio stations, electrical and electronic devices, together with the electromagnetic fields of the Earth, are directed to the reinforcement of buildings, metal objects and communications and are re-emitted by the latter. Its useful to note,

Treatment of patients using the ART method, as well as any other treatment, is ineffective without identifying and removing geopathogenic and technopathogenic loads, which was repeatedly emphasized by the participants in previous conferences. Therefore, the most important element of our medical practice is the determination of pathogenic loads and the factors of their occurrence.

The identification of geopathogenic load (HPN) was carried out by the ART method using markers - Silicea D60, Lithium Carbonicum D60, indication of the load by electromagnetic force fields through Phosphorus D60.

Analysis of the diagnostic data obtained in the period from 2004 to 2006 showed that 70% of the patients who applied to us had geopathogenic (HPN), 40% - electromagnetic (EMN), 2% - radioactive load. According to the degree of HPN, they were distributed as follows: III-IV degree - 70%, II degree - 20%, I degree - 10%. In many cases, the presence of HPN and EMN was recorded in the same patient.

Patients' complaints prevailed of severe weakness, rapid fatigue, headaches, depression, psycho-emotional instability,

joint pain and heartburn.

In the presence of grade III – IV HPN, mycotic burden was necessarily tested: *Cryptococcus neoformans*, *Nocardia asteroides*, *Actinomyces israelii*, *Aspergillus niger*, *Aspergillus fumigatus*, *Aspergillus fisheri*, *Mucor racemosus*, *Mucor mucedo*, *Mucor pusilus* fungus

I would like to note that with HPN III-IV degrees there have always been positive tests for oncon by a ozods. There was a certain correlation between decrease in mycotic burdening and the appearance of a negative testing of onconosodes.

In the presence of HPN II degree, mycotic burden was determined, but the types of fungi varied: *Mucor mucedo*, *Aspergillus niger*, *Aspergillus fumigatus*, *Mycosis fungoides* (involved in malignancy of tumor processes) were necessarily identified.

At grade I HPN, 2-3 types of fungi were detected, *Mycosis fungoides* was not detected.

In the presence of an electromagnetic load (EPN), mycotic burden was determined only with an electromagnetic burden of the III-IV degree or in the case when the electromagnetic burden of the I-II degree was combined with HPN.

We did not think that stress relief and further treatment of patients were effective without determining the factors of the appearance of HPN and EMN. Therefore, the living quarters and work premises in which our patients stayed for a long time were examined for the detection of GPZ and TPZ using the indicator of geophysical anomalies (IGA-1), developed on the basis of the Ufa State Aviation Technical University Yu.A. Kravchenko. [7]. The appearance of the IGA-1 device became a significant event in geophysics, since it made it possible to measure the electromagnetic component of the geomagnetic field in the frequency range from 1 to 15 kHz [8]. The device is made in the form of a portable measuring sensor, during the movement of which the determination of electromagnetic radiation is carried out. The device was tested at the Bashkir State Medical University,

Hardware ecological diagnostics of working and living quarters made it possible to clearly define the boundaries of the gas and thermal zones, as well as the radiation intensity, although in urban conditions, the superposition of the gas and thermal zones often occurs.

As a result, the following trend was noted. In patients with III-IV degrees of GPI, in 80% of cases at the workplace or in places of sleep and rest, ILI or combined SMI and GPI were recorded. Patients with I and II degrees of HPN in 55% of cases also received stress in resting places and at the workplace. But the period of their stay in the GPP and TPZ did not exceed 2–3 months. The rest received a load in GPZ and TPZ, not associated with places of long stay. There is also a small group of patients with a high level of immunity, poorly susceptible to stress, among which there are many children. All patients with EMN in living and working premises had TPI of different volume and intensity. The main result of the environmental monitoring of the premises was the compilation of an environmental passport of the premises with an indication of all gas processing plants and TPZs, as well as a recommendation on the planning of living and working space in order to remove the patient from the GPZ and TPZ. At the moment, this is the only reliable way to protect against these influences.

The next step in our work with the patient is to relieve stress. The patient is assigned globules with a frequency of 6.2 Hz, in addition, a frequency of 6.2 Hz is introduced through an electromagnetic device "loop" and "inductor". Frequency 6.2 Hz and Schumann waves are assigned up to 10 or more sessions, because it was noted in a significant group of patients that with a negative test for HPN and EMN, mycotic burden continues to be tested, especially in the presence of III-IV degrees of HPN. *Mucor mucedo* and *Mycosis fungoides* are tested longer than other fungi. The use of a frequency of 6.2 Hz, Schumann waves, the E4 program for 10 days daily, then every other day for 2 weeks and 2 times a week for two months made it possible to achieve negative testing of *Mucor mucedo* and *Mycosis fungoides* even in cancer patients, as well as increasing adaptation reserves,

In parallel with the use of supportive treatment (6.2 Hz 2 times a week, pr. E4 and P22), a frequency of 6.2 Hz is introduced through the BRT and the elimination of pathogenic fungi is carried out through the BRT according to strategies 2 and 4 with the recording of the BFR and VBR. Drainages (from ONOM and Dr. Schimmel's) must be used.

Much faster improvement of the condition and all indicators can be achieved by using the drug of the company "Rostock" "against black magic", a thousandth potency of Xilitol or China. The need for their use is tested through a pointer to bioenergetic destruction by internal fields (meridional complex 15). The drugs are recorded on globules and applied per os or injected through 2 containers during an BRT session.

It is mandatory to determine the violation of the chakras and their restoration through the program E. This technique is used to improve the condition of severe patients with EMN, HPN, mycotic and viral burdens, oncological processes. The observation period is 1-1.5 years.

Clinical case

Patient G.F., born in 1945, applied on 05.09.05 with complaints of severe weakness, sweating, coughing. Ill since the spring of 2005.

ART data: Grade 4 geopathogenic load, Yincharacter force fields, Curry grid effect, biological indices
3/10/11/12/15/16/19/20/21, depleting reserves of adaptation of the I degree. On morphological scales - oncological process III degree (AF35). Extremely low degree of PRR, grade IV malignancy potential, grade II mental stress, high degree of tension of the immune system, indication of depletion of the immune system, pronounced degree of depletion of the immune system, grade IV anabolic processes, catabolic processes of grade II. The most disturbed meridians are the lungs and liver. The lungs and thoracic vertebrae are the most affected organs. Liver, kidneys, pancreas - cystic processes. Indicates incorrect polarity. An obvious malignant process. Mycotic burden: *Cryptococcus neoformans*, *Nocardia asteroides*, *Actinomyces israelii*, *Aspergillus niger*, *Aspergillus fumigatus*, *Aspergillus fisheri*, *Mucor racemosus*, *Mucor mucedo*, *Mucor pusillus*, *Cladosporium herbarum*, *Mycosis fungoides*. A clear malignant process was associated with: *Aspergillus niger*, *Aspergillus fisheri*, *Mucor racemosus*,

Mucor mucedo, Sarcocystis, Echinococcus granulosus, Echinococcus multilocularis. Liver - the presence of a chronic degenerative process.

CT scan of the chest organs dated 08.24.05. In the lower lobe of the right lung in S10, an additional formation of an irregular shape with dimensions of 37x25 mm, a nodular structure with bumpy contours ... Paravertebrally, below - a similar area of 9x11 mm, is determined. Conclusion: CT does not exclude lymphogranulomatosis with damage to the intrathoracic lymph nodes and lung tissue. It is impossible to exclude the peripheral part of the lower lobe of the right lung with mts in the regional lymph nodes.

Against the background of treatment according to the above scheme, there was a significant improvement in the general condition, a decrease in cough. Since 10.11.05 GPN has not been tested. The number of tested mushrooms has decreased significantly. Antiviral treatment has been added.

ART from 11.03.06: GPN neg., Mycotic burden neg., BI 7/8, good adaptation reserves of the 1st degree, benign tumor process.

ART from 06/28/06: benign tumor process, high PRP, low degree of tension of the immune system, normal protein. Lungs - benign tumors, mycotic burden, neg.

MRI from 06/26/06: signs of positive dynamics of the MRI picture are determined in comparison with the results of MRI from 08/24/05: a 2-fold decrease in the size of the volumetric inclusion in the parenchyma of the posterior basal S10 sections of the right lung. Convincing evidence for the presence of peribronchial volumetric entities, mediastinal, paratracheal, peribronchial lymphadenopathy was not found at the time of examination.

Monitoring and treatment continues.

Thus, the above data allow us to do the following

conclusions:

1. Data on GPN and EMN obtained through ART correlate well with the results of the environmental impact assessment carried out using the IGA1 device in the working and living quarters of patients. The ART data are adequate to the data obtained with the IGA-1.

2. Degrees of GPN and EMN load in the considered group of patients correlate with the level of mycotic burden of the body. We can definitely say that GPN and EMN are provoking factors of fungal invasion.

3. The treatment regimen for patients with HPI and EMN has been worked out. The most important the stage immediately following the ART is the environmental hardware diagnostics of the room, the consequence of which is the determination of GPZ and TPZ and the movement of the patient from hazardous areas. This is followed by a course of treatment using programs E4, P22, frequency 6.2 Hz according to the above scheme, leading to the elimination of the most dangerous mycotic burden, which can be a factor in the development of tumor processes, including malignant ones.

Literature

1. Gritsenko E.G., Gritsenko A.G. Geopathogenic zones damaging them effect on the human body // Abstracts and reports of the IV International conference "Theoretical and clinical aspects of the use of

bioresonance and multiresonance therapy". Part I. - M.: IMEDIS, 1998. - S. 277-281.

2. Gritsenko E.G., Gritsenko A.G. Biophysical and morphofunctional features of the impact of geopathogenic zones // Abstracts and reports VI International conference on the "Theoretical and clinical aspects of use of bioresonance and IMEDIS, multiresonance therapy". Part I. - M.: 2000. - pp. 141-144.

3. Pirogova L.A. Geopathogenic zones - a risk factor for development diseases of CVS // Abstracts and reports of the VII International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." Part I. - M.: IMEDIS, 2001. - S. 115-117.

4. Ponaetov V.V., Ponaetov V.V. Geopathogenic burden in practice family doctor // Abstracts and reports of the VII International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." Part II. - M.: IMEDIS, 2001. - S. 88-96.

5. Dubrov A.P., Zavitaeva N.F., Lugovenko V.N. Seasonal changes indicator of geopathogenic burden in bioresonance diagnostics // Abstracts and reports of the XI International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." Part II. - M.: IMEDIS, 2005. - S. 257-263.

6. Gotovsky Yu.V., Kosareva LB, N. Kempe. External interference fields and evaluation their influence on biological objects // Abstracts and reports of the IV International conference "Theoretical and clinical aspects of bioresonance and multiresonance therapy". Part I. - M.: IMEDIS, 1998. - S. 137-140.

7. Kravchenko Yu.P. Methodical instructions for laboratory work on the course "Environmental protection system" section "Instrumental method of research of geophysical anomalies" for the specialty "Life safety". Ufa State Aviation Technical University Ufa, 1999.

8. Dubrov A.P. Home ecology and human health. - Ufa, 1995.

9. Akhmadeeva E.N., Kalashchenko N.V., Kravchenko Yu.P., Goryukhin A.S., Savelyev A.V. Investigation of the influence of superweak electromagnetic fields on the ecology and human health in clinics of Bashkortostan // NEW INFORMATION TECHNOLOGIES APPLICATIONS IN SCIENCE, EDUCATION, MEDICINE AND BUSINESS. Part II. Yalta-Gurzuf, 1995.

M.N. Chaplygin, Yu.P. Kravchenko, M.S. Chaplygin Experience of complex application of ART and IGA-1 in the determination of technopathogenic loads and treatment of mycotic burden // XIII