Algorithm for multiresonance therapy
B.G. Malyavkin
(Odessa, Ukraine)

Any therapy, including multiresonant therapy, should be pathogenetic, not symptomatic. But what happens in modern medicine? A cardiologist treats ischemic heart disease, a gastroenterologist - a peptic ulcer, a nephrologist - pyelonephritis, a urologist - urolithiasis, etc. And where is the patient himself with his heredity, immune system and external factors constantly influencing him? In a word, the patient, as an individual, was lost ... But even in ancient times, Hippocrates, whose oath is still taken by novice doctors, reminded that it is not the disease that needs to be treated, but the patient!

Treatment, as always, begins with diagnostics, which we carry out with the help of the APK "IMEDIS-EXPERT", coupled with the device "MINIEKSPERT-DT" and the computer program version 5.10a.

At the beginning, we determine the patient's integrative indicators - biological index (BI), FI, RA, DNA index, the state of the immune system. Considering that at present tuberculosis is becoming widespread, we check the presence of this infection in the patient using nosodes and frequency programs. At all four levels of ART +, we look at the presence of oncology.

In order to exclude subjective and emotional factors, when starting the diagnosis, we never find out the patient's complaints, we will talk about them only after the end of the diagnostic process.

The second step is to identify the factors that caused the disease: geopathogenic, mental, electromagnetic, radiation load, deficiency of minerals, vitamins, hormones, enzymes, the presence of infections and parasites in the body.

Third step. Determination of the dominant focus in all details - where it is located, in which specific organ, whether it is the primary, most affected, source of complaints, what is the process in it (chronic or acute), what is the particular BI of this organ, which of the factors found affected its impact. And finally, by the nosodes, we determine the diagnosis of the head focus (organ).

The dominant focus is a damaging element, affecting other systems and organs. Using Hahnemann's caustic D60 as a filter, we find these foci, along the way finding out which of them is the primary affected, most affected, source of complaints, what is the particular BI of this focus (organ). After we have tested all the organs, using the nosodes, we determine the nature of the damage to each of them. We make a detailed diagnosis.

Fourth step. We look at the state of the meridians, find which of them is key, redundant, most affected. The head center is located on this meridian. We select a color for this meridian, with which we can unlock it and enter it into the recipe.

Treatment. The treatment plan includes, first of all, measures that eliminate the causes (damaging factors) that worsened
integrative indicators of the patient and brought him to a suboptimal

(painful) condition. In particular, this is a mandatory change in the place of sleep in cases of the presence of a geopathogenic load, the production of drugs that neutralize it (6.2 Hz, "Raex", etc.). This is the neutralization of electromagnetic burden (6, 2 Hz), detoxification drugs from the firm "IMEDIS". In cases of detection of bacterial, viral (pathogenetic) infections, sexually transmitted diseases, tuberculosis, we conduct a session of resonant frequency therapy with specific frequencies. The frequencies of the detected tubercle bacillus are additionally recorded on crumbs and given to the patient as a separate preparation. We write down vitamins, microelements that were in deficit on the crumbs. We manufacture a complex drainage preparation ("HEEL", "OTI", "OHOM", MKP, etc.). We also add deficient hormones to all non-optimal organs in the drainage. Drainage, like all previous drugs,

In conclusion, we make a general bioresonance preparation (OBRP). To do this, in a simultaneous mode along all meridians in the process of BRT in 1 container for several grains for 15 seconds, we record all the "diseases" of our patient - his D-oscillations. We set the grain aside. Then we turn on the key excess meridian, select the desired color potency from the recipe (see above) and "heal" this meridian with the color on the BRT until it comes to an optimal state. After that, we connect all the meridians, put the previously recorded D-oscillations into the 3rd container, connect from the Cupr selector. met. D400 and 15 minutes in this mode we carry out general bioresonance therapy. At the end of the BRT session, turn off Cupr. met. D400 and in the 1st container for a large amount of crumbs, write the OBRP. We check it for all indicators (optimality, efficiency, etc.), we select the dosage. We give this drug first in the morning. After it, the patient takes all other drugs in 15–20 minutes.

If there is a need to remove the mental load, we again conduct BRT to the patient in a simultaneous mode along all meridians, connect the degree of mental load found in him from the selector, and ask the patient to close his eyes and mentally recall all his life hardships. As soon as during testing of mental load the measured value is restored to the initial high level, in the 1st container for several crumbs for 10-15 seconds we record the patient's negative emotions, while always disconnecting the indicator of mental load from the selector. In the future, in the BRT mode, we shift the crumbs with a mental load into the 3rd container, and in the 1st we place the OBRP we have just created. Within 3 minutes, we rewrite the mental load on it in inversion. We are testing the drug again for optimality, efficiency and ability to remove mental stress. As Yu.V. taught us. Ready-made, this drug will do everything - heal the chakras, meridians, organs and soothe ... Drainages will also work widely. All the rest of the drugs will solve particular problems - to remove each of its own load, eliminate toxic burdens, remove infections, etc.

We would especially like to note that we first check all drugs without exception from the prescription, and after they are rewritten for crumbs, we again check them for optimality, efficiency, and all together for consistency.

We determine the dosage for each drug. The patient leaves us with a whole set of plastic bags on which the name and dose of the drug are indicated. A week later, the patient comes for a second appointment and we monitor the dynamics of the effectiveness of treatment, canceling those drugs that have already solved their problems and adjusting the dosage of those drugs that continue to work.

After 3-4 weeks, the patient comes to an optimal state, as evidenced by his integrative indicators.

We carry out the above algorithm at the 1st level. After completing it, be sure to check levels 2-3-4. If toxic pathogenetic information remains there, then it must be removed, because otherwise, it may lead to relapses in the future. How this is done is already a topic for another conversation.

Literature
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