

Pre-emptive method
with purposefully modulated disruption of adaptation reserves
Sobotovich S.L.
(Maritime State University named after G.I. Nevelsky, LPTs
Synergy,
Vladivostok, Russia)

We know that when prescribing and taking bioresonance drugs, you need to carefully select the dosage so as not to disrupt the adaptation reserves, and not to get an aggravation because of this. Aggravation will usually be in those organs and systems in which something is wrong, and for some reason they cannot withstand the load given to them.

Therefore, modulating the breakdown of adaptation reserves with a large dose of BRP 1 (general, particular), we can determine:

- 1) the organ or system where the exacerbation will occur;
- 2) what reasons or what damaging agent (bacterial or viral, etc.) it is caused;
- 3) meridians that will be involved in this disruption of reserves adaptation.

As a result, we reach the level or layer of the lesion that we would have reached only by making up a long pathogenetic chain.

Then, against the background of the PDU load, we will cause a modulated breakdown of the adaptation reserves, we treat this problem (frequency modulation, induction therapy, etc.). We write down the drug BRP 2, select a single dosage, and give it to the patient. It is better to select a single dosage of BRP 1 after taking BRP 2, usually the dose of BRP 1 is increased. After that, it is necessary to select the drains very carefully.

Example

Patient B., 58 years old. Complaints: increased blood pressure., Chest discomfort, rhythm disturbance.

After the treatment, it improved, only a condition patients significantly little remained, periodically emerging discomfort accompanied by minor tachycardia.

During further examination at the APK "IMEDIS-EXPERT" no deviations from the cardiovascular system were found.

Applying the method proposed above, we found that the circulatory meridian reacted to the overdose of the BR-drug. The cause of the weakness of the meridian was the defeat of the coronary artery and the atrioventricular bundle by the Coxsackie virus, although the Coxsackie virus had not been tested before. Having performed resonance frequency therapy with a BR-drug recording, we completely removed the discomfort behind the sternum and tachycardia in the patient.

Sobotovich S.L. Method of proactive action in case of purposefully modulated breakdown of adaptation