Role of amino acid polarity restoration in the treatment of severe chronic pathology Nadolnaya I.V. (Maritime State University named after G.I. Nevelsky, LPTs Synergy, Vladivostok, Russia)

Most often, we are visited by patients who are ill for a long time and have not received relief from other methods of treatment. This prompts us to look for new methods of influence that would allow us to speed up and optimize the treatment of severe chronic pathology as much as possible, re-addressing and rethinking both our previous experience and the experience of other doctors. A large number of patients with early stages of the oncological process, both established by conventional diagnostic methods and with the help of ART, brought to mind the idea of A.A. Ovsepyan that amino acids are carriers of false polarity. In the treatment of such patients, it was possible to trace the chain "oncological process - pre-oncological process - oncoprotein - false amino acid polarity."

We give examples treating some patients.

- 1. Patient I., 26 years old Appealed on 03.12.02 with complaints of permanent subfibrillation. Acute and chronic infection was ruled out as a source of hyperthermia. Through the Molybdaenum met. D800 with inversion of mesenchymal blockade, a grade 5 lesion was tested in the left mammary gland, where the wrong polarity was determined and a breast tumor with the presence of an oncoprotein was tested. After 1 month. t ceased to rise, after another month of treatment, the pointers to the tumor disappeared, and after another 2 months. pointers to oncoprotein and false polarity.
- 2. Patient M, 39 years old. She applied on 07/05/03 with a suspicion of a tumor in bronchi, having suffered before this pulmonary bleeding and categorically refusing the operation. In the lungs and bronchi, the pre-oncological process 2 tbsp was tested. and the oncological process in situ, respectively, in the same place an oncoprotein, an indication of the wrong polarity and the potential of malignancy of 3-4 tbsp. After 4 months of treatment, lung pathology was not tested. On 02.02.04, only compensatory hyperplasia is tested in the bronchi, but the oncoprotein in the D200 potency and an indicator of incorrect polarity are still present. Feels much better.
- 3. Patient Z., 38 years old. I applied on September 26, 2003 with complaints of discomfort to bladder areas, dysuric disorders, depression. The oncological process was tested in situ on the ureter, in the same place the oncoprotein D0 and the wrong polarity of amino acids. By 9.02.04 oncological process

not tested, oncoprotein is determined in the D10000 potency, the pre-oncological process is determined only in the D4 potency. She has no complaints of dysuria and depression.

Similar results prompted us to apply correction of the wrong polarity of amino acids in other chronic and difficult to treat pathology, in particular, in the treatment of persistent constipation and diarrhea, with malignant hypertension, menstrual irregularities (even with amenorrhea), and blood diseases. In about 80% of cases, a significant improvement in the condition of patients and a reduction in the duration of treatment were achieved in comparison with the treatment of similar diseases without the use of this technique.

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