

Diabetes mellitus treatment

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I would like to share my experience in treating diabetes mellitus, which is quite common in older people, especially in those who are prone to obesity.

A 79-year-old patient D. came to me with complaints of itching and dry skin, periodic palpitations. Blood glucose - 7.5 mmol / l.

In the course of examination at the AIC "IMEDIS-VOLL" by the method of vegetative resonance test (ART), the following was revealed: the patient's optimal BI is 74 foci and interference fields are not tested; the indicator "prediabetes-II" gives a significant decrease in the measuring level; Molybdenum D200 does not return to normal measuring level. Based on this, I conclude that the patient has type II diabetes mellitus, caused not by an absolute, but by a relative deficiency of insulin.

Further testing I carried out through indicators of the state of the endocrine system:

A) Low stress of the endocrine system + mesenchyme block 2 layers, 2 sublayers + spleen meridian + pancreas + mental. load 8 tbsp. very strong vegetative burden + adrenalin + Bach flowers ;

B) Low stress of the endocrine system + Mesen Khima block 2 layers, 4 sublayers + endocrine meridian + myocardium + mental stress ;

C) Slight depletion of the endocrine system + mesenchyme block 2 layers, 1 sublayer + fatty degeneration meridian + liver + insulin .

Of the 3 presented meridians, the pancreas spleen meridian was excessive, with maximum disturbances and key. In the pancreas and liver, the private BI was 9, while in the myocardium it was 10. All three mesenchymal blockades were pathological, because the patient's load with their inverted frequencies shifted (improved) the optimal BI from 7 to 5.

The revealed pathogenetic chain clearly indicated the block of insulin receptors by the stress hormone - adrenaline. Hence the clinical symptoms - insulin deficiency, manifested by hyperglycemia and pruritus, cardiological pathology - a tendency to tachycardia. Insulin deficiency has led to a disruption in the conversion of glucose in the liver into glycogen, and this is fraught with fatty degeneration.

Treatment must be pathogenic. Therefore, my main goal was to eliminate the stress blockade of insulin. For this purpose, I used preparations "Bach Flowers", filtered through "very strong vegetative burdens" that the patient had and removed her mental stress.

The next step was the production of a bioresonance preparation. To do this, I use the method of A.A. Hovsepyan. from the key meridian of the pancreas in a continuous mode on the foot electrodes in the 3rd container in the first 15 seconds recorded Di + Hi on a large number of globules. He put the glass with globules aside and continued the started BRT for 20 minutes. In the last 3 minutes, I connected from the recipe the "Bach Flowers" recorded there in advance and recorded them on globules, rearranged from the 3rd to the 1st container. I ended up getting Hi + Di + H + Bach flowers. Hi and H are annihilated, and BR-1 remains, where

antinosod and sedative frequencies will be active.

I am testing the received BR-1. It eliminates the blockade of the mesenchyma, normalizes the previously affected meridians and organs, puts the patient on the optimal BI, through which I selected the daily dose of the drug, dividing it into 2 doses per day.

Then along all meridians on hand, foot and frontal electrodes in a continuous mode through Cu met. D400 in 3 minutes recorded the general harmonizing drug (YV Gotovsky's drug), determined its dosage through the optimal index.

In addition to everything, I selected ONOM drains for all interested organs (liver, pancreas, kidneys, heart) according to the following scheme:

Liver + liver drainage + BI7 .

The number of globules that reduced the high measurement level was the daily dose.

A week later, the patient came for a second appointment with complaints of dizziness that appeared. Testing showed that her total BI went from 7 to 6.

Prediabetes II was tested only in inversion with BR-1 preparations with complex drainage. Mesenchyme blockages were not detected. Mental load decreased from 8 to 2. Liver, pancreas, myocardium and drug inversion - on the optimal index. All three drugs are effective, but BR-1 set the BI of the motor zone of the brain not to 6, but to 5. Therefore, in the already existing drainage, I added drainage of the nervous system from ONOM, and the complications that appeared were thus eliminated.

After another 2 weeks, the patient did not show any complaints, the total BI decreased by 1 unit. Mental stress - 1 tbsp. Prediabetes II is not tested even in inversion with the drugs received. The BRT was carried out once - basic with 52 Hz modulation. Blood glucose 4.5 mmol / l.

Monitoring continues.

Literature

1. Bazikyan G.K., Ovsepyan A.A., Machanan A.S., Gotovsky Yu.V. Optimization of diagnosis and treatment of multilayer and multifactorial pathology using the hardware-software complex "IMEDIS-FALL" // Abstracts and reports. VI International Conference "Theoretical and Clinical Aspects of Reception of Bioresonance and Multiresonance Therapy". Part I. M.: IMEDIS. - S. 24-56.