The use of pathophysiological chains on the example of the treatment of chronic infections

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The task of fast and effective treatment of chronic inflammatory process remains relevant to the present day. We bring to your attention the treatment of chronic diseases of bacterial and fungal etiology, namely: bronchopulmonary, urogenital and other similar diseases.

After listening to a course of lectures by prof. A.A. Ovsepyan on the construction and application of pathophysiological chains in diagnostics and therapy, we actively began to use this technique. The results obtained in the treatment of chronic diseases allow us to offer you our own view of the problem.

Separately I want to notice what methodology constructing pathophysiological chains, designed to provide the A.A. Ovsepyan, allows for most accurate diagnostics effective therapy diseases of any etiology. It is also interesting for its consistency, predictability of results, and at the same time, lack of dogmatism and the ability to approach the problem creatively.

In the construction of pathophysiological chains, the choice of an organopreparation, on which the "chain" is built, is of great importance. metabolic and trophic processes in the organ are determined. The use of a private organopreparation makes it possible to concretize the task, i.e. to narrow as much as possible the spectrum of frequencies in which further work will be carried out. With chronic
In inflammatory diseases, changes in tissues are usually not limited to an organ or system, and the immune, endocrine and other systems are involved in the process of self-regulation. For example, a chronic inflammatory process in the respiratory system is associated not only with problems of the gastrointestinal tract, but also with diseases of the urogenital region. Therefore, it is logical to start treatment with the restoration of metabolic and trophic processes in the system, and not in a single organ.

At the beginning of treatment, we use one of three organopreparations as a primary organopreparation: blood, interstitium, lymph (which is exactly what we check through Cu met D400). Let's say we start treatment with an organopreparation (OP) "blood". Let's see if there is a decrease in the measuring level when testing the OP "blood" directly. If there is, then, therefore, there are pathological fluctuations in the blood. We test in the range of which meridians they are and write Dinv. When testing through the OP "interstitium", the spectrum of pathological frequencies in chronic inflammation is often in the range of muscle-tendon meridians. Therefore, we write Dinv in swing mode. From the drug Dinv we get the drug D (disharmonic vibrations), which reflects the pathological spectrum of frequencies, and through it we determine what causes it (viruses, bacteria, fungi).

Against the background of the drug Dinv, we build a pathophysiological chain on the processes occurring in the H-frequency range. Our observations show that the breakdown of the "chain" at the level of catabolism (anabolism) / acidic environment (alkaline) in chronic inflammation occurs frequently and is always caused by

false polarity along any meridian. We remove the false polarity immediately during the session with the preparation "amino acid recorded in the frequencies of the selected meridian in the 2nd container of the apparatus for bioresonance therapy", which is given once per session. When the chain is rebuilt, we see its normalization, provided that the amino acid and meridian have been identified correctly. That is, there was catabolism / alkaline environment, now - catabolism / acidic environment. Moreover, recovery occurs without subsequent exacerbation. The amino acids cystine, homocysteine, and cysteine are most often tested with false polarity, possibly because these amino acids preserve the spatial configuration of the protein. And most often, the meridian of the bladder is determined with false polarity, which is also understandable. When detecting a meridian with false polarity, it is extremely important not to forget about the muscle-tendon meridians, which we test in swing mode. False polarity muscle-tendon meridians are often detected during interstitial treatment.

After the restoration of the "chain" of catabolism + acidic environment, we test further. When identifying a "broken chain" at the level of the autonomic nervous system (for example, catabolism + acidic environment + parasympathicus tension), we look at the mesenchymal blockages and the causes that cause them ("chain" + mesenchyme blockade + cause + homeopathic remedy). With a properly selected preparation, the breakdown of the "chain" at the level of the autonomic nervous system disappears during the session.

Upon completion of the construction of the main pathophysiological chain (OP + Di + catabolism + acidic environment + ANS voltage + sympathicus + bactericidal action), we always test the blockade of adaptation reserves, i.e. we determine whether or not there is a blockade of adaptation reserves in this particular organ with specific pathophysiological processes. In our opinion, the reasons causing the blockade of adaptation reserves support pathological dominant, and without their removal, we do not get a lasting positive result. When identifying the blockade of adaptation reserves against the background of the "chain", we look at what reasons it is caused, and, accordingly, what homeopathic or resonant drugs, this blockade can be removed. Blockades of adaptation reserves of deep layers are most often caused by problems of psychosomatics (we select Bach Flowers) or viruses (very often blockade of the adaptation reserves of an organ or causes cytomegalovirus). system We write drugs in the frequencies of the meridians. If the blockade is selected adaptation reserves cause viruses, then additionally tested antiviral F-programs that we remember. The drug, which removes the blockade of adaptation reserves, is given immediately during the session.

After the blockade of adaptation reserves has been removed, we check the correctness of the construction of the pathophysiological chain and through it we test all amino acids in a row. All amino acids that restore the "chain" are entered in the "selected" section. Then, through the same "chain", we test the meridians, in the frequencies of which we write down the selected amino acids in 1 container of the apparatus. The resulting drug is prescribed daily. When testing, you can see that the amino acids selected in this way bring the body to the optimal level at the moment. Therefore, for example, with low and dwindling general reserves of adaptation of the body to

at the initial stage of treatment, we do not record a bioresonance preparation, but prescribe drainage homeopathy and amino acids selected through the pathophysiological chain. At this stage, once again I would like to draw your attention to the high efficiency of the use of amino acids as an independent drug, necessarily recorded in the frequencies of the selected meridians. In subsequent sessions, we add a bioresonance preparation to amino acids and drains.

With chronic disease pathophysiological processes, flowing in the tissues are habitual for the body, and, therefore, optimal. Therefore, in order to change the situation, we must model a new pathophysiological chain of pointers. A.A. Ovsepyan explains this in detail in his methodology.

Through the modeled "chain" we determine the meridians along which we will conduct bioresonance therapy and subsequently record the BR drug. The therapy is performed using hand and foot electrodes. Working at APK "IMEDIS-EXPERT", we actively use frequency modulation in bioresonance therapy with F-programs selected through disharmonic fluctuations, blockade of organ adaptation reserves, pathophysiological "chain" as a whole (see above). And also always during bioresonance therapy in the supplement (in 2 containers) we put the "health matrix", which we wrote about in the abstracts of the IX Conference. The therapy is carried out until the moment when the simulated chain of pointers is being tested, the drug is recorded on the plates, and then we amplify the amplitude of its signal through the 4th container.

After selecting a single and daily dose of the recorded BR-drug, we clarify whether it completely removes pathological frequencies in the organ or system that we have treated or not. If the pointer to pathological frequencies still gives a decrease in the measuring level, then we additionally prescribe the BR-drug Dinv. It is imperative that we select drainages through optimal general biological indices and optimal adaptation reserves.

Over the course of several sessions, the blood, interstitium and lymph are restored. And at the same time, many complaints and symptoms of the disease go away. The most affected organ remains suboptimal, on which we subsequently build our pathophysiological chain and conduct therapy locally.

The proposed algorithm for managing patients with chronic pathology allows you to go from general to specific, clearly and logically understand your actions and naturally obtain the planned result.

Conclusions:

1. Diagnostics and treatment using the construction technique pathophysiological chains are highly effective in the treatment of chronic diseases.

2. Amino acids recorded in the frequencies of the selected meridians, effective as stand-alone drugs.

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