Blood nosode targeting and chronosemantic techniques drugs

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1. Targeted blood nosodes and justifications for their existence

Modern schemes for the manufacture of energy-informational preparations (EIP) have certain common disadvantages.

1. There is no consistently reproducible versatility received from using them EIP. In other words, there is no guarantee that, solving the class of problems assigned to him, obtained (for example, using a combination of drugs from the selector) EIP really systemically improves the integral indicators of health and longevity of the body. If we talk about this drawback from a homeopathic point of view (close to one of the co-authors), then it can be called a lack of nonspecific (not directly related to the disease) similarity of the EIP produced to the individual patient's body. From the point of view of the theory of "stress-distress-activation" developed by L.Kh. Garkavi, E.B. Kvakina, M.A. Ukolova [1] and applied to the ART technique
LB Makhonkina, IM Sazonova and YV Gotovskiy [2], this disadvantage is that the current schemes for obtaining EIP are not (reproducibly enough) nonspecific activators of the patient's body resources.

2. There is no uniform scheme for the production of energy information drugs. Various diseases have to be treated with the help of various schemes for the manufacture of energy-informational preparations. This leads to a number of difficulties in the process of patient therapy, of which we will mention the following: the accumulation of errors that occurs during the sequential diagnosis and subsequent selection of drugs for the patient's treatment. Indeed, some error always occurs when the patient is diagnosed, and the second - when moving from the diagnosis to the EIP,
intended for his treatment. The summation of these errors can lead the doctor to a drug that is systemically (constitutionally) inadequate to the patient's constitution, or, within the framework of the concept of Garkavi-Ukolova-Kvakina, a drug that does not provide nonspecific activation of the body's resources.

The way out of this situation is, in the opinion of the authors, in the manufacture of the EIT used for the therapy of the patient using a uniform procedure, hereinafter called targeting or orientation. promoter to this drug.

The idea of "targeting" or "orientation" of the EIP used to treat a patient was born by the authors when studying the potencies of the patient's blood autonosode, which is often used, in particular, as a target marker for the manufacture of chronosemantic drugs (CSP). When testing various potencies of the patient's blood autonosode, a peculiar phenomenon of its "orientation" or, what is the same, "targeting" was discovered. Namely, at a certain potency (non-whole, individual for each patient, produced using electronic potentiation methods, lying between the 5th and 10th potencies according to Korsakov), the patient's blood autonosode

turned out to compensate simultaneously all (or almost all) markers from which the diagnosis of this patient was made, no matter how detailed this diagnosis was. We carried out about 300 experiments on the "targeting" of the blood autonosode on 53 volunteer patients (indigenous inhabitants of the Markovo farm), and in all these cases the universality of the obtained "oriented" autonosode was manifested. In particular, targeted blood autonosode (NANCr):

- simultaneously compensated (restored disturbed reproducibility of the measuring point) different kinds viruses, bacteria, fungi and / or protozoa, despite the fact that initially it was not targeted using the corresponding frequency or heteronosode drugs;

- simultaneously compensated for various potencies (from 6th to 1000th) of viruses, fungi and protozoa, which were tested in the patient;
- simultaneously compensated for various types and levels of the affected organ systems or tissues of the patient, for example, simultaneously compensated for the chakras, meridians, chromosomes, pathogenetic chains according to A.A. Ovsepyan [4] (with initial markers of any organs), viral, bacterial, fungal, rickettsial and protozoan burdens of the body;

- significantly increased the reserves of adaptation of the organism and "pulled" these reserves to the optimal reserve of adaptation;
- reduced the patient's biological indices and normalized his photon index;

- satisfied the system of ecological chronosemantic tests, by the end and nodal points of the palm;
- met the criteria of the optimal therapy step, treatment with perspective and other "non-chronosemantic" environmental tests. The clinical results obtained with the "targeted" blood autonosode were also good. All 53 patients of the Markovo farm, who took NANCr, showed a significant improvement in subjective well-being, "withdrawal" of complaints, an increase in adaptation reserves, a decrease in biological indices, disappearance of viral, bacterial, mycotic and other loads, improvement of chronosemantic indicators, as well as characteristic changes in the structure of ART diagnosis, indicating an improvement in their health:

- a decrease in the absolute values of BI, the disappearance of the third, etc. indices;
- "contraction" of the remaining upper and lower BI to the optimal BI;
- decrease in the "optimal" BI with prolonged use drug;
- an increase in the values of RA, the disappearance of the third, etc. RA indicators;
- contraction of the values of RA to the optimal RA;
- an increase in optimal RA with prolonged administration of the drug. In general, in terms of the general type of action and the type of changes in the structure of ART diagnosis, the most adequate approximation to the action of NANC is the action of a constitutional homeopathic drug, in average

potency (according to KN Mkhitaryan, medium potency is 30-200 CH, high potency - 1M-50M), although, in contrast to him, the nosode was prescribed more often and acted softer.

The phenomenon of "targeting" of the blood autonosode can be explained (substantiated) from several different positions (these explanations are non-alternative):

1.From the point of view of considering the organism as a self-fulfilling systems (OSS) [5], the phenomenon of targeting and NANCr arise when the resonant frequencies of the patient's potentiated blood fall into resonance with the frequencies of some special vector functional system (VFS) coordinating the body's solution of all (or almost all) current tasks of its self-fulfillment. It is very curious that the experimentally established fact that the inclusion of the indicated VFS in such a resonant mode, in which it can solve all particular current tasks of self-realization of the organismsimultaneously, is generally possible in principle. This fact undoubtedly needs further research and interpretation.

2. From the point of view of the theory "stress" - "distress" - "activation" developed Harkavi-Ukolova-Kvakina, the targeting phenomenon is a typical low-rise activation reaction. Within the framework of this theory, NANCr is such a potency of the blood autonosode, the assimilation of which causesnonspecific activation of low-storey body systems. It is due to this nonspecific activation of the organism that NANCr allows it to simultaneously solve a number of various problems that are completely irreducible to each other from a formal medical point of view. Within the framework of the Harkavi-Ukolova-Kvakina theory (supplemented by homeopathic principles), it is quite natural to expect the existence of activating potencies not only of the patient's blood autonosode, but also of other "fairly universal" adaptants of it, for example, his urine nosode (although this topic has not been studied so far). Moreover, the very phenomenon of targeting and the existence of NANCr can be interpreted as confirmation of the theory of storey adaptation by Garkavi-Ukolova-Kvakina.

3.From a homeopathic point of view, the targeting phenomenon and existence NANCr can be interpreted as a single phenomenon of the existence of a universal autonosode, the property of universality of which could not be discovered until the appearance of electronic potentiation and the possibility of producing non-integral potencies.

2. Chronosemantic drugs made using targeted autonosode and their distinctive qualities

The patient's NANCr preparation can be used as a target marker (MC) for making a chronosemantic preparation based on it. Such CGS are distinguished by higher efficiency and greater softness of action. They can be used to treat the most serious diseases, including oncological diseases.
[6]. There are distinctive features exhibited by CGS made with NANCr (taken as MC):

1) Except for particularly severe, for example, oncological or systemic degenerative diseases, CGS, obtained by summing the inversions of engrams, manifested on the chiroglyphic lines of the patient's palm under his load of NANCr, (MC = NANCr) does not need further adaptation. In other words, chronosemantic environmental tests are performed for

the obtained chronosemantic preparation without additional potentiation. his

2) The same as the NANKr, obtained with its help, the CGS region gives universality - it solves all (or almost all) the current tasks of self-realization of the organism, symbolized by the tested
drugs. However, its action is somewhat different from the action of the NANCr, with the help of which it was obtained, in the following points:

a) CGS obtained with the help of NANCr significantly increases the adaptation reserves (RA) of the organism and significantly more decreases its biological indices (BI) than this NANCr itself;

b) In this case, the optimal RA and BI of the organism may be lower than its RA and BI measured through the obtained CGS. Thus, the activation that occurs in the body upon the introduction into the measuring circuit of the CGS obtained with the help of NANCr is, generally speaking, an activation of a higher number of storeys than activation directly with the help of this
NANCr;

c) despite the results of point b), the CGS obtained with the help of ew NANSC satisfies both ecological chronosemantic tests on terminal and nodal points chiroglyphic lines, So and "Non-chronosemantic" environmental tests, such as:

- test for the optimal therapy;
- test for a promising cure with the solution of or without solutions psychological problems;
- test for genetic damage;
- test for the presence of more than 3 indices of adaptation, and similar tests.

From a clinical point of view, the CGS preparation made according to NANCr is distinguished by a milder (comfortable for the patient) effect than other CGSs (with the exception of CGS made with the help of systemic spiritual adaptants (SDA) taken as MC).

The versatility of the action of CGS made with NANCr, taken as MS ("inherited" from NANCr), in combination with the mildness of this action, determines the preference that the authors of the CGS of this type have recently given.

From the point of view of the theory of storey adaptation of Garkavi-Ukolova-Kvakina, the CGS obtained with the help of NANCr taken as MS is the same activator of the organism as the original NANCr, but with a higher number of storeys. In other words, it (CGS) also transfers the body into an activation mode, but activation of a higher number of storeys than NANC, with the help of which it was obtained. In order to understand this feature of the action of the manufactured CGS, it is necessary to involve another, additional to the model of storey adaptation by Garkavi-Ukolova-Kvakina, a model of the organism - as a system with internal time [5]. In accordance with this model, NANCr, made from a portion of the patient's blood (taken at the current time), activates the body systems and aims them at solvingcurrent
tasks of self-fulfillment. Accordingly, in this case, the organism does not need a preliminary investment (investment) of certain resources to solve the problems of self-fulfillment, which are quite distant from it in time (at least in its internal time). On the contrary, KhSP,

made with NANC, activates body systems and targets them to solve promising tasks of self-fulfillment, both current and rather distant in his inner time. This requires the body to make preliminary investments (investments) in activities that does not give him immediate feedback. This form of activation of the organism leads it to higher levels of adaptive reactions (which is observed in the experiment).

3. Technology of manufacturing targeted (oriented) autonosode blood

1. Test the patient in accordance with one of the options virtual ART (testing along chains that simulate virtual nosologies of the body), for example,

a) "Chakras" - "MKP" - "Chromosomes";

b) “Chakras” - “MCP” - “Organopreparations” (branch testing - BT) “Viruses” and / or “Bacteria” and / or “Protozoa” and / or “Fungi” and / or “Protozoa”.

c) "Chakras" - "MCP" - "Nosodes" VT - "Viruses" and / or "Bacteria" and / or "Fungi" and / or "Protozoa".

d) Chakras - "MKP" - "Chromosomes" VT - "Organopreparations (sarcodes)" and / or "Nosodes" and / or "Viruses" and / or "Bacteria" and / or "Fungi" and / or "Protozoa".

All identified problems of the patient should be entered in a separate section for working with the medication selector, for example, in the "Prescription" or in the "Selected drugs".

In practice, to target the nosode, i.e. to obtain NANC, it is enough to use diagnostics along the chain a) "Chakras" - "MKP" "Chromosomes", to which, for the doctor's confidence, you can add several drugs reflecting his private (local) diagnoses, such as an organ preparation of a diseased organ, a nosode of a tested virus, disease nosode and the like.

For the convenience and completeness of the performed diagnostics, it is advisable in conclusion to measure the adaptation reserves (RA) of the patient and his biological indices (BI).

2. Select priority "purpose" attacks - the system tasks self-fulfillment, which must be addressed by the body at the same time. In the latest version of the targeting procedure, a simple resonance chain (RC) is often used as a “target”, revealed in the process of diagnostics [7–8], for example, RC “Chakras” - “MCP” - “Chromosomes”. This chain can be supplemented with one or more specific markers of diseases or syndromes of concern to the patient.

3. Write down the "target" for one globule of sugar crumbs (C) and put it in side.

4. Take one drop of blood from the patient's finger and prepare an autonosode his blood (ANKr). For this, a drop of the patient's blood is diluted with 4 ml of 40% alcohol, shaken 100 times and poured out. There are five such series (100 shakes each). On the fifth series (fifth potency according to Korsakov), the autonosode remains in the test tube, it is a ready-made adaptant (to the chosen system of tasks

self-fulfillment).

5. Take a small piece of cotton wool, moisten abundantly obtained autonosode and wrap it in pre-prepared food grade aluminum foil.

6. Place the foil with the autonosode into the second container of the BRT device with the selector turned off and rewrite into two globules located in the first container, with the position of the electronic potentiation knob of the bioresonance module to "7" in the "Transfer" or "Medication test" mode. An electronic copy of a blood autonosode (ANCr) was obtained.

7. Switch off the selector. Place (C) in a passive electrode and give it to hand of the patient. Make sure the load is correctly selected and tested.

8. Place one drug globule (ANKr) in the first container apparatus; test with slow potentiation with the electronic potentiation knob of the bioresonance module until complete and confident load compensation (C).

9. Remove from the passive electrode (C). "Remove" information from the electrode and postpone it. Transfer the drug (ANKr) from the first container to the second without touching the electronic potentiation knob. Place three globules in the first container and, turning on the "Transfer" or "Drug test", rewrite the drug on them. An electronic copy of the targeted (on the target) blood autonosode - putative (NACr), other words, - supposed adapt To chosen system tasks self-fulfillment.

10. Remove the drug (ANKr) from the second container. Place one the globule of the alleged NANCr into the first container, having previously set the handle of the electronic potentiation of the bioresonance module to 7.

11. Place the passive electrode into the patient's hand. Include composed Previously, a list of patient problems (a list of pointers from a drug selector) - a list of self-fulfillment tasks that he must, but cannot solve, and in turn check that the alleged (NANCr) really compensates for each problem, i.e. allows the patient to solve every self-fulfillment problem on this list. Check also the change in RA and BI, indicators of chronosemantic tests.

12. If the test results suit the doctor, then the alleged (NANCr) really is an adaptation to the chosen system of self-fulfillment tasks, i.e. is really "targeted" (to resolve this system). In this case, turn off the selector, set aside the electrode, replace the crumbs (NANCr) lying in the first container, used in the testing process, with a new one, placing it (new crumbs) in the second container. Then, in the "Transfer" or "MT" mode with the electronic potentiation knob at 7, rewrite (NANKr) from the second container to the first for a certain amount of crumbs. Received the corresponding amount of the manufactured drug (NANCr).

13. If by some parameters the proposed (NANKr) does not suits the doctor (there is no activation phenomenon), then it is necessary to continue the potentiation of the drug (ANKr), starting from point 8.

14. For the drug (C), determine the number of drug globules (NANCr), intended for a single dose, and, with the help of mental testing, the frequency, frequency and duration of taking the drug

(NANCr).

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