

Features of bioresonance therapy for diseases with prolonged chronic flow

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The aim of our work was to develop optimal BRT techniques in the treatment of diseases with a protracted and chronic course. The dynamics of the process was studied in patients with various diseases: diabetes mellitus, epilepsy, convulsive syndrome, bronchial asthma (including obstructive form), nodular goiter and other diseases of the thyroid gland, diseases of the blood system, chronic sinusitis, starting dysmenorrhea, prostatitis, prostate adenoma ... Before treatment, all patients were examined by a laboratory ultrasound scan, biochemical blood tests and consultations of narrow specialists according to the profile of the disease. After the main course of BRT, consisting of 10-12 procedures, the examinations were repeated. Most of the procedures were carried out once a week. Then, further supporting procedures were carried out once a week, in two,

The following patterns were revealed:

- clinical improvement in most cases was achieved already during the main course of BRT;
- the maximum improvement in the patient's condition occurred a month after the main course of BRT;
- organic changes, reliably determined by ultrasound (a decrease in the size of adenoma, fibroma, nodules in the parenchyma of the thyroid gland, etc.), were observed 2 months after the main course of treatment;
- stabilization of the process was observed depending on the nosological form of the disease by 3-4 months after the course of BRT;
- BRT was mainly used as a mono-method, only in cases of diabetes mellitus and diseases of the blood system BRT was combined with medications (insulin, sugar-reducing substances, cytotoxic drugs).

To illustrate, here are a few cases from practice:

1) Patient, 16 years old. Diagnosis: post-traumatic epilepsy, duration diseases for 4 years. Attacks 2-3 times a week. She was prescribed BRT within five months according to the above scheme. During therapy, the attacks began to recur once a month, then disappeared. Catanamnesis - there are no seizures during the year.

2) Patient, 16 years old. Diagnosis: initial amenorrhea, nodular goiter. After 3 months after the end of the main course on ultrasound, nodules in the parenchyma of the thyroid gland ceased to be determined, menstruation was established after two months. The youthful rash disappeared.

3) Patient, 4 years old. Diagnosis: birth injury consequences of intrauterine toxoplasmosis, infectious cerebrospinal fluid syndrome, allergy to most foods, convulsive syndrome. He has been taking anticonvulsants for three years, against their background, seizures continue 8-10 times per

day. In 2.5 months after the main course, the allergy disappeared completely, the child can eat almost all foods. Despite the fact that anticonvulsants were canceled, the number of seizures was reduced to 4-6 times a day. Treatment continues

4) Patient, 55 years old. Diagnosis: chronic pneumonia, obstructive bronchitis, bronchial asthma. Was admitted for treatment at st. asthmaticus. The attack was arrested from the first BRT session, the course of treatment was 10 sessions. The patient refused inhalers and hormones, and dyspnea decreased. If at the beginning of the treatment he moved around the office with difficulty, then by the end of the treatment he easily climbed to the third floor. Currently, shortness of breath occurs only when walking briskly two blocks away. Remote observation - 8 months.

5) Patient, 20 years old. Diagnosis: diabetes. For two years suffered from insulin-dependent form of diabetes mellitus, 28 units of insulin per day.

After 2 months of treatment with the BRT method, she began to gradually reduce the dose of insulin. After 7 months, she completely canceled insulin.

6) A similar picture was observed in a patient with uterine fibroids and a patient with prostate adenoma. The size of the neoplasm decreased, the previously expected operation was canceled after 7 months by the same surgeon.

Conclusions:

1. When using the BRT method for the treatment of diseases with a tendency to a protracted and chronic course, both the doctor and the patient must be prepared for a long course of therapy.

2. Lack of treatment results by the end of the main course of BRT in patients with chronic course of the disease should in no way be regarded as ineffective treatment and be a reason for stopping it. In these cases, it makes sense to conduct an examination no earlier than 2 months later.

3. After the onset of the clinical effect and confirmation a positive result by laboratory methods, it is advisable to use figuratively continue BRT up to 4-6 months at rare intervals.

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