

Practical results of the application of chronosemantic therapy,
virtual ART and SDA in the treatment of difficult patients

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The effectiveness of the use of the methods of chronosemantic diagnostics and therapy [1–2], virtual ART [3] and systemic spiritual adaptants (SDA, see [4]) in medical practice requires rather deep research, which should be carried out in at least three different directions:

1. First, statistical research, proving the expediency of the combined use of the above methods in that part of medical practice in which we are talking about diseases that are also amenable to other methods of influencing them using BRT and RFT, but, perhaps, worse than using the methods under consideration. In such studies, it is necessary to separately consider the compatibility of these methods with other methods of BRT and RFT and, in general, with other methods of diagnosis and therapy, about their long-term consequences, about the conditions in which these methods should be used, contraindications to them, etc.

2. Secondly, some observations in which it is proved the effectiveness of the considered methods for solving known diagnostic and therapeutic tasks that cannot be reliably resolved with the help of "other", relatively speaking, "traditional" methods of BRT, RFT and ART. These tasks should be attributed.

- treatment of slow viral infections, such as: AIDS, hepatitis B, C, D, etc. ;

- treatment of systemic degenerative diseases, in particular systemic nervous diseases;

- treatment of oncological diseases and their consequences;

- treatment of chronic alcoholism, drug addiction, and other forms of pathological addictions;

- treatment of chronic diseases of undetermined etiology, for any (in particular, hereditary) reason that are difficult to respond to other forms of treatment.

3. Third, research (both statistical and individual observations), which study the ability of the three above-mentioned diagnostic and therapeutic methods, applied in combination, to solve fundamentally new problems, in relation to which the question of whether they can be solved using traditional methods of BRT, ART, and MRI was not even raised ... For example:

- the tasks of revealing certain abilities in the patient, for example, increasing the ability to learn, communicate, control the situation, self-control, etc. in a child, the task of developing intuitive abilities in an ART operator, and the like;

- the task of changing the target orientation of a person (in accordance with his own desires, which he wants, but cannot implement), for example, avoiding pathological forms of behavior in a criminal who wants to "tie up", but does not know how it is

do;

- gerontological tasks, in particular, the task of extending life and its creative period;
- other, unconventional, but naturally related to medicine tasks.

This study belongs to the second of the described directions. It represents a certain set of observations of the results of diagnostics and therapy carried out using chronosemantics, virtual ART and SDA in relation to individual patients suffering from diseases that are difficult to respond to both conventional drug therapy and traditional forms of therapy using BRT, ART and MRI.

The study was carried out on the basis of the medical homeopathic center "Vitality" (director L. Osokina). The results of the study are clinically confirmed.

To describe the algorithm for obtaining chronosemantic drugs prescribed to patients in the course of treatment, the traditional symbols and terminology of chronosemantics, detailed in [2], were used.

1. Patient R., born in 1947. In 2003, diagnosed with cancer of the right breast. Underwent radical mastectomy and subsequent chemotherapy. In 2004, cancer of the left breast was discovered. This time the patient refused the classical treatment, saying that the second time she would not stand it.

She has been on treatment with ART and BRT since September 3, 2004. At the first admission, the patient received a general BR-drug according to the scheme: circular BR-7 + resonance frequency therapy (RFT) a / oxidative effect + FM-complex (hereinafter - just FMK) "Discrasia / premalignization" + FMK "Lymph" + "OHOM" DRE "Drainage of female genital organs and mammary glands." The drug is prescribed for 3 globules in the morning.

Additionally assigned:

- SDA "Vivifying Cross", 1 globule 1 time a day in the morning;
- FMK "Nerves", 3 globules 3 times a day;
- FMK "Hepatobiliary system" + "Pancreas", 3 each

globules 3 times a day;

- "ONOM" DRE "Drainage of the cardiovascular system", 3 globules 3

once a day;

- "ONOM" DRE "Lymph drainage", 3 globules 3 times a day;
- FMC "Discrasia / premalignization", 3 globules 3 times a day;
- "anti-cancer triad of Yu.V. Gotovsky": frequencies 6.2 Hz - 3 each

globules once a day; 22.5 Hz - 3 globules once a day; "OHOM" "Krebs cycle" - 3 globules 1 time per day.

Of the non-energy-informational preparations, dietary supplements of the company "Vision" were prescribed:

- Detox 3 capsules 3 times a day;
- Antiox 2 capsules 3 times a day;
- Medissa 1 capsule 2 times a day;
- Lifepack-senior 1 capsule 2 times a day. The patient was scheduled to visit once a month.

On October 5, 2004, the patient came to the appointment again. Her general well-being has improved. When measured, the adaptation resources have slightly increased. At the second appointment, the patient underwent a "cleaning" of the Life lines on both palms with the "Life-giving cross" SDA as a target marker (MS). Were made:

- on the left hand: chronosemantic preparation (CSP) Pot_{6.5} (Σi (MT LVen_L | LC)), prescribed 2 globules 2 times a week;
- from the right hand: Pot_{6.8} (Σi (MT LVen_R | LC)), 1 globule once a week.

At the same time, after chronosemantics from the left hand and before chronosemantics the patient took 2 CSP Pot globules in her right hand_{6.5} (Σi (MT LVen_L | LC)) recorded from the left hand.

Additionally, they were prescribed: induction program of brain rhythms "Stress II" (amplitude 15 cu), 5 globules per night.

Then the patient went to appointments regularly, the new chronosemantics was no longer performed, but the CGPs made in October 2004 were regularly taken (as was the JA drug). All this time she was under the supervision of an oncologist. In November 2004, the oncologist noted a significant and incomprehensible positive dynamics (they were told: "I don't know what you are being treated with, but continue the treatment").

31.01.2005, the patient was again examined by an oncologist. Lactic carcinoma glands missing, there is only fibrosis breast.

At the end of February 2005, the patient underwent another examination. Oncology has not been identified.

2. Patient L., born in 1963. Diagnosis: cancer of the left breast. IN In July 2001, a sectoral mastectomy of the left breast was performed. In November, she was diagnosed with repeated cancer of the left breast, and the oncological examination indicated the presence of metastases. In addition, ultrasound revealed uterine fibroids, size 4-6 weeks, and a cyst of the left ovary. She came for treatment after reading an article in Moskovsky Komsomolets. The patient did not set the task of getting rid of cancer. She only wanted to "correct her fate," and she did not know what exactly she wanted.

The treatment was started on November 26, 2004. On examination by the ART method, no metastases were detected (and their presence was not confirmed later). Were identified: breast cancer, uterine myoma and left ovarian cyst. At the first admission, the patient received a general BR-drug according to the following scheme: circular BR-7 + RFT a / oxidative effect + FMK "Hepatobiliary system" + FMK "Pancreas" + FMK "Resistance / inflammation" + FMK "Discrasia / premalignization" + "OHOM "" Lymph drainage ". The drug is prescribed 3 globules once a day.

Additionally assigned:

- "anti-cancer triad Yu.V. Gotovsky ": frequency 6.2 Hz - 3 globules once a day, 22.5 Hz - 1 globule once a day, " ONOM "" Krebs cycle "- 1 globule once a day;
- SDA "Vivifying Cross", assigned 1 globule 1 time per day.

The patient returned to the appointment on 06.12.2004.

chronosemantic drugs with a blood nosode (NCR) as a target marker:

- from the left hand: Pot_{7.0} (Σi (MT LVen_L | NKr)), the drug was prescribed 2 globules every 3 days for the fourth;
- from the right hand: Pot_{6.0} (Σi (MT LVen_R | NKr)), the drug was prescribed 2 globules every 3 days on the fourth (with a shift of one day relative to the first. Moreover, if the days of admission later coincided, then it was proposed to take the drugs separately, for example, in the morning and at lunchtime).

In addition, the following were appointed:

- blood nosode, 1 globule every other day;
- Detox, 3 capsules 3 times a day;
- Antiox, 2 capsules 4 times a day.

The patient returned to the appointment on 24.12.2004. An energy-informational preparation (EIP) was made: inversion of the patient's blood in potency

8. The drug is prescribed 3 globules once a day every other day.

HSP:

- from the left hand: Pot_{6.8} (Σi (MT OHL_L | (non-reproducible MT of perinatal period from LVen_L) + KT OHL_L)), the drug was prescribed in 3 globules after 2 days on the third (here OHL is the main chiroglyphic lines of the palm, CT OHL - end points on these lines);

- from the right hand: Pot_{6.5} (Σi (MT OHL_R | (non-reproducible MT perinatal period with LVen_R) + KT OHL_R)), the drug was prescribed for 2 globules in 3 days for the fourth.

In January 2005, the patient underwent another ultrasound scan. Myomas and ovarian cysts are no longer found. Since it was still impossible to give a 100% guarantee of cure by non-surgical methods, the patient went for an operation.

3. Patient A. 1954 Diagnosis: pituitary adenoma 10 17 12 mm. Test for prolactin from 25.05.2003 - 4500.0 c.u.

She has been undergoing treatment since 05. 2003. In the period from 25.05.2003 to 22.10.2003, the patient underwent bioresonance therapy, received PBS, OBR, prescribed Antiox and Detox (dietary supplements from Vision). However, there was little improvement in her condition during this period. In particular, a significant drop in prolactin was not observed, although the tumor did not grow.

On October 22, 2003, the patient underwent the first chronosemantics: Pot preparations_{6.8} (Σi (BRekh_L | KT LVen_L) and Pot_{6.5} (Σi (BRekh_R | KT LVen_R). In other words, chronosemantics was carried out according to Bacchus Rekha (the line on the large finger) on both palms using endpoints on the Life lines as a goal marker. Received CSPs were prescribed 3 globules 1 time per week alternately (i.e. only 2 doses of drugs per week).

4.12. 2003, the patient underwent chronosemantics along the line of Life with target marker - three points on the Life line with the lowest indices for indirect ART.

12.01.2004, the lifeline was cleaned with an empty marker on Yu.V. Gotovsky with a sequential single reception of the received intermediate preparations.

24.01.2004, the Head line was cleaned with an empty marker on Yu.V. Gotovsky with a sequential single reception of the received

intermediate preparations.

03/23/2004 ChSP manufactured:

- from the left hand: Pot_{7.0} (Σ i (MT LVen_L | NKr)), the drug was prescribed for 5 globules on April 6 and 20,
- from the right hand: Pot_{6.8} (Σ i (MT LVen_R | NKr)), the drug was prescribed 2 globules on April 13 and 27.

On May 19, 2004, a blood nosode was prescribed, made on 03/23/2004, 1 globule every other day. HSP Pot_{7.0} (Σ i (MT LVen_L | NKr)) and Pot_{6.8} (Σ i (MT LVen_R | NKr)) were tested (by CT OHL) and were prescribed again, since their potency was not has changed.

7.07.2004 G. Carried out testing and potentiation chronosemantic preparations Pot_{7.0} (Σ i (MT LVen_L | NKr)) and Pot_{6.8} (Σ i (MT LVen_R | NKr)) dated 03.23.2004 in accordance with the indications of the chronosemantic endpoint test on the OHL of the patient's palm. This time the potency of CSP changed:

- from the right hand: Pot_{6.2} (Pot_{6.8} (Σ i (MT LVen_R | NKr))), the drug was prescribed for 4 globules on July 21 and August 4;
- from the left hand: Pot_{6.1} (Pot_{7.0} (Σ i (MT LVen_L | NKr))), the drug was prescribed for 3 globules on July 22nd and August 12th.

20.08. In 2004, the patient again passed the prolactin test. Test results - 3649, \$ 0 (compared to 4500.0 cu in the initial test from 25.05.2003).

02/14/2005 A new blood nosode was made, which is oriented [3] on organopreparations of a pituitary adenoma and a pituitary adenoma nosode. The orienting potency of the nosode is obtained - Pot_{five}(NKr).

Chronosemantic preparations were made according to the oriented blood nosode:

- from the left hand: Pot_{6.5} (Σ i (MT LVen_L | Pot_{five} (NKr))), the drug was prescribed 3 globules 1 time per day;
- from the right hand: Pot_{7.0} (Σ i (MT LVen_R | Pot_{five} (NKr))), the drug was prescribed 2 globles after 3 days on the fourth.

The patient was again asked to take a prolactin test (which she still has not passed because she feels well).

Based on the above clinical cases, the following conclusions can be drawn:

1. Combined use of chronosemantics, SDA, patient diagnosis and targeting (targeting) drugs using virtual ART is an effective method of treating complex diseases that are poorly curable by conventional methods, in particular cancer, in women.

2. Chronosemantic drugs remain highly effective a means of treating a patient also in the case when the set of target markers used for their manufacture is limited:

- oriented blood nosode;
- recordings of e / m signals from separate non-reproducible MTs on the main chiroglyph lines of the patient's palm;
- SDA drugs.

3. The combination of chronosemantics, SDA and virtual ART is good

compatible with both "ordinary" forms of BRT - in particular, with the use of OBRP and CHRP, and with non-energy-informational detoxification therapy with preparations of the company "Vision".

Literature

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Ishchenko E.A., Mkhitarian K.N. Practical results of using chronosemantic therapy, virtual ART and SDA in the treatment of difficult patients // XI