

## Seasonal changes in the indicator of geopathogenic burden in bioresonance diagnostics

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### Introduction

The problem of the influence of geophysical anomalies on the health of the population is very important for medicine in general, since the efforts made by doctors to help people with any diseases will be unsuccessful as long as the sick person remains in the dangerous, so-called, "geopathogenic zone" ( GPP).

It is as if doctors were treating a person who remains in the radiation zone for radiation exposure. The danger of GPI, in addition to functional disorders of the body, lies in the fact that their effect is associated with the occurrence of oncological and mental diseases, multiple sclerosis, asthma, depressive conditions, diseases of the musculoskeletal system and a number of other serious systemic diseases [1-5].

The introduction of methods of electropunctural diagnostics and bioresonance therapy into medical practice has significantly expanded the possibilities of doctors in making an accurate diagnosis and identifying the main causes of diseases. In particular, ART studies help to clearly differentiate in the disease the role of hereditary factors from bacterial, viral infections or the influence of geopathogenic load at the location of a person.

The special significance of GPZ in the development of pathological changes in each patient is noted by specialists quite definitely:

"... We recommend all doctors practicing methods of electro-acupuncture diagnostics and therapy to begin with examining their patients with identifying geopathogenic aggravations (GO) and taking measures to eliminate it. To treat a patient who is sleeping, working or resting in a geopathogenic zone is a thankless and ineffective occupation.one; text highlighted by the authors] and once again emphasize: "For the successful treatment of a person, he must first of allremove from the geopathogenic zone."[2].

Based on the above recommendations of specialists in BRT and ART, we carried out during 2001-2004. continuous studies (except for the vacation period in August) studies of geopathogenic burden (GO) in patients who applied to the polyclinic of our Center for the treatment of various diseases [4, 5]. The age structure of patients with geopathogenic burden is as follows: at the age from 1 to 15 years - 11 patients, from 16 to 20 years old - 2 patients, from 21 to 25 years old - 11 patients, from 26 to 30 years old - 12 patients, from 31 up to 35 years old - 9 patients, from 36 to 40 years old - 19 patients, from 41 to 45 years old - 16 patients, from 46 to 51 years old - 19 patients, from 52 to 55 years old - 25 patients, from 56 to 60 years old - 7 patients, from 61 to 65 years old - 8 patients, from 66 to 70 years old - 5 patients, from 71 to 80 years old - 3 patients.

The determination of GO was carried out according to standard the technique used in bioresonance diagnostics by R. Voll's methods at the point of measure pancreas diana - spleen RP4a (left) ART "IMEDIS-TEST" using appropriate markers - Silicea D60, Lithium carb.D60, and technopathogenic load according to Phosphorus D60 [4, 5]. Daily studies carried out for 4 years showed that HO was detected on average in 10% of the patients who applied to us: 147 cases out of a total of 1560 people examined (Table 1).

Table 1

Results of examination of patients for geopathogenic burden for the period 2001-2004

Months	one	2	3	4	five	6	7	eight	nine	10	eleven	12
Number of patients												
Total	102	146	186	167	153	164	60	-	139	140	150	136
with GO	6	31	18	17	11	14	6	-	nine	eight	12	fifteen
with GO,%	5.9	21.2	9,7	10.2	7.2	8,5	8.7	-	6.5	5.7	8.0	11.0

As a result of our research, a seasonal variation was revealed in the definition of GO with the markers indicated above. It turned out that, with the help of these markers, HO is well detected in the period from December to April inclusively and in a much smaller number in the period from May to November of each year (see Table 3), although in some years there are exceptions (May 2001 ., June 2004). In addition, another regularity was revealed: on some days of each year, GO is detected separately, sporadically, i.e. on certain days of the month, and sometimes on a number of consecutive days ("clusters"), mostly in January-February and November-December (these days are shown in bold in Table 2). When analyzing the table. 2 also draws attention to the hard-to-explain fact that in March, April, November 2003 and January 2004, there was no HO at all, although the number of patients examined in these months was 58, 50, 35, respectively, in 2003.

table 2

Number of patients and days with geopathogenic burden

Month	year 2001	2002 year	2003 year	2004 year
	Total	Total	Total	Total
I	no data	14.29 2	4,5,30,31 4	no GO
II	nineteen,27,28 3	5,8,11,13,15,20 22,26,27 9	3,5.6 (2), 7.11 13 (2) 19.21 (3), 26 13	4,5,6,10 25,26 6
III	6,11-16.20.21 23.29 11	7.21.29 3	no GO	1,5,10,23 4
IV	2,4,9,17, 19.23.28 11	8.12 2	no GO	5,9,12,29 4
V	3,8,10,fourteen 15.16,31 7	24.29 2	21 one	14.17 2
VI	7.14 2	3.13.25 3	2,24.25 3	3,8,10, 15.29 five
Vii	3	from 1 to 12 no GO	no data	5.14.28 3
VIII	no data	no data	no data	no data
IX	7 one	25 one	8.22,25.26 4	3.20.23 3
X	26	eleven	9.31 one	1,4,14,22 2 4
XI	13 one	twenty,28 (2), 29 4	no GO	5,16,19, 22.23.24,26
XII	14.19.21 (2) 4	nineteen	2,3,5 one	1,2,6,15,24 3 five
Total	43	27	31	46

### Discussion

The data we obtained on the seasonal course of HR indicate a clear dependence of the detected change in the HRT indicator for HR on environmental factors, and the reaction is traced in patients of any age. Since the HR indicator is associated with the electrophysical characteristics of a person's acupuncture points, it can be assumed that

that the acting factors may be physical fields and radiation caused by solar activity.

There are numerous data on the important role of heliogeophysical factors for human health and on a sharp change in their functional state with an increase in the activity of these environmental factors [6, 7].

In order to study this issue, the indices of solar activity were used: Wolf index, radio emission at a frequency of 2800 MHz, local and planetary indices of geomagnetic activity (Ki, Kr, Ap, C), dates of the change of sectors of the interplanetary magnetic field, cosmoteluric field, characterizing the change in solar activity and geophysical fields of the surface layer.

To clarify the possible reasons for the seasonal changes in HR indicators, their number was compared with the dynamics of various heliogeophysical indicators for 2001–2004. But the analysis showed that none of the heliogeophysical indicators we took correlated directly with the occurrence or absence of HR in the patients we studied, and there was no direct, unambiguous correspondence of the functional responses of people to HR with the physical indices we studied.

Considering the meridian activity and the possible relationship of the biophysical properties of their acupuncture points with heliogeophysical factors, one should bear in mind a number of features of this interaction associated not only with individual differences in the responses of different patients (age, sex, functional differences), but also the features of the manifestation of heliogeophysical factors. environment.

In particular, it is noted that the biological effects of natural weak physical fields are due to the simultaneous hitting both the electromagnetic “frequency windows of efficiency” and physiological and time “windows” [8], and therefore there is no direct correlation between the GO indicator we study and geophysical factors in different days, months and years during the same solar cycle.

It should be noted that the essential parameters of the Earth's electromagnetic field include not only the amplitude-frequency and phase characteristics of the geomagnetic field, but also the electrical component  $E_z$  - the vertical electrical component of geomagnetic pulsations, which has its own variation characteristics and characteristics in the surface layer [9]. One should also take into account the important role of changing the boundaries of the polarity of the sectors of the interplanetary magnetic field [10], which is of great importance for both geophysical processes and human heliometeotropic reactions.

### Conclusion

For further study of the discovered by us phenomenon of the seasonal course of GO and, possibly, other functional and diagnostic indicators of ART, it is necessary to conduct synchronous observations carried out by researchers in different places of the same city, as well as in different cities of our country and abroad. This will make it possible to clarify whether the discovered phenomenon is of a local or planetary nature and to outline the corresponding further plans for biophysical and medical research.

Studies of this kind, carried out with other diagnostic ART indicators, will help to reveal their real significance for patients seeking medical help from specialists in energy-informational medicine in different seasons of the year. In turn, this will make it possible to answer an important question - is it possible to unconditionally trust the indicators of the autonomic resonance test when determining HR without experimental instrumental testing of the living and working premises of patients for the presence of geopathogenic zones.

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