

Experience of oncology treatment (Case from practice)

B.G. Malyavkin
(Odessa, Ukraine)

The hardware and software complex "IMEDIS-EXPERT" in the latest version, if the doctor has certain medical knowledge and practical skills, makes it possible to treat any pathology.

As an example, I would like to cite the following clinical observation.

Patient S., 55 years old, on 12/30/2005 came to me with a complaint of the appearance of an incomprehensible formation on the skin in the upper third of the left shoulder. On examination, there was a painless purple-cyanotic spot in the indicated area. Irregularly shaped with scalloped edges measuring 6x8 cm, regional lymph nodes are not enlarged.

When testing the patient, the following indicators were determined: general optimal biological index (OBI) - 3; general optimal photon index (OFI) - 10; optimal reserves of adaptation (OPA) - good 2. Head focus, primary affected organ, source of complaints - skin. A chronic process was also revealed there. The private photonic index of the skin is 10, the private biological index is 17. The catabolic process of 6 tbsp., The acidity of 5 tbsp., The nutritional value of 2 tbsp. Were revealed in the skin. In addition, clinical morphological processes, onco-protein, oncology F32, anticancer resistance grade 2, grade 2, grade 2, and clinical grade 1 were found in the skin. Indicators of a chronic degenerative process, the presence of micro- and macro-tumors, psorinum D32 and a frequency of 22.5 Hz also worked. And, finally, the end of all these searches was the nosode of the left shoulder leiomyosarcoma. This nosode has been tested at levels 1, 2 and 3. Filtration of this nosode through Intox III and genetic flaws gave a negative result, i.e. the detected tumor is acquired.

When filtering the onconosode through organopreparations, only the skin was affected, in other words, the oncological process did not go any further, which corresponds to the 1st clinical stage identified earlier. For the final confirmation of the diagnosis from the damaged area of the skin in the mode of continuous therapy along all meridians with a point inductor in the 1st container for several globules for 15 seconds, information was taken, which was then tested for the presence of nosodes from the 2nd container. The answer is leiomyosarcoma.

After the establishment of such a disappointing diagnosis, the question arose about treatment, especially since the patient flatly refused to seek help from the oncological dispensary. In order for the treatment to be pathogenically adequate, it was necessary to make an antileiomyosarcoma and select appropriate drains. In this regard, the algorithm was as follows:
Skin ↓ + Connective tissue degeneration meridian ↑ + Skin meridian ↑ + Kidney meridian ↑

At the same time, the key, excess and most affected was the skin meridian. The blocking of this meridian was removed with an inverted color - blue 12 in the D200 potential. This color in the mode of simultaneous BRT for 3 minutes was recorded at the frequencies of the skin meridian for several globules in

1st container. After that, the globules were transferred to the 2nd container, and in the same mode, the BRT was continued until the skin meridian reached the optimal level. Simultaneously with it, the meridian of connective tissue degeneration and the meridian of the kidneys were optimized. Globules with inverse colors are discarded. Now the road for removing information from the diseased skin area is open! With it, a point inductor according to the method of A.A. Hovsepyan [2] for 20 minutes along the selected meridians in a continuous mode, the antinosode - BR-1 was recorded. The tumor was not tested during loading with this drug, the damaged meridians returned to normal. In addition, the drug when tested through Ferrum met. D60, Cu met. D400 and efficacy were positive and did not induce metabolic hypoxia. The dose of the drug was determined through the optimal adaptation reserves. She made 6 globules 2 times a day. In addition, ONOM drains were tested for optimality and efficiency: skin, lymph, spleen, pancreas, liver, gallbladder, gastrointestinal tract and kidneys.

The second visit of the patient on 04.01.2006. General BI - 3, skin BI - 15, leiomyosarcoma in inversion of BR-1 and drains is tested at levels 1, 2 and 3. The daily dose of BR-1 after testing has been reduced from 12 to 4 globules per day. The drains are kept at the same dosage.

Third visit 17.01.2006. General BI - 3, skin BI - 5, leiomyosarcoma is tested at 1, 2 and 3 levels.

Fourth visit 23.01.2006. General BI - 3, BI of the skin in inversion BR-1 and drains - 3. Leiomyosarcoma at the 1st level is not tested. This is why BI skin bounced back. But at levels 2 and 3, oncology is still being detected.

Fifth visit 31.01.2006. Common BI - 3. Leiomyosarcoma in inversion of BR-1 and drains at all levels is no longer tested. But the BI of the skin "moved" from the 3rd to the 4th level. In order to return the skin to the 3rd BI, BR-1 in transfer mode was rewritten with a gain of 6. The drug was tested and issued to the patient under the name BR-2. The drains remain the same.

Sixth visit 07.02.2006. The general BI is still 3. Oncology at all three levels is not tested. BR-2 and drains are working and left in the same dosage. However, the patient developed a grade 8 mental stress, which was removed by Roy Martin's "harmony of the soul".

Seventh visit 02/14/2006. The general BI is kept at the 3rd level. Oncology is not tested at all three levels. The mental load under the influence of the "harmony of the soul" drug moved from level 8 to level 3. At the same time, the drug "loaded" the motor area of the brain up to 5 BI. In order to return it to its original state, an appropriate drug from ONOM was selected - drainage of the nervous system. BR-2 and old drainages no longer worked and were canceled. Recorded by BRPYu.V. Gotovsky and new drains, which include drainages of the nervous system.

Eighth visit 28.02.2006. All indicators are normal. Oncology at 1, 2 and 3 levels is not defined. The patient has a pale pink spot on the left shoulder with indistinct blurred edges, which does not bother her.

In conclusion, I should note that the treatment of oncology in this case was successful because the patient had previously been eliminated (before the appearance of the ill-fated spot on the left shoulder) the following burdens:

geopathogenic, electromagnetic, radiation, mental stress, Intox I and Intox II were eliminated, the deficiency of vitamins, trace elements, hormones was eliminated, viral hepatitis B, cystic goiter and tuberculosis were treated.

Literature

1. Gotovsky Yu.V., Shraibman M.M. Application of color in diagnostics, adaptive bioresonance and multiresonance therapy. - M.: IMEDIS, 1998.
2. Bazikyan G.K., Ovsepyan A.A., Machanyan A.S., Gotovsky Yu.V. Optimization of diagnosis and treatment of multilayer and multifactorial pathology using the hardware-software complex "IMEDIS-FALL" // Abstracts and reports of the VI International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy". Part I. - M.: IMEDIS, 2000. - P. 24-51.

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