

## The effectiveness of chronosemantics and SDA as a method of controlling the body a patient in a clinical trial

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### 1. Introduction. Formulation of the problem

The purpose of this work is to assess the effectiveness of chronosemantics. how methods of treatment of complex and very difficult patients with polynosological diagnosis. In this case, it is impossible to clearly "distribute" the patient's condition into separate nosologies, and therefore, such patients, official medicine, as a rule, simultaneously puts several different clinical diagnoses, none of which can be treated.

The subjective reasons for my appeal to the KhST and SDA were:

1. The usual interest in new things, the desire to experience a new popular information therapy technique.

2. The presence of a group of complex chronic patients who are not responded to treatment with conventional forms of bioresonance and multiresonance therapy.

3. The need for a deeper philosophical understanding of problems diagnostics and therapy of the body as a self-regulating system. The idea of the founders of chronosemantics [1, 2] about the existence of internal time in the body seemed interesting and I wanted to test this idea in practice. It was also an interesting idea to objectify the action of energy-information copies of shrines. Indeed, from the point of view of official medicine, the action of the shrine is reduced to a simple self-hypnosis, i.e. placebo effect.

Patients who were offered chronosemantics, over the years of their illness, have tried many existing methods of improving their health, and they did not see the prospects for their treatment with the help of known therapeutic methods. There was no point in confirming the clinical diagnosis and / or looking for something else with the help of the ART diagnostics of these patients: they were all sufficiently fully clinically examined, and their diagnoses, at least from the point of view of orthodox medicine, were quite complete and correct. identified. As a rule, those patients who no longer needed computer pictures and descriptions of existing health problems for more than one year agreed to the use of the XST technique. In each such case, CCT was used not as palliative therapy, but as an attempt to lead the patient to complete healing.

Ethical considerations do not allow the practicing physician to conduct a study of the effectiveness of the patient's therapy method in a standard way by forming two groups of subjects, one of which is treated using the method under study for the effectiveness, and the other

"Traditional" methods of results. with the subsequent comparison of the obtained  
In this case, research, from our this problem (the evidence of the conducted  
point vision, is solved in a slightly different way:  
each of the patients in our study was actually a representative

control group for himself. Indeed, all patients who underwent CTT (24 people), firstly, for many years underwent numerous and varied courses of treatment according to the methods of official medicine, and, therefore, it was found that all these v methods for their cures ineffective. Consequently, all these the patients may considered as a control group for themselves, according to the towards methods of official medicine. Some of the patients (8 people) after of the first appeal to the author was treated by him using other - not related to the CTT - information therapy methods (OBR, BDS, prescribing information drugs selected with the help of ART, therapy with exogenous frequencies, etc.), but without obtaining a satisfactory result (at least , for the doctor). This part of the patients can be considered as a control group for itself, in relation to information medicine methods other than XTT.

## 2. Statistical results of chronosemantic therapy

In total, 24 patients underwent CTT. Moreover, out of the total, there are 5 doctors of various specialties. The goal marker (MC) was selected by the doctor on the basis of a subjective assessment of the situation, according to the results of BPT. Overall, the target markers were distributed as follows:

The total number of patients - 24 people: for CT used MC - chromosomes - 5 people, for CT used MC - low endpoints - 7 people, for CT used MC - blood nosode to the patient, aimed at the sum of its end points - 18 people, for CT, a targeted blood nosode was used, through the level of endocrine disorders - 5 people.

At the same time, in most cases, several different MCs were used for the patient's therapy. It should be noted that in all these cases, in parallel with CCT, patients were prescribed the Systemic Spiritual Adaptant (SDA) "Life-giving cross" (LC) [3]. The dose, order and duration of taking the chronosemantic drug (CSP) was selected by the method of mental testing.

In a number of cases, in addition to the FA preparation, other systemic adapters were used, selected according to the indications of ART. All these drugs were selected by a double-blind method: I did not know what exactly was in this test bag with SDA. Patients, however, did not know at all that they were accepting energy-information copies of shrines. Note that, according to this double-blind test:

1. SDA - "Optimized cross" (OP) was tested mainly with the predominance of psycho-emotional problems in the patient, and also if at the time of the therapy there was no clear predominance of any one specific nosology.

2. SDA - "Nikolay the Wonderworker" (LF) was tested mainly in those cases when the patient had many organic problems and the threat to his survival was clearly visible (for example, after a stroke, with hypertension).

Treatment results with help XST and the SDA were determined expressgm. method, with the cumulative taking into account results subsequent examinations using the ART method and the dynamics of clinical examinations of the patient.

These results were distributed as follows (follow-up from 6 months to 1.2 years):

- convalescence with long-term remission (complaints with which he applied sick, more do not appear in him) - 12 people;
- significant improvement in the condition - 8 people;
- a slight improvement in the condition - 2 people;
- there is no dynamics of the state - 2 people;
- deterioration of the condition - 0 people.

Here are some interesting cases from practice:

1. Patient S., born in 1988. First appointment 14.05.2005.

Diagnosis: Juvenile rheumatoid arthritis, systemic form, grade 2 activity. Steroid osteoporosis. Chronic gastritis, duodenitis. Biliary dyskinesia. Reactive pancreatitis.

Complaints: stiffness in the morning, pain in the hip joint, limitation of movement in the right hip joint, emotional instability, pessimism, disbelief in the future.

From the anamnesis, sick since 2000, receiving treatment at the Institute of Rheumatology in the observation group on the drug SANDIMUN neoral (made in Sweden) at 200 mg / day, as well as METIPRED at 3 mg / day, METATREXAT at 25 mg 2 times a week.

Analyzes at the time of treatment on 21.04.2005: ESR - 45 mm / hour, CRP - + +, Rheumatoid factor + + + +.

The patient's mother was afraid of increasing the dose of hormonal drugs, because the girl begins to experience pain in the liver and problems with the gastrointestinal tract.

At the first appointment, the patient received a targeted urine nosode from the morning portion. The dose of the manufactured drug was selected by mental testing (5 globules once a day) and was recommended to be taken daily in the morning.

Additionally appointed: SDA "Life-giving cross" 1 globule 1 time

in the morning.

On the second day of urine nosode intake, the girl had increased pain in the hip joint, right wrist joint (from which the disease began in 2000), skin reddening and swelling appeared. All these symptoms gradually decreased and after 2 days the pain disappeared without increasing the doses of drugs and without taking pain medication.

Reappointment on 05/22/2005:

1. A new targeted urine nosode was made.
2. A chronosemantic preparation (CSP) was made separately for the left and the right hand along the line of Life (Venus), moreover, a pseudotransparent marker was used for it as a MC: the potency of the same targeted urine nosode + SDA "Life-giving cross".

Doses for both drugs were determined by mental testing. Additionally appointed: SDA "Life-giving cross" in the morning, SDA "Nikolai the Wonderworker" 1 globule, every other day in the morning.

After about 14 days, the patient's pain finally disappeared, morning stiffness disappeared, her mood improved, and

psycho-emotional mood and attitude to life, there was a desire to learn, the girl began to attend belly dancing lessons.

The doses of medications prescribed by the rheumatologist remained the same. The girl's mother also noted a significant improvement in the child's well-being, the absence of pain, stiffness and a positive attitude. The attending rheumatologist was surprised that, without increasing the dose, there was a positive trend in laboratory tests.

Analysis from 09.06.2005: CRP + +, Rheumatoid factor +, Antistreptolysin -.

Analyzes dated June 30, 2005: ESR - 31 mm / hour, CRP negative.

The girl's treatment continues.

2. Patient L.U., born in 1966. I applied on 8.02.2005. Diagnosis:

Obesity 2 degrees, varicose veins of the lower extremities. From anamnesis: the patient is a mother of 4 children (4 pregnancies), there were operations for 1 varicosis on the left leg and vaginal plastic surgery.

On examination at the clinic: sugar 6.5; thyroid volume -

\$ 17.0 e. On ultrasound of the uterus, small myomatous nodes, heterogeneous myometrium.

Complaints: shortness of breath, loss of strength, increased appetite, constant desire to rest, lack of desire to do anything, increased sweating with any, even minor physical exertion. Weight 95 kg. WITH

8.02-4.03 a course of acupuncture was carried out according to the scheme using corporal and auricular points, with further blocking of thirst and hunger points (for 10 days). During the course, weight loss was 4 kg. The waist at the level of the navel is 108 cm (at 8.02), decreased to 104 cm (7.03). After two sessions of mesotherapy, the preparations of the firm "O.T.I." sweat: Lymphomyoti, Adeps, Procaine, Cellin-2.

Witch hazel was additionally pierced on his feet.

The next time the patient visited our center on March 7, 2005 (against the background of ongoing mesotherapy). She underwent CT along all lines on both arms with a targeted (according to the level of endocrine disorders) blood nosode as the MC. Next visit to the patient: 01.03.2005.

A targeted (for endocrine disorders) blood nosode was made and the XST was continued: along the life lines on both arms with a targeted nosode as the MC. Additionally (without informing the patients about the nature of the drug), the author prescribed her to receive the SDA "Vivifying Cross".

The next visit to the patient is 04/20/2005. This time, a CCT was made along the lines of the head of both hands with the MC - targeting, through the level of endocrine disorders, the blood nosode.

During the course of the treatment, the patient's complaints significantly decreased, she began to meet children returning from school, took up cleaning the apartment and renovating the dacha. During the summer, the patient built a new house. At a subsequent visit, her weight was 88 kg. The waist was 101 cm, sugar has stabilized and is now 4.5 mmol. The patient took care of her appearance, and now asks not to treat herself, but to improve her fate (i.e., health problems have lost their relevance, have faded into the background).

Conclusions:

1. The combined use of HCT and therapy with SDA certainly more effective in relation to patients with polynology than the methods of official medicine currently used for their treatment.
2. In many cases, the combined use of CT and therapy with SDA is more effective than the usual methods of using BRT and ART (creation of OBR, PBS, therapy with exogenous frequencies, etc.).
3. The effectiveness of the combined use of CT and therapy with SDA, according to the author, is primarily due to a qualitatively new level of physiological interaction with the body in the process of CTD and SDA therapy: control (for the purpose of therapy) with such deep levels of its physiological self-regulation, as its internal time and the highest (spiritual) levels of its psychophysiological organization.
4. The use of targeting techniques and HST allows the doctor to fully to the extent to include in the patient's therapy the entire volume of physiological knowledge available to him, in other words, to model in the process of therapy the subtle physiology of the organism that is desirable for him.

Literature

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T.V. Akayeva The effectiveness of chronosemantics and SDA as a method of managing the patient's body on the example of a clinical trial // XII

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