

Experience of using bioresonance therapy in the treatment of gastroenterocolitis
(Case from practice)

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Patient A. turned to the Center for Energy Information Medicine with complaints of frequent, up to several times a day, unformed stools. The diagnosis revealed a combined viral, bacterial, fungal and parasitic burden of the stomach, small and large intestine, dysbiosis, hepatogenic load. the target organ is the liver. Foil was tested from various places in the patient's apartment to identify the presence of geopathogenic zones, a therapeutic diet was selected, and resonance-frequency therapy was prescribed to eliminate the identified pathogens. During the period of frequency therapy, the patient cleansed the intestines using enemas according to the following scheme: the first week - every day, the second - every other day, the third - twice a week, and the fourth - once, while taking medications containing therapeutic microflora for the intestines. Along with the frequency therapy, the patient received a private BR drug for the large intestine. To eliminate the geopathogenic load, a frequency of 6.2 Hz was used.

Against the background of the therapy, the patient's condition improved, the stool began to acquire a formalized character. At home, a geopathogenic zone was discovered in the place where the patient's bed stood, and advice was given to move the bed to a place free from the geopathogenic load. The therapeutic diet was revised once every two weeks.

Due to financial problems, the patient was forced to temporarily stop treatment. After a month and a half, the control revealed the following: the geopathogenic load decreased, the nature of the burdens shifted towards fungi and viruses, the psychoemotional load was clearly tested. Stool once or every other day, decorated. Resonance therapy was again carried out to eliminate the remaining burdens, the drugs of the company "GUNA" were connected, the diet was revised.

After the therapy, the patient's condition and well-being is good, the geopathogenic load is not tested. Previously identified pathogens are not detected. The patient was given recommendations for a gradual transition to a regular diet, advice was given to observe personal hygiene, it was recommended to appear for control in six months.

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