

Miasmatic strategy for multiresonance therapy

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The goal of any therapeutic action aimed at improving the patient's body is to minimize it, allowing you to obtain an optimal therapeutic effect. Of course, such methods include multiresonance therapy (MRI), which includes the use of a potentiated (homeopathic) medicinal substance, selected according to the principle of maximum similarity, and the use of bioresonance therapy (BRT), which is most selective for each individual patient.

The most important, in our opinion, is the selection of the most homeopathic medication for this disease, since an incorrectly selected drug can bring the patient not recovery, but, on the contrary, worsening of his suffering.

A powerful tool for diagnosing a patient's condition is the autonomic resonance test (VRT), especially its modification, VRT +, which allows detecting abnormalities in the body, down to the chromosomal level. The abundance of diagnostic information received often confuses the doctor, what to do with it? Treat each organ separately? Treat each infectious or parasitic agent separately? Or find the right path of action that will maximally restore the integrity and normal functioning of the patient's body as a whole. MRI allows the most to fulfill this effect.

In order to correctly perform an MRI, one can resort to the miasmatic principle of influencing the patient, that is, the one most similar to his disease.

Term miasm in its homeopathic understanding, it means infection and the type of response of the body. S. Hahnemann singled out three dominant miasms in chronic suffering: psora, sycosis, syphilis. He also singled out the acute manifestation of the disease, associated mainly with epidemics. Under the chronic miasm, S. Hahnemann considered the disease with which a person fell ill and could not spontaneously heal.

Later, the classics of homeopathy introduced two more - tuberculin and carnosin. Some masters of homeopathy allocate 10-13 miasms.

The most correct in homeopathy is the prescription of the medication according to the miasmatic likeness. Everything would be quite simple if a person had only one miasm. Practice shows that almost any person has a combination of various miasms in varying degrees of their manifestation, which significantly complicates the selection of a dynamized drug capable of curing a patient. When using different repertoires and checking the selected drug according to the Voll method and (or) ART, the results do not always achieve the desired ones.

Recently, a large number of seriously ill patients have appeared in our practice, in whom there is very little vitality left, and biological indices and adaptation reserves are at the limit. Carrying out therapy in such patients requires extreme caution, and the appointment

the drug of thoughtfulness.

For a long time in my practice, I have used the selection of potentiated (homeopathic) remedies in the classical way. But the emergence of seriously ill patients and the use of the ART + method for diagnostics led me to the fact that my knowledge and experience in homeopathy began to be lacking. Then the section "IMEDIS-TEST", proposed by Dr. H. Shimel, came to the aid in the selection of medicines -miasm. This section of the "IMEDIS-TEST" has not been in demand in my practice for a long time. But even here it turned out to be not so simple. The test set of miasms, proposed by H. Shimel, includes 43 pointers, consisting of nosodes and sarcodes in the D60 potency. With the help of ART + at various levels, a different picture of the number and combination of different miasms was tested, and the question naturally arose - which miasm should be considered the leading one? Dr. H. Schimel suggested a pointer -dominant miasm. But even this index left the question, from what level to take information? If we follow the homeopathic principle of similarity, the most significant miasmatic lesion will be in the deepest layers of our body and this is the third level of measurement of ART +, showing the state of the cell cytoplasm, and the fourth level of ART + associated with the cell nucleus, chromosomes and the state of the psyche and central nervous activity.

If the indications of the dominant miasm at the third and fourth levels coincide, then this makes it easier to work in the search for a miasmatic remedy, but there are states when the miasms of these levels do not coincide, or at the fourth level the dominant miasm is not detected at all. How to be? What can be found through the dominant miasm indicator at the third and fourth levels of the ART + dimension?

Let's start with the third level. Once the dominant miasm has been found at this level, one can find:

- the organ most affected by this miasm,
- the meridian correlated with this miasm,
- a point on the meridian subject to the action of this miasm, as well as the side of the location,
- miasmatic preparation.

The fourth level of measurement is associated with mental and higher nervous activity and it can be determined on it:

- miasmatic preparation,
- an induction program that simultaneously correlates with both the miasm and the found miasmatic remedy.

The search for a miasmatic preparation can be carried out in the mode of the reference book of repertoriums in the search section by word in APK "IMEDISEXPERT", or using other reference books and programs available to you.

It so happens that you cannot find a drug for a given disease, and then, if you have the skills in homeopathy, you can find the necessary drug according to the classical homeopathic scheme, or use magnetic induction to find the primary damaged element, and through it you can find a mineral or of plant origin, which contains the found element in the appropriate potency.

It is important to remember that a drug found in this way must be

completely homeopathic to all miasms of the patient and neutralize all previously tested pathological indicators at all levels. It may be fundamentally different from the drugs found by other methods of repertorization, but it will serve as the foundation for success in MRI, especially in those who are seriously ill for a long time.

Once this major miasmatic remedy has been found, it will serve as a guide to the use of BRT in various ways. If the definition of the dominant miasm was revealed at the fourth level of ART +, then it would be more correct to apply induction therapy, which correlates with the found dominant miasm.

If at the fourth level none of the found group of miasms is the leading one, then we consider it correct to look for a method of influence through the dominant miasm of the third level, and this can be: a previously found point of the meridian associated with the dominant miasm, or conducting BRT in the mode of an organ or system most affected by the dominant miasm.

The application of this strategy at lower levels seems to us inappropriate, since the second level is the state of the cell membrane, which is influenced by both internal (miasmatic) processes and environmental factors, and the state of the intercellular space.

The search for a miasmatic remedy, and therefore the application of this strategy, at the first level is highly questionable and it is better not to use it.

After an MRI session performed in this way, the patient receives at the end of the session a dynamized drug that removes the influence of not only the dominant miasm, but also the totality of all identified miasms and other indicators of pathological processes in aggregate at various levels of ART + measurement. The dose of the prescribed medication is tested through the Cup. met. D400. It must be remembered that the less often the intake of a correctly selected drug, the better the therapeutic effect, since in any case, his vitality is spent on working out the effect of the dynamized drug prescribed to the patient. An incorrectly prescribed dynamized drug can cause even worse detrimental effects than an incorrectly prescribed allopathic drug.

The best thing is to conduct repeated surveys (testing) of the patient before prescribing the next dose of the drug, which may reveal a change in his general condition and a change in his miasmatic status on the day of the examination, which, in turn, makes it possible to determine the advisability of prescribing the same medication or prescribing a new one, depending on diagnostic data.

In this case, the connective tissue response scale developed by Dr. M. Schraibman is of invaluable help, especially when determining it at the third level of ART +. So, according to its indicators, you can track the success of the prescribed treatment.

This work is proposed as a new MRI strategy based on the miasmatic approach in the choice of a dynamized drug as the basis for MRI, and its combination with BRT according to the miasmatic principle correlating with an organ (tissue, meridian, acupuncture point, induction program), and its implementation in regime of own

electromagnetic oscillations, as well as with the help of magneto-, electro-, color-light therapy and (or) their combination. This, in turn, seems to us as a deeper, and therefore a better method in work, allowing the most selective and therefore more gentle and effective therapeutic effect.

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