

Correction of the immune status using the BRT method
A.S. Kiriya
(medical center "CREPOR", Chisinau, Moldova)

The methods of bioresonance therapy in the past few years have undergone qualitative changes, thanks to the methodological developments of A.A. Hovsepian, N. Kempe, S. Sobotovich, A. Kudaeva and others. The methods of systemic exposure to electromagnetic fields of non-thermal intensity created by them allow

to obtain controlled magnetobiological effects in the organs and tissues of patients with a number of complex diseases, the success in the treatment of which in official medicine is insufficient.

The results obtained empirically, while pleasing with their effectiveness, nevertheless make one think about the place of application of BRT and the specifics of its interaction with the main regulatory systems of the human body. The questions are not very idle, if we bear in mind the multifacetedness and complexity of the interconnections of such a multilevel system as the human body. The previous negative experience of using chemical drugs for the treatment of systemic multilevel problems showed us a situation when the treatment being carried out turned out to be "worse" for the body than the disease itself. And this mainly concerned iatrogenic intoxications, which, without appropriate correction, often complicated the clinical picture of the underlying disease.

Incorrectly conducted BRT - what outcomes can we expect, and is it possible to predict our actions in a given situation? To answer the questions posed, our empirical observations must be carefully monitored and studied in conjunction with modern diagnostic methods and verified with the scientific data provided by advances in human physiology and pathophysiology.

In recent decades, thanks to the development of immunohistochemistry, radioautography and electron microscopy, the traditional concepts of the mechanisms of maintaining homeostasis have undergone revolutionary changes. The identification of a common molecular "language" for the exchange of signaling information between cells, tissues and organs has erased the usual structural and functional boundaries between the three classical regulatory systems of the body - nervous, endocrine and immune. Cells of these three systems are present in every organ, including the central organs of regulation of homeostasis (brain, thymus, thyroid gland, etc.). Taking this into account, it became possible to combine neurons, APUD cells and immunocompetent cells producing common signaling molecules into a single functional system - "diffuse neuroimmunoendocrine system - DNIES". DNIES - is a homeostasis regulator, acting through endocrine, neurocrine and paracrine mechanisms. In this case, the biologically active substances produced by them act as signaling molecules for the local coordination of intercellular, interstitial and interorganic interconnections. Unlike metabolites, specialized signaling molecules are not involved in anabolic or energy processes, and although their metabolic rate can be very high, the intensity of metabolic flows through them (in terms of carbon, nitrogen or oxygen) is so low (due to their low concentrations) that allows them to vary within wide limits without disturbing the osmotic, acid-base and redox balance of cells. Signaling molecules, as carriers and transmitters of information,

Consider the methods for correcting homeostasis in chronic infections proposed by the authors S. Sobotovich and A. Kudaev.

The action formulas are quite simple and effective for a number of "slow" infections such as herpes, viral hepatitis, chlamydia, mycoplasmosis, streptococcal infections, etc.

The formula proposed by S. Sobotovich is based on the combined synchronization of electromagnetic oscillations of various parts of DNIES: hypothalamus, pituitary gland, hippocampus, thymus, spleen with nosodes of infections. With this type of impact on

the organism is obtained by imitating the introduction of an antigen and the development of endocrine, immune and autonomic responses to this antigen. The phenomenon of the development of chronic infections is associated with the ability of leukocytes to respond to antigen with the development of a balanced immune response depending on the dose of antigen. This applies to both natural and acquired immune responses. For the development of a full-fledged immune response, the antigen must penetrate into the secondary lymphoid organs and remain there for a sufficiently long period of time. At the same time, being in a minimal concentration, it is ignored by the host's cells and does not evoke an immune response, but, on the contrary, can lead to the elimination of immunocompetent cells (for example, T-lymphocytes) and then to the inability of the host to develop a response in general. By imitating the entire axis of the neuroimmune-endocrine response to a specific nosode using BRT, we actually introduce into the body ultra-low-frequency (ELF) radio wave signals that mimic both the "starting" dose of the antigen and the activity of all links of the full-fledged immune response. The magnetobiological effects caused by such an effect, in most cases, make it possible to "launch" cellular and humoral immunity in a given direction, and the exposed potencies used in the formula of organopreparations "keep" the whole process within a rather rigid "framework", preventing the induced inflammatory and other reactions to get out of control. The risk of an uncontrolled shift in homeostasis is minimal due to the specificity of endogenous BRT on the IMEDIS device - the generation of ultra-low radio waves that we receive from the patient during BRT, occurs only within the capabilities of the organism. If the task that we set for the patient's body is impossible for him due to its energy intensity or (which is more often the case) not preparedness of any links of DNIES to adequate perception of BRT, then we simply will not receive a response to our influence.

Special attention should be paid to the method of targeting the patient's blood autonosode to the nosode of infections, proposed by A. Kudaev. The joint potentiation of both nosodes, which is carried out, synchronizes such a powerful human information system as blood with an electronic copy of the infectious antigen. The control signal obtained as a result of such synchronization is sufficient to activate the DNIES system in the direction required for therapy. The use of the patient's native blood makes it possible to obtain a preparation that is maximally similar to his body, taking into account all the specificity of a particular DNIES system.

The method of L.Kh. Harkavi and E.B. Kvakina. The method is based on the classification of adaptation reactions on the part of the blood according to the strength of the stimulus causing them. According to this classification, the general nonspecific adaptation response to weak stimuli is called the "training" response, and the response to moderate stimuli is called the "activation" response, which is subdivided into the "calm activation" and "increased activation" responses. Stress reactions that occur in response to strong stimuli are subdivided into "chronic stress" reactions, "acute stress" reactions, and "over-activation" reactions. The reactions of "activation" and "training" are physiological, while stress reactions are a non-specific basis for the development of pathological processes. The type of adaptation reaction was determined by the percentage of lymphocytes in the leukocyte formula of peripheral blood and their ratio with segmented neutrophils. The rest of the formed elements of the leukogram and the total number of leukocytes were additional signs of reactions and indicated the degree of their usefulness.

table

Quantitative indicators of leukogram in various adaptation reactions

Reaction type	Indicators of leukogram (%)					
	L.	NS.	NS.	M.	Leukocytes	WITH.
The reaction of "increased activation "	34-39	1-6	0-5	2-9	4-9x10 / l	<45
The reaction of "calm activation "	28-33	1-6	0-5	2-9	4-8x10 / l	45-57
The "training" reaction	22-27	1-6	0-5	2-9	4-9x10 / l	58-70
Chronic stress	<20	1-6>	0-5>	<2-9>	<4-8> x10 / l	> 70
Acute stress	<20	1-6>	0	2-9>	> 7x10 / l	> 70
Reactivation	40-45>	1-6	0-5	2-9	4-8x10 / l	<45

Note: L. - lymphocytes; P. - stab leukocytes; E. - eosinophils; M. - monocytes; S. - segmental leukocytes.

Our observations of 450 patients for the period 2005–2008, who were used methods of neuroimmunoendocrine stimulation according to S. Sobotovich, N. Kempe, A. Ovsepyan, A. Kudaev, convinced us of the effectiveness and safety of the methods. In 70–80% of cases, the reaction of "increased activation" developed, in 20–30% of cases - the reaction of "quiet activation". We observed the reaction of "reactivation" in isolated cases. The reactions "chronic stress" and "acute stress" were not observed in any case.

Conclusion: the place of application of bioresonance therapy, in our opinion, is the DNIES system. Imitation modeling of BRT, carried out according to the methods of S. Sobotovich, N. Kempe, A. Ovsepyan, A. Kudaev, is an effective and safe method of treating chronic infections.

Literature

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