

The results of using a potentiated urine autonosode for various diseases

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Over the past 4 years, 436 patients underwent treatment with a potentized urine autonosode at the medical center "Medicor-2". There were 184 men and 252 women. The patients' age was from 12 to 78 years. The patients were with various nosological forms.

Table 1

Distribution of patients by nosological forms

Nosology	Number of patients
Widespread osteochondrosis of the spine with multiple vertebral hernias Gout, gouty arthritis	150
	64
Psoriasis	38
Rheumatoid arthritis Chronic	32
urethroprostatitis	64
Chronic pyelonephritis, urolithiasis Viral hepatitis	72
B, C	sixteen

Most often, the patients underwent complex treatment, which included the preparation of information therapy fluid, acupuncture, hirudotherapy, lazaromagnetic therapy. This intensive course of treatment was carried out for 1-2 months to relieve acute manifestations of the disease and exacerbation. Immediately after the patient was admitted for treatment, a potentiated urine autonosode was prepared according to the standard technique. Treatment with urine autonosode lasted 6-24 months.

The use of a potentiated urine autonosode in case of widespread osteochondrosis spine

The markers for targeting the autonosode are the potencies of the organopreparations of the spine, which are tested in the patient at the beginning of treatment. We make a compact diagnosis of "damaged" parts of the spinal cord, spine (sometimes several potencies of organopreparations are tested, for example, D3, D12, D30) and KMX marker, the sum of the group of pointers, when tested, reduces the initial measuring level. We potentiate the urine autonosode using a transfer from 7 to 0 until a stable restoration of the initial measuring level is obtained. That Value at which the sum of vegetative resonances of "pathological" indicators overlaps is the desired potency of the autonosode. We rewrite the urine autonosode in D12 in the drug testing mode on these potentiometer indicators, assign it once a day at night.

Gout, gouty arthritis

In patients with gout, the leading marker is a pointer to the level of uric acid from the ART "IMEDIS-TEST" and organic preparations of the affected joints in various potencies. We make a compact diagnosis from the data of pointers and the KMX marker. The sum of the pointers decreases the initial measuring level, a certain potency of the urine autonosode restores the initial measuring level. We rewrite the autonosode in D12 using the obtained potentiometer readings. Appointment for 6-12 months. Monitoring the patient's condition according to the ART indicators "IMEDIS-TEST" and the level of uric acid in the blood. In the complex treatment of gout, we definitely use hirudotherapy, it helps to stop acute gouty arthritis (sometimes an exacerbation begins on

the background of the first receptions of urine autosode). Leeches are placed on the affected joint from three sides. Sessions in 2-3 days, 3-4-5 leeches per session. We use the projection zones of the liver, kidneys, pancreas.

Rheumatoid arthritis

Potencies for targeting are the potencies of the rheumatoid factor from ART "IMEDIS-TEST" and organ products of the affected joints in various potencies. We make a compact diagnosis from the data of the pointers and the KMX marker, the sum of the pointers during testing reduces the initial measuring level, the sought-for potency of the autosode restores the original measuring level. Prescribe for 6-12 months, taking 1 time per day in the evening, select the dose with an increasing number of grains until the entire amount of "pathological" indicators is covered.

With rheumatoid arthritis, together with autosode urine is prepared for the patient and potentiated targeted autosode dilution blood. Did fifth homeopathic according to Korsakov. Targeting organ produced by KMH marker and products of the affected joints.

Psoriasis

In psoriasis, the leading indicators are organopreparations embryonic Oh male and female skin in different potencies, different potencies of psorinum, "ONOM" preparations for skin drainage, Psoriasis SYN and KMH marker.

The sum of the pointers reduces the initial measuring level, the sought-for urine autosode potency restores the initial measuring level. It is prescribed once a day for 2 months, followed by repeated potentiation according to the same indicators, with each repeated potentiation the potency of the autosode increases, which coincides with the positive dynamics of the disease clinic.

In psoriasis, we also used a potentiated blood autosode that targeted the same pointers. The herbal medicine of choice was NSP's walnut extract, which was also prescribed for a long period of 6-8 months.

Urolithiasis disease

It is most often accompanied by secondary pyelonephritis. The most important indicators for targeting the urine autosode are: blood uric acid (with urate diathesis), oxalate kidney stones (with oxalate diathesis), phosphate kidney stones (with phosphate diathesis), organ preparations of the kidneys, ureters, and urinary bladder in various potencies. With concomitant pyelonephritis: nosodes of the pathogen in various potencies (staphylococcus, streptococcus, Escherichia coli, cytomegalovirus, herpes, Epstein Barr).

For such patients, multiresonance therapy, antibacterial and antiviral frequencies are added to the complex treatment. It is better to select the urine autosode in inverse form according to the sum of the tested pointers. In the presence of concomitant pyelonephritis, we prepare an inverse blood autosode 5 homeopathic dilution, potentiated according to the sum of the pointers.

Chronic urethroprostatitis

The pointers for targeting the urine autosode are the different potencies of organopreparations (prostate, bladder, anterior and posterior urethra). With congestive prostatitis - venous sinus of the prostate, prostatic venous plexus. In infectious prostatitis, different potencies of the tested nosodes of pathogens.

In case of congestive prostatitis, we aim the direct urine autosode according to the sum of the pointers and the KMX marker. It is very effective for such patients to carry out hirudotherapy in complex treatment.

In case of infectious prostatitis, we target an inverse urine autosode according to the sum of the indexes of organopreparations, nosodes of pathogens and the CMH marker. Such patients on

At the first stage, resonance-frequency or multiresonance therapy is necessarily carried out for the identified pathogens and an inverse blood autoanosode is prepared, aimed at the same amount of pointers.

Conclusions: The experience of the successful treatment of more than 400 patients with various diseases with the help of a potentiated targeted urine autosode allows us to recommend this method for implementation into the widespread practice of energy-informational medicine.

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- M.: "IMEDIS", 2008, v.2 - P.85-90