

Bioresonance diagnostics and therapy of energy-informational field
human pathology (energy informatosis)
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It is known that around a person there is a bioelectromagnetic field (BEMF) of a double origin. First, it is the total component of the electromagnetic field of organs and tissues. Secondly, it is fueled by the electromagnetic field of the Earth and Space [1]. Japanese researchers have established the existence of a deficiency (insufficiency) syndrome of BEMP, its essential role in pathology, especially in chronic degenerative diseases, and proposed methods of correction with magnetized water and applications of magnetic devices [2]. In our works, it was shown that homeopathized BEMP preparations can be successfully used in bioresonance diagnostics and therapy [3, 4, 5], and their action is significantly different from the drugs available in the drug selector APK "IMEDIS-EXPERT": magnetis artificialis, magnetis pole ambo, magnetis pole arcticus, magnetis pole australis; electromagnetic force fields (phosphorus D60), electromagnetic burden 1, 2, 3, 4 degrees, etc.

In this work, we continued the study of BEMP using the method of bioresonance diagnostics (equipment "IMEDIS", pulse-hemoindication) and specially designed antennas, as well as the study of omega potentials of the brain, redox potentials (ORP) of saliva, energy metabolism (Inner Skan apparatus, Tanita, Japan). Four groups of volunteers were selected. The first group consisted of patients with various chronic inflammatory and allergic diseases: bronchitis, pneumonia, polyarthritis, cholecystitis, prostatitis, adnexitis, etc. etc. The third group included patients with combined pathology with the presence of inflammatory and degenerative-dystrophic processes: viral hepatitis B and C with emerging cirrhosis, periodontal disease, atherosclerosis, endometriosis and the like. The fourth group served as a control, and it included practically healthy people. All subjects were diagnosed according to R. Voll and ART "IMEDISTEST" using our proposed frequency resonance indicators: volume, height, density, BEMP boundaries.

It was found that in patients of the first group, compared with the control, there is a distinct increase in energy metabolism, on average by 38.6% ($P < 0.05$); omega potentials of the brain by 42.1% ($P < 0.05$); ORP of saliva by 37.7% ($P < 0.05$). This correlated with an increase in BEMF volume by 39.7% ($P < 0.05$), its height by 27.6% ($P < 0.05$) and density by 19.9% ($P < 0.05$). The second group showed a decrease in energy metabolism by an average of 28.2% ($P < 0.05$), the omega potential of the brain by 39.7% ($P < 0.05$), the ORP of saliva by 31.9% ($P < 0.05$). A direct correlation of these indicators with a decrease in volume (by 32.2%; $P < 0.05$), height (by 29.9%; $P < 0.05$), BEMP density (by 34.2%; $P < 0.05$). In persons of the third group, due to large fluctuations, an insignificant difference in energy metabolism, omega potentials, ORP was found in comparison with

control.

Most interesting results treatment homeopathized bioresonance (BR) BEMP preparations obtained using the above antennas at different distances from the body (10, 20, 50, 100 cm). It turns out that BR drugs acted differently, which as a "marker" indicated the unequal energy-informational value of BEMP. The nearest layers corresponded to potencies D3-C6, and distant ones - C1000 and more. According to the Imedis test, in order to achieve an equally effective optimal result for patients of the first group, BR-preparations of the nearest BEMP layers (low dilutions) were more effective. For patients of the second group, an increase in distance was required (high potency of BR-drugs). In the third group of patients, in order to achieve resonance, an individual selection of the distance (potency of BR drugs) was required. Moreover, with an exacerbation of the disease, BR drugs, the nearest layers, and as more distant layers of BEMP become chronized. One gets the impression that in different layers of BEMP, in chronological order, with distance from the body, information about all diseases transferred over the past life is stored. Indeed, by objectively testing different layers of BEMP through the nosodes, using a pulse-hemoindication apparatus, it is possible to register previously transferred infections (immunological memory), or only contact with BEMP of patients (contact, trace memory). It is curious that this trail is left not only by infectious diseases, but also by common somatic and mental illnesses. This is especially evident when testing BEMP of doctors of narrow specialties. So, cardiologists most often test cardiovascular diseases, pulmonologists - lung diseases, gastroenterologists - diseases of the gastrointestinal tract, etc. Now it becomes clear why doctors suffer from diseases of their patients. The point is not only that they worry about them, but rather in the development of pathological

structural trace in BEMP. Following flax, the so-called Akashic chronicles, with which information is read O diseases sensitive, are certain areas of the BEMP.

Another discovered pattern is that with the help of BR-preparations from any area above the physical body, it is possible to test not only diseases of this area, but also diseases of the whole organism in much higher dilutions. Perhaps this is due to the holographic principle of displaying information in the BEMP, in which each point of the field contains information about the entire field and vice versa. Thus, BEMP BR preparations are qualitatively different from organopreparations that display only the dense physical body of a given organ. In this regard, we are creating a data bank of the entire BEMP system of a person in health and disease. This is also important because the BEMP contains information about the earliest stages of the etiology and pathogenesis of diseases that cannot be detected when studying organopreparations, let alone nosodes. It is in BEMP that individual root causes of diseases such as neuroses, psychosis, psychosomatic diseases, epilepsy, allergies, autoimmune thyroiditis, nodular goiter, uterine fibroids and even cancer. For example, in inflammatory diseases, there is a hump or a protrusion and a BEMP seal over the inflamed area. Dystrophic processes, on the contrary, give depressions and thinning of the field. Apparently, it makes sense to introduce a new class of homeopathic remedies into homeopathy.

BEMP of humans and animals.

The third regularity is the detection of a correlation between the density of the electromagnetic and physical bodies. So, over the areas of scars (coarse, fibrous fibrous tissue) there are denser areas of BEMP. On the contrary, above the wound healing by primary intention, with loose connective tissue, there is a section of field depression. In the patients of the third group studied by us, the electromagnetic body had a lot of areas of thickening and discharging, corresponding to the disturbances in the body. As a rule, these areas are invisible to sensitives. Moreover, it can be assumed that, according to the law of conservation of energy and matter, BEMP does not disappear completely with debilitating degenerative diseases and, apparently, even after death.

The fourth regularity is that only a small number of practically healthy people have a strictly oval symmetric field. In all people from groups 1–3 and in 91% of those in the fourth group, a violation of the boundaries of BEMP was found, which indicates early pathological disorders.

We have carried out research on complete shielding of a person in a cramped metal Faraday cage. At the same time, a decrease in volume, height, density and violation of the boundaries of the BEMP were noted. It follows that living in cramped reinforced concrete houses can adversely affect the quantitative and qualitative characteristics of BEMP, and, consequently, health. Even worse, apparently, living in basements, strongly screening BEMP from the influence of the energizing electromagnetic fields of the Earth and Space. However, it has been found that a certain component of the biological field is transmitted through thick metal plates. So, through them, potentiated BEMP preparations can be recorded, albeit in a significantly weakened form. Another proof of non-electromagnetic transmission of energy and information in the body is that the inclusion of high and low frequency filters from 1 Hz to 1 MHz or more when rewriting potentiated BEMP preparations, although significantly attenuates them, does not completely eliminate them, i.e. BEMP is not limited to any one section of electromagnetic waves. It is possible that BR drugs are transferred in other parts of the spectrum (millimeter waves, biogravitational field, torsion field, etc.). The third piece of evidence is the transmission of BR-preparations of BEMP using a form field, for example, the field of pyramids. This, in particular, is the basis of the use of Chinese Feng Shui. biogravitational field, torsion field, etc.). The third piece of evidence is the transmission of BR-preparations of BEMP using a form field, for example, the field of pyramids. This, in particular, is the basis of the use of Chinese Feng Shui. biogravitational field, torsion field, etc.). The third piece of evidence is the transmission of BR-preparations of BEMP using a form field, for example, the field of pyramids. This, in particular, is the basis of the use of Chinese Feng Shui.

Another new regularity is that any stress (mental, physical, emotional, food, geopathogenic, etc.) causes a change in the volume, height, density and configuration of the BEMP, i.e. leaves a mark for life. In this regard, we have proposed a resonant frequency pointer to the "Bioelectromagnetic field shock", which is much more sensitive than the pointer to shock burden in ART (vegetative resonance test). In our opinion, stress "licks" the internal organs and "bites" the biofield. It was also found that BEMP can be in three states: neutral, emitting energy and information, and absorbing energy and information. Installed

the existence of a daily, monthly, seasonal and, possibly, long-term rhythm of BEMP. So, at night, energy is usually absorbed and

information, according to the state of increased anabolism in humans. On the contrary, during the day, catabolism and their recoil prevail. The near-monthly rhythm is probably associated with the influence of the Moon, because during the full moon, an expansion of the BEMF boundaries was found, and during the new moon, their decrease. The maximum BEMP becomes in the fall, and the minimum - in the spring. Probably, this, and not only hypovitaminosis, is the cause of spring desynchronization and fatigue.

In diseases, there is a violation of physiological connections between different layers of BEMP, or the appearance of new pathological connections. They arise as new ways of redistributing energy and information between organs, energy centers and biologically active points (BAP). For example, in hypertension, there is a weakening of the feedback of the prostate and the brain through the BEMF in men, and in women with menopause between the ovaries and the brain. The weakening of these connections can be found in BEMP primarily in relation to pathological changes in the physical body, for example, long before the development of menopause symptoms. Similarly, already at the stage of neurogenic hypertension, a pathological vortex electromagnetic connection of the brain and adrenal cortex appears, which supports the cortico-visceral genesis of hypertension.

We have supplemented Hering's law as applied to the pathology of BEMP: with the progression of the disease, pathological energy and information are transferred from more distant layers of BEMP to those closer to the physical body from right to left, from bottom to top. With correct homeopathic and bioresonance therapy, pathological energy and information, on the contrary, are moved to the outer layers of the field, from front to back, from left to right, from top to bottom. With a single BRT session, there is a general improvement in BEMP. However, it is short-lived, and BEMP quickly returns to its former state. Similarly, after a single dose of BR drugs, there is a short-term improvement in the volume, height, and boundaries of BEMP. Consequently, the body steadily maintains the pathological state of BEMP. We have found that if you maintain the normal state of the BEMP during the day, then it goes from unstable to stable and is actively supported. The body, as it were, remembers the new, healthier state of BEMP. During the course of treatment with BR-preparations of BEMP, there is an increasing improvement in the state of the field as the potency of homeopathized BR-preparations increases. With improper treatment or exacerbation of the disease, the potency of these drugs decreases, which requires a revision of therapeutic tactics. When diagnosing by the method of R. Voll, it is considered the norm if all points of control points of organs are set at 50 units. However, in many cases this rule does not work, and each folist has encountered a condition when all indicators according to R. Voll are normal, and the patient has cancer or other serious illness. We have found

We have determined the standards of healthy BEMP for different age groups. They differ significantly in volume, height, density, field boundaries and the presence of compensatory connections. We believe that for any disease, treatment should be started with the normalization of BEMP under the control of ART.

The correctness of this approach is demonstrated, for example, by eliminating the patient's meteorosensitivity after a single BRT session with homeopathized BEMP preparations. At the same time, an increase in the volume, density and boundaries of the field around the head was found, which shields the nervous system from the irritating influences of changes in the external electromagnetic field, atmospheric pressure, etc. back centers.

It follows from our research that all diseases of BEMP can be divided into 3 groups: hyperenergoinformatosis, hypoenergoinformatosis and their combinations. The first include diseases caused by excessive exposure to energy and information on BEMP: inflammatory, allergic, induced information pathology, the effects of stress, etc. Hypoenergetic information diseases develop when there is a shortage of energy and information in BEMP: hypodynamia, monotonous, monotonous work on a conveyor belt, computer, treatment in a neuropsychiatric hospital (hospital illness, asthenic state, etc.). Modern man is sluggish, pampered, detained, hypodynamic. On the other hand, a flurry of stresses from radio, television, newspapers, in the form of shocks at home and at work falls on him every day. Society is overwhelmed by stressful information.

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