

## Hypertension treatment

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Patient V.S., 53 years old. She contacted us on 20.02.2005 about obesity, high blood pressure, headaches, most often occipital and temporal localization; in the morning or at the end of the working day, a feeling of heaviness in the head. Pain is usually worse when lying down and is better after walking. HELL - 210/140, which during the day, according to the patient, fluctuated up to 230 and 90 units.

Since the tone of the arteries and arterioles is associated with the sympathetic division of the ANS, we will be interested, first of all, in the reason for the increase in sympathetic tone, which in patients with hypertension should always be of several degrees, can be absolute or relative. To do this, we test the organopreparation Aorta in potencies higher than D6, i.e. in potencies corresponding to hyperfunction. Patient tested Aorta D10, D12, D15 + anabolism of 1 degree + alkalinity of 1 degree + VNS voltage 1, 2, 3 degrees + ANS department (sympathicus) D3, D4, D5 .

If we tested the ANS in the parasympathetic division, this would mean the presence of metabolic disorders in the arteries themselves. In this chain, 2, 3 degrees of VNS voltage are switched on in inversion and recorded, in transfer mode, in the 1st container for 2-3 sugar globules. crumbs. We transfer the resulting preparation into the second container of the device and turn on the BRT in the drug testing (MT) mode without connecting the electrodes.

Next, we must find an organ that can provide us with such a condition on the aorta, which we ordered, and find out how, i.e. in what potency and with what metabolic shifts, it should work. Aorta D10, D12, D15 + grade 1 anabolism + grade 1 alkalinity + VNS voltage 1 (2, 3 in inversion) degrees + ANS department (sympathicus) D3, D4, D5 ; in the second container in the MT + organopreparations mode.

The patient's liver was tested D10, D12, D15 + catabolism of 1, 2 degrees + alkalinity of 1 degree + tension of the ANS + parasympathicus in D5 + depletion of the endocrine system. 1, 2, 3 + adrenaline, glucocorticoids, antidiuretic hormone, T3, T4 (hormones are tested in complex potencies).

From this it becomes clear that the increased tone of the aorta is associated with liver function, and in order to remove it, the liver must work in hyperfunction and reduce the activity (maybe destroy) of the identified hormones. We leave the entire identified chain enabled and add the address at the end. Since it is impossible to put an address on the vessels, we use chains of the 2nd type, i.e. liver D10, D12, D15 + catabolism 1, 2 degrees + alkalinity 1 degree + VNS voltage + parasympathicus in D5 + depletion of the endocrine system. 1, 2, 3 + adrenaline, glucocorticoids, antidiuretic hormone, T3, T4. Connect from the selector and write sah into 2-3 globules. crumbs for 1-2 minutes. We transfer the resulting preparation into the second container of the device and turn on the BRT in the drug testing (MT) mode without connecting the electrodes.

Next, we must find an organ that can provide us with such a state on the liver, and find out how, i.e. in what potency and with what

metabolic shifts, it should work. The patient had kidney tests D10, D12, D15 + catabolism 1, 2, 3 degrees + 1 degree alkalinity + depletion 1, 2, 3 degrees + in the parasympathetic department in D10, D12, D15 + depletion of the endocrine system. 1, 2, 3 + adrenaline, glucocorticoids, antidiuretic hormone, T3, T4. At the end, we add the address that the liver will be; kidney D10, D12, D15 + catabolism 1, 2, 3 degrees + 1 degree alkalinity + depletion 1, 2, 3 degrees + in the parasympathetic department in D10, D12, D15 + depletion of the endocrine system. 1, 2, 3 + adrenaline, glucocorticoids, antidiuretic hormone, T3, T4 + liver D10, D12, D15; a decrease in the tone of parasympathicus on the kidney, accompanied by a decrease in the reabsorption of primary urine, with the appearance of a diuretic effect.

We turn off the MT and under load conditions with this complex, in the BRT mode, we determine the meridians that will give a decrease in the measuring level. Along the identified meridians, with frontal electrodes, under load conditions with this complex, we carry out therapy until we get an answer. Then we record in the first container of the device for 2-3 minutes. Determine the dose, which was 8 globules. This will be BR-drug 1, it will lower the pressure.

But since the body is used to working in the mode of increased pressure, if we do not change the homeostasis of the body, according to this new state, then the body will return this pressure. Since homeostasis in the body regulates the hypothalamus, we must learn how and with what parameters the hypothalamus should work in order to become adequate to this new state that will arise as a result of taking our drug. We transfer the resulting preparation in the amount of 8 globules into the second container of the apparatus and turn on the BRT in the mode of drug testing (MT) without connecting the electrodes.

Next, we have to find the potencies of the hypothalamus that will resonate with our drug, and find out with what metabolic shifts it should work. Patient tested hypothalamus at D10, D12, D15 + anabolism 1 degree + 1 degree alkalinity + depletion 1, 2, 3 degrees + on the sympathetic division in D10, D12, D15 + depletion of the endocrine system. 1, 2, 3 + adrenaline, norepinephrine, testosterone. Considering the role of the hypothalamus in the reactivity of cellular immunity, a decrease in sympathetic tone in the hypothalamus will lead to activation of cellular immunity in the periphery.

Since the address cannot be set on the central nervous system, we use type 2 chains, i.e. Hypothalamus in D10, D12, D15 + anabolism 1 degree + 1 degree alkalinity + depletion 1, 2, 3 degrees + on the sympathetic division in D10, D12, D15 + depletion of the endocrine system. 1, 2, 3 + adrenaline, norepinephrine, testosterone. connect it from the selector and write it into 2-3 globules sakh. crumbs for 1-2 minutes. We transfer the obtained preparation into the second container of the apparatus and turn on the BRT in the drug testing (MT) mode without connecting the electrodes.

Next, we must find an organ that can provide us with such a state on HYPOTHALAMUS, and find out how, i.e. in what potency and with what metabolic shifts, it should work. The patient was tested: Endometrium D5, D4 + anabolism 1, 2, 3 degrees + alkalinity

1, 2, 3 degrees + voltage 1, 2, 3 degrees + in the parasympathetic department in D5, D4, D3 + tension of the endocrine system. 1, 2, 3 + estrogen, estradiol, DHEA, LH, endorphin, serotonin, histamine + tension of the immune system 1, 2, 3 degrees + thymus. Let's connect from the selector and write on 2-3 globules for 1-2 minutes. We transfer the resulting grains into the second glass and turn on the BRT, in the drug testing (MT) mode, without connecting the electrodes.

Next, we must find an organ that can provide us with such a state on the endometrium, and find out how, i.e. in what potency and with what metabolic shifts, it should work. The patient was tested: Ovaries D5, D4, D3 + catabolism 1, 2, degree ; +alkalinity 1, 2 degrees + voltage 1, 2, 3 degrees + on the sympathetic division in D5, D4, D3 + tension of the endocrine system. 1, 2, 3 + estrogen, estradiol, DHEA, LH, endorphin, serotonin, histamine. At the end we add the address - endometrium, i.e. Ovaries D5, D4, D3 + catabolism 1, 2 degrees + alkalinity 1, 2 degrees + voltage 1, 2, 3 degrees + on the sympathetic division in D5, D4, D3 + tension of the endocrine system. 1, 2, 3 + estrogen, estradiol, DHEA, LH, endorphin, serotonin, histamine, + strain of the immune system 1, 2, 3 degrees + thymus + Endometrium D5, D4, D3.

We turn off the MT and under load conditions with this complex in the BRT mode, we determine the meridians that resonate. Along the identified meridians with frontal electrodes, under load conditions with this complex, we carry out therapy until we get an answer. Then we record in the first container of the device for 2-3 minutes. Determine the dose, which was 4 globules. This will be BP-drug 2, which brought homeostasis in the body to the required optimum. This medication will also repair the endometrium too.

The patient had mild endometriosis. We found that due to problems in the endometrium, homeostasis changed, which led to the onset of hypertension. Over the past 2 years, the patient has not gone anywhere, she is healthy.

#### Literature

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