

## Arrhythmia: the main causes and remedies

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Morbi non eloquentia, sed remediis curantur.  
Diseases are not treated with eloquence, but with drugs.  
(Celsius)

An acute problem of modern cardiology is various violations of the heart rhythm and conduction: extrasystole, atrial fibrillation, paroxysmal tachycardia, atrioventricular blockade, etc. The development of arrhythmias is based on two main electrophysiological mechanisms:

1) ectopic automatism and 2) circular circulation of the excitation wave due to the reverse input of the impulse. Both pathogenetic mechanisms indicate that the hierarchy in the control of the heart muscle is violated: individual parts of the myocardium go out of the control of the overlying structures (sinus-atrial node) and begin to work independently.

Despite the constant search by biologists and pharmacologists for new antiarrhythmic drugs, a lasting positive effect is achieved only in 50-60% of cases. Such low results in the treatment of arrhythmias consist in the fact that in modern outpatient settings at the early stages it is difficult to establish the true cause of the disease. And, although many cardiologists admit that more than half of arrhythmias are associated with the effect of any infections, how can you find out with such standard diagnostic methods as ECG, ultrasound, PCG? How can you understand from the general analysis of blood and urine, which virus or bacterium damaged the conducting system of the heart? Yes, of course, there are expensive and high-tech research, but they can be used only in large cardiological clinics, which are not even in every regional center. And if in an acute situation (flu, tonsillitis) the necessary antiviral or antibacterial drugs were not prescribed and only means that restore the rhythm were used, then the formation of a persistent ectopic focus is a matter of time. And then the patient is forced to constantly take various antiarrhythmic drugs, which will be less and less

give a positive effect.

The objectives of the study included:

one. Revealing major reasons violations rhythm methods  
electropuncture dia gnostics.

2. Definition arrhythmia elimination capabilities bioresonance and  
homeopathic treatment.

The research was carried out at the APK "IMEDIS-EXPERT" during 2006-2008. In the course of the study, two main groups of causes of this disease were distinguished:

1. Causes that are directly in the heart (consequences transferred endo-, myo- and pericarditis, ischemic heart disease, cardiomyopathy, heart defects ...).

2. Extracardiac causes (neuro-reflex influences from

cervical and thoracic nerve plexuses, spine, diaphragm, disorders of humoral regulation and acid base balance, electrolyte imbalance, endocrine disorders, etc.).

In each presented group, an additional study of the etiological factor was carried out. According to our data, up to 75% of patients from group 1 had some kind of infectious burden on various structures of the heart (influenza, herpes, rubella, measles, streptococcus viruses, etc.). Interestingly, it is not always possible to identify the etiology by direct testing through an organopreparation (Cor C3 ↓ + Gripp V5 ↑). To solve this problem, we used an individual indicator (recording the amount of oscillations through the inductor from the projection of the organ). With its help, it is easier to identify the old underlying causes of the disease. For example:  $\Sigma \downarrow + \text{Cor sin C6} \uparrow + \text{Plexus coronarius cordis C3} \downarrow + \text{Interferon D30} \uparrow + \text{GrippV5 C6} \downarrow$  or  $\Sigma \downarrow + \text{Cor C6} \uparrow + \text{Myocardium C3} \downarrow + \text{Tetracyclinum D30} \uparrow + \text{Scarlatinum C6} \downarrow$ . The presence of two or more infectious agents was often determined, which were detected only with the sequential withdrawal of each of them. Up to 25% of patients with cardiac arrhythmias had geopathogenic, electromagnetic and, somewhat less frequently, radioactive burden.

In the second group, about 70% are spinal pathology and disorders in the endocrine system (especially in mature patients).

The nervous system of the heart is characterized by a complex structure and the formation of numerous plexuses. There are afferent and efferent fibers in both the sympathetic and parasympathetic nervous systems of the heart. Since the autonomic nervous system is always involved in arrhythmia, when creating the main index, it is necessary to find out which part of it is most affected (Nervus vagus or Truncus sympathicus). Then it is desirable to determine the level of damage (Ganglion cervicale superior, Ganglion cervicale medium, Ganglion cervicothoracicum, Plexus coronarius cordis, Pl. Cardiacus, Pl. Coronaris cordis, Pl. Thoracicus).

Filters such as the presence of foci and interference fields and cicatricial interference fields are important elements in the process of constructing the main index. Building a chain according to the principle "from general to particular", it is logical to place them among the first both in diagnostics and in the creation of a BR-preparation.

We have repeatedly encountered such a situation: the patient complains of a feeling of interruptions in the area of the heart, and there is an ECG confirmation, and the Arteria carotis interna indicator (heart rhythm disturbance) does not work. Indeed, it is impossible to take into account all possible rhythm disturbances with one pointer. For example, this happens with mechanical damage to the nerve plexuses of the thoracic spine (Cor C3 ↓ + Vertebra Thoracica C6 ↑ + Pl. Thoracicus C3 ↓).

To solve this problem, you can use as an indicator the sum of vibrations taken from two zones: from the projection of the heart and the thoracic spine. The recording is carried out simultaneously. In such an index, the etiological and pathogenetic mechanisms are taken into account as much as possible, and therefore it is possible to create an effective BR-drug through it. By the way, if the cause of the disease is associated with the spine, then it is better to conduct BRT sessions, simultaneously affecting the region of the heart and the region of the thoracic vertebrae (on the zone of pain).

One of the stages of creating a pointer for the treatment of arrhythmias is recording the entire chain on the resonant number of grains. In situations where a long chain is built, it is more convenient to carry out manipulations. Better when the total

filters consists of an odd number of pointers. This makes it possible to put such a complex in a load (to obtain a decrease in the measuring level) and immediately determine the meridian through which one can create a BR-drug with strictly specified properties or check the effectiveness of any drug (restoration of the initial measuring level).

Based on practical experience, when creating an antiarrhythmic BR drug, we recommend using two inductors. The UMT "loop" captures the zones where there are many harmonic vibrations, and it is easier to act as an inductor locally and isolate disharmonic frequencies.

It is worth noting also such a nuance that in some patients with arrhythmia during the treatment with BR-drugs in the first days there is a good effect, and after 5-7 days the rhythm disturbance reappears or begins to increase. The situation with an ectopic focus can quickly change and it should be corrected with a newly created BR-drug. But this can be done if the patient has the opportunity to visit the doctor frequently (for example, every week). The situation is more complicated with those patients who live in another city. For them, it is more acceptable, besides the creation of a BR-drug, to accurately select a homeopathic monopreparation.

With a reasonable combination of bioresonance and homeopathic treatment of arrhythmia, a stable positive effect is achieved in at least 80% of cases.

IN 2008 year we carried out differentiation (ranking) homeopathic preparations that can be easily tested from the APK "IMEDIS-EXPERT" and make the necessary appointments.

Below we give two lists of homeopathic remedies for the treatment of arrhythmias. The first of them lists drugs that should be tested initially. List II drugs should be tested when there is no convincing resonance or effect on List I drugs.

List # 1: Adonis vernalis, Adrenalin, Apocynum, Asparagus, Au met., Cedron, Cina, Convallaria majalis, Coffea, Crategus, Digitalis purp., Helleborus, Iberis, Ignatia, Iodum, K carb., Li carb., Liliun tig., Naja tr., Na mur., Oleander, Spigelia, Strophanthus grat., Tabacum, Tanacetum, Veratrum al.

List No. 2: Ac hidrocyano., Ac nitricum, Ac oxal., Absintium, Aconitum, Agaricus, Alumina, Amm brom., Ag nitr., Arnica, Ars jod., Ars alb., Asclepias tub., Au jod., Belladonna, Carbo veg., Coccus cacti, Crocus, Crotalus horr., China, Cholesterinum, Glonoinum, Cu ars., Kalmia, Laurocerasus, Mn acet., Medorrh., Melilotus, Moschus, Nux vom., Nux mosch., Opium, Phosphorus, Rauwolfia, Rhus tox., Scilla, Scrophularia, Spongia, Stannum met., Stramonium, Tarentula hisp., Theridion, Tuberculinum, Vespa cr., Veratrum vir., Viscum al., Zn met.

Conclusions:

1. When help Agroindustrial complex "IMEDIS-EXPERT" can create bioresonance drugs, the effectiveness of which, in many cases, exceeds the effect of classical antiarrhythmic drugs.

2. Using our lists of homeopathic remedies and equipment Center "IMEDIS", in the editor of medicines, it is easy to create an additional group "ARITHMIA". This will allow you to spend much less time searching for an effective drug.

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