

Dynamics of indicators measured at the chakra points and one year after BRT along the posterior median and anterior median meridians

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In ancient works, in the regulation of the energy potential of the 12 main meridians, the leading role is assigned to the anterior median and posterior median meridians. The stability of the energy state of these channels plays an important role in ensuring the energy homeostasis of the body [1, 3].

In the materials of the 2008 conference, we noted that the chakras are actually zones of concentration of state energy, which can be controlled through the BAP (biologically active points) of the hands or the auricle. They are closely related to the Miraculous vessels du Mai (the posterior median meridian) and Zhen May (the anterior median meridian). Most likely, the Miraculous channels and chakras are a single system, which are called differently in different sources [2].

The aim of this study was to study the long-term results of bioresonance therapy (BRT) along the anterior median and posterior median meridians.

The study involved 10 patients with various problems - 2 people with atopic dermatitis, bronchial asthma - 1, hypertension - 1, coronary heart disease - 1, migraine - 1, thrombophlebitis of the lower extremities - 1, pancreatitis - 1, climacteric neurosis - 1, bronchitis - 1. At each visit, all patients underwent Voll measurements of the chakra points of the palms on both sides.

The key point is like a control point of energy flowing through each wonderful meridian; through it, in the first place, excess energy is removed. The points included in the trajectory of this or that wonderful meridian can be paired and unpaired, but the point of the key is always paired.

Du Mai does not represent the area of concentration of the energy of the three yang meridians of the hand. These places of concentration of energy, from which yang energy goes to the legs, are located on the head. Du Mai is connected with the Yang meridians exclusively through the secondary vessels. Especially important connections pass through point T16. On the one hand, through this point, the pathogenic penetrates P.B.K.E. (wind, cold) in May, on the other hand, there are possible connections there for the treatment of certain diseases by means of points on the hands and feet, especially through the "key points".

The table shows the initial results of measurements of the palmar surface of the right hand. All measured BAP values were below 50 conventional units. On average, the lowest value was determined at the point reflecting the state of Vishuddhi, which was 14.3 ± 8.3 cu, the highest - at the point responsible for Manipura, 32.6 ± 13.0 .

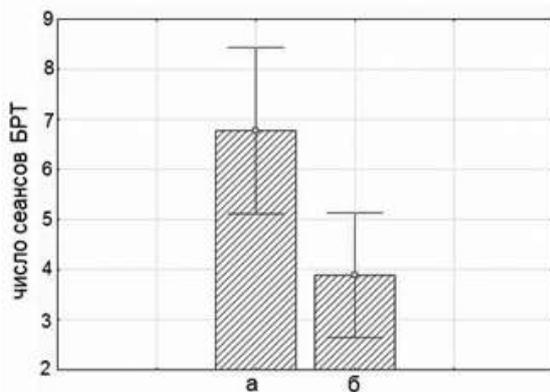
table

Dynamics of indicators measured at the chakra points of the palmar surface of the right hands before, one year after treatment and after 3.8 ± 1.6 therapy sessions. (M \pm δ)

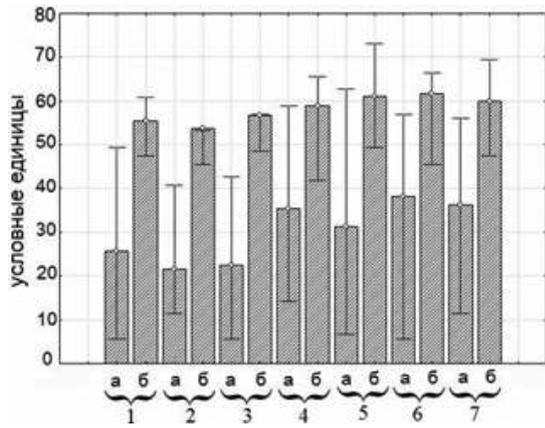
Chakras	before treatment	in a year after treatment	after 3.8 ± 1.6 therapy sessions p <0.001
Muladhara	24.8 ± 12.9	36.2 ± 14.38209	59.9 ± 7.9
Svadhithana	31.9 ± 15.4	38.1 ± 15.9	61.6 ± 6.9
Manipura	32.6 ± 13.0	31.3 ± 18.9	61.1 ± 7.7
Anahata	26.7 ± 6.0	35.3 ± 15.7	58.8 ± 8.7
Vishuddha	14.3 ± 8.3	22.4 ± 13.5	56.7 ± 3.5
Ajna	16.3 ± 11.6	21.5 ± 10.1	53.7 ± 2.4
Sahasrara	21.9 ± 8.7	25.7 ± 15.3	55.4 ± 4.7

The treatment method did not differ from the previous one, i.e. all patients at each visit were measured for the corresponding BAP of the palmar surface of the hand on both sides. With the value of the measured values at any of these 7 points with readings below 50 cu. e. carried out

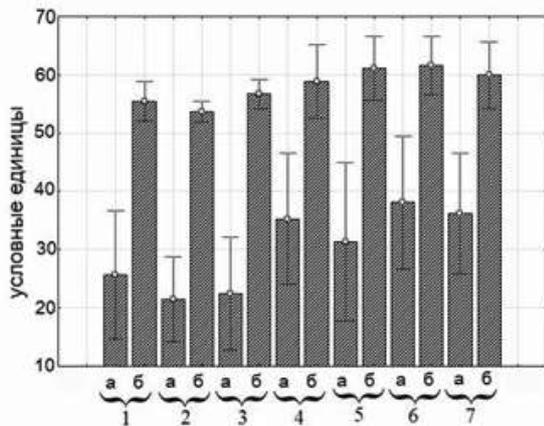
treatment sessions until reaching an indicator of 50 and above. The treatment was carried out using an apparatus for BRT along the posterior median and anterior median meridians. At the beginning of treatment, the point with the lowest score was determined. If these measurements referred to the first (muladhara) or last (sahasrara) chakra, the treatment was carried out using an inductor located in the perineum (on the first point of the posterior median meridian) or on the crown of the head (20th point of the posterior median meridian). If the low measured values were related to other chakras, treatment was carried out using frontal electrodes located on the corresponding areas of the back and front of the body. The treatment was carried out in the alternation mode, the alternation intervals were 1 second, the ratio of therapy and pause corresponded to the golden ratio. If during 20 minutes of therapy the values of the measured parameters (PI) remained low, in parallel, mandalotherapy of the corresponding chakras was performed. As a rule, the recovery of the worst indicators was accompanied by the normalization of all the others. This tendency was especially manifested in the treatment with the use of an inducer. Almost after each session, it was possible to achieve the values of the measured indicators of 50 and more conventional units. Treatment was discontinued after a PI value of 50 or more was reached after a 1–2 week therapy interval. The table shows the dynamics of indicators measured at the chakra points of the palmar surface of the right hand before, one year after treatment and after 3.8 ± 1.6 sessions of therapy. After the first course of therapy, the PI was above the level of 50 cu. e. It should be noted that in the first few months after therapy at all points the measured values remained at the level of 50 and above conventional units. As can be seen from the table, one year after the treatment, the PI of the chakra points retains an upward trend. Since the measurements were carried out according to R. Voll on the hardware-software complex "IMEDIS-EXPERT", the value of 50 conventional units was considered normal. On repeat visits, measurements were repeated and BRT was repeated as necessary. In fig. 1 shows the number of treatment sessions required to achieve stable values (50–70) on all measured BAP of the palmar surface of the patient's hand. As can be seen from the figure, during the first course of therapy, more than twice as much was required to achieve stable results of BRT sessions, which shows the relative stability of the results of therapy. In fig. Figures 2 and 3 show the IP dynamics of the palmar surfaces of the right and left hands, respectively, after BRT. As you can see, all indicators significantly increase in the process of BRT, reaching values of 50 and more cu.



Rice. one. The number of BRT sessions required to achieve stable PI values at the level of 50 and above a - during the first course, b - after a year of therapy.



Rice. 2. Dynamics of BAP indices on the palmar surface of the right hand before and after BRT ($M \pm \delta$, $p < 0.01$): a - before, b - after, 1 - Sahasrara, 2 - Ajna, 3 - Vishudha, 4 - Anahata, 5 - Manipura, 6 - Svadhisthana, 7 - Muladhara.



Rice. 3. Dynamics of BAP indices on the palmar surface of the left hand before and after BRT ($M \pm \delta$, $p < 0.01$): a - before, b - after, 1 - sahasrara, 2 - ajna, 3 - vishudha, 4 - anahata, 5 - manipura, 6 - svadhisthana, 7 - muladhara.

Thus, the studies carried out show that the results of BRT treatment along the anterior median and posterior median meridians one year after treatment are partially preserved, however, maintenance therapy is required to achieve conventionally normal values. We are currently investigating the possibility of accelerated restoration of normal parameters at the control points of measurement of the 12 main meridians during BRT after preliminary restoration of the PI of the chakra points.

Literature

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