Is it possible to use a blood autonosode as a universal adaptogen?

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From ancient times to the present day, theologians, philosophers, naturalists, doctors tried to explain the role of blood and water in human life. In the First Epistle to the Council, the Holy Apostle John the Theologian says: “Jesus Christ, who came by water and blood (and by the Spirit) ... and three testify on earth: spirit, water and blood; and these three are in one. " Karl Koenig in his book "Embryology and the emergence of the world" (1965) gives the following reasoning about the stages of development of the human embryo: "... from the mesophyll, in embryo, blood appears. ... Mesophyll would correspond in the Gospel of John approximately to what indicates the origin of the Word. " And, apparently, it was not in vain that Mephistopheles wanted to receive a drop of blood from Faust in order to take possession of his soul through it: “Blood is a special juice”. Thousands of years have passed since humanity realized that “Blood - this is a special juice ”. However, the subtle mechanisms of the therapeutic effect of blood on the human body have not yet been sufficiently studied. One thing is clear that grains of acquired knowledge about the nature of blood and its regulating influence on the spiritual and physical properties of the body can help the doctor more consciously and efficiently treat the patient.

The use of autologous blood to increase the nonspecific resistance of the body has been known for a long time (recall the autohemotherapy of chronic inflammatory diseases, for example in gynecology). In oncology, autologous blood is used for extracorporeal antitumor pharmacotherapy. This technique was called "autohemochemotherapy" (Yu.S. Sidorenko, 1980). Autoblood is used by homeopaths to prepare homeopathic remedies. Autoblood is used as an informational preparation (for example, treatment of uterine bleeding) in the process of bioresonance therapy. In 2004-2005, an electronic copy of a blood autonasode began to be considered as a basic targeted energy-informational preparation, causing adaptive reactions of the body in the treatment of various diseases (A.E. Kudaev et al., 2005). It was from this position that I, using the method of electropuncture diagnostics according to R. Voll (EAF), investigated the effect of autologous blood on the energetics of some body systems in patients with renal cell carcinoma, who were planned to undergo immunotherapy with reaferon to prevent or restrain the progressive development of renal cancer metastases.

The study included 15 patients with renal cell carcinoma (9 women and 6 men aged 45 to 70 years). Nine patients, who had no metastases before surgery, underwent radical removal of the kidney tumor. Palliative nephrectomy was performed in 6 patients in whom metastases were detected by ultrasound and computed tomography (CT) before surgery. During the operation, tumor tissue was taken from the kidney for its subsequent use as an autonosode. 7-10 days after the operation, before starting the course of immunotherapy with the drug Reaferon, the patients underwent electropuncture diagnostics according to R. Voll (EAF) with measurement

the electrocutaneous potential of the control points of the meridians: epithelial and parenchymal degeneration (EPD), lymph, lungs, blood circulation, allergy (immunity), endocrine system, nervous system. The lower level of the norm of EAF indicators is taken to be 50 units of the EAF instrument scale. The following drugs were used for testing: autonosode of kidney cancer, inverted autonosode of kidney cancer, autoblood nosode, inverted autoblood nosode, reaferon 1 million units, autologous blood nosode + reaferon. All drugs were included in the testing chain in the 3rd potency (through the transfer of the device "IMEDIS-BRT-A"). The extreme initial values of the EAF results along the meridians were 20 and 60 units of measurement. The average values were for: epithelial and parenchymal degeneration - 39 units, lymph - 47 units, lungs 45 units, blood circulation - 42 units, immune system - 40 units, endocrine system - 48 units, nervous system 49 units. After loading the CTI of the meridians of the autonosode of the kidney cancer, no significant changes in the parameters occurred, except for the meridian of the immune system, where the parameters decreased by 7–10 units. from the original level. The inverted autonosode of kidney cancer increased the CTE values of the meridians by 5–15 units. (on the meridian of immunity by 14 units). The autoblood nosode increased the parameters of the CTI of the meridians by 3-14 units. (on the meridian of immunity by 14 units). The nosode of the inverted outblood increased the CTE of the meridians by 3–13 units. (on the meridian of immunity by 12 units) and leveled the measurement indicators on all meridians to 52 units. Both nosodes of autologous blood had almost the same effect on the measurement parameters on the CTE of all meridians. 1 million units Reaferon increased the indicators of the CTI of the meridians from 6 to 16 units. (on the meridian of immunity by 16 units.) and leveled them to 54–56 units. Nosod autologous blood + Reaferon 1 million units. increased the indicators of KTI on all meridians up to 65-70 units. in the 3rd potency and reduced the same indicators to 52 units. in the 6th potency.

Until now, there is no consensus about which single dose of reaferon will be optimal for a particular patient (the authors of publications report on the dose of reaferon from 3 to 16 million units). We selected a single administered dose of reaferon individually for each patient, in accordance with the reaction of the peripheral blood (training or quiet activation) and the temperature response of the body (optimally from 37.5 to 38 degrees) in response to the introduction of reaferon. In accordance with these reactions of the body, a single intramuscularly administered dose of reaferon ranged from 0.5 to 6 million units. The course of treatment consisted of 10 reaferon injections (one injection two days later on the third), under weekly monitoring of peripheral blood tests and daily monitoring of body temperature. In the course of treatment, the dose of reaferon could be changed (if the reaction of the blood and body temperature changed for the worse). This approach made it possible to carry out a full course of treatment for all patients without compromising the quality of life in the course of treatment.

After the end of the course of immunotherapy, the patient was appointed supporting autohemoreaferon therapy (informational) with testing the potency of the drug by the EAF method. When prescribing the energy-informational drug "autoblood + reaferon" to a weakened postoperative patient, it is advisable to use the 6th potency, which will act on the body more calmly and, apparently, correspond to the adaptive response of training or calm activation (according to Garkavi L.Kh. et al., 1972). The question of which autoblood nosode ("direct" or inverted) is preferable

to apply to a specific patient can be decided only after preliminary testing by the EPF or ART method. Informational drugs for the treatment of cancer patients (at this stage of the development of medicine) can be used as a method of supportive treatment in conjunction with the standard therapy adopted in oncology. The physician should consider this issue from an ethical and legal perspective and educate the patient about the pros and cons of standard and non-standard options for tumor prevention and therapy. Only after the patient's written consent can the appropriate therapy be prescribed. Of course, medicine, no matter how technologically advanced, will always allow elements of the creativity of healing, because each patient is an individual. Karl Koenig, in his book Embryology and the Origin of the World (1965), said:

The results of the patients' treatment were tracked for two years. After palliative operations against the background of existing metastases, 5 people died within 6-12 months. One patient with lung metastases is alive for 14 months with a slight decrease in the size of metastases, with a satisfactory quality of life. All patients after radical nephrectomy and
postoperative immunotherapy alive for 1.5–2 years without manifestation of metastases.

Whether information medicine will be able to enter the arsenal of anticancer therapeutic agents, the future will show. My research asks more questions than it answers. For well-reasoned conclusions, randomized clinical trials are needed on a significant mass of patients using unified protocols. As a rule, these studies are of a cooperative nature. The purpose of this publication is to create a precedent for communication between doctors who want to unite their efforts in solving the problem of using information medical technologies in oncology.

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