

Type II diabetes mellitus

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We are talking about type II diabetes mellitus, in which an increase in blood sugar is caused by a relative deficiency of insulin. In other words, the level of this hormone in the blood is at the optimal level or even increased, but the receptors of the cells to it are blocked. Therefore, the pancreas, producing; insulin production drops, insulin-dependent occurs

type I diabetes mellitus. That is, insulin deficiency becomes not relative, but absolute. To determine this character, it is enough to filter the insulin through the Molybdenum D200 index. If during testing the initial measurement level is not restored, then its relative deficit takes place. In order to show how it can be eliminated, I want to give three examples.

Example 1

Patient M., 70 years old. Complains of pruritus, frequent urination, cardiac arrhythmias, tendency to constipation. Prior to this treatment, all previously identified interference fields and infectious factors were eliminated in the patient with the help of multiresonance therapy. Its general biological index (OBI) is 2, level III ART +. Blood glucose - 7.4 mmol / l, diabetes - II ↓. Insulin ↓ + molybdenum D200 ↓.

The latter indicator indicates a relative insulin deficiency. Further testing progress.

Was tested endocrine depletion 3 tbsp. ↓ + key factor - zincmetallicum D26 ↑ + block III of layer 5th sublayer ↓ + Intox II ↑ + hexachlorobenzene ↓ (toxin from the Medpharm section). The mesenchyme block extended to the endocrine meridian, which was maximally affected, redundant and key, and was compensated for by the violet color. In addition, the block extended to the meridians of the heart, pancreas, liver and small intestine. Testing organ products through the above meridians, we determined their particular biological indices: pancreas - 6, atrioventricular node - 5, liver - 4, small intestine - 4.

Treatment at the 3rd level consisted of two stages.

On the first, with the help of BRT (a fast machine along the endocrine meridian) with a load of inverse potentiated violet color, we aligned all the affected meridians.

The second stage of therapy is carried out in the following algorithm: block III of layer 5th sublayer + Intox II + hexachlorobenzene + DIS-11 (detoxification with environmental toxins, "ONOM") + BRT with all meridians selected for 20 minutes. BRT was carried out through the forehead electrodes with a "belt" all over the body and parallel to the UMT "loop" - on the head. After the end of therapy: diabetes II insulin ↑. All of the above organopreparations came to the 2nd optimal index. After 3 days, blood sugar is 4.3 mmol.

Example 2

Patient K., 55 years old, overweight, complaints of increased appetite. On the

In a number of previous visits, all tested interference and infection fields have been removed. Testing level III, OBI - 2, blood glucose - 8.2 mmol / l, diabetes II ↓, insulin ↓ + molybdenum D200 ↓. The dominant focus is the pancreas. Her BI is 6. She is the primary affected, most affected organ, the source of complaints, and the chronic process is tested in it. Testing the pancreas, we find that the only factor affecting it is the congenital toxic load - Intox III.

We switch the device to the 4th level. In this case: pancreas ↓ + Intox III ↑ + depletion of the endocrine system 3 tbsp. ↓ + mental load 6 tbsp. ↑ + XMchromosome ↓ + Bach Flowers ↑. Uchromosomes BI = 7. The XM chromosome is tested at the frequencies of the selected meridians, of which the endocrine one turned out to be key, excessive and with maximum disturbances. Compensates for this meridian purple color.

The treatment process takes place in 2 stages.

At the first stage, as in the previous example, we unblock the endocrine meridian on the BRT with a potentiated inverse purple color. Algorithm of the second stage: depletion of the endocrine system 3 tbsp. + Intox III + mental load 6 tbsp. + XM chromosome + matched Bach Flowers + BRT along the selected meridians for 20 minutes. at the 4th level. After the session, all indicators returned to normal, the chromosome from the seventh BI passed to the second. Diabetes II has not been tested anymore. Blood glucose after a few days was 4.5 mmol / L. In this case, having removed the miasm of mental stress from the maternal chromosome, we normalized carbohydrate metabolism. During the treatment, an interesting detail came to light ... It turns out that, according to the patient, she was an unwanted child with her mother. In addition, my mother, being pregnant, was in a difficult stressful situation. That is why her daughter had a mental burden in her HM chromosome, which, many years later, led to the onset of diabetes mellitus.

Example 3

Patient V., 60 years old. Overweight. Lots of complaints. Preliminarily examined in a polyclinic. Blood glucose - 7.4 mmol / l. During diagnostics using the ART + method: BI -13/17/19. RA - good - 3, diabetes II, relative insulin deficiency. Numerous fields of interference were revealed: mental stress of the 8th degree, radioactive, electromagnetic burden, toxic stress I-II-III, maximum DNA burden, deficiency of minerals, vitamins, hormones, presence of bacterial and viral lesions, maximum depletion of the endocrine and extremely high immune system. The key infection turned out to be the African tuberculosis strain, which was detected at all 4 levels, i.e. was congenital. The dominant focus was the stomach with BI = 19, in which the ulcer was tested. Starting to treat this patient, we explained that, first of all, we will eliminate all identified burdens, remove chronic tuberculous intoxication and treat stomach ulcers. As for diabetes, we will keep it under control all the time, especially since

he did not manifest clinically. Patient control testing and received corresponding to its expanded ART diagnosis with the help of a genetic program,

I came to the whole complex of drugs once a week, zu. On his third visit to the tuberculous miasm was removed. On the

On the fourth visit, the diabetes was no longer tested. Blood sugar was 4.5 mmol / L. In other words, having removed all his burdens and the dominant tuberculous miasm from the patient, treated him with a BR-drug (by the method of Gotovsky Yu.V.) and a complex of drainages, we at the same time normalized his carbohydrate metabolism. We did not carry out any special program for the treatment of diabetes mellitus. Our patient's final integrative scores are Level III, OBI - 2, RA - high - 1, in DNA - minimal violations. Stomach ulcer is not is being tested.

Conclusions:

1. If you discovered diabetes II at the first visit, and at the same time your the patient has moderate hyperglycemia, there is still no acetone and a pronounced clinic of diabetes mellitus, do not rush to immediately build a plan for the treatment of this disease.

2. Treat the patient according to your detailed ART diagnosis. Take away he has all the identified burdens, incl. infections and degenerative processes.

3. If after this therapy diabetes is no longer tested, then you have it. liquidated "automatically". And if, with all the good integrative indicators and optimal BI in most organs, diabetes II is still being tested, then look for the reasons for it at the 4th level. It can be any load, incl. mental, toxic, geopathogenic, etc. Eliminate them with a genetic program, and thus you will also eliminate diabetes. This, by the way, is what happened in the second case (example 2).

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