Bioenergetic burden, a method of identification and elimination

within the framework of ART and BRT O.V. Koritsky, Yu.V. Koritskiy (PE "Medicor-2", Vinnitsa, Ukraine)

When performing ART, according to the examination protocol, first of all, all external burdens that the patient may have are determined. This is geopathogenic, electromagnetic and radiation burden. In fourth place is bioenergetic burden. Although it is not included in the examination protocol, the recommendations refer to it as one of the reasons for failures in the diagnosis by ART and therapy with BRT. One of the indications of bioenergetic burden, according to the guidelines, is testing by ART MKP 15 Epiphysis. But this index can, indeed, characterize disorders in the patient's endocrine system, and not bioenergetic burden. Taking all this into account, we decided to develop a methodology that would allow diagnostics and therapy of this type of external load within the framework of ART and BRT.

In our understanding, bioenergetic burden is a burden of external interference fields induced by special magical or religious rituals (popularly called curses, evil eye, damage). It is possible to suspect the presence of such a burden in a patient who, despite all the efforts of the doctor, stubbornly does not respond to treatment when high degrees of other burdens are tested (radioactive, geopathogenic,

electromagnetic), and measures to eliminate them have short-term success in patients with pre-oncology and oncology. Markers in ART are drugs from the group of Systemic Spiritual Adapters: The Source of Our Lady of Kazan from someone else's malice and hatred, Negative Programs 1, 2, 3, Primary Sources.

Testing methodology

The KMX marker is recorded with a light or conventional probe. The KMX marker, when tested by the ART method, causes a decrease in the measuring level at a reproducible point. Through the KMX marker, as through a filter, we test the indicated Systemic Spiritual Adaptants.

If the measurement level is restored during testing, this indicates the presence of bioenergetic burden. We check all SDA, those that restore the measuring level, "reset" to the selected indicators. From the tested and selected SDA, we form a complex protective drug, which we potentiate under the KMX marker. KMX marker +

complex drug from the amount of SDA, potentiated from 7 to 0 . This is the first drug, it is recorded in the selected position of the potentiometer, a single dose (number of grains), the number of doses per day and the duration of the course are tested.

The second drug is prepared from the drugs of the Negative Programs and the Primary Sources, and is tested when connected in inversion. KMX marker + sum of Negative programs in inversion, potentiated from 7 to 0.

We write down the sum of the inversions of the "Negative programs" on the found indicator of the potentiometer, we test the number of grains per dose, the number of doses per day, the duration of the course by mental testing.

These two drugs, according to the authors, complement each other. The amount of SDA is a protective drug against possible repeated bioenergetic damage, and the amount of inversions of Negative programs is an antidote against induced external interference fields.

The next stage in the diagnosis and treatment of external bioenergetic burden is the measurement of points on the palmar and dorsum of the hand that correspond to the characteristics of the chakras on the human body (the technique was suggested by Dr. Mikhail Alekseevich Kudryashov). Measurements are carried out in the diagnostic mode according to R. Voll. Indicators on chakra points below 50 cu. scales characterize bioenergetic damage to the chakra. Especially serious injuries covering similar points on the palmar and dorsum of the hand, this characterizes the damage to the entrance and exit of the chakra. After identifying the damaged chakras, we perform BRT therapy. With the help of the device "IMEDIS-BRT-A" (produced by LLC "CIMS IMEDIS"). Put a glass with a small amount of grains (20-30 grains) in the first container of the apparatus. We connect the hand and foot electrodes to the corresponding sockets and seat the patient on them. We connect an electromagnetic device "inductor" to the "frontal electrodes" connector, which we place on the projection of the chakra on the skin. In the automatic BRT mode, we guickly remove negative vibrations into grains within 60 seconds from the entrance and exit of the damaged chakra. We write down negative vibrations from all damaged chakras on one crumble. Then we give the crumbs to the patient, on the condition that he burns the crumbs on the fire. It is better to burn on a gas fire by placing the grains in a metal spoon If possible, it is better the next day to re-check the indicators of the points on the palmar and dorsal surfaces of the hand. Most often, the electrical conductivity is restored to \$ 50. and higher. There are times when you have to repeat this technique. We connect an electromagnetic device "inductor" to the "frontal electrodes" connector, which we place on the projection of the chakra on the skin. In the automatic BRT mode, we quickly remove negative vibrations into grains within 60 seconds from the entrance and exit of the damaged chakra. We write down negative vibrations from all damaged chakras on one crumble. Then we give the crumbs to the patient, on the condition that he burns the crumbs on the fire. It is better to burn on a gas fire by placing the grains in a metal spoon. If possible, it is better the next day to re-check the indicators of the points on the palmar and dorsal surfaces of the hand. Most often, the electrical conductivity is restored to \$ 50. and higher. There are times when you have to repeat this technique. We connect an electromagnetic device "inductor" to the "frontal electrodes" connector, which we place on the projection of the chakra on the skin. In the automatic BRT mode, we quickly remove negative vibrations into grains within 60 seconds from the entrance and exit of the damaged chakra. We write down negative vibrations from all damaged chakras on one crumble. Then we give the crumbs to the patient, on the condition that he burns the crumbs on the fire. It is better to burn on a gas fire by placing the grains in a metal spoon. If possible, it is better the next day to re-check the indicators of the points on the palmar and dorsal surfaces of the hand. Most often, the electrical conductivity is restored to 50 cu. and higher. There are times when you have to repeat this technique. In the automatic BRT mode, we quickly remove negative vibrations into grains within 60 seconds from the entrance and exit of the damaged chakra. We write down negative vibrations from all damaged chakras on one crumble. Then we give the crumbs to the patient, on the condition that he burns the crumbs on the fire. It is better to burn on a gas fire by placing the grains in a metal spoon. If possible, it is better the next day to re-check the indicators of the points on the palmar and dorsal surfaces of the hand. Most often, the electrical conductivity is restored to 50 cu. and higher. There are times when you have to repeat this technique. In the automatic BRT mode, we quickly remove negative vibrations into grains within 60 seconds from the entrance and exit of the damaged chakra. We write down negative vibrations from all damaged chakras on one crumble. Then we give the crumbs to the patient, on the condition that he burns the crumbs on the fire. It is better to burn on a gas fire by placing the grains in a metal spoon. If

The indicators of the effectiveness of the removal of bioenergetic burdens are: improvement of the patient's subjective state, a feeling of significant relief ("like a mountain fell off his shoulders"), indicators of external types of loads by ART are no longer tested, and positive results appear when carrying out other types of therapy that could not be achieved before.

We recommend the use of this technique in clinical practice, especially in cases with "incomprehensible" patients, "unexplained" situations, diseases with unknown etiology. In our medical center "Medicor-2" there were 96 such patients in 2007-2008. Now a statistical analysis is being carried out, criteria for the effectiveness of treatment are being determined, in the future this clinical material will be drawn up in the form of an article.

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