

Bioresonance correction of the control signal

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The human body is a complex self-governing functional system consisting of many subsystems united by a single control.

In the process of evolution, the controlling FS acquired the ability not only to ensure the coordinated work of all subsystems of the body, but also learned to correct deficiencies and malfunctions in functioning, to protect the body from external influences and to eliminate damage that occurs when meeting with disease-causing agents (BA), which can include any physical, chemical, biological, psychoemotional and informational factors that can cause disruptions in life, usually called a disease. A normally functioning UFS is capable of organizing the elimination of any BA.

The history of medicine confirms this with numerous cases, proving the ability of the human body to self-healing, self-defense and self-healing.

But, if UFS has the capacity and ability to organize self-healing, then ideally any disease would proceed easily, like self-healing scratches, mild diarrhea or a small runny nose that do not require medical attention.

In real life, the chronicization of the disease occurs more often, speaking, based on the above, about inadequacies UFS, producing a low-quality control signal (US).

Now it is not even so important what led to such an inconsistency of the UFS, the causes and pathogenesis of this process can be very diverse. It is much more important to understand how to most effectively restore the body's ability to self-heal and self-heal, and, therefore, to get rid of chronic diseases and restore self-fulfillment in full.

What happens when you apply most of the modern information techniques? We are constructing, based on our ideas about the development of the disease, a certain US, with the help of which we hope to cure the disease. This RS can be quite simple, or it can be very complex, systemic and even constitutional. But at the same time, in response to our exposure to the UFS, the patient initiates his own EOS, which could solve this problem if:

- 1) it was not drowned out by a much more powerful artificial US;
- 2) not high inertness of biological systems, to overcome which multiple repetition of the conditions for creating your own RS will be required.

Now let's see what happens during reverse chronosemantic therapy.

Through the system of the main chiroglyph lines with the help of a light probe, we enter the required signal, which becomes a task for the organism. The patient's UFS, solving this problem, produces an EOS, which is written off by the loop magnetic inductor through a separate device (transfer,

disabled selector, etc.), and becomes a chronosemantic drug (CSP). If the task is correctly, correctly and systematically set, CHSP always turns out to be systemic, leading to optimality and allowing you to make a rather tangible step forward towards recovery.

And it cannot be otherwise, since CSP is the US of its own UFS, and chronosemantic therapy becomes a technique that eliminates insufficiency of UFS and restoring ability of the organism to self-healing, self-healing and self-defense. The preparation "Response-3", obtained according to the method proposed by A.E.

Kudaev.

By the author articles invited more one similar methodology, using BRT for creating and correcting the control system. The technique is applied with the use of IMEDIS equipment: the IMEDIS-BRT-A apparatus, belt magnetic inductors worn on the chest area "cross to cross", a loop magnetic inductor - on the head. The inductors are connected to the frontal electrode connector.

The therapy is carried out in stages:

1) we start with a conventional BRT serial, circular with a connection from selector of median, miraculous and encircling meridians to restore the measuring level in the TI;

2) then in the 2nd container of the apparatus we put the pre-assembled and recorded a complex task that needs to be solved at this stage (for more details, see the report). At each stage, we continue the BRT until the recovery of the IS, which decreases after the setting of each new task;

3) in the 3rd container we put a set of necessary OP and nosodes and we continue therapy;

4) at the end, switch the mode from "sequential" to "active."

After waiting for the recovery of the IU, we disconnect the "loop" from the device "IMEDISBRT-A" and connect it to the 3rd transfer container, where we write down the drug within 3 minutes.

To check, we take 1 globule of the drug and place it in the first container of any autonomous apparatus. When testing, we see that it fully compensates for both the KMX marker and the entire complex of tasks presented to the body for solving. The preparation turns out to be "strong", leveling the energy, bringing it to the optimum and providing a large step of therapy, which can be checked on the resonance scale of the connective tissue.

During the year, the author treated 55 chronic patients, 20 of them aged from 70 to 85 years old, with a whole bunch of chronic diseases. All patients received treatment mainly using all three of the above methods. At the beginning, finding the necessary technique was determined mentally, but after getting acquainted with the scheme of the development of the disease proposed by A.E. Kudaev, the place of each method was determined according to the scheme (details in the report). Applying each of the techniques in a timely manner, it is possible to manage chronic patients without complications and rollbacks. The first constitutional layer from the beginning of treatment to the application of the first constitutional drug that closes this layer, most patients pass in 4-6 treatment sessions (4-6 months). The next layer takes only 2 months. All patients report an improvement in their well-being,

reduction and disappearance of symptoms, there is a positive dynamics at the psychoemotional and fate levels. The completion of treatment and recovery can be judged only after compensation of all constitutional layers, the number of which is determined using the Astromed-M program, and the CGP is selected using CDT testing through the KMH.

The introduction of CHP is carried out only through chronosemantic therapy. Such therapy, carried out in a timely manner (according to the development scheme diseases of A.E. Kudaeva), passes very gently and throws the next patient in constitutional layer closer to its completion.

Conclusion:

1) proposed by the author methodology bioresonance corrections control signal (BRKUS) along with HST and A.E. Kudaeva leads to the creation of her own CA and the elimination of the deficiency of the UFS, which, in turn, contributes to the cure of chronic diseases and the restoration of self-realization in full;

2) the use of the scheme of the development of the disease according to A.E. Kudaev helps determine the relevance and timeliness of each of the techniques, which, in turn, accelerates the development of the treatment process;

3) US created using BRKUS, HST and OTK-3 is native to the patient's body. Due to the inertness of biological systems, to "swing" the system and stabilize this signal, it is necessary to take the drug for 30-40 days (the duration of administration is tested mentally).

In addition to what has been said. Compensated patients of the first level (systemic multilevel therapy according to A.E. Kudaev) tolerate the drug "Response-3", produced using drugs of the first level, well. But patients with signs of decompensation are not able to assimilate such a constitutional signal. The first session of therapy in these cases, as an exception, should be carried out only with the use of drugs of the first level - targeted autosodes. Further sequential step-by-step application of the technique does not allow the patient to "roll down" to the first level again.

Literature

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Astromed.

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