

Experience of using the equipment of the Center "IMEDIS"  
in the context of a peacekeeping mission in the Republic of Angola  
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Introduction

The work was carried out in the Republic of Angola, Chipindo Municipal Hospital. In essence, it is a paramedic center with 25 hospital beds. There are no doctors on the staff of the hospital.

Diagnostic base: blood test for malaria "thick drop", Vidal's reaction, syphilis, leukocyte formula, leukocytes, erythrocytes, hemoglobin, ESR is not determined; general urine analysis; analysis of feces for helminths and protozoa.

We have previously reported on the results of the use of endogenous bioresonance therapy (BRT) in the treatment of cerebral malaria [1].

This article presents the experience of work for 5 months: 1,500 patients were examined, of which 675 were primary. For the purposes of diagnostics and BRT, the equipment produced by the IMEDIS Center was used: IMEDIS-BRT-A, IMEDIS-BRT-PC and MINI-EXPERT-DT.

The extended diagnostic algorithm included the study of complaints, anamnesis of the disease, examination results, and objective data of the patient. This made it easier to carry out targeted diagnostic search. In the process of preparing for ART diagnostics, the choice of a reproducible measurement point, functional load, and the use of enhancement drugs (Epiphysis D26) were carried out in accordance with the methodological recommendations [2]. If the pineal gland preparations could not be found, then BRT was performed for 5-10 minutes along all meridians or melatonin was connected.

Further testing was carried out according to the principle "FROM GENERAL TO PRIVATE", formulated by Yu.V. Gotovsky:

1. Is there a problem? "YES" or "NO" is a test pointer to the corresponding problem.
2. "WHERE?" - Organopreparation at D4.
3. "WHAT?" - nosological form of pathology.
4. "WHAT" and "HOW" to treat? - selection of medication or type of therapy.

The geopathogenic, radioactive and electromagnetic loads, their degree, in which organ they are located were determined. To relieve stress, a frequency of 6.2 Hz was used for 5–10 minutes and a frequency preparation was recorded. Also used drugs "Anti-radioactive load", "RAYEX" No. 5, No. 10, "Antigeopathogenic zone" from the place of residence. Then a test was carried out for mental and psychological stress, their localization and the drug was selected. With concomitant detection of chakra disorders, FLOWERPLEX preparations were selected, and in their absence - BACH FLOWERS. Subsequently, diagnostic tactics were carried out in accordance with the guidelines [3].

However, such a diagnosis was carried out in the Republic of Angola for a small part of patients: hospital staff, administration and members of their families. For the rest of the patients, an abbreviated diagnostic algorithm was used for the following reasons:

1. 20-30 patients applied for a consultative appointment in one day, therefore, one it was not possible to devote more than 15–20 minutes to the patient.
2. The work was also complicated by the frequent lack of electricity (electricity was supplied only 2-3 hours a day in the evening, for weeks there was no electricity at all). This time was not enough to charge the equipment and work on it in full, not to mention work on a computer with a drug selector.
3. A large percentage of patients with parasitic and infectious diseases who need first of all, to solve this particular problem in a short time of treatment.

Basic principles of abbreviated diagnostics

To facilitate and speed up the diagnosis, a kind of "drug cassettes" were created. The necessary information was recorded on the homeopathic grits, the globules were wrapped in foil and placed in matchboxes.

Indicators prepared: geopathogenic, electromagnetic, radioactive, mental stress, tension and depletion of the immune system, Cuprum metallicum D400, an effective, portable medication and an agreed prescription. Considering that 85–90% of patients have infectious and parasitic diseases, and 54–60% of them have malaria, this "drug cassette" includes indicators: "malaria" (all forms from the drug selector), protozoa, viruses, fungi, bacteria, the sum of all helminths is round and flat,

tape (recorded their resonant frequencies on the device "MINI-EXPERT-DT"). In addition, pointers to typhoid and paratyphoid fever A, B, syphilis, tuberculosis (only African tuberculosis was tested), HIV, amebiasis are included. If necessary, other infectious diseases were determined by resonant frequency diagnostics.

It was impossible to determine target organs and other integral indicators due to lack of time.

Testing began with determining the presence of loads and eliminating them. Most often, the geopathogenic and radioactive load was determined (82% of cases), since there are uranium mines in the area where the municipality is located. In case of depletion of immunity, the frequency of E9 and drugs of the "IMEDIS" group "Immunostimulation" and others were used, which were used simultaneously with the treatment of the underlying disease.

Further, it was determined: is there malaria or not? If so, what form. Then other parasitic and infectious diseases were tested, depending on the clinical manifestations. The test results were laboratory confirmed in 90-95% of cases, and with repeated tests - in 100%.

All selected drugs were tested through pointers to the optimal therapy step, efficacy, tolerability and consensus prescription. For the convenience of administration, one complex drug was recorded.

The peculiarities of diagnosing young children who could not hold the electrodes were that the mother of the child was tested at the beginning. With a negative mother's test, the child was included in the circuit, and with a positive test, testing was carried out through another person. A positive test indicated that the child had a disease.

All patients were diagnosed and treated free of charge.

Diagnostic results on equipment "IMEDIS"

Testing was carried out to 481 patients, of whom 363 were initially tested. At the same time, 670 diagnoses of various infectious and parasitic diseases were established. Mostly protozoa were diagnosed: 331 cases - 49.4%, incl. MALARIA in 261 cases - 78.9% of all protozoa. In 54% of cases, the patients had "mixed infection".

The results of diagnostics by the "IMEDIS-TEST" method are presented in tables 1-6.

Table 1

The simplest

Causative agents	Abs.	%
MALARIA, all forms	331	49.4
Malaria "Falciparum"	261	78.9
Malaria "Vivax"	174	66.7
Malaria "Oval"	31	11.9
Malaria "Malaria"	40	15.3
Dysenteric amoeba	sixteen	6.1
Giardia lamblia	25	7.5
Trichomonas vaginalis	sixteen	4.8
Toxoplasmosis	21	6.3
Anaplasma marginal	five	1.5
Trypanosome	one	0.3
	2	0.6

table 2

Bacteria

Causative agents	Abs.	%
	153	22.8
Tuberculosis	33	26.6
Mycoplasma	21	13.7
Syphilis	sixteen	10.5
Helicobacter pylori	13	8.5
Chlamydia trachomatis	eleven	7.2
Ureaplasma	nine	5.8
Gardnerella vaginalis	nine	5.8
Neisseria gonorrhoea	nine	5.8
Proteus, total	7	4.6
Proteus vulgaris	4	2.8
Proteus mirabilis	3	2.1
A-streptococcus	4	2.8
Salmonella paratyphoid	3	2.1
Histoplasma capsulatum	2	1.4
Leptospirosis	2	1.4
Clostridium performance	2	1.4
Borellia Burgdorferi	one	0.7
Cytophage rubra	one	0.7
Jersenia	one	0.7
Bacillus cereus	one	0.7
Staphylococcus aureus	one	0.7

Table 3

Helminths

Helminths	Abs.	%
	131	19.6
Ankylostoma duodenal	45	34.4
Ascariasis	24	18.3
Ankylostoma caninum	sixteen	12.2
Onchocerca volvulus	eleven	8.4
Vlasoglav	eight	6.1
Askaris vermilius	7	5.3
Echinococcosis	6	4.6
Trichinillosis	five	3.8
Fasciola hepatica	five	3.8
Opisthorchiasis	4	3.2
Fasciolopsis beads	4	3.2
Schistosoma Mansoni	2	1.6
Ankylostoma braziliens	2	1.6
Loa-loa	one	0.8
Shadow cucurbintin	one	0.8
Trichinosis	one	0.8

Table 4

Viruses

Viruses	Abs.	%
	34	5.1
Adenoviruses	10	29.4
Respiratory syncytial varicella-zoster virus	nine	26.4
	6	17.6
Hepatitis A	2	5.9
Coxsackie	2	5.9
Herpes	one	2.9
Hepatitis B	one	2.9
Hepatitis D	one	2.9
Newcastle virus	one	2.9
Epstein-Barr	one	2.9

Table 5

Fungi

Fungi	Abs.	%
	21	3.1
Epidermophyton floccosum	7	33.3
Candida albicans	five	23.8
Candida stellatoidea	4	19.0
Mycosis oris	2	9.5
Aspergelis fumigatus	2	9.5
Candida fluor	one	4.8

Table 6

Mixed infections

Number of pathogens	%
2 pathogens	61.4
3 pathogens	21.0
4 pathogens	14.0
5 pathogens or more	3.6

Testing also revealed 2 cases of scabies and 1 case of lymphogranulomatosis. Diagnostics was carried out taking into account the clinical manifestations of diseases. When the main diseases were found, further search was stopped due to the lack of time and the possibility of a complete diagnosis.

General principles of treatment

The treatment was carried out in accordance with the recommendations [3, 4, 5].

1. Exogenous BRT according to programs F, E, H, with recording and taking a bioresonance drug in dose determined by the ART method.
2. General endogenous BRT was performed simultaneously with resonant frequency therapy for all meridians according to the 4th strategy (in the load allopathic medicines and information copies of medicines from the drug selector), with the recording and administration of a bioresonance drug in a dose determined by the ART method. In two cases, therapy was carried out according to the 5th strategy in patients with low adaptation reserves.
3. Specific antibacterial and antiparasitic therapy.
4. Diet therapy was not possible.
5. Detoxification and elimination therapy.
6. Induction therapy was carried out only on an individual basis with treatment at home.
7. The average duration of treatment was up to 2-3 weeks. For the course - from 1 to 5 BRT sessions.

Treatment for malaria falciparum (Plasmodium falciparum)

1. Resonant frequency therapy according to the F199 program, intensity - 100 conv. units during 15-30 minutes before the negative testing, with the recording of the BR-1 preparation and subsequent administration in the dose determined by testing by the ART method for 3-7 days.
2. Then exogenous BRT was carried out at fixed frequencies according to the Malaria programs falciparum: E936, H360, H361, H362, H363. Time for each program 60 seconds, cyclical

execution of the program for 30–60 minutes, with the recording of the BR-2 drug and subsequent administration in a dose determined by testing by the ART method, for 7–10 days.

3. General endogenous BRT was performed simultaneously with resonant frequency therapy for all meridians according to the 4th strategy with inversion of disharmonic oscillations and into the load "Artemether", "Quinine" and "Malaria comp." from the drug selector, the therapy time is 30-60 minutes, with the recording of the BR-3 preparation and the subsequent administration in the dose determined by testing by the ART method for 7-10 days. With mild to moderate severity of malaria, 1-2 sessions of resonant frequency therapy and endogenous BRT are sufficient. In severe malaria (cerebral), 2-3 or more sessions of therapy are required daily.

4. At the same time, the patients received antimalarial drugs according to proven methods (in 37 cases). In the absence of antimalarial drugs in the pharmacy, patients underwent only resonance frequency therapy and general endogenous BRT with BR drugs.

As a result of such treatment, malaria is not tested for 2-3 days, the clinical manifestations of the disease are stopped by 7-10 days. There were no lethal outcomes (a total of 68 cases of BRT use).

#### Vivax malaria treatment method (*Plasmodium vivax*)

Vivax malaria is more resistant to therapy, which requires the use of chloroquine and primaquine or their information copies.

1. Resonant frequency therapy according to the F198 program, intensity - 100 services. units during 15–20 minutes before the negative testing, with the recording of the BR-1 drug and subsequent administration in a dose determined by testing by the ART method, within 7–10–14 days.

2. Then exogenous BRT was carried out at fixed frequencies according to the Malaria programs (1): E2, E4, E18, E38, E391, E414, E453, E606, E714, E755, E849, H355, H356, H359, intensity - 100 arb. units, time for each program - 30 seconds, cyclic execution of the program. The total time is 60 minutes, with the recording of the BR-2 preparation and subsequent administration in a dose determined by testing by the ART method for 7–10–14 days.

3. General endogenous BRT was performed simultaneously with resonant frequency therapy for all meridians according to the 4th strategy with inversion of disharmonic oscillations and into the load "Artemether", "Quinine" and "Malaria comp." from the drug selector, as well as informational copies of chloroquine and primaquine, therapy time 1 hour, with the recording of the BR-3 drug and subsequent administration in a dose determined by testing by the ART method for 7–10–14 days. With mild to moderate severity of malaria, 2-3 sessions of resonant frequency therapy and endogenous BRT are sufficient. In severe malaria, 2-3 sessions of therapy are required daily.

4. At the same time, the patients received antimalarial drugs according to proven methods (in 8 cases). In the absence of antimalarial drugs in the pharmacy, patients underwent only resonance frequency therapy and general endogenous BRT with BR drugs.

As a result of such treatment, malaria is not tested for 5-7-10 days, the clinical manifestations of the disease are stopped by 7-10-14 days. There were no deaths (a total of 26 cases of severe (cerebral) malaria when BRT was used).

#### Note:

1. Treatment of "malaria oval" and "malaria" was carried out similarly to "vivax malaria", but not the frequency F 198 was used.

2. For personal prophylaxis of malaria, an information copy of the drugs was used "Artemether", "Quinine", "Malaria comp.", Recorded on the device "IMEDIS-BRT-A", 5 pellets 2 times a day, but irregularly. Other means of protection against malaria were also used - creams, ointments, a mosquito net during sleep. During his two years in Angola, Kravtsov A.N. suffered mild malaria once. Doctors working in Angola get sick 5-7 or more times during this period.

#### Conclusions:

1. Experience in the Republic of Angola in the absence of adequate opportunities clinical and laboratory diagnostics and constant catastrophic shortage of drugs showed high clinical and economic efficiency of bioresonance diagnostics and therapy.

2. The equipment produced by the IMEDIS Center in its autonomous version, under conditions Angola's hot and humid climate and frequent power outages are an option.

#### Literature

1. Kravtsov A. N., Ivanov V. B. Possibilities of using endogenous bioresonance therapy for treatment of severe (cerebral) malaria // Abstracts and reports. conference XV International "Theoretical and Clinical Aspects of Application bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2009. - S. 160-167.
2. Electro-acupuncture vegetative resonance test: Methodical recommendations. - M .: NPC TMiG MH RF, 2000.
3. Avanesova E.G., Avanesova T.S., Gotovsky M.Yu., Bocharov D.G. The use of vegetative resonance test "IMEDIS-TEST" in clinical practice. - M .: IMEDIS, 2008.
4. Gotovsky M.Yu., Perov Yu.F., Chernetsova LV. Bioresonance therapy. - M .: IMEDIS, 2008.
5. Gotovsky Yu.V., Kosareva LB, Frolova LA. Resonance frequency diagnostics and therapy diseases caused by fungi, viruses, bacteria, protozoa and helminths. - M .: IMEDIS, 2000.

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