

Case from practice
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I have been working on the equipment produced by the IMEDIS Center since the end of 2006. I have been using the IMEDIS-EXPERT hardware and software complex, which allows me to diagnose, select drugs and use various methods of therapy.

In July 2009, a 56-year-old patient N.D., a resident of Slovakia (city of Presov), applied for diagnosis and treatment.

During a preventive examination in Slovakia, he was diagnosed with colon polyps. The patient was referred to a proctologist. During colonoscopy, a biopsy was performed and the diagnosis of colon polyposis was histologically confirmed.

The first appointment - 05/27/2009 (Slovakia) during colonoscopy:

- Rectum (rectum) - pink mucous, normal vascular pattern, many small polyps and external hemorrhoids;
- Colon sigmae (sigmoid colon) - appropriate color, mucous without change, single polyps;
- Colon descendens (descending colon) - single polyps;
- Colon transversum (transverse colon) - the color is appropriate, the haustration is regular, the mucous membrane is unchanged;
- Colon ascendens (ascending colon) - single small polyps.

Biopsy from polyps for histological examination. Conclusion: Colon polyps.

A follow-up appointment was scheduled 14 days after the biopsy. Control reception - 06/15/2009 (Slovakia).

The condition is good, the abdomen is well examined, without resistance and palpation resistance. The liver and spleen are not enlarged.

Conclusion: Colon polyps. Recommendation: follow-up appointment after 6 months.

The patient is recommended to have multiple endoscopic polypectomy. The patient wanted to avoid surgical removal of polyps and turned to our office for diagnosis and treatment.

The first appointment with the patient N.D. took place in Bulgaria on 03.07.2009

Examination revealed: a patient with a height of 170 cm has a weight of 70 kg. The general condition is good, he is actively working. The stool is regular, the pressure is normal, the sleep is good. I noticed an increase in the birthmark on the skin. Complaints about the feeling of fullness and discomfort, flatulence and heartburn after eating. He looks calm, but reports that he is tormented by anxiety and fear of the operation.

As a result of testing by the ART method on the APK "IMEDIS-EXPERT", the following were identified:

Geopathogenic load - influence of the Curry grid; 2nd degree electromagnetic load;

The immune system:

- a global indication of the state. exhaustion;
- average degree of exhaustion;
- mild degree of exhaustion;
- global. indication of immune weakened. (2);
- the formation of macro- and microtumors; Bacterial infections (2); Dysbacteriosis in the colon; Burdening with yeast fungi; Benign tumors; Cystic processes;

Acquired toxic. information (Intox II);

Oncoprotein is not tested;

The yin state is not tested; The yang state is not tested;

Incorrect polarity indication is not tested; Biological indices - 4, 17 and 20;

Adaptation reserves: Good adaptation reserves of the 1st stage: Nosodes were tested:

- nosode Rectal polyp: D5, 6, 8, 12;
- nosode Polyposis of the rectum: D5, 6, 8, 12;
- nosode Sigma - rectum: D5, 6, 8, 12. The organ preparation of the large intestine was tested: D3, 5, 6, 12.

Dysbacteriosis, bacterial infections, anabolic processes of the 3rd degree, catabolic processes of the 2nd degree were tested in the colon.

The therapy was carried out according to the following scheme:

1. Removal of geopathogenic and electromagnetic load with a frequency of 6.2 Hz.
2. Correction of psychoemotional status using drugs SDA, "GUNA" Flowerplex.
3. Endogenous BRT with the connection of a number of drugs of the SIN, DRE groups of the company "ONOM", 3 ruling meridians, tested organopreparations of the gastrointestinal tract in the D6 potency.
4. Electronic copy of homeopathic medicine Arnica D24 on sugar crumbs - 1-2 times a day, 5 globules.
5. Electronic copy of H. Clarke's triad.
6. Therapeutic herbal collection according to the scheme.
7. Propolis tincture 30% in alcohol, 30 drops dissolved in water, one once a day.
8. Diet by blood group according to the system of Dr. P. Adamo.

During the week, the patient underwent several BRT sessions, and the BR-drug was recorded before leaving.

The patient's anxiety and complaints of heartburn and fullness after eating improved. The patient increased the amount of water consumed to 2 liters per day.

He has emailed several times that he is doing well and is not bothered by gastrointestinal complaints.

The second visit to the patient took place on August 24, 2009.

Looks good, the appearance of the skin has noticeably improved, calm, good sleep. This time there was no fatigue from the move.

The examination using the ART method revealed:

Geopathogenic and electromagnetic loads are not tested.

Biological indices - 4/9/15.

Adaptation reserves: Good adaptation reserves 3 tbsp.

Nosodes are tested:

- nosode Rectal polyp D8, 30, 100;

- nosode Polyposis of the rectum D8, 15, 100;

- nosode Sigma - rectum D6, 12, 30, 200. An organopreparation is being tested for the large intestine D4, 5, 6.

Anabolic processes of 2 tbsp were tested in the colon. and catabolic processes 3 tbsp.

The therapy was carried out according to the following scheme:

1. Correction of psychoemotional status using drugs SDA, "GUNA" Flowerplex.

2. Endogenous BRT with the connection of a number of drugs of the SIN, DRE groups of the company "ONOM", 3 control meridians, tested organopreparations of the gastrointestinal tract in potency D6, in the inversion added the nosode Polyposis of the rectum D8, 15.

3. Electronic copies of SIN and DRE preparations by ONOM.

4. Exogenous BRT with fixed frequencies with frequency recording preparation for granulated sugar.

5. An electronic copy of the homeopathic preparation Thuja D60 for sugar grains - 10 globules once a week.

6. Diet by blood group according to the system of Dr. P.

Adamo. The use of enterosorbents and probiotics.

Within 10 days, the patient underwent several BRT sessions, and a BR-drug was recorded before departure.

The patient has been taking medication for 2 months, has sent e-mail messages several times that he feels good, has become much more energetic.

Follow-up appointment with a proctologist on November 26, 2009. Conclusion (by a doctor): Polypectomy is not needed, his condition is good, a follow-up appointment after one calendar year.

Literature

1. Kiriya A.S., Kiriya Yu.F. Bioresonance diagnostics and therapy clinical application of quantum mechanics // Abstracts and reports. XII International Conference "Theoretical and Clinical Aspects application of bioresonance and multiresonance therapy". Part II. - M.: IMEDIS, 2006. - S. 281-289.

2. Latchenko E.Yu., Klimenko O.V., Kruk V.M. The use of vegetative resonance test and bioresonance therapy in the diagnosis and treatment of rectal diseases // Ibid. - M.: IMEDIS, 2006. - S. 11-14.

3. Elcheva M.G. Experience in the treatment of gastrointestinal diseases / Ibid. - M.: IMEDIS,

2006. - S. 267-268.

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