

Experience of using full resonance scale in vegetative resonance
test "IMEDIS-TEST"

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The resonance scale of connective tissue (TSS), proposed by Dr. Shraibman M.M., compares favorably with the scale of biological indices (BI) in that there are only twenty-one indices in the second, and there are already one hundred in TSS, i.e. five times more! In other words, the presence of disharmonious fluctuations in the patient's body with the help of TSS can be detected in a narrower range, i.e. much more accurate than using the BI scale. However, it should be noted that BI remain one of the main integrative indicators of disharmony that occurs in the body under the influence of various pathogenic factors.

The following examples illustrate what has been said.

Example 1

Patient D, 86 years old. After a one-year break, I came to the first appointment 01/13/2010 with complaints of shortness of breath, pain in the region of the heart, arising from moderate physical exertion, severe cough, frequent urination. No improvement came from the allopathic remedies prescribed in the polyclinic. In the process of diagnostics, the following was revealed: diagnostic level 2, optimal TSS index 54, working indices 23 and 26. Mesenchyme block of the 1st layer, 1st sublayer (caused by electromagnetic load of the 4th degree), which affected the meridian of the lungs – bronchochimeridian heart – coronary artery. The STSH23 index gave the following pathogenetic chain: STSH 23 ↓ + electromagnetic load ↑ + deficiency of vitamins, microelements, hormones ↑. The TSS26 index is at the head of the second pathogenetic chain: TSS 26 ↓ + electromagnetic influence ↑ + bronchi ↓ + varicella-zoster virus D5 – D400 ↓. Due to the fact that the virus is tested in a high potential inherent in DNA, then we carry out diagnostics at the 4th level: varicella-zoster virus D400 ↓ + XM chromosome ↑ + Intox III ↓ + meridians ↑. Among the meridians selected in this way, the lung meridian turned out to be the key, excess and maximally affected, and it was compensated by the blue color, which we immediately add to the recipe.

In order to remove congenital toxic information from the X chromosome (the chickenpox virus, or in other words, the miasm, which ultimately causes cough in the bronchi), it is first necessary to unblock the meridians associated with this chromosome. The damaging element in this case is the lungs meridian. The process of meridian therapy is as follows. On the patient we put on the UMT "belt" diagonally, on the head we place the UMT "loop". We connect the UMT to the "frontal" AIC output. We turn on the BRT along the lung meridian. In the process of BRT, we add blue color in inversion in the potency that normalizes the lung meridian (restores the original measurement level). For this, in 1 container for several globules. crumbs for 30 seconds, write down the blue color in the selected potency. Then this drug is transferred from the 1st to the 2nd container and BRT is performed along the lung meridian until it is fully compensated. After that, we remove the drug from the 2nd container. We check the state of the remaining insufficient meridians. They all return to normal.

Unimpeded communication between chromosome - meridian - organ is restored. After that, we carry out BRT along all previously selected meridians, the location of the UMT on the patient is the same. From the drug testing window, we connect the chain: chickenpox virus D400 + XM chromosome + intox-3 + rheumatic inflammation. We carry out BRT for 15 minutes under the control of testing at the 4th diagnostic level. After the end of the session, the varicella-zoster virus is not tested at all 4 levels. The XM chromosome becomes at the optimal TSS index. Thus, we have solved the genetically determined problem with the bronchi. For a complete cure, it remains to remove the second problem - the electromagnetic load. To do this, on the inductor, write down a frequency drug of 6.2 Hz and test its dosage.

Now it is the turn to tackle the coronary artery, which, according to our data, in addition to electromagnetic effects, suffers from a deficiency of minerals, vitamins and hormones. We put the coronary artery as a filter and select specific minerals, vitamins and hormones through it, add them to the recipe. Through the affected organs, we select drainage preparations ("ONOM", Schimmel's resoplexes), add progesterone to them and also add them to the recipe, from which we write them down on sugar. semolina two drugs - drains with progesterone and vitamins with minerals. Finally, we make a general harmonizing BR-drug (Gotovsky's drug) according to the second strategy.

Two days later, our patient comes complaining about frequent urination. Her cough has almost stopped, pain in her heart does not bother. We look at its integrative indicators. The diagnostic level became the third, the optimal TSS index rose from 54th to 65th, working indices 38-48-53. We look at the state of the organs that appeared at the first visit: coronary artery ↓ 38 (23), bronchi ↓ 48 (26). For clarity, the indices of the first visit are given in brackets. The TSS index of 53 belonged to the bladder. The reason for this was hemolytic streptococcus in potency D5 - D12, it was tested at the 1st and 2nd diagnostic levels. The bladder at the moment was the primary and most affected organ, there was an acute inflammatory process in it. In order to eliminate it, we recorded a targeted inverse blood autosode on hemolytic streptococcus according to the method of A.E. Kudaeva. The drugs recorded during the first session were tested and left for further administration.

Example 2

Patient M, 39 years old. First visit 17.09.2009. Complaints about poor sleep, emotional lability, nasal congestion. At night he sits at the computer on the Internet, for almost a year he cannot find a job in his specialty. At the first step, we carry out diagnostics at the 2-m diagnostic level. The optimal index is STSh 64, working indices 38-52-59. All three indices are due to incorrect polarity, which, in turn, is caused by the unwinding of the amino acid tryptophan. At the same time, at the 38th index there were sinuses, at the 52nd index - the prostate gland, and at the 59th index - the stomach. To restore normal polarity in the 2-container of the apparatus, for 3 minutes on a sugar crumb, write down tryptophan in potency D2000. We test the dosage — 14 globules once, given to the patient to take. After this, the partial STI indices of the above-listed bodies increased,

belonged to the motor area of the brain: STSH57 ↓ + motor area of the brain ↑ + deficiency of minerals and vitamins ↓ + Epstein-Barr virus D5 – D400 ↓. Continuing the pathogenetic chain, we find out: Epstein-Barr virus D5 – D400 ↓ + YM chromosome ↑ + Intox III ↓ + selected meridians ↑. A drug that can remove the virus from the YM chromosome, this is Vipera-B. We turn on this whole chain from the comprehensive testing window and carry out BRT for 15 minutes along the pre-selected meridians under the control of testing at the 4th diagnostic level. After therapy, the virus is not tested at all 4 levels. But the motor zone remained under the influence of a deficiency of minerals and vitamins. We carry out BRT for 15 minutes along the meridians associated with the motor area of the brain, with a load of missing minerals and vitamins under the control of testing at the 2nd diagnostic level. In the process of BRT in the 1st container, we write down a private BRP on crumbs, which will fill the identified deficit.

At the end of the session, we select drainages for the affected organs, write down the general BR-drug (Gotovsky's drug), test all manufactured drugs and give them for admission.

The second visit of the patient a month later on 08.10.2009. During testing, an indication of external influences was revealed. If they are present, further testing is meaningless, so they must be eliminated first. For this purpose, we select "negative programs" from the folder of spiritual adaptations and aim them at the patient's CMH. We test the resulting drug and give it to the patient, after which the "external influences" were no longer determined. Further testing is carried out at the 2nd diagnostic level. The optimal index is STSH 76 (64), working index 68 (38). In the brackets are the data of the first visit. Index 68 indicates electromagnetic burden of the 4th degree, the target for it was the motor zone of the head brain, it was the most affected organ. In addition, suboptimal organs of the previous visit on the background of drug inversion were tested. made during the first session of therapy. Sinuses i ↓ 71 (38), stomach i ↓ 74 (62), prostate i ↓ 73 (62). Due to the fact that all the drugs worked, we left them for an appointment until the next visit.

Another visit 15.10.2009. Testing was carried out at the 3rd diagnostic level. The optimal TSS index was 86, and the worker - 82. The motor area of the brain was located on this index, and the electromagnetic load of the 3rd degree and the mental load of the 8th degree were determined in it. In general, the patient's general condition improved significantly, only problems with the motor zone remained.

Another visit on 08.12.2009. Testing was carried out on the 3rd. The optimal STS index was 95, the working one - 92. The indices improved, but against their background the motor zone of the brain again distinguished itself: the motor zone ↓ 92 + mental load of the 8th degree ↑. The drug from the group "Medpharma" psychosocial load No. 232 removes this load. Determine which meridians the motor zone is associated with. We carry out BRT for 15 minutes along the selected meridians with a load of drug No. 232. In the first container, within 15 minutes, we write a private PDU. We test it and assign it to the patient.

The next visit is the next day (09.12.2009). The integrative indices remained the same. The working index is STSH92, and again corresponds to the motor zone of the brain. It determines the mental load of the 5th degree,

electromagnetic load of the 2nd degree and, on top of all, we identify the herpes zoster virus in potency D5 – D400. In other words, congenital toxic information has surfaced. At the 4th level, we build a pathogenetic chain: herpes zoster virus D200 – D400 ↓ + Intox III ↑ + XM chromosome ↓ + FM complex "Rheumatic inflammation" ↑ + selected meridians ↓. But, before performing BRT, we check whether rheumatic inflammation will push the virus from the 4th to other levels. When testing: [pineal gland + herpes zoster virus D200 – D400 + rheumatic inflammation] at all four levels, a decrease in the initial measurement level. Next, under the control of testing at the 4th diagnostic level, we conduct an BRT session, as described in Example 1.

A month later (10.01.2010), during a regular visit, measles virus D5 – D400 was detected in the motor area of the brain, which still remained at the 92nd TSS index, which was removed by the FM complex "Rheumatic inflammation" according to the method described above.

Two weeks later (01/22/2010) the same motor area of the brain continued to remain at the 92nd TSS index, but the reason for this was no longer a viral burden, but a mental load of the 8th degree. It was eliminated using an induction cerebral program. In addition, the mental load was removed by two drugs from the psychosocial loads of Medpharma "Achievement of the goal" and "Possibility of self-realization".

Further course of treatment. Selection of the meridians associated with the motor zone. We carry out BRT for 210 minutes with the placement of the UMT "loop" on the head and with the load of the selected drugs. After the end of BRT, the mental load was not determined. The motor zone (finally!) Has reached the optimal TSS index.

Example 3

Patient B, 70 years old. During the last two years he has been under our constant supervision. Appealed on 21.01.2010 with a complaint of anal itching. Testing was carried out at the 4th diagnostic level. The optimal STSH index is 98, the working index is 95. There are no external influences or blockades. STSh95 index ↓ + cytomegalovirus D200 ↑ + XM chromosome ↓ + Intox III ↑ + selected meridians ↓, c including:

- blood circulation meridian ↓ + kidneys ↑;
- heart meridian ↓ + av node ↑;
- small intestine meridian ↓ + anus ↑;
- pancreas meridian ↓ + pancreas ↑;
- stomach meridian ↓ + stomach ↑;
- skin meridian ↓ + skin ↑;
- kidney meridian ↓ + kidney ↑;
- meridian of the bladder ↓ + bladder ↑. Thus, we have

identified target organs, which were programmed by the X chromosome. And indeed, analyzing the patient's anamnesis, we learn that in recent years he has increased blood pressure, had problems with the kidneys and pancreas, skin, and two months ago there was gastric bleeding due to a stomach ulcer. That is, the analysis completely coincided with the target organs. Since the miasm was caused by cytomegalovirus, we naturally had a desire to get rid of it. What

we did it with Vipera-B, according to the method described above. After the BRT session on the control of testing at the 4th diagnostic cytomegalovirus was not tested at all 4 levels. Problematic organs stood at the 98th index.

It would seem that all the problems have been resolved. New patient comes in a week, and what do we see? Testing is carried out at the 4th diagnostic level. The optimal TSS index fell from 98th to 95th, and the working index - to 92nd. Through it, we test the factors that brought the body into this state. STSh92 ↓ + Intox III 3 ↑ + bacteria in high potencies ↓ + African mycobacterium D100 – D200 ↓ + XM chromosome ↑. That is, the reason is in the same chromosome as in the previous session, but it is no longer a virus, but an African mycobacterium. Then, continuing this pathogenetic chain, we look at which meridians and, accordingly, organs this pathological information is transmitted. In other words, we again go to the same target organs as during the previous visit. Mycobacterium Africanus, unlike cytomegalovirus, was the key nosode and the dominant miasm. The meridian of the bladder turned out to be the most affected, key and excess, the rest of the selected meridians were insufficient. Dominant miasm

tuberculosis from the 4th level was removed by the drug Vipera-B. When tested: [pineal gland + African mycobacterium D100 – D200 + Vipera-B] at all four levels the initial measuring level does not drop. After optimization of the bladder meridian with a potentiated orange color, we conduct BRT for 15 minutes along the selected meridians with a load from the selector of the following chain: African mycobacterium D100 – D200 + Intox-3 + XMchromosome + Vipera-B. BRT was carried out under the control of testing at the 4th diagnostic level. After BRT, tuberculosis was not tested at all levels, the target organs were at the optimal index, Intox III is not tested, the DNA index did not give even minimal violations.

Analyzing this case, we want to emphasize:

1. All detected miasms should be checked for dominance.
2. There can be several miasms in one chromosome.
3. After removing the miasms, it is necessary to check the DNA index and Intox III.

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