Creation of bioresonance drugs affecting the cellular level

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Any specialist working on devices of the "IMEDIS" company knows the high efficiency of the vegetative resonance test, endogenous bioresonance and multiresonance therapy. The results are impressive, but they are far from perfect. This and also the statement of Yuri Valentinovich Gotovsky: "If you do not get the effect of the treatment, then you are treating incorrectly", makes us look for more and more new methods. Applying endogenous bioresonance therapy, homeopathy, targeted nosodes, “responses”, induction and frequency therapy in my practice, I must admit that the maximum effect can be obtained by prescribing bioresonance drugs. The patient-and-patient therapy option appears to be the most effective. There are also chronosemantic preparations, but they stand separately in a number of methods.

Currently, there are several methods for creating a BR-preparation. These are, first of all, the general and particular bioresonance drugs proposed by Yuri Valentinovich, based on meridian selection and including signals written off from the patient. Ovsepyan's BRP, based on the construction of pathophysiological chains, in which both the signals from the patient and the entire chain are recorded. "Feedback" by A. Kudaev. Each of the proposed methods is quite effective, but there is one "BUT". All variants of BRT with the subsequent recording of BRP are carried out at the 1st, partially at the 2nd levels (the levels mean the depth of exposure according to ART +). That is, therapy does not go deeper than the intercellular space. And the problems in the cell are solved by such drugs indirectly. It is due to the fact that we are unable to record the control signal from the patient,

It is believed that the higher the potency of a homeopathic remedy, the deeper cell structures it resonates with. We obtain an increase in the potency of homeopathic remedies by rotating the potency knob from "7" to "0". Therefore, it can be assumed that by performing BRT with a gain tending to "0", we can directly affect the intracellular structures. That is, if the therapy is carried out and the BR-drug is not recorded at "7", then you can get other expected results. Over the past two years, I have tested various options for creating a BR-drug at levels 2-3. The final version meets the main requirements of a BR-drug: it is predictable, highly effective and does not cause exacerbations. A good result was obtained in the treatment of functional and degenerative diseases of the liver, pancreas, joints, hormonal disorders, lipomatosis (1 case), alcoholism (1 case), trigeminal neuralgia (1 case). Total observations 45 people, follow-up from 1 to 8 months.

This technique is performed as follows (testing is carried out at 2-3 levels of ART +):

1. Correction of amino acids is performed to remove false polarity.

2. A complex index is created for the subsequent BR-preparation. For this, through the KSU (summary index according to Yu.N. Orlov), a key organ for subsequent therapy is determined.

3. A chain is built on the selected organopreparation, which includes in itself real indicators of the intercellular and cellular state of morphoscale (organopreparation down + any level of morphoscale up) + pathogenetic blockades of organ adaptation reserves (sanogenetic ones cannot be touched in any case, - we will get an aggravation!) + viruses, bacteria, fungi (everything is included directly, not in inversion), as well as any other nosodes that resonate with the selected organopreparation.

4. Complex index (organopreparation in the selected potency + everything that tested through it) we write on several balls. The entire pointer is included directly. We put the glass with the recorded balls on the drug testing plate or pour them into the passive electrode. During testing, the initial measuring level decreases.

5. We place the UMT "belt" in the projection of the selected organ, turn on the BRT in one of the selected modes along all classical meridians and begin to very slowly rotate the gain knob from “7” to “0”, testing after each turn of the knob. We find the position at which the initial measuring level is restored during testing, and write down on 1 ball for 1 minute. We put the ball aside and continue looking for the next response. Each time we write down on a separate ball.

6. We check which of the recorded BR drugs fully compensates complex pointer. Most often, this is one single position of the gain knob, at which the BR preparation recorded for 1 minute fully compensates for the complex pointer.

7. We stop the process of BR therapy. Selected BR drug rewrite on a full glass from the 1st cup to the 4th. We select the dosage through a complex indicator. Usually it is 6-7 balls 2 times a day, but there are up to 6-7 balls every 2-3 hours (for example, with severe exacerbation of humeral-scapular periarthritis).

At the same time, you can prescribe several level BR-drugs, each of which will solve its own part of the overall problem.

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