False polarity

M.N. Kazantseva
(Vladivostok, Russia)

The purpose of this article is to draw the attention of colleagues to such an important issue as false polarity.

In the description of the corresponding sign, it means "wrong polarity, indication". What does wrong polarity mean? We know from chemistry and biology that all organic substances that make up living organisms consist of molecules, which, due to the peculiarities of the spatial arrangement of atoms in them, can exist in mirror-symmetric forms. These molecules are calledchiral. If any substance rotates the plane of polarized light clockwise, then it is called dextrorotatory, in the opposite direction - levorotatory. Many biologically active molecules are chiral, including naturally occurring amino acids and sugars. In biosystems, most of these substances have the same chirality. Most amino acids are L (levorotatory), and sugars are D (dextrorotatory). Typical naturally occurring proteins composed of L-amino acids are known as left-form proteins, and D-amino acids make up the right-form proteins. The physical and chemical properties of pure optical isomers are exactly the same in the absence of any asymmetric agent that reacts to the mirror asymmetry of molecules. The product of a chemical reaction without the participation of such an agent is always a mixture of optical isomers in equal amounts, the so-calledracemate.

The physical properties of the racemate and pure optical isomers are often different. For example, the melting point of the racemate is slightly lower than that of the pure isomer. Racemate can be separated by a chemical reaction involving an asymmetric agent - a pure isomer or an asymmetric catalyst, or microbiologically. The latter indicates the presence of asymmetric agents in biological processes and is associated with the specific property of living nature to build proteins from the left optical isomers of amino acids - 19 out of 20 vital amino acids are optically active. The physiological and biochemical actions of optical isomers are often completely different. For example, proteins synthesized artificially from D-amino acids are not assimilated by the body; bacteria ferment only one of the isomers without affecting the other; L-nicotine is several times more poisonous than D-nicotine.

Returning to the term "wrong polarity", we can say that it reflects the appearance in the body of "wrong" isomers. Since the physical and chemical properties of isomers are different, the occurrence of false polarity leads to gross violations in biochemistry, and, consequently, in the morphology of the organism. Some authors believe that false polarity occurs only in cancer. But is it? Practice shows that any chronic pathology is accompanied by a positive test for false polarity. True, this test does not always work when measuring by the ART method, but it is always positive when measured by the ART + method.

So, the appearance of optically "wrong" isomers to one degree or another always accompanies any chronic pathology. Let's try

assume what will happen if the false polarity was present in one organ or tissue, and as a result of our wrong actions, it has passed to other organs or tissues. We will spread and deepen the pathological process. The fact is that a simple bioresonance therapy does not affect the polarity change, and if false polarity was present at the beginning of the therapy, then it is also present in the recorded BR-preparation. Multiple sessions of BRT followed by the appointment of BRP without taking into account the false polarity lead to gross morphological disturbances. And depending on how the false polarity was initially expressed (strongly or weakly), we get worsening from the BRP either in the second session (in severe patients with low adaptation reserves),

Considering all of the above, before performing bioresonance therapy with the subsequent recording of the BR-drug, first you need correct the false polarity.

Your attention is offered a withdrawal option false polarity with using amino acid prescription, which is the result of seven years of work in this direction. When carrying out this technique, not only does the false polarity test stop being tested, but the patient's well-being quickly and significantly improves, moreover, with a wide variety of pathologies. It is known that the best treatment option is achieved with a systemic approach. An attempt at symptomatic treatment is doomed to failure in advance. Therefore, the correction of amino acids must be carried out systemically. To fulfill this requirement, a sequential action scheme has been developed. It looks like this:

1. Make a list of pointers, which includes the following organopreparations in potency D5: Liver D5 + Pancreas D5 + Ileum D5 + Jejunum D5 + Mucous membrane of the small intestine D5 + Renal pelvis D5 + Kidneys D5 + Kidneys (pyelorenal zone) D5 + Anterior lobe of the pituitary gland D5 + Pineal gland D5 + Adrenal glands D5 + Adrenal cortex D5 + Adrenal medulla D5 + Thymus D5 + Hypothalamus D5 + Thyroid gland D5 + Reticular formation D5 + Amygdala D5 + Cingulate gyrus D5 + Hippocampus D5.

2. Determine which version of the "broken chain" we are dealing with. To do this, we first simulate one, then another version of the "broken chain" and look at what the liver and pancreas will react to. We expose the first version of the broken chain: 1 tbsp. anabolism + 1 tbsp. acidity (not tested) + Liver D5 + Pancreas D5. If during testing there is a decrease in the measuring level, then we work with this version of the broken chain, if not, then we check the second option: 1 st. catabolism + 1 tbsp. alkalinity + Liver D5 + Pancreas D5.

3. Suppose that the chain 1 st was tested. anabolism + 1 tbsp. acidity. Then, through the selected broken chain, in turn, we test the organopreparations in the D5 potency from the list specified in point 1.

4. As a result, we get a complex index for the selection of amino acids. It includes one of the variants of the "broken chain" + organopreparations in potency D5 (in severe patients, it is advisable to add organopreparations to

potency D4).

5. To eliminate false polarity, we are interested in amino acids in potencies D1000 and D2000.

6. The selected amino acids are recorded in the 2 selector container.

7. The drug is prescribed for 3-5 globules daily or every other day.

In the process of conducting therapy from session to session, the list of organopreparations used for testing and the list of amino acids may change. If we talk about amino acids, then according to the frequency of occurrence they are arranged in the following sequence: L-Homocysteine; L-Cysteine; L-Cystine; LLysine; L-Tryptophan; L-Glycine; L-Glutamine; L-Glutamic acid; Arginine; L-Ornithine. The appearance of isomers of other amino acids is much less common. This technique requires special care when testing. Incorrect assignment of amino acids with reversed polarity is unacceptable.

Conclusions:

1. False polarity test for chronic pathology always positive.

2. False polarity can be corrected by correct assignment amino acids in high potencies.

M.N. Kazantseva False polarity

"IMEDIS", 2010, v.2 - p.141-145