Reflections on Low Potencies

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Organism human is a reliable self-regulating system. homeostasis is the Maintaining main task of ensuring vital functions of the organism. Maintaining homeostasis provided coordinated work of stimulating and suppressive systems, as well as the principle of duplication. “The principle of duplication in the structural support of homeostasis is expressed in the following. On the one hand, this or that function is supported by the work of different cells. On the other hand, this or that type of cell, as a rule, performs not one, but several functions. " (LB Makhonkina). But these same mechanisms that maintain homeostasis are the reason that the first symptoms of the disease appear already at the stage of failure of defense reactions, i.e. the first manifestations of decompensation.

Official medicine offers the following scenario for the development of the disease: a person is healthy, then the stage of functional disorders, manifested either by hyperfunction of the organ or its hypofunction, and then the stage of organic morphological disorders. Is it in this sequence? Prominent clinicians of the early 19th century talked about something completely different. It was reasonably believed that due to the amazing compensatory capabilities of a person, the disease always develops for some time even before appearances the first symptoms. The first symptoms, So called functional violations, arise after morphological changes, and not vice versa.

As long as the body is able to adequately respond to changes in its own internal environment and changes in the external world, it is healthy. Moreover, it means that changes in the external and internal environment are within the physiological corridor. In this case, the adaptation mechanisms work perfectly: the response strictly corresponds to the strength of the irritating agent (physical, chemical, biological). In such an organism, the processes of synthesis and decay are absolutely adequate. What happens if the damaging agent is either excessive in strength or acts long enough, i.e. goes beyond the physiological corridor? In this case, the first stage of homotoxicosis according to Reckeweg begins, and in official medicine - the stage of physiological changes. But are these first external manifestations of ill health the first internal signs of illness? For example, the patient externally has only symptoms of vascular dystonia (VVD). Official medicine considers such a person to be practically healthy. VSD symptoms are external manifestations of hypothalamic dysfunction. But let's ask, why does the hypothalamus in this case work inadequately? Why did the functional impairment appear? And it arose because the function of the liver or pancreas is insufficient at the biochemical, morphological level. Or let's take another example. An outwardly healthy person gets sick with ARVI. But was he so healthy before the first symptoms of respiratory illness appeared? We know examples from documentary sources when people, being in the center of especially dangerous infections, remained healthy. Therefore, whether a person gets sick or not primarily depends on Official medicine considers such a person to be practically healthy. VSD symptoms are external manifestations of hypothalamic dysfunction. But let's ask, why does the hypothalamus in this case work inadequately? Why did the functional impairment appear? And it arose because the function of the liver or pancreas is insufficient at the biochemical, morphological level. Or let's take another example. An outwardly healthy person gets sick with ARVI. But was he so healthy before the first symptoms of respiratory illness appeared? We know examples from documentary sources when people, being in the center of especially dangerous infections, remained healthy. Therefore, whether a person gets sick or not primarily depends on Official medicine considers such a person to be practically healthy. VSD symptoms are external manifestations of hypothalamic dysfunction. But let's ask, why does the hypothalamus in this case work inadequately? Why did the functional impairment appear? And it arose because the function of the liver or pancreas is insufficient at the biochemical, morphological level. Or let's take another example. An outwardly healthy person gets sick with ARVI. But was he so healthy before the first symptoms of respiratory illness appeared? We know examples from documentary sources when people, being in the center of especially dangerous infections, remained healthy. Therefore, whether a person gets sick or not primarily depends on Why does the hypothalamus work inadequately in this case? Why did the functional impairment appear? And it arose because the function of the liver or pancreas is insufficient at the biochemical, morphological level. Or let's take another example. An outwardly healthy person gets sick with ARVI. But was he so healthy before the first symptoms of respiratory illness appeared? We know examples from documentary sources when people, being in the center of especially dangerous infections, remained healthy. Therefore, whether a person gets sick or not primarily depends on Why does the hypothalamus work inadequately in this case? Why did the functional impairment appear? And it arose because the function of the liver or pancreas is insufficient at the biochemical, morphological level. Or let's take another example. An outwardly healthy person gets sick with ARVI. But was he so healthy before the first symptoms of respiratory illness appeared? We know examples from documentary sources when people, being in the center of especially dangerous infections, remained healthy. Therefore, whether a person gets sick or not primarily depends on But was he so healthy before the first symptoms of respiratory illnes

from whether he is really healthy or not. Returning to the example with ARVI, it can be assumed with a high degree of certainty that this patient, at least, had dysbiosis of the small intestine, and, therefore, to one degree or another, dystrophic phenomena in the intestinal mucosa. You can endlessly consider different situations when a person, against the background of an external well-being state of health, develops any acute diseases. But always the cause of these acute diseases is the failure of the function of organs that are not affected by the symptoms of the acute process. Always in the shadow of acute symptoms is the failure of the function of other organs due to dystrophic processes.

What is dystrophy? In a textbook on pathophysiology, we read: “Dystrophy (from dis ... and Greek. trophe - nutrition) degeneration, degeneration, a pathological process arising in connection with metabolic disorders and characterized by the appearance in the tissues of metabolic products, altered quantitatively and qualitatively. Among the mechanisms for the development of dystrophy, infiltration (soaking), perverted synthesis, transformation (fats and carbohydrates into proteins or proteins and carbohydrates into fats) and decomposition, phanerosis (disintegration of lipoproteins of cell membranes) are distinguished. Disorders of blood and lymph circulation or innervation, hypoxia, infection, intoxication, hormonal (endocrine disorders) and enzyme disorders lead to dystrophy.
(fermentopathy) balance and other metabolic disorders. Depending on the prevalence of disorders of a particular type of metabolism, protein fatty, carbohydrate and mineral dystrophies are distinguished. Morphological manifestations of impaired metabolism can be found mainly in cells or outside of them, or equally in cells and intercellular substance. In this regard, dystrophies are divided into cellular, extracellular and mixed. "

Dystrophic phenomena are chronic processes that take place in tissues for a long time. They are always the basis on which acute processes manifest themselves.

Consequently, acute diseases are overwhelmingly secondary, appear as a they result of chronic degenerative processes.
An exception to this rule are acute processes that have arisen as a result of damaging physical, chemical and mechanical factors of the external environment. What is the morphological manifestation of an acute process? If the adaptation reactions are not disturbed, then the acute reaction to the pathological agent is the reaction of inflammation. Even Hippocrates presented inflammation as a protective reaction that prevents the spread of a factor harmful to the body to the entire body. So, inflammation is a local tissue reaction to damage, which is characterized by a violation of microcirculation, a change in the reaction of connective tissue and elements of the blood system. The reaction is aimed at limiting, localizing the focus of damage, destroying the damaging factor and restoring the damaging tissue. The body sacrifices a part for the preservation of the whole.

Let's apply all of the above to bioresonance therapy. It is known from classical homeopathy that organ hyperfunction, its inflammation reflect the potency of the organopreparation above D6. On the other hand, hypofunction, degeneration or dystrophy reflect the potency of the organopreparation below D6. Since hyperfunction, inflammation is a consequence of dystrophic processes,

then high potencies of organopreparations are a consequence of low potencies. Simply, it must be remembered that these processes are not always limited to the framework of one organ. More often, inflammation of one organ is a consequence of dystrophy (degeneration) of another organ. Inflammation is a compensatory response, an attempt by the body to cope with degeneration. Therefore, we must definitely remember that high potency therapy is a suppression therapy aimed at disrupting compensatory responses.

There are exceptions to any rule. Such an exception can be considered cases of excessive manifestation of a protective reaction - inflammation. It happens that the body turns on this mechanism so intensively that it itself cannot cope with this exacerbation, and then we help it (the body) by suppressing inflammation, i.e. we treat at high potencies. But as soon as we get the desired result, immediately, without delay, it is necessary to switch to low potencies. For example, in case of acute bronchitis, we once do a bioresonance preparation for high potencies of the trachea and bronchi; for acute diarrhea - BR-drug for high potencies of the small intestine; in acute pyelonephritis - BR-drug for high potencies of the renal pelvis, etc. But already in the second and subsequent sessions, regardless of whether acute manifestations are completely stopped or not,

How to build a bioresonance therapy so that, while conducting therapy at low potencies of an organopreparation, not to cause a new round of exacerbation? This is achieved by observing certain rules when compiling a comprehensive index for subsequent therapy:

1. Through KSU (summary index according to Yu.N. Orlov) is determined key organ. This can be done in two ways:

a) morphoscale is tested through KSU; the key degrees of disturbance at the morphological level are found; then it is tested which organ in low potency corresponds to a given morphoscale level. This option is best used in severe patients;

b) organopreparations in low potency are immediately tested through the KSU.

2. A chain is built, including the low potencies of the organopreparation, reflecting the real indicators of catabolism, acid-base balance, bactericidal activity, morphological changes in the intercellular and cellular levels, pathogenetic blockade of adaptation reserves, etc.

3. A list of nosodes of fungi, bacteria, viruses that will
included in the therapy process. In this list, the sequence of included nosodes is very important. Nosodes should be selected from the most important to the least important. Long-term practice shows that the rule of fungi-bacteria-viruses is often not observed. It often happens that the virus is tested first, then the bacteria, then the fungi, and then again the bacteria and viruses. Considering that inflammation is a consequence of degeneration, it is first of all necessary to test pathogens at low potencies of the organopreparation. And then, against the background of their inversion, pathogens are determined that cause an acute inflammatory process (high potencies
organopreparation).

4. The entire compiled complex index is checked for correctness.
through the summary pointer Yu.N. Orlova (MSA). Anything that is not tested through the LMS is not included in subsequent therapy.

5. Further, through the compiled complex index, you can select any therapy option: BWP, BR-level drug, Hovsepyan BRT, targeting nosodes, etc.

Our influence should help the body to cope with the disease, and not interfere with it. This is only possible if suppression techniques are not applied. And if they are used, then briefly and strictly according to the indications. So, when conducting bioresonance therapy, it is very important to determine the key organ from which the therapy should be started. And this must be an organ whose organopreparation is tested in a potency lower than D6.

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