

Bioresonance therapy technology
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1. Terminology, definition of bioresonance therapy (BRT)

By the term vegetative or biological resonance, we mean the body's response system by changing the tone of its autonomic nervous system in response to an electromagnetic signal entered through a biologically active point with strictly defined frequency

characteristics that carry specific meaningful information. These signals in the IMEDIS system are usually referred to as diagnostic tests or indicator tests. Test preparations can be preparations for ART, complex homeopathic preparations, nosodes, organic preparations, homeopathic preparations in various potencies. The same pointers, when introduced into the contour of the apparatus - patient, are medicinal preparations. Bioresonance therapy consists in influencing the patient's body with single or grouped test pointers by creating weak electromagnetic fields using the IMEDIS apparatus or its analogs. The effect of therapy is realized at the biophysical level of regulation

[one].

As well as when creating a diagnostic algorithm, we used the pathophysiological model for assessing the state of an organ by the ART method proposed by A.A. Hovsepyan [2].

2. General provisions

After the diagnosis has been established, the most critical stage is the construction of tactics or a sequence of therapeutic effects. In the presence of multiple chronic pathology, the first target organs should be: the organ that is the "core" of the pathology, and the organ-source of complaints, especially in the presence of pain syndrome. In the case of an acute pathology or exacerbation of a chronic process, priority is given to the treatment of an emergency. In parallel with the program therapy, work is being carried out to eliminate aggravating factors from the body, such as pathogens of inflammatory processes, metals, toxins.

Unconditional priority in treatment is given to various options bioresonance therapy. This is due to the fact that the basis of electronic information drugs is always a pathophysiological model of the state of the target organ, which determines the advantages of the technique. In this case, test indicators of states that characterize the pathological process are assigned in inversion, and organ products - directly. Such a drug design scheme always corresponds to the physiological state of the body and is safe both during BRT and when administered in the form of electronic copies on granules.

Frequency or electropuncture (EPT) therapy seems to us, due to the relatively low, in comparison with BRT, efficiency and the possibility of side effects, as an auxiliary method of therapy. In the presented technology, the EPT method is used exclusively when working with pathogens. At the same time, it should be noted that

testing of infections through the pathophysiological chain by selecting frequencies is highly specific. A positive response with frequency testing persists for a longer time than when testing with nosodes or complexones of infections, which indicates the need for continuation of specific therapy.

BRT is performed either in sequential meridians, or against the regime on background of a pre-selected programs induction therapy. The duration of the therapy session directly depends on the initial condition of the patient. In the presence of acute pathology, there is a direct relationship between the duration of the session and the result of treatment. If there is a reserve of time for a session, it is possible to achieve both a fracture during a serious illness and the patient's recovery. A convincing confirmation of this thesis is given in the work of A.N. Kravtsov and V.B. Ivanov [3]. In cases of programmed therapy for chronic diseases, the duration of direct exposure can be 10-15 minutes, which is enough to impose a program of action on the body. In parallel, the same program is recorded on a medium - a sugar globule, liquid or other substance (the same applies to acute conditions). A follow-up visit is scheduled depending on the patient's condition and treatment plan. The interval between visits can be 1-3 weeks.

3. Creation of the drug

A drug based on the pathophysiological scheme of the disease

Recording a drug is similar to building a diagnostic series. Usually, the basic scheme (assessment of metabolism and the state of the autonomic nervous system in relation to the organ) is supplemented with all tested types of burdens, assessments of the state of the immune and endocrine systems, phagocytosis, lymphatic burden, connective tissue insufficiency. If there are signs of a change in the shape of the organ, testing is performed to identify signs of a neoplastic process with subsequent verification of the type of tumor by the nosodes. The resulting model of the disease can be supplemented with any information of interest to the researcher, presented in the program "IMEDIS".

The basic physiological scheme is:

OP Dn + A / K + K / U + \uparrow VNS / \downarrow VNS + symp / vagus +, where OP is an organopreparation in the revealed potencies, A / K is anabolism or catabolism, K / U is acidity or alkalinity, \downarrow \uparrow VNS depletion or tension of the autonomic nervous system, symp / vagus - the type of change in the ANS along the sympathetic or parasympathetic link. The presented model is already a self-sufficient drug that characterizes the main processes occurring in the organ. Supplementing it with other characteristics expands the understanding of the pathophysiological mechanisms of the development of the disease and makes the drug more effective. Nevertheless, as the experience of working with the presented scheme shows, it makes no sense to go beyond the above-described boundaries.

During BRT, the functional states that characterize the pathological process are set in the electronic preparation in the inversion mode, the organopreparations are always connected directly.

The drug can be recorded on crumbs in two modes, in

depending on the task at hand. In the first version, to receive a response signal from the body, the recording is made in the process of BRT at its various stages (1, 2, 4 strategies, according to Yu.V. Gotovsky) [4]. At the same time, as experience shows, the results of therapy do not depend on the stage of BRT, during which the recording was made. In the second variant, the information is transferred to the carrier in the "drug testing" (MT) mode without connected electrodes and with an electronic preparation connected from the selector.

4. Connective tissue therapy

The identification of mesenchymal blockages (BM) at the first stage of patient testing is an indication for their removal. For this purpose, BRT is performed in a sequential mode along all leads in turn, lasting 60–90 seconds for each lead. The BM indicator is connected from the selector in inversion, all layers. In a similar way, organ blockages are removed, which can be detected during the construction of the pathophysiological chain. Therapy lasting up to 30 seconds for each BRT lead.

When working with patients with chronic pathology, neoplastic processes and, in some cases, in acute pathology, one of the first stages of therapy should be the restoration of connective tissue drainage (Reckeweg). A direct indication for this is the presence of common BM, a chronic process, over 40 years of age. Testing the condition of the connective tissue and recording the drug is carried out according to the method described above. Experience has shown that a detailed assessment of the state of the mesenchyme also has significant diagnostic value, since it allows one to identify additional hidden aggravating factors that affect both the course of the disease and the general condition of the patient.

5. Autonosodes

Autonosodes, or drugs, based on information recorded from the patient's own tissues or fluids, are aimed at increasing the adaptive properties of the body. The action of drugs of this series does not have strict specificity, but, nevertheless, the maximum effect is expected in the organ system from which the information is taken. In this regard, autosodes of blood and urine seem to be the most universal in terms of the nature of the effect. Classification of autosodes and their area of application according to [6]:

- targeted blood autosode (NANCr) - parenchyma of dense organs: heart, liver, kidneys, pancreas, spleen, lungs, as well as the gallbladder and the lymphatic system;
- targeted urine autosode (NANM) - bladder, kidneys, genital area, joints, spleen, lymph, skin;
- targeted autosode of nasal secretion - colds, runny nose, sinusitis, thyroid gland, general intoxication;
- targeted salivary autosode (NANSluna) - salivary glands, mucous membranes, stomach, large and small intestines, pancreas;
- targeted sperm autosode (NANSP) - increased potency in men, improved spermogram, diseases of the male genital organs;

- targeted autosode of tears (NANSlez) - psyche, inflammation of the eyes,

- runny nose;
- targeted autoanosode of respiration (NAND, made by fixing the air exhaled by the patient on a foil) - cough, bronchitis;
- targeted sweat autosode (NANP) - detoxification, thyroid gland;

- targeted autosode of human milk - to normalize lactation during the feeding period;
- targeted autosode of menstrual flow (menstrual blood) - diseases of the female genital organs, detoxification;
- targeted autosodes from hair and nails - detoxification, in particular the removal of heavy metals, which are good accumulate in hair and nails, mineral deficiency, periodontal disease, osteoporosis;
- targeted autosodes from a smear - depending on the place from which they were taken, they are used for the treatment of dentistry, treatment of ENT diseases, gynecology, dermatology, purulent discharge from wounds with leg ulcers, poorly healing wounds, injuries, detoxification;
- targeted fecal autosode (NANC) - gallbladder, large and small intestine, pancreas, stomach, violation of the symbiosis of intestinal flora, diarrhea, constipation, periodontal disease;
- biopsy glasses - for the treatment of oncology;
- X-ray pictures - for the treatment of pathologies depicted in this picture

etc.

Sometimes it is convenient to use the (heuristic) classification of U-Xing of the areas of application of targeted autosodes, in which these bodily substances contact with system Chinese primary elements, replenished the primary element of the ether:

- NANKr - the primary element of fire (wood, earth, water, metal);
- NANM - the primary element of water (metal, wood, earth, fire);
- NANSlyuns - the primary element of the earth (fire, metal, wood, water);
- NANK - the primary element of wood (water, fire, metal, earth);
- NAND and NANP - constituents of the primary element of metal (earth, water, fire, wood)
- NANS tears are the primary element of the ether.

6. Targeting (potentiated drugs)

The idea of potentiating electronic drugs and autosodes appeared after revealing the effect of uneven compensation of disorders, registered as a result of ART under a load of selected drugs (Kudaev A.E., Mkhitarian K.N., Khodareva N.K.). It turned out that by changing the potency of the drug, it is possible to achieve the effect of full compensation of test pointers with a fairly widespread pathology. This effect can be obtained by potentiating the drug until some of its potency begins to restore resistance at the measurement points (TI) that gave positive response to ART. To a greater extent, this effect is characteristic of autosodes. The discovery of this phenomenon was the reason for the search for one or a group of test pointers, such that in the case of their compensation

some potency of the autonosode, it compensates for all the rest, or at least most of the test pointers from the patient's ART diagnosis, no matter how wide it is. The source of such a signal was the end points of chronosemantic lines (KMX marker). This interpretation gave rise to the term "targeting" - a one-parameter modification of a certain initial drug-matrix in order to obtain an optimal therapy signal [5, 6]. Drugs with preliminary targeting of the signal to CMH are used in the following cases: chronic pathology with reduced reserves of adaptation, all pathological processes with a change in the volume of the organ (cysts, tumor formations, hernias of any structures), a long interval between two patient receptions, the final stage of therapy, with the aim of lengthening the period of remission at the end of the disease.

Recording technique

1. Mechanical or laser probe for 1-2 grains in the first container the device in MT mode without connected electrodes records from endpoints and problem points, as well as from the places of intersection of the mantic lines of the palm. The check of the information recording is carried out by testing the obtained preparation through the second container of the apparatus (the measuring level decreases).
2. In the first container of the apparatus for 1-2 crumbs, a record is made an electronic preparation from a selector or biological secretion sample. The latter is placed in a container two or three, depending on the task: direct or inverse autonosode.
3. The drug remains in the first container, crumbs with the KMH record is placed in a passive electrode (second container), after which the potency is selected by step-by-step turn of the potentiometer knob to the left with testing of each step. When the effective potency is reached, the measuring level is restored.
4. Without changing the position of the potentiometer knob, the drug is transferred to the second container of the apparatus, a glass with clean grains is placed in the first one, and in the MT mode without connected electrodes, the obtained preparation is overwritten.
5. Against the background of the previously received electronic preparation or "effective medication" selection of a single dose is carried out by sequentially adding the recorded grains to the second container until the measurement level is restored (restoration of the skin resistance in the TI). Daily and course doses are prescribed according to the results of mental testing or previous experience of prescribing such drugs (2 times a day, 14-20 days).

7. Effects on infections

In the treatment of inflammatory processes, it is necessary to take into account the differences in the pathogenesis of acute and chronic conditions. If, in the presence of an acute inflammatory process, the main attention is paid to the actual effect on the pathogen, then in chronic diseases, pathogenetic therapy is in the first place. Changes in tactics are due to the appearance of tissue changes and persistent, often compensatory, disorders of tissue homeostasis.

Therefore, in chronic pathology, the main task is to restore adequate regulatory and tissue reactions.

The main directions of anti-infective (parasitic) therapy:

a) Inclusion of nosodes and complexones of pathogens in the composition of an electronic preparation (pathogenetic chain) in inversion. In this case, we are trying to exclude the signal of the pathogen from the pathogenetic chain, teaching the affected tissues to function normally. Ultimately, according to A.A. Hovsepyan, this action leads to the stimulation of the synthesis of specific antibodies.

b) Creation of a control signal for the termination of metabolic reactions in the pathogen. With direct testing of the nosode and (or) the corresponding chelator, a model of the metabolic state of the pathogen is created. When testing higher parasites, the model is supplemented by the state of the ANS. Next, BRT is carried out, while in the selector the exciter is connected directly, its functional indicators - in inversion. Duration of therapy - until the disappearance of the signal-response. The next stage is therapy with the pathogenetic chain of the affected organ. Control testing for the presence of the pathogen is carried out 20-30 minutes after BRT or at a subsequent visit of the patient. As a rule, 30 minutes after BRT, the pathogen, with preserved viability, is tested in potencies different from the initial ones. The metabolic characteristics also change. In these cases, repeated exposure to BRT is necessary until the signal disappears. The advantage of the method lies in the elimination of the mechanism for the development of resistance of pathogens to therapy.

Electro-acupuncture therapy. Frequencies of pathogens are most commonly used (programs F). The choice of effective frequencies is carried out by testing against the background of the pathogenetic chain set in the selector, at the end of which the test indicator "Intox I" is set. Testing experience has shown that quite often the frequencies that characterize the representatives of the pathogen determined through the problem are effective, in the absence of them in the body. The intensity of therapy with frequencies F is always 100%. In this case, there are no cases of intolerance during therapy. Apparently, this is due to the absence of this frequency spectrum in a healthy organism, on the one hand, and the simultaneous use of EPT in combination with BRT pathogenetic chains, on the other. Therapy mode is 10 seconds per frequency.

When using the presented tactics, in none of the cases was there a situation of exacerbation of the process or deterioration of general well-being during therapy, despite the severity of the initial state.

A total of 1800 patients were the presented algorithm was examined and treated in the regimen.

Conclusions:

1. Conducted research allow to do conclusions that proposed VRT algorithms diagnostics and therapies are highly effective methods of treating patients with chronic polypathology.

2. In particular, effective, both in terms of diagnosis and therapy is a combination of models and an algorithm for describing the state of an organ developed by A.A. Ovsepyan and such elements of multilevel systemic therapy as: the use of SDA, regeneration drugs, autonosodes, methods of targeting CMH.

Literature

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