The systemic meridian principle of endogenous bioresonance therapy with the use of the front and back median meridians, wonderful meridians and chakras. Clinical Approbation Summary

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Formulated and developed by Yu.V. The concept of endogenous bioresonance therapy (BRT) is ready for the systemic meridian approach. The meridian principle in endogenous BRT was the basis for the therapeutic equipment developed and created by the IMEDIS Center. In therapeutic apparatus complexes, the therapeutic effect is carried out in the frequency ranges compared with the 12 classical meridians and the corresponding Foll vessels.

The clinical application of endogenous BRT has shown that the full implementation of the meridian principle is possible when using the anterior (PAD) and posterior (ZSR) median meridians, as well as miraculous meridians (FM) and chakras (CH).

A detailed analysis of the results of clinical approbation showed that the use of meridian-complex drugs, in particular, the PSR and ZSR of the meridians, significantly affects the results of treatment with the use of BRT. [one].

Later, the available spectrum of the therapeutic effect of endogenous BRT was significantly expanded due to the introduction of frequency ranges comparable to the PSR and ZSR meridians, as well as FM and Ch.

The IMEDIS Center, using the meridian principle, has developed an Apparatus for endogenous BRT along the anterior and posterior median meridians, as well as the structures of the wonderful meridians and chakras, which has been used by BRT specialists since 2007 as an addition to the main therapy.

The following actively participated in the clinical testing of the apparatus: A.A. Bukarev, M.A. Bukarev (St. Petersburg); A.P. Efimov (Moscow), leading specialists of medical centers: "Medistok" (Dnepropetrovsk), IBBU (Austria), Institute of Theoretical and Experimental Biophysics of the Russian Academy of Sciences (Pushchino), Medical Center "Synergy" (Vladivostok), etc.

The researchers were tasked with comparing the therapeutic efficacy of conventional BRT and combined BRT in the process of clinical testing with the use of actions according to the PSR, ZSR, FM and Ch.

Clinical evaluation of the results of therapy took place in several stages: immediately after the therapy and a week, month and two months after the end of treatment.

Evaluation of the effectiveness of the therapy was carried out according to the following criteria: data from clinical examinations of patients before and after treatment; dynamics of integrative indicators of electropunctural diagnostics (EPD) by the method of vegetative resonance test: biological indices, adaptation reserves, photon indices, "state" scale, connective tissue scale, test kits "OTI", "Rubimed", "Rostok".

The results of therapy were compared by:

a) the duration of therapy until the normalization of indicators according to the data

EPD;

b) the effectiveness of therapy;

c) the duration of the course of treatment;

d) achieving stabilization of the state; e)

follow-up data.

Clinical approbation apparatus and therapeutic approaches was carried out in leading medical institutions of various departments.

In total, more than 2000 patients with various nosological forms were treated using the above apparatus. In the course of treatment, against the general background of positive dynamics in 10% of patients, the therapeutic effect was weak or absent altogether.

Self-treatment of BRT with the use of actions according to the PSR, ZSR, FM, Ch is effective in case of functional disorders.

The use of a combined BRT with the use of actions according to RPS, ZSR, ChM, Ch allows:

a) reduce the time required for the normalization of EPD indicators by an average of 20%;

b) to increase the therapeutic efficiency of the BRT performed by an average of 15%; d) achieve the normalization of the parameters of functional organs and systems that were not included directly in the treatment plan;

e) to achieve a therapeutic effect in clinical conditions resistant to previously performed BRT.

Literature

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