

Vision angle
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"It all depends on the angle of view"
A. Einstein

Working with the vegetative resonance test requires maximum non-fixed thinking. A very important component of the work is the state of consciousness during testing: something between thoughtless contemplation and active thinking. It is with this state of consciousness that the most effective algorithms of work are born.

We always consider the struggle between a micro- and a macroorganism from the point of view (from the point of view) of the macroorganism, i.e. we take into account what is useful and effective for the microorganism, and what if we change the angle of view and consider the situation from the point of view of the microorganism?

In any conflict, at least 2 forces are involved: one is trying to harm, the other is allowing itself to be harmed.

In the early 1990s, a study was conducted in London: throat swabs were taken from healthy people during an epidemic of meningitis and at a relatively good time. It turned out that during the epidemic, about 90% of healthy people were carriers of meningococcus (who did not get sick later). Outside the period of the epidemic, about 5% of healthy people were carriers of meningococcus. This means that during the epidemic, healthy people created conditions for controlled anabolism of meningococci, but nevertheless they did not get sick. Consequently, there was something in the body of healthy people that prevented the further reproduction of meningococci.

I decided to ask a question from the point of view of a microorganism: What, in fact, did we (microorganisms) find so "useful" for ourselves to multiply so actively?

Case from practice:

Woman, 38 years old, complaints of cough, fever up to 39 °C, headache, general weakness. Has been ill for 4 days. Takes parenteral antibiotics for 3 days, without effect.

ART test results:

Chain 1: fungal burden ↓ + lungs ↑ + acute inflammation ↓. Chain
2: frequency of fever ↓ + organ - cause of complaints - lungs ↑ +
aflatoxin ↓.

As a result of testing, we have determined that the cause of the fever and inflammation of the lung tissue is the aflatoxin of the fungal colony. But this is testing from the point of view of a person (a macroorganism).

Let's try to build a diagnostic algorithm from the point of view of a microorganism. To do this, I subconsciously "united" with the collective consciousness of the fungal colony.

The question of the fungal colony was posed as follows: What flaw
macroorganism allows "our" fungal colony to grow?

Fungal carriage ↓ + anabolism ↑ + optimal therapy step (useful

for our fungal colony) ↓.

The body's response: the primary affected meridian ↓ + bladder meridian
↑ + endogenous psychoses ↓.

Now I "disconnect" from the collective consciousness of the fungal colony (look at the situation from above, change the angle of view) and draw conclusions:

Conclusion 1. The fungus, which caused inflammation of the lung tissue and fever, requires a depressive state of the patient's psyche for active anabolism.

Conclusion 2. The patient allowed "his depression" to actively vegetate the mushroom colony. Note that when testing general indicators, none of the indicators responsible for mental activity caused a decrease in the measurement level, i.e. the anabolism of the fungal colony is the realization of the psychosomatic connection.

Conclusion 3. To eliminate the vegetation of the fungal colony, it is required to eliminate the depressive state of the patient's psyche.

Treatment:

1. Selection of homeopathic remedies of high potency along the meridian bladder method, see "Algorithm for the treatment of underlying mental problems", 2004.

2. Creation of affirmations according to Roy Martina's methods.

3. Conducting a psychotherapeutic conversation.

Treatment result. The temperature dropped to normal after 8 hours. The cough and nasal discharge stopped within 24 hours.

Conclusion. The more versatile we look at the cause of the disease, the better, faster and more efficiently we can achieve healing of the patient.

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