Experience in applying the technique of modeling pathophysiological chains in family doctor practice

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1. Patient T., 35 years old. History of subserous-intramural myomatous nodes, which previously could not be dealt with. She asked for help at a gestational age of 27 weeks due to the fact that an ultrasound scan revealed foci of calcification in the myomatous nodes. The obstetric prognosis was as follows: planned cesarean section with possible extirpation of the uterus, as they feared atony of the uterus during childbirth. My task was to try to preserve the woman's uterus without affecting the fetus.

Used the method of modeling pathophysiological chains according to A.A. Hovsepyan. Testing was carried out through the pregnancy model: Endometrium D15 + Anabolic processes 5 tbsp. assets. Somr. + Alkalinity 5 degree Somr. + 3 degree of depletion of ANS Somr. + Sympathicus D15.

This chain was recorded on crumbs, placed in a load, through it I found the potency of the uterus, which was D4, on this potency of the uterus its metabolic parameters were tested, Intox 1 with Mycotic burden and Connective tissue insufficiency in inversion, which indicated the presence of (+) tissue ...

Uterus D4 + Anabolic percent 4 tbsp. assets. Somr. + Alkalinity grade 4 Somr. + 2 degree of depletion of ANS Somr. + Vagus nerve D12 + Chromium D30 + Moniliasis D24 + [Connected tissue. not enough 5 degree].

The resulting chain in the uterus was corrected by putting in the inversion the degree of anabolism from 4 to 2, the degree of alkalinity from 4 to 2, depletion of the VNS of the 1.2 degree, mycotic burden and directly connective tissue failure. So the custom chain looked like this:

Uterus D4 + [Anabolic percent. 4 tbsp. assets. Somr.] + [Anabolic percent. 3 tbsp. assets. Somr.] + [Anabolic percent. 2 st. Active. Somr.] + [Alkalinity grade 4 Somr.] + [Alkalinity grade 3 Somr.] + [Alkalinity grade 2 Somr.] + [Indication of VNS depletion] + [Degree 2 ANS depletion Somr.] + [Degree 1 depletion ANS Somr.] + [Degree 1 depletion ANS Somr. .] + Vagus nerve D12 + [Moniliasis D24] + Compound tissue. insufficient Grade 5 + Compound-fabric. insufficient 4 degrees + Compound-fabric. insufficient 3 degrees + Compound-fabric. insufficient Grade 2 + Compound-fabric. insufficient 1 degree.

The corrected chain was also written down on crumbs, placed in a load, and began to look for organs that could provide the task. Three organs were tested - the gallbladder, duodenum and pancreas. The metabolic parameters of each of them were determined, and a bioresonance preparation with a targeted organ - the uterus D4 - was obtained from each organ.

During a planned ultrasound scan at the 32nd week of pregnancy, the patient was informed that no calcifications were found in the myomatous nodes. The delivery took place independently on time. A healthy full-term girl was born. On the third day after delivery, an ultrasound scan was performed again - myomatous nodes decreased by 2 times compared to their size at 27 weeks.

2. Patient E., 46 years old. I contacted in February 2010 with complaints about constant headache, feeling of heaviness in the head, dizziness. In the anamnesis: in 2003 she underwent surgery for meningioma of the cerebellar tentorium, in 2007 - a craniocerebral injury with a contusion of the brain, a fracture of the parietal bone, and since October 2009, a tumor is detected again in the area of the cerebellar tentorium, which is increasing in size.

Complaints are presented for pain of a constant character on the left, in the region of the crown.

Testing was carried out through a pointer to the definition of non-optimal. The diagnostic chain looked like this: Determination of suboptimality + Pia mater D30 + Anabolic percent. 3 tbsp. assets. + Alkalinity 3 tbsp. + VNS voltage 4 degrees + Sympathicus D6 + Legacy congenital tox. inf. (Intox 3) + False polarity indication + Grade 4 mutagenic activity + Photon index 9 + Extremely high art. exhausted. immune system + cellular immunity + Depleted. endocrine system 4 tbsp. + Histamine Somr. + Prostaglandins Somr. + Serotonin Somr.

The modeled chain looked like this:

Pia mater D30 + [Anabolic processes 3 st. Active.] + [Anabolic processes. 2 tbsp active] + [Alkalinity 3 tbsp] + [Alkalinity 2 tbsp.] + [VNS voltage grade 4] + [VNS voltage grade 3] + [VNS voltage grade 2] + [Depletion of the endocrine system 4 tbsp.] + [Depletion of the endocrine system 3 tbsp.] + [Depletion of the endocrine system 2 tbsp.] + [Depletion of the endocrine system 1 tbsp.] + Histamine Somr. + Prostaglandins Somr. + Serotonin Somr. + [False polarity Somr.] + Cellular immunity

+ Extremely high art. exhausted. the immune system.

I wrote down this chain, put it in the load, began to look for an organ that could fulfill the order. It was brachial plexus D30 with normal metabolic parameters.

BRT was carried out in automatic mode along all meridians with the load of the treatment chain: Brachial plexus D30 + Anabolic percent. 1 tbsp. assets. + Alkalinity 1 tbsp. + VNS voltage 1 degree + Vagus nerve D6 + Pia mater D30.

All vegetative complaints ceased a week after the start of the BR drug administration. False polarity has not been tested since then. On control MRI, the tumor that had begun to grow stopped, neurosurgeons did not insist on a second operation. City Medical and Social Expertise removed the disability from the patient in the fall of 2010.

Follow-up and treatment for meningioma is ongoing.

3. Patient O., 44 years old. Has contacted due to the existing for a long time ovarian cysts and uterine myoma. Ultrasound from 11.11.2010: 2 uterine nodes with a diameter of 7 and 6.5 cm.On both ovaries, cysts with suspension on the right are 9.6 cm, on the left - 10.2 cm.

Testing was carried out through the pointer to vegetative burden. The diagnostic chain looked like this:

Weak degree of autonomic burden + Medium degree of autonomic burden + Strong degree of autonomic burden + Very strong degree of autonomic burden + Ovaries D10 + Ovaries D12 + Ovaries D15

+ Ovaries D30 + Anabolism grade 1 + Anabolism grade 2 + Acidity grade 3 + Acidity grade 4 + Acidity grade 5 + Acidity grade 6 + grade 3 ANS depletion + grade 4 ANS depletion + 5 grade ANS depletion + 6 grade ANS depletion + Sympathicus D12 + Sympathicus D15 + Sympathicus D30 + Cellular immunity + Extremely high art. exhausted. immune system. + Cycle phase 4 (ischemic) + 5 degree endocrine system tension + Follicle-stimulating hormone (FSH) Somr + Estrogen Somr.

I modeled the resulting chain by placing it in the inverse of the degree of anabolism, the degree of acidity, depletion of the ANS and the tension of the endocrine system. The modeled chain looked like this:

Ovaries D10 + Ovaries D12 + Ovaries D15 + Ovaries D30 + [Anabolism Grade 2] + [Anabolism Grade 1] + [Acidity Grade 6] + [Acidity Grade 5] + [Acidity Grade 4] + [Acidity Grade 3] + [Acidity Grade 2] + [Grade 1 acidity] + [Grade 6 ANS depletion] + [5 ANS depletion] + [4 ANS depletion] + [3 ANS depletion] + [2 ANS depletion] + [1 ANS depletion] + Sympathicus D12 + Sympathicus D15 + Sympathicus D30 + Cellular immunity + Extremely high art. exhausted. immune system. + [Grade 5 endocrine system tension] + [Grade 4 endocrine system tension] + [Grade 3 endocrine system tension] + [Grade 2 endocrine system tension] [Grade 1 endocrine system tension] +

Follicle-stimulating hormone (FSH) Somr. + Estrogen Somr.

The chain was recorded on a crumble, which was then marked into a load. The hypothalamus was identified as an assistant organ. Its parameters were as follows:

Hypothalamus D3 + Hypothalamus D4 + Hypothalamus D5 + Hypothalamus D6 + Anabolism grade 1 + Anabolism grade 2 + Anabolism grade 3 + Anabolism grade 4 + Alkalinity grade 3 + Alkalinity grade 4 + Alkalinity grade 5 + Alkalinity grade 6 + Cellular immunity + Indication of depletion immune system + Cycle phase 4 (ischemic) + Endocrine system tension 3 degrees + Glucocorticoids Somr. + Serotonin Somr. + Estrogen Somr.

I also wrote down the chain of the hypothalamus on crumbs, put it in a load. The uterus in hyperfunctional potencies D10, 12, 15, 30 with Anabolism 1, 2, 3, 4 degrees, Alkalinity 1, 2, 3, 4 degrees and VNS Voltage 1, 2, 3, 4 degrees according to Parasympathicus D4 , 5, 6 and an indicator of metabolic hypoxia.

The final treatment chain was as follows:

Uterus D10 + Uterus D12 + Uterus D15 + Uterus D30 + Anabolism grade 1 + Anabolism grade 2 + Anabolism grade 3 + Anabolism grade 4 + Alkalinity grade 1 + Alkalinity grade 2 + Alkalinity grade 3 + Alkalinity grade 4 + VNS voltage grade 1 + Voltage VNS 2 degrees + VNS voltage 3 degrees + VNS voltage 4 degrees + Vagus nerve D4 + Vagus nerve D5 + Vagus nerve D6 + Ovaries D10 + Ovaries D12 + Ovaries D15 + Ovaries D30 + Cytochrome-A D60.

Bioresonance therapy was carried out with a load of a treatment chain in an automatic mode along all meridians until a resonant response was obtained.

The BR-drug was prescribed for 3 weeks, after which a control ultrasound was performed: the contours of the uterus are even. On the front wall there is an intramural node with a diameter of 5.18 cm, on the back - 4 cm. In the right ovary there is a cyst with a suspension with a diameter of 5.73 cm. In the left ovary there is a follicle.

Treatment and follow-up continues.

M.A. Melnik Experience in applying the technique of modeling pathophysiological chains in the practice of a family doctor // XVII

S.353-358