

## Endogenous BRT in young children. Practical cases

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### 1. Andrey M., 1 year 3 months.

At the time of treatment on April 16, 2010, the patient was sick for the 4th day.

Complaints: the presence of an infiltrate with a diameter of 3.5 cm in the lumbar region (projection of the IV lumbar vertebra) with clear boundaries, moderately painful, having a more pronounced compaction in the center with a diameter of up to 1 cm. Local hyperthermia and hyperemia are moderately expressed. The origin of the infiltration is unclear, an insect bite could be assumed, but there is no bite mark. Nothing before treatment was not treated.

With the help of the UMT "inductor" information was taken from the infiltrate within 20 seconds through the "Transfer" with a record of 3 grains. This disease sample has been tested using the ART method - the problem is identified.

The UMT inductor was installed on the skin in the projection of the infiltrate, fixed with an elastic bandage, and the "LE" socket of the "IMEDIS-BRT-A" apparatus was connected.

Therapy parameters: mode - automatic, order - according to the time of meridian activity, type - golden section, coeff. 7/0, in the 3rd container of the apparatus - a sample of the disease, session duration - 35 minutes.

The beginning of therapy at 15.00. At the end of the session, the BR preparation was recorded.

Reception is recommended according to the scheme:

- 1st day 1 cr. each hour;
- 2nd day 1 cr. 5 - 7 times;
- 3rd day 1 cr. 3-4 times;
- reduce the dose daily to 1 cr. 1-2 times a day until permission

infiltration.

Additionally, it is recommended to dissolve 5 grains in 1 teaspoon of water and lubricate the infiltrate.

At 21.00 on the same day, my mother called and said that the soreness and redness had completely disappeared. By 12.00 the next day, the infiltration had completely disappeared, as if nothing had happened.

### 2. Alexander K., 1 year 8 months.

According to the mother: the child is very restless, cannot concentrate even for a few minutes, whiny, can cry for up to 3 hours in a row, does not eat well, often regurgitates, poorly gains weight, unstable gait, can walk 2-3 steps evenly, then falls to the side and falls. Treatment by a neurologist does not help.

The child has a burdened obstetric history, caesarean section under endotracheal anesthesia. Up to 1.5 years, twice operated under mask anesthesia for bilateral inguinal hernia, 1 time - with infringement, suffered an acute bronchitis, broncho-pneumonia, was treated antibiotics confirmed laboratory dysbiosis.

A minimal examination of the brain  $\beta$  and  $\theta$  was performed. The frequencies of these rhythms are recorded according to ART, a violation of rhythms for crumbs was detected, the recommended intake of 1

cr x 2 times a day.

Further, information was recorded on 3 grains for 30 seconds in automatic mode using hand, foot electrodes and UMT "belt". The UMT "belt" was folded in the form of a spiral, placed on the child's head and connected to the "LE" sockets. The information written off was used as a marker of the disease.

An endogenous BRT session was performed for 15 minutes. Parameters: Mode - automatic, order - according to the time of activity of the meridians, type of therapy - golden section, coefficient. 7/0. The 2nd container of the apparatus contains the DRE 12 preparation, the 3rd container contains crumbs with the recorded pathological information.

At the end of the session, the BR-drug was recorded, the reception was recommended according to the following scheme:

- 1st day 1 cr. each hour;
- 2nd day 1 cr. 5-7 times;
- 3rd day 1 cr. 3-4 times;
- further reduce the dose to 1 cr. 1-2 times a day.

It was possible to carry out induction therapy according to the P7 program only for 20 minutes; it is recommended to take crumbs with the recording of the P7 and P22 programs, 1 cr. 2 times a day.

On the third day of taking the drugs, the mother reported that the child stopped crying, became calm, began to eat and sleep well, and the unsteady gait disappeared.

The follow-up is unknown.

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