

Peculiarities of diagnostics and treatment of narcotic loads by ART method,  
homeopathy and induction therapy with fixed frequencies of persons,  
non-addicted

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The ancient anesthetics, opium and its alkaloids, are still used in medicine. In some cases, this is justified in cancer patients, with injuries and manipulations on shock organs. For example, with manual separation of the placenta during childbirth. This minimizes the risk of death from pain shock.

At the same time, regardless of whether the drug was taken once or many times, information about this remains in the body for life [1, 3].

The problem of drug addiction is seriously dealt with by narcologists, incl. additionally using the homeopathic method and bioresonance therapy in their practice [5].

However, people who have received drugs once or for a short time, recently or many years ago, including during medical manipulations and who do not have drug addiction, usually fall out of sight, are deprived of objective diagnostics and do not receive specialized medical care. At the same time, drug loads are tested as a chemical burden and worsen the state of health.

To identify the presence of drugs for anesthesia, drugs in the body and control treatment in this work, a screening test (developed on the basis of the ART method) was used, which was approved by the Ministry of Health of the Russian Federation in 2001 [1], and in the form of guidelines is recommended for examination conscripts in military registration and enlistment offices. For diagnostics, electronic analogues of drugs (markers) are introduced into the drug selector, which allows the ART method to identify which drug is in the body. In addition, these markers are included in the selector in different concentrations corresponding to homeopathic dilutions (potencies). As a result, it became possible to determine the day of drug intake, which in fact clearly corresponds to the homeopathic potency and chemical concentration. For example, a drug found in D3 dilution, 3 g / ml; D4 - on the second, third days and concentration  $1.524157902759 \times 10^{-4}$ . Concentrations gradually decrease to Avogadro's number, when there is not a single molecule of the substance in the solution, however, the timing of taking this drug in fact continues to coincide with the homeopathic potencies from D30 (taken more than 6 months ago) to D100, D200 (more than one year ago). The authors explain this by the wave memory of the field and the long-term fixation of the drug in the tissues of the body. In addition, if several potencies are tested, then the drug was taken multiple times. The accuracy of such diagnostics is 97.9%, which is comparable to modern methods of analytical chemistry. At the same time, the authors note that in isolated cases there are "false positive" and "false negative" results [1].

The purpose of this work: active identification of drug loads in people who do not have drug addiction. Analysis of some "false positives"

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results for the presence of drugs in the body, followed by detoxification by the method of homeopathy and induction exogenous bioresonance therapy with fixed frequencies.

#### Materials and methods

The equipment of the company "IMEDIS" was used in the work. The device for diagnostics and therapy "MINI-EXPERT-DT", connected to it a drug selector "IMEDIS-BRT-PC" and a device for magnetic therapy "belt" [1, 2, 6]. To identify drugs in the body and control their elimination, we used the screening test described above, developed on the basis of ART [1].

#### Own research

##### Clinical example

Patient P., 38 years old. She agreed to be examined for ART after repeated persuasion from her relatives, since no one could understand what was happening to her.

Complaints. Epigastric pain, sometimes shingles, vomiting: after touching the abdomen, eating or bending over, for two weeks. On examination, the condition is satisfactory, overweight. For ART: Biological Indices 3 and 10. Index 3 was tested for organ products: in the stomach, pancreas, duodenum and gallbladder. For the same organs, an acute inflammatory process was tested, but there were no calculi, ulcers, gastritis, duodenitis, pancreatitis, etc. The diagnosis was unclear. In this regard, diagnostics was carried out according to the list of loads, including the above-described drug detection method.

It turned out that 11-16 days ago the patient had a load of ketamine (an anesthetic agent), as well as promedol and morphine, which were defined by ART as "acquired intoxication" and "new intoxication".

Considering that the patient denied everything, and there were no traces of surgical interventions on her skin, a version of a "slimming can" arose. When testing silicone through the list of organopreparations, silicone tested in the stomach. It turns out that the patient did not want to "upset" the relatives and hid from them that, in fact, a silicone can was inserted into her stomach under anesthesia 14 days ago, which corresponded to the D8 potency, homeopathic markers for anesthesia and medical drugs [1, 3].

After this and several similar cases, 300 people aged from 11 to 74 were examined, during 2008-2010, who sought medical help for various reasons.

Of these, 48 people were identified with loads of drugs for anesthesia and drugs, which amounted to 16% of the total number of patients.

The 1st group of persons with drug loads, but not using drugs and not having mental dependence on them included 3 subgroups.

"1a" subgroup - persons of different ages who have received loads as a result of medical manipulations. Anesthesia and pain relievers

the drug series were tested in them in dilutions D100, D200, which corresponded to the receipt of these loads long ago and not less than a year ago.

Individuals from subgroup "1b" were tested various drugs in potencies D100, D200. These individuals were not subjected to appropriate medical manipulation and did not deny the single or short-term use of drugs in early youth.

Individuals "1c" subgroup - received drug loads as a result of medical manipulations at different periods of life and more than a year ago. However, unlike the first two subgroups, these individuals were tested for drugs in the entire range of potencies from D0 to D200 or to D60, which corresponded to drug use multiple times over the past year. At the same time, these patients categorically denied taking drugs, including during medical manipulations during this period. Analysis of the anamnesis showed that individuals from the "1c" subgroup received homeopathic detoxification therapy for another reason. This therapy was not specifically aimed at removing drugs, it was not enough, drugs from various "depots" were taken out to other structures and "stuck" at this stage. Turned out

"False positive" results, which can be regarded not as the timing of drug intake, but as a stage of their elimination from the body.

The second group of three people included two adolescents and a 41-year-old woman whose diagnosis was not clear.

Two adolescents whose parents complained about changes in children's behavior, inadequacy, aggressiveness, fatigue, decreased school performance, lethargy.

During the examination by ART, one of the children was found to have 2 types of marijuana, in dilutions D6, D8, D30, D60 (which corresponds to 7-10 days; 11-16 days; 6 months and 9 months ago), the other - D6, D10, D60 (which corresponds to 7-10 days, 21 days and 9 months ago). The parents were informed and referred to a narcologist to clarify the diagnosis and treatment. Before being sent to a narcologist, one of the children was attempted to provide medical assistance (see the section "Treatment").

The same group included a 41-year-old patient whose diagnosis was also unclear. She applied within the first 24 hours after the corporate party, as she had strange feelings of inadequacy of her mood and behavior, despite the small amount of alcohol she had drunk. During the examination by ART, she was found to have: opium D0, morphine D0, which corresponded to the beginning of the first day and a single drug intake during her life.

The patient was notified. She denied conscientious use of drugs. She was given first aid (see section "Treatment").

The 3rd group, consisting of subgroups: 3a, 3b, included 9 people with general complaints of mood swings, fears, irritability, pain in the cervical and lumbar spine, and sometimes abdominal pain. The pain bothered periodically for many years and intensified during ARVI or gastrointestinal disorders.

"3a" subgroup - 4 people. Of these, 2 teenagers 11 and 13 years old, children of elderly parents. Parents received drugs as a result of medical manipulation before the birth of their children. These children were tested for promedol, opium,

codeine, morphine, papaverine. However, these remedies have not been identified by their homeopathic potencies.

A 16-year-old girl and a 24-year-old man were tested with Indian marijuana, which was not identified by homeopathic potencies.

In all 4 patients, the identified drugs were not identified by potency, however, through the index "IMEDIS-TEST" Intox III (CHROM met. D60 / 400/800) tested "congenital toxic information" for all identified drugs.

3b subgroup consisted of patients aged 43 to 74 years. In these individuals, drug loads were tested in different dilutions from D0 to D60 or D100. At the same time, they denied any possibility of taking drugs, including as a result of medical manipulations, and through the "IMEDISTEST" Intox III index they tested "congenital toxic information". In addition, these individuals have been treated with homeopathy for another reason over the past 1-2 years.

It should be noted that the burden of various tissues of the body with drugs with congenital and acquired toxic information varied individually. However, in all surveyed groups (with the exception of the group (2), in which these examinations were not carried out), toxic drug loads on the cervical, sacral, lumbosacral spine, sex glands in men and women were invariably tested. Somewhat less frequently (at the beginning of the examination) or periodically during (treatment), the loads on the uterus in women and the prostate gland in men were tested. In addition, drug loads played an important role in the etiological complex of the inflammatory process of all of the above organs.

#### Treatment

The described method of homeopathic and detoxification therapy was successfully applied by us in 2008 in complex resuscitation therapy for poisoning with a car care agent [4]. This method in some modification turned out to be effective for the treatment of the below described contingent of persons with congenital or acquired drug load, who do not have drug addiction.

Indications for homeopathic and induction therapy were assessed through ART indicators - "Effective medication", "Optimal biological index" and "Optimal reserves of adaptation".

It should be noted that the same type of therapy was used with equal success for congenital and acquired narcotic toxic information. The timing of drug elimination from the body did not differ with congenital and acquired toxic information and depended on individual fortunes detoxification and excretory organs each patient.

In the process treatment, all patients noted some differences moods, from euphoria to bouts of unreasonable irritability: the desire to argue, accuse, suspect, etc. At the beginning of therapy and in the course of therapy, various psychological problems were tested for the preparations of the company "RUBIMED", which depended on individual characteristics. However, at this stage in the treatment process, these drugs were not used, so

as in the ART testing, they were all covered by one drug from the same company: "Explosive".

During treatment, in groups 1 (1a, 1b, 1c) and 3 (3a, 3b), mood swings were well controlled and successfully stopped with this drug.

In addition, all patients were prescribed a homeopathic preparation of the company "OHOM" "Des. chemical substances". It should be noted that in the course of treatment in all groups with congenital or acquired drug load, there was a gradual and consistent release of all drugs from dilutions D200 and D100 to lower dilutions to D3 and D0, then sometimes it returned again to D100 and / or D200 or not reaching them, to D60, etc., with a subsequent decrease. This cycle of decreasing and increasing potencies moved in a circular manner and was repeated with "spiral" oscillations damping at high dilutions until the drug was completely eliminated.

In addition, in the case when the "congenital toxic information" about a given drug was not identified by potency, in the course of treatment, they began to test according to the ART potencies D100, D200, gradually decreasing them to D3, D0 and repeating the above-described turns of increasing and decreasing potencies, until complete disappearance of toxic information.

Every 1–2 weeks, with a repeated round of changing potencies to lower ones, along with more or less high potencies, psychosomatics intensified in groups with both congenital and acquired toxic information. Previously, periodically disturbing pains in the cervical, lumbar spine, in the shoulder and hip joints, in the lower abdomen, sometimes along the colon were repeated. Aggressiveness and resentment, lethargy against the background of drowsiness during the day, insomnia at night, which barely resembled the withdrawal syndrome clinic, increased somewhat. However, at the same time, the patients did not lose their ability to work and control over the adequacy of their social communication.

During this period, induction therapy was prescribed with fixed frequencies: E33; E36 (which are used for detoxification, including during drug use), 3.3 Hz (liver detoxification), 8.1 Hz (kidney detoxification) - with an intensity of 30.

During the induction therapy session, most of the complaints subsided, and the state of health improved. At the same time, at the next round of drug release at low dilutions, these complaints were repeated again, but were much weaker. However, induction therapy was again required. If at that moment the patient had been tested by ART by another doctor without taking into account the history and this therapy, another doctor could interpret these indicators as recent drug use, however, by chemical analysis, these drugs would not have been detected in the blood due to their residual low concentrations and would be regarded as a "false positive" result.

In patients who were eligible for all of the above homeopathic remedies and induction therapy programs, treatment was carried out without complications with complete elimination of drugs from the body for 5-6 weeks of the course, with a repetition during the course of induction therapy after 1-2 weeks, 2-3 times per course ...

In a group of patients with hepatic or renal problems (without clinically and laboratory-pronounced insufficiency of these organs) at the beginning

the course did not show one of the frequencies 3.3 Hz (liver detoxification) or 8.1 Hz (kidney detoxification), that is, some of these organs could not take over the detoxification and excretory function.

However, after reducing intoxication, 2-3 weeks after the start of treatment, contraindications for ART were removed, and the missing frequency was additionally prescribed. In these cases, an extension of the course up to 10 weeks was required.

This type of therapy was effective and safe in all individuals in groups 1 (1a, 1b, 1c) and 3 (3a, 3b).

However, it should be noted an unsuccessful attempt to provide medical care in the above-described volume in one of the adolescents of the 2nd group, with an incipient withdrawal syndrome. The detoxification therapy described above was not enough. Despite the fact that his symptoms of intoxication decreased, the withdrawal symptoms intensified. The child, accompanied by his parents, was urgently sent to a narcologist.

Patient N., 41 years old, who does not have drug addiction, from the 2nd group, in whom accidentally single-dose drugs were detected on the first day of their entry into the body, received this type of homeopathic and induction therapy, which had an immediate positive effect. Induction therapy was performed once, but the patient took the above drugs for 4 weeks until the toxic load completely disappeared.

After removing the narcotic load, almost all patients noted the disappearance or reduction of joint pain (pain decreased even in 2 cases of chronic metabolic arthritis, arthrosis, with joint deformity); with the exception of patients with intervertebral hernia, in whom the pain syndrome persisted. In addition, we tested the reduction of inflammatory processes in the joints, gastrointestinal tract and genital area according to the assessment tests of ART, as well as the subjective feelings of patients. The mental state improved, psychological comfort appeared in communication in the family and at work.

#### Conclusions:

1. Our research confirms the conclusion of the authors of the methodology that information about drugs is stored for a long time during life, because the age of the surveyed ranged from 11 to 74 years, and the drug load was received at different periods of life [1].

To this we can add that information about drugs is not only preserved throughout life, but also transmitted to the next generation in the form of psychosomatic stress and information about the same drugs.

2. To diagnose the timing of drug use, you can focus on their homeopathic dilutions corresponding to the timing of admission [1]. However, to clarify the diagnosis, you can additionally use the indicators "IMEDISTEST" Intox II - "acquired toxic information" and Intox III - to diagnose congenital toxic information. In some cases, this will make it possible to exclude the diagnosis "false positive result" and change it to "congenital toxic information".

3. Congenital drug information [3], as well as acquired [1], persists throughout life, since the age of the surveyed ranged from 11 to 74 years.

4. "False positive" result when determining the exact timing drug intake according to the diagnostic range of potencies from D0 to D200 can occur if the patient has recently or within a year taken homeopathic treatment. Homeopathy has a detoxifying effect. In this case, we should not talk about the timing of drug intake, but about the stage of their elimination from the body.

5. Congenital and acquired drug load, depending on individual characteristics, can be tested in different tissues, however, in all cases: in the cervical, sacral, lumbosacral spine, ovaries in women, testes in men (somewhat less often, in the uterus in women, prostate in men) and in the process of life it gives the corresponding psychosomatic symptoms.

6. In the course of treatment, drug loads go down from D200 to D3, D0, then they can return to high dilutions or lower ones and again decrease to D3, D0, moving in a circular way, along several "spiral turns" with oscillations damping at high dilutions until the drug completely disappears from the body. This movement of a toxic pathogenic agent in a spiral from top to bottom (from D200 to D0) and from the inside out (from D200 to D0) clearly reflects the process of getting rid of the disease, that is, curing according to Hering's homeopathic law.

7. The proposed type of therapy is insufficient for drug addiction and withdrawal symptoms, since it solves the problem of detoxification, but leaves the problem of mental dependence unresolved and therefore strengthens the clinic of abstinence.

8. In persons with congenital or acquired drug loads, non-drug addicts, this type of therapy was effective and safe, led to the complete elimination of drugs from the body and significantly improved health indicators.

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G.I. Zotova Peculiarities of diagnostics and treatment of narcotic loads by ART, homeopathy and induction therapy with fixed frequencies of persons without drug addiction // XVIII