

Application of the method of resonance chains in the treatment of disorders
menstrual cycle
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Menstrual irregularities are a common reason for women of fertile age seeking medical help. Therapy for dysmenorrhea under the supervision of a gynecologist often includes the use of drugs with the ability to correct hormonal background (estrogens, gestagens). It is known that this group of drugs possesses side effects, which determines the need for search non-drug treatments for dysmenorrhea.

Along with the methods of classical homeopathy and various methods of bioresonance therapy (BRT), the principle of resonance chains is used in the treatment of menstrual irregularities [12]. Evaluation of the effectiveness and improvement of this technique is an urgent task.

The aim of this study was to generalize the experience of using the principle of resonance chains in the treatment of dysmenorrhea.

Materials and methods

The study included 50 women aged 18 to 40 years. All patients suffered from menstrual irregularities and were consulted by a gynecologist. The terms of treatment with a gynecologist ranged from 3 months to 1 year.

Endogenous devices were used for the therapy. bioresonance therapy "IMEDIS-BRT-A" and apparatus for BRTA with advanced functions, apparatus for electro-puncture diagnostics "MINIEKSPERT-DT" with software.

The complex preparation, consisting of classic homeopathic remedies and electronic copies of flowers, included all the elements of the resonance chain, giving the restoration of the measuring level. During BRT, a chain was simulated with a record of all frequency ranges, during testing of which the original measuring level was restored.

The effectiveness of the treatment was assessed by the restoration of the physiological menstrual cycle.

The terms of treatment ranged from 1 to 3 months, depending on the dynamics of the patients' condition.

Results and discussion

As a result of the treatment, it was possible to restore the physiological menstrual cycle in 45 women treated using the principle of resonance chains.

The mechanism of the therapeutic effect is as follows. When building a resonant chain, each subsequent drug causes compensating or destabilizing effects against the background of previous drugs.

$A \downarrow + B \uparrow + C \downarrow + D \uparrow + E \downarrow + F \uparrow \dots$

When a patient is exposed to any drug, the reaction to the next drug is determined by the action of the drugs already

connected in a chain. When only drug C is connected to the measuring circuit, no response is observed, and it may not have any effect at all in the absence of parallel (previous) influences. A reaction to drug C occurs when problem A is treated with drug B.

When a disease marker is installed at the beginning of the chain and the chain is subsequently built, one of the many ways to compensate for violations is formed, depending on which drugs are included in the chain. By building a chain, the body is offered one of the options for eliminating the problem. There is always a possibility that the depth of influence along the proposed path may turn out to be insufficient, and the triggered recovery mechanism may not be realized or partially realized, which should be taken into account when carrying out treatment. More often, an insufficient effect is observed when a chain of two links is formed, when only a type B drug is used for treatment.

Considering that all the links of the resonant chain are a single whole, and the relevance of each drug is due to other components, it is proposed to use several markers simultaneously in the recipe that restore the measuring level. That is, to treat problem A, a complex (B + D ...) is used. Drug B compensates for the disease marker A, drug D supplements and corrects the effect of drug B. It is optimal to use a complex drug consisting of three components (B + D + F).

This principle can be used:

- 1) when choosing classic homeopathic medicines;
- 2) when choosing information records of flowers;
- 3) when drawing up a program of exogenous bioresonance therapy;
- 4) during endogenous bioresonance therapy.

Choice of homeopathic remedies. An ART marker of the disease is set at the beginning of the chain, then polychrests are tested, divided into miasmatic groups in the same potencies. A complex homeopathic preparation is formed, consisting of 3 polychrests, restoring the measuring level in the chain.

Selection of color information records. It is made similarly to the selection of homeopathic remedies from the Medpharma kits, ART pointers. A complex preparation of three colors is formed. When appointing such the complex did not require the appointment of opposition colors.

Drawing up a program of exogenous bioresonance therapy. drawing At
up a program of exogenous BRT, it should be borne in mind that at
the formation of a list of effective frequencies by selecting only by the marker of
the disease, we get an effect of type "B" in the chain. Frequencies during therapy
are switched on sequentially. After therapy with the first frequency from this list,
the state of the body changes and reactions to subsequent frequencies
can flow perfectly along the another scenario and most of the subsequent
frequency spectra after initial impacts are
irrelevant, and therapeutic This effect may be due to
number of frequency spectra, included in the recipe, and only
In addition, therapy following the effective frequency can reduce the the first
therapeutic effect of the latter.

It is proposed, after finding the first effective frequency, to record this frequency on the homeopathic grits and use it as a link in the chain to select the next frequency, forming a program for sequential change of influences, taking into account the previous reactions.

You can use only one frequency, while the links in the chain will be impacts with different intensities, i.e. an analogue of a complex homeopathic monopreparation is simulated in various potencies.

When choosing a therapy frequency, the diagnostic test duration should not exceed 10 seconds.

Thus, with such an alternation of frequency influences, one can be confident to one degree or another that each subsequent influence in a therapy session will be a logical continuation of the previous ones.

Use of devices BRT-A and devices for BRT with extended functions. As an option for therapy on the principle of chains, you can use the potentiometer of the bioresonance therapy apparatus.

UMT "belt" is used with the location on the patient's body according to the projections of the main chirographic lines in accordance with that adopted in Sujok therapy (diaphragm level, navel level, chakra level 2, neck), if necessary, additional inductors in the projection of problem organs. Such the location of the UMT has proven itself well in other variants of bioresonance therapy.

UMTs are connected to the second socket of the BRT apparatus, the option of connecting hand, foot, and frontal electrodes to the connectors was also used, which showed its effectiveness without negative effects.

The patient is loaded with a marker of the disease, the potentiometer knob is automatically rotated until the measuring level is restored, the transition to manual mode and the selection of meridians with a record on the crumbs for 30 seconds. Then we turn on the apparatus again in automatic mode with the rotation of the potentiometer knob until the measurement level decreases, manual recording for several grains for 10 seconds, the grains recorded in the passive electrode, and the cycle is repeated. Usually, 3 cycles of recording are carried out, restoring the measuring level of frequencies to the same grains (you can record on several grains separately for each cycle, then combining the preparations and overwriting them with the required amount of grains).

It should be noted that with the duration of exposure to the BRT apparatus up to 10 sec. there is no trace reaction and the disease marker continues to be tested after therapy, after exposure in an effective corridor to for 25-30 sec. the disease marker does not give a t decrease in measuring level.

How usually coefficient gain, giving recovery of the measuring level lies in the corridor 6.9-6, the amplification factor giving a decrease in the measuring level is in the corridor 5-0, and with each cycle the amplification factor giving a decrease in the measuring level tends to zero.

On repeated admission, the drug prepared at the first dose is used as the second link in the chain after the disease marker newly formed at the time of examination, and the second drug is prepared. Thus, after the second visit, the patient takes two drugs, the second

the drug made at the second dose, which is a "continuation" and "addition" to the first drug, and if after a month of drug intake No. 1 the effect is insufficient, then the addition of the second one clearly enhances the therapeutic effect.

Sequential preparation during one visit of the drug through the BRT-A, then through the apparatus for BRT with extended functions, which was required in 40% of cases, increased the effect with insufficient results of using BRT-A monotherapy.

The method of resonant chains with the inclusion in the recipe of all markers that compensate for the decrease in the measuring level when testing with the use of the "IMEDIS-BRT-A" apparatus and the apparatus for BRT with extended functions can be successfully used for the treatment of dysmenorrhea.

Literature

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