

Use of sperm autosomes
to restore the patient's reproductive abilities
O.V. Vasilkovskaya
(Medical center "Medbio plus", Gabrovo, Bulgaria)

Introduction

The combined use of the autonomic resonance test (ART) [1] and bioresonance therapy (BRT) [2] to restore the reproductive abilities of patients is of practical and theoretical interest and is highly relevant. This paper presents an algorithm for restoring reproductive abilities in male patients with infertility of unknown etiology. Such a diagnosis is usually a big headache for both the patient and his attending physician, since the absence of an understandable cause of the disease usually makes it incomprehensible the method of its effective treatment, including the use of ART and BRT methods. The work [3] was published, which provides an algorithm for examining patients with infertility, but the practice of examination shows that the use of this algorithm does not always lead to a clarification of the etiology of this disease. Therefore, the authors conducted a study of the treatment of male infertility of unknown etiology using a potentiated sperm autosome (PAS) of the patient. The methodology of therapy follows mainly the work [4], however, taking into account the ideas about the homeopathic "character" of the action of the sperm nosode, similar to the action of signals for the death of fibroblasts, described in [5].

Objectives of the work:

1. Formulate an approximate algorithm for the treatment of a male patient with infertility of unclear etiology using a potentiated sperm autosome.
2. Evaluate the effectiveness of the method used using the example of a pilot study therapy.

Study design

For the diagnosis by the ART method and the manufacture of autosomes of the patient's sperm, we used hardware and software complex (AIC) for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy according to BAT and BAZ "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005

The pilot study involved four male patients aged 34 to 44 years, suffering from infertility of unknown etiology with clinical manifestations in the form of reduced spermatogenesis and the number of normokinetic spermatozoa. Each patient had a history of at least 7 years of infertility, as well as a full range of "classic" therapeutic measures (from herbal medicine to genital surgery), without any visible result. All patients underwent primary ART examination according to a unified algorithm [6, 7], in accordance with the approved methodology [1]. Additionally, a KMX marker was manufactured [8] and systemic spiritual adaptants (SDA) were selected for testing by the ART method [9].

All patients received therapy:

1. Electronic sperm autosome, the potency of which was selected with the calculation to compensate for the KMX marker. For this purpose, potentiation of the sperm autosome was carried out, up to the fulfillment of the ART condition:

KMX ↓ + Pot (ANKr) ↑ (1).

The KMX marker is the sum of electronic signals from the end points and points of intersection of the main chiroglyphic lines located on the palmar surface of the patient's hand. The version of the electronic record of the KMX marker was used.

2. A native sperm autosome made according to Korsakov, in 6K potency.
3. The sum of the systemic spiritual adaptants identified during the ART examination [4], potentiated until the ART condition is met:

Patient sperm ↓ + Pot (\sum SDA) ↑ (2).

Parameters and in (1) and (2) here indicate the position of the knob of the signal gain / potency regulator, on the front panel of the IMEDIS-EXPERT AIC, used to obtain a potentiated electronic autosode of blood or a total spiritual adaptant.

Additional drugs, both informational and ordinary, were not prescribed in the course of therapy.

Sperm autosodes were assigned in alternation: for example, on even days of the week, the first was used, and on odd days, the second of the described nosodes. On Sundays, there was a break in therapy. The duration of the course of treatment was individual and ranged from 3 to 9 months. In fact, therapy continued until the spermogram normalized.

Research results

The dynamics of the spermogram of patients during therapy is shown in table. one.

Table 1

	Total number sperm	Number sperm in one ml	Percent fast progressively mobile sperm in one ml	Quantity fast progressively mobile sperm in one ml
No. 1 before treatment	72 x 10 ⁶	22.7 x 10 ⁶	4 %	2.88 x 10 ⁶
# 1 after treatment	225.6 x 10 ⁶	68.36 x 10 ⁶	24%	16.40 x 10 ⁶
No. 2 before treatment	79 x 10 ⁶	26 x 10 ⁶	10.76%	2.8 x 10 ⁶
# 2 after treatment	312 · 10 ⁶	52 x 10 ⁶	19.2%	10 x 10 ⁶
No. 3 before treatment	1.1 x 10 ⁶	0.5 x 10 ⁶	absent	absent
# 3 after treatment	16 x 10 ⁶	5.4 x 10 ⁶	fourteen %	2.4 x 10 ⁶
No. 4 before treatment	48.3 x 10 ⁶	12.1 x 10 ⁶	3.6%	0.43 x 10 ⁶
# 4 after treatment	276 x 10 ⁶	54.4 x 10 ⁶	19.4%	10.55 x 10 ⁶

The spermogram is considered to be the norm [10]:

- total sperm count in the ejaculate 40 · 10⁶,
- sperm content in 1 ml. ejaculates 20 · 10⁶,
- the percentage of fast, progressively motile spermatozoa in 1 ml. ejaculates 25%,
- the number of fast, progressively motile spermatozoa in 1 ml. ejaculates 10 x · 10⁶.

From table. 1 shows that in all four cases there was a sequential increase in the total number, as well as in the number of normokinetic spermatozoa in the patient's ejaculatory secretion, until these indicators returned to normal.

Clinically, after the course of treatment, all four patients were able to impregnate their spouses. In three cases, fertilization was achieved in a natural way, in one case, artificial insemination was carried out.

Discussion

The following two circumstances seem to be important:

- the choice of sperm autosode for therapy was due to the idea of it as the signal of doom spermatozoa, the introduction of which into the body, in a potentiated form, was supposed to cause, in accordance with the ideology outlined in [5]: first, the restructuring of the conditions of their reproduction, and secondly, increased proliferation and accelerated maturation of progenitor cells. The ejaculate of an infertile patient with a low sperm count, in general, and fast, progressively motile spermatozoa, in particular, and most importantly, with a high percentage of dead or defective spermatozoa, is an "indicative" source of such a signal;
- the alternation of native and electronic sperm autosodes, as conceived by the authors, was supposed to provide correction by the body of both current and constitutional

components of spermatogenesis. The previous experience of therapy showed a relatively lower efficiency of using each of these nosodes separately.

Conclusions:

1. Therapy of male patients with infertility of unknown etiology with sperm autosomes is an effective way to treat this disease.
2. In a clinical setting, the method of alternating the reception of electronic copies of the sperm autosome, potentiated until it compensates for the KMX marker, and the native form of the sperm autosome in 6K potency.

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