

The use of bioresonance and multiresonance therapy in children practice

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The use of bioresonance (BRT) and multiresonance (MRI) therapy in pediatric practice is little discussed both in print and at conferences devoted to the use of this method.

This article presents the experience of using BRT and MRI in the treatment of children.

School-aged children are diagnosed and treated in the same way as adults.

Difficulties arise in the treatment of infants and children under 5-6 years of age.

For the correct choice of treatment tactics, the most accurate diagnosis is required. Since for our treatment, in addition to classical methods, we use electro-acupuncture diagnostic methods, a natural question arises - how to measure points in a small child? From the age of 2-3 years, this can be done with a small patient in the form of a game, but at the same time you need to remember that this should be done as quickly as possible, because it is practically impossible to attract the child's attention and perseverance for more than 5-10 minutes. It is necessary to measure the minimum number of points required in the selection of treatment tactics:

- measurement of chakra points on the hands,
- end and control points on the Foll meridians,
- biological indices (optimal biological indices),
- the most affected organ,
- the primary affected organ,
- find the agent causing the primary defeat.

If we take into account the teaching of Luule Viilma that the health of a child is an indicator of the relationship between his parents, then it is very important for the correct diagnosis and assessment of the child's condition to identify the problems of his parents. Better yet, treat both of them.

Practice shows that the best quality natural treatment can be carried out when used in therapy is the correct matched potentiated compensates (homeopathic) drug, which (heals) all found pathological processes, especially taking into account the primary lesion and the agent causing it.

Since it is difficult for a small patient to sit quietly even during these 10-15 minutes of our examination, it is more convenient to use our therapy in the form of exogenous BRT using the UMT "belt" (since the UMT "loop" children most often want to take off themselves).

If you decide to carry out BRT only through UMT without using homeopathic remedies, then it is better to connect another UMT "inductor" and record the BRT session on it, placing a glass of homeopathic crumbs on it. The most commonly used is a pediatric induction program, or specific frequency therapy, aimed at treating a child's suffering.

The important question is, what amplitude of the electromagnetic signal to use? This problem is most conveniently solved using a biotensor or

mental testing. It is necessary to set the selected signal amplitude and start therapy. At the end of the session, test the number of grains recorded on the "inductor" through the dose optimal indicator and give the child for further treatment. It is also more convenient to test the frequency and duration of the grains intake using a biotensor.

More complicated is the issue of electropuncture diagnostics of infants. This is where the method of testing a child through a mother comes to the rescue. In this situation, I use electropunctural diagnostics using a vegetative resonance test (ART, ART +). At the same time, the mother is told to focus on the child, and that it is not her indicators that are measured, but her child's indicators are measured through her. The interesting thing is that it is possible to quite accurately test the child and choose the right homeopathic remedy for him. Then we write down the selected preparation on homeopathic grains, test the number of grains for reception and put the tested amount into the 2nd container of the device and start magnetic therapy according to a pediatric or other induction program.

The dose of the drug can be taken by directly giving the grains into the mouth (it will be difficult to place them under the tongue) or put them on the child's cheek. They can be dissolved in water and given in dissolved form in a bottle, remembering that they cannot be stirred with a metal spoon, but rather dissolved by shaking. And if the baby is breastfeeding, give them to the mother to drink.

It must be borne in mind that the development of the disease in young children is much faster than in adults, and the response to treatment may be the same. It is necessary to establish contact with parents and receive information from them at least once a day for several days after the start of therapy.

Sessions of therapy in children are more frequent than in adults, due to their physiology, and the appointment of drugs is shorter.