The fundamental role of diagnostics and elimination of cicatricial interference fields in the treatment of chronic pathology

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Most often, the main task facing the doctor is the treatment of chronic diseases. This task when using conventional methods is considered practically impossible. The most that can be done is to relieve the aggravation. One of the reasons for this problem is the peculiarity of chronic inflammation.

Chronic inflammation is characterized by a duration of the course (over weeks and months), while there are simultaneously signs of active inflammation, tissue damage and damage repair.

If in acute inflammation there is a noticeable alteration, vascular reactions, exudation, edema and severe neutrophil infiltration, in chronic inflammation the alteration is less pronounced. It is characterized by a productive tissue reaction with infiltration by mononuclear cells (macrophages, leukocytes and plasma cells), with foci of necrosis due to the activity of cells of the inflammatory infiltrate and inadequate repair, angiogenesis and tissue sclerosis up to pathological calcification, that is, in the language of a physician bioresonance therapy the formation of cicatricial interference fields

Making a small digression, I would like to note that if the doctor does not take this factor into account, then he risks not getting to a whole series of chronic foci at all and is doomed to circle around and around for a long time, instead of helping the patient as quickly as possible.

So, returning to the pathogenesis of chronic inflammation, it should be noted that both chronic acute inflammation and a chronic course from the very beginning are possible.

Chronization of acute inflammation occurs under the following factors:

1) continued exposure to the cause of acute inflammation;

2) failure of the repair processes in chronic inflammation,

which began as a sharp one;

3) repeated episodes of acute inflammation.

Chronic course from the very beginning (the most common variant) is due to:

1. Persistence of the infection associated with the characteristics of some microorganisms such as mycobacterium tuberculosis, treponema pallidum and some fungi. These microorganisms have low toxicity and cause the development of delayed-type hypersensitivity reactions. At the same time, the inflammatory response is productive in the form of a granulomatous reaction.

2. Long-term exposure to potentially toxic exogenous and

endogenous substances, for example, when non-degradable substances enter the body

inorganic substances such as silicon particles (silicosis).

3. Immunopathological processes, primarily autoimmune reactions when autoantigens cause a spontaneous immune response that causes generalized chronic inflammation, for example, rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, etc.

Of the features of the morphology of chronic inflammation, we are especially interested in sclerosis and persistent destruction of connective tissue, whichis the most important sign of chronic inflammation, which is a manifestation of a violation of the recovery processes. Therefore, the restoration of destroyed tissues occurs by replacing damaged parenchymal cells with connective tissue, as a result of which fibrosis, or scarring, develops. This process is similar to wound healing, but as the damage continues and the inflammatory response subsides, it resumes, the focus of inflammation is most oftenreplaced by connective tissue.

The outcomes of chronic inflammation are most often complications such as as: secondary amyloidosis, cachexia, erosive bleeding, sclerotic changes leading to organ failure, as well as malignant tumors. The relationship between chronic inflammation and tumor growth is proved by the development of stomach cancer in patients with chronic gastritis, lung cancer in patients with chronic inflammatory diseases of the lungs with diffuse and focal pneumosclerosis ("cancer in the rumen").

When diagnosing by means of ART "IMEDIS-TEST" very often the connection of chronic inflammation with the presence of false polarity in the focus, which can be corrected only with the help of amino acids, is very often revealed.

I would like to note once again a fundamental thing: without preliminary working out the cicatricial interference fields, we may not notice a number of very important foci, including oncological ones, which seem to “hide” behind the adhesive fields. This is true not only when ART is used for diagnosis."IMEDIS-TEST", but also in the case when the ART diagnostics is enhanced with the help of the "Polarizer-GShK". There are pointers to cicatricial fields both in the "Foci and interference fields" section, and in the morphological scale of L.B. Makhonkina, and it is necessary to control all these pointers.

There are several ways to influence the cicatricial interference fields, if any: 1)

Cicatricial interference fields ↓ + meridians ↑ (or main, or muscle-tendon) + anti-scar homeopathy down ↓.

2) Diagnostics is carried out as in item 1), only instead of homeopathy, bioresonance therapy along selected meridians in a suitable mode (vertical, horizontal, etc.).

3) The triggered pointer to cicatricial fields is connected in inversion (when this does not cause a decrease in the measuring level) and for treatment we find those meridians that cause a decrease in the measuring level, that is, we find those meridians that will cause inversion-destruction of adhesive fields. In this case, as in paragraphs 1) and 2), either BRT is performed, or anti-adhesion homeopathy is prescribed. In our practice, most often the patient needs this particular treatment option, and when conducting bioresonance therapy, its duration is more than

short compared to item 2).

4) In addition, when carrying out anti-adhesion treatment with a polarizer there is a significant reduction in the treatment time for cicatricial fields to 7–20 minutes. against 15-40 minutes. without him.

We have been practicing a similar treatment scheme for several years, and pointers to the adhesive fields are triggered in almost every session. This is due to the fact that the patient is treated in layers, and at each stage of treatment, one or another focus emerges, as the body gains strength and the ability to cope with it.

It should be noted that pointers to cicatricial interference fields are not equivalentpointers just to the hearths. Figuratively speaking, when the organism, by virtue of a numberfor reasons not being able to get rid of the lesion, he "seals" it into the connective tissue, isolating it for his own safety. Therefore, during the course of treatmentit is behind the cicatricial fields that chronic foci are then located, up to oncological processes, and only then the doctor can adequately influence them (see "cancer in the scar").

This scheme is confirmed by the appearance of literally a "scattering" of photonic indexes after exposure to the scar, which have not been tested before.

Very often, cicatricial changes are tested not only at Level 1 when diagnosed using the modified ART method (Level 1 of the MINI-EXPERT-D device), but also at Level 2 (Level 2 of the MINI-EXPERT-D device), therefore, the correct treatment of chronic infection in the absence of this device at the doctor becomes problematic. This is all the more true because it is periodically required to treat dystrophic changes in the cells themselves and look for the causes of these dystrophic changes.Scale L.B. Makhonkina
"Biosynthetic processes at the cellular level" can provide a feasiblehelp in the absence of this apparatus, but then it is very difficult to control the process of diagnosis and treatment of the actual intracellular level of damage.

I would especially like to note such a pointer from this scale as"Calcification". This pointer requires a lot of work, but often it isthen mycobacterium tuberculosis is tested, both pathogenic and supposedly non-pathogenic such as mycobacterium Calmette-Guerin, which reliably causes both pulmonary and extrapulmonary forms of tuberculosis. In addition, even without indications of calcification, encapsulated forms of tuberculosis such as layered and homogeneous tuberculoma can be found only behind scar fields of interference. Of course, we, as doctors of bioresonance therapy, rarely encounter tuberculous lesions in our practice, but with the current state of medicine such meetings are not excluded. In addition, there is a real possibility of treating such a painful pathology as adhesive disease.

Often only after treatment of the adhesive fields can foci of toxoplasmosis be found, since a characteristic feature of toxoplasmosis is the formation of a layer of connective tissue around the focus. The same is true for echinococcosis, various fibroadenomas, fibrous cancer (skirrha) and many other chronic diseases.

Clinical example

Patient, 52 years old. She came to the appointment with dysfunctional uterine bleeding and severe anemia, she has been complaining for 2 years, appeared after acute stress. For personal reasons, she did not want to go to official medicine. Was treated for 2 months. erythropoietin. After kidney treatment, bleeding stopped, follow-up - no bleeding for 2 years.

Conclusions:

1. Chronic inflammation is always accompanied by incompetent reparation, sclerosis and persistent destruction of connective tissue (i.e., the formation of scar fields of interference), behind which there is most often a large number of various foci.

2. Adequate diagnosis and treatment of chronic pathology without elimination of cicatricial interference fields is impossible.

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