

Palliative use of bioresonance therapy

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Probably, in the practice of every doctor and, in particular, a doctor using bioresonance therapy (BRT), there are cases when a patient is at the end of his life by age, or the disease has already gone so far that there is no longer any hope of a cure. And yet you need to provide quality care in the last days of his life.

Usually, such patients are oversaturated with various drugs, both allopathic and informational-energetic (homeopathic), for which a person has practically no vitality, and they only aggravate his condition and shorten his life.

What to do in this case?

Practice shows that carrying out bioresonance therapy using various strategies can be poorly tolerated, therefore, the selection of the method of exposure must be approached with extreme caution. By far the most important and important thing is to diagnose the patient's current condition. It is best to do this using a vegetative resonance test (ART), since electropunctural diagnostics by R. Voll's method can be difficult or uninformative, and diagnostics using segmental loading is impossible. Therefore, the most important diagnostic method is the ART method, and especially ART +, since it allows you to assess the patient's condition at a deeper level.

It is necessary to determine:

- biological indices of the patient (it is better to test at the second and third levels using the ART + method);
- the corridor of the norm of its biological indices;
- the organ with the worst biological index (at the second and third levels);

- the primary affected organ (at the second and third levels);
- the primary affected meridian (third level);
- the primary affected point on the primary affected meridian (third level);

- the condition of the connective tissue on the scale of M.M. Shraibman (third level);
- organs with the worst indicators of connective tissue (third level);

- adaptation reserves (third level): current, optimal, promising, promising with the solution of psychological problems.

Indicators of adaptation reserves will serve as the main criterion in the selection and appointment of therapy. Typically, these patients have biological indices approaching 21, and the reserves of adaptation to depleting 4–5 degrees. Therefore, the most gentle and optimal method is to conduct BRT to the primary affected point or the area of its location using devices for

magnetic therapy. The force and time of exposure is carried out using a dowsing probe or mental testing. Typically, the impact force is in the range from 30 to 70 USD, and the time is 1-3 minutes.

Before starting therapy, you need to check how this effect will affect the patient's adaptation reserves. You can start therapy in that if it increases the reserves of adaptation.

Often such procedures need to be carried out several times a day. And each time it is necessary to carry out such a thorough examination of the patient. If this is not done, then our impact can lead to a sharp decrease in the reserves of adaptation and the opposite effect. And only when the indicators of adaptation reserves, the state of connective tissue and biological indices begin to deviate from the critical ones, one can think about adding potentiated (homeopathic) drugs to the circuit of action. Moreover, to prescribe the drug, it is necessary to carry out a complete repertorization, it is better to do this with the help of ART according to the above criteria, since often the patient cannot adequately contact the doctor. In this case, it is necessary to comply with the conditions for this drug to improve the reserves of adaptation, to correspond to the primary affected point, normalized the state of acupuncture meridians and chakras. It is also necessary to test the selected drug for effectiveness, optimality and tolerance at the second and third levels of ART +.

At the end of the session, the patient receives a potentized (homeopathic) remedy, the amount of which is tested through a pointer for optimum.

When carrying out multiresonant therapy with the inclusion of a potentiated drug in the exposure circuit and prescribing, the following therapeutic session can be performed less frequently, depending on the degree of potency of the drug:

D3, 3C - 2-3 times a day, D6, 6C - 1-2 times a day, D12, 12C - every other day, D30, 30C - once every 3 days, D60, 50-60C - once a week, D100, 100C - once every 10-14 days, D200, 200C - once every 3-4 weeks, D1000, 1000C - once every 4-5 weeks, 1LM - once a week.

The more targeted and selective our impact on the patient, the longer and better the patient's life will be.

If it is necessary to prescribe allopathic drugs to a patient, the selection and dosage of these drugs is best done after the therapy and the patient has taken an energy-information drug, also checking them through test indicators for efficacy, tolerance and optimal dose.

Such a careful and painstaking session can significantly reduce pain, normalize many vital functions and ensure the maximum quality of the last stage of life.

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