

Correction of the biochemistry of thoughts and feelings

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Chronic diseases, autoimmune processes, oncology ... What is their basis, why do they arise and are so difficult to treat? Modern medicine tends to believe that the main cause is psychological the patient's problems and his generic dynamics. The main role of psychological problems in the development of chronic diseases have been pointed out by many doctors. We find the first mentions in Plato's Dialogues. The early dialogue of Plato "Charmides" is known, in which Socrates tells a young man suffering from migraines that in order to heal the eyes, the whole body must be healed, and for the body to heal, the soul must be healed. For any evil and any good for the body and all mankind comes from the soul, and the soul should be healed with "good words." The dependence of a person's physical health and illness on his psyche, in particular on emotional states and personality traits, was studied in the works of Soviet clinicians M.Ya. Mudrova, G.A. Zakharyina, S.P. Botkin. They pointed to the incorrect understanding of somatic disease as a process caused only by biological factors, and believed that

The main discipline that studies the characteristics of the psyche is psychology. Psychology (from ancient Greek ψυχή - "soul"; λόγος - "doctrine") is a science that studies the laws of the emergence, development and functioning of the psyche and mental activity of a person. In turn, according to modern science, the human thought process is associated with the activity of the central nervous system. Neurophysiology and its branch of neurobiochemistry study the functions of the nervous system and its main structural units - neurons.

Let's touch a little on the biochemistry of feelings and emotions. The main role in the realization of feelings and emotions at the level of cells is played by neurotransmitters and hormones.

Traditionally, neurotransmitters are classified into three groups: amino acids, peptides, monoamines (including catecholamines).

Amino acids:

- GABA is the most important inhibitory neurotransmitter of the central nervous system in humans and mammals.
- Glycine - as a neurotransmitter amino acid, has a double effect. Glycine receptors are found in many areas of the brain and spinal cord. By binding to receptors, glycine causes an "inhibitory" effect on neurons, reduces the release of excitatory amino acids from neurons, such as glutamate, and increases the release of GABA. Glycine also binds to specific sites of NMDA receptors and thus facilitates signal transmission from the excitatory neurotransmitters glutamate and aspartate. In the spinal cord, glycine leads to inhibition of motor neurons, which makes it possible to use

glycine in neurological practice to eliminate increased muscle tone.

- Glutamic acid (glutamate) - the most abundant excitatory neurotransmitter in the nervous system of vertebrates, in the neurons of the cerebellum and spinal cord
- Aspartic acid (aspartate) - an excitatory neurotransmitter in the neurons of the cerebral cortex.

Catecholamines:

- Adrenaline is classified as an excitatory neurotransmitter.
- Norepinephrine is considered one of the most important "wakefulness mediators". The number of noradrenergic neurons in the central nervous system is small (several thousand), but they have a very wide field of innervation in the brain.
- Dopamine is one of the chemical factors of internal reward and serves as an important part of the "reward system" of the brain, as it induces feelings of pleasure (or satisfaction), which affects the processes of motivation and learning.

Other monoamines:

- Serotonin - plays the role of a neurotransmitter in the central nervous system.
- Histamine - some histamine is found in the central nervous system, where it is believed to play the role of a neurotransmitter (or neuromodulator). It is possible that the sedative effect of some lipophilic histamine antagonists (antihistamines penetrating the blood-brain barrier, for example, diphenhydramine) is associated with their blocking effect on central histamine receptors.
- Endogenous opiates - endorphins, enkephalins, dynorphins, etc. The system of opioid peptides in the brain plays an important role in the formation of motivations, emotions, behavioral attachment, responses to stress and pain, and in the control of food intake.
- Endorphins are a group of polypeptide chemical compounds similar in their mode of action to opiates (morphine-like compounds), which are naturally produced in the neurons of the brain and have the ability to reduce pain, similar to opiates, and affect the emotional state. Endorphins are formed from a substance produced by the pituitary gland - betalipotrophin (beta-lipotrophin); it is believed that they control the activity of the endocrine glands in the human body. High amounts of endorphins can lead a person into a state of euphoria, which is why they are mistakenly called the "hormone of happiness" or "hormone of joy", although in fact euphoria is caused by much more complex processes and the interaction of several neurotransmitters, of which endorphins are not the most important.
- Enkephalins are a type of neuropeptides, namely, opioid peptides that have a morphine-like effect. They are oligopeptides, that is, short chains of five amino acids (pentapeptides). Along with endorphins, they are involved in the regulation of behavior and pain sensations by acting on opioid receptors.

Peptides

Peptides (Greek *πεπτος* - nutritious) are a family of substances whose molecules are constructed of two or more amino acid residues linked in a chain by peptide (amide) bonds. Peptides with a sequence shorter by about 10–20 amino acid residues may also be called oligopeptides, with a longer sequence they are called polypeptides. Proteins are usually referred to as polypeptides containing from about 50 amino acid residues. The line between oligopeptides and polypeptides (the size at which a protein molecule ceases to be considered an oligopeptide and becomes a polypeptide) is rather arbitrary. Quite often, peptides containing less than 10–20 amino acid residues are called oligopeptides, and substances with a large number of amino acid units are called polypeptides. In many cases, this line is not drawn in the scientific literature at all and a small protein molecule (such

According to the bioregulatory effect, peptides are usually divided into several groups:

- compounds with hormonal activity (glucagon, oxytocin, vasopressin, etc.);
- substances that regulate digestive processes (gastrin, gastric inhibitory peptide, etc.);
- peptides that regulate appetite (endorphins, neuropeptide-Y, leptin, etc.);
- compounds with analgesic effect (opioid peptides);
- organic substances that regulate higher nervous activity, biochemical processes associated with the mechanisms of memory, learning, the emergence of a sense of fear, rage, etc.;
- peptides that regulate blood pressure and vascular tone (angiotensin II, bradykinin, etc.).

However, this division is arbitrary, since the action of many peptides is not limited to any one direction. For example, vasopressin, in addition to vasoconstrictor and antidiuretic effects, improves memory.

Peptide hormones are the most numerous and most diverse in terms of composition of a class of hormonal compounds, which are biologically active substances. These include most of the hormones. Their formation occurs in specialized cells of glandular organs, after which active compounds enter the circulatory system for transportation to target organs. Upon reaching the goal, hormones specifically affect certain cells, interacting with the corresponding receptor.

Other hormones:

- Steroids.
- Derivatives of polyene (polyunsaturated) fatty acids. The action of neurotransmitters and hormones on the central nervous system is very diverse. They act directly on the brain and control sleep, affect memory, behavior, learning, have analgesic effects, etc. Neurobiochemical processes provide at the level of physiology all the variety of thoughts, feelings, emotions of a person. Each new thought, each emotion has its own individual "picture" of biochemical reactions.

Psychology and neurophysiology, each within its own discipline, study human thinking. It is possible to combine their research using bioresonance technologies.

Let's try an experiment. Let's measure the initial state of the patient. Then we will ask him to think about a certain topic and write off at this moment to pure sugar nibs vibrations from his central nervous system (CNS). Received drug No. 1. Let's call it psychoemotional nosode # 1. We will load the patient with the received preparation No. 1 and again test his indicators. Then we will ask him to think about another topic and write off the psychoemotional nosode No. 2 from his central nervous system, and so on - No. 3, No. 4 ... And again we will test the patient's indicators under load with the drug No. 2, No. 3, No. 4, etc. Interestingly, each time the indicators will differ slightly, despite the fact that each time the patient thought with the same emotion (resentment, for example). Prescribed drugs # 1; # 2; No. 3, etc. will differ from each other and clearly correlate with the thoughts and feelings of the patient evoked during the recording.

So, a psychoemotional nosode is a record of a certain biochemical picture that strictly corresponds to the mental component of a person at a given moment in time. It can be assumed that the psychoemotional nosode is thought and feelings recorded on a grain. If you then aim the psychoemotional nosode at the selected pointer, then you can get a therapeutic drug, which will be a control signal for the patient to solve the selected psychological problem.

Algorithm for creating a targeted psychoemotional nosode. Let's call it: Central Regulation (CIA).

As we remember, therapy should be systemic, i.e. whole, have hierarchical structure, clear structure, take into account the multiplicity of tasks.

1. To fulfill the requirements of the systematic approach at the beginning of the session we build a complex index SPU (the sum of pathogenetic indexes).

2. If, when testing through the SPU, it is determined the need for action on psychosomatics, we proceed to the implementation of the Central Regulation method. SPU ↓ + the sum of pointers to psychological problems ↑.

3. There may be several options for creating the drug "CIA", each of which has its own characteristics in construction, and leads to different results.

Option 1. "CIA" targets a comprehensive SPU indicator (amount pathogenetic indicators).

We use the APK "IMEDIS-EXPERT" and the device "Golden Section" (ZS). We place a loop magnetic therapy device (UMT) on the patient's head. We place the SPU in the passive electrode, it loads the patient like a pointer. UMT "loop" is connected to the 1st or 2nd container of the ZS (to the small one). At the same time, place the clean sugar grains in a large container and write down for 180 seconds. You need enough grains to cover the bottom of the cup. APK is off.

Then we place the SPU on the MT plate (this is a pointer); drug recorded in

ZS, place it in the 2nd container of the APC and aim at the SPU in MT mode along all meridians, without connecting the electrodes. We record the finished product in the 3rd container (inverse).

Such a drug works quite gently, completely compensates for the psychoemotional component of a single disease and, at the same time, is strictly individual.

Option 2. "CIA" on key emotions.

With the help of our technology, we have the opportunity to accurately reach the key psychological problem.

For example, the organopreparation "Kidneys" is tested as a key one in potencies from 5 to 12. Kidneys are fears. We ask the patient to take turns thinking about their fears. At the same time, with the help of testing, we look at how the potencies of the organopreparation Kidneys change. If they do not change, please think about the following fear. And we come to that fear that will worsen the key organopreparation. That is, on a key emotion, the potency of the key organopreparation deteriorates.

Any system scale can be used as an index: depletion of the endocrine, immune, autonomic nervous system; morphological scale, Bactericidal, Oncotests, Aging, etc.

We set, as a target marker, the directions are worse than they are.

This is a transparent marker. And we ask the patient to think about the given topic. As soon as the transparent marker starts to be tested, i.e. the systemic scale begins to deteriorate, which means we have come to a psychological problem that worsens the selected system of the body.

The patient thinks about the chosen topic, and at this time we write down the psychoemotional nosode in the "golden section". And then we aim it at the system pointers, preferably at the SPU. Recording in the 3rd container of the APK.

Example

Patient K., 35 years old. During the session, I asked for help to cope with my expressed fears of driving a car. At that moment, she was studying at a driving school, and several years before the present, she had witnessed a serious accident. The patient underwent the above-described technique. Namely: a psychoemotional nosode was recorded for the whole complex of negative thoughts associated with cars and is aimed at SPU + the amount of OP of the central nervous system with a record in the 3rd container of the APK "IMEDIS-EXPERT". As a result of taking the drug, the patient noted the complete disappearance of negative thoughts associated with the car, moreover, the appearance of a feeling of joy and pleasure from driving.

Option 3. There is another very interesting topic - plans, projects, dreams.

Why doesn't what you dream about always happen in life?

If you plan something, but the plans are not realized, then most often this happens because you block yourself. Fears, self-doubt, old grievances, etc. interfere. And this should be shown to patients and pronounced

this is.

Having written down the inverse psycho-emotional nosode "CIA", aimed at SPU + KMH, we will receive a control signal that will remove obstacles to achieving the goal.

Option 4. Adaptation to generic dynamics.

Generic dynamics are the patient's problems associated with events that have occurred in the history of his genus. They are diagnosed and corrected by psychologists using the Hellinger constellation method. We can get the same result with the targeted psychoemotional nosode of the CIA. Certain important events that took place among grandmothers, grandfathers, great-grandmothers, great-grandfathers have an impact on the fate and health of those living today. And, given the difficult history of our country, such events can be found in everyone. For example, medullary mastopathy D60 and higher is determined by a key degenerative nosode in a patient. When looking at a photo of a maternal grandmother, medullary mastopathy begins to be tested in D8-D15 (while simply looking at this photo does not cause a decrease in the measuring level).

It is better to go to generic dynamics through system indicators - SPU, aging scales, tumor markers. It is easier to work with generic speakers if the patient brings photographs of relatives to the session. The patient takes turns looking at a photograph of a relative, and the doctor tests. The relative on which all system scales deteriorate is what we work with.

How do we work?

If the patient knows about the fate of this person, then we ask you to tell about the chosen relative. And at the moment when he talks, there is a recording from the patient's central nervous system to the crumbs in the "golden section". If he doesn't know, then the effect is still there, although it is weaker. The patient just looks at the photo, and at this time the psychoemotional nosode is recorded.

According to psychologists, to determine generic dynamics, only blood relatives are considered: mothers, fathers, grandmothers, grandfathers, great-grandmothers, great-grandfathers, cousins - grandmothers, grandfathers, aunts, uncles. You can do the work together with psychologists: the patient is on the constellation. The recording of the psychoemotional nosode on pure sugar crumbs is made during the placement. And then, in their session, they aimed. If there is no photo, then you can use the cards - Person and others.

After the appointment of the drug "adaptation to generic dynamics", the performance of the second grader with grades "2" and "3" within a month! improved to "4" and "5". The adaptation was done using a photograph of the paternal grandfather.

Option 5. CIA targeting negative programs.

That is, if we test negative programs in inversion through the SPU as a key problem:

SPU ↓ + Negative programs in inversion ↑.

You can aim, make a psycho-emotional nosode on Negative

programs. That is, we will target SPU + Negative programs. And, here's what the patient thinks at this moment? Let's consider two options. First option: he thinks about difficult, unfortunate events that have happened to him recently. Second option: thinks about the people around him.

The psychoemotional nosode is aimed at SPU, plus Negative programs.

Option 6. Central regulation in the amount of Life Sciences drugs united by a common theme. For example, sterility or celibacy, or lack of money.

We find with the help of testing the thought that causes the deterioration of the corresponding fateful drugs. Let's say that not all drugs of a given topic (for example, Money, Financial vector and Money are new) are blocked. Those pointers that, when tested, do not directly cause a decrease in the measuring level, will be transparent markers. If everything is blocked, then we test using the drug that gives the minimum decrease in the measuring level. Having identified a psychological theme that causes a complete blockade of all selected fateful drugs, we make a psychoemotional nosode on it. We aim it at SPU + KMH. We write in the 3rd container of the APK "IMEDIS-EXPERT".

We check the received preparation "Central regulation": we pour sugar crumbs with a recorded psychoemotional nosode ("CIA") into a passive electrode with an overdose. Against this background, none of the Life Sciences drugs should cause a decrease in the measuring level.

A complex problem is solved more slowly than a simple problem. With the regular implementation of this technique, not only the health and event sequence of the patient's life changes for the better, but also his character.

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