

Epigenetics and BRT
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Eyes do not see what is not
comprehended by the mind.

Prafull Vijaykar

Luck bestows only
trained minds.

L. Pasteur

Under our skin is a colossal
metropolis
of 50 trillion cells

B. Lipton

In the twentieth century, geneticists were convinced that genes govern life. In the XXI century, a new branch of science emerged called epigenetics, which showed us that we are not victims, but masters of our own genes. According to research by epigeneticists, it has been established that each cell has receptor proteins and proteins - nerve endings that provide communication between the intracellular protoplasm and the environment, which respond to environmental signals, regulating the functions and behavior of cells.

Health implies the ability of the nervous system to correctly perceive information from the environment and to selectively generate relevant and useful behaviors for life. We get sick when our bodies are unable to exercise normal control over their functional systems, either as a result of protein defects or signal distortion. About 5% of the inhabitants of the Earth have mutated genes in which dysfunctional proteins are encoded. Defective proteins can cause metabolic disorders, reducing a person's quality of life. But 95% of people have an impeccable functional genetic makeup. And the cause of diseases in this very large group is the quality of the signal.

There are three main situations when a signal gives rise to dysfunction and disease: 1 - trauma, which creates physical interference with the passage of signals in the nervous system and distorts the information that the brain exchanges with the tissues and organs of the body. 2 - toxins and poisons: chemical compounds unacceptable for metabolism, distorting the information content of the signal on its path between the nervous system and the cells for which it is intended. 3 - action of the mind. Thought is the most important factor that distorts signals and causes disease.

Our mind can give rise to disease even if the body is initially physically perfectly healthy. Epigenetics, like no other scientific field, shows us what an important role the informational part of the morphogenetic field plays in the genome control system. This concept

opens up wide opportunities in the search for therapeutic effects in energy-informational medicine.

When choosing the optimal therapy, implemented with the help of APK "IMEDIS-EXPERT", the selector's capabilities allow taking into account many factors of environmental impact on the human genome, from physicochemical to psychoemotional. APK "IMEDIS-EXPERT" is a unique diagnostic and therapeutic complex that makes it possible not only to reveal the etiopathogenesis of the disease, to determine the resources and blocking of the mechanisms of sanogenesis, to assess the state of homeostasis, to track the dynamics of the body's response to the therapeutic effect, but also to carry out this therapeutic effect.

For many years, the selector of the APK "IMEDIS-EXPERT" kept unclaimed (or partially claimed) information copies of numerous genetic and epigenetic objects of molecular biology. And thanks to the development of knowledge in recent years in the field of epigenetics and the remarkable research of colleagues from Austria under the leadership of N. Kempe, techniques have appeared that can optimize the cellular mechanisms of regulation of homeostasis. Bioresonance drugs (BR-drugs) obtained by this technique make it possible to systematically influence numerous epigenetic factors that regulate genome activity in a wide variety of chronic diseases. This technique works especially impressively in such degenerative diseases as rheumatoid arthritis, endometriosis, autoimmune thyroiditis, etc.

It is very important to monitor the dynamics of the responses of the autonomic nervous system (ANS) to the impact through segmental diagnostics (SRS) when conducting bioresonance therapy. SRS allows you to study the general indicators of the ANS in the process of adaptation, to assess the adequacy of the ANS response in the process of electropuncture (EPT) and bioresonance therapy (BRT), to determine the coefficient of instability (ICN) (reference values were developed by Kirgizova N.S.). The CI value detected in the patient before and after the BRT session allows one to determine the energy expenditures of the adaptive reserves on the systemic response of the body during bioresonance therapy. If the ICI after BRT falls below the norm, this indicates an excess of capabilities and depletion of adaptation reserves necessary for changes in homeostasis induced by BRT.

It must be remembered that our methods of influencing the patient's body, like classical homeopathy, refer to a "holistic", "holistic" science, according to which we treat a person with a disease, and not a disease in a person. And, in this regard, the assessment of general systemic changes in the patient's body plays a more important role and the disappearance or appearance of local symptoms is less important. The main task of every doctor is to heal the patient or, if this is not possible, to carry out compensatory treatment and in no case suppress the disease. It is especially important from the first visit to clearly determine the level of the disease at which the patient is, and at subsequent visits to control the vector

"Movement" of the disease in the direction of cure or in the direction of its suppression. Considering the rapid development of energy-informational medicine in recent years, the emergence of a variety of techniques capable of deep, systemic impact, the topic of patient safety is becoming very relevant. Disease suppression occurs when Hering's Law of Cure is violated. The cure should take place:

1. From top to bottom.
2. From the inside out.
3. From more important organs to less important.
4. From the center to the periphery (with the exception of diseases such as measles, chickenpox, smallpox, herpes ...).
5. Reverse the order of the onset of symptoms.
6. From a more destructive miasm to a less destructive one, i.e. from syphilis to sycosis and to psora.

The theory of suppression of the disease was stated in his book "Predictive Homeopathy" by the famous homeopath Prafull Vijaykar. He writes that the human body has 7 levels of suppression based on embryological origin and ranked in ascending order of importance from skin to nerve tissue. Primarily, 4 main germ layers arise in the embryo: ectoderm, endoderm, mesoderm and a specialized ectoderm called neuroderma or neuroectoderm.

1) Ectoderm - 1 outer layer - the most "less important" of all 7 layers. The beginning of the disease or the end of a properly cured chronic disease affecting the higher layers. Derivatives of ectoderm include:

- skin (epidermis): eczema, fungal infections, bacterial (streptococcal, staphylococcal) infections, nonspecific boils, etc.;
 - the outer epithelium of the cornea, the outer epithelium of the conjunctiva, the epithelium of the iris of the eye;
 - the lens of the eye (i.e., cataract is the first stage of the disease);
 - hair (but not falling out with roots), nails, tooth enamel;
 - the external auditory canal, eardrum, the end of the rectum (anus), the end of the male urethra, the outer part of the vagina, etc.;
 - lips, cheeks, gums, the outer part of the tonsils.
- Depending on the miasmatic burden, the following diseases develop.

Psoric individuals: boils, rash, acne, eczema, dermatitis, conjunctivitis, aphthae, otitis externa.

Sycotic individuals: warts, corns, ringworm, blepharitis, aphthous stomatitis, internal otitis media.

Syphilitic individuals: ulcers (with jagged, jagged edges), cracks, corneal ulcers, atrophy of the mucous membranes, ruptures of the tympanic membranes.

2) The disease is in the second stage, when symptoms appear in

derivatives of endoderm:

- epithelium of the respiratory tract;
- epithelium of the gastrointestinal tract;
- epithelium of the urinary bladder;
- epithelium of the gallbladder and external bile ducts;
- endodermal cells of the hepatic parenchyma.

In this case, damage occurs in the endothelium of the mucous membrane, and not in the structural elements or parenchyma.

Psoric individuals: acute rhinitis, tonsillitis, sinusitis, asthma, bronchitis, pharyngitis, dry cough, alveolitis, bronchiolitis, hepatitis, gastritis, diarrhea, dysentery, enteritis, acidity, intestinal fever, appendicitis, urinary tract infections.

Sycotic individuals: polyps, deformity of the nasal septum, asthma, laryngospasm, chronic catarrh, gallstones, tumors, chronic gastritis, gonorrhoea.

Syphilitic individuals: destruction nasal partitions, hemorrhagic catarrh, ulcerative colitis, Crohn's disease, intussusception, ulcers.

3) The disease has progressed into the third stage, when symptoms appear in mesenchyme, a derivative of mesodermal tissue, i.e. in the connective tissue. These include tendons, fascia, aponeuroses, cartilage, joint capsules (lining mesothelium).

Psoric individuals: arthritis, synovitis, back pain, rheumatic knee pain, hair loss.

Sycotic individuals: chronic arthritis, inflammation of the laryngeal ligaments, psoriasis, lichen planus.

Syphilitic individuals: rheumatoid arthritis, osteoarthritis, destruction / paralysis of the vocal cords, syphilitic arthritis, psoriasis.

4) The disease has passed into the fourth stage, when it manifests itself in the endothelium and in tissues derived from mesoderm.

The mesodermal derivatives are: pulmonary parenchyma, kidneys; the muscles that form the trachea; derivatives of angioblastic tissue such as heart, blood vessels, blood cells (from the mesenchyme). In addition to them, all the membranes of internal organs, such as pleura, peritoneum; pericardium, dura mater; pia mater; spleen, liver (diseases of the capsule and fibrous tissue).

Depending on the miasmatic burden, there are: Psoric individuals: NCD, angina pectoris, transient hypertension, myocarditis, lymphangitis, nephritis, alveolitis, tuberculosis, pleurisy.

Sycotic individuals: stenosis, coronary heart disease, chronic hypertension, atherosclerosis, hyperlipidemia, heart enlargement, filariasis, nephrosis, benign lung tumors, pleural thickening.

Syphilitic individuals: varicose ulcers, valve prolapse, cardiac heart attacks, Hodgkin's disease, chronic renal failure, nephrotic syndrome, emphysema, intestinal fibrosis, tuberculosis (lung cavity).

5) The disease has passed into the fifth stage, when the disease manifests itself due to weakening

functions of the neuro-endocrine system and APUD-system.

These include lesions of the thyroid gland, adrenal medulla (secreting adrenaline and norepinephrine), cutaneous melanoblasts, and the urogenital tract secreting 5-hydroxytryptamine. hypothalamus, parathyroid glands, pituitary gland (oxytocin, vasopressin, thyrotropin releasing factor), pancreatic islets of Langerhans, secreting insulin (diabetes), glucagon, enkephalin, motilin, cholecystokinin, neurotensin, secretin, natriuretic factor, etc.

6) At the sixth stage, the disease or impaired function goes to the nervous system. First on the sympathetic, and then on the central nervous system, which are of neuroectodermal origin.

Diseases or symptoms that occur in the sixth stage are different, depending on the miasmatic burden.

Psoric individuals: peripheral neuritis, neuritis, diabetes. Sycotic individuals: tumors, neurofibromatosis.

Syphilitic individuals: multiple sclerosis, Parkinson's disease.

7) When the disease reaches the seventh stage, and serious disturbances in the activity of the limbic system, it is expressed in schizophrenia, obsessive psychoses, insanity, manias. If the disease has reached the seventh level, leading to the complete destruction of the code of the defense mechanism, it leads to irreversible damage in the form of gangrene, Parkinson's disease, motor nerve disease, multiple sclerosis, complete destruction of the pancreatic islets of Langerhans (chronic diabetes), Alzheimer's disease, etc.

Patients with a predominance of sycotic characteristics at the seventh stage of disease suppression develop cancer, fibroids, atherosclerosis and its complications.

When a patient is admitted again, it is of particular importance to search for evidence of the correctness of the treatment method, not only according to the data of SRS, ART, ultrasound, etc., but also the correct questioning of the patient. With proper treatment, the following changes should occur:

1. The disappearance of weakness (if such a symptom has occurred);
2. Normalization of mental attitude and desire to work;
3. Restoring old desires and passions (for example, desire to read, play, eat, study, walk, etc.);
4. Normalization of sleep (dreamless sleep);
5. Normalization of appetite and stool;
6. Improving the tolerance of irritating factors (for example, noise, sun, wind, cloudy weather, cold food and drinks, cold air);
7. Decreased susceptibility to rudeness, insults or any other disturbing emotional factors;
8. Mitigation of character, weakening of fears and anxiety;
9. Gradual disappearance of symptoms, their transition from a higher level to a lower level, progressively and simultaneously, and the appearance of symptoms at the lower level of the disease, as well as in the outward and downward direction.

Examples:

a) pain in the heart with angina pectoris has decreased, but it goes first to the neck, then to the lumbar region, then pain in the knee appears, goes down to the ankle, then to the heel and finally to the toe, and from the toe it goes into an increased gastric acidity or upset stools, and eventually leads to a skin rash. That is - the disease of the 4th level goes to the 3rd, then

- on the 2nd and 1st.

b) The rash or pain in the upper body - on the face and neck - should disappear first in this part of the body and then on the trunk and limbs.

c) The appearance of a new lesion, rash, pain at a level lower than the already existing similar symptoms is a good sign.

The appearance of a new lesion, rash, pain at a level higher than the already existing similar symptoms is a bad sign indicating suppression of the disease.

d) A round lesion should disappear from the outside towards the center of the affected area. The center of the lesion should not heal first and then the edges. If this happens, it means a dangerous suppression of the disease. This type of healing from the center to the periphery will invariably be accompanied by a loss of interest in work, a decrease in the mood for work, or anxious sleep and intestinal disturbances, that is, the transition of the disease to a higher level.

e) When the skin rash begins to diminish and symptoms such as depression, dizziness, loss of interest in work, sleep disturbances, decreased mood and poor bowel function, loss of appetite or joint pain, sneezing or burning when urinating, it indicates continued suppression of the disease.

f) The appearance of any deep infection, i.e. if a patient develops acute conjunctivitis, mumps or jaundice, or other infections, or has diarrhea or constipation during the course of treatment, it clearly indicates that the patient's "resistance to disease", which the doctor seeks to increase until it reaches the desired level.

With a good orientation in the systemic and local signs of the movement of the vector of the disease in the body, all reactions observed during the "cure" process can be predicted with mathematical precision.

Clinical example

Patient O., 35 years old, married since 19 years old, housewife. She filed complaints in October 2014 about menstrual irregularities (algomenorrhea, breakthrough bleeding), poor sleep over the past year. Before that she considered herself healthy. Rarely had acute respiratory infections with short-term rises in temperature. Menarche at the age of 14. The cycle up to 18 years old was irregular, painless. From the age of 18, the cycle was regular. Pregnancies - 2, both ended in urgent childbirth. Children are healthy. Abortions - 2: 1 - abrazio cavi uteri, 2 - medication. From the age of 30, soreness, headaches, severe irritability during menstruation appeared. On the days of the cycle, she took painkillers. According to ultrasound: endometrial hyperplasia, diffuse uterine adenomyosis I-II st.

Follicular cyst of the right ovary. She refused the hormonal and antibacterial treatment offered by the gynecologist.

When performing SRS - IQN = 32.7 (N = 11-25), ie signs of hyperergia, allergies, autoaggression.

During ART, the geopathogenic load of the 2nd stage, the radioactive load of the 3rd stage, the negative programs 2 and 3, and the blocking of the adaptation reserves of the 4th stage were determined. mental stress (5 cu), dysbiosis in the small and large intestine. Chlamydia tr., Ureaplasma, CMV, herpes simplex 1, autoimmune ave. 2, low degree of PRR, DNA violation of 3 tbsp. depletion of the endocrine system by estriol, stress of the endocrine system 4 tbsp. for cortisol, nosodes ("Medfarma"): oophoritis, periophoritis, ovary-neuralgia, endometriosis 1, 2, menopause.

According to the theory of suppression, the disease develops at level 4 and partially at 6.

BRT was performed with the recording of the drug to remove the geopathogenic load, mental blockade of the adaptation reserves. Negative programs target KMH. Polonium C30 and Technetium C30 were assigned to remove the radioactive load. Additionally, the selective sorbent Fishant C and the hepatoprotector Hepamin were prescribed. After the BRT session, the SRS was repeated, where the IQI = 28.5 showed an improvement in the indices of adaptation reserves after BRT.

2 reception after 6 weeks. According to the patient, significantly decreased irritability, sleep became calmer, became more cheerful (I decided to start doing fitness). During the period of treatment, menstruation came on time, pain and PMS symptoms significantly decreased. There was no breakthrough bleeding. There was a cheesy discharge from the genital tract with slight itching, which indicated a tendency for the disease to move from levels 4, 6 to level 1.

When conducting SRS - IQN = 11.2 (N = 11-25) - the lower limit of the norm. During ART, the radioactive load of the 1st stage was determined, the negative programs were not determined, the mental load (3 c.u.), and dysbiosis in the large intestine. Through filters KSU + organopreparations of the endometrium D5 + ovaries D12 + internal pelvic nerves, CMV, herpes simplex 1, average degree of PRR, DNA disruption of the 2nd stage, tension of the endocrine system of the 3rd stage were tested. for cortisol, nosodes ("Medfarma"): ovary - neuralgia, endometriosis 1, 2, menopause.

BRT was carried out according to the method of N. Kempe: 3 cycles of 440 sec. + tested preparations of DNA, gene changes, viruses, chronorgan, restoring preparations were connected from the selector. The third cycle was carried out in the time modulation mode with the introduction of the tested frequencies. At the end of the BRT session, the drug was recorded and the dose was determined for taking 3 globules every other day. The sorbent was continued and antioxidants were added. After the BRT session, the SRS was repeated, where the IQI = 16.8 showed an improvement in the indices of adaptation reserves after BRT.

3 reception after 8 weeks. Overall well-being is satisfactory, sleep improved, the menstrual cycle is regular, painless. Complains of eczematous eruptions in the area of both hands with severe itching.

Objectively: on the back of both hands there are bright red rashes, swelling, the skin is hot to the touch. The disease has moved from levels 4 and 6 to 1. In this situation, it is necessary to help the patient to endure such discomfort as eczema, without suppressing it, to allow the body to independently complete the manifestations of psora. A conversation was held about the dangers of using hormonal ointments.

IQN = 11.9 - within the normal range.

The BR-preparation made at the previous appointment has been checked. It improves ART indicators, new dose and frequency of administration have been determined - 2 globules once a week. The drug Apis Mel was prescribed for 3 days. C30 3 globules every 4 hours, licorice root, dehydroquercetin.

After 3 days, the patient called and reported that the swelling and redness significantly decreased (by 70%), there was a slight itching. Apis chalk. C30 was canceled. The patient was prescribed a BR-drug once a week, folic acid, vitamins A and E. A week later, the patient came for a consultation and reported that on the 2nd day after taking the BR-drug, redness and itching of the hands reappeared, albeit significantly to a lesser extent. The intake of the BR-drug was also left once a week + drainage preparations from the "GUNA" company (Detox, Endotox) were additionally selected. After 2 weeks, the patient reported that there were almost no rashes, and she was feeling well.

Currently, the patient continues to take the BR drug once a week (it has been working effectively for 4 months) and prepares for ultrasound control to identify the dynamics of endometriosis treatment.

Conclusion: SRS, VRT and BRT carried out at APK "IMEDIS-EXPERT" allow to conduct etiopathogenetic diagnosis of chronic diseases, followed by epigenetic effects, which "erases" violations in the genome, interrupts the vicious circles of chronic diseases, stimulates the adaptive and regenerative systems of the body, leading the patient to recovery and allows you to track changes in adaptive systems in dynamics.

Literature

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