

Information therapy with the combined method of ART and BRT
on the example of infertility treatment
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Introduction

The main life goal of every woman is to be the continuer of her kind, to give birth and raise children. The social roles of women (implementation in society, career, work) are usually secondary. But in modern society, everything has shifted towards secondary priorities, for which society pays, and very often a particular woman with her acquired problems and, first of all, psychoemotional disorders, menstrual disorders (amenorrhea, dysmenorrhea), adnexitis, endometriosis, fibroids, infertility (primary, secondary), not carrying a pregnancy.

On the other hand, infertility treatment is useful for justifying the effectiveness of information therapy methods, since the success or failure of treatment is obvious.

The paper describes the possibility of solving the problems of infertility when women could not get pregnant, although they used the possibilities of official medicine for several years.

In the course of therapy, a number of techniques and methods were used, united by the name "multilevel systemic adaptive diagnostics and therapy", after the title of the monograph, in which they were systematically described for the first time [1]. The terms ART are used to describe these techniques.

Taken separately, these treatments are:

1. The use of information drugs that compensate an individual complex marker of chronosemantics (KMX marker), is the sum of signals written off from the end and nodal points of chiroglyphic lines on the patient's palms [3]. An information preparation that compensates for CMH during ART measurement is called constitutionally oriented with CMH due to certain features of its action [4–6]. To highlight drugs, constitutionally oriented with the help of KMH, the symbol Drug / KMH is used.

2. In particular, the electronic potency of the blood autonosode was widely used (ANKr-a) of the patient, compensating for his KMH marker - constitutionally oriented with the help of KMH. This potency of the autonosode is designated as NANCr.

3. For all patients, information therapy was used with a special class of drugs - Systemic Spiritual Adapters, which are electronic records of various confessional shrines. The mechanism of action of these drugs remains unclear, however, the effectiveness of their action, especially on the psyche of patients, seems to the authors obvious.

4. Selection of constitutional, more precisely constitutional focused, homeopathic medicines (CGP) was carried out through pseudo-transparent marker KMX - + NANKr -, that is, in accordance with VRT-criterion:

KMH - + NANKr - + KGP - (1).

5. In all cases, the body was detoxified, mainly with the help of complexons from various companies (in particular, "OTI"). In this case, the chelators were also constitutionally oriented towards the CMH, which was achieved by selecting such a drug for which the ART condition was fulfilled:

KMH - + Complexon - (2).

6. In a number of cases, to stimulate fertility were used drugs of the "Medpharma" group. In this case, individual suitable drugs "Medpharma", or their sum, were constitutionally oriented using the KMH marker.

The indicated techniques 1-6 were applied, on the one hand, individually in relation to each patient, therefore it was impossible to speak of a single form of prescription. However, on the other hand, there was also a single algorithm for their selection and application. Namely, we used those techniques from the list 1-6 and in such a sequence that the result of their application was a complete compensation of the patient's ART diagnosis. ART diagnosis - a set of tests indicators, when tested by the ART method, a decrease in the initial measuring level was observed in the process of a complete complex examination of the patient.

Purpose of work:

1. Assess the combined effectiveness of using standard techniques diagnostics and therapy with the use of ART and BRT methods: constitutional orientation of drugs using the CMH marker and compensation for the complex diagnosis of the patient.

2. Develop an efficient and at the same time flexible work algorithm, suitable for the treatment of this group of diseases.

Materials and methods

The study involved 16 married couples who applied for infertility treatment, primary and secondary, during the period from 2005 to 2015. Everything patients gave informed consent for information therapy. In all cases, primary and subsequent diagnostic examinations were used in accordance with the approved ART and BRT methods [7–8]. Also, in all cases, with the informed consent of the patients, no other treatment methods were used other than the information therapy described below.

In all cases, diagnosis and therapy followed a "natural algorithm". At each visit, a comprehensive examination of the patient was first carried out, which necessarily included an examination of all his main organs, tissues and systems, in particular, the hormonal system, and also the main viruses, bacteria, fungi and parasites that burden the body were determined. It should be noted that the decisive pathology (based on the results of therapy) often turned out to be localized in the patient's tissue, organ or system, outwardly completely far from the problem of infertility. Thus, a comprehensive ART diagnosis of the patient was compiled, which necessarily included his CMH marker. Then, by means of consistent constitutional orientation with the help of CMH, a series of informational preparations was selected that consistently overlapped this ART diagnosis, all of its pointers (when filtering through the amount of drugs received). The received drugs were prescribed to the patient, and after the course of their administration, the above procedure of examination and preparation of drugs was repeated again, and so on until the success of therapy - the onset of pregnancy.

Therapy results

Healthy children were born in 13 cases of therapy. Currently 2 women are pregnant. In one case, the treatment has so far failed.

To assess the effectiveness of the result of therapy, a modified Fisher criterion, described earlier in detail [1], is applicable. The essence of the method is that we assume the presence of two samples of patients:

- the first sample - the real one, treated using the specified flexible therapy algorithm, with the achieved results of therapy (13 cured out of 16, excluding, or 15 out of 16, if pregnancy is considered a success). The percentages of therapy success used in the Fisher test are 81.25% and 93.75% in this sample for the first and second assumptions, respectively;
- the second sample - conditional, "treated" by some "conditional method" with a successful result in X% of cases.

It is assumed that both samples contain the same number of patients.

Let us set a certain coefficient of significance and pose the question: at what X are the results of therapy in the first sample of patients statistically indistinguishable, with the chosen coefficient of significance, from the results of therapy in the second?

Suppose that for the percentage interval $X_1 \leq X \leq X_2$ and the chosen coefficient of significance p , it is impossible to statistically distinguish between the results of therapy: X% in the second (conditional) sample of patients and X-% in the first (real) sample of them. Then, from a statistical point of view, the result is X-% realtherapy, expressed as a percentage, is indistinguishable from the value of X% if the latter lies in some interval $X_1 \leq X \leq X_2$... Then the boundaries of the specified interval $X_1 \leq X \leq X_2$ can be taken as the boundaries of the indistinguishability of "conditional" and real therapy, that is, as the upper and lower estimates of the effectiveness of the latter (at a given level of significance).

In our case, the condition of statistical indistinguishability of the percentage of success in the real and conditional groups, at a significance level of $p \leq 0.01$, can be written as:

$| - (81.25) - - (X) | - (162/ 2-16)^{1/2} \leq 2.31$, whence $| - (81.25) - - (X) | \leq 0.817$. Considering that $- (81.25) = 2.243$, we conclude that $1.426 \leq - (X) \leq 3.06$. From here, using tables for converting percentages into radians [9], we get $42.8\% \leq X \leq 99.84\%$.

If we take the value of 93.75% for the effectiveness of therapy, then the condition of indistinguishability will take the form $| - (93.75) - - (X) | \leq 0.817$, whence $59.98\% \leq X \leq 100\%$.

Clinical examples

1. Patient S.E., born in 1981 Applied in December 2008 r.

Anamnesis: married, no children. Disturbed by hay fever, symptoms of osteochondrosis of the spine, bloating and upset of the gastrointestinal tract, periodically rashes on the skin of the face - acne.

Treatment:

1. Initial intake on 23.12.2008: NANKr / KMH, Amount of SDA / KMH, Detox allergy (selection according to KMH).

2. Second reception 02/03/2009: Sulfur 200C / KMH, SDA Seraphim Sarovskiy / KMH.

3.13.03.2009: (Inversion of purulent discharge from a pimple) / KMH, Detox allergy, SDA Serafim Sarovsky / KMH

4. 21.04.2009. Pregnancy for several weeks. Prescribed drugs "OHOM" Sin nausea, vomiting, SDA Life-giving cross / KMH, Happy motherhood (selection according to KMH).

5. 29.08.2009: preparation Quiet labor (selection according to KMH), SDA Life-giving Cross / KMH.

Twins were born in November 2009 - girls.

Spouse - underwent treatment at the center before his wife's pregnancy for two years.

2. Patient V.O. Born 1975, applied in September 2007 year.

Anamnesis: Married for 14 years, no children. Chronic bilateral adnexitis, VSD, biliary dyskinesia, chronic cholecystitis, infertility. The menstrual cycle is regular, but always painful, pain relievers are used. Periodically disturbed by headaches in the morning. Works a lot. At the age of 18, she was pregnant, had an abortion, and wanted to get a higher education. Two years ago, there was a desire to have a child, she began to be treated by a gynecologist for infertility. The husband refused treatment at the center.

Treatment:

1. September 2007: NANKr / KMH, Amount of SDA / KMH, DRE liver (selection by KMH).

2. October 2007: NANCr / KMH, (menstrual blood autonosode) / (Amount problems of gynecology), SDA Life-giving Cross / KMH.

3. November 2007 On ultrasound of the pelvic organs in the ovaries, immature follicles. Manufactured and prescribed: NANCr / KMH, The amount of drugs "Medpharma": (female hormones, oocyte formation, increasing reproductive capacity) / KMH, SDA Life-giving Cross / KMH.

4. February 2008: NANKr / KMH, (husband's sperm) / KMH, drug "Medpharma": "Egg yield" / KMH, SDA Nikolay the Wonderworker / KMH.

5. May 2008 A clinical picture of exacerbation of dyskinesia developed biliary tract, chronic cholecystitis. Homeopathic survey. Through NANCr / KMH, as well as the SDA / KMH amount, a high-potency drug was selected 1000C - Nux vomica.

6. September 2009 Since the last appointment, the patient I began to feel better, there are no headaches or dizziness, the menstrual cycle is normal. Reduced the amount of workload,

blood tests are within normal limits. Prescribed drugs from the "Medpharma" group (selected and aimed at CMH), without targeting - "Egg yield", female hormones imbalance, DRE8, SDA Wheat Artemis (drugs were not potentiated, but were selected through the CMH).

7. February 2010 The patient came with her husband. Worries her coughing, did the analysis - mycoplasma pneumonia was found. In January 2010, a parrot died at home, which recently ate poorly, was ill and coughed, mycoplasma was found posthumously in the parrot. The patient's spouse also showed antibodies to mycoplasma in the blood test, but he refused treatment at the center - he decided to take antibiotics. The patient was prescribed and prescribed a scheme for the use of mycoplasma nosode in ampoules in the form of injections (OTI firm) until May 2010, in addition, the amount of SDA / CMH was made and prescribed.

8. May 2010: manufactured and assigned: (The amount of genital infections) / KMH, (Drug for infertility) / KMH, SDA Wheat Artemis / KMH.

9. October 2010. Mycoplasma pneumonia was not detected in the analyzes. Spouses, on the advice of a gynecologist, we entered the queue for in vitro fertilization. The spouse has a minimum number of living and motile sperm, he refuses treatment. On ultrasound, the patient herself does not have enough mature eggs for in vitro fertilization, the ovarian cyst on the right is questionable, the right ovary is worried. At the reception she is upset, crying.

Manufactured and assigned: Zodiac + Venus / KMH, Preparation (Happiness - Luck) / KMH, Pulsatilla 200C.

April 2011 I feel good. Assigned to: Folliculinum30C, then folliculinum 200C - 3 globules according to the menstrual cycle for 5-7 days once (the drugs were not potentiated, but both drugs were selected according to the CMH).

August 2011 Well-being is good on ultrasound; sufficient number of mature follicles. There are no infections, the tests are good. IVF is scheduled for October.

IVF went well in the summer A boy was born in 2012.

3. Patient L.L., Born 1971, applied to the center in April 2009 r.

Anamnesis: frequent colds, hair loss, bad teeth, headaches, papillomas on the skin, being worn out with children. There are two children - boys born in 2005 and 2007. The youngest child is currently breastfeeding. Wish to see a doctor - wants to restore health after childbirth and feeding of children, and give birth to another child, but only a girl.

Treatment:

1. Initial reception of NANKr / KMH, Amount of SDA / KMH; Cat 1 (OHOM) (selected as compensating KMH).

2. Re-admission - Tuya 1000S, SDA (Vivifying Cross) / KMH.

3. NANKr / KMH, SDA (Life-giving Cross) / KMH.

4. Sepia 1000C, SDA Life-giving Cross / KMH.

5. NANCr / KMH, Amount of SDA / KMH.

6. NANCr / KMH, drug Happiness-Good Luck (selected according to KMH).

7. NANCr / KMH, SDA Life-giving Cross / KMH.

Pregnancy began in 2010, in February 2011 fraternal twins, a girl and a boy, each weighing 3.5 kg, were born.

The patient's spouse had an appointment once in 2010 before the wife's pregnancy. He was made and assigned: NANKr / KMH, Sum SDA / KMH.

Conclusions:

1. Combined effectiveness and success of using a number of diagnostic techniques and ART-BRT therapy: constitutional orientation of information drugs, using the KMH marker, and subsequent compensation of the patient's complex diagnosis, at a significance level of $p \leq 0.01$, was in the ranges:

- $42.8\% \leq X \leq 99.84\%$ expected success if therapy success criterion the birth of a child was considered;

- $59.98\% \leq X \leq 100\%$ of the expected success, if the criterion for the success of therapy pregnancy was considered.

This is a high efficiency of therapy, especially since it was carried out to incurable, from the usual point of view, patients.

2. Algorithm of therapy using targeted drugs and KMH marker is a rather flexible and effective algorithm for the treatment of infertility of unknown etiology.

Conclusion

The best result from this work is the born children and happy parents, and the great satisfaction of the doctor, with whose help it happened!

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