Optimal duration of BRT B.I. Islamov (1Institute for Theoretical and Experimental Biophysics RAS, Pushchino, Russia)

The center for intelligent medical systems "IMEDIS" has developed devices for BRT, which in 1995 were clinically tested and approved for use and production by the Ministry of Health of the Russian Federation [1]. Since that time, a huge number of works have been published that have proven the high effectiveness of various BRT strategies. Evidence of this is the annual conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy" held annually for the last 20 years. Despite the widespread use of the BRT method, the optimal duration of BRT remains uncertain.

In the present study, we tried to estimate the optimal effective duration of baseline BRT. The criterion for the effectiveness of BRT was the achievement of a value of 50-60 srv during treatment. units according to R. Voll at control points of measurement (KTI).

The study included 20 patients with various pathologies, among them: men - 11 and women - 9. Patient characteristics are presented in table. 1. Before the start of the BRT session, each patient underwent measurements of the electrical conductivity of all CTEs. Of all the measured points, one point with the lowest electrical conductivity was selected. Then, against the background of BRT, every 2-3 minutes. the electrical conductivity of this selected point was measured, and the time for the normalization of the electrical conductivity was recorded.

Based on the data obtained, a scatter diagram was constructed (Fig. 1). As can be seen from the diagram, at low initial values of electrical conductivity (5–15 conventional units), in most cases, at least 25 minutes were required. carrying out BRT to normalize indicators. In the case of a higher initial electrical conductivity at the worst point, the results were more variable, the BRT time to normalization of electrical conductivity varied from 7 to 45 minutes.

An analysis was made of the correlation between the electrical conductivity in the CPI with the worst indicator and the BRT time required to normalize the electrical conductivity at this point. Since the distribution of the original data was not normal, the Spearman test was used to assess the statistical significance of the correlation.

Table 1

Geno	er Age, _{years}	Diagnosis	Electrical conductivity in KTI with the lowest	BRT time to normalization
			electrical conductivity	min.
F	49	Rhinitis	fourteen	25
F	55	Hypothyroidism	21	45
F	60	Cholecystitis	25	25
F	58	Arthrosis	ten	35
F	60	Bronchial asthma	24	35
М	42	Diabetes	26	25
F	41	Allergy	26	ten
М	50	Angina pectoris	eleven	25
М	36	Migraine	28	twenty
F	63	Hypothyroidism	19	twenty
Μ	59	Nephritis	ten	35
M	43	Metabolic syndrome	eight	35
F	40	Alveolitis	15	25
F	33	Asthma	23	16
F	27	Infertility	25	7
Μ	28	Infertility	15	thirty
М	71	After CABG	17	twenty
М	56	Ciliated arrhythmia	25	twenty
М	50	Diabetes	17	35
М	62	Bronchial asthma	twenty	thirty



Results of Spearman's Test of Linear Correlation for "Initial_Value" vs "Normalization_Time"

p value: 0.02224 ¹/₂ Spearman's R statistic: -0.508 Degrees of Freedom (cf); 18 Linear Regression Details: ²/₂ • Stope: -0,736 • Intercept; 39,843

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The correlation coefficient was -0.508.

Correlation equation:

BRT time to normalization = 40 - 0.508 × Conductivity at worst point. The level of statistical significance of the correlationp was 0.02224. Correlation calculations were performed using SOFA software (sofastatistics.com). It should be noted that in one

patient with multiple organ pathologies, which is not included in the general list, the indicators at all CTIs were below 10 conv. units After 55 minutes of BRT, the increase in PI was 15–20 conv. units

Thus, the studies carried out show that with basic BRT, if no diagnostic control is carried out, it is advisable to carry out the treatment for up to 35 minutes. In isolated cases, in seriously ill patients, an individual approach is required.

If treatment is carried out according to other strategies, additional research is needed to determine the optimal duration of therapy.

Literature

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