

Application of the hardware and software complex "IMEDIS-EXPERT"

in the treatment of sciatica

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Sciatica is an inflammation of the sciatic nerve. The sciatic nerve originates from the five spinal roots L_{IV}–S_{III}, and is the largest nerve in the human body.

The etiopathogenetic features of sciatica have been described and generally known. Therefore, I want to focus on my own observations. Sciatica treatment takes a long time, and some improvements are renewed with new frequent exacerbations.

It is necessary to start the treatment and diagnostic process with segmental diagnostics, as a result of which we will see a full-fledged picture of the sciatic nerve lesion, and carry out a bioresonance therapeutic effect purposefully taking into account the identified pathological zones. In addition, we will see a specific therapeutic effect over time.

At the second stage, we determine the interested organ products and nosodes, paying attention to the severity of the process (chronic dystrophic or acute processes). At all stages of the diagnostic and treatment process, we determine the presence of a concomitant microorganism. Remembering the philosophical postulate about the interaction of micro and macroorganisms, we remember that the presence of a microorganism does not always cause a disease of a macroorganism. It all depends on the immunity of the macroorganism, and, in addition, the protective properties of the organ of the macroorganism, in our case, the sciatic nerve.

What is the cause of metabolic disorders in the nerve trunk? These can be organic lesions of the mesovertebral discs, and the phenomenon of arthrosis of the intervertebral foramen (the place where the nerve roots exit). As a result of tissue inflammation at the exit site of the nerve roots, their infringement occurs, which leads to the development of sciatic nerve inflammation. Inflammation always leads to a decrease in the protective forces of the nerve trunk, which will cause the activation of the microorganism.

At the first diagnostic stages, we will not identify a pathological agent. To do this, it is necessary to go through a certain period of drainage of the nerve trunk, as well as the mesenchymal tissue.

The next stage of the treatment process goes in parallel with the first stage, since the patient cannot tolerate pain and wait for the end of the drainage period: removal of the sciatic nerve inflammation and pain symptom. "Pain is a symptom of somatic ill-being" and unpleasant subjective sensations that sharply disrupt human life. The use of bioresonance therapy, the creation of PBS: according to the results of segmental diagnostics, we place inductors in places of pronounced inflammatory foci. At the beginning, we record disharmonious vibrations for 30 s on three grains placed in the first container of the apparatus. Then we carry out BRT according to the third strategy (we introduce into the contour the sciatic nerve nosode, the tail of the newt D0, 1, 3, 6, as a powerful anti-inflammatory drug), placing the recorded on

at the previous stage, crumbs into the third (inverse) container, and in the first stage - clean crumbs for recording a private BR-preparation. BRT has a good therapeutic effect, but not a full one.

Next, we conduct a drug test by filtering the meridians through the sciatica nosode or urine autosode in inversion. In a number of cases, with a weakly expressed response of the meridian, we strengthened it by the method of potentiation. It should be noted that we wrote down each selected meridian on crumbs and collected it in a separate container. We include the selected meridians in organotropic BRT and conduct therapy in the "selected meridians" mode. In this case, the crumbs, on which the selected meridians are recorded, are placed in the second container, and, without removing the autosode, we draw and write down the BPS. Subsequently, the ischis nosode and other interested nosodes were targeted through the KMH, and BRT was performed again according to the third strategy.

This therapy had a positive effect, but pain and inflammation in the sciatic nerve remained, although to a lesser extent.

Then it was decided to include frequency therapy. The choice of frequency was carried out by filtering through the sciatica nosode.

Frequency therapy has, in my opinion, a more powerful therapeutic effect on the sciatic nerve, but the first frequency effect causes a strong exacerbation of sciatica, this can be seen from the results of segmental diagnostics. To prevent the above phenomena, after frequency therapy, without removing the device for magnetic therapy, we immediately performed bioresonance therapy with the creation of a PBS.

The therapy sessions were held once a week. In the intervals between therapy sessions, the patient took globules with the recorded PBS.

After three weeks, as shown by the results of segmental diagnostics, the inflammatory phenomena completely disappeared, but the pain remained during exercise.

After two months of therapy and a powerful drainage effect, the herpes virus was unexpectedly tested in various dilutions (herpes simplex virus type 1 D15, D30, D60, D200, D6) with localization directly in the sciatic nerve. The herpes virus was recorded in inversion, BRT was performed according to the third strategy with the inclusion of sciatica autosode - the pain disappeared after a week. Further antiviral therapy with the creation of PBS was carried out until the herpes virus was no longer tested, and brought a pronounced therapeutic effect.

Thus, segmental diagnostics allows you to control the treatment process. Bioresonance therapy, being also a powerful drainage agent, increases the diagnostic ability to detect microorganisms, in our case, the herpes virus.

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