

Features of the use of nosodes in electropuncture diagnostics
and bioresonance therapy
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The theory of miasms, expressed by S. Hahnemann in his work "Chronic Diseases", aroused interest in anti-miasmatic drugs and introduced a new round in the treatment of chronic diseases through the use of pathological and miasmatic drugs that complement and enhance the effect of homeopathic remedies. In his book, Hahnemann described three miasms responsible for chronic diseases and providing the basis for their development. This idea was further developed in the work of Kent, who was also able to determine the belonging of drugs to each miasm.

Soon after Hahnemann's publication of the theory of chronic disease, Hering tested Psorinum on his own. He created a method of using miasmatic agents as the basis for a medicine and coined the term "nosode". Many remedies have been tested and introduced into the homeopathic Materia Medica by other homeopaths: Lux, Collet, Burnett, Swan, Gross.

Nosodes are preparations prepared in compliance with homeopathic technology from pathologically altered organs or parts of organs of animals and humans, from sacrificed cultures of microorganisms, from decay products of animal organs and from body fluids containing pathogens and disease products that, after appropriate processing, are no longer virulent.

There have been many objections to the use of nosodes in therapy both before and now. There was also rejection by homeopaths Psorinum, Tuberculinum, Medorrhinum, Syphilinum on the grounds that they are prepared from the products of the disease. Another objection to the use of nosodes is based on the fact that they cannot be effective in curing the patient, because their use is an isopathic rather than a homeopathic approach to therapy. Nevertheless, nosodes have found and firmly established their place in homeopathic practice.

Nosodes are independent, and not an intermediate means, provided that they are prescribed for the totality of symptoms and manifestations of constitutional similarity. When nosodes are prescribed according to the nosological principle, they are intermediate means that help to "refract" the course of the disease for subsequent cure. In such a situation, the isopathic approach is necessary and effective, allowing to obtain positive changes in the patient's condition. For the subsequent complete cure, their therapeutic effect can be supplemented by constitutional means.

Schematically, nosodes can be classified according to their origin:

- pathogenic agent: microbial (for example, Staphylococcinum, Streptococcinum);
- pathological secretion and excretion, as well as solutions of toxins (for example, Medorrhinum, Tuberculinum);
- pathological patient fluids = auto-isotherapy (for example, nosodes, or isopathics from blood, urine, menstrual blood, etc.).

In recent years, the use of nosodes as intermediates has confirmed the benefits of their use as adjuvants in treatment, provided they are properly prescribed. It is this aspect that presents a number of difficulties. If there is a large number of judgments and recommendations regarding the appointment of nosodes of the miasmatic group, for example, Tuberculinum, Medorrhinum, then the appointment of other nosodes is sometimes difficult if not reflected in the patient's history. The doctor is greatly assisted in choosing a nosode by using the methods of electropuncture diagnostics.

In electropuncture diagnostics and therapy, nosodes are the main

used for both diagnostic and therapeutic purposes.

In EPD according to R. Voll's method, the main criteria for choosing a nosode for diagnosis are:

1. Anamnesis data, which reflects the relationship of the patient's painful well-being with transferred infection. For example, a patient states that after hepatitis, his condition has not recovered, and he no longer feels healthy. In this case, the choice of the nosode is due to the data of retrospective etiological diagnosis.

2. Data on the epidemic situation (in the family, at work, on contact with the patient). During epidemics of influenza (or others), during the EAF, first of all, the corresponding nosode is tested. It is very important to carefully collect anamnesis, to ask about the disease of the patient's relatives.

3. Data of the patient's survey, corresponding to the picture of the nosode. Implement the principle the similarity of the medicine and the patient is an important condition for effective treatment.

4. Data from EAF testing.

In the Rufus classification, nosodes are distributed taking into account the rules for conducting differential testing for BAPs of certain meridians and tissue systems. This makes it easier to choose a nosode when performing EAF diagnostics. The choice of nosode dilution is determined by the measurement level of the studied BAP. In acute conditions (and, accordingly, with high rates on certain BAP), testing of low dilutions of nosodes is used, in chronic (dystrophic, degenerative) conditions - medium and high dilutions [1]. In acute conditions, nosodes are successfully used: Scarlatinum for scarlet fever, Morbilingum for measles, Dephtherinum for diphtheria. Selected by the results of drug testing, the nosode is prescribed in conjunction with a concomitant homeopathic remedy.

With regard to the main group of nosodes (Tuberculinum, Medorrinum, Luesinum) important remember that in low and medium dilutions they can only be prescribed with an isopathic approach (and in accordance with nosology) and concomitant homeopathic therapy. When carrying out anti-miasmatic therapy - these funds are prescribed only in high dilutions in a series of sequentially prescribed anti-miasmatic agents.

Homeopathic treatment is a stepwise process. This is especially true for the treatment of chronic diseases. The stage is determined by the phase of the disease, and the volume of therapy is determined by the severity of the patient's condition. In the acute period of the disease, active post-syndromic pathogenetic homeopathic therapy is carried out. With moderate and severe degrees of disease, the use of the homeopathic method as monotherapy is not always justified. Prescribing a single homeopathic remedy is adequate in cases where recovery with homeopathy is possible, as well as in cases where only improvement or relief of symptoms is possible. In chronic diseases, it is more often justified to prescribe several drugs that form a system, or, more often, in the sequential prescription of agents acting in different plans, taking into account complementarity and incompatibility. Using this approach, the homeopath more fully "describes" the case by several means, which allows you to mitigate the effects of one remedy or avoid them.

Conventionally, drugs can be divided into background, auxiliary (or drainage), as well as nosodes, organopreparations. It is the background tools that support common reactions. the patient and help to overcome the diathesis itself. Auxiliary, or drainage, funds are prescribed for narrowly localized pathological conditions that are added to permanent symptoms, in case of a too strong reaction provoked by the appointment of a background agent (antidote), to prevent an overly violent reaction to the appointment

(drainage). Drainage agents, the reception of which begins in the acute period of the disease and, according to indications, continues in the period of remission, play a very important role. It is thanks to them that there are no vivid and, at times, difficult reactions for the patient to the prescribed nosode or background agent. Ancillary and disbursement funds are assigned first. Then you can prescribe a background agent that has a deep effect, and, accordingly, nosodes that can no longer cause a violent reaction or damage the patient. The cycle of therapy ends with the appointment of a basic, supportive treatment in the remission phase of the disease. Relapses of disease are usually prevented by continued intake of constitutional remedies. The use of nosodes corresponds to the stage of "mesenchymal reactivation" according to R. Voll.

Testing scheme: BAP (high or low indicators) + Nosod = Norm, i.e. when re-measured against the background of the nosode, the indicators are normal.

Unlike EPD according to R. Voll's method, the use of autonomic resonance testing (ART) to assess the action of a nosode makes it possible to test a much larger number of nosodes (direct testing or by filtration) and assess their effectiveness and the need for prescriptions using appropriate test pointers ...

Testing of nosodes in ART is carried out by direct testing, by filtering individually or in groups.

1. A positive result with direct testing of the nosode indicates the presence of the patient's reaction to this drug.

The nosode is important for the patient's body	Nosode ↓
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Direct testing of a huge number of nosodes in a row is a rather long and laborious process, but in some cases it leads to "diagnostic findings". The choice of nosodes for testing is facilitated if the examination is carried out within the framework of a narrow specialization for solving a limited range of problems and is determined by the presence of a verified nosology and knowledge of the etiopathogenesis of the disease. The activity, the severity of the process is determined by the potency of the nosode that gave a positive reaction during testing [2].

2. A positive result when filtering the nosode through test indicators of states or processes in the body indicates the relationship between them. [2] As an example, consider the possible options:

Meridian with maximum violation ↓ + Kidney Meridian (R) ↑
Chronic inflammation ↓ +Ogr. Bud D4 ↑
Chronic inflammation ↓ +Nos. Pyelonephritis D 12 ↑
Chronic inflammation ↓ +Ogr. Bud D4 ↑ + Nos. Pyelonephritis D12 ↓

The pointers selected during testing and the determination of the localization of the process narrow the range of nosodes necessary for further diagnostics. From the above example, we see that the nosode is selected in accordance with the disturbed meridian and the likely localization of the process.

The answer, whether it is possible to use a nosode in therapy as an independent means, we get when testing pointers to the use of nosodes (Zincum met. D12 and Cuprum met. D30).

Indication of the use of nosodes in therapy	Zincum met. D12↓
	Cuprum met. D30↓

The answer, whether this nosode can be used in therapy as an independent means, we get when filtering the nosode through the pointer to which we have previously received a positive reaction. For example:

Indication of the use of nosodes in Zincum therapy ↑	Zincum met. D12↓ + Nos. Pyelonephritis D 12
	or Cuprum met. D30↓ + + Nos. Pyelonephritis D12 ↑

In case of a positive response to the use of the nosode in therapy, it is necessary to choose an accompanying homeopathic remedy, a drainage drug. And also to assess their effect through indicators of the effectiveness and tolerability of medications, as is recommended when conducting an ART examination.

In the case of a negative response to the use of a nosode in therapy, but if it is clearly significant for the patient, bioresonance therapy can be performed taking into account the selected nosode.

Exogenous bioresonance therapy, which is especially indicated for patients with reduced reserves, depleted autonomic nervous system, which is characterized by a certain ART picture. The device for magnetic therapy (UMT) is located above the projection of the defined organ, in the given example, above the projection of the kidney (or kidneys). Intensity for chronic processes is recommended to be set at 30 cu. But it must be borne in mind that the effective and tolerable intensity may differ from 30.

Nos. Pyelonephritis D 12 ↓ + Frequency 3.3 Hz ↑ (intensity of impact 30-40 cu)
Chronic inflammation ↓ + Ogr. Kidney D4↑ + Nos. Pyelonephritis D12↓ + Frequency 3.3 Hz ↑ (intensity of exposure 30-40 cu)
Effective medication ↓ + Frequency 3.3 Hz ↑ (intensity of impact 35 cu)
Portable medication ↓ + Frequency 3.3 Hz ↑ (intensity of impact 35 cu)

A frequency drug is created (frequency 3.3 Hz with an exposure intensity of 35 cu), the dosage of which is determined through the appropriate test pointers.

The use of nosodes during endogenous bioresonance therapy does not cause severe exacerbations and has a mild positive effect. Both the nosode and the accompanying homeopathic drug (or drugs), and, if necessary, an organopreparation are added to the therapy circuit. When optimal indicators are reached (for example, the optimal biological index), therapy stops. In the course of the therapy, a BR-drug is created according to the chosen strategy, the dosage of which is determined through the corresponding test-pointers.

Using endogenous bioresonance therapy, with the help of UMTs located on the projection of the organ selected for testing, with a load of the nosode, it is possible to create a private bioresonance drug (BSR), which will provide a therapeutic effect on this problem. The use of a background, auxiliary means in conjunction with the BPS (recording of the body's reaction, for example, to Nos. Pyelonephritis D12) will no longer be isopathic approach, as if only the created on Nos. Pyelonephritis D12BSR. But there are, albeit rarely, situations when the body has enough to unblock the mesenchyme even one BNR created per nosode.

Diseases that involve all three causal factors (prolonged stress, medications, toxins, vaccinations, and natural miasms) are the most difficult to treat. many factors act and create blocks for healing. When performing ART, the doctor determines the influence of these factors on the patient according to the results of the patient's response to

load with appropriate pointers. Based on the results of the diagnostics, therapy is carried out with the selected means and drugs are created (prescribed).

In the process of mesenchymal reactivation using certain nosodes, it may be necessary to prescribe the main group of nosodes - Tuberculinum, Medorrhinum, Syphilinum. It must be remembered that each nosode has its own clearly pronounced individual clinical picture, which is reflected in the change in the patient's condition and is taken into account by the doctor. At this stage, a positive reaction during ART examination is given by testing the Intox III index or Mesenchymal blockade 3 layer. The necessary agent (nosode), when tested directly, gives the most pronounced decrease in indicators on the reproducible BAP. It is recommended to test nosodes in the following dilutions: Tuberculinum D200, Medorrhinum D1000, Syphilinum D1000. Filtration method through the pointer to hereditary intoxication Intox 3, the main nosodes are tested.

On the trail. congenital tox. inf. (Intox III)↓	Tuberculinum D200 ↑, or
	Medorrhinum D1000 ↑, or
	Syphilinum D1000 ↑

The homeopathic aggregate in chronic diseases becomes a true full-fledged holistic aggregate, when it includes the miasm as a component [3]. Miasmatic manifestations are multifaceted and varied. And even with great experience, it is not always possible to determine the dominant miasm, especially the main one. The use of pointers for chronic miasms in testing will assist the homeopath in finding a dominant miasm or an existing set of miasms.

The selected nosode, i.e. that gave a positive reaction during testing, reflects the dominant miasm at a given time and can be taken into account in the anti-miasmatic therapy scheme, or, if it is effective, tolerable and optimal, can be prescribed to the patient as an independent means (duration of action - 15 days) or used in the therapy circuit for carrying out endogenous BRT [4]. Therapy for the next manifested miasm is carried out no earlier than 15 days after taking the previously prescribed drug. On rare occasions, the Psorinum nosode is tested. Its appointment to the patient requires caution and full compliance with the totality of symptoms. It is necessary to thoroughly test the dilution of the drug, because it is this nosode that can be effective and tolerable in dilutions from C6 to C30, very rarely higher.

In many children it is quite difficult to identify symptoms of a constitutional nature, but if the correct nosode is given, it will bring out the chronic symptoms for further selection and prescription of other means.

Output. The use of nosodes in EPD and BRT has its own characteristics. If they are correct the use of the effectiveness of the diagnostics and therapy is significantly increased.

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