

Curing the incurable
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How many of us have pondered the question: why not all diseases can be cured? Probably not very many, because the "incurability" of some chronic diseases was postulated in advance, the reasons for their occurrence are not always clear, and the outcome is the same - against the background of supportive therapy, the slow progression of the disease and ...

Why, after all, are there such diseases? The question is more philosophical than practical. But there is one "but" here. Probably someone saw an elephant tied by the leg not even trying to escape from the driver? Why? After all, such a huge animal can easily snatch this rope from its hands and be free - but no! The fact is that elephants begin to be trained from childhood. At the same time, the leg is tied with a very strong rope, which the elephant cannot break, no matter how it tries. So an elephant grows up, who understands that it is impossible to break the rope. So he walks on a leash with a weak (in comparison with him) driver. But don't you think, colleagues, that we are tied from the first year of the medical university with this very string that tells us: these diseases are incurable! And then we don't think about this topic - why break from the rope, if it does not break in advance? Why treat the "incurable"?

We thought about the poor elephant, and decided that we need to look at the "incurability" from the unbiased point of view of a BRT specialist. We took on the treatment of various diseases that are considered incurable in classical medicine, and we got very good results. It makes no sense to list these diseases, because the approach to their treatment was the same, and all were repeatable, and not just "case studies", and the results were also positive (for the sake of truth - we did not take oncology). To illustrate the approach to such patients, I will give one example, so as not to be unfounded.

Clinical example

Patient 63 years old, ulcerative colitis (UC). The patient herself very carefully and diligently followed all the prescriptions and recommendations of the doctor, was treated by herbalists. At the next appointment with a gastroenterologist, in despair she asked - what else can be done to make the weakness go away, so that hemoglobin rises (and it did not rise above 83 g% for a long time), to leave at least a short time from a constant strict diet ... The doctor looked at her, hugged his head with both palms, and answered: "Well, what do you want!? After all, the average life expectancy with NUC is 10 years, and you are already living - 17! "

Needless to say: doctors know how to calm down!

We took such a patient for treatment. Probably, it makes little sense to list all the analyzes, the results of the FGS, the FCC, etc. - everything fit into the classic picture of NNC.

As always, for any pathology, we start with the definition of general integrative indicators - scales: "State", "Adaptation reserves",

"Group level of health". These three scales tell us immediately what the patient's condition is. Subsequently, studying the dynamics of these scales, we can always say about the dynamics of the process against the background of treatment.

In our patient, the indices of the scales were as follows: "State" I, "Adaptation reserves" - exhausted 4 tbsp., "Group level of health" 4/1. That is, worse than ever!

The degree of the pathological frequency range (all indicators were tested) was significantly more pronounced compared to the physiological range.

All pointers to the affected organ were tested (the primary affected, the most affected, the source of complaints, the most affected meridian).

From the side of the large intestine - everything that should be in the presence of ulcerative lesions of the mucosa.

Loads are everything. External influences are all pointers. All toxic loads (biological, chemical, toxic chemicals, drug overdose). Psycho-emotional overload, psychosocial stress, subconscious problems.

Generally speaking, the first visit was very long in time, because it was "interesting" to see everything that was possible. But then we realized that against the background of such low community-integrative indicators, it is impossible to identify all the problems, because the body is weakened, and it is unlikely that it will "show" everything that it only has. The most important problems are brought to the fore, and the smaller ones, even if we have not "seen" them, pass themselves as soon as the organism becomes more "combat-ready". Therefore, I will not dwell on the details of the initial testing, which we omit.

Having such indicators, one must start by first raising the Adaptation Reserves (RA) so that the body can begin to fight for health, otherwise, even if you give the "golden" pill, you can achieve the opposite effect instead of recovery. How to do it:

- selection of adaptogens (the technology is described in [1]) - there are a lot of them in the selector (it is necessary to test), and there are enough of them in pharmacies. Allopathic adaptogens act faster, but they must be tested for effectiveness, tolerance);
- resoplexes, drains, detoxifying agents (DIS); everything is rechecked many times, especially their influence on the RA - when these funds are used, the Reserves should rise, since the body is freed from all kinds of toxins;

- Bach Flowers.

Two days later, the indicators improved, and the treatment was continued, but some of the prescribed drugs no longer worked, but others from the same groups did work.

After another 3 days, RA reached the level - good grade 4, which, according to [2], allows starting active therapy without fear that adaptation will be disrupted.

Thus, the active part of the therapy was started 6 days after the initial admission.

It was carried out withdrawal loads (radioactive, electromagnetic,

geopatogenic, psychoemotional). Correction of acid-base state (ACS) according to Revici.

At the next appointment (after 7 days):

- "removed" biological burdens: carriage of Shigella Sonne - dysentery, roundworms, viruses (Herpes, Epstein-Barr, cytomegalovirus) in the nerve plexuses associated with the intestines; the main treatment is resonance frequency therapy (RFT);

- correction of acid base balance,

- resoplexes, drains, DISs

- BR drugs for the identified meridians,

- medicinal herbs (which have been tested),

- allopathic drugs prescribed by a gastroenterologist were tested - some of them caused toxic burden.

Follow-up appointments were every 2 weeks. Hemoglobin began to rise within a week after the start of treatment and continued to rise further (100-115-123-130-145 g%). The general state of health has significantly improved, the complexion has become pink, the biological age has decreased from the original at 75 years, up to 45 years. This testing aroused even greater delight of the patient, which led to an incident: after her age "dropped" to 45, she came to work, where all the employees are women over 50, opening the door and putting her hands on her hips, told everyone: "Well, what, old women! Sit here, all the patients, and here I am - 45! ". This caused outwardly joy for her in the women's team, but inside - a sharp envy. The patient, going out into the street, stumbled on the porch, fell, and broke her arm. Gypsum interfered with testing for 1.5 months, so the next examination was in 2 months.

The total treatment period is three months. It seems that there has been a recovery (or, from the point of view of classical medicine, remission, which, among other things, the gastroenterologist who treated her was happy about), but the psychological stress and electromagnetic stress (EMN) were constantly tested, despite the fact that the corresponding correction was constantly carried out, including areas of the brain that were associated with the intestines. But after a while, through the intestines, parts of the brain were no longer tested, but the limbic system remained interested. The large intestine was also detected in the EMN as a "target".

The casket opened simply:

- during an appointment at the patient's home, the doctor discovered the presence of a cell tower 50 m from the patient's house, opposite her windows. After visiting the patient's apartment, the doctor also began testing the EM load, which was not there before;

- it also turned out that the patient had a sharply hostile relationship with her daughter-in-law, with whom she had to communicate every day because of her grandson, who was also seriously ill.

This case - one of the many cases of treatment of various "incurable" diseases in the practice of the BRT doctor - made it possible to draw the following conclusions:

- there are no incurable diseases for the BRT doctor - there is a psychological rope

"Incurability" that holds us by the leg and does not allow us to treat such patients;

- the patient's psychological problems are one of the most important problems of "incurability";
- the patient himself must actively participate in his treatment; in the above case, the patient did nothing to eliminate EMN (special paint on the walls, curtains with metallized stripes, etc.), despite the doctor's detailed stories about the dangers of this radiation; only managed to persuade her to move to another room, which was not exposed to radiation from a cell tower;
- many of the problems that were tested at the first admission later "passed by themselves", because the body coped with them as soon as its reserves grew.

Follow-up: six months after the end of treatment, there are no signs of exacerbation, hemoglobin is above 140 g%, she follows a diet just in case, but not as strictly as before. A month later, when her husband fell seriously ill, the patient had a short-term exacerbation of the disease, but then, against the background of the normalization of her husband's condition, everything was restored.

What is the general conclusion? It is possible to cure all, or at least many diseases from the category of incurables, put them into a state of stable remission for many years.

The same follow-up was observed in our other "incurable" patients whom we treated. Only their effect was faster, because from the very beginning all the reasons and factors were clarified.

And more ... This patient could have been cured in a shorter period of time (3-4 weeks), but two factors hindered: the doctor's employment with other patients and plaster cast.

Literature

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