

Improvement of the method of application of resonance-frequency therapy

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Our colleagues, who apply the methods of energy-informational medicine, treat exogenous BRT of diseases caused by viruses, bacteria, helminths, fungi, protozoa (resonance frequency therapy) in different ways: from complete rejection to complete replacement by this method of all other types of BRT. However, it is obvious that there must be a middle ground.

We want to offer what we have developed, tested, and seems to be working well. Why - "like"? Because everything is always fine in the hands of the authors, so the unbiased look of colleagues who will try to check all this will certainly introduce some innovations into what seems to us to have already been tested many times over.

We have already said many times that our main goal is to examine the patient as extensively as possible in the shortest possible time. This, of course, is the maximum task. But only one diagnosis - even incredibly complete - is not enough to satisfy the patient's aspirations, namely, visiting a doctor and leaving him healthy. Why? Yes, simply because you need a very effective and very fast treatment. That is, in one session to cure any problem. Here, of course, most colleagues will have a knowing smile on their faces, and this is also understandable. True, sometimes, when a doctor falls ill himself, he wants exactly the same thing - to come to a colleague-doctor and be cured right there!

We took one technique from the treatment procedures and tried in some cases to remove the cause of the problem only with the help of resonance-frequency therapy.

We know that for the treatment of many problems there are frequencies for the treatment of a wide variety of ailments, proposed by P. Schmidt, R. Rife, W. Ludwig and others.

But we took one section of therapy - treatment with frequencies, aimed at combating biological burdens (helminths, fungi, bacteria, protozoa, viruses).

Of course, setting the task of simple destruction, for example, of staphylococcus, will not be the right decision! After all, the fact that in some place of our body there is an uninvited guest is also a kind of protection of the body, especially in chronic processes. The body itself tries to solve the problems of acid base balance disorder in a specific place, without hindering the development of microorganisms there, which by their presence compensate for the acid base balance imbalance that has arisen. Naturally, we, realizing this, conduct a course of treatment that would remove all these and many other problems of the patient.

But the subject of our message is only an insignificant part of the volumetric treatment, because, despite the fact that we will correct everything with the measures carried out, the body itself will cope with the uninvited residents.

True, two questions arise here:

1) will the body have enough strength to cope with this problem?

2) how to apply resonance frequency therapy in such a way that both the body can cope and this process is very fast?

That is, how to successfully cope with a problem that usually takes a lot of time in one therapy session?

We omit the first question in this discussion, since this is a separate topic (for that we and doctors, to solve it before starting therapy).

So - carrying out resonance-frequency therapy (the numbering of techniques given below is rather arbitrary).

The first technique

This is the standard practice for using resonance frequency therapy:

- for acute diseases, apply an intensity of 100 cu;

- in case of chronic diseases - the intensity is 30 cu.

In both cases, the time of therapy is until a positive result occurs (i.e. until the measuring level is restored when testing the program).

Second technique

Some doctors, based on their own experience, determine in advance the duration of therapy at an intensity of \$ 30 or \$ 100. at 30 minutes (the numbers may be different for different doctors).

Third technique

More experienced doctors change polarity, pulse configuration, and intensity during treatment. In this case, the intensity is changed through a step equal to 5. That is, therapy is started at an intensity of 30 cu. and gradually increase it to 100 (30-35-40 ... 100).

Fourth technique

Doctors with a developed mentality "ask" the body for the value of the intensity at which the therapy should be carried out, and what time at each intensity to carry out the treatment. For example, the organism "answered": at an intensity of 30 cu. - 30 sec., At an intensity of 35 cu. - 20 sec. etc. At the next session, they "ask" again and again treat them the way the body "answered" them.

Unfortunately, these approaches to therapy have not found wide application, firstly, because the effectiveness of the above three methods was not high, and in the fourth one... have you seen many doctors with a developed mentality?

We thought about this topic, and after numerous studies, we came to the following method.

Firstly, for treatment it is necessary to apply the intensity (or, in other words, the amplitude of the therapeutic signal) not from 30 to 100 cu, but from 5 to 100 cu!

Secondly, the amplitude should be increased not with a step of 5 conventional units, but 1-3 conventional units. Sometimes it happens that after an intensity of, say, 10 cu, the next intensity at which the measurement level (IU) decreases again may be 12, 16, etc. Almost always - 30 USD. And this already makes things easier: the frequency can be determined starting from \$ 30. This is only later, when starting the treatment, it is necessary to "go down" below 10 and go up. An interesting observation - a decrease in RI can be 99, but not 100!

Thirdly, therapy at each of the defined amplitudes is carried out until the indication disappears (i.e., the decrease in RI stops). It can be 10 seconds or 5 minutes or more. Therefore, you need to set the mode "Manual switching".

It has been noticed that the less time is spent on the frequency, the less significant the problem with which we are struggling.

Fourth, the whole therapy is very time consuming. Problems are solved in one session (acute problems).

Fifth, we used this technique for the treatment of chronic processes, it is not at all necessary that it was associated with biological burdens. For example, cataracts, diabetic ulcers, etc.

Changing the intensity is usually done with the mouse in the "Amplitude (%)" box. But this is not very convenient - it is better to do it from the computer keyboard using the "up arrow" or "down arrow" buttons.

In the process of working on the proposed technique, a new proposal arose to improve the quality of the resonant frequency therapy, which, at first glance, is difficult to reproduce, but in fact, there is nothing complicated in it.

The tactics are as follows:

- we test the frequencies, enter all the frequencies found in the "Selected frequencies" through the "Recorded" button (in the "Electropuncture therapy" window);
- we transfer the first found frequency from the "Selected frequencies" window to the "Electropuncture therapy" (EPT) window,
- we mark "Manual switching" with a "tick",
- set "Amplitude (%)" to 30,
- we place the UMT on the problem area,
- we start the EPT, note how long it takes for the pathogen program to stop testing;
- set this time in the "Time" window;
- again we enter the same frequency into the "EPT" window;
- set the intensity to 5 and test it, at the same time increasing the amplitude by 1-3 units, until the measuring level starts to decrease;

- we enter this intensity and time (which was set earlier) in the corresponding windows (when you double-click in the "Time" or "Amplitude" section, the "Enter values" window appears);
- we repeat the procedure of testing the intensity, entering the value of the exposure time (it is always the same) and the amplitude.

We repeat this for all frequencies, for example, pathogens. They will all have the same time and different amplitudes as the first measured frequency.

After entering all the data into the "EPT" window, it is necessary to cancel (uncheck the "checkbox") "Manual switching". Start therapy. The therapy should be finished when the final impact on the last one among the selected frequencies occurs.

The convenience of the recommended technique is that there is no need to constantly test the results of resonance-frequency therapy during the therapy itself,

because the time and amplitudes (intensities) were predetermined.

The time spent on the selection of all these values is more than compensated for by the pronounced effect of the therapy performed - very rarely, when resonant frequency therapy has to be repeated; most often, in one session, all indications of an acute process are removed. In case of chronic processes - there will be 3-5 such sessions. If, however, other methods of treatment are applied at the same time, then such a small number of sessions will be enough to solve most of the problems.

In conclusion, I would like to emphasize that no treatment will be effective, including the proposed one, if the initial state of the patient's body is not taken into account.

Orlov, Yu.N. Improvement of the method of application of resonance-frequency therapy / Yu.N. Orlov // XXII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M.: IMEDIS, 2016. -- S.307-310.

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