## Spectrum converter of drugs in vegetative resonance test MM. Shraibman, K.L. Levkov (Israel)

Any system is able to exist only through constant development. The proof of this is the IMEDIS Center, which is constantly improving the material base (from an autonomous diesel fuel with a transfer to a modern agro-industrial complex with an annually updated database) and increases the educational, scientific and practical potential.

The team of doctors of the school "IMEDIS" is constantly testing and improving various algorithms for diagnostics and therapy. Of these, only those that have stood the test of time remain.

The foundation for the successful development of the vegetative resonance test and therapy in the IMEDIS-TEST system is the foundation laid by Yu.V. Gotovsky strictly scientific substantiation of the ART method and multiresonance therapy:

"Many interactions with biological objects, as well as control processes in them, are frequency-dependent in the form of a resonant response. Resonant effects can manifest themselves in complexly organized living objects at the subcellular and cellular levels, the level of membranes, individual organs and systems, and the whole organism. An important role in the phenomenon of resonance is played by the presence of feedback systems and information channels within the body. There are multiple resonant structures in the body, and the frequencies to which the body reacts correspond to the resonant frequencies of these structures. The body is able to remember the nature of the action of individual frequencies and continue to generate them on its own. Most of the life processes are accompanied and controlled by electromagnetic oscillations in a wide frequency range ... It should be noted that

The ART method is a process of labeling using test preparations, which are reactive biophysical markers. In response to the introduction of such a marker (homeopathic preparation, nosode, organopreparation, etc.) into the measurement circuit, the patient's response occurs (or does not occur), which is manifested by a change in the tone of the autonomic nervous system. The latter is accompanied by a change in skin resistance, which, when measured by ART, is recorded by a decrease or restoration of the measuring level on the scale of the apparatus.

As a result of long-term search work, system analysis and many experiments, we found that the radiation spectrum of each test preparation is wide enough, and the patient perceives only the reference areas of the spectral range. By the reference part of the spectrum, we mean the frequency bands that are most susceptible to amplitude, frequency and phase changes in accordance with the patient's deviations from the norm in the presence of pre-pathological and pathological processes in the body. It is these areas that determine the spectral sensitivity of the patient, and their adequate correction leads to the restoration of spectral harmony.

To identify the reference areas of the patient's spectrum and manufacture an adequate medical information drug that corrects these areas of the spectrum, we have developed and manufactured a device for additional diagnostic marking and modification of the ultra-weak radiation spectrum (transducer) for joint use with the IMEDIS-TEST complex. This device consists of three structural and functional units that change the spectrum of the initial test preparation. One of them is an unregulated spectrum converter - a package of quartz glasses, the other two - adjustable spectral correctors - are represented by a polarizing filter and a volumetric pass-through wave resonator.

The experiments have shown the presence of wave resonance when the ultra-weak radiation of the test drug is exposed to quartz crystal structures. Each quartz glass is a planeparallel Fabry-Perot resonator with selective frequency-dependent resonance amplification of the original test preparation, has the properties of a direct and inverse piezoelectric effect and gyrotropicity. When passing super-weak radiation through a stack of quartz glasses, physical phenomena such as parametric Cherenkov radiation and resonance in layered Bragg structures arise. Thus, a stack of silica glasses, firstly, creates conditions for amplifying the radiation of the test drug, and secondly, it changes the angle of rotation of the polarization planes of the pre-polarized radiation spectrum of the initial test drug.

An adjustable polarizing filter is a pair of polaroids placed on either side of the silica glass. The stationary polaroid, located first in the direction of radiation of the initial test preparation, performs preliminary polarization of the radiation. The second polaroid, rotating 360 degrees around its axis, is located in the direction of radiation of the test preparation after the stack of quartz glasses. In direct testing, by rotating the polaroid to the right and left sides from zero to PS, the angle (latitude) of rotation of the plane of polarization of the initial, pre-polarized and amplified radiation spectrum of the initial test preparation is determined.

An adjustable volumetric pass-through wave resonator of circular cross-section is located after a stack of quartz glasses and an adjustable polaroid filter in the direction of propagation of radiation of the test preparation. It is a cylindrical cavity with a slightly larger diameter than the waveguide, with inlet and outlet openings and an adjustable volume. Changing the length of the cylinder (distance between the walls) from "0" to the maximum value creates conditions for the resonance of oscillations of different wavelengths (different frequencies) in the selected spectral range. An adjustable volumetric pass-through wave resonator plays the role of a tunable band-stop (notch) filter that selectively cuts out standing waves from the modified (using a quartz glass package and an adjustable polaroid filter) spectrum of the original test preparation, corresponding to the resonance frequencies. The rest of the traveling waves not involved in resonance create a new wave amplified and modified spectrum of radiation at the output, which is different from the original one at the input of the test preparation.

The following clinical observation convinces the necessity of introducing the transducer into the ART testing circuit.

Patient P., 54 years old. Suffers from chronic atrophic gastritis. In the last few months, weakness, decreased appetite, and anemia have appeared. In the biopsy of the gastric mucosa, histological examination revealed initial cancer. However, the study of this patient by ART indicated that he had pre-oncology, and only the use of the modifier made it possible to see the true state of the process, adequate to the data of the pathomorphological study. (tab. 1)

Table 1

Biofunctional study data of patient P., 54 years old, for VRT without application and with the use of a converter

	ART	VRT with converter
An early degree of mischief.	-	+
Potential for malignancy.	_	+
The presence of oncology	-	Psorin D32 / 1
Pre-con process	RP-D3	RP-1
Onco protein	D5000	D30
Norma-protein	D3	D200
Carcinomium	D200N	D60N
State	3/4	2/1
P / crayfish. resist.	Above cf.	Below cf.
Clinic. stage	1 preclinical	1 clinical
The immune system	Good 0/1	Strongly violated. 0/5
Left rotation	_	5 degrees
Right rotation	_	5 degrees
КР	-	5/5 = 1
Polarization spectrum latitude	-	10 degrees
Radiation spectrum function	-	straight horizon. line

From the presented observation, it follows that only the introduction of a transducer with additional correctors into the measurement circuit for VRT makes it possible to reveal the spectra of disturbances of the wave signal taken from the patient, hidden in a conventional study, and to obtain true (and not overestimated) information about the patient's condition.

Thanks to the transducer, the following additional markers are introduced to clarify the patient's condition and the nature of the process: left polarization point, right polarization point, polarization spectrum width, polarization coefficient (CP) and radiation function.

The components of the transducer correctors, selected empirically, allow an order of magnitude to improve the quality of the patient's examination during diagnostics, highlighting and enhancing the reference non-optimal areas of the spectral portrait. Also, with the help of the modifier, the spectrum of the selected medical information preparations is corrected to the level of spectral harmony. This is confirmed by the following clinical observation.

Patient N.R., 36 years old. Complains of malaise, weakness, frequent headaches, depressive moods. During the study on the HSC "IMEDIS-TEST" with the introduction of a modifier into the measurement circuit, among others, the following important indicators were revealed: Diagnostic level (according to VRT +) 1. The resonance point when the polaroid is turned to the right side - 5 degrees, to the left - 15 degrees. KP - 3. The width of the spectrum of polarization radiation is 20 degrees. General condition - 3/1. Resonance on the STK scale 8. OBI - 17/21. The initial resonant frequency (LRF) is 21 Hz. The patient's radiation function is represented by a sawtooth curve characteristic of pre-oncology. False polarity - 9 amino acids are dextrorotatory isomers. Low indicators of the immune system, bactericidal activity 1. Onco-protein D30, normal protein D12. The most affected organ is the red bone marrow (STK 8). The lymphoma virus is a key nosode. Psorin miasm predominates (Psorin in potencies from 30 to 1000 resonates with STK 7.) Energetically low meridians are selected: LF, EPD, SP, PE, ZhP. The key of them - ZhP (STK 8) can be raised through Cu met. D400 to STK 76.

In order to correct the revealed violations, adaptive bioresonance therapy was performed with the recording of the amount of levorotatory amino acids. Through the selected target marker  $\downarrow$ , the homeopathic remedy Thuja 6  $\uparrow$  came up, as well as a frequency of 22.5 Hz  $\uparrow$ . Then, each of the recorded preparations was sequentially placed at the modifier input and, if there was a target marker on the medication plate  $\downarrow$ , when the ROVPR volume changed at a certain length mark (BR-drug - 0.6 mm, Thuja 6 - 0.4 mm, 22.5 Hz - 0.6 mm) were obtained from the initial measurement level.

The difference in the patient's indicators (initial, with the load with the sum of the initial and modified drugs) is shown in Table 2 and in Fig. 1.

## Changes in patient N.R. compared with the initial when testing the sum of the initial and modified drugs

	Initial comp.	Initial	Modified	
KP	15/5 = 3 *	90 / 2.5 = 23	210 / 2.5 = 84	
Spectrum width polarization	twenty	92.5	212.5	
STK	7	16	57	
LFR (Hz) **	21	400	800	

\* the first digit is the resonance point when the polaroid is turned to the left, the second is when the polaroid is turned to the right, the third is the CP.

\* \* LRF - the initial resonant frequency is determined by enumerating the groups of frequencies recorded in the cassette from

1 Hz to 10 MHz. The first frequency resonating with the patient's radiation spectrum is taken as the initial one.

	£	2	3	
Омм	7	16	57	
0,2MM	20	50	82	
0,4mm	35	80	100	
0,6MM	46	100	71	
0,8mm	57	69	30	
1,0MM	70	43	0	
1,2MM	80	21	85	
1,4mm	91	0		
1,6MM	100	26		
1,8mm	0			
2,0MM	10			



Rice. 1. Spectrum functions of patient N.R. when testing the sums of the initially matched (2) and modified (3) informational preparations

Thus, the introduction of a drug spectrum transducer into the testing circuit for ART allows obtaining an enhanced and altered spectrum of the patient at the output with clearly manifested reference areas of non-optimality and additional indicators that adequately reflect the true state of the patient with identified latent processes that need to be corrected.

In the process of carrying out adaptive multiresonance therapy, the spectrum of each of the selected information drugs, when the drug is placed at the input of the transducer, is amplified and modified, adequately complementing and compensating the patient's reference areas to the level of spectral harmony.

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