

Application of exogenous and bioresonance therapy  
in the treatment of patients with neurological pathology (cases from practice)

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Cerebrovascular pathology of the brain has become very widespread and largely determines the life expectancy of the population. In the overall structure of mortality, cerebral strokes, according to statistics, rank second after heart disease. In recent years, strokes even lead in prevalence and mortality, ahead of myocardial infarction.

In Russia, mortality from strokes currently reaches 30%, and mortality - 50% of the number of cases. Cerebral stroke is the leading cause of disability among the population, which makes it the most important social problem in society.

Less than 20% of stroke survivors, taking into account the development of motor, coordination, aphatic, cognitive disorders, post-stroke dementia and depression, return to their previous social work activity and "pre-stroke" lifestyle.

Classification of strokes:

Ischemic stroke

I. Atherothrombotic stroke.

II. Cardioembolic stroke.

III. Lacunar stroke.

IV. Stroke of another established etiology.

V. Stroke of unknown etiology.

Hemorrhagic stroke

I. Subarachnoid hemorrhage.

II. Intracerebral hemorrhage.

III. Other non-traumatic intracranial hemorrhages.

Standard treatment for strokes includes:

I. Therapy for acute stroke, which includes:

- ensuring adequate oxygenation, if necessary, mechanical ventilation of the lungs;
- maintaining an adequate level of blood pressure;
- relief of seizures;
- metabolic protection of the brain;
- impact on cerebral hemodynamics;
- prevention of thrombotic complications;
- correction of glucose levels;
- correction of water and electrolyte balance;
- nutritional support;
- early verticalization (after 48 hours) and activation of the patient.

II. Further rehabilitation of the patient, including recovery

disturbed body functions, or compensation or adaptation to a defect in return for those lost.

All types of physiotherapy, kinesiotherapy, massage, speech therapist, spa treatment, etc. are used here.

From 2010 to 2015, I have treated four patients with cerebral stroke. Two had an ischemic stroke and two had a hemorrhagic stroke. Of these, one woman and three men. The terms of contacting me for help from the moment of illness are different.

### Hemorrhagic strokes

1. Man Sh.S.I., born in 1959, surgeon. The stroke happened on 08.09.10 at 03.30 on workplace in the operating room during the production of the third consecutive overnight operation. Was immediately taken to the intensive care unit.

Diagnosis: Hemorrhagic stroke of the type of intracerebral hematoma in the right subcortical region. Dysarthria. Left-sided central prosoparesis. Left-sided central hemiparesis with sensory impairment. Essential hypertension, grade III, risk 4. Crisis upon admission.

At the same time, blood pressure was recorded at 250/180 mm Hg. Art. CT scan revealed a focus of hemorrhage in the subcortical zone on the right with a diameter of 5.1 cm. 3 hours after the incident, I started treatment with exogenous frequencies "Apoplexy" with an intensity of 30, 5 minutes for each frequency in a cyclic mode. A break in treatment had to be done when blood pressure increased; after its normalization, the procedure continued.

Accordingly, drug treatment was carried out in parallel. At the same time, all the drugs used were pre-tested for efficacy and tolerance using ART. It turned out that the commonly used mixidol and vitamin C in ampoules are not effective. Therefore, for the treatment used Actovegin 10 ml (400 mg) for physical. i.v. solution, Ceraxon 1000 mg i.v. for physical r-re. and L-carnitine IV. Currently, i / v L-carnitine is not sold in Russian pharmacies, so I use dietary supplements L-carnitine. To strengthen the vascular wall used dietary supplement LLC "Altera" BioFlavin C, which contains 500 mg of vitamin C, citrus bioflavonoids, hesperidin, rutin. The listed bioflavonoids increase the antioxidant activity of vitamin C. To improve the state of the nervous tissue, the B-Complex of the same company was used.

On the second day, against the background of exogenous therapy, control CT showed a decrease in hematoma in the brain to 4.8 cm. The treatment was continued. Unfortunately, more control CT scans have not been performed and I cannot say what the final lesion is. The patient was verticalized after 48 hours.

On the third day, the Cerebral program (P15) was applied in the frequencies of the brain rhythms. Patients noted a clear transition from the state of "fog" in the head to clear thinking.

Further, in the treatment, all tested programs of exogenous therapy were used: paresis, ataxia, apoplexy, stroke (dysarthria), spastic paralysis, etc.

Antihypertensive drugs were selected using ART, taking into account the effectiveness, tolerability and consistency of the prescription.

Two weeks later, the patient was discharged in a satisfactory condition without obvious neurological symptoms and was sent for rehabilitation to the Diluch sanatorium in Anapa, specializing in such patients, where, among other things, he freely swam in the sea up to 1 km a day, was engaged in terrenkur, I felt confident behind the wheel of a car. Now the man continues to work as a surgeon, leads an active lifestyle.

2. Woman M.T.S., born in 1937 We contacted on 01/25/11, 1.5 months after stroke, inpatient treatment.

Diagnosis: Hemorrhagic stroke in the basin of the right middle MA in the form of severe asthenia, severe left-sided hemiparesis, moderate vestibuloataxia. Early recovery period. Nosocomial bilateral lower lobe pneumonia.

Examination of the patient also revealed acute obstructive bronchitis (t up to 38.5, a large amount of sputum in the morning), impaired stool against the background of dysbiosis after antibiotic therapy, the patient could only sit with pillows lined on all sides, her relatives fed from a spoon, dysphasia was expressed.

Testing revealed bronchitis, a pronounced mycotic burden, which was treated with the use of programs F, and fixed frequencies for bronchitis were also used (programs E). Flora restored with dietary supplements of LLC "Altera" Floridophilus and B-Complex. Medical treatment was carried out with the same drugs, as in the first case, within 10 days. Blood pressure was corrected by the therapist with antihypertensive drugs. Exogenous therapy programs were used: apoplexy, stroke (dysarthria), balance disturbance, brain rhythm programs (P5 Rest, P15 Cerebral, P20 Muscular relaxation, P21 Mind clarification).

After 2.5 months from the beginning of our treatment, the patient could walk around the room arm in arm with an accompanying person, slightly dragging her left leg, while sitting at the table herself, take food. Until now, she serves herself, although she is too lazy to move a lot.

### Ischemic strokes

1. Man L.A.M., born in 1940 I applied on 03/23/15, 3 months after diseases.

Diagnosis: Ischemic (atherothrombotic) stroke in the right basin SMA in the form of left-sided central pronounced hemiparesis, moderate asthenia. Early recovery period.

The main complaint upon treatment was severe weakness in the legs, inability to walk outside the home.

After diagnosis, the patient underwent exogenous BRT with F programs to eliminate parasitic burden, in parallel, all tested E programs, brain rhythm programs were applied. In medication

the treatment used the drugs indicated earlier.

Two months after treatment, the patient began to walk around the village up to 5 km a day. He currently lives alone and is self-managed.

2. Man Ch.P.N., born in 1955. Asked for company with a previous patient 04/13/15, 13 years after the stroke.

Diagnosis: Chronic cerebral ischemia. Encephalopathy II Art. complex genesis. Chronic cephalalgia. The consequences of the postponed ischemic stroke in 2002 in the basin of the right middle MA in the form of left-sided central hemiparesis, expressed in the upper limb, moderate asthenia.

Complaints during treatment: constant headache, distal spastic contracture of the left upper limb, inability to do housework (private house), walks with a stick, staggers.

The same drug therapy was carried out, parasitic burdening with programs F was removed, therapy with tested programs E was carried out: ataxia, spastic ataxia, headache of cerebral etiology, spastic paralysis, paresis, sedation. In connection with the identified mental stress of 5 tbsp. Bach flowers are used. To eliminate headaches, dietary supplement Tsirkupleks from Altera was used.

After 2 months of treatment, the headache disappeared completely, the patient threw out the wand, began to walk smoothly, perform various work in the courtyard of the house, and ride a moped around the village.

Unfortunately, I did not help the patient with the hand, because he could no longer come to the reception.

#### Friedreich's ataxia

Hereditary autosomal recessive disease connected with deficiency or distorted structure of the protein frataxin, which is synthesized inside the cell in the cytoplasm, its function is to transport iron from mitochondria. With an increase in the iron content in mitochondria by more than 10 times, the total cellular iron remains within the normal range, and the content of cytosolic iron decreases. This leads to the activation of genes encoding iron-transporting enzymes - ferroxidase and permease. Thus, the imbalance of the intracellular gland is further aggravated. A high concentration of iron in mitochondria leads to an increase in the number of free radicals, which have a damaging effect on the cell. The most active cells in the human body suffer - these are neurons of the central and peripheral nervous system, myocardial cells, b-cells of the pancreatic islets of Langerhans, cells of the retina and skeletal system. Why in the nervous system only the pathways of the spinal cord are affected is unknown to science. The following symptoms develop: ataxia, dysarthria, muscle hypotension, deep sensitivity disorders, signs of polyneuropathy, Friedreich's foot (characterized by a high arch), hand deformity.

Patient P.E.V., born in 1982 She first contacted me on November 19, 2012. Have

She had all the symptoms described above, there was no sensitivity of the lower extremities to the level of c / 3 thighs.

Diagnosis: Friedreich's ataxia. Expressed vestibuloataxic disorders. Pronounced inferior central paraplegia. Distal lower bilateral gynesthesia.

The treatment was started with the elimination of the "parasitic" burden. The patient lives in the town of Belaya Kalitva, Rostov region. At the beginning of treatment, the family was forced to rent an apartment in Krasnodar for 10 days, therefore, in order not to waste time, she underwent a daily BRT session using tested problems, organopreparations, homeopathic remedies, brain rhythm programs, exogenous therapy with E programs (ataxia, dysphasia, etc. etc.). Used dietary supplements LLC "Altera" V-complex, Omegavit, Evening Primrose Oil, CoenzymeQ10.

Then the patient came for an appointment once every 3 months, BRT was performed with a recording of a private bioresonance drug against the background of frequency therapy or programs of brain rhythms, peptide complexes of the SPCRiZ were connected.

At present, the patient is fully servicing herself, sensitivity in the lower extremities has been restored, she can independently rise and stand at the Swedish wall, leans on her feet, embroiders with a cross, draws, rides a horse, after applying brain rhythm programs, she began to write poetry.

I would also like to dwell on the use of peptide complexes. The IMEDIS selector contains electronic complexes of synthetic oligopeptides. Previously, I widely used them to restore various functions in patients. But now they are not being produced.

St. Petersburg Institute of Bioregulation and Gerontology has developed Cytomax (natural peptide regulators), Cytogens (peptidebioregulators containing synthesized peptides) and Peptide complexes in solution (natural peptides). If such complexes are used at the end of the main treatment, then the effect is more pronounced.

So, cytoen Pinealon (contains amino acids, contributing to normalization of the functional activity of brain cells) eliminated the residual aphasia in the first patient with a stroke.

A patient with Friedreich's Ataxia takes Cytomax Cerluten (contains brain peptides) and Gotratix (contains muscle peptides). Against this background, I began to hold the back muscles, the associative connections between the head and legs strengthened.

conclusions

1. Treatment should always be comprehensive: the use of various exogenous therapy programs, BRT in combination with drug treatment, the use of high-quality dietary supplements.

2. When using allopathic therapy, it is imperative to carry out testing drugs for tolerance and efficacy.

3. Using methods of exogenous and endogenous bioresonance therapy dramatically improves the results of treatment and the quality of life of patients with

neurological and other  
standard therapy.

pathology in comparison with the methods adopted

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