Benefits of color light therapy Yu.N. Orlov1, D.G. Bocharov2 (1Rostov-on-Don, 2Center "IMEDIS", Moscow, Russia)

Color light therapy (CTL) refers to exogenous bioresonance therapy (BRT). Comparing the results of CST with other BRT options, based on our own experience and literature data, we came to the conclusion that the effectiveness of its use is higher than other methods in all parameters: in terms of the speed of diagnosis, treatment and the onset of the effect.

To illustrate, we will give several examples from practice (treatment was carried out only with color).

**Clinical examples** 

1. Man, 60 years old. Pain in the right knee joint during exertion. At determining the cause of the joint disease revealed a toxic load on the joint - parasitic burden - pork tapeworm. The waste products of this parasite had such a strange effect on the knee joint. For color therapy, a yellow color was applied, supplied by a color therapy device (CT) to a plate for drug testing (it is known to be connected to a passive electrode). A device for magnetic therapy (UMT) "belt" is placed on the abdomen, another UMT "belt" is wrapped around the knee joint. The plate for drug testing is connected to the plug of one of the UMT "belt" (they are connected in series). The exposure continued until the indication of a problem in the knee joint was no longer tested. The next day - no pain, parasitic burden is not detected. In the future, the patient was not disturbed by pain.

2. Boy, 11 years old. Prodroma of the disease: weakness not expressed, headache pain, temperature 36.9 ° C. Testing revealed a viral burden. A disease that has not yet begun is not even a prodrome yet, but a predrome. The nosode of viral hepatitis A in the D6 potency was tested. There has not yet been jaundice or any other clinic for this disease, because it has not developed yet. We could have waited for the development of the disease (the incubation period is 10–45 days, then a developed clinic, but the prodrome, and even more so, the pre-prodrome, begins to appear much earlier), but we decided to carry out the treatment using color light therapy. An effective and tolerable color during testing was blue with an intensity of 100 cu, and he underwent the treatment. In the course of therapy, in order for the effect of color to remain bearable, it was necessary to consistently reduce the intensity to 80 cu, 40 cu, 20 cu. After blue treatment, the hepatitis A virus nosode was tested in the D60 potency. When the blue therapy ceased to have an effect, the treatment was continued with its shades. As a result of this therapy, the hepatitis A nosode was no longer tested.

The impact was carried out by applying color to the UMT "belt" located on

abdominal area on the projection of the liver (about 2.5 minutes). When the blue color ceased to have an effect, the shades of the colors were applied to the drug testing plate (resulting in an effect on the whole body) for 4 minutes. At the end of treatment, all indicators returned to normal, but headaches increased for a short time (intoxication increased due to the death of a large number of viruses), which was stopped by taking DIS 14 (Detoxification for viral lesions), 6 balls every 10 minutes. The headaches disappeared in 1 hour. Control examinations over the next 9 days did not reveal any deviations, complaints did not arise anymore.

Many other similar examples could be cited, but the above examples are enough to see the benefits of color light therapy.

Advantages of CTT over other methods: 1. The effect

of CTT is higher than all other BRT methods;

2. You can compare the time of exposure to color and base BRT:

a) the effect of CST occurs within 30-60 sec. (rarely after a slightly longer period of time, ie 120-180 sec.), if the color is applied to the biologically active point (BAP); when exposed to the entire body through the MT plate - up to 9 minutes.

b) the effect with basic BRT is more than 20 minutes [3].

3. With the correct application of the color, there are no complications.

4. A mistake made when applying color is easy to correct.

5. The device for color light therapy allows for

color-puncture therapy not only for zones and areas of the body, but also for BAP. At the same time, it is not necessary to have the experience of a reflexologist (it is enough to have BAP location schemes); the color flux from the UCT is wider than the needle and covers the area of the point, even if the UCT is not located over the center of the BAP.

6. UTsT of "IMEDIS" company have a magnetic circuit around the color source, therefore, light penetrates to a greater depth than a color without a magnetic circuit can do (as in other companies' light therapy devices).

7. The color correctly selected for the compiled recipe (diagnostic chain), completely solves the identified problems.

8. The effect of a color therapy session lasts for several days, and most often for one session (for acute diseases) can solve the problem.

9. In chronic diseases, the effectiveness of CTT is much higher other techniques.

10. CST restores energy flow through the chakras, meridians are better, than other methods [1].

11. To prolong the effect of the CPT performed, a color preparation is created. The carrier, for example, sugar crumbs, is irradiated with color using UCT. Due to the magnetic circuit, the color is recorded on the grains that fill the entire volume of the aluminum cup.

12. The dosage of the drug is determined by testing, but often - no more than 1-2 grains, i.e. less than with other methods of therapy), 1-2 times a day.

13. The application of CTT, like other methods of treatment, requires knowledge, but remembering what to do is quite possible, since the amount of information in comparison, for example, with homeopathy, is several orders of magnitude less. In addition, the information is logical and intuitive.

The CST is compatible with all other treatments. Contraindication: artificial pacemaker. Pregnancy, childhood are not contraindications.

The CST is not a panacea. In a number of cases (for example, scars, geopathogenic, stress, micronutrient deficiency, the body's need for frequencies of Schumann resonances) [1], it is ineffective, but this is easily determined by testing. But no one canceled the rule: it is not the disease that needs to be treated, but the patient. In other words, it is not the scar that needs to be treated, but the person. First, you need to raise his adaptation reserves (not lower than the "Good 4 st." And this is easy to do with the use of the DPT in 1-2 sessions.

You can use the DPT using the IMEDIS equipment:

- apparatus "MINI-EXPERT-TsT";

- APK "IMEDIS-EXPERT" (4th generation).

You can learn the CST at the annual seminars "Modified vegetative resonance test. Color color therapy. Selected issues of endogenous and exogenous BRT "at the IMEDIS Center [2].

A variant of the color therapy algorithm is proposed below. Determine if matched X color is effective for treatment: -problems ↓ + Color X (int. 100 cu) ↑.

Yes, this color is effective for healing. But is it portable? We check through the pointer for portability: Manganum Metallicum D26  $\downarrow$  + Color X (int. 100 cu)  $\uparrow$  or

-problems ↓ + Color X (int. 100 cu) ↑ + Manganum Metallicum D26 ↓.

We carry out the treatment with the selected color.

In the course of treatment, we check the effectiveness of therapy:

If, when testing -problems, there is no decrease in the initial measuring level, then there is an effect of treatment!

The effect can be temporary, especially in chronic conditions. If -problems  $\downarrow$ , then

there is no effect of the treatment yet, it is necessary to continue therapy.

Should the therapy be continued with the same color?

-problems  $\downarrow$  + Color X (int. 100 cu)  $\uparrow$  - therapy can be continued by the same color.

Is this color transferable at this intensity?

Mn met. D26  $\downarrow$  + Color X (int. 100 cu) - the measurement level is not restored, i.e. the impact is unbearable.

We select the color intensity that will be portable: Mn met. D26 ↓ + Color X (int. 60 cu) ↑ - given color intensity

## portable.

Checking whether the efficiency is maintained:

If -problems  $\downarrow$  + Color X (int. 60 cu)  $\uparrow$ , then we continue the treatment. During the course of treatment, we periodically check the effectiveness and tolerance.

Should get the effect of the treatment:

If, when testing -problems, there is no decrease in the initial measuring level, then the effect has been achieved.

If the therapy with the selected color has ceased to be effective, then you need to: 1. Check the effectiveness of the individual color (although at first it could be ineffective, but the state of the body has changed during treatment). Most often, an individual color is the patient's favorite color.

2. If an individual color that was initially ineffective gave positive response, then you need to carry out therapy with this color.

3. If the individual color does not fit, you should check the color, complementary to the individual, if it fits, then we continue the therapy with a color complementary to the individual color.

If the effect is not achieved, but there is positive dynamics (-problems  $\downarrow$ ), i.e. the severity of the decrease in the initial measuring level became less), which means:

- the problem was serious, multicomponent, and its one color did not cure;

- it is necessary to choose other colors (checking the effectiveness and portability): shades of the main color or choose a second color.

If the color or shades of colors are not suitable, then color therapy has exhausted its possibilities; it is necessary to move on to other methods of treatment.

## Explanations

"-Problems" is:

- meridians, taking into account redundancy / insufficiency;

- organopreparations in the found potencies, taking into account lateralization;

- type of inflammation (acute, chronic);

- burdens, factors.

In acute diseases, it is sufficient to use only color light therapy.

For chronic diseases:

- apply 1 color (rarely - two colors; in this case -

complementary);

- use BRT;

- to combine all this with a low-frequency magnetic field (thanks to this, according to F. Morel, the degree of interaction of optical radiation with cells and tissues increases). Literature

1. Gotovsky Yu.V., Kosareva LB, Perov Yu.F. Color light therapy. 2nd ed., rev. and add. - M .: IMEDIS. - 2009 --- 463 p.

2. Bocharov D.G. Color Light Therapy (section of annual seminars "Modified ART. Color light therapy. Selected issues of endogenous and exogenous BRT ").

3. Islamov B.I. Optimal duration of BRT // Abstracts and reports. XXII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M .: IMEDIS, 2016. - P.8-9.

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