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How to Change the Potency of a Disease Nosode Changes the Course of the Disease Itself

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ABSTRACT

The work identified "active" and "inactive" chromosomes and how "inactive" chromosomes become "active". For this purpose, a device for resonance diagnostics and therapy was used, connected to a computer, and the resonance of creation was used to transform inactive chromosomes into active ones. For this purpose, we added the sum of potencies to the existing chromosome values. So, for example, at the beginning of the study, the patient was tested with a low potency of chromosomes equal to cassette No. 3 and ended with testing of cassette No. 10. Next, we "added" and connected the potency found in cassette No. 32 with high potencies. As a result, testing now began with cassette No. 1, and ended with cassette No. 12, i.e. testing increased to 4 cassettes.

In a 50-year-old man, in the initial state, testing of chromosome potency began with cassette No. 18, and ended with cassette No. 31, i.e. 13 cassettes were tested. After connecting a cassette with a sufficiently high potency (cassette No. 47), the start of testing changed and took place on cassette No. 2, and ended on cassette No. 49. Cassette testing increased to 49 cassettes, i.e. more than 3 times.

A connection has been established between "inactive" chromosomes and various pathologies - the lower the chromosome activity, the higher the incidence. To cure diseases, we added the sum of potencies to the already existing chromosome potency values.

As a result of transformations of chromosomes, as a result of their potentiation (increase in potency) when connecting a large cassette, the patient develops a new quality in the treatment of various diseases - those diseases begin to be treated that before the transformation occurred, before potentiation of chromosomes, treatment was not possible.

Is it possible to potentiate not only chromosomes, but also other structures of the body? It turned out it was possible.

Potentiation is possible not only with chromosomes, but also with disease nosodes.

An 84-year-old patient had untreated calculous cholecystitis from which he suffered. However, after transforming the nosode, after potentiating the nosode, connecting large cassettes to the nosode "calculous cholecystitis", the patient's calculous cholecystitis was extremely effectively cured.

Treatment of an 82-year-old patient with cribriform prostate cancer. 10 years ago, the patient underwent surgery to remove cribriform prostate cancer - radical prostatectomy. After 10 years, a relapse occurred, which was treated with radiotherapy. Our patient underwent 36 procedures, 5 procedures per week. At the end of the course of treatment, testing of cribriform prostate cancer showed that the cancer was still being tested, i.e. treatment has not been completed.

We treated this patient using resonance therapy with changing, increasing potency of the nosode "cribrous prostate cancer." We increased the potency of the nosode in the patient to the point where the cancer could no longer be tested, i.e. We have completed treatment for cribriform prostate cancer.

Thus, as a result of transformations of chromosomes, as a result of their potentiation (increase in potency) when connecting a large cassette, the patient develops a new, higher quality of chromosomes.

The effectiveness of the treatment of various diseases was achieved by us by increasing the potency of the nosode of the disease from which the patient suffered and using this potency for treatment.

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Introduction

Resonance was discovered by Galeleo Galelei in 1604 [1]. Resonance can be most clearly described as follows. A platoon

of soldiers approaches a wooden bridge and the officer gives the command to walk out of step because if a platoon of soldiers crosses a wooden bridge in step, the bridge may collapse from resonance. The vibrations of the bridge will coincide with the vibrations of the marching soldiers and a resonance will arise, which will cause the bridge to collapse.

The vegetative resonance test - ART, originally proposed in 1991 by the German scientist G. Schimmel allows for a single-point examination [2]. Testing just one biologically active point makes it possible to assess the condition of not only all organs and systems, but also their relationships.

A computer-based device for bioresonance therapy was created, which included both diagnostic and therapeutic parts. A modern device for bioresonance therapy has a large selector with diagnostic (they are also therapeutic) markers, information copies of diseases, which are called "nosodes" when we are talking about a disease, and "organ preparations" - information copies of healthy organs, when the doctor is dealing with normal ones. , not pathological organs or their parts. "Nosodes" are necessary for identifying and treating diseases and "organopreparations" for testing completely healthy organs or parts thereof. Nosodes are electronic markers about a disease and "organ preparations" - information markers about a healthy organ or part of it, recorded on a specific medium.

Each test drug produces a wave effect on the patient. It is necessary to restore spectral (frequency) harmony in the patient.

Original test preparations (as opposed to their information copies) are material objects, i.e. specific substances with an atomic-molecular structure characteristic of each of them.

The program of the device for bioresonance diagnostics and therapy contains all human chromosomes, as well as the sum of all human chromosomes, which is designated as "chromosomes comp". Preliminary work was carried out using chromosome potency.

During bioresonance testing, in particular, of chromosomes, the potencies are determined at which testing begins to appear in the form of a falling instrument arrow in the middle of the screen. This potency is called "start of chromosome testing." In addition, the potency is determined at which testing stops - while the arrow during testing does not move to a certain value on the screen. This potency is called the end of chromosome testing. However, the arrow may not fall not only in the middle of the screen, but also at the end of the screen. These are important parameters of the state of chromosomes in a person, both healthy and sick, during bioresonance testing. All potencies at which various organs and organ systems are tested, nosodes and, in particular, chromosomes are presented in plastic cassettes with 96 cells, each of which contains an electrode with five sugar grains in aluminum foil. It is the sugar grains that are charged and have a charge of a certain potency. Thus, each cell with an electrode is charged with a certain potency, starting from 0 to a significant value.

In this work, we tested human chromosomes (the sum of chromosomes) of different ages according to the values of their potencies using an apparatus for bioresonance therapy from IMEDIS. The smallest potency values, in particular chromosomes (sum of chromosomes), were located at the beginning of the plastic cassettes and, as the potency values increased, they were placed sequentially in the cassettes. Currently, by April 2024, the author of this article has 81 cassettes from the smallest potency values to their significant values. Each cassette had its own number and cell number. In this work, the assessment of chromosome potency is reflected by the numbering (number) of the cassettes - the higher the cassette number, the greater the value of the chromosome potency being tested, for example.

The word potency is widely used to refer to homeopathic remedies or sexual function. In this work we also use the word "potency", although we do not work with homeopathic medicines. The word "potency" denotes not only pharmaceutical drugs, but also the age of a healthy and sick person, the state of his health or his organs and tissues, nosodes of diseases.

Let us briefly touch on what "drug potencies" are and how they are obtained. It has been established that the greater the potency of the drug, the higher its effectiveness.

Decimal dilutions were developed and introduced into homeopathic practice by the German physician Constantin Hering (1800-1880). Centennial dilutions were introduced by Samuel Hahnemann; the technology of their preparation is first described in detail in the 5th edition of the Organon (1833). LM(Q) potencies, dilution 50,000, are also a Hahnemannian invention; they are described in the 6th edition of the Organon (1920).

Without going into small details (you can learn about them from special reference books for the preparation of homeopathic remedies), the process of preparing liquid preparations of various potencies can be briefly described as follows. A mother solution of the active substance is taken, part of which is mixed in a certain proportion with alcohol. If the ratio is one to ten, then the first decimal dilution is obtained, designated D or X in different countries; if one to a hundred - the first hundredth, denoted by the letter C or not denoted at all.

To prepare subsequent dilutions, take the appropriate part (tenth for decimal dilutions, hundredth for hundredths) of the resulting solution, transfer it to a new test tube and mix again with the appropriate amount of alcohol, as described above for preparing the first dilutions. It has been shown that drugs of even greater dilution are effective on biological objects. Thus, Professor Donders reports that one drop of atropine, brought to 1/700,000, causes dilation of the pupil.

Charles Darwin in his "Insectivorous Plants" provides reports on experiments on the effect of weak solutions of ammonia phosphate on the plant Drosera rotundifolia. It turned out that even one fourteen-millionth part of a grain (a unit of pharmacy weight equal to 0.0622 grams was used before the introduction of metric measures) (1/14,000,000, i.e., the amount corresponding to the seventh decimal dilution) still exhibits a very sharp effect on the vital activity of the leaves and tentacles of this plant.

Results

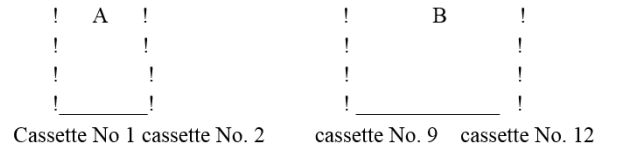
It has been established that human chromosomes (the sum of chromosomes) do not begin to be teste on a device for bioresonance diagnostics and therapy connected to a computer based on their potency values from the very first values. In people of different ages, there are different values at which chromosomes begin to be tested according to the values of their potencies. Stopping testing of chromosomes (sum of chromosomes) according to their potency values is also not the same at different ages and different pathologies. 29 subjects took part in the work. So, in a healthy 11-year-old boy, testing of chromosomes according to their potency values begins with cassette No. 2 and ends with testing

in cassette No. 9, i.e. Only 7 cassettes are tested. In a healthy 45-year-old woman, chromosomes (the sum of chromosomes) begin to be tested according to the values of their potencies from cassette No. 11 and end up being tested in cassette No. 52, i.e. 41 cassettes are tested. In an 82-year-old man, chromosomes (sum of chromosomes) begin to be tested from cassette No. 23 and end testing from cassette No. 40, i.e. Only 17 cassettes are tested. We clearly understand that the fewer cassettes are tested on a person, the greater the risk of disease and, in fact, the greater the number of diseases he has. And, conversely, the greater the number of tested cassettes, the lower the risk of diseases and the fewer actual diseases the test subject has.

The question naturally arises as to what extent the chromosome potency can be changed so that the sum of the tested cassettes increases. It is not possible to change the potency of each individual chromosome using currently known methods. In other words, in this work the task is to find a method for ensuring that all or the overwhelming number of chromosomes take part in the treatment of the pathological process in patients, namely, to find a method for converting inactive chromosomes into active ones. For this purpose, the principle of "resonance of creation" was used, which is presented in a large number of our publications [3-18]. It has been established that when new potencies are attracted using the principle of "resonance of creation", all chromosomes (or most of them) participating in the healing process begin to be identified. So, the work identified "active" and "inactive" chromosomes and how "inactive" chromosomes become "active". In other words, the resonance of creation was used to transform inactive chromosomes into active ones. A connection between "inactive" chromosomes and various pathologies is assumed.

Thus, to solve the problem, we added the sum of potencies to the already existing chromosome values. So, for example, in the design, at the beginning of testing the patient's chromosome potency equal to cassette No. 3 and the end of testing cassette No. 10, we "added", connected the potency located in cassette No. 32. In other words, we connected cassette No. 32. As a result, we changed design of testing the cassette in the patient. Let's give examples.

Example 1: For an 11-year-old boy tested, as noted above, the testing began using cassette No. 2, and the end was carried out using cassette No. 9, i.e. 7 cassettes were tested. After connecting cassette No. 32 with sufficiently large potencies to the structure, a change occurred. So, in this case, the start of testing was now carried out using cassette No. 1, and the end was carried out using cassette No. 12, i.e. testing increased to 4 cassettes.



Rice: Changing the design of potency testing chromosomes in an 11-year-old boy - in the initial state (A) and after connecting cassette No. 32 (B) – increase in chromosome activity by 4 cassettes.

Example 2: In a 50-year-old man in the initial state, testing of chromosome potency (sum of chromosomes) began using cassette No. 18, and ended with cassette No. 31, i.e. 13 cassettes were tested. After connecting a cassette with a sufficiently high potency (cassette No. 47), the start of testing changed and took place on cassette No. 2, and the end on cassette No. 49. Cassette testing increased to 49 cassettes, i.e. more than 3 times.

Example 3: In a patient with cerebral palsy.
For 24 years, chromosome testing began using cassette No. 19, and ended with cassette No. 25, i.e. Only 6 cassettes were tested. After connecting the additional cassette No. 55, the testing design changed - so the start of testing is now carried out on cassette No. 8, and the end on cassette No. 35, i.e. in this case, testing was carried out using 27 cassettes, i.e. The testing design has increased more than 4 times.

Example 4: In an 82-year-old patient in the initial state, the beginning of chromosome testing was on cassette No. 23, and the end was on cassette No. 40, i.e. 17 cassettes were tested. After connecting cassette No. 60, i.e. strengthening of the entire structure, the start of testing chromosome potencies now fell on cassette No. 2, and the end of testing on cassette No. 50, i.e. 48 cassettes have already been tested, i.e. Potency testing has increased 3 times.

As a result of transformations of chromosomes, as a result of their potentiation when connecting a large testing cassette, a new quality arises in the treatment of various diseases - the patient begins to treat those diseases that, before the transformation occurred, before potentiation of chromosomes, treatment was not possible.

We have already drawn attention to the fact that potentiation can be effective not only of chromosomes, but also of other structures, in particular, disease nosodes.

Thus, we give an example that before the transformation, before the potentiation of the nosode "calculous cholecystitis," the 84-year-old patient who was presented above was not cured of the calculous cholecystitis from which he suffered. However, after transforming the nosode of the disease, after potentiating the nosode, connecting large cassettes, calculous cholecystitis was extremely effectively cured in an 84-year-old patient.

Thus, we tested and converted the sum of all chromosomes. Research has shown that transformations are possible not only on the sum of many chromosomes, but also on one individual chromosome.

The transformations of potencies that were carried out in one study were shown above. Treatment of diseases usually requires not one session, but a series of them. In this case, transformations are carried out not on the potency of the original cassettes, but on those cassettes that were used in the previous session.

To what extent did the new construction, increasing the potency of the nosode, actually have a therapeutic effect? Above we cited materials from specific studies. It was established that as a result of increasing the potency of the nosode, "calculous cholecystitis" ceased to be tested, and the patient's oral report indicated that all clinical manifestations of calculous cholecystitis, or simply, complaints, ceased to be realized.

This work shows that it is possible to potentiate non-homeopathic medicines, to identify the potencies, in particular, of chromosomes, nosodes of diseases in people of different ages and various pathologies, to note the role of highly potentiated chromosomes, nosodes in the treatment of various diseases.

Thus, this work shows that the process of potentiation of chromosomes and nosodes of various diseases is not only a theoretical problem, but a problem in the daily practice of a doctor. This means not only the treatment of cholecystitis, which is treated and cured with the help of pharmaceuticals and other, for example, surgical methods, but also the problem of diseases that are difficult to treat and "incurable" diseases.

In this work, we studied the possibility of curing various diseases of the gastrointestinal tract in 21 patients.

It has been established that nosodes of diseases of the gastrointestinal tract during resonance testing begin to be tested in patients with certain potencies (not the first ones) and end up being tested at certain, far from high, potency values. Let's give an example.

Cholecystitis: The nosode of this disease begins to be tested in patients with potency - cassette No. 20 and ends testing at the potency value - cassette No. 30 - the sum of the tested potencies is 10.

Pancreatitis: The nosode of this disease begins to be tested in patients with potency - cassette No. 19 and ends testing with potency - cassette No. 33 - the sum of the tested potencies is 14.

Duodenitis: The nosode of this disease is beginning to be tested in patients with potency - cassette No. 15 and ends testing at the potency value - cassette No. 38 - the sum of the tested potencies is 23.

Gastroenteritis: The nosode of this disease begins to be tested in patients on potency - cassette No. 17 and ends testing on potency - cassette No. 39 - the sum of the tested potencies is 22.

Chronic colitis: The nosode of this disease begins to be tested in patients on potency - cassette No. 14 and ends testing on potency - cassette No. 38 - the sum of the tested potencies is 24.

It has been established that the nosodes of the listed diseases continue to be tested if the potency of the nosode of each disease increases. To do this, we needed to add high potency to the existing ones.

We have already had attempts to slightly increase potency, which led to an improvement in the condition of patients, but not to the cure of diseases, or to stopping testing of the nosode altogether. Our previous works showed that an increase in the tested potencies of nosodes actually improved the conditions of patients, but, we repeat, did not lead to the fact that the nosode stopped being tested altogether [3-18]. What was it connected with? The point is that we increased the potency of the tested nosode, but did not bring it to such a state at which it stopped being tested.

In this work, we changed the situation. Our task now was to bring the disease nosode being tested to the point where it could no longer be tested.

First, we recorded the nosode on a device for bioresonance diagnostics and therapy, which was placed in an empty cassette. Next, a higher potency was connected to this recording and the nosode was tested in the computer. In this variant, the increase in the potency of the disease nosode was carried out not in isolation from the nosode, but in the aggregate, in the sum of both the nosode and the magnitude of the potency, which was added to the potency of the nosode. Potency was increased until nosode testing was stopped. This option has proven to be extremely effective in treating diseases.

As an illustration, let us present a treatment option for an 82-year-old patient with cribriform prostate cancer. 10 years ago he had surgery to remove cribrous prostate cancer - radical prostatectomy. Ten years later there was a relapse, which was treated with radiotherapy. The latter is used quite widely [19-22]. Our patient underwent 36 procedures, 5 procedures per week. At the end of the course of treatment, testing of cribriform prostate cancer showed that the cancer was still being tested, i.e. treatment has not been completed.

We treated this patient using resonance therapy with changing, increasing potency of the nosode "cribrous prostate cancer" and prepared the appropriate drug for treating the patient. The potency of the patient's nosode was increased to such a state that it stopped being tested, i.e. We have completed treatment for cribriform prostate cancer.

Conclusion

As a result of transformations of chromosomes, as a result of their potentiation (increase in potency)
when connecting a large cassette, the patient develops a new, higher quality of chromosomes.

Effective treatment of various diseases was carried out by us by increasing the potency of the nosode of the disease from which the patient suffered and using this potency for treatment.

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