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Review Article

Diagnostics and Treatment of Multiple Sclerosis by the Method of Resonance Medicine

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Abstract

The article discusses two forms of resonance in medicine in the treatment of multiple sclerosis. The first form is the destruction resonance. It is well known and we have used it to destroy tissue. The second form of resonance is the resonance of creation. It leads to the restoration of degenerated or destroyed organs. We have used the resonance of creation to repair tissues affected by multiple sclerosis and to restore the immune system in patients.

Introduction

The diagnosis and treatment of Multiple Sclerosis is preceded by a brief introduction to what is called "resonance".

From a technical point of view, resonance is a phenomenon of the response of an oscillatory system to external influences. When the periods of influence and response of the system coincide, resonance occurs - a sharp increase in the amplitude of the oscillations under consideration.

Resonance was discovered by GaleleoGalelei in 1604 [1]. The resonance can be most clearly described as follows. A platoon of soldiers approaches the wooden bridge and the officer gives the command to go out of step because if a platoon of soldiers crosses the wooden bridge in step, the bridge can collapse from resonance. The vibrations of the bridge will coincide with the vibrations of the marching soldiers, a resonance will arise, from which the bridge will collapse.

In this review, the role of the bridge is "played" by the disease, and the role of the marching soldiers is "performed" by the therapeutic effect. The soldier commander did not want the bridge to collapse due to the possible resonance. The physician, by contrast, absolutely needs resonance to destroy the disease.

Resonant methods for the study of matter have found wide application in physics, chemistry, biology, and medicine. For example, Nuclear Magnetic Resonance (NMR).

At the end of the 20th century, the method of Magnetic Resonance Imaging (MRI) was developed on the basis of NMR. It is used to obtain images of the human brain, heart, and organs of the digestive tract. For the development of MRI in 2003, the American biophysicist Paul Lauterbur and his English colleague Peter Monsfield were awarded the Nobel Prize in Physiology or Medicine.

All things in our universe are constantly in motion, vibrate. Even objects that seem to be stationary actually vibrate, vibrate, and resonate at different frequencies. When different vibrating things come together, vibrations begin between the two states. And ultimately all matter is vibrations of various basic fields. Thus, on any scale, all nature is resonance, vibration.

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In 1975, the German doctor Frank Morell came to a completely logical conclusion that if a disease of the organs of the human body is inevitably accompanied by disturbances in their frequency rhythm, then the essence of treatment should be to suppress the emerging "unhealthy" vibrations and restore normal ones.

The vegetative resonance test - VRT, originally proposed in 1991 by the German scientist G. Schimmel [2], allows one point to be examined. Testing only one biologically active point with it makes it possible to assess the state of not only all organs and systems, but also their interconnection.

A computer-based device for bioresonance therapy was created, which included both diagnostic and therapeutic parts. In a modern device for bioresonance therapy there is a large selector with diagnostic (they are also therapeutic) markers, information copies of diseases, which are called "nosodes" when it comes to a disease and "organopreparations" - information copies of healthy organs when a doctor deals with normal , not pathological organs or their parts. "Nosodes" are necessary for the identification and treatment of diseases and "organ products" for testing perfectly healthy organs or their parts. Nosodes are electronic markers about a disease and "organ preparations" information markers about a healthy organ or its part, recorded on a certain medium.

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

Resonance of Destruction

Diagnostics using fracture resonance

Destruction resonance has been used for over two hundred years, exactly as long as homeopathy has existed. The homeopathic doctor creates such a relationship between the drug and the pathological process in the patient, in which the periods of exposure and response of the system coincide and a resonance occurs - a sharp increase in the amplitude of oscillations, as a result of which the pathological focus is destroyed.

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In the activity of a doctor using bioresonance therapy, a similar process takes place using modern technologies. Diagnostics is performed first. To do this, a nosode of the alleged disease is displayed on a computer screen connected to a device for bioresonance therapy, and it is tested in a patient. If the nosode is "not tested", then there is no resonance and the arrow on the computer screen does not fall down in the middle of the screen. Therefore, the patient does not have the disease that is displayed by the nosode. In the same case, if the nosode is tested, a resonance arises between the patient and the test drug - the arrow on the computer screen falls and indicates that the patient has the disease, the name of which is the nosode. This is a diagnostic resonance, but not a therapeutic one. This is how resonance diagnostics are carried out in bioresonance therapy.

Healing using destruction resonance

To treat the identified disease, the doctor must destroy either the tumor or the infectious process with the help of resonance, and for this it is necessary to potentiate the nosode identified in the patient, i.e. find the potency of the nosode that will resonate with the pathological process in the patient and destroy the disease, in other words, a therapeutic resonance is needed. To do this, find that potency of the nosode (usually high), which leads to the fact that when testing this nosode in a patient, the arrow stops falling. Such a potency of the nosode leads to a resonant destruction of the structures of the disease. In other words, the informational content of the nosode in a certain potency is used for the resonant destruction of the structure of the disease, namely the treatment of the found disease. The doctor writes down the informational content of the potentiated nosode on the sugar crumbs and the patient takes this sugar crumbs and is thus treated, i.e. there is a resonant destruction of the structure of the disease.

The use of bioresonance therapy for the treatment of various diseases only of extremely low potencies, as in classical homeopathy, did not allow and does not allow to effectively treat many diseases, including oncological diseases, many infectious diseases, etc. In other words, for many years there has been a crisis in bioresonance therapy, and thus, in general, in resonance medicine. This can be seen in the materials of the annual scientific conferences on bioresonance therapy [3].

When it is said that drugs are used in works that exceed the high potency of drugs, they mean those potencies that are prepared electronically [4-11].

The prepared classical homeopathic preparations and the electronic potentiation preparations, which are used in bioresonance therapy, do not fundamentally differ from each other. We have not seen in the literature indications of the difference between homeopathic preparations prepared by the usual, classical method and preparations of electronic potentiation.

Since 2016, materials have been published on the use of high potency drugs for treatment [4-11]. It was found that drugs of high and ultra-high potency do not cause any side effects, including toxic effects on sick and healthy people. However, high potency drugs have proven to be extremely effective in the treatment of severe and extremely serious diseases such as cancer, infectious diseases, including HIV, stones and cysts in organs [4-11]. In particular, metastatic forms of oncology are effectively treated. It has been established that all those forms of oncological diseases that are in the selector of the device for bioresonance therapy are effectively treated with drugs of high and ultra-high potencies.

Treatment of patients with nosode preparations exceeding the LM potency (hereinafter - in the F-potency) was not an end in itself. This method has been found in medical practice.

So, resonance medicine, in addition to homeopathy, includes resonance diagnostics and resonance therapy. Treatment of patients in whom the destruction of the structure of the disease, for example, oncology, occurs, is called "resonance of destruction".

Resonance of creation

Since 2016, materials have been published on the use of the second direction of therapeutic resonance - "resonance of creation" [4-11]. Resonance can not only destroy, for example, diseases, but also create lost biological structures. This made it possible to treat degenerative diseases.

We could not find in the scientific literature an idea of that resonance can be not only a "resonance of destruction", but also a "resonance of creation". This is obviously due to the fact that it is not easy to imagine how the coincidence of frequencies leads to a response that is not destructive, but constructive. In this review, we have presented illustrations of how resonance can be not only destructive, but also constructive, in particular for the treatment of degenerative diseases.

In the treatment with the help of the resonance of destruction, nosodes of diseases were used, from which preparations in the F potency were prepared. This principle has not been effective in the treatment of degenerative diseases. The creation and formation of the principle of "resonance of creation" became possible only as a result of the fact that not nosodes, but oranoproducts exceeding the LM potency were used for treatment. Without organopreparations in the F potency, it is impossible to imagine the use of this principle.

This review presents materials related to the treatment of degenerative diseases and, in particular, Multiple Sclerosis. This means that treatment is nothing more than the process of restoring organs or organ systems that have undergone changes as a result of diseases or as a result of an aging degenerative process.

Degenerative diseases can also be congenital. It is clear that a significant part of congenital diseases is a consequence of the underdevelopment of an organ or organ system.

In practice, most often after an illness, for example, inflammation or as a result of the senile process, the level of health of the organ falls down to its destruction. Such an organ requires restoration (rehabilitation). The resonance of creation makes it possible to restore an organ or part of it.

Organopreparations are wave preparations (wave copies) of healthy organs or parts of them. Nosodes are wave drugs of the disease.

In the selectors of hardware and software complexes for bioresonance therapy, there are various organopreparations. For the restoration and rehabilitation of organs, we used organopreparations,

mainly of high potencies. They were made in the same way as the high potency nosodes. Diagnosis of Multiple Sclerosis by the Method.

Vegetative resonance test

When a patient is tested for a destroyed organ by a tumor, degenerative processes or inflammation, it is no longer tested as normal. In other words, it is tested as problematic. Those on the computer screen, an arrow fall in the middle of the screen, which indicates that the organopreparation has been found correctly. There is a resonance between the organopreparation and the patient. This is a diagnostic resonance, but not a therapeutic one.

Treatment of the degenerative process using the resonance method creation

The potency of the organopreparation is found, which leads to resonance with the affected organ, namely, the termination of testing this organ or part of the organ as problematic. In this case, the arrow stops falling on the computer screen. It is a therapeutic resonance, but not diagnostic. The doctor prepares preparations of healthy organs in the F potency for the patient, writes them down on the sugar crumbs, which the patient takes.

Multiple Sclerosis (MS) is a chronic disease in which the myelin sheath of nerve fibers in the brain, spinal cord and peripheral nerves is affected [12,13].

A feature of the disease is the simultaneous defeat of several different parts of the nervous system, which leads to the appearance of various neurological symptoms in patients. The morphological basis of the disease is the formation of the so-called multiple sclerosis plaques - foci of myelin destruction (demyelination) of the white matter of the brain and spinal cord.

Etiology

The cause of multiple sclerosis is not exactly clear.

Disease development mechanisms

Recent studies have confirmed the mandatory participation of the immune system - primary or secondary - in the pathogenesis of multiple sclerosis. Disturbances in the immune system, as already mentioned, are associated with the peculiarities of the set of genes that control the immune response.

The most widespread is the autoimmune theory of the onset of multiple sclerosis.

To date, it is not yet possible to consider multiple sclerosis as a completely primary autoimmune disease. The occurrence of multiple sclerosis is associated with a random individual combination of unfavorable endogenous and exogenous risk factors. The endogenous factors, first of all, include the complex of HLA class II gene loci and, possibly, genes encoding TNF-a, which are responsible for the genetic inadequacy of immunoregulation. Among the external factors may be important: the area of residence in childhood, dietary habits, the frequency of viral and bacterial infections, etc.

In an organism that has a genetically determined failure of the regulatory systems of immunity, the immune system is activated - by trauma, stressful situation. In this case, the antigen of nonspecific provoking factors, for example, a viral infection, stimulated macrophages and activated T-helpers are fixed on the endothelial cells of the Blood-Brain Barrier (BBB). Cytokines secreted by fixed cells express on the BBB surface antigens of the main histocompatibility complex I and II class (for antigen presentation), as well as cell adhesion molecules.

Clinical manifestations

The clinical manifestations of multiple sclerosis are associated with focal lesions of several different parts of the brain and spinal cord.

Symptoms of pyramidal tract damage can be expressed by an increase in tendon, periosteal and the appearance of pathological pyramidal reflexes without a decrease or with a slight decrease in muscle strength or the appearance of fatigue in the muscles when performing movements, but while maintaining the basic functions; in more severe cases, moderate or severe mono-, hemi-, para-, tri- or tetraparesis is detected.

Symptoms of damage to the cerebellum and its conductors are manifested by slight or severe ataxia of the trunk and extremities, intentional tremor, and dysmetry during coordination tests. The severity of symptoms can vary from minimal to inability to perform any movements due to ataxia. When assessing cerebellar dysfunctions, it must be remembered that the inability to complete the task may be associated with the presence of paresis of the extremities in the patient (3 points or less on the ASIA scale). Muscle hypotension is typical for cerebellar lesions.

In patients with multiple sclerosis, central and peripheral paralysis of the cranial nerves can be detected, most often of the oculomotor nerves, trigeminal, facial, and hypoglossal nerves. Foci in the supranuclear parts of the corticonuclear tract can lead to the development of pseudobulbar syndrome, and foci in the brain stem - to the appearance of bulbar symptoms. In 50 - 70% of patients with multiple sclerosis, vertical and burning

In 70% of patients, symptoms of visual impairment are revealed: a decrease in visual acuity in one or both eyes, a change in visual fields, the appearance of cattle, blurred images of objects, loss of vision brightness, color distortion, contrast impairment.

Neuropsychological changes in multiple sclerosis include decreased intelligence, impaired behavior, and changes in higher cortical functions. There are neurosis-like symptoms, affective disorders and a kind of organic dementia. Neurosis-like disorders can be expressed in the form of asthenic syndrome, hysterical and hysterical reactions. Affective disorders are more often manifested by depression or euphoria, impaired control over emotions. More often, depression prevails in patients with multiple sclerosis, and it can be associated not only with organic brain damage, but also be caused by a reaction to information about the diagnosis, the occurrence of problems in everyday life and at work.

Treatment

The treatment of multiple sclerosis depends on the nature of the course of the disease [14-20]. With a remitting course of the disease, it is necessary to treat exacerbations, prevent exacerbations, slow down the transition to the stage of secondary progression, as well as symptomatic treatment of depression, pain symptoms,

urinary disorders, chronic fatigue syndrome, etc. illness. In primary progressive multiple sclerosis, symptomatic treatment is prescribed [14-20].

Treatment of exacerbations

Since the causative agent of the disease has not been identified, there is no etiotropic treatment for multiple sclerosis. Pathogenetic treatment should be aimed primarily at arresting the active immune-inflammatory process, which results in demyelination.

In the treatment of exacerbations and the progressive course of multiple sclerosis, Corticosteroid (CS) drugs, ACTH and its analogues are used. These are prednisolone, methylprednisolone, and dexamethasone. These drugs reduce the duration and severity of the inflammatory process, have an immunosuppressive effect.

The mechanisms of immunosuppressive action consist in a decrease in the content of activated immunocomponent cells, an effect on cellular immunity, and a decrease in the formation of autoantibodies. The anti-inflammatory effect is primarily associated with a decrease in vascular permeability and BBB due to inhibition of prostaglandin synthesis. Due to a decrease in the permeability of the capillary endothelium, microcirculation improves and the exudation of leukocytes and other cells in the focus of inflammation decreases. The antioxidant effect of KS (methylprednisolone) is described, which is associated with the suppression of lipid peroxidation. And this, in turn, helps to stabilize the membranes of the myelin sheath and cells of the microvascular bed. ACTH and its synthetic analogs (Tetracosactide has a neurotransmitter effect.

For primary or secondary progressive multiple sclerosis, along with CS, cytostatics are used, such as azathioprine, cladribine, methotrexate, cyclophosphamide. With a severe, progressive course of the disease, a combination of CS and cytostatics is possible.

Until now, there are no reliable cases of complete cure for multiple sclerosis.

Diagnostics and Treatment of Multiple Sclerosis in Resonance Medicine

In Resonance Medicine, an effective diagnosis of multiple sclerosis is presented, which can be used at all stages of the development of the disease, from the earliest to the late stages of the development of the disease. The experience of working with patients with MS shows that the diagnosis of MS using the Vegetative Resonance Test method is extremely effective [4-11].

The selectors for bioresonance therapy devices have nosodes that can be used to diagnose the presence or absence of MS in patients. A nasod PC is exposed and this nasod is tested on the patient. In the event that it is tested (the arrow falls in the middle of the screen), it becomes clear to the doctor that the patient has MS.

Resonant diagnosis of multiple sclerosis

In the selector of the device, we find the nosode "Raxseous sclerosis" and organopreparations of degenerated formations of the brain - "myelin sheath" and "lymphocytes". All of these structures are tested in patients, i.e. the arrow falls when testing the nosode and organopreparations in patients.

It is important to pay attention to the fact that the identification by testing of the above structures of the brain (they are being tested) is necessary for the diagnosis of MS. There have been cases when the doctor does not detect any clinical symptoms of MS, but tests the reduced configuration of the brain structures on the device.

MS treatment with the resonance of creation method

After testing, resonance diagnostics, nosode and organopreparations, treatment is carried out by the method of destruction resonance and MS creation resonance. The corresponding preparations are prepared from the tested nosode and organopreparations. They are recorded on sugar crumbs in the potency that is necessary for treatment and resonant treatment of patients is carried out.

It is now known that in multiple sclerosis, not only the myelin sheath of the nerves can be affected, but also the axial cylinder of the nerves itself. That is why not only the condition of the myelin sheath, but also the axial cylinder is tested in patients. And in the event that a degeneration of the axial cylinder of nerves is detected, its restoration is carried out also by the method of resonance of creation.

Multiple sclerosis treatment results

The beginning of work with patients with multiple sclerosis was associated with the confirmation of the diagnosis of MS. Patients consulted doctors mainly in elderly and senile age with a relapsing remitting variant of the course of the disease and its most varied clinical manifestations.

The most frequent common complaint of patients was dissatisfaction with sleep, which did not allow them to recover, despite the fact that the duration of their night's sleep was 9-10 hours. In addition to night sleep, these patients also had a need for daytime sleep - both before 11-12 hours of the day, and after 14-15 hours.

After 10-20 days of treatment (in some cases - more), patients began to report that their nighttime sleep was reduced, and the need for daytime sleep was gradually decreasing.

An equally important report from patients was that they reported improved walking. Those patients who used chopsticks as a tool that allowed them to walk more confidently and insured them against falling, began to gradually abandon the use of the chopstick when walking. Such changes do not happen quickly. In other words, their walking became more confident. This was especially true for those patients who had dizziness (ataxia) in varying degrees of severity before starting treatment.

Those patients who used wheelchairs for walking (special wheelchairs for walking the elderly) held on to their handrails while walking and moved. In the course of treatment, such patients gradually stopped using wheelchairs and began to use sticks, and later they also gradually began to abandon sticks. And these changes are not happening quickly.

The most frequent observation of patients in the course of treatment was that their walking "became more and more free" and the duration of walking therefore increased without signs of fatigue, and dizziness became less.

An equally important sign of improvement in the condition of patients was that patients testified to an improvement in vision.

Before the start of treatment, the vast majority of patients noted a sharp and rapid drop in visual acuity, as a result of which they had to wear new glasses hardly every 3-4 months. Since the beginning of treatment, the visual acuity of our patients has improved significantly, which they drew the attention of the attending physician.

In the course of treatment, the vegetative resonance test was regularly carried out in patients. He testified that the multiple sclerosis nosode was tested less and less; the patients were cured. An equally important aspect in the treatment of MS is the diagnosis in patients, and the subsequent therapy of scars, adhesions and contractures.

The most resistant lesions in MS treatment are the oculomotor nerves. While in the course of therapy the volume of motor activity increases in patients, complaints of unsteadiness of walking remain, although they also become less. Testing of the "oculomotor nerve" organ preparation indicates that its myelination increases and, in general, it is tested less and less.

Patients were treated until the test parameters became normal and there were no complaints from the patients.

Conclusion

The problem of the treatment of multiple sclerosis remains very relevant. The review article for the first time presents an original and effective method of treating multiple sclerosis - the resonance of creation and the resonance of destruction, which allow curing the disease. With the introduction of this method into practice, there will be no people with multiple sclerosis on Earth, and life expectancy will increase by 10 years. The method of resonance therapy is technically reliable, does not cause side effects and complications.

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