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Prevention of Myocardial Infarction and Stroke by Effective Treatment of Conditions Preceding the Occurrence of Myocardial Infarction and Stroke with Bioresonance Therapy

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Abstract

It has been established that it is possible to prevent myocardial infarction and stroke by effectively treating conditions preceding myocardial infarction and stroke, including high blood pressure, using bioresonance therapy.

Kew Words: potencies of non-homeopathic drugs; the possibility of combining different nosodes and different potencie;

Introduction

Galeleo Galelei discovered resonance in 1604 [1]. Resonance can be most clearly described as follows. A platoon of soldiers approaches a wooden bridge and an officer gives the command to march out of step because if the platoon of soldiers crosses the wooden bridge in step, the bridge may collapse from resonance. The vibrations of the bridge coincide with the vibrations of the marching soldiers, a resonance will arise, from which the bridge will collapse. The vegetative resonance test - VRT, originally proposed in 1991 by the German scientist G. Schimmel [2], allows for examination at one point. A computer-based bioresonance therapy device was created, which included both diagnostic and therapeutic parts. A modern bioresonance therapy device has a large selector with diagnostic (and also therapeutic) markers, information copies of diseases, which are called "nosodes" when it comes to a disease and "organ preparations" information copies of healthy organs, when the doctor deals with normal, non-pathological organs or their parts. "Nosodes" are necessary for the identification and treatment of diseases and "organ preparations" for testing completely healthy organs or their parts. Nosodes are electronic markers of disease and "organ preparations" are information markers about a healthy organ or its part, recorded on a specific carrier.

Each test preparation has 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 their own atomic-molecular structure. 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 the potency of chromosomes. During bioresonance testing, in particular, chromosomes are determined by potencies at which testing begins to manifest itself in the form of a drop in the device arrow in the middle of the screen. This potency is called "start of chromosome testing". In addition, the

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potency is determind at which testing stops - while the arrow during testing does not give up to a certain value on the screen. This potency is called "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 both healthy and sick people during bioresonance testing. All potencies, at which various organs and organ systems, nosodes and chromosomes are tested, 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 grain that is charged and has 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, the potencies of diseases were tested on the IMEDIS bioresonance therapy device. The smallest potency values are located at the beginning of the plastic cassette and, as the potency value increases, they were placed sequentially in the cassette. Currently, by April 2025, the author of this article has 144 cassettes from the smallest potency values to their significant values. Each cassette has its own number and cell numbers. In this work, the evaluation of potencies is reflected by the numbering (size) of the cassettes - the larger the size of the cassette, the greater the value of the potency being tested.

The word "potency" is widely used in relation to homeopathic preparations or sexual function. In this paper we also use the word "potency", although we do not work with homeopathic preparations. Let us briefly touch on what "potencies of preparations" are and how they are obtained. It has been established that the higher the potency of preparations, the higher their effectiveness. Decimal dilutions were developed and introduced into homeopathic practice by the German physician Constantin Hering (1800 - 1880). Centesimal 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

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Hahnemann's invention, they are described in the 6th edition of the Organon (1920). It is no coincidence that Hahnemann did not introduce high potencies of preparations - they caused an exacerbation of the course of diseases. Without going into small details (they can be found in special reference books on the preparation of homeopathic remedies), the process of preparing liquid preparations of different potencies can be briefly described as follows. The 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 in different countries as D or X; if one to a hundred - the first centesimal, designated by the letter C or not designated at all. To prepare subsequent dilutions, the corresponding part (a tenth for decimal dilutions, a centesimal for centesimals) of the resulting solution is taken, transferred to a new test tube and again mixed with the appropriate amount of alcohol, as described above for the preparation of the first dilutions. It has been shown that preparations of very significant dilution turn out to act on biological objects. Thus, Professor Donders reports that one drop of atropine diluted to 1/700,000 causes pupil dilation. C. Darwin in his "Insectivorous Plants" provides reports on experiments on the effect of weak solutions of ammonium phosphate on the plant Drosera rotundifolia. It turned out that even one fourteen-millionth part of a grain (a unit of measure of apothecary weight equal to 0.0622 grams, used before the introduction of metric measures) (1/14,000,000, i.e. the amount corresponding to the seventh decimal dilution) still reveals a very sharp effect on the vital tentacles of this plant.

Results of previous studies activity of the leaves and

Our previous publication (3) discussed the possibility of combining potencies of non-homeopathic medicines with potencies of chromosomes, as well as disease nosodes. Single examples of curing diseases by increasing the potency of nosodes were given. To what extent can the process of connecting additional, high-potency cassettes lead to curing diseases not of one patient with one disease, but of many patients with various serious diseases? In the previous work (3), a method for converting inactive nosodes into active ones was presented. For this purpose, the principle of resonance of creation [1-14] was used. It was established that when attracting new potencies using the principle of "resonance of creation", all the possibilities participating in the healing process begin to be revealed. Thus, "active" and "inactive" chromosomes were revealed, and how "inactive" chromosomes become "active". In other words, the patient's design had chromosome potencies equal to cassette #3 and the end of testing was cassette #10, we added the potency found in cassette #32. Let's give some examples.

Example 1. In the case of an 11-year-old boy, testing began with cassette #2 and ended with cassette #9, i.e. 7 cassettes were tested. After cassette #32 was added to the design, a change occurred. So, in this case, testing began with cassette #1 and ended with cassette #12, i.e. testing increased by 4 cassettes.

Example 2. In the initial state, a 50-year-old man began testing the chromosome potency (sum of chromosomes) with cassette #18 and ended with cassette #31, i.e. 13 cassettes were tested. After connecting a cassette with a sufficiently high potency (cassette #47), the testing began and took place on cassette #2, and ended on cassette #49. Testing of cassettes increased to cassette #49, i.e. more than 3 times.

Example 3. In an 82-year-old patient, in the initial state, the potency testing began on cassette #23, and ended on cassette #40, i.e. 17 cassettes were tested. After connecting cassette #60, i.e. strengthening the entire structure, the testing began now on cassette #2, and ended on cassette #50, i.e. 48 cassettes were tested, i.e. potency testing increased 3 times. As a result, the patient develops a new quality in the treatment of diseases - the patient begins to treat those diseases that were impossible to treat before the transformations. We provide even more details in the treatment of an 82-year-old patient, which are reflected in the previous article (3). Treatment of an 82-year-old patient with cribriform prostate cancer. 12 years ago, the patient underwent surgery to remove cribriform prostate cancer - radical prostatectomy. After 10 years, a relapse occurred, which was treated with

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radiotherapy. The latter is used quite widely. The patient underwent 36 procedures at 5 procedures per week. Upon completion of the course of radiotherapy for cribriform prostate cancer, it was established that the cancer was still being tested, i.e. the treatment was not completed. We treated this patient using resonance therapy with a changing, increasing potency of the nosode "cribriform prostate cancer". We increased the potency of the nosode in the patient to such a state that the cancer ceased to be tested, i.e. we have completed the treatment of cribriform prostate cancer [19].

The second illustration of effective treatment of cancer using the resonance therapy method with changing, increasing potency of the cancer nosode. A 52-year-old patient with lung adenocarcinoma came to us. He had this cancer operated on, but the cancer continued to be tested. We treated this cancer using essentially the same method as the treatment of "cribriform prostate cancer" in an 82-year-old man. So, we applied the resonance therapy method with changing, increasing potency of the "lung adenocarcinoma" nosode. In our work, the potency of the cancer increased to such a state that the cancer ceased to be tested. In both cases of cancer, 3 years have passed since the treatment, but the cancer has not recurred (19). Currently, we have treated 16 patients with various cancers, but not a single relapse has occurred. In addition to oncological diseases, we treated five patients with multiple sclerosis with positive results. Not a single case of relapse of multiple sclerosis was detected. From the above, it is concluded that the use of the resonance therapy method with increasing potency of disease nosodes leads to the cure of these diseases [19]. At present, we have treated 16 patients with various oncological diseases, but not a single relapse has occurred.

In addition to oncological diseases, we have treated five patients with multiple sclerosis with positive results. Not a single case of relapse of multiple sclerosis has been identified. From the above, it is concluded that the use of the resonance therapy method with increasing potency of disease nosodes leads to the cure of these diseases [19].

Effective treatment of conditions preceding the occurrence of myocardi al infarction and stroke by bioresonance therapy

It is well known that myocardial infarction and stroke occur in patients with hypertension. Mortality of patients from strokes and myocardial infarctions is in 1-2 place. That is why it is extremely important to find a mechanism the occurrence of myocardial infarction and stroke. excludes that Myocardial infarction and stroke do not occur "out of nothing". They are by conditions without preceded which the occurrence of myocardial infarction and stroke is absolutely impossible. is why the prevention of myocardial infarction and stroke and That hypertension in our work was carried out by effectively treating those conditions that precede the occurrence of these diseases (strokes and myocardial infarctions). 14 In patients, the nosode preceding the occurrence of a stroke was tested on a bioresonance therapy device and was called "brain". At the same time, patients complained of a variety of changes in the brain - both noise and headaches, which were accompanied by increased heaviness in the legs and a heavier gait. We increased the potency of the nosode "brain", which led to the fact that the nosode "brain" began to be tested less. At the same time, negative manifestations in the brain decreased - noise decreased, headaches decreased. In the following days, the potency of the "brain" was also increased to such a state that not only headaches ceased, but also all negative symptoms. At the same time, the patient had no complaints. In addition, hypertension was treated in a similar way - we increased the potency of the nosode "hypertension", which led to the fact that the arterial blood pressure in patients gradually normalized. The above showed that it was precisely in this way, namely the treatment of the nosodes "hypertension" and "brain" that led the prevention of stroke in particular. to Myocardial infarction prevention was carried out on 16 patients. It is well known that before the occurrence of myocardial infarction, complaints ofminor pain or discomfort in the heart area, which are combined with corresponding changes in the electrocardiogram, very often arise. We tested the nosode "heart" on the device for bioresonance therapy, which was tested.

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In addition, our patients also had hypertension - an increase in arterial blood pressure, which was also subsequently treated. An increase in the potency of the nosodes "heart" and "hypertension" and the intake of the corresponding drug by the patient led to the fact that all negative manifestations related to the nosode "heart" gradually ceased to be tested. Positive changes also occurred on the electrocardiogram - it became normal. In other words, the above led to an improvement in heart function, and thus to the prevention of myocardial infarction. Thus, an increase in the potency of the drugs "brain", "heart" and "hypertension" led to the prevention of the occurrence of more severe conditions in patients, namely myocardial infarctions and strokes, and thus to premature death.

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