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Effective Treatment of Oncological Diseases by Potentiation of The Disease Nosode

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Abstract

Our preliminary work in oncology [1] 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 "resonance of creation" to transform inactive chromosomes into active ones. We added high potency to the already existing chromosome potency 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 with cassette No. 10. Next, we added, connected the potency found in cassette No. 32 with high potencies to cassette No. 10. As a result, testing now began with cassette No. 1, and ended with cassette No. 12, i.e. testing increased to 4 cassettes.

Keywords: *oncological diseases, cancer, potency of nosodes, potency of chromosomes.*

Is it possible to potentiate not only chromosomes, but also other structures of the body, for example, nosodes of oncological diseases? It turned out it was possible. To what extent did a significant addition of potencies to the disease nosode, in particular to the cancer nosode, and an increase in the potency of the nosode lead to a condition in which the cancer nosode ceased to be tested? Patients with cancer (18 patients) were examined and treated and it was found that a significant increase in potencies to the disease nosode, in particular to the cancer nosode, and thereby an increase in the potency of the nosode led to a condition in which the cancer nosode ceased to be tested. As an illustration, the treatment history of a patient with cribriform prostate cancer is given. In one day of treatment, the start of testing for cribriform prostate cancer decreased from cassette no. 67 to cassette no. 47, i.e. for 20 cassettes. The end of nosode testing increased from cassette no. 84 to cassette no. 100, i.e. for 16 cassettes. As a result, in one day of treatment, the sum of cassettes that were no longer tested amounted to 36 cassettes.

The next day, at the next session, the beginning of cancer testing corresponded to cassette No. 47, the end of testing corresponded to cassette No. 148. The sum of the tested cassettes was 101 cassettes. Next, a drug was prepared, which the patient took. In the period of time from the end of the first session until the onset of the second session (nighttime sleep), the end of testing cassettes increased by 48 cassettes.

On the third day of treatment, a significant increase in potencies to the disease nosode, in particular to the oncological nosode, and thereby an increase in the potency of the nosode, led to a condition in which the oncological nosode ceased to be tested.

Thus, increasing the potency of a nosode in a patient with cancer to a state in which it (the nosode) stopped being tested led to the completion of the treatment of the cancer, i.e. to a complete cure for cancer.

Introduction

Preliminary work in oncology [1] 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 "resonance of creation" to transform inactive chromosomes into active ones. We added high potency to the already existing chromosome potency 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 with cassette No. 10. Next, we added, connected the potency found in cassette No. 32 with high potencies to cassette No. 10. 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) to cassette No. 31, the beginning 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.

This work involves the use of resonance methods. Resonance was discovered by Galeleo Galelei in 1604 [2]. 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 [3], allows for a single-point examination. 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 parts thereof. “Nosodes” are necessary for identifying and treating diseases and “organopreparations” for testing completely healthy organs or parts thereof. Nosodes are electronic markers of disease and “organ preparations” - information markers about a healthy organ or part of it, recorded on a specific medium.

Each resonant 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 "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 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 our preliminary 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 180 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 the potency of chromosomes and nosodes is reflected by the numbering (number) of the cassettes - the higher the number of the cassette, 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” refers not only to pharmaceutical drugs, but also to disease nosodes.

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 in a hundred - the first hundredth, denoted by the letter C.

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 it 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.

Is it possible to potentiate not only chromosomes, but also other structures of the body? It turned out – perhaps, for example, nosodes of diseases.

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

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 [4-19] showed that increasing 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. What was this 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.

Results

In this work, we changed the situation. Our task now was to bring the tested disease nosode to such a state at which it ceased to be tested.

To what extent did a significant addition of potencies to the disease nosode, in particular, to the cancer nosode, and an increase in the potency of the nosode lead to a condition in which the cancer nosode ceased to be tested?
18 patients with cancer took part in the research.

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 [20-23]. Our patient underwent 36 procedures, 5 procedures per week (this is the maximum possible number of procedures). The condition of the nosode "cribrous prostate cancer" was examined after completion of radiotherapy. So, 5 days after the end of radiotherapy, the cancer was tested (start of testing) on cassette 73, but already 7 days after the end of radiotherapy, cancer began to be tested (start of testing) on cassette 72. On the 9th day after the end of radiotherapy, the nosode "cribrous prostate cancer" began to be tested (beginning of testing) using cassette 69. Thus, on the ninth day after the end of radiotherapy, the start of nosode testing decreased from 73 to 69 cassettes, i.e. by 4 cassettes, and the end of testing decreased from cassette No. 101 to cassette No. 88, i.e. for 13 cassettes.

Thus, testing of cribriform prostate cancer showed that the cancer was tested, and, as the time period increased after the end of radiotherapy treatment, the potency of cribriform prostate cancer became less and less, i.e. the cancer began to "get younger", become more active – the same as it was before the start of radiotherapy.

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.

So, on the first day before the start of treatment, the nosode "cribrous prostate cancer" was tested using cassette No. 67, and ended with cassette No. 84. As a result of the first day of treatment, the examination on this working day was as follows: in one day of treatment, the start of testing for cribrous prostate cancer decreased from cassette No. 67 to cassette No. 47, i.e. for 20 cassettes. The end of nosode testing increased from cassette no. 84 to cassette no. 100, i.e. for 16 cassettes. As a result, in one day the amount of cassettes that were no longer tested amounted to 36 cassettes.

On the second day of treatment, i.e. at the second session, the beginning of cancer testing corresponded to cassette No. 46, the end of testing corresponded to cassette No. 148. The total of cassettes tested was 102 cassettes. Next, a drug was prepared, which the patient took. It is important to pay attention to the fact that in the period of time from the end of the first session until the onset of the second session (nighttime sleep), the end of testing cassettes increased by 48 cassettes.

Our goal was to ensure that, as a result of treatment, the nosode "cribrous prostate cancer" and nosodes of other oncological diseases were not tested at the beginning of testing and, in general, during further testing. This would indicate that the disease simply no longer exists, it has been cured. Zero testing also indicates that the patient lacks even the smallest fraction, i.e. even one cell in particular, cribus prostate cancer. Otherwise, this cell would be tested as a manifestation of cribriform prostate cancer. It can be

assumed that in this case there can be no relapse of the disease in the future.

At the third session, i.e. on the third day of treatment at the very beginning of the working day, the start of testing corresponded to zero. The end of testing corresponded to cassette No. 162.

On the fourth day, only nosode testing was performed. The nosode "cribrous prostate cancer" was not tested on any cassettes from cassette no. 2 to cassette no. 180. In other words, it took only 4 sessions to cure the disease. This indicated a complete cure for cribriform prostate cancer. We believe that in these cases there is no likelihood of relapse of the disease. Fundamentally similar changes occurred in the treatment of other oncological diseases.

Conclusion

A significant addition of potencies to the disease nosode, in particular to the oncological disease nosode, and thereby an increase in the potency of the nosode, led to a condition in which the oncological disease nosode ceased to be tested.

Thus, increasing the potency of a nosode in a patient with cancer to a state in which it (the nosode) stopped being tested led to the completion of the treatment of the cancer, i.e. to a complete cure for cancer.

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