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Effective Treatment of Diseases Using the Method Resonance Therapy

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ABSTRACT

In this work, various diseases were treated using resonance therapy: type 1 diabetes mellitus, cancer, arterial hypertension, multiple sclerosis. When diagnosing and treating diseases with bioresonance therapy, so-called "nosodes" are used - wave copies of various diseases and "organic preparations" - wave copies of normally functioning organs. The peculiarity of the use of nosodes and organopreparations in our work for the treatment of diseases was that we used not only low potencies of nosodes and organopreparations, but also high and also very high ones, while in previous works we used only low potencies of nosodes and organopreparations. Since we treat autoimmune diseases, their component is reduced to zero using the resonance therapy method.

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Resonance. What is called "Resonance"?

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

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.

In this article, 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's commander did not want the bridge to collapse due to possible resonance. The physician, on the other hand, absolutely needs resonance to destroy the disease.

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

Resonance Therapy - what is it?

Resonance has been used for many years in the treatment of various diseases [2-9].

For the diagnosis and treatment of diseases, bioresonance therapy is used, which arose thanks to the German researchers R. Voll, F. Werner, Shimmel H.W. [eleven] [10,11]. When diagnosing and treating with bioresonance therapy, so-called "nosodes" are used - wave copies of various diseases and "organ preparations" - wave copies of normally functioning organs. The peculiarity of the use of nosodes and organ preparations in our work was that we used not only low potencies of nosodes and organ preparations, but also high and very high ones, while in previous works we used only low potencies of nosodes and organ preparations [2-9].

In our previous article (Praznikov V. "Rezonant Medicine". "International Journal of Medical Sciences and Clinical Inventional" 9(2), p. 5962-5973, 2022 and monographs it is shown that in the treatment of various diseases both the resonance of destruction and the resonance of creation are used[3-8].

Resonance of destruction is possible when using nosodes. Initially, testing (diagnosis) of the patient is carried out. The device for bioresonance therapy sets the disease nosode, for example, "stomach cancer," and this nosode is tested in the patient. If the nosode is tested, the arrow on the display does not reach the value of 100 and falls, for example, at a value of 50. This indicates that this patient is diagnosed with stomach cancer. The task of a doctor using the bioresonance therapy method is to select in the device selector connected to a computer that potency of the nosode "stomach cancer" that will resonate with the nosode that is tested on the patient's computer device. If the nosode is chosen correctly, it will resonate with the nosode that is initially tested in the patient. The effectiveness of this selection of nosode potency is revealed in such a way that when testing the "stomach cancer" nosode in a patient, together with the selected potency of this nosode, it leads to the fact that the original nosode, which is in the computer program of the device for bioresonance therapy, ceases to be tested.

Every organ, every disease has its own oscillation frequency. A nosode with a potency is selected that will have the same oscillation frequency to create resonance and destroy, for example, a tumor. If the potency of the selected nosode turns out to be insufficient (the oscillation frequency of the nosode is less than the oscillation frequency of the tumor), the original nosode in the bioresonance therapy device itself continues to be tested. In other words, under these conditions, the method used does not cause resonance and does not lead to tumor destruction.

In case of senile diseases, in which the process of degeneration occurs, destruction of an organ or part of an organ, the use of the destruction resonance method to restore the organ is not possible. It is necessary to use those methods that restore the destroyed organ, the destroyed tissue. And this method is the resonance of creation. It has been shown that the use of creative resonance is extremely effective in the treatment of degenerative diseases - Parkinson's disease, Alzheimer's disease, Multiple sclerosis, autoimmune diseases, etc. [3-8].

It is possible to create a resonance of creation in a patient with an organ preparation of one or another organ or part thereof. The resonance of creation cannot be created with the nosode of a particular disease.

Resonance Treatment

Diabetes Mellitus Type 1

The first type of diabetes is insulin dependent. As a rule, in such patients, often children or adolescents, the full range of consequences of decreased immunity is revealed [12]. In this case, cholecystitis is diagnosed, possibly gallstones, pyelonephritis, and kidney stones. As a rule, chlamydia, a large number of viruses, fungi, and helminths are detected. All this is entered into the recipe for preparing the drug for treatment.

The beta cells of the pancreas in some patients with type 1 diabetes may, in principle, be healthy. But the problem is that they are suppressed by an autoimmune process. The initial impulse is an inflammatory process in the pancreas. It occurs due to the infiltration of immune cells (T lymphocytes) into the islets of Langerhans. Due to a coding defect, T lymphocytes recognize beta cells as strangers, carriers of infection. Since the job of T lymphocytes is to destroy such cells, they destroy beta cells.

Treatment of diabetes mellitus is possible with pancreas transplantation, transplantation of islets of Langerhans and individual beta cells. In addition, a "fashionable" method is the treatment of diabetes mellitus with stem cells [13-15].

The main cause of diabetes is considered to be a dysfunction of the immune system. Stem cell treatment for diabetes involves replacing dead pancreatic cells (beta cells) with stem cells. After stem cells attach to pancreatic tissues, they transform into active cells.

For diabetes mellitus, stem cell injection is carried out using a catheter through the pancreatic artery using an X-ray scanner, which lasts 90 minutes. But at the first stage, bone marrow is collected from the pelvic bone of a diabetic using a thin needle (under local anesthesia). From the collected bone marrow, stem cells are isolated in the laboratory. In the laboratory, the quality of the extracted cells is tested and their number is calculated.

The patient can feel the effect of treatment 2-3 months after the start of treatment. For an effective result, treatment is performed one or more times.

Side Effects of Stem Cell Treatment for Diabetes

1. The method is expensive. Insurance companies do not include it in the list of compulsory health insurance.
2. Frequent illnesses from viral and infectious diseases, because there is no body protection.
3. Uncontrolled cell division occurs, which provokes the oncological process.
4. The method is quite controversial and does not have full effectiveness and evidence. It is a work in progress and requires a long period of research and practice.

In 80% of people with type 2 diabetes, so-called misfolded islet amyloid polypeptide proteins (IAPP) accumulate in their tissues. IAPP grow in a process called folding, and misfolded IAPP is thought to damage beta cells in the pancreas, weakening the body's ability to produce insulin. In contrast, in type 1 diabetes, the beta cells of the pancreas are weakened or completely eliminated.

When treating type 1 diabetes mellitus using the resonance therapy method, the doctor finds an organ preparation of the "tail of the pancreas" in the computer selector connected to the device for bioresonance therapy and tests it in the patient on the device for bioresonance therapy. If the tail of the pancreas tests abnormally, the doctor must restore the functioning of the organ being tested to normal. As shown in the published article and in monographs , for this purpose it is necessary to create a resonance between the organ preparation, which is located in the selector of our computer and is tested in the patient, and the corresponding organ preparation, which must resonate with the tested organ preparation in the patient [4,6]. The organopreparation taken from the device selector is recorded and the potency that will resonate with the organopreparation being tested in the patient is selected. The selected organopreparation with the required potency remains in the device for bioresonance therapy. If the potency is selected correctly, then testing the original organ preparation in the device selector leads to the fact that the organ preparation of the tail of the pancreas ceases to be tested in the patient, i.e. the needle of the device reaches the value of 100. If the potency of the organopreparation is not selected correctly, then the needle of the device drops before reaching the value of 100.

So, we have selected the potency of the organopreparation - the "tail of the pancreas" and it thereby resonates with the organopreparation that is being tested in the patient. What is the meaning of the resonance we create? Unlike the resonance of destruction, the new resonance of organ preparations we created does not lead to the destruction of the organ. It leads to the restoration of the organ - the tail of the pancreas and the beta cells that are located in it (14 patients).

The doctor writes down on the sugar grain the information that is available on the selected organopreparation with the required potency, and this sugar grain becomes a medicine for the patient. The patient takes sugar granules and is treated - the degenerated organ is restored. This is evidenced by testing the organ under study - the tail of the pancreas - throughout the entire treatment period. During the treatment process, the computer needle during testing gets closer and closer to the value of 100 without falling, and the doctor understands that the degenerated organ is being restored. At the same time, blood sugar levels normalize, and the need for insulin drops to zero.

Thus, the use of the resonance of creation can lead not only to the cure of those diseases that arise as a result of degeneration or senility Parkinson's disease, etc [3,5-7]. but also to the restoration

of an organ that was in a state of degeneration or pathological condition, namely the tail of the pancreas.

We understood that without restoring the beta cells of the pancreas, which produce insulin, hormone replacement therapy cannot cure type 1 diabetes.

When testing the patient, problematic organs are found - the pituitary gland, hypothalamus, limbic structures of the brain. Organic preparations of these formations are included in the treatment. We consider it extremely important that in all patients with type 1 diabetes mellitus we tested the nosodes "multiple sclerosis" and "myelin sheath". In other words, our patients had multiple sclerosis, but not widespread, which affects numerous structures of the nervous system, but limited, which is represented only in those structures of the nervous system that innervate the pancreas and, more precisely, the tail of the pancreas. That is why we included treatment for multiple sclerosis in the treatment program for all patients with type 1 diabetes. In addition to lowering blood sugar, the patient is often tested for cholecystitis, liver cirrhosis, gallstones, pyelonephritis, kidney stones, microorganisms - viruses, bacteria, fungi and, most importantly, chlamydia. Destruction resonance is used to treat these associated diseases. As a result of treatment, patients' antimicrobial, antiviral and antifungal immunity increases.

A diabetologist understands that the cure for diabetes cannot be stable until the autoimmune process, which is associated with the degradation and dementia of lymphocytes, is cured. The autoimmune process is cured with the help of the resonance of creation [1-7]. That is why, in the present conditions, when the process of restoring the activity of lymphocytes is found and tested, the process of curing diabetes mellitus and other autoimmune diseases can give a positive long-term prognosis for recovery.

Thus, at present, in the treatment of type 1 diabetes mellitus with a long course of the disease or with a large number of complications, low potency nosodes of these diseases were completely ineffective. That is why, in order to achieve a positive result in the treatment of such diabetes mellitus, it was necessary to increase the potency of the nosodes of this disease. The question naturally arises: is it only enough to increase the potency of the nosodes of diabetes mellitus for the complete cure of this disease, especially with the long duration of the course of this disease and the severe consequences of the pathological process? There may also be conditions in which this is not sufficient. Given that diabetes is an autoimmune disease, the goal was to eliminate the autoimmune component of type 1 diabetes. That is why, in order to obtain greater results in treatment, we began to use, as a complement to the use of the nosode "diabetes mellitus" and the nosode "autoimmune diseases" in various, including high or very high potencies. And only the combined use of the nosodes "diabetes mellitus" and "autoimmune diseases" in high or very high potencies led to effective treatment, curing diabetes mellitus with a long duration of the disease and severe consequences in the patient's health. For example, "high potency" is a potency of 1/100,000, "very high potency is 1/100,000,000 and above.

Oncological Diseases

Each organ, each disease has its own frequency of oscillations. A nosode with such a potency is selected, which will have the same vibration frequency to create resonance and destroy, for example, a tumor. In the event that the potency of the selected nosode is not sufficient (the frequency of oscillations of the nosode is less than the frequency of oscillations of the tumor), the initial nosode in the bioresonance therapy device itself continues to be tested. In other words, under these conditions, the method used does not cause resonance and does not lead to the destruction of the tumor.

Information from such a nosode is recorded on sugar grains, which the patient takes for treatment. As a result of treatment, the tumor is destroyed.

In the device selector for bioresonance therapy, there are a large number of different nosodes of oncological diseases. The use of these nosodes with the correct selection of potency is guaranteed to lead to the emergence of a destructive resonance with the tumor and cure the disease. 37 patients with various oncological diseases were treated, Thus, the use of destruction resonance leads to an effective cure of oncological diseases.

At the same time, we draw attention to the fact that we are talking about "curable" forms of cancer [4].

Resonance therapy can also be used to treat "incurable" forms of cancer – esophageal cancer, stomach cancer, pancreatic cancer, liver cancer, lung cancer and other forms of cancer. In such cases, we also use an oncological nosode for treatment, which is diagnosed in patients and then the potency of the nosode is selected that will resonate with the oncological disease. It is important to pay attention to the fact that the selected potency for "incurable" forms of cancer is significantly higher than for "curable" ones. So we have selected the potency of the nosode and treated the patients with selected high or very high potencies of cancer. Unfortunately, treating "incurable" forms of cancer with potencies alone, even very high forms of cancer, often does not lead to positive results. Considering that cancer is an autoimmune disease, the goal was to reduce the autoimmune component of cancer to zero. That's why we use additional treatment options. And such an additional possibility is the use of "autoimmune disease" drugs. It has been established that the use of low potencies of the drug for "autoimmune diseases" does not lead to positive results in the treatment of cancer. However, the use of drugs of high or very high potencies leads to positive results - nosodes of oncological pathology are no longer tested. High potency of the drug is 1/100000. Very high potency is 1/100000000 and higher. It is precisely these potencies of the drug for "autoimmune diseases" in combination with high or very high potencies of oncological diseases that lead to the fact that the nosodes of oncological diseases as a result of treatment cease to be tested and the oncological process is cured. It is also important that drugs of high and very high potencies are completely harmless to patients.

So, for the treatment of "incurable" forms of cancer, 1. the nosode of oncological disease is used in high and/or very high potency, 2. – the nosode "autoimmune diseases" is also used in high or very high potency.

Arterial Hypertension

We have already drawn attention to the fact that with arterial hypertension there is a disruption in the activity of the structures of the autonomic nervous system - the "sympathetic thoracic trunk". "sympathicus" of patients and they begin to be tested - the doctor sees that when testing this brain structure, an arrow drops in the middle of the computer screen. The parasympathetic nervous system (organopreparation "vagus") is tested very little. What does "tested" mean? This means that the identified organ preparation is susceptible to degeneration and destruction. These disorders are the cause of arterial hypertension in patients. We tested this change in all of our patients (15 patients). It was precisely those structures of the nervous system that underwent degeneration and

decay (for example, during stress) that were the structures that normalized blood pressure (as a result of their restoration), namely the "sympathetic thoracic trunk", "sympaticus".

And since in patients with the onset of the disease, those structures that normalize the state of the body have undergone a process of degeneration, to treat the disease, replacement therapy is needed, which is the only one that currently exists. Can replacement therapy restore degenerated structures of the nervous system in arterial hypertension? The answer is no. This is why patients are forced to use replacement therapy for the rest of their lives.

Is there any alternative to replacement therapy for arterial hypertension?

Naturally, the question arises: is it possible to restore the structure and function of the formations of the sympathetic nervous system that we have listed, namely the "sympaticus", "sympathetic thoracic trunk" and thereby normalize the condition of patients? Our previous works and this article provide examples of use for organ restoration, namely, the tested organ preparations, and thus the restoration of the corresponding structures and functions occurred [5-15].

So, after testing and resonance diagnostics of organ preparations, treatment is carried out using the resonance of creation method.

Let us repeat, in case of arterial hypertension in patients of all ages, organ preparations such as "sympatheticus" and "sympathetic thoracic trunk" are tested as problematic formations. It is these disorders that cause increased blood pressure in patients. We tested a similar change in all of our patients with resistant hypertension - initially high blood pressure - from 180/110 to 220/120. It was those structures of the nervous system that underwent degeneration and decay (for example, during stress) that were the structures that normalized blood pressure.

In this work, we initially tested organ preparations - "sympaticus" and "sympathetic thoracic trunk", which were tested in all our patients, namely degenerated ones. Then they were restored. Restoration of the "sympatheticus" and "sympathetic thoracic trunk" was carried out in relation to the nosode "hypertension". At the same time, such a potency of the "sympathetic thoracic trunk" or "sympathicus" was selected at which the nosode "hypertension" ceased to be tested. Most often, high (1/100,000) or very high (1/100,000,000 and above) potency was selected for restoration and was subsequently used to treat patients. So, in the treatment process we used the restored structures of the "sympathetic thoracic trunk" and "sympaticus". For this purpose, the reconstituted organopreparation in high or very high potency was applied to sugar granules, which the patient took and thus arterial hypertension was cured. The treatment was carried out over several weeks - not quickly. At the same time, blood pressure gradually decreased and normalized to 120/80 - 130/85.

Unfortunately, treatment of severe forms of arterial hypertension only with organ preparations "sympaticus" and "sympathetic thoracic trunk", even with very high potencies of these drugs, often does not lead to positive results. Considering that arterial hypertension is an autoimmune disease, the goal was to reduce the autoimmune component of arterial hypertension to zero. That's why we use additional treatment options. And such an additional possibility is the use of "autoimmune disease" drugs. It has been established that the use of low potencies of the drug for "autoimmune diseases" does not lead to positive results in the treatment of arterial hypertension. However, the use of drugs of high or very high potencies leads to positive results - the nosodes "hypertension" are no longer tested. High potency of the drug is 1/100000. Very high potency is 1/100000000 and higher. It is precisely these potencies of the drug "autoimmune diseases" in combination with high or very high potencies of the organopreparations "sympaticus", "sympathetic thoracic trunk" that lead to the fact that the nosodes "hypertension" as a result of treatment are no longer tested and arterial hypertension is cured. It is also important that drugs of high and very high potencies are completely harmless to patients.

Multiple Sclerosis

Multiple sclerosis (MS) is a chronic disease that affects the myelin sheath of nerve fibers in the brain, spinal cord and peripheral nerves [5-7].

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

Mechanisms of Disease Development

Recent studies have confirmed the mandatory participation of the immune system - primary or secondary - in the pathogenesis of multiple sclerosis. The most widespread is the autoimmune theory of the occurrence of multiple sclerosis.

To date, multiple sclerosis cannot yet be considered a completely primary autoimmune disease. The occurrence of multiple sclerosis is associated with a random individual combination of unfavorable endogenous and exogenous risk factors. Endogenous factors primarily include a complex of class II HLA gene loci and, possibly, genes encoding TNF-a, which cause genetic failure of immunoregulation. Among external factors, the following may be important: area of residence in childhood, dietary habits, 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 or a stressful situation. In this case, the antigen of nonspecific provoking factors, for example, a viral infection, stimulated macrophages and activated T helper cells are fixed on the endothelial cells of the blood-brain barrier (BBB). Cytokines secreted by fixed cells express major histocompatibility complex class I and II antigens (for antigen presentation), as well as cell adhesion molecules, on the surface of the BBB.

Clinical Manifestations of Multiple Sclerosis

Clinical manifestations of multiple sclerosis are associated with focal damage to the heart, several different parts of the brain and spinal cord, and other organs.

Frequent symptoms of multiple sclerosis are dysfunction of the pelvic organs: urgency, frequency, urinary and stool retention, and in later stages - incontinence. The bladder may not empty completely, which is often the cause of a urological infection. Some patients may experience problems associated with sexual function, which may coincide with dysfunction of the pelvic organs or be an independent symptom.

In 70% of patients, symptoms of visual impairment are detected: decreased visual acuity of one or both eyes, changes in visual fields, the appearance of scotomas, blurred images of objects, loss

of vision brightness, color distortion, and contrast disturbance.

During the aging process, various organs degenerate. Very often, such degeneration is associated with the process of demyelination of the nerves that control this function. Such neurological degeneration can be local - in one nerve, or it can be multiple - in two or more nerves, up to a very significant number of nerve formations. Thus, cardiac arrhythmia in older people is often associated with the process of degeneration of the vagus nerve due to demyelination.

Treatment of Multiple Sclerosis Using the Resonance of Creation Method

Treatment of multiple sclerosis only with potentiated nosodes "multiple sclerosis", even with very high potencies of these drugs, often does not lead to positive results. Given that multiple sclerosis is an autoimmune disease, the goal was to eliminate the autoimmune component of multiple sclerosis. That's why we use this additional treatment option as well as in the treatment of type 1 diabetes, cancer and multiple sclerosis. And such an additional possibility is the use of "autoimmune disease" drugs. It has been established that the use of low potencies of the drug for "autoimmune diseases" also does not lead to positive results in the treatment of multiple sclerosis. However, the use of drugs of high, very high potencies leads to positive results - the nosode "multiple sclerosis" is no longer tested. High potency of the drug is 1/100000. Very high potency is 1/100000000 and higher. It is these potencies of the drug "autoimmune diseases" in combination with high or very high potencies of the nosode "multiple sclerosis" that lead to the fact that the nosodes "multiple sclerosis" as a result of treatment are no longer tested and the disease is cured. It is also important that drugs of high or very high potencies are completely harmless to patients.

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

The beginning of work with patients suffering from multiple sclerosis was due to the fact that the diagnosis of MS was confirmed. Patients consulted doctors mainly in old and senile age with a relapsing remitting variant of the disease and its most varied clinical manifestations.

The most common general complaint of patients was dissatisfaction with sleep, which did not allow them to restore their strength, despite the fact that the duration of their nightly sleep was 9-10 hours. In addition to night sleep, these patients also needed daytime sleep.

After 10-20 days of treatment (more in some cases), patients report that their nighttime sleep has decreased and their need for daytime sleep has gradually decreased.

An equally important report from patients was that they reported improvement in walking. Those patients who used sticks as a tool to help them walk more confidently and to protect them from falling began to gradually abandon the use of sticks 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) of varying severity before starting treatment.

Patients who used wheelchairs for walking (special wheelchairs for walking the elderly) held their handrails while walking and moved around. During the course of treatment, such patients gradually stopped using wheelchairs and began to use sticks, and subsequently also gradually began to give up sticks. And these changes do not happen quickly.

The most common comment from patients during treatment was that their walking "became freer and freer" and the duration of walking therefore increased without signs of fatigue, and dizziness became less.

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An equally important sign of improvement in the patients' condition was that the patients reported improved 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 hardly had to pick up new glasses every 3-4 months. From the moment the treatment began, the visual acuity of our patients improved significantly, which they brought to the attention of the attending physician.

During the treatment process, a vegetative resonance test was regularly performed on patients. He testified that the multiple sclerosis nosode was tested less and less, organ preparations of the "myelin sheath", and the nerve itself were tested less and less, i.e. patients were cured. An equally important aspect in the treatment of MS is the diagnosis of patients, and subsequent treatment of scars, adhesions and contractures.

The most resistant formations in the treatment of MS are the oculomotor nerves. While the volume of motor activity in patients increases during therapy, complaints of unsteadiness in walking remain, although they become less pronounced. Testing of the oculomotor nerve organopreparation indicates that its myelination is increasing and, in general, it is being tested less and less.

Treatment of patients was carried out until the test parameters became normal and the complaints of the patients with which they applied for treatment of multiple sclerosis were absent.

In other words, multiple sclerosis is extremely effectively treated (cured) using resonance medicine methods (8-13).

Autoimmune Diseases

The diseases discussed in the article are autoimmune diseases. Autoimmune diseases are a broad class of diseases with heterogeneous clinical manifestations that develop as a result of the pathological production of autoimmune antibodies or the proliferation of autoaggressive clones of killer cells against healthy, normal tissues of the body, leading to damage and destruction of normal tissues and the development of an autoimmune disease. The number of autoimmune diseases ranges from 465 to 1000. In the United States, 50 million people have autoimmune diseases. By comparison, cardiovascular disease affects 25 million people in the United States. Every fifth person on Earth has an autoimmune disease. Autoimmune diseases affect 75% of women and 25% of men [3-9].

90% of patients with autoimmune diseases are infected with the Epstein-Barr virus, which reprograms immune cells and the entire immune system, as a result of which it ceases its protective function and becomes aggressive. The main actors of adaptive immunity are B and T lymphocytes. They arise from stem cells in the bone marrow. B cells are specialized to fight bacteria, viruses and cancer cells. They secrete proteins called antibodies that attach to pathogens and help destroy them. Thymosin is a hormone of the thymus gland (thymus) that supports the functioning of B and T cells. T cells primarily attack and destroy foreign bodies, such as cancer cells and transplants. T helper cells are lymphocytes that mature in the thymus, and those that mature in lymphocytes are B lymphocytes. The leading role in the autoimmune process is played by autoimmune lymphocytes, which, as a result of the disease, mistake the cells of their own body for foreign ones and attack them.

In a healthy state, with completely normal functioning, they (autoimmune lymphocytes) are contained in small quantities and do not attack any structures.

So, autoimmune diseases are caused by dysfunction of the immune system as a whole or its individual components. In particular, with the development of systemic lupus erythematosus, myasthenia gravis or diffuse toxic goiter, suppressor T lymphocytes are involved. In these diseases, there is a decrease in the function of this group of lymphocytes, which normally inhibit the development of the immune response.

Thus, in autoimmune diseases, the immune system perceives tissues as foreign elements and begins to damage them. In contrast, in the normal state of the body, the immune system exerts tight control over such cells. But under certain conditions, for example, with the aging of lymphocytes, their degeneration, degeneration of the lymphatic system as a whole, or disruption of their own functions in the human body, control over such cells may be lost and, as a result, they begin to act in such a way that they destroy normal, full-fledged cells. This is how autoimmune disease develops.

With the development of systemic lupus erythematosus, myasthenia gravis or diffuse toxic goiter, suppressor T lymphocytes are involved. Let us repeat – in these diseases there is a decrease in the function of this group of lymphocytes, which normally inhibit the development of the immune response and prevent aggression of the body's own tissues.

Possible Reasons

Degeneration, aging of lymphocytes and the lymphatic system of organs in general, inflammatory processes are a necessary condition, but not always sufficient for the occurrence of an autoimmune process. Other causes of autoimmune disease are also important.

Exposure to the external environment - such as infection or others (inflammation and released biologically active substances) promotes the entry of lymphocytes into tissues and the activation of autoreactive clones of T cells, which leads to tissue damage and the maintenance of autoimmune processes, which subsequently develops an organ-specific autoimmune disease.

Thus, the production of pathological antibodies by pathological killer cells may be associated with infection of the body with such an infectious agent, the antigenic determinants (epitopes) of the most important proteins of which resemble the antigenic determinants of the host tissues. It is by this mechanism that glomerulonephritis develops after a streptococcal infection or autoimmune reactive arthritis after gonorrhea.

An autoimmune reaction may also be associated with tissue destruction or necrosis caused by an infectious agent or a change in their antigenic structure so that the pathologically altered tissue becomes immunogenic for the host. It is by this mechanism that autoimmune chronic active hepatitis develops after hepatitis B.

The third possible cause of an autoimmune reaction is a violation of the integrity of tissue (histo-hematological) barriers that normally separate some organs and tissues from the blood and, accordingly, from the immune aggression of the host lymphocytes.

The fourth possible cause of the body's autoimmune reaction is a hyperimmune state (pathologically enhanced immunity) or an immunological imbalance with a violation of the "selective" function of the thymus that suppresses autoimmunity or with a decrease in the activity of the T-suppressor subpopulation of cells and an increase in the activity of killer and helper subpopulations.

Autoimmune diseases arise as a result of stress, including pregnancy stress, radiation exposure, drug use, and vitamin D and B1 deficiency.

Treatment in traditional medicine is carried out with appropriate drugs and immunosuppressants: azathioprine, prednisolone, thymodepressin, cyclophosphamide, cyclosporine. Biologically active agents: TNF-a blockers (infliximab, adalimumab, etanercept, CD40 receptor blockers: rituximab, T-lymphocyte differentiation blockers - halofuginone.

Diagnosis And Treatment of Autoimmune Process Using Resonance Medicine

Is it possible to cure the degradation, "aging" of lymphocytes, return them to a normal, non-degenerate state and thereby eliminate the possibility of lymphocytes attacking normal tissues? Degeneration of lymphocytes is part of the overall lymphatic system, including the lymph nodes. This is why it is extremely important to treat a degenerated lymphatic system.

It was found that pancreatic beta cells in type 1 diabetes mellitus could be restored using creative resonance therapy and this was the path to curing type 1 diabetes mellitus [4,6,12]. A fundamentally similar process is possible with the loss of the substantia nigra of the midbrain in Parkinson's disease and with the degradation of the myelin sheath during multiple sclerosis. Creative resonance therapy can restore lost morphological formations and provide a

path to curing Parkinson's disease and multiple sclerosis [4-7].

For a complete cure of these diseases, it is important to what extent it is possible to restore the functional state of the lymphatic system and its part - lymphocytes in the listed autoimmune diseases.

In patients with autoimmune diseases, organ preparations were tested: "lymph nodes", "lymphocytes". It turned out that in all nineteen patients with various autoimmune diseases of a non-oncological nature, the lymph nodes and lymphocytes were tested as being in a degenerative state. There were no patients whose lymph nodes and lymphocytes tested normal.

The goal was to normalize the functional state of the lymph nodes and lymphocytes in our patients and thereby take an important step towards curing their autoimmune disease. For this purpose, it was necessary to increase the potency of the lymph nodes and lymphocytes in the same way as we did in relation to the beta cells of the pancreas in patients with type 1 diabetes mellitus, in relation to the substantia nigra of the midbrain in patients with Parkinson's disease and in relation to myelin sheath of nerves in multiple sclerosis [4-7].

After testing organopreparations: "lymph nodes", "lymphocytes" in patients with autoimmune diseases, the potency was selected that led to the fact that lymph nodes and lymphocytes were no longer tested as degenerated formations. It was this potency of the lymph nodes and lymphocytes that was the basis for the production of sugar granules, which patients took and were treated.

Already on the first day of treatment for all patients, it was noted that when testing their organ preparations "lymph nodes" and "lymphocytes", a significant noticeable shift occurred in the normalization of their potency. From the very first days of treatment, testing of the nosode "autoimmune condition" in patients and their disease nosodes showed that they were tested less and less until they were no longer tested.

The above indicates that if in autoimmune diseases the lymph nodes and lymphocytes were in a state of degeneration and thereby led to the onset of the disease, their treatment contributed to the normalization of the condition of the lymph nodes and lymphocytes, which opened the way to the cure of autoimmune diseases.

It is important to pay attention to the fact that in the above works, degraded, aged lymphocytes were not destroyed, but were transformed into healthy, normal cells. At the same time, the number of lymphocytes in the body did not decrease, but remained exactly the same as before their transformation.

Thus, the treatment of autoimmune diseases can be effective if at least two components are used: 1. treatment with nosodes or organ preparations of the disease itself and 2. treatment of the autoimmune process, namely the cure of lymphocytes and the destruction of the Epstein-Barr virus. Treatment of the autoimmune process was carried out a) by creating and using a highly potent drug that destroys Epstein-Barr viruses, and b) by creating and using a highly potent drug of autoimmune lymph nodes and lymphocytes.

The effectiveness of treatment is revealed already during the treatment of type 1 diabetes mellitus, when blood sugar levels are normalized and the need for insulin is reduced to zero. The resonance treatment method is absolutely safe and has no side effects.

This article shows that the treatment of "curable" cancer and type 1 diabetes mellitus is carried out by using the cancer nosode, type 1 diabetes mellitus in high potency. However, this potency was not exceptionally high, but was found to be highly effective in treating these diseases. In the treatment of "curable" oncological diseases and type 1 diabetes mellitus, we did not use potentized autoimmune drugs. And this was quite enough for the effective treatment of "curable" cancer diseases, type 1 diabetes.

What potencies of autoimmune drugs will be effective in treating diseases with a high level of incurability? It seems to us that the treatment of diseases with a high level of incurability requires the use of autoimmune drugs in significantly higher potencies - high potencies.

In the treatment of the first stage of diseases, drugs in high potency were used. High potency is a potency of 1/100,000. When treating the next stage of the disease, a very high potency is used, amounting to 1/100,000,000 and above. It is important to pay attention to the fact that the given potency values are only an "order", i.e. not literal potencies used in treatment. The true potencies for treatment with certain drugs were selected in each specific case of patient treatment, but in no case were they taken ready-made from the archive. In other words, for each patient, for each stage of the disease, one or another potency was found by selecting this potency.

Conclusion

Thus, the article contains materials that show how many incurable diseases can be effectively treated using the resonance therapy method, namely the resonance of destruction and the resonance of creation. Unfortunately, we were unable to include in the article the results of treatment for Parkinson's disease, Alzheimer's disease, COVID, autoimmune thyroiditis, Down syndrome, cerebral palsy, vitiligo, chronic auditory neuritis, Retinal and Lens degeneration, Gout treatment. These materials will be used in subsequent publications.

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