

Review Article

Open Access

A Disease is a Condition in which the Potency of Chromosomes and Organs Decreases and the Potency of Pathological Formations Increases. Treatment-Normalization of the Potency of Chromosomes, Organs and no Testing of Pathological Formations

Praznikov Victor, MD, PhD

Resonant Medicine, Omer, Israel

ABSTRACT

A disease is a condition in which the potency of chromosomes and organs decreases and the potency of pathological formations increases. Restoring the potency of chromosomes, organs and stopping testing of pathological formations is evidence of the recovery of the organ. In allopathic medicine, the concept of potency of an organ or organism is absent - it is available in homeopathic medicine. The article provides a method for changing potency in homeopathic medicine, presents materials on changing the potency of chromosomes, organs and stopping testing of pathological formations, which is evidence of the recovery of the body. The author of the article clearly understands that restoration of only the potency of organs does not always lead to recovery - there are other mechanisms that are part of recovery. However, restoring the potency of the organ is an extremely important part of recovery, which has not previously received any attention in allopathic medicine.

*Corresponding author

Praznikov Virtor, MD, PhD, Resonant Medicine, Omer, Israel.

Received: June 19, 2024; **Accepted:** June 24, 2024; **Published:** August 28, 2024

Keywords: Disease, Potency of an Organ, Organs and Pathological Formations, Human Chromosomes, Bioresonance Testing, Testing of Chromosomes, Nosodes, Pathological Formations, Changes in Potency and Course of Diseases, Physiological State of Subjects

Introduction

In this article, its evidentiary part is based on the use of resonance medicine [1-18]. Resonance was discovered by Galeleo Galelei in 1604 [19]. Resonance can be most clearly described as follows. A platoon of soldiers approaches a wooden bridge and the officer gives the command to walk out of step because if a platoon of soldiers crosses a wooden bridge in step, the bridge may collapse from resonance. The vibrations of the bridge will coincide with the vibrations of the marching soldiers and a resonance will arise, which will cause the bridge to collapse.

The vegetative resonance test - ART, originally proposed in 1991 by the German scientist G. Schimmel, allows for examination at one point of a person [20]. Testing just one biologically active point makes it possible to assess the condition of not only all organs and systems, but also their relationships.

A computer-based device for bioresonance therapy was created, which included both diagnostic and therapeutic parts. A modern device for bioresonance therapy has a large selector with diagnostic (they are also therapeutic) markers, information copies of diseases, which are called "nosodes" when we are talking about a disease,

and "organ preparations" - information copies of healthy organs, when the doctor is dealing with normal ones. , not pathological organs or their parts. "Nosodes" are necessary for identifying and treating diseases and "organopreparations" for testing completely healthy organs or parts thereof. Nosodes are electronic markers of disease and "organ preparations" - information markers about a healthy organ or part of it, recorded on a specific medium.

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

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

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

During bioresonance testing, in particular, of chromosomes, the potencies are determined at which testing begins to appear in the form of a falling instrument arrow in the middle of the screen. This potency is called "start of chromosome testing." In addition, the potency is determined at which testing stops - while the arrow during testing does not move to a certain value on the screen.

This potency is called “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 this work, we tested human chromosomes (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 (the 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 June 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 tested, for example, chromosome potency.

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

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

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

Without going into small details (you can learn about them from special reference books for the preparation of homeopathic remedies), the process of preparing liquid preparations of various potencies can be briefly described as follows. A mother solution of the active substance is taken, part of which is mixed in a certain proportion with alcohol. If the ratio is one to ten, then the first decimal dilution is obtained, designated D or X in different countries; if one 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.

Results

Chromosome Potentiation: It has been established that human chromosomes (the sum of chromosomes) do not begin to be tested on a device for bioresonance diagnostics and therapy connected to a computer based on their potency values from the very first values. In people of different ages, there are different values at which chromosomes begin to be tested according to the values of their potencies. Stopping testing of chromosomes (sum of chromosomes) according to their potency values is also not the same at different ages and different pathologies. 21 subjects took part in the work. So, in a healthy 11-year-old boy, testing of chromosomes according to their potency values begins with cassette No. 2 and ends with testing in cassette No. 9, i.e. Only 7 cassettes are tested. In a healthy 45-year-old woman, chromosomes (the sum of chromosomes) begin to be tested according to the values of their potencies from cassette No. 11 and end up being tested in cassette No. 52, i.e. 41 cassettes are tested. In an 82-year-old man, chromosomes (sum of chromosomes) begin to be tested from cassette No. 23 and end testing from cassette No. 40, i.e. Only 17 cassettes are tested. We clearly understand that the fewer cassettes are tested on a person, the greater the risk of disease and, in fact, the greater the number of diseases he has. And, conversely, the greater the number of tested cassettes, the lower the risk of diseases and the fewer actual diseases the test subject has.

The question naturally arises as to what extent the chromosome potency can be changed so that the sum of the tested cassettes increases. And is it possible to change it? It is not possible to change the potency of each individual chromosome using currently known methods. In other words, in this work the task is to find a method so that all or the overwhelming number of chromosomes and organs, pathological formations take part in the treatment of the pathological process in patients, namely, in particular, to find a method for converting inactive chromosomes and organs into active ones. For this purpose, the principle of “resonance of creation” was used, which is presented in a large number of our publications [1-18]. It has been established that when new potencies are attracted using the principle of “resonance of creation”, all chromosomes (or most of them) of organs taking part in the healing process begin to be identified.

So, the work identified “active” and “inactive” chromosomes and how “inactive” chromosomes become “active”. For this purpose, a device for resonance diagnostics and therapy was used, connected to a computer, and the resonance of creation was used to transform inactive chromosomes into active ones. We added the sum of potencies to the already existing chromosome values. So, for example, at the beginning of the study, the patient was tested with a low potency of chromosomes equal to cassette No. 3 and ended with testing with cassette No. 10. Next, we “added”, connected the potency located 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 start of testing changed and took place on cassette No. 2, and ended on cassette No. 49. Cassette testing increased to 49 cassettes, i.e. more than 3 times.

Is it possible to potentiate not only chromosomes, but also other structures of the body? Potentiation is possible not only of chromosomes, but also of organs, pathological formations and organ preparations.

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

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

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

Thus, as a result of transformations of chromosomes, pathological processes and organ preparations, as a result of their potentiation (increase in potency) when connecting a large potency cassette, patients develop a new higher quality of chromosomes and organ preparations, pathological formations are no longer tested.

The effectiveness of the treatment of various diseases was achieved by us by increasing the potency of the nosode of the disease from which the patient suffered and using this potency for treatment. Let us give other examples of the possibility of changing the potency of chromosomes in the human body.

So, in the design, at the beginning of testing the patient’s chromosome potency equal to cassette No. 3 and the end of testing cassette No. 10, we “added”, connecting the potency located in cassette No. 32 to cassette No. 10. In other words, we connected cassette No. 32. As a result, we changed the design of testing the cassette in the patient.

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

! A 1 ! B 1

! 1 ! 1

! 1 ! 1

! ____ 1 ! 1

cassette No. 1 cassette No. 2 cassette No. 9 cassette No. 12

A – initial potency, B – after connecting the cassette No. 32

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

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

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

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

As a result of transformations of chromosomes, as a result of their potentiation when connecting a large testing cassette, a new quality of chromosomes arises. We have already drawn attention to the fact that potentiation can be effective not only of chromosomes, but also of other structures, in particular, disease nosodes.

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

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

This work shows the possibility of changing the potency, in particular, of chromosomes, pathological formations in people of different ages and various pathologies, to note the role of highly potentiated chromosomes, nosodes in the treatment of various diseases

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

and “incurable” diseases.

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

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

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

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

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

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

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

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

We have already had attempts to slightly increase potency, which led to an improvement in the condition of patients, but not to the cure of diseases, or to stopping testing of the nosode altogether. Our previous works showed that an increase in the tested potencies of nosodes actually improved the conditions of patients, but, we repeat, did not lead to the fact that the nosode stopped being tested altogether [1-18]. 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.

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

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 cribriform prostate cancer - radical prostatectomy. Ten years later there was a relapse, which was treated with radiotherapy. The latter is used quite widely [19-22]. Our patient underwent 36 procedures, 5 procedures per week (this is the maximum possible number of procedures). At the end of the course of treatment, testing of cribriform prostate cancer showed that the cancer was still being tested. We treated this patient using the method of resonance therapy with a changing, increasing potency of the nosode “cribriform prostate cancer” and prepared the appropriate drug for treating the patient. The potency of the

patient's nosode was increased to such a state that it stopped being tested, i.e. We have completed treatment for cribriform prostate cancer. It is important to note that when using nosodes of high and very high potency, there was no exacerbation of the disease. In other words, when nosodes of high and very high potency are used in treatment, no aggravation of the disease occurs. It is well known that the use of natural drugs of high and very high potencies leads to an exacerbation of diseases.

Potential of Organ Preparations: Potentiation is possible not only of chromosomes and nosodes, but also of organ preparations. 12 subjects were examined. Here is an illustration from a 72-year-old patient. The “brain” organ preparation for this subject begins testing from cassette No. 4 and ends testing on cassette No. 32. The subject complained of general weakness, uncertainty of movements, memory loss, and poor sleep. After the potentiation of the “brain” organ preparation by adding cassette No. 31 to cassette No. 32 and treatment in this way using the potency corresponding to cassette No. 63, testing of this organ preparation in our subject is completed using cassette No. 69. The patient's condition has improved - he has stopped presenting complaints about changes in physiological state.

Conclusion

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

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

As a result of treatment with increased potencies of chromosomes and organs, the diseases that the patients suffered from were cured.

References

1. Praznikov V (2022) Diagnostics and Treatment of Multiple Sclerosis by the Method of Resonance Medicine. Austin Journal of Multiple Sclerosis and Neuroimmunology 10: 1034.
2. Praznikov V (2022) Effective Prevention and effective treatment oncological diseases with method resonance destruction and resonance of creation. Journal of cancer Prevention and Current Research 13: 45-46.
3. Praznikov V (2022) Diagnosis, prevention and effective treatment oncology diseases with methods resonance destruction and resonance of creation. Journal of Biomedical Research and Environmental Science: Oncology Medical group 3.
4. Praznikov V (2022) Resonance Medicine. International Journal of Medical Science and Clinical Invention 9: 5962-5973.
5. Praznikov V (2022) Effective AIDS Treatment with Resonance Medicine. Orthopedics: Research and Therapy 5: 006-010
6. Praznikov V (2022) Effective Treatment of Diabetes Mellitus and Autoimmune Diseases dy Resonance Medicine. Journal of Research in Diabetes and Metabolism 8: 005-0010.
7. Praznikov V (2022) Diagnosis and Treatment of Alzheimer Disease and Parkinson Disease with Resonance Medicine. Journal of Biomedical Research and Environmental Sciences. Alzheimer and Parkinson disease 3: 1000-1010.
8. Praznikov V (2022) Diagnosis and Treanment of Children Cerebral Palsy with Method Resonance Medicine. Biomedical

- Research and Environmental Sciences. Pediatrics Brain Disorders 3.
9. Praznikoov V (2022) Effective Treanment of Chronic Neuritis of Auditory Nerve with Resonance Therapy. Online Journal of Otolaringology and Rhinoloigy 54
10. Praznikov V (2022) Effective treatment for retinal and lens degeneration with resonance medicine metyod. Journal of Biomedical Reseach and Environmental Sciences. Ophthalmology 3: 1069-1075.
11. Praznikov V (2022) Effective Gout Treatment with Resonance Therapy. International Journal Orthopedics: Research and Therapy 5: 006-010.
12. Praznikov V (2022) Resonance Medicine as a Method of Augmentation Life Expectancy. International Journal of Gerontology and Geriatric Research 6: 1-4.
13. Praznikov V (2019) Resonant medicine. Resonance of destruction - effective treatment of oncological, infectious diseases, cysts, etc. Resonance of creation - effective treatment of degenerative diseases - diabetes mellitus, Parkinson's disease, multiple sclerosis, etc. Moscow, "Sputnik +" 232.
14. Praznikov V (2020) Resonance Medicine. The use of resonance destruction for effective of oncological treatment, infection diseases, cysts and etc. The use of resonance creation for effective treatment of degenerative diseases - diabetes, Parkinson desease, multiple scleroses and etc. Moscow, "Sputnic +" 298.
15. Praznikov V (2021) Resonance Medicine. The use of resonance destruction for effective treatment of oncological, infection diseases, Cysts and etc. The use of resonance creation for effective treatment of degenerative diseases - diabetes mellitus, Alzgeimer, s disease, Parkinson, s disease, multiple sclerosis, etc. Moscow, «Sputnic+» 315.
16. Praznikov V (2023) Multiple Sclerosis as a Cause of Disturbances in the Activity of the Heart and Brain; the Role of Glycine and N-Acetylcysteine in Treatment and Prevention of these Conditions in the Elderly Using Resonance Therapy. Sun Text Review of Medical and Clinical Research 4: 179.
17. Andrea Frova, Varipiera Marenzana (2006) Thus spoke Galileo: the great scientists idea and their relevance to the Present day - Oxford University Press 133-137 <https://academic.oup.com/book/54904>.
18. Schimmel H W (1991) Funktionale Medizin. Hang Verlag, Heidelberg 1.
19. Bolla M, van Poppel H, Collene L (2005) Postoperative radiotherapy after radical prostatectomy: a randomized controlled trial (EORTC trial 22911). Lancet 366: 572-578.
20. Miralbell R, Veas H, Lozano J, Khan H, Mollà M, et al. (2007) Endorectal MRI assessment of local relapse after surgery for prostate cancer: A model to define treatment field guidelines for adjuvant radiotherapy in patients at high risk for local failure. Int J Radiat Oncol Biol Phys 67: 356-361.
21. Poortmans P, Bossi A, Vandepune K, Bosset M, Miralbell R, et al. (2007) Guidelines for target volume definition in post-operative radiotherapy for prostate cancer, on behalf of the EORTC Radiation Oncology Group. Radiother Oncol 84: 121-127.
22. Wiltshire KL, Brock KK, Haider MA, Zwahlen D, Kong V, et al. (2007) Anatomic boundaries of the clinical target volume (prostate bed) after prostatectomy. Int J Radiat Oncol Biol Phys 69: 1090-1099.