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Review Article

Alzheimer's Disease - Effective Treatment of the Disease with a Resonant Drug of the Vegetative Unequal system - "Sympathetic Chest Trunk"

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Abstract

Alzheimer's disease (AD) is a progressive form of senile dementia, leading to a complete loss of cognitive abilities, developing mainly after 60-65 years of age: attention, memory, speech, praxis, gnosis, psychomotor coordination, orientation and thinking.

Currently, resonance therapy is represented by three methods of treating various diseases. The first is the resonance of destruction - it is used to treat (destruction) the oncological process, HIV, organ stones, cysts, the second is the resonance of creation, which is used to treat degenerative diseases. It was this drug that was used to treat asthma in our previous study [9]. The third direction is the treatment of the disease with resonant drugs of the vegetative unequal system - the sympathetic thoracic trunk (the third direction of resonance therapy). The article shows that the third direction in the treatment of Alzheimer's disease is effective for the treatment of various diseases.

Keywords: alzheimer's disease; resonance diagnostics and therapy; autonomic nervous system; sympathetic thoracic trunk

Introduction

Alzheimer's disease is a progressive form of senile dementia, leading to a complete loss of cognitive abilities, developing mainly after 60-65 years of age. It is clinically manifested by a gradually emerging and constantly progressive disorder of cognitive abilities: attention, memory, speech, praxis, gnosis, psychomotor coordination, orientation and thinking [9[.

Dementia of the Alzheimer's type is characterized by a subtle and prolonged onset, steady progression without periods of improvement. The main substrate of the disease are disorders of higher nervous functions.

In Alzheimer's disease, the following brain structures are affected: amygdala, basal nucleus, insular cortex, septum, hippocampus, neocortex, temporal lobe, parietal lobe, isocortex, piriformis lobe, insular cortex, hippocampal base, paralimbic cortex.

Alzheimer's disease got its name from the German psychiatrist who first described it in 1906. The incidence on average ranges from 5 to 8 people. per 1000 population, which is about half of all cases of dementia diagnosis. Globally, according to 2006 data, the number of patients with Alzheimer's disease was 26.5 million people. There is a clear upward trend in incidence, which makes the problem of diagnosing and treating this pathology one of the important tasks of modern psychiatry and neurology.

Until now, the etiopathogenesis of dementia of the Alzheimer's type remains a mystery for scientists and practitioners in the field of medicine. No connection has been established with any external factors that trigger Alzheimer's disease. It is only known that the morphological substrate of the disease is the formation of intraneuronal neurofibrillary tangles and cerebral accumulations of beta-amyloid, the so-called “senile plaques,” which leads to degeneration and death of neurons. There is also a decrease in the level of choline acetyltransferase. These features form the basis of 3 main hypotheses trying to explain how Alzheimer's disease develops.

According to the third hypothesis, Alzheimer's disease is associated with the death of neurons as a result of the accumulation of hyperphosphorylated tau protein in them, the threads of which stick together and form tangles. According to the tau hypothesis, protein accumulation is associated with a defect in its structure; the formation of plexuses causes disintegration of intraneuronal transport, which in turn leads to disruption of signal transmission between neurons, and then to their destruction. On the other hand, the formation of neurofibrillary tangles is also observed in other cerebral degenerations (for example, in progressive supranuclear palsy and frontotemporal atrophy). Therefore, many researchers deny the independent pathogenetic significance of tau protein, considering its accumulation to be a consequence of massive destruction of neurons.

Among the possible causes of Alzheimer's disease is the synthesis of pathological apolipoprotein E. The latter has an affinity for amyloid protein and is involved in the transport of tau protein, which may underlie the typical morphological changes of the disease described above.

According to many researchers, Alzheimer's disease is genetically determined. Five main genetic regions have been identified that are associated with the development of the disease. They are located on chromosomes 1, 12, 14, 19 and 21. Mutations in these loci lead to disturbances in the protein metabolism of cerebral tissues, resulting in the accumulation of amyloid or tau protein [20?21].

3. What is resonance diagnostics and therapy?

From a scientific 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, a resonance occurs - a sharp increase in the amplitude of the oscillations in question.

Resonance was discovered by GaleleoGalelei 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 review, the role of the bridge is “played” by the disease, and the role of the marching soldiers is “performed” by the therapeutic effect. The soldier'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).

At the end of the twentieth century, magnetic resonance imaging (MRI) was developed based on NMR. It is used to obtain images of the human brain, heart, and digestive tract organs. For the development of MRI in 2003, American biophysicist Paul Lauterbur and his English colleague Peter Monsfield were awarded the Nobel Prize in Physiology or Medicine.

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

The vegetative resonance test - ART, originally proposed in 1991 by the German scientist G. Schimmel [2], allows for a single-point examination. Testing just one biologically active point of a person makes it possible to assess the condition of not only all organs and systems, but also their relationships.

A computer-based device for resonance therapy was created, which included both diagnostic and therapeutic parts. A modern device for resonance 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 about a 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. An integral property of matter is movement. Everything moves: from galaxies, stars and planets to the smallest particles of matter.

4. Resonance of destruction. Diagnostics using fracture resonance

The activity of a doctor who uses resonance therapy involves a process using modern technologies. First, a diagnosis is carried out. To do this, the nosode of the suspected disease is displayed on a computer screen connected to a device for resonance therapy and it is tested in the patient. If the nosode is “not tested”, then resonance does not occur and the arrow on the computer screen does not fall down in the middle of the screen. Therefore, the patient does not have the disease that is reflected by the nosode. In the same case, if a nosode is tested, a resonance occurs between the patient and the test drug - the arrow on the computer screen falls and indicates that the patient has the disease whose name is indicated by the nosode. This is a diagnostic resonance, but not a therapeutic one. This is how resonance diagnostics are carried out in resonance therapy.

5. Treatment using destruction resonance

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

The use of only extremely low potencies of resonance therapy for the treatment of various diseases did not and does not allow the effective treatment of many diseases, including cancer, many infectious diseases, etc. In other words, for many years there has been a crisis in bioresonance therapy, and thereby, and in general in resonance medicine. This can be seen in the materials of annual scientific conferences on bioresonance therapy [19].

When it is said that high-potency drugs are used in the works, we mean those potencies that are prepared electronically [3-18].

Since 2016, materials have been published on the use of high potency drugs for treatment [3-18]. It was found that drugs of high and ultra-high potencies do not cause any side effects, including toxic effects, on sick and healthy people. But high-potency drugs have proven to be extremely effective in the treatment of severe and extremely severe diseases such as cancer, infectious diseases, including HIV, stones and cysts in organs [3-18]. In particular, metastatic forms of oncology are effectively treated. It has been established that all those forms of oncological diseases that are in the selector of the device for bioresonance therapy are effectively treated with drugs of high and ultra-high potencies.

Treatment of patients with drugs of high potency nosodes was not an end in itself. This method was found in medical practice.

So, resonance medicine includes resonance diagnostics and resonance therapy. The treatment of patients in which the destruction of the structure of the disease occurs, for example, oncology, is called "destruction resonance".

6. Resonance of creation

Since 2016, materials have been published on the use of the second direction of therapeutic resonance – “resonance of creation” [3-18]. Resonance can not only destroy, for example, diseases, but also create lost biological structures. This made it possible to treat degenerative diseases.

We could not find a representation in the scientific literature

that resonance can be not only a “resonance of destruction”, but also a “resonance of creation”. This is obviously due to the fact that it is not easy to imagine how the coincidence of frequencies leads to a response that is not destructive, but creative. In this article we have presented illustrations of how

resonance can be not only destructive, but also creative, particularly for the treatment of degenerative diseases, such as hypertension.

When treating with the help of resonance of destruction, nosodes of diseases were used, from which drugs were prepared in high potencies. This principle has not been effective for treating degenerative diseases. The creation and formation of the principle of "resonance of creation" became possible only as a result of the fact that not nosodes, but high-potency oranomedicines were used for treatment. Without high-potency organomedicines it is impossible to imagine the use of this principle.

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

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

Organic preparations are wave preparations (wave copies) of healthy organs or parts thereof. Nosodes are wave drugs of disease.

The selectors of hardware-software complexes for resonance therapy contain various organ preparations. To restore and rehabilitate organs, we used mainly high-potency organ preparations. They were made in exactly the same way as high potency nosodes.

7. Resonance diagnosis of Alzheimer's disease.

In the device selector we find the following organ preparations of degenerated brain formations in AD, necessary for treatment: amygdala, basal nucleus, insular cortex, septum of the brain, hippocampus, neocortex, temporal lobe, parietal lobe, isocortex, piriformis lobe, insular field, hippocampal base, paralimbic area of the cortex. All these structures are tested in patients, i.e. the needle drops when testing the listed organotherapy products in patients. The nosode also tested is Amyloid or Amyloidosis, brain plaques (neurotic plaques), prions. We test for atherosclerosis as an extremely important cause of asthma.

It is necessary to pay attention to the fact that identification by testing of the given brain structures (they are tested) is necessary for diagnosing AD. There have been cases where the doctor does not detect any clinical symptoms of AD, but tests the given configuration of brain structures on the device. A similar situation is noted when a doctor tests a different configuration of brain structures, characteristic of Alzheimer's disease, even during the period of the disease when there are no clinical manifestations of the disease. In this we can see very great possibilities for bioresonance diagnostics - vegetative resonance test [3-18].

8. Adaptation-trophic function of the sympathetic nervous system. Phenomenon of Orbeli-Ginetsinsky

L.A. Orbeli conducted a study of the functional significance of sympathetic innervation for skeletal muscles, which allowed him to formulate the doctrine of the adaptive-trophic influence of the sympathetic part of the ANS. Two components were distinguished in this influence: adaptation influences and trophic influences [23]. . A.G. Ginetsinsky, studying the effect of sympathetic fibers on the skeletal muscle of a frog, found that a muscle, tired to the point of complete inability to contract, begins to respond to stimulation of motor nerves after stimulation of its sympathetic fibers, first with weak, and then with increasingly stronger contractions. It turned out that when sympathetic fibers were stimulated, the muscle acquired the ability to develop a stronger tension and maintain it for a longer time even under conditions of tetanic excitation. In the muscle at this moment, there is a shortening of chronaxy, facilitating the transition of excitation from the nerve to the muscle, an increase in sensitivity to acetylcholine, a change in elastic-viscous properties and electrical conductivity, and an increase in oxygen consumption. In the myocardium, under the influence of irritation of sympathetic fibers, changes occur in oxygen consumption, glycogen content, creatine phosphate, ATP, actomyosin, RNA, DNA, phospholipids, guanine-, adenine-, uracil nucleotides in the activity of a number of enzymes. Phenomenon: Contractions of a fatigued muscle are caused by rhythmic (30 imp / min) irritation of somatic motor fibers. The moments of stimulation of the sympathetic nerve are marked by an increase in the signal line [22].

Adaptive refers to the influence of the sympathetic part of the ANS, as a result of which the organs adapt to the performance of certain functional loads. Shifts occur due to the fact that sympathetic influences have a trophic effect on organs, which is expressed in a change in the rate of metabolic processes. The adaptive-trophic influence of the autonomic nervous system modulates the functional activity of one or another organ - reception, conduction of excitation, mediation, contraction, secretion, etc., and adapts it to the needs of the body.

To what extent are the Autonomic Nervous System and its individual elements able to normalize the activity of the entire nervous system in conditions of Alzheimer's disease and cure this disease?

9. Diagnosis and treatment of Alzheimer's disease using the third direction of resonance diagnosis and therapy

We have already paid attention to the fact that in Alzheimer's disease there is a degeneration of brain structures: amygdala, basal nucleus, insular cortex, brain septum, hippocampus, neocortex, temporal lobe, parietal lobe, isocortex, piriformis lobe, insular field, hippocampal pre-basement.

In other words, with AD, there is a disruption in the activity of many brain structures of patients and they begin to be tested - the doctor sees an arrow drop in the middle of the screen when testing the corresponding brain structures. In addition, in Alzheimer's disease in patients of all ages, it is tested as a problematic formation - the organ preparation "sympathetic chest trunk". The parasympathetic nervous system (the organ preparation "vagus") is tested very little. What does "tested" mean? This means that the identified organ preparation is subject to degeneration, destruction, and when tested on a patient, the arrow on the computer screen falls in the middle of the screen. It is these disorders that are the cause of the symptoms of Alzheimer's disease in patients. We tested this change in all of our patients (14 patients). It was precisely that structure of the nervous system that underwent degeneration and decay (for example, during stress) that was the structure that normalized Alzheimer's disease - the "sympathetic thoracic trunk", . And since in patients with the onset of the disease, the structure that normalizes the state of the body has undergone a process of degeneration, for the treatment of 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 Alzheimer's disease? The answer is simple - 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 hypertension?

Naturally, the question arises as to whether it is possible to restore the structure and function of the formation of the sympathetic nervous system that we have presented, namely, the "sympathetic thoracic trunk" and thereby normalize the condition of patients? Our previous works provide examples of use for organ restoration, namely, tested organ preparations, and thus the restoration of the corresponding structures and functions occurred [3-18]. In this work, we initially tested an organopreparation - the "sympathetic thoracic trunk". As we have noted, these

10. Treatment of BA with the third line of resonance therapy.

After testing, resonance diagnostics, and all of the listed organ preparations, treatment is carried out with the third direction of resonance therapy. For this purpose, the restored organ preparation "sympathetic thoracic trunk" is used. The appropriate potency of this organopreparation is selected in relation to the brain structures involved in AD and they are prescribed for sugar granules, which the patients take and are treated.

11. Treatment of patients with early and moderate dementia.

Treatment of all brain structures tested showed that the patient responded to this treatment completely adequately. During the treatment, the first to be partially tested or stopped being tested was the "insular cortex", then the "basal nucleus". As the testability of these brain structures decreases,

patients report that their condition has become significantly better, not only in terms of short-term memory recovery, but also in other indicators.

In patients with early and moderate dementia, in the first weeks of treatment, organ preparations were tested less or stopped testing: amygdala, nucleus basalis, insular cortex, cerebral septum, hippocampus, neocortex, which are characteristic of Alzheimer's disease - Subsequently testing decreased or stopped testing: Temporal lobe, Parietal lobe, Isocortex, piriform lobe, insular area, which are characteristic of Alzheimer's disease.

12. Diagnosis and treatment of demyelination in patients with Alzheimer's disease

It has been established that demyelination of nerve formations is of significant importance in the pathogenesis of diseases of the nervous system. It has been established that in Alzheimer's disease there is significant demyelination of nerve structures. How does this circumstance affect the therapeutic process? Patients with Alzheimer's disease were tested for the presence of demyelination, especially of those structures that are associated with the main symptoms of these diseases. It has been established that in AD there is a clear demyelination of not only those structures that are not directly related to the symptoms of these diseases, but also those that are directly related to the manifestation of these two diseases. This is of great importance especially for the therapeutic process. It has been established that treatment in Alzheimer's disease of degeneration of the hippocampus, neocortex, amygdala, basal nucleus, isocortex, hippocampal base, insular cortex, septum, temporal lobe, parietal lobe, paralimbic cortex, piriform lobe certainly leads to partial or complete restoration of these degenerated formations and to significant clinical improvement in the condition of these patients. It was also established that in Alzheimer's disease, restoration of degenerated formations, restoration of myelination - hippocampus, neocortex, amygdala, basal nucleus, isocortex, base of the hippocampus, insular cortex, septum of the brain, temporal lobe, parietal lobe, paralimbic cortex, piriform lobe led to partial or complete restoration of these degenerated lesions and effective clinical improvement in patients with Alzheimer's disease.

We repeat. The question arose to what extent could effective treatment of demyelination of these formations improve the condition of patients with Alzheimer's disease, stop or reduce the frequency of relapses of the degeneration process? Preliminary testing of the state of the nervous structures for the presence of a demyelination process in them indicated that these patients had a completely distinct demyelination process, namely local multiple sclerosis. That is why complex therapy was carried out, treating these diseases not only of formations that have undergone degeneration, but also of local multiple sclerosis or demyelination. The potency of the myelin organopreparation (myelin sheath) was selected for patients, which corresponded to the level of their demyelination and was prescribed to patients with Alzheimer's disease.

The results of the work showed that the inclusion of demyelination in the therapeutic process of treatment led to a significant improvement in the condition of the nervous system in these patients - a significant reduction in relapses of degeneration and thereby prolonging the process of effective treatment. The results of this work indicate that additional treatment of the demyelinating process led to a qualitative improvement in the state of the nervous system compared to what occurred without the inclusion of treatment of the demyelinating process. The process of restoration of the nervous system not only accelerated sharply, but also the time without relapse of the disease increased.

The above indicates the effective treatment of asthma with the third direction of resonance therapy - the adaptive-trophic function of the sympathetic nervous system.

Thus, the treatment of patients with Alzheimer's disease with the third direction of resonance therapy - the adaptive-trophic function of the sympathetic nervous system - turned out to be very effective and not inferior to the methods of the second direction of resonance therapy - the resonance of creation.

13. Conclusion

Alzheimer's disease (AD) is a progressive form of senile dementia, leading to a complete loss of cognitive abilities, developing mainly after 60-65 years: attention, memory, speech, praxis, gnosis, psychomotor coordination, orientation and thinking.

Currently, resonance therapy is represented by three methods of treating various diseases. The first is the resonance of destruction - it is used for the treatment (destruction) of the oncological process, HIV, stones in organs, cysts, the second is the resonance of creation. It is used to used to treat degenerative diseases. It was he who was for the treatment of AD in our previous study. The third direction is the treatment of the disease with resonant drugs of the vegetative unequal system - the sympathetic thoracic trunk (the third direction of resonance therapy). The article shows that the third direction in the treatment of Alzheimer's disease is effective.

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