Effective treatment of Vitiligo with resonance medicine method

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Abstract

In this work, the treatment of vitiligo was carried out on the basis of the principles of creative-destructive resonance and the autoimmune process. There is no indication in the literature whether demyelination processes take place in the nervous system in vitiligo or not. As was established in our work, the most important pathogenetic link in vitiligo is the demyelination of the structures of both the brain, spinal cord, and peripheral nervous system, especially in that part of it that is associated with the innervation of the depigmented skin area. In all patients treated for vitiligo, the nosode "Multiple sclerosis" and the organ preparation "Myelin sheath" were tested. This nosode and organopreparation is being tested in conjunction with the Vitiligo nosode.

What does "pair testing" mean? This means that if you simultaneously test the nosodes of "Multiple Sclerosis" and "Vitiligo", then a resonance occurs. This suggests that multiple sclerosis is closely related to vitiligo. As well as the organopreparation "Myelin sheath" and the nosode "Vitiligo". The above is the main in the pathogenetic link of the disease. An important place in the pathogenesis is occupied by other links, for example, "melanocyte-stimulating hormone", "melanin", "melanocyte", without which the skin coloring matter is not synthesized. In the study of organ preparations "myelin sheath", "melanin", "melanocyte", “melanocyte-stimulating hormone” is found that all these organopreparations are being tested - the arrow on the computer screen falls into the middle of the screen, which indicates inferiority, a low level of activity of these formations. It is this circumstance that leads to the fact that the pigment melanin is not synthesized in sufficient quantities in the skin of patients with vitiligo. The doctor normalizes the activity of these formations, increasing their potency, and the patient takes such effective drugs as medicine and treats vitiligo. At the same time, depigmented spots on the skin disappear. It is also important that in this disease, the demyelination of nerve formations occupies almost a central place in the pathogenesis.

Treatment for vitiligo is not quick. During the disease, the melanocytes that produce melanin, a coloring matter, died in the spots. During treatment, new, young melanocytes are born in the healthy part of the skin adjacent to the areas of depigmentation. Young melanocytes penetrate the spots and secrete the pigment melanin there. In this case, the skin in this area acquires a normal color. But young melanocytes grow slowly and this causes a slow recovery of the patient from vitiligo.

Introduction

Vitiligo (vɪtɪˈlaɪɡoʊ (listen)), also called leukoderma, is a chronic skin disease characterized by patches of skin that lose their pigment. Affected areas of the skin turn white and usually have sharp edges.[1] Hair on the skin may also turn white.[1] The inside of the mouth and nose may also be involved.[2] Both sides of the body are usually affected.[1] Spots often appear on areas of the skin that are exposed to the sun.[2] This is more noticeable in people with dark skin.[2] Vitiligo can lead to psychological distress, and those affected are sometimes stigmatized.

The exact cause of vitiligo is unknown.[1] This is thought to be due to a...
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Causes leading to the development of vitiligo

It is assumed that the following factors play a role in the appearance of vitiligo:

- disorders of a neuroendocrine nature (dysfunction of the thyroid gland, adrenal glands, pituitary gland, gonads);
- mental trauma; autoimmune processes; hereditary predisposition, the harmful effects of an undesirable environment, oxidative stress, trauma, alcohol abuse, smoking, drugs, which is confirmed by family cases of the disease [2-11, 12-19].

- Of great importance in the development of vitiligo are genetic predisposition caused by an environmental factor such that an autoimmune disease occurs. This leads to the destruction of skin pigment cells.[2] Risk factors include a family history of the disease or other autoimmune diseases such as hyperthyroidism, alopecia areata, and pernicious anemia.[2] It is not contagious.[4] Vitiligo is divided into two main types: segmental and non-segmental.[1] Most cases are non-segmental, meaning they affect both sides; and in these cases, the affected area of the skin usually increases most. About 10% of cases are segmental, meaning they mostly affect one side of the body; and in these cases, the affected area of the skin usually does not expand with time. The diagnosis can be confirmed by tissue biopsy.[2]

There is no known cure for vitiligo.[1] People with fair skin are usually recommended sunscreen and makeup.[1] Other treatment options may include steroid creams or phototherapy to darken light spots.[2] Alternatively, you can try to lighten intact skin, such as with hydroquinone. [2] For those who do not respond to other measures, several surgical options are available.[2] A combination of treatments usually produces better results.[3] Emotional support counseling can be helpful.[1]

Worldwide, about 1% of people suffer from vitiligo.[3] In some populations it affects as much as 2-3%.[5] Men and women suffer equally.[1] About half develop the disorder before the age of 20, and most develop it before the age of 40.[1] Vitiligo has been described since ancient times.[1]

In recent years, there has been an increase in the number of patients, both among the adult and child populations, especially among young people [6].

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Treatment of degenerative changes in the vitiligo.

Restoration of the skin by the resonance of creation

Resonance has been used for many years in the treatment of various diseases[12-19]. In this paper, we will consider the possibilities of effective treatment of Vitiligo using the methods resonance of creation. In the diagnosis and treatment of bioresonance therapy, the so-called "nosodes" are used - wave copies of various diseases, including oncological ones, and "organopreparations" - wave copies of normally functioning organs. A feature of the use of nosodes and organopreparations in our work was that we used not only low potencies of nosodes and organopreparations, but also high ones, while in previous works we used only low potencies of nosodes and organopreparations[12-19].

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

Resonance was discovered by Galeleo Galelei in 1604[20]. The resonance can be most clearly described as follows. A platoon of soldiers approaches the wooden bridge and the officer gives the command to go out of step because if a platoon of soldiers crosses the wooden bridge in step, the bridge can collapse from resonance. The vibrations of the bridge will coincide with the vibrations of the marching soldiers, a resonance will arise, from which the bridge will 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 commander did not want the bridge to collapse due to the possible resonance. The physician, by contrast, absolutely needs resonance to
Resonant methods for the study of matter have found wide application in physics, chemistry, biology, and medicine. For example, Nuclear Magnetic Resonance (NMR).

At the end of the 20th century, the method of magnetic resonance imaging (MRI) was developed on the basis of NMR. It is used to obtain images of the human brain, heart, and organs of the digestive tract. For the development of MRI in 2003, the American biophysicist Paul Lauterbur and his English colleague Peter Mansfield were awarded the Nobel Prize in Physiology or Medicine.

In 1975, the German doctor Frank Morell came to a completely 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 emerging "unhealthy" vibrations and restore normal ones.

Vegetative resonance test - VRT, originally proposed in 1991 by the German scientist G. Schimmel [21], allows one-point examination. Testing only one biologically active point with it makes it possible to assess the state of not only all organs and systems, but also their interconnection.

A computer-based device for resonance therapy was created, which included both diagnostic and therapeutic parts. In a modern device for resonance therapy there is a large selector with diagnostic (they are also therapeutic) markers, information copies of diseases, which are called "nosodes" when it comes to a disease and "organ preparations" - information copies of healthy organs when a doctor deals with normal, not pathological organs or their parts. "Nosodes" are necessary for the identification and treatment of diseases and "organ products" for testing perfectly healthy organs or their parts. Nosodes are electronic markers about a disease and "organ preparations", information markers about a healthy organ or its part, recorded on a certain medium.

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

**Resonance of destruction**

**Diagnostics using fracture resonance**

In the activity of a doctor using resonance therapy, a similar process takes place using modern technologies. Diagnostics is performed first. For this, the nosode of the alleged disease is displayed on the computer screen connected to the device for bioresonance therapy, and it is tested in the patient. If the nosode is "not tested", then there is no resonance 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 displayed by the nosode. In the same case, if the nosode is tested, a resonance arises between the patient and the test drug - the arrow on the computer screen falls and indicates that the patient has the disease, the name of which is the nosode. This is a diagnostic resonance, but not a curative one. This is how resonance diagnostics are carried out in resonance therapy.

To treat the identified disease, the doctor must destroy either the tumor [9] or the infectious process with the help of resonance, and for this it is necessary to potentiate the nosode identified in the patient, i.e. 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 needed. To do this, find that potency of the nosode (usually high), which leads to the fact that when testing this nosode in a patient, the arrow stops falling. Such a potency of the nosode leads to a resonant destruction of the structures of the disease. In other words, the informational content of the nosode in a certain 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 the sugar crumbs and the patient accepts this sugar crumbs and is thus treated, i.e. there is a resonant destruction of the structure of the disease.

The use of resonance therapy for the treatment of various diseases only of extremely low potencies, did not allow and does not allow to effectively treat many diseases, including oncological diseases, many infectious diseases, etc. In other words, for many years there has been a crisis in resonance therapy, and thus, in general, in resonance medicine. This can be seen in the materials of the annual scientific conferences on resonance therapy [22].

When it is said that drugs are used in works that exceed the high potency of drugs, they mean those potencies that are prepared electronically [12-19].

Since 2016, materials have been published on the use of high potency drugs for treatment [12-19]. It was found that drugs of high and ultra-high potency do not cause any side effects, including toxic effects on sick and healthy people. However, high potency drugs have proven to be extremely effective in the treatment of severe and extremely serious diseases such as cancer, infectious diseases, including HIV, stones and cysts in organs [12-19]. 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 resonance therapy are effectively treated with drugs of high and ultra-high...
potencies.

Treatment of patients with nosode preparations exceeding the low potency was not an end in itself. This method has been found in medical practice.

So, resonance medicine, includes resonance diagnostics and resonance therapy. Treatment of patients in whom the structure of the disease, for example, oncology, is destroyed, is called "destruction resonance".

**Resonance of Creation**

Since 2016, materials have been published on the use of the second direction of therapeutic resonance - "resonance of creation" [12-19]. 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 in the scientific literature an idea of 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 constructive. In this review, we have presented illustrations of how resonance can be not only destructive, but also constructive, in particular for the treatment of degenerative diseases.

In the treatment with the help of the resonance of destruction, nosodes of diseases were used, from which preparations in the high potency were prepared. This principle has not been effective in the treatment of 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 organopreparations exceeding the high potency were used for treatment. Without organopreparations in the high potency, it is impossible to imagine the use of this principle.

This review presents material related to the treatment of degenerative diseases. This means that treatment is nothing more than the process of restoring organs or organ systems that have undergone changes as a result of diseases or as a result of an aging degenerative process.

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

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

**Organopreparations are wave preparations (wave copies) of healthy organs or parts of them. Nosodes are wave drugs of the disease.**

In the selectors of hardware and software complexes for bioresonance therapy, there are various organopreparations. For the restoration, rehabilitation of organs, we used organopreparations in the high potency. They were done in the same way as the high potency nosodes.

**Treatment of the degenerative process using the resonance method creation**

We find the potency of the organopreparation that leads to resonance with the affected organ, namely, the termination of testing this organ or organ section as problematic. In this case, the arrow stops falling on the computer screen. It is a therapeutic resonance, but not diagnostic. The doctor prepares preparations of healthy organs for the patient in the high potency, writes them down on the sugar crumbs, which the patient accepts.

We tested the retina on our device for resonance therapy and found that the organ preparation "retina of the eye" is being tested in ours, which indicates that there is at least degenerative changes in the retina. The potency of the organ preparation "eye retina" was chosen, which led to the fact that the organ preparation "eye retina" ceased to be tested, i.e. she recovered. The patient took the drug made in high potency for two weeks after which we again tested the organ preparation "eye retina" and once again we pay attention to the fact that the organ preparation has ceased to be tested.

We have performed a similar examination and treatment of retinal degeneration in our other patients. In patients with retinal degeneration, degenerative changes in the lens were also found. That is why we have diagnosed and treated degenerative changes in the lens of our patients.

There is no indication in the literature whether demyelination processes in the nervous system take place in vitiligo or not. As was established in our work, the most important pathogenetic link in vitiligo is demyelination in the structures of both the brain, spinal cord, and peripheral nervous system, especially in that part of it that is associated with the innervation of the depigmented area(s) of the skin. All patients tested the nosode "Multiple sclerosis" and the organ preparation "Myelin sheath". This nosode and the organ preparation are tested in conjunction with the nosode "Vitiligo". What does "paired tested" mean? This means that if you simultaneously test the nosodes of "Multiple Sclerosis" and "Vitiligo", then a resonance occurs. Both of these nosodes with respect to each other turn out to be resonant, i.e. they are "close to each other" and not disunited. This suggests that multiple sclerosis is closely
related to vitiligo. As well as the organ preparation "Myelin sheath" and the nosode "Vitiligo". The above is the core in the pathogenetic link of the disease.

Of course, other links also occupy an important place in the pathogenesis, for example, "Melanocyte-stimulating hormone", "melanin", "melanocyte" without which the skin coloring matter is not synthesized.

Thus, preparations of nosodes and organ preparations in high potency are prepared for treatment, namely, the resonant potency of these preparations is found and patients are treated with them.

**Diagnostics and treatment of an autoimmune process by the method of resonance medicine**

Is it possible to cure the degradation, "aging" of lymphocytes, return them to a normal, non-degenerated state and thereby exclude the possibility of lymphocytes attacking normal tissues? Lymphocytes are part of the whole lymphatic system, including the lymph nodes. Degeneration of lymphocytes is part of the degeneration of the entire lymphatic system. This is why it is extremely important to heal the degenerated lymphatic system.

It was suggested that the beta cells of the pancreas in diabetes mellitus could be restored by means of creative resonance therapy and this was the way to cure diabetes mellitus. 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 is able to restore lost morphological formations and provide a way to cure Parkinson's disease and multiple sclerosis [12-19].

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 products were tested: lymph nodes, "lymphocytes". It turned out that in all nineteen patients with various autoimmune diseases, lymph nodes, lymphocytes were tested as being in a degenerative state. There was no patient whose lymph nodes and lymphocytes were tested as normal.

The task 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. To this end, it was necessary to raise 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 diabetes mellitus, in relation to the substantia nigra of the midbrain in patients with Parkinson's disease and in relation to the myelin sheath nerves in multiple sclerosis.
After testing organoprotocols: "lymph nodes", "lymphocytes" in patients with autoimmune diseases, the potency was selected, which led to the fact that the 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 manufacture of sugar crumbs, which patients took and were treated with.

Already on the first day of treatment, all patients noted that when testing organopreparations "lymph nodes" and "lymphocytes" with them, there was a significant noticeable shift in the normalization of their potency. From the very first days of treatment, testing the "autoimmune condition" nosode in patients and in their diseases showed that they were tested less and less until they stopped being tested. The above shows 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 state of the lymph nodes and lymphocytes, which opened the way for the cure of autoimmune diseases.

It is important to pay attention to the fact that in the works cited, degraded, aged lymphocytes were not destroyed, but 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 materials of this review article meet the three principles of evidence-based medicine - scientific (resonance - scientific non-direction), efficiency and safety.

It follows from the above that vitiligo is a disease that must be treated using the principles of the resonance of destruction and the resonance of creation and the autoimmune process. It is also important that in this disease, the demyelination of nerve formations is almost central in the pathogenesis.

A photo. The photo shows the result of the treatment of a 14-year-old patient - the disappearance of depigmentation spots in the patient on the back of the hands and face. On the left is a photo before treatment, the photo on the right is at the end of treatment.

Treatment of vitiligo is not fast. In the spots themselves, the melanocytes that produce melanin, the coloring matter, died. During the treatment, new, young melanocytes are born in the healthy part of the skin adjacent to the areas of depigmentation. Young melanocytes penetrate the spots and secrete the pigment melanin there. In this case, the skin in this area acquires a normal color. But young melanocytes grow slowly and this causes a slow recovery of the patient from vitiligo. In the course of treatment, young melanocytes concentrate on the healthy part of the skin adjacent to the depigmented one, and then penetrate into the spots and form a "wedge" of the pigmented formation. The "wedge" increases in size and fills the spot.

Conclusion

As was established in our work, the most important pathogenetic link in vitiligo is demyelination in the structures of both the brain, spinal cord, and peripheral nervous system, especially in that part of it that is associated with the innervation of the depigmented skin area. which do not synthesize the coloring matter of the skin. Thus, preparations of nosodes and organopreparations in high potency are prepared for treatment, namely, the resonant potency of these preparations is found and patients are treated with them. In the spots themselves, the melanocytes that produce melanin, the coloring matter, died. During the treatment, new, young melanocytes are born in the healthy part of the skin adjacent to the areas of depigmentation. Young melanocytes penetrate the spots and secrete the pigment melanin there. In this case, the skin in this area acquires a normal color. But young melanocytes grow slowly and this causes a slow recovery of the patient from vitiligo. In the course of treatment, young melanocytes concentrate on the healthy part of the skin adjacent to the depigmented one, and then penetrate into the spots and form a "wedge" of the pigmented formation. The "wedge" increases in size and fills the spot. It follows from the above that the process of demyelination takes place not only in such degenerative diseases of the nervous system, such as multiple sclerosis, but also in vitiligo.

It follows from the above that the process of demyelination takes place not only in such degenerative diseases of the nervous system, such as multiple sclerosis, but also in vitiligo. Effective treatment of vitiligo is carried out using the principles of the resonance of destruction and the resonance of creation.

References

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