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JOURNAL OF

Effective Treatment for Retinal and Lens Degeneration with Resonance Medicine Method

Praznikov Victor MD, Ph.D*

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Resonant Medicine, Omer, Israel

ABSTRACT

The article presents materials on the effective treatment of retinal degeneration by resonance medicine - the resonance of destruction and the resonance of creation, as well as eye cataracts. Photographs of optical coherence tomography are presented both before the start of treatment and after the end of treatment. Tomograms indicate effective treatment of retinal degeneration.

Retinal Degeneration

The retina is the inner shell of the eye, which is the peripheral part of the visual analyzer, contains photoreceptor cells that provide the perception and conversion of electromagnetic radiation in the visible part of the spectrum into nerve impulses, and also provides their primary processing. Anatomically, the retina is a thin shell, adjacent throughout its length from the inside to the vitreous body, and from the outside – to the choroid of the eyeball. Two parts of different sizes are distinguished in it: the visual part – the largest, extending to the very ciliary body, and the front – not containing photosensitive cells – the blind part, in which, in turn, the ciliary and iris parts of the retina are isolated, respectively parts of the choroid.

The visual part of the retina has an unequal layered structure, accessible for study only at the microscopic level, and consists of 10 layers of the eyeball.

Near the center of the retina on its back surface is the optic disc. Here, the formation of the optic nerve occurs from the axons of the ganglionic neurocytes of the retina.

Lateral to the optic disc there is a spot in the center of which there is a depression, the fovea centralis, which is the most light-sensitive part of the retina and is responsible for clear central vision (yellow spot). This area of the retina contains only cones.

The retina is made up of several layers of neurons. From photoreceptors, the signal is transmitted to bipolar cells and horizontal cells. The signal is then transmitted to amacrine and ganglion cells. These cells generate action potentials that are transmitted along the optic nerve to the brain.

So, in addition to photoreceptor and ganglionic neurons, the retina also contains bipolar nerve cells, as well as horizontal and amacrine cells.

Thus the outer nuclear layer of the retina contains the bodies of photosensory



Praznikov Victor, Resonant Medicine, Omer, Israel

Tel: +972-050-990-0739 E-mail: praznikov@yandex.ru

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cells, the inner nuclear layer contains the bodies of bipolar, horizontal, and amacrine cells, and the ganglion layer contains ganglion cells.

The retina is an extremely complex structure that is connected to the visual part of the brain with the help of nerve fibers. Therefore, we can consider that the retina is part of the brain.

The most common diseases in elderly and senile people are retinal degeneration and its extreme manifestation is retinal detachment. Retinal detachment is the separation of rods and cones. They are called neuroepithelium. So, the neuroepithelium separates from the underlying pigment epithelium. When this occurs, the accumulation of fluid between them. Retinal detachment disrupts the nutrition of the outer layers of the retina, which leads to loss of vision. Currently, the diagnosis of retinal structure disorders is carried out by Optical Coherence Tomography of the retina (OCT). So, retinal degeneration can be with retinal detachment and without retinal detachment.

Diagnostics

We were approached by a 73-year-old man who, during examination by an ophthalmologist, was found to have retinal degeneration without its detachment. Optical coherence tomography of the retina confirmed and documented the process of retinal degeneration in its initial form (Figures 1A,B).

In addition, the test showed a significant deterioration in visual acuity in the eye where retinal degeneration occurred.

With retinal dystrophy, there is a thickening of its neurosensory part due to multiple small "cylindrical" cavities with hyporeflective contents, the absence of vitreoretinal fusion. On optical coherence tomography of the retina, during its degeneration, a fibrovascular membrane of a low degree of activity appears, which can be seen in the figures 2A,B. In addition, there is 1. A decrease in the thickness of the neuroepithelium in the fovea, 2. A decrease in macular volume, 3. A pronounced decrease in the reflectivity of the neuroepithelium in the fovea.

Treatment of Degenerative Changes in the Retina

Restoration of the retina by the resonance of creation

In our previous works [1–3] and in monographs [4–9] considered two options for using resonance in medicine – the resonance of destruction and the resonance of creation. Resonance has been used for many years in the treatment of various diseases [1–9,12]. In this paper, we will consider the possibilities of effective treatment of Parkinson disease and Alzheimer disease 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 [1-9], while in previous works we used only low potencies of nosodes and organopreparations [4-9].

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 Galelei G in 1604 [10]. 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 destroy the disease.

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 Monsfield were awarded the Nobel Prize in Physiology or Medicine.

This is due to the fact that high potency drugs lead to an exacerbation of diseases. This circumstance extremely limits the possibility of their use, although there is an understanding that the higher the potency of the drug, the more effective it is.

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

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





Figure 1a,b Optical coherence tomography of the retina of patient F-n, 73 years old, before treatment with resonance therapy.

should be to suppress the emerging "unhealthy" vibrations and restore normal ones.

Vegetative resonance test – VRT, originally proposed in 1991 by the German scientist Schimmel G [12]. Allows onepoint 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 "organopreparations" – 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 products", 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.

Healing using destruction resonance

To treat the identified disease, the doctor must destroy either the tumor [3] 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 takes 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 [12].

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 [1–9].

Since 2016, materials have been published on the use of high potency drugs for treatment [1–10]. 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 [1-9]. 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" [1-9]. 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 oranopreparations 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. ubject Area(s): **OPHTHALMOLOGY**

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 hith 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 takes.

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.

The eye doctor at the second appointment during the examination did not find any changes in the retina, and Optical coherence tomography confirmed the absence of degenerative changes in the eye (Figures 2A,B).

A simple comparison of the tomograms of the retina before and after our treatment shows significant positive changes, which indicate that after the end of the treatment, the retina became completely normal. In addition, visual acuity in patients after our treatment also became completely normal.

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.

Lens Degeneration

The lens is a transparent body located inside the eyeball

between the vitreous body and the iris; is a biological lens, the lens is an important part of the light-reflecting and lighttransmitting apparatus of the eye. The lens is a transparent biconvex rounded elastic formation, circularly fixed to the ciliary body. Outside, the lens is covered with a thin elastic structureless capsule, which is a homogeneous transparent shell that strongly refracts light and protects the lens from various pathological factors. The epithelium of the lens is characterized as a single-layer squamous non-keratinizing; its main functions are trophic, cambial and barrier.

The main mass of the lens is formed by fibers, which are epithelial cells, elongated in length. The substance of the lens, formed by the protein crystallin, is completely transparent.

Degeneration, Dystrophy of the Lens Cataract

This is a disease in which the lens of the eye partially or completely loses its transparency. The resulting opacities serve as an obstacle to the path of light rays from objects that, with normal vision, freely enter the eye, resulting in a decrease in vision, up to complete blindness.

According to the degree of maturity, senile cataract is divided into four stages: 1. initial cataract, 2. immature cataract, 3. mature cataract, 4. overripe cataract.

- Initial cataract: The earliest signs of cataract are the processes of hydration of the lens - the accumulation of excess fluid inside it. This fluid accumulates in the cortical layer of the lens between the fibers in accordance with the location of the sutures. So-called "water gaps" are formed.
- 2. Immature cataract: The gradual progression of the process is reduced to the promotion of opacities in the direction of the lens capsules and into the central optical zone. Severe clouding of the lens leads to a marked decrease in visual acuity.
- 3. Mature cataract: The entire area of the lens is occupied by opacities.
- **4. Overripe cataract:** Further progression of the cataract is accompanied by the disintegration of the lens fibers.

Clinical manifestations of cataract. The first sign of the disease may be complaints of a sense of doubling of objects, the appearance of "flies" or spots before the eyes, and difficulty in reading. With the maturation of cataracts, the described complaints gradually progress. In the stage of mature cataract, objective vision is lost. Cataract diagnostics: determination of visual acuity, examination of visual fields, measurement of intraocular pressure, examination of the anterior segment of the eye, examination of the fundus. Subject Area(s): **OPHTHALMOLOG**



Figure 2a,b Optical coherence tomography of the retina of patient F-n, 73 years old, after treatment with resonance therapy.

Cataract Treatment

Most ophthalmologists believe that conservative treatment of cataracts is possible only in its initial stage. For this, drops of a complex of vitamins, biogenic stimulants, inorganic salts are used. When drugs fail to help sufficiently, the only effective method is surgery – removal of the lens. Surgery is performed at any stage of the disease. During the operation, the diseased lens is replaced with an artificial one.

EffectiveTreatmentofInitialDegeneration Lens Both by the Destruction Resonance Method and the Resonance of Creation

In a 73-year-old patient with initial changes in the retina, initial changes in the lens were also determined. Both the organ preparation "lens of the eye" and the nosode "cataract" were tested. The potencies of the organ Subject Area(s): **OPHTHALMOLOGY**

preparation "eye lens" and the nosode "cataract" were determined, which led to the fact that the organ preparation and the nosode stopped being tested in the patient. High potency preparations were made, which the patient took for two weeks. Two weeks later, testing showed that neither the organ preparation "eye lens" nor the nosode "cataract" were tested in the patient. Examination of the patient by an ophthalmologist confirmed the effective treatment with resonance medicine.

Conclusion

Diseases of the retina and lens are effectively diagnosed and cured by the methods of resonance medicine – the resonance of destruction and the resonance of creation.

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