

## Recent Advances in Clinical Trials

Effective Diagnosis and Treatment of Arteries Brain by Resonance Methods  
Diagnosis and Therapy in the Elderly

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*In this work, the diagnosis and treatment of cerebral arteries in elderly people (75-84 years old) was carried out. It has been established that in the elderly, the indicators for diagnosing cerebral arteries amounted to 45-50% of the condition that occurs in young people, which, of course, is a prerequisite for the occurrence of both ischemic and hemorrhagic stroke. Treatment of cerebral arteries in the elderly restored the state of the arteries and brought them closer to the state that occurred in young people, which prevented the occurrence of both ischemic and hemorrhagic stroke. In addition, because of the treatment of cerebral vessels in the elderly, there was an improvement in vision, hearing, motor activity - walking and other functions, and reduced the risk of Parkinson's disease, Alzheimer's disease, and multiple sclerosis.*

**Keywords**

Resonance therapy, Resonance of destruction, Resonance of creation, Nosodes and organ preparations, Resonance therapy of cerebral arteries in the elderly (75-84 years old) people.

**Introduction**

Due to the fact that it is almost impossible to return a person who has had a stroke to the original full-fledged state, special importance is attached to the prevention of stroke. Prevention has been proven to cut the incidence of stroke by half. The brain needs an uninterrupted supply of oxygenated arterial blood to survive. When these vessels are blocked or ruptured, a stroke occurs, that is, the death of any part of the brain. Most often (up to 80% of all cases), the disease develops because of an acute violation of blood flow to a certain area of the brain. This is the so-called ischemic stroke or cerebral infarction - blockage by a blood clot of the artery that feeds the brain. Hemorrhagic stroke. Under certain conditions, there is a violation of the integrity of the vessels, leading to the occurrence of a hematoma. A hemorrhagic stroke is caused by the rupture of a blood vessel, usually an artery, in the brain, followed by hemorrhage. One of the most common causes of vascular rupture is hypertension, which causes pathological changes in blood vessels [1-3].

The functioning of the brain depends entirely on its continuous supply of oxygenated blood. The control of blood delivery occurs due to the ability of the brain to detect pressure fluctuations in the main sources of its blood supply - the internal carotid and vertebral arteries. The control of oxygen tension in arterial blood is provided by the chemosensitive zone of the medulla oblongata, whose receptors respond to changes in the concentration of respiratory gases in the internal carotid artery and cerebrospinal fluid.

The blood supply to the cerebral hemispheres is carried out by two internal carotid arteries and the main (basilar) artery. The internal carotid arteries penetrate the subarachnoid space through the roof of the cavernous sinus, where they give off three branches: the ophthalmic artery, the posterior communicating artery, and the anterior choroid plexus artery, and then divide into the anterior and middle cerebral arteries. The main artery at the superior border of the pons divides into two posterior cerebral arteries. The arterial circle of the brain - the circle of Willis is formed due to the anastomosis of the posterior cerebral and posterior communicating arteries on both sides and the anastomosis of the two anterior cerebral arteries using the anterior communicating artery. The blood supply to the choroid plexus of the lateral ventricle is provided by the anterior choroid plexus artery (a branch of the internal carotid artery)

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and the posterior choroid plexus artery (a branch of the posterior cerebral artery). The arteries that make up the circle of Willis form dozens of thin central (perforating) branches that enter the brain through the anterior perforated substance near the optic chiasm and through the posterior perforated substance behind the mastoid bodies. There are several classifications of perforating arteries, but they are conditionally divided into short and long perforating branches. Four groups of central branches are represented. Thalamoperforating arteries belong to the posteromedial group, thalamo-genicular arteries - to the posterolateral group. In the right hemisphere, short central branches originate from all the arteries of the circle of Willis, as well as from two arteries of the choroid plexus, and provide blood supply to the optic nerve, optic chiasm, optic pathway, and hypothalamus. Long central branches originate from three cerebral arteries and supply blood to the thalamus, striatum, and internal capsule. They also include the arterial branches of the striatum (lentiform-striated arteries) extending from the anterior and middle cerebral arteries [1-3].

The anterior cerebral artery passes to the medial surface of the cerebral hemispheres above the optic chiasm. It then wraps around the genu of the corpus callosum, making it easy to identify on carotid angiography. Near the anterior communicating artery, the anterior cerebral artery gives off a branch to form the medial striatal artery, also known as the recurrent artery of Huebner. The function of this artery is the blood supply to the internal capsule and the head of the striatum. The cortical branches of the anterior cerebral artery supply blood to the medial surface of the cerebral hemispheres at the level of the parietal-occipital sulcus. The branches of this artery intersect in the region of the frontal and lateral surfaces of the cerebral hemispheres.

The middle cerebral artery is the largest of the branches of the internal carotid artery, receiving 60-80% of its blood flow. Departing from the internal carotid artery, the middle cerebral artery immediately gives off the central branches, and then, in the depths of the lateral groove, goes to the surface of the brain islet, where it branches into the upper and lower parts. The upper branches provide blood supply to the frontal and parietal lobes, while the lower branches supply the parietal and temporal lobes, as well as the middle part of the optic radiation. The middle cerebral artery supplies 2/3 of the later.

The composition of the central branches of the middle cerebral artery includes the lateral arteries of the striatum, supplying the striatum, internal capsule and thalamus. Occlusion of one of the lateral striatal arteries leads to the development of the classic manifestations of a stroke. In this case, there is damage to the cortical-spinal pathway in the posterior leg of the internal capsule, causing contralateral hemiplegia (paralysis of the muscles of the upper and lower extremities, as well as the lower part of the face on the side opposite to the lesion).

Posterior cerebral artery. The two posterior cerebral arteries are the terminal branches of the basilar artery. However, in the embryonic period, the posterior cerebral arteries depart from the internal

carotid artery, and therefore, in 25% of people, the internal carotid artery in the form of a large posterior communicating artery remains the main source of blood supply to the brain on one or both sides. Near the origin of the basilar artery, the posterior cerebral artery divides and forms branches leading to the midbrain, the posterior choroid plexus artery, which supplies the choroid plexus of the lateral ventricle, and central branches passing through the posterior perforated substance. Then the posterior cerebral artery goes around the midbrain, accompanied by the optic pathway, and provides blood supply to the ridge of the corpus callosum, as well as the occipital and parietal lobes. The central perforating branches of the posterior cerebral artery, the thalamoperforating and thalamo-geniculate arteries, provide blood supply to the thalamus, subthalamic nucleus, and optic radiation [1-3].

Since the article is devoted to the diagnosis and treatment of cerebral artery resonance therapy methods, this section is preceded by a brief summary of what is called "resonance". From a technical point of view, resonance is a phenomenon of the response of an oscillatory system to an external influence. When the periods of action and the response of the system coincide, a resonance occurs - a sharp increase in the amplitude of the considered oscillations. Resonance was discovered by Galeleo Galelei in 1604 [4]. The resonance can be most clearly described as follows. A platoon of soldiers approaches a 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 may 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 marching soldiers is "performed" by the therapeutic effect. The commander of the soldiers did not want the bridge to collapse due to possible resonance. The doctor, by contrast, absolutely needs a 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 20th century, magnetic resonance imaging (MRI) was developed on the basis of NMR. It is used to obtain images of the human brain, heart, and digestive tract organs. 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 physician Frank Morell came to the quite 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 [5], allows one-point examination. Testing only one biologically active point makes it

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possible to assess the state of not only all organs and systems, but also their interconnections. A device for resonance therapy based on a computer 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 the disease and "organ preparations" - information copies of healthy organs when the doctor deals with normal, not pathological organs or their parts. "Nosodes" are needed for the identification and treatment of diseases, and "organ preparations" for testing perfectly healthy organs or parts of them. Nosodes are electronic markers about a disease and "organ preparations" - information markers about a healthy organ or its part, recorded on a specific medium. Each test drug exerts a wave effect on the patient. It is necessary to restore the spectral (frequency) harmony in the patient. Original test preparations (unlike their informational copies) are material objects, i.e. specific substances with their own atomic and molecular structure.

### **Resonance of destruction. Diagnosis using destruction resonance**

The use of destruction resonance has been taking place for more than two hundred years. The doctor creates such a relationship between the drug and the pathological process in the patient, in which the periods of exposure and the response of the system coincide and resonance occurs - a sharp increase in the amplitude of oscillations, resulting in the destruction of the pathological focus [6-18].

In the activities of a doctor who uses resonance therapy, a similar process takes place using modern technologies. First, a diagnosis is made. To do this, the nosode of the alleged disease is displayed on the screen of a computer connected to a device for resonance therapy and it is tested in a 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 being tested, there is a resonance 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 therapeutic one. This is how resonance diagnostics is carried out in resonance therapy.

### **Treatment Using Destruction Resonance**

To treat a detected disease, the doctor must destroy either the tumor or the infectious process with the help of resonance, and for this it is necessary to potentiate the nosode detected in the patient, i.e. to find that potency of the nosode that will cause resonance with the pathological process in the patient and destroy the disease, in other words, 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 fall of the arrow stops. 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 disease found. The doctor writes the informational 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 allow and does not allow effective treatment of many diseases, including oncological diseases, many infectious diseases, etc. In other words, there has been a crisis in resonance therapy for many years. This can be seen in the materials of the annual scientific conferences on bioresonance therapy [19].

Since 2016, materials have been published on the use of high potency drugs for treatment [6-18]. 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 preparations proved 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 [6-18]. 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".

### **Resonance of Creation**

Since 2016, materials have been published on the use of the second direction of therapeutic resonance - the "resonance of creation" [6-18]. Resonance can not only destroy, for example, diseases, but also create lost biological structures. This made it possible to treat degenerative diseases.

We have not been able to find in the scientific literature an idea 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 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 resonance of destruction, the nosodes of diseases were used, from which preparations were prepared, in particular, in high potency. This principle has not been effective for 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 were used for treatment, but organo preparations of high potency. Without high potency organo preparations, it is impossible to imagine the use of this principle.

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This review presents materials related to the treatment of degenerative disease. This means that treatment is nothing but the process of restoring organs or organs that have undergone changes as a result of diseases or as a result of the senile degenerative process. Degenerative diseases can also be congenital. It is clear that a significant part of congenital diseases is the result of underdevelopment of an organ or organ system.

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

Organ preparations are wave preparations (wave copies) of healthy organs or their parts. Nosodes are wave preparations of the disease. There are various organ preparations in the selectors of hardware and software complexes for bioresonance therapy. For the restoration and rehabilitation of organs, we used organ preparations in high potency.

### **Diagnosis of the Degenerative Process by the Method Vegetative Resonance Test**

When a patient is tested for an organ destroyed by a tumor, degenerative processes, or inflammation, it ceases to be tested as normal. In other words, it is tested as problematic those on the computer screen, an arrow falls in the middle of the screen, which indicates that the organ preparation was found correctly. There is a resonance between the organ preparation and the patient. This is a diagnostic resonance, but not a therapeutic one.

### **Treatment of the Degenerative Process with the Resonance Method Creation**

We find that potency of the organ preparation, which leads to resonance with the affected organ, namely, the cessation of testing this organ or part of the organ as problematic. At the same time, the drop of the arrow on the computer screen stops. This is a therapeutic resonance, but not a diagnostic one. The doctor prepares preparations of healthy organs for the patient in high potency, writes them down on sugar grains, which the patient takes

### **Treatment by the Resonance of Creation**

After testing, resonant diagnostics of organ preparations, treatment is carried out using the method of resonance of creation. Corresponding preparations are prepared from the tested organ preparations. They are recorded on sugar grains in the potency that is necessary for treatment and resonant treatment of patients is carried out.

### **Diagnosis of the Condition of the Arteries in the Elderly**

Diagnosis of the condition of the arteries in the elderly (70-85 years) indicates that the arteries of the brain are usually in a state of deep depression, degeneration. Testing by the method of resonance diagnostics indicates that the arteries of the brain are tested for indicators of almost 50 percent activity. This state of the arteries of the brain can lead to the occurrence of both ischemic

and hemorrhagic stroke and requires the speedy and complete restoration of the structure and function of the arteries of the brain. It is clear that the prevention of ischemic stroke by reducing thrombus formation has a result, it reduces the possibility of a stroke, but another way is also important - the rehabilitation of the arteries of the brain, which are in a state of degeneration. So, if the arteries of the brain are not in a state of degeneration, then it is not possible to imagine the occurrence of either ischemic or hemorrhagic strokes. It is this path that we have chosen to prevent both ischemic and hemorrhagic strokes.

We tested the condition of the arteries of the brain in 18 patients aged 70-85 years according to the indicator - the organ preparation "cerebral arteries". This is an integrated organopreparation. In addition to this integrated organopreparation, the device for resonance diagnostics and therapy contains a fairly large number of individual organopreparations of cerebral arteries. Testing of the "cerebral arteries" indicated that the diagnostic indicators were almost 50% of the normal ones. Such indicators, obviously, were close to what leads to the occurrence of both ischemic or hemorrhagic strokes. At the same time, it is important to pay attention to the fact that in all our patients we determined completely normal blood pressure - 120/80. In other words, we saw a significant contrast between the indicators of total arterial blood pressure, which did not inspire the doctor with fear for the state of health of patients and the degenerated state of the arteries of the brain. It is clear that the doctor's task in the new conditions required an exceptionally quick and complete restoration of the structure and function of the arteries of the brain in order for the test indicators to approach or be similar to those of young, healthy people. To do this, we used the method of resonance of creation, which was described above.

### **Results of Effective Treatment of Arteries Located In a State Of Degeneration by Resonance Therap in Older People**

The treatment was carried out daily. The results of treatment showed the following. The organ preparation "cerebral arteries" as a result of treatment began to recover and was tested as degenerated less and less - at first 45%, then - 50%, 60%, 70%, etc. At the same time, patients reported on their condition - the elderly recovered their working capacity. So, if before the start of treatment for several months the patients' working capacity decreased, for example, the duration of normal walking without signs of fatigue decreased, then, starting from the first days of treatment, the working capacity was restored - patients reported that the duration of walking without signs of fatigue increased more and more. Patients began to walk the way they had a few years ago. Sleep became extremely deep, without waking up at night, memory was restored, vision improved, hearing was restored - patients began to hear much better. Arterial blood pressure remained completely normal. So, the treatment of cerebral arteries by the method of resonance of creation leads to the restoration of arteries, and in this regard, to the restoration of motor activity to the level that it was several years ago, the restoration of vision, hearing and other functions. Treatment of cerebral arteries also leads to the prevention of stroke - both ischemic and hemorrhagic.

In our previous articles, we talked about the effective treatment of Parkinson's disease, Alzheimer's disease, multiple sclerosis using resonance therapy [11,17]. However, this treatment was carried out without treatment of cerebral arteries. This work makes a significant correction in the treatment of these diseases. It consists in the fact that the treatment of these diseases must be carried out together with the treatment of cerebral arteries. It is in this case that the effectiveness of treatment increases many times over.

## Conclusion

In this work, the diagnosis and treatment of cerebral arteries in elderly people (75-84 years old) was carried out. It has been established that in the elderly, the indicators for diagnosing cerebral arteries amounted to 45-50% of the condition that occurs in young people, which, of course, is a prerequisite for the occurrence of both ischemic and hemorrhagic stroke. The blood pressure of the patients was 120/80. Treatment of cerebral arteries in the elderly restored the state of the arteries and brought them closer to the state that occurred in young people, which prevented the occurrence of both ischemic and hemorrhagic stroke. In addition, as a result of the treatment of cerebral vessels in the elderly, there was an improvement in vision, hearing, motor activity - walking and other functions, and reduced the risk of Parkinson's disease, Alzheimer's disease, and multiple sclerosis.

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