Influence of A.D. Bio-Phyto-Modulators in Case of Cardiovascular Diseases

Catalina VARLAM

Ancu Dincă Natural Medicine Center 17th Manastirea Putna Street, 1st sector, Bucharest, Romania; 021.222.33.34, 0788.234.425, www.viataasienergie.ro

Abstract: Cardiovascular disease is ranked as cause of mortality in Europe, both women and men. However, cardiovascular disease can be prevented entirely. W.H.O. estimates that reducing blood pressure, obesity, smoking and cholesterol will decrease by more than half the incidence of cardiovascular disease. This study aims to highlight the effects of A.D. bio-phyto-modulator to a group of patients with functional and morphological changes that have made recovery from the cardiovascular system.

Keywords: bio-functional modulator effect, the bio-morphological effect, phyto-vibration, bioresonance

INTRODUCTION

Cardiovascular disease is responsible for about ½ of all deaths, in Europe causing more than 4.35 million death each year and over 1.9 million deaths each year in the European Union. Cardiovascular disease is also a major cause of disability and decreased quality of life. However, cardiovascular disease can be prevented entirely. W.H.O. estimates that reducing blood pressure, obesity, smoking and cholesterol will decrease by more than half the incidence of cardiovascular disease. While cardiovascular disease mortality and incidence are decreasing in the northern and western Europe, central and eastern countries are not only decreasing, but in some cases are growing.

Even if U.E. cardiovascular mortality rate is declining, the present number of patients (male and female) with cardiovascular disease is growing. This paradox is due to increased longevity and improved survival for people with cardiovascular disease. Cardiovascular disease kills more people than all cancers combined, with a greater percentage increase among women (55% of deaths) than among men (43% of deaths) and increased mortality among patients with a low socio-economic position.

The main risk factors for cardiovascular disease are smoking, high blood pressure and high blood cholesterol, factors directly related to individual lifestyle and eating habits and physical activity level. Other cardiovascular risk factors include obesity, diabetes, excessive alcohol consumption and psychosocial stress.

MATERIALS AND METHODS

It was studied influence of A.D. bio-phyto-dynamic modulators: DIEE®, DEA®, DNRN-3® and DNRN-GSMc®. Patients presented, in terms of clinical and paraclinical, cardiovascular diseases as follows:

• Coronary heart disease controlled by drug and / or surgery;
• Heart rhythm disorders;
• Metabolic disorders (dyslipidaemia, diabetes);
• Osteo-articular inflammatory;
• Degenerative, malformative processes.

Based on clinical and laboratory assessments, physical examination and morpho-functional analysis of the bodies’ patients were performed using Oberon 4011 non-linear analysis device (Bioresonance). (A Dincă, A. Vusatiuc 2006). Analyzes through nonlinear diagnosis (NLS), based on principles of quantum-entropy theory about information exchange between different systems, occur distantly, associative and selective. Considering the characteristics of an organ, diagnostic equipment is compared the degree of spectral similarity to reference processes. NLS system is able to perform drug testing and registration of frequency oscillations of any therapeutic preparation. It recognized operating conditions of the body. It tests efficiency and the effect of different therapeutic influences methods, assessing the nature of a disease. Biocompatibility testing of A.D. bio-phyto-dynamic modulators led to the establishment of points’ configuration on the body of their application (A. Dinca, 2005, 2006).

Modulators as DIEE optimize synergistically the human body; vital force (energy) is directed and, interfering with human bio-field, penetrating through all energy layers to the physical ones. It is characterized by a passive action to optimal state of the system (the human body) and is activated in the moment of de-calibration of energy parameters, either positively or adversely.

DNRN® modulators are considered passive auto-converters, which are activated in the presence of harmful destructive fields, leading fine physical fields to restore the imbalance generated by various sources (house - because of place where is built, materials that make up etc; pillars on which are placed relays and antennas for mobile TV etc.) (Apostol and Dincă, 2004).

RESULTS AND DISCUSSION

It was included in the study a group of 11 patients:
• 6 women, with the following history:
  - Patient 1 - 48 years with oscillator hypertension, tachyarrhythmia, jaw-frontal rhinosinusitis infection, first degree atrium-ventricular block, hypothyroidism (polynodular goiter);
  - Patient 2 - 40 years with fatigue, respiratory infection, joint pains;
  - Patient 3 - 73 years, irritable colon, internal haemorrhoids, hypocalcaemia, atrial fibrillation, second degree of mitral insufficiency, third degree tricuspidalis failure;
  - Patient 4 - 43 years, fibromatous uterus, mitral valve prolapse, breast and ovarian cystic disease, chronic constipation, bronchiastisis;
  - Patient 5 - 62 years, NIHA third degree left heart failure, aortic valve prosthesis, anaemia, chronic articular rheumatism;
  - Patient 6 - 58 years, with single surgery kidney, osteopenia and shoulder pain, arrhythmia, hypertension, dyslipidaemia;
• 5 men with the following history:
  - Patient 1 - 61 years, coronary angioplasty with coronary stent, acute arterial myocardial infarction, angina to effort, heart rhythm disorder, type II diabetes, prostate adenoma, lumbar spondilartrosis;
  - Patient 2 - 78 years, with painful ischemic heart disease, dyslipidaemia, arrhythmia, rheumatic disease;
- Patient 3 - 49 years, with cervical discopathy with brachial paresthesia, hypertension, cardiac arrhythmia, stress;
- Patient 4 - 58 years, with painful ischemic cardiopathy, atypical angina, extrasistolic arrhythmia, panic attack, stage III hypertension, fatigue;
- Patient 5 - 56 years, with hepatocarcinoma, vena cava thrombosis, portal hypertension.

These conditions were systematized in the following groups, common to 11 patients:
- Abnormal heart rhythm;
- Malformative valvular disease;
- Vascular diseases (large vessels) - hypertension, portal vein and vena cava, coronary circulation, circulation to the brain, which are corrected by drug and / or by bypass, surgery, stents, pacemaker, valvular prosthesis;
- Psycho affective diseases and neurovegetative dystonia;
- Osteoarticular disorders such as inflammatory;
- Degenerative diseases: prostate adenoma, single kidney, fibromatosis uterus, polynodular goitre, hepatocarcinoma.

Analysis was performed by following groups of nosologic and pathomorphologic aspects:
- Heart
- Circulation of large blood vessels;
- Adrenal
- Liver;
- Pancreas and spleen;
- Vegetative nervous system;
- Hypothalamus;
- Osteo-articular system.

Modulators’ instruction scheme was established by successive tests and verifications of different types of devices, to all 11 patients with the site: sternum; liver; pancreato-splenic zone, adrenal; cervical; frontal; soles.

Tab. 1

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>heart</td>
<td>32</td>
<td>49</td>
<td>26</td>
<td>9</td>
<td>49</td>
<td>26</td>
<td>11</td>
<td>49</td>
<td>32</td>
<td>29</td>
<td>16</td>
</tr>
<tr>
<td>circulation of large blood vessels</td>
<td>23</td>
<td>15</td>
<td>36</td>
<td>46</td>
<td>23</td>
<td>23</td>
<td>38</td>
<td>67</td>
<td>18</td>
<td>11</td>
<td>48</td>
</tr>
<tr>
<td>liver</td>
<td>19</td>
<td>45</td>
<td>23</td>
<td>32</td>
<td>45</td>
<td>12</td>
<td>26</td>
<td>27</td>
<td>42</td>
<td>19</td>
<td>37</td>
</tr>
<tr>
<td>pancreas and spleen</td>
<td>34</td>
<td>56</td>
<td>34</td>
<td>26</td>
<td>18</td>
<td>32</td>
<td>27</td>
<td>12</td>
<td>35</td>
<td>16</td>
<td>41</td>
</tr>
<tr>
<td>adrenals</td>
<td>12</td>
<td>11</td>
<td>11</td>
<td>21</td>
<td>19</td>
<td>11</td>
<td>49</td>
<td>32</td>
<td>50</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>neuro vegetative system</td>
<td>29</td>
<td>21</td>
<td>34</td>
<td>27</td>
<td>21</td>
<td>17</td>
<td>24</td>
<td>31</td>
<td>50</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>hypothalamus</td>
<td>21</td>
<td>30</td>
<td>26</td>
<td>19</td>
<td>19</td>
<td>21</td>
<td>34</td>
<td>24</td>
<td>32</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>osteo articular system</td>
<td>20</td>
<td>38</td>
<td>31</td>
<td>32</td>
<td>11</td>
<td>18</td>
<td>34</td>
<td>21</td>
<td>18</td>
<td>8</td>
<td>43</td>
</tr>
</tbody>
</table>

There were used for 12 weeks: DEA®, DNRN-3®, and DNRN-GSM®.
Although location purpose has been adjustment of a cardiovascular affection, have been record beneficial influences on the devices and systems with no apparent direct link: osteo-articular, respiratory, immune systems, to malformative degenerative diseases’ areas.

CONCLUSIONS

It has been shown positive effect of bio-phyto-modulators to morphological recovery and functional yield in the cardiovascular system.

It was highlight particularity to response in relation to the choice of an adequate number of DIEE® with protection of DNRN-GSML®, DRNR-3® and association with the DEA®. Effects of protection, energetic load and balancing aren’t conditioned by characteristics related to age, sex, association of pathological processes and specific drug and / or surgery treatments.

It was stressed the importance of accurate assessment pathomorphologically and physiopathologically.

REFERENCES