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Effective AIDS Treatment with Resonance Medicine

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Abstract

The article discusses two forms of resonance in medicine in the treatment of AIDS. The first form is the destruction resonance. This is well known and we have used it to kill tumors or infectious diseases. The second form of resonance is the resonance of creation, which leads to the restoration of degenerated or destroyed organs. The article talks about the so-called "nosodes"—wave copies of the disease and "organopreparations"—wave copies of normally functioning organs. The author uses the method of high potency bioresonance therapy since the use of low potency nosode therapy is completely ineffective in the treatment of AIDS. Thus, the principle of high potency destruction resonance has proven to be extremely effective in the treatment of AIDS. The principle of the resonance of creation proved to be effective in restoring destroyed tissue.

Keywords

AIDS Treatment, Resonance Medicine

1. Introduction

AIDS infection—a disease caused by the human immunodeficiency virus—is an infectious chronic disease in which the immune system is affected [1], which leads to its slow destruction and the formation of acquired immunodeficiency syndrome (AIDS), accompanied by the development of specific infections and secondary malignant neoplasms that occur against the background of a decrease in body defenses. The human immunodeficiency virus (AIDS) is a retrovirus of the lentivirus genus that causes a slowly progressive [1] disease called HIV infection. [2] [3].

The virus infects cells of the immune system that have CD4 receptors on their surface: T-helpers, monocytes, macrophages, Langerhans cells [3], dendritic

cells, and microglial cells [4]. As a result, the work of the immune system is suppressed and acquired immune deficiency syndrome (AIDS) develops, the patient's body loses the ability to defend itself against infections and tumors, and secondary opportunistic diseases occur, which are not typical for people with a normal immune status [5] [6].

Treatment of AIDS infection consists of taking antiretroviral therapy, which allows HIV-positive people to lead a normal life, and its quality and duration do not differ from those of AIDS-negative people [7] [8]. When taking this therapy, a person achieves a zero viral load, as a result of which he is not able to transmit the infection to other people, including through unprotected intercourse, and the therapy also allows AIDS-positive parents to naturally conceive and give birth to a healthy child. In the absence of therapy, progressive AIDS infection can lead to opportunistic diseases.

2. Disease

There are three stages in the course of the disease: acute infection, latency and terminal stage (AIDS) (see illustration). During the development of AIDS infection in the same person, as a result of mutations, new strains of the virus arise, which differ in the rate of reproduction and ability to infect [5] [6]. Having multiplied, the viral particles are released from the affected cells and are introduced into new ones—the development cycle is repeated. Virus-infected T-helpers gradually die due to destruction by the virus, apoptosis, or destruction by T-killers. During the development of AIDS infection, the number of T-helper cells (CD4+ cells) decreases to such an extent that the body can no longer resist pathogens of opportunistic infections that are not dangerous or slightly dangerous for healthy people with a normally functioning immune system. In the terminal stage (AIDS), a weakened body is affected by bacterial, fungal, viral and protozoal infections, as well as tumors [9] [10] [11]. In the absence of antiretroviral therapy, the death of the patient does not occur as a result of virus multiplication in CD4+ cells, but due to the development of opportunistic diseases (secondary to AIDS infection).

3. Treatment

As of July 2020, three cases of cure for the virus are known. In the medical literature, they appear under the nicknames "Berlin", "London" and "Sao Paulo" patients [12] [13].

Of the 35 million people living with AIDS infection, a proportion survives thanks to antiretroviral therapy. In the absence of antiretroviral therapy for AIDS infection, death occurs on average 9 - 11 years after infection [14] [15]. Antiretroviral drugs prevent AIDS from multiplying in the cells of the human immune system, blocking the introduction of virions into cells and disrupting the process of assembling new virions at various stages. Early treatment with antiretroviral drugs reduces the risk of developing AIDS and subsequent death by

hundreds of times [16] [17] [18].

Antiretroviral drugs cause side effects in some patients, in some cases even requiring a change in the treatment regimen (the set of medications taken).

Therapy is prescribed with a decrease in immunity and/or a high viral load. If the number of CD4 + lymphocytes is high and the viral load is low, therapy is not prescribed. After the appointment of therapy, drugs must be taken daily at the same time and for life, which creates inconvenience for patients. In addition, the high cost of a monthly course of drugs should be taken into account. In 2014, less than half of the 9.5 million people who needed antiviral therapy received essential medicines [18].

Also, all pregnant women with AIDS infection should start immediate HAART to prevent transmission of AIDS to the fetus [19].

WHO recommends that HAART should be started immediately in all AIDS-infected children under 18 months of age [20]. Initiation of therapy in infants who received HIV from the mother within 3 months of delivery reduces mortality by 75 [21]. Without treatment, one third of AIDS-infected children die within the first year of life and 50% within the second year. If AIDS diagnosis is not possible, treatment should begin at 9 months of age, or earlier if symptoms develop [22].

In 2018, the Food and Drug Administration (FDA) approved ibalizumab (ibalizumab-uiyk) for use in the treatment of patients with multidrug-resistant AIDS-1. The drug is a monoclonal antibody that binds to CD4 receptors on T-cells and inhibits the process of virus entry into a human cell. Ibalizumab may be used in combination with other antiretroviral drugs. In clinical studies involving 40 patients previously treated with more than 10 different antiretroviral agents, the viral load decreased in the majority of subjects one week after the first dose of the drug. After 24 weeks of therapy, virological suppression was achieved in 43% of participants in clinical trials.

In 2019, AIDS was listed as one of the top 10 health issues requiring WHO's special attention [23].

4. Resonance Methods of Treatment of Diseases

Resonance has been used for many years in the treatment of various diseases [5] [6] [21].

For the diagnosis and treatment of diseases, bioresonance therapy is used, which arose thanks to the German researchers R. Foll, F. Werner, Shimmel H. W. In the diagnosis and treatment of bioresonance therapy, the so-called "nosodes" are used—wave copies of various diseases and "organ preparations"—wave copies of normally functioning organs. A feature of the use of nosodes

[1]In our previous article: 1) Praznikov, V. (2022) Resonant Medicine. International Journal of Medical Science and Clinical Invention, 9, 5962-5973 [21]. 2) Praznikov V. (2022) Resonance Medicine as a Method of Augmentation Life Expectancy. International Journal of Gerontology and Geriatric Research. SCIRES Literature. WWW.scireslit.com ISSN: 2688-8548, pp. 1-4 and monographs [21] [24] [25] [26] [27].

and organ preparations in our work was that we used not only low potencies of nosodes and organ preparations, but also high ones [5] [21], while in previous works we used only low potencies of nosodes and organ preparations [6].

The article discusses two forms of resonance in medicine in the treatment of oncological diseases. The first form is the destruction resonance. It is well known and we have used it to destroy tumors. The second form of resonance is the resonance of creation. It leads to the restoration of degenerated or destroyed organs. We have used the resonance of creation to repair organs affected by tumors and to restore the immune system in patients and monographs [24] [25] [26] [27] it is shown that both the resonance of destruction and the resonance of creation are used in the treatment of various diseases. Destruction resonance is possible with the use of nosodes. Initially, testing (diagnosis) of the patient is carried out. On the device for bioresonance therapy, a disease nosode is set, for example, "stomach cancer" and this nosode is tested in a patient. If the nosode is being tested, the arrow on the display does not reach the value 100 and falls, for example, at a value of 50. This indicates that this patient is diagnosed with stomach cancer. The task of the doctor using the method of bioresonance therapy is to select in the device selector connected to the computer that potency of the nosode "stomach cancer", which will enter into resonance with the nosode that is tested on the computer of the device in the patient. If the nosode is chosen correctly, it will resonate with the nosode that is initially tested in the patient. The effectiveness of this selection of the nosode potency is revealed in such a way that when testing the gastric cancer nosode in a patient, together with the selected potency of this nosode, it leads to the fact that the original nosode, which is in the computer program of the device for bioresonance therapy, ceases to be tested and is destroyed.

Each organ, each disease has its own frequency of oscillations. A nosode with such potency is selected, which will have the same frequency of oscillation to create resonance and destroy, for example, a tumor. In the event that the potency of the selected nosode is not sufficient (the frequency of oscillations of the nosode is less than the frequency of oscillations of the tumor), the initial nosode in the bioresonance therapy device itself continues to be tested. In other words, under these conditions, the method used does not cause resonance and does not lead to the destruction of the tumor.

In senile diseases, in which the process of degeneration, destruction of an organ or part of an organ occurs, the use of the destruction resonance method to restore the organ is not possible. It is necessary to use those methods that restore the destroyed organ, destroyed tissue. And this method is the resonance of creation. It has been shown that the use of the resonance of creation is extremely effective in the treatment of degenerative diseases—Parkinson's disease, Alzheimer's disease, multiple sclerosis, autoimmune diseases, etc. [21] [24] [25] [26] [27]. It is possible to create a resonance of creation in a patient with an organ preparation of one or another organ or part of it. It is impossible to create a creative resonance with the nosode of this or that disease. How is the resonance of

creation created?

5. Effective Treatment of AIDS by the Destruction Resonance Method

So, the resonance of destruction is possible when using nosodes. Initially, testing (diagnosis) of the patient is carried out. The nosode "AIDS" is set on the device for bioresonance therapy, and this nosode is tested in the patient. If the nosode is being tested, the arrow on the display does not reach the value 100 and falls, for example, at a value of 50. This indicates that this patient is diagnosed with AIDS. The task of the doctor using the method of bioresonance therapy is to select the potency of the AIDS nosode in the device selector connected to the computer, which will enter into resonance with the nosode that is tested on the computer of the device in the patient. If the nosode is chosen correctly, it will resonate with the nosode that is initially tested in the patient. The effectiveness of this selection of nosode potency is revealed in such a way that when testing the AIDS nosode in a patient, together with the selected potency of this nosode, it leads to the fact that the original nosode, which is in the computer program of the device for bioresonance therapy, ceases to be tested and the disease is destroyed.

Each organ, each disease has its own frequency of oscillations. A nosode with such potency is selected, which will have the same vibration frequency to create resonance and destroy, for example, AIDS. In the event that the potency of the selected nosode is not sufficient (the frequency of oscillations of the nosode is less than the frequency of oscillations of the tumor), the initial nosode in the bioresonance therapy device itself continues to be tested. In other words, under these conditions, the method used does not cause resonance and does not lead to the destruction of AIDS.

Since 2016, materials have been published that show that nosodes begin to acquire destructive properties most often when using high potencies of nosodes [21] [24] [25] [26] [27]. So, in a patient with AIDS, the selected nosode of low potencies does not lead to resonance with the tumor and the destruction of this tumor. But when using high potencies of the selected nosode, AIDS testing in a patient already leads to resonance and to the fact that the original nosode, which is in the computer program of the device for bioresonance therapy, ceases to be tested in the patient. This means that the selected high potency nosode leads to the destruction of AIDS. Information from such a nosode is recorded on sugar grains, which the patient takes for treatment. As a result of treatment, AIDS is destroyed. Thus, the use of destruction resonance leads to an effective cure for AIDS [21] [24] [25] [26] [27].

AIDS viruses cease to be tested during treatment rather quickly—after 3 - 4 therapy sessions.

Treatment of AIDS with antiviral drugs is currently associated with the need to weaken the AIDS virus, introducing it into a state of depression, but not com-

pletely destroying the virus. That is why patients with HIV infection are forced to take drugs throughout their lives. In contrast, the treatment of AIDS infection by the destruction resonance method is aimed at the complete destruction of the virus and the cure of patients from AIDS infection. Two-year follow-up and testing of these patients showed that they did not have AIDS viruses during the entire observation period.

6. Restoration of Immune System Function in Patients with AIDS

In patients with AIDS, there is a significant weakening of the function of the immune system.

The question arises—is it possible to restore the functional state of an organ that has undergone degenerative changes or a pathological process?

In our previous article [21] and monographs [21] [24] [25] [26] [27], it is shown that in the treatment of various diseases, not only the resonance of destruction, but also the resonance of creation is used. In senile diseases, in which the process of degeneration, destruction of an organ or part of an organ occurs, the use of the destruction resonance method to restore the organ is not possible. It is necessary to use those methods that restore the destroyed organ, destroyed tissue. And this method is the resonance of creation. It has been shown that the use of the resonance of creation is extremely effective in the treatment of degenerative diseases—diabetes mellitus, Parkinson's disease, Alzheimer's disease, multiple sclerosis, autoimmune diseases, etc. [21] [24] [25] [26] [27].

It is possible to create a resonance of creation in a patient with an organopreparation of one or another organ or part of it. It is impossible to create a creative resonance with the nosode of this or that disease. How is the resonance of creation created? The doctor has a suspicion that some organ of the patient is not functioning normally, although various methods of examination did not give an answer whether the organ is functioning normally or not.

So, to answer this question—whether the patient's organ is functioning normally or not, it is necessary to test it on a device for bioresonance therapy. The doctor finds the desired organ, for example, lymph nodes, in the computer selector connected to the device for bioresonance therapy, and tests them on the patient on the device. If the lymph nodes are functioning normally, then when testing, the arrow on the computer display reaches the value 100 and does not fall. In the same case, if the lymph nodes do not function normally, then during testing the arrow does not reach the value of 100 and falls. The doctor needs to restore to normal the functioning of the organ under study—the lymph nodes. For this, the resonance of creation is used. As shown in the published article and in monographs [24] [25] [26] [27], for this it is necessary to create a resonance between the "lymph nodes" organ preparation, which is located in the selector of our computer and is tested in the patient, and the corresponding organo-preparation, which must enter into resonance with the tested organopreparation in the patient. The organopreparation "Limph nodels" taken from the device selec-

tor is recorded and the potency (most often high) is selected for it, which will enter into resonance with the organopreparation being tested in the patient. The selected organopreparation with the required potency remains in the device for bioresonance therapy. If the potency is chosen correctly, then testing the initial organopreparation "limph nodels" in the device selector leads to the fact that the organ ceases to be tested in the patient, *i.e.* the arrow of the device reaches the value of 100 and the organ is restored. If the potency of the organopreparation is not chosen correctly, then the arrow of the device falls below the value of 100.

So, we have selected the potency of the organopreparation and thus it enters into resonance with the organ preparation that is being tested in the patient, as evidenced by testing. What is the meaning of the resonance we create? In contrast to the resonance of destruction, the new resonance of organopreparations created by us does not lead to the destruction of the organ. It leads to the restoration of the body. The doctor writes down on sugar grains the information that is available on the selected organopreparation "Limph nodels" with the necessary potency, and this sugar grain becomes a medicine for the patient. The patient takes sugar grains and is treated—there is a restoration of the degenerated organ—lymph nodes. This is evidenced by the testing of the organ under study throughout the entire period of treatment. In the process of treatment, the computer arrow during testing gets closer and closer to the value of 100 without falling, and the doctor understands that the degenerated organ is being restored. Thus, the use of the resonance of creation can lead not only to the cure of those diseases that arise as a result of degeneration or senility (diabetes mellitus, Parkinson's disease, etc. [21] [24] [25] [26] [27]), but also to the restoration of an organ that was in a state of degeneration or pathological condition.

7. Conclusion

It has been established that the methods of resonance medicine—the resonance of destruction and the resonance of creation—effectively treat AIDS infection.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

[1] Holmes, C.B., Losina, E., Walensky, R.P., Yazdanpanah, Y. and Freedberg, K.A. (2003) Review of Human Immunodeficiency Virus Type 1-Related Opportunistic Infections in Sub-Saharan Africa. *Clinical Infectious Diseases*, **36**, 652-662. https://doi.org/10.1086/367655

[2] Douek, D.C., Roederer, M. and Koup, R.A. (2009) Emerging Concepts in the Immunopathogenesis of AIDS. *Annual Review of Medicine*, **60**, 471-484. https://doi.org/10.1146/annurev.med.60.041807.123549

[3] Kawamura, T., Kurtz, S.E., Blauvelt, A. and Shimada, S. (2005) The Role of Langerhans Cells in the Sexual Transmission of HIV. *Journal of Dermatological Science*, **40**, 147-155. https://doi.org/10.1016/j.jdermsci.2005.08.009

[4] NIAID/NIH. The Relationship between the Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome.

[5] Kramer-Hämmerle, S., Rothenaigner, I., Wolff, H., Bell, J.E. and Brack-Werner, R. (2005) Cells of the Central Nervous System as Targets and Reservoirs of the Human Immunodeficiency Virus. *Virus Research*, **111**, 194-213. https://doi.org/10.1016/j.virusres.2005.04.009

[6] Praznikov, V. (2021) Resonance Medicine 3. The Use of Resonance Destruction for Effective Treatment of Oncological, Infection Diseases, Cysts and etc. The Use of Resonance Creation for Effective Treatment of Degenerative Diseases—Diabetes Vellitus? Alzgeimer's Disease, Parkinson's Disease, Multiple Sclerosis, etc. Effective Treatment of Autoimmune Diseases. Sputnik plus, Moscow, 350 p.

[7] AIDS No Longer Kills. Gazeta.Ru.

[8] Undefined=Not Transmitting. SPID Center, Moscow.

[9] Guss, D.A. (1994) The Acquired Immune Deficiency Syndrome: An Overview for the Emergency Physician, Part 1. *Journal of Emergency Medicine*, **12**, 375-384. https://doi.org/10.1016/0736-4679(94)90281-X

[10] Guss, D.A. (1994) The Acquired Immune Deficiency Syndrome: An Overview for the Emergency Physician, Part 2. *Journal of Emergency Medicine*, **12**, 491-497. https://doi.org/10.1016/0736-4679(94)90346-8

[11] Roxby, P. (2017) Why People with AIDS Now Live as Long as Healthy People?

[12] Nunes, D.F., Carvalho, A. and Duarte, A.J. (2001) Activity of Natural Killer Cells during AIDS-1 Infection in Brazilian Patients. *Revista do Hospital das Clinicas*, **56**, 75-78. https://doi.org/10.1590/S0041-87812001000300003

[13] Dalgleish, A.G. (1995) Autoimmune Mechanisms of Depletion of CD4 Cells in HIV Infection. *British Journal of Haematology*, **91**, 525-534. https://doi.org/10.1111/j.1365-2141.1995.tb05343.x

[14] Alimonti, J.B., Ball, T.B. and Fowke, K.R. (2003) Mechanisms of CD4+ T Lymphocyte Cell Death in Human Immunodeficiency Virus Infection and AIDS. *Journal of General Virology*, **84**, 1649-1661. https://doi.org/10.1099/vir.0.19110-0

[15] Weyand, C.M. and Goronzy, J.J. (1992) AIDS Infection and Rheumatic Diseases—Autoimmune Mechanisms in Immunodeficient Hosts. *Zeitschrift fur Rheumatologie*, **51**, 55-64. https://doi.org/10.1136/ard.51.2.253

[16] Turner, B.G. and Summers, M.F. (1999) Structural Biology of HIV. *Journal of Molecular Biology*, **285**, 1-32. https://doi.org/10.1006/jmbi.1998.2354

[17] Pudney, J. and Song, M.J. (1994) Electron Microscopic Analysis of HIV-Host Cell Interactions. *Tissue & Cell*, **26**, 539-550. https://doi.org/10.1016/0040-8166(94)90006-X

[18] Orentas, R.J. and Hildreth, J.E. (1993) Association of Host Cell Surface Adhesion Receptors and Other Membrane Proteins with HIV and SIV. *AIDS Research and Human Retroviruse*, **9**, 1157-1165.

[19] Guatelli, J.C. (2009) Interactions of Viral Protein U (Vpu) with Cellular Factors. *Current Topics in Microbiology and Immunology*, **339**, 27-45. https://doi.org/10.1007/978-3-642-02175-6_2

[20] Nomaguchi, M., Fujita, M. and Adachi, A. (2008) Role of AIDS-1 Vpu Protein for Virus Spread and Pathogenesis. *Microbes and Infection*, **10**, 960-967. https://doi.org/10.1016/j.micinf.2008.07.006

[21] Praznikov, V. (2022) Resonant Medicine. *International Journal of Medical Science and Clinical Invention*, **9**, 5962-5973. https://doi.org/10.18535/ijmsci/v9i02.04

[22] Ho, S.K., Coman, R.M., Bunger, J.C., Rose, S.L., O'Brien, P., Munoz, I., Dunn, B.M., Sleasman, J.W. and Goodenow, M.M. (2008) Drug-Associated Changes in Amino Acid Residues in Gag p2, $p7^{NC}$, and $p6^{Gag}/p6^{Pol}$ in Human Immunodeficiency Virus Type 1 (AIDS-1) Display a Dominant Effect on Replicative Fitness and Drug Response. *Virology*, **378**, 272-281. https://doi.org/10.1016/j.virol.2008.05.029

[23] UNAIDS (2014) Gap Report.

[24] Kurth, R. and Bannert, N. (2010) Retroviruses: Molecular Biology, Genomics and Pathogenesis. Caister Academic Press, Poole.

[25] Praznikov, V. (2017) Use of Drugs of High (Higher LM) Potency in Bioresonance Therapy. The Principle of Homeoigy and Its Relationship with Homeopathy in Bioresonance Therapy. Sputnik plus, Moscow, 220 p.

[26] Praznikov, V. (2018) Effective Treatment of Cancer, Degenerative and Infectious Diseases of the Drug Tami of High Potencies. Sputnik plus, Moscow, 254 p.

[27] Praznikov, V. (2019) Resonant Medicine 1. Resonance of Destruction—Effective Treatment of Oncological, Infectious Diseases, Cysts, etc. Resonance of Creation—Effective Treatment of Degenerative Diseases—Diabetes Mellitus, Parkinson's Disease, Multiple Sclerosis, etc. Sputnik plus, Moscow, 232 p.