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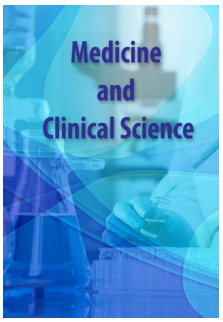

Schizophrenia - Efficient Diagnosis And Treatment With Resonance Therapy in Non-Elderly And Elderly Patients

Praznikov Viktor MD, PhD

Omer, Israel

Correspondence

Praznikov Viktor MD, PhD

Omer, Israel

E-mail: Praznikov@yandex.ru

Abstract

With the help of resonance therapy, both diagnostics and therapy of schizophrenia are quite effectively carried out. Diagnosis of schizophrenia is mainly based on the process of testing on the device for resonance therapy - 1. frontal, temporal regions of the brain, 2. corpus callosum, 2. lateral basal nucleus, 3. thalamus, 4. cerebellum, 5. paralimbic area of the cerebral cortex, 6 lateral basal nucleus, 7. manifestation of multiple sclerosis. In schizophrenia, these brain formations are tested quite well, which indicates the degeneration of these formations. This helps the doctor in diagnosing the disease. In addition, the doctor tests the arteries of the brain, which in patients with schizophrenia are in a degenerated state. The treatment of this disease is also effectively carried out with the help of resonance therapy - highly potent drugs are made from the identified structural formations of the brain and the oranodrug of the arteries of the brain, which are taken by the patient and which lead to the fact that the symptoms of the disease are lost.

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schizophrenia, resonance therapy, destruction resonance, creation resonance, cerebral arteries.

Introduction- What is schizophrenia?

Schizophrenia (Sh) is a chronic mental disorder in which fundamental disturbances of perception, thinking and emotional reactions develop. The most common signs of schizophrenia are delusions, hallucinations, apathy, thought disorders [1-14].

In psychiatry there is no more complex disease than schizophrenia.

According to the international classification of diseases, schizophrenia includes the following disorders:

Paranoid Sh - a person is sure that he is being influenced from the outside: someone reads his thoughts, causes illness in him, persecutes him. Sometimes, on the contrary, he himself has “superpowers”.

Simple Sh - outwardly, the disease almost does not manifest itself: a person behaves adequately, does not express ridiculous ideas, does not hear “voices”. But from a young age, apathy (indifference to everything) grows, a person becomes unemotional, cold, callous, withdraws into himself and does not want to do anything.

The manifestations of the disease are divided into:

Delusion is an incorrect conclusion that has no real basis and cannot be dissuaded. A person is often sure that they are persecuting him, they want to poison him, they are working on him with experimental weapons or witchcraft, that everyone is paying attention to him and laughing at him.

Hallucinations - a person hears "voices" inside the body or head, smells only smells he hears. It does not bother him that no one except him notices this. A person cannot control his thoughts: they flow by themselves, stop, float, fly away from the head, become known to others.

In schizophrenia, imperative hallucinations are considered the most dangerous, when voices order to perform some action, even if it is contrary to the patient's desire. It is in this state that suicides most often occur. In addition, a patient in such states commits crimes aimed not only at others, but also at his relatives, his country, his state. "Ordered" hallucinations are serious manifestations of schizophrenia. Such patients are urgently hospitalized in closed hospitals. They pose a great danger to society.

Behavior change: Actions that previously seemed immoral are now becoming the norm for the patient - he can be impudent, rude, swear, react aggressively to criticism addressed to him.

Diagnostics: As additional methods in the clinic, the doctor may prescribe the following types of examinations: neurotests, CT and MRI of the brain, laboratory tests and, of course, resonance therapy.

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It has been established that schizophrenia affects 1. the frontal, temporal parts of the brain, 2. the thalamus, 3. the cerebellum, 4. the corpus callosum, 5. the lateral basal nucleus, 6. the paralimbic region of the cerebral cortex. In schizophrenia, there is extensive demyelination - loss of the myelin sheath by the nerves, degeneration [15]. The diagnosis of these formations in patients presents certain difficulties, while with the help of resonance therapy such diagnosis is extremely effective. It was with the help of resonance diagnostics that we carried out not only therapeutic, but also diagnostic studies.

Since the article is devoted to the diagnosis and treatment of schizophrenia using resonance medicine, this section is preceded by a brief summary of what is called "resonance".

What is resonance diagnostics and therapy?

FFrom a scientific 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 [16]. 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 Monsfield 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 [17], allows one-point examination. Testing only one biologically active point makes it 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 spectral (frequency) harmony in a patient [18].

Original test preparations (unlike their informational copies) are material objects, i.e. specific substances with their own atomic and molecular structure. Movement is an essential property of matter. Everything moves: from galaxies, stars and planets to the smallest particles of matter.

Resonance of destruction

Diagnosis using destruction resonance

In the activity of a doctor who uses resonance therapy, a 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.

Using magnetic resonance imaging (MRI) in patients with schizophrenia, changes were found in various brain structures, especially in its temporal lobes. The fluid-filled cavities (ventricles) in the depths of these lobes are expanded, and the volume of the lobes themselves is reduced. The greater these observed changes, the more severe the thought disorders and auditory hallucinations present in the patient [19]. In the brain of patients with schizophrenia, mediators (mainly gamma-aminobutyric acid (GABA) released by these interneurons are reduced, which means that the function of inhibition aimed at overloading the brain is performed less efficiently. From these studies it follows that in schizophrenia there is a lack of regulation of brain activity interneurons, as a result of which the brain overreacts to numerous signals coming from the environment and has an insufficient ability to cut off unwanted stimuli [20].

Treatment using the 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 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 for the treatment of various diseases of resonance therapy 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 bioresonance therapy, but, thus, and in general in resonant medicine. This can be seen in the materials of the annual scientific conferences on bioresonance therapy [18].

When it is said that high-potency preparations are used in the works, they mean those potencies that are prepared electronically [3,21-32].

Since 2016, materials have been published on the use of high potency drugs for treatment [3,21-32]. 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 turned out to be exceptionally effective in the treatment of severe and extremely severe diseases such as cancer, infectious diseases, including HIV, stones and cysts in organs [3,21-32]. 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" [3,21-32]. 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 a representation in the scientific literature 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 article, we have presented illustrations of how resonance can be not only destructive, but also constructive, in particular for the treatment of degenerative diseases, such as schizophrenia.

During the treatment with the help of resonance of destruction, the nosodes of diseases were used, from which preparations were prepared in high potencies. 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 orano preparations of high potencies. Without high potency organ preparations, it is impossible to imagine the use of this principle.

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.

Organpreparations 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-software complexes for resonance therapy. For the restoration and rehabilitation of organs, we used organ preparations, mainly of high potencies. They were made in exactly the same way as high potency nosodes.

Diagnosis of structural formations of brain in schizophrenia

At the very beginning of the article, we paid attention to the fact that in schizophrenia there is a change in the structure and functions of various brain formations: - 1. frontal, temporal parts of the brain, 2. corpus callosum, 2. lateral basal nucleus, 3. thalamus, 4. cerebellum 5. paralimbic region of the cerebral cortex, 6. lateral basal nucleus, 7. manifestation of multiple sclerosis - demyelination takes place - loss of the myelin sheath, degeneration of brain structures. These changes were found as a result of scientific research [4-14,33-55].

In Alzheimer's disease, the configuration of the tested brain structures is different: - 1. amygdala, 2. basal nucleus, 3. insular cortex, 4. cerebral septum, 5. neocortex, 6. parietal lobe of the brain, 7. isocortex, 8. piriformis, insular field.

In Parkinson's disease, the configuration is completely different: - 1. roof of the midbrain, 2. red nucleus, 3. substantia nigra, 4. midbrain, 5. reticular formation, 6. lenticular nucleus. Thus, the differences in the tested structures of diseases of the nervous system are obvious and it is impossible to confuse something. We tried to test the configuration of brain structures characteristic of schizophrenia in patients with Parkinson's disease and Alzheimer's disease, and this configuration was not tested. Conversely, we tried to test the configurations of brain structures characteristic of Parkinson's and Alzheimer's disease in patients with schizophrenia, and these configurations were also not tested. Therefore, each disease has its own configuration of tested brain structures.

We tested not only patients with schizophrenia (16 patients), but also a large number of perfectly healthy people (23 people). And in no case have we been able to see in healthy people positive testing of brain structures involved in schizophrenia or Parkinson's disease and Alzheimer's disease in healthy people. In the daily practical work of a psychotherapist, it is not enough to use MRI, CT and other modern diagnostic methods. We repeat once again - with the help of resonance diagnostics, it is possible to conduct studies of the state of those brain structures that have suffered in schizophrenia.

Blood supply to the brain

In this work, studies were carried out not only on young people, but also on elderly patients with schizophrenia.

It has been established that in the elderly, the indicators of 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 neurological diseases, including schizophrenia.

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. We understood quite clearly how important the condition of the arteries is for the onset of schizophrenia.

The condition of the arteries of the brain was tested in 18 patients with schizophrenia aged 70-85 years according to the indicator - the organ preparation "cerebral arteries". This is an integrated organopreparation. In addition to this integrated organ preparation, the device for resonance diagnostics and therapy contains a fairly large number of individual organ preparations of cerebral arteries. Testing of the "cerebral arteries" indicated that the diagnostic rates, especially in older patients, were almost 50% of the normal values. Such indicators were apparently close to what contributes to the onset of schizophrenia. 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 or close to what is available in young, healthy people. To do this, we used the method of resonance of creation, which was described above.

Results of effective treatment of arteries in a state of degeneration by resonance therapy in the elderly

The treatment was carried out daily. The results of treatment showed the following. The organ preparation "cerebral arteries" as a result of treatment with the resonance of creation began to recover and was tested as degenerated less and less - at first 45%, then - 50%, 60%, 70%, etc. So, the treatment of cerebral arteries by the method of resonance of creation in patients with schizophrenia leads to the restoration of the arteries, and in this regard, to the restoration of all the symptoms of schizophrenia (see section 13 of this article), as well as motor activity to the level that it was several years ago, restoration of vision, hearing and other functions.

Our previous articles talked about the effective treatment of Parkinson's disease, Alzheimer's disease, multiple sclerosis by resonance therapy [3,22,25,28,32]. However, this treatment was carried out without treatment of cerebral arteries. In this work, the treatment of schizophrenia is carried out together with the treatment of cerebral arteries. It is in this case that the effectiveness of treatment increases many times over.

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.

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) 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 [1,2,15].

Treatment of schizophrenia

The treatment of schizophrenia with pharmaceuticals is quite well presented in publications [1,2,33,56-63].

This article is devoted to the diagnosis and treatment of schizophrenia by resonance therapy.

Treatment of schizophrenia by resonance therapy

In this work, schizophrenia was treated by resonance therapy in patients in two directions - 1. treatment of those specific brain structures that in patients with schizophrenia underwent degeneration - 1. frontal, temporal parts of the brain, 2. corpus callosum, 2. lateral basal nucleus , 3. thalamus, 4. cerebellum, 5. paralimbic region of the cerebral cortex, 6. lateral basal nucleus, 7. manifestation of multiple sclerosis. 2. treatment of cerebral arterial degeneration in elderly patients with schizophrenia - this was discussed in sections 8 and 9 of this article.

Resonance therapy of brain structures consisted of the following operations. The doctor conducts a study of the above brain structures and makes sure that they are being tested,

namely, they are in a state of degeneration. Next, the potency is selected, which will lead to the fact that the identified structures of the brain are no longer tested as degenerated formations. It is the found potency of the identified brain structure that is recorded on sugar grains, which becomes a medicine for the patient. As a result of taking such sugar grains, there is a gradual restoration of all degenerated brain structures that are present in patients suffering from schizophrenia. As a result of treatment, patients lost the entire symptom complex of the disease. Subsequently, the cured patients were tested: a) to identify signs of clinical manifestations of relapse; b) to test brain structures for a possible recurrence of the degeneration process once every 4 months. In those cases (extremely rare), when there were even initial manifestations of relapse, repeated treatment eliminated the identified signs of relapse.

Conclusion

With the help of resonance therapy, as shown in this article, both diagnostics and therapy of schizophrenia are quite effectively carried out. Diagnosis of schizophrenia is mainly based on the testing process

- 1. frontal, temporal parts of the brain, 2. corpus callosum, 2. lateral basal nucleus, 3. thalamus, 4. cerebellum, 5. paralimbic region of the cerebral cortex, 6. lateral basal nucleus, 7. manifestation of multiple sclerosis. In schizophrenia, these brain formations are tested quite well, which indicates the degeneration of these formations. This helps the doctor in diagnosing the disease. In addition, the doctor tests the arteries of the brain, which in patients with schizophrenia are in a degenerated state. The treatment of this disease is also effectively carried out with the help of resonance therapy - highly potent drugs are made from the identified structural formations of the brain and the oranodrug of the arteries of the brain, which are taken by the patient and which lead to the fact that the symptoms of the disease are lost.

References

1. Fuller Tory E. Schizophrenia. SPb, Peter 1997
2. Minutko VL. Schizophrenia. 2009
3. Praznikov V. Resonance Medicine. 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 mellitus, Alzgeimer, s disease, Parkinson, s disease, multiple sclerosis, etc. Moscow, «Sputnic+» 2021. 315 p.
4. Bigelow LB, Nasrallah HA, Rauscher FP. Corpus callosum thickness in chronic schizophrenia. Br J Psychiatry. 1983;142:284-287.
5. Casanova MF, Sanders RD, Goldberg TE, et al. Morphometry of the corpus callosum in monozygotic twins discordant for schizophrenia: a magnetic resonance imaging study. J Neurol Neurosurg Psychiatry. 1990;53(5):416-421.
6. Findling RL, Fridman L, Buck J, et al. Hippocumpul volume in adolescent schizophrenia// Shizophr Res. 1996; 18(2-3):185.
7. Keshavan MS, Dick E, Mankowski I, et al. Decreased left amygdala and hippocampal volumes in young offspring at risk for schizophrenia. Schizophr Res. 2002;58(2-3):173-183.
8. Meisenzahl EM, Frodl T, Greiner J, et al. Corpus callosum size in schizophrenia--a magnetic resonance imaging analysis. Eur Arch Psychiatry Clin Neurosci. 1999;249(6):305-312.
9. Nelson MD, Saykin AJ, Flashman LA, Riordan HJ. Hippocampal volume reduction in schizophrenia as assessed by magnetic resonance imaging: a meta-analytic study. Arch Gen Psychiatry. 1998;55(5):433-440.
10.
11. Seidman LJ, Faraone SV, Goldstein JM, et al. Thalamic and amygdala-hippocampal volume reductions in first-degree relatives of patients with schizophrenia: an MRI-based morphometric analysis. Biol Psychiatry. 1999;46(7):941-954.
12. Sigmundsson T, Suckling J, Maier M, et al. Structural abnormalities in frontal, temporal, and limbic regions and interconnecting white matter tracts in schizophrenic patients with prominent negative symptoms. Am J Psychiatry. 2001;158(2):234-243.
13. Ho BC, Andreasen NC, Nopoulos P, Arndt S, Magnotta V, Flaum M. Progressive structural brain abnormalities and their relationship to clinical outcome: a longitudinal magnetic resonance imaging study early in schizophrenia. Arch Gen Psychiatry. 2003;60(6):585-594.
14. Honea R, Crow TJ, Passingham D, Mackay CE. Regional deficits in brain volume in schizophrenia: a meta-analysis of voxel-based morphometry studies. Am J Psychiatry. 2005;162(12):2233-2245.
15. Hulshoff Pol HE, Brans RG, van Haren NE, et al. Gray and white matter volume abnormalities in monozygotic and same-gender dizygotic twins discordant for schizophrenia. Biol Psychiatry. 2004;55(2):126-130.
16. Praznikov V. Diagnostics and Treatment of Multiple Sclerosis by the Method of Resonance Medicine. Austin Journal of Multiple Sclerosis and Neuroimmunology. 2022;6(10):1034.
17. Frova A, Marenzana V. Thus spoke Galileo: the great scientists idea and their relevance to the Present day. Oxford University Press; 2006. P. 133-137.
18. Schimmel HW. FunktionaleMedizin. V. 1,2 - Hang Verlag, Heidelberg, 1991.
19. Теоретические и клиничесие аспекты применения биорезонансной и мультирезонансной терапии. Москва, 2021.
20. Suddath RL, Christison GW, Torrey EF, Casanova MF, Weinberger DR. Anatomical abnormalities in the brains of monozygotic twins discordant for schizophrenia. N Engl J Med. 1990;322(12):789-794.
21. Ивлиева Н. Шизофрения: таинственная недостаточность. «Троицкий вариант» - Наука № 5(359), 2022 г.
22. Praznikov V. Effective Prevention and effective treatment oncological diseases with method resonance destruction and resonance of creation. Journal of cancer Prevention and Current Research. 2022:13(2): 45-46.
23. Praznikov V. Resonance Medicine. International Journal of Medical Science and Clinical Invention. 2022;9(2):5962-5973.
24. Praznikov V. Effective AIDS Treatment with Resonance Medicine. World Journal of AIDS. 2022;12(2):1-4.
25. Praznikov V. Effective Treatment of Diabetes Mellitus and Autoimmune Diseases dy Resonance Medicine. Journal of Research in Diabetes and Metabolism. 2022; 8(1):005-0010.
26. Praznikov V. Diagnosis and Treatment of Alzheimer Disease and Parkinson Disease with Resonance Medicine. Journal of Biomedical Research and Environmental Sciences. Alzheimer and Parkinson disease. 2022;3(9):1000-1010.
27. Praznikov V. Diagnosis and Treanment of Children Cerebral Palsy with Method Resonance Medicine. Biomedical Research and Enviripmental Sciences. Pediatrics Brain Disordes. 2022; 3(9).
28. Praznikov V. Effective Treanment of Chronic Neuritis of Auditory Nerve with Resonance Therapy. Online Journal of Otolaringoligy and Rhinoloigy. 2022;5(4):000618.
29. Praznikov V. Effective treatment for retinal and lens degeneration with resonance medicine metyod. Journal of Biomedical Reseach and Environmental Sciences. Ophthalmology. 2022;3(9): 1069-1075.
30. Praznikov V. Effective Gout Treatment with Resonance Therapy.

International Journal of Orthopedics: Research and Therapy. 2022; 5(1): 006-010

31. Praznikov V. Resonance Medicine as a Method of Augmentation Life Expectancy. Int J Gerontol Geriatr Res. 2022 Mar 04;6(1): 001-004.
32. Praznikov V. Resonant medicine. 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. Moscow, "Sputnik +" 2019, 232 p.
33. Praznikov V. Resonance Medicine. The use of resonance destruction for effective of oncological treatment, infection diseases, cysts and etc. The use of resonance creation for effective treatment of degenerative diseases - diabetes, Parkinson desease, multiple scleroses and etc. Moscow, "Sputnic +", 2020, 298 p.
34. Jahshan C, Heaton RK, Golshan S, Cadenhead KS. Course of neurocognitive deficits in the prodrome and first episode of schizophrenia. Neuropsychology. 2010;24(1):109-120.
35. Kubicki M, Westin CF, Nestor PG, et al. Cingulate fasciculus integrity disruption in schizophrenia: a magnetic resonance diffusion tensor imaging study. Biol Psychiatry. 2003;54(11):1171-1180.
36. Lawrie SM, Buechel C, Whalley HC, Frith CD, Friston KJ, Johnstone EC. Reduced frontotemporal functional connectivity in schizophrenia associated with auditory hallucinations. Biol Psychiatry. 2002;51(12):1008-1011.
37. Marner L, Pakkenberg B. Total length of nerve fibers in prefrontal and global white matter of chronic schizophrenics. J Psychiatr Res. 2003;37(6):539-547.
38. Meyer-Lindenberg AS, Olsen RK, Kohn PD, et al. Regionally specific disturbance of dorsolateral prefrontal-hippocampal functional connectivity in schizophrenia. Arch Gen Psychiatry. 2005;62(4):379-386..
39. Mitelman SA, Shihabuddin L, Brickman AM, Hazlett EA, Buchsbaum MS. MRI assessment of gray and white matter distribution in Brodmann's areas of the cortex in patients with schizophrenia with good and poor outcomes. Am J Psychiatry. 2003;160(12):2154-2168.
40. Murray RM, Lewis SW. Is schizophrenia a neurodevelopmental disorder?. Br Med J (Clin Res Ed). 1987;295(6600):681-682.
41. Narr KL, van Erp TG, Cannon TD, et al. A twin study of genetic contributions to hippocampal morphology in schizophrenia. Neurobiol Dis. 2002;11(1):83-95.
42. Noga JT, Bartley AJ, Jones DW, Torrey EF, Weinberger DR. Cortical gyral anatomy and gross brain dimensions in monozygotic twins discordant for schizophrenia. Schizophr Res. 1996;22(1):27-40.
43. Paillère-Martinot M, Caclin A, Artiges E, et al. Cerebral gray and white matter reductions and clinical correlates in patients with early onset schizophrenia. Schizophr Res. 2001;50(1-2):19-26.
44. Reveley AM, Reveley MA, Clifford CA, Murray RM. Cerebral ventricular size in twins discordant for schizophrenia. Lancet. 1982;1(8271):540-541.
45. Seidman LJ, Faraone SV, Goldstein JM, et al. Thalamic and amygdala-hippocampal volume reductions in first-degree relatives of patients with schizophrenia: an MRI-based morphometric analysis. Biol Psychiatry. 1999;46(7):941-954.
46. Sigmundsson T, Suckling J, Maier M, et al. Structural abnormalities in frontal, temporal, and limbic regions and interconnecting white matter tracts in schizophrenic patients with prominent negative symptoms. Am J Psychiatry. 2001;158(2):234-243.
47. Sprong M, Schothorst P, Vos E, Hox J, van Engeland H. Theory of mind in schizophrenia: meta-analysis. Br J Psychiatry. 2007;191:5-13.
48. Staal WG, Hulshoff Pol HE, Schnack H, van der Schot AC, Kahn RS. Partial volume decrease of the thalamus in relatives of patients with schizophrenia. Am J Psychiatry. 1998;155(12):1784-1786.
49. Suddath RL, Christison GW, Torrey EF, Casanova MF, Weinberger DR. Anatomical abnormalities in the brains of monozygotic twins discordant for schizophrenia. N Engl J Med. 1990;322(12):789-794..
50. Sun Z, Wang F, Cui L, et al. Abnormal anterior cingulum in patients with schizophrenia: a diffusion tensor imaging study. Neuroreport. 2003;14(14):1833-1836.
51. van Haren NE, Hulshoff Pol HE, Schnack HG, et al. Progressive brain volume loss in schizophrenia over the course of the illness: evidence of maturational abnormalities in early adulthood. Biol Psychiatry. 2008;63(1):106-113.
52. Weinberger DR, Berman KF, Suddath R, Torrey EF. Evidence of dysfunction of a prefrontal-limbic network in schizophrenia: a magnetic resonance imaging and regional cerebral blood flow study of discordant monozygotic twins. Am J Psychiatry. 1992;149(7):890-897.
53. Wible CG, Shenton ME, Hokama H, et al. Prefrontal cortex and schizophrenia. A quantitative magnetic resonance imaging study. Arch Gen Psychiatry. 1995;52(4):279-288.
54. Winterer G, Egan MF, Rädler T, Hyde T, Coppola R, Weinberger DR. An association between reduced interhemispheric EEG coherence in the temporal lobe and genetic risk for schizophrenia. Schizophr Res. 2001;49(1-2):129-143..
55. Witthaus H, Mendes U, Brüne M, et al. Hippocampal subdivision and amygdalar volumes in patients in an at-risk mental state for schizophrenia. J Psychiatry Neurosci. 2010;35(1):33-40.
56. Wood SJ, Velakoulis D, Smith DJ, et al. A longitudinal study of hippocampal volume in first episode psychosis and chronic schizophrenia. Schizophr Res. 2001;52(1-2):37-46.
57. Patel S, Khan S, M S, Hamid P. The Association Between Cannabis Use and Schizophrenia: Causative or Curative? A Systematic Review. Cureus. 2020;12(7):e9309.
58. Hasan A, von Keller R, Friemel CM, et al. Cannabis use and psychosis: a review of reviews. Eur Arch Psychiatry Clin Neurosci. 2020;270(4):403-412.
59. Howes OD, Kambeitz J, Kim E, et al. The nature of dopamine dysfunction in schizophrenia and what this means for treatment. Arch Gen Psychiatry. 2012;69(8):776-786.
60. Leucht S, Bauer S, Siafis S, et al. Examination of Dosing of Antipsychotic Drugs for Relapse Prevention in Patients With Stable Schizophrenia: A Meta-analysis. JAMA Psychiatry. 2021;78(11):1238-1248.
61. Lally J, MacCabe JH. Antipsychotic medication in schizophrenia: a review. Br Med Bull. 2015;114(1):169-179.
62. Elkis H. Treatment-resistant schizophrenia. Psychiatr Clin North Am. 2007;30(3):511-533.
63. Jauhar S, McKenna PJ, Radua J, Fung E, Salvador R, Laws KR. Cognitive-behavioural therapy for the symptoms of schizophrenia: systematic review and meta-analysis with examination of potential bias. Br J Psychiatry. 2014;204(1):20-29.
64. Kumar P, Liu C, Hsu JW, et al. Glycine and N-acetylcysteine (GlyNAC) supplementation in older adults improves glutathione deficiency, oxidative stress, mitochondrial dysfunction, inflammation, insulin resistance, endothelial dysfunction, genotoxicity, muscle strength, and cognition: Results of a pilot clinical trial. Clin Transl Med. 2021;11(3):e372.
65. Praznikov V. Diagnosis, prevention and effective treatment oncology diseases with methods resonance destraction and resonance of creation. Journal of Biomedical Research and Enviropmental Science: Oncology Medical group. 2022; 3(9).