

VITAFON-5

VIBROACOUSTIC APPARATUS

PHONATION TECHNIQUES



Fig. 1. Areas Z1, Z2.

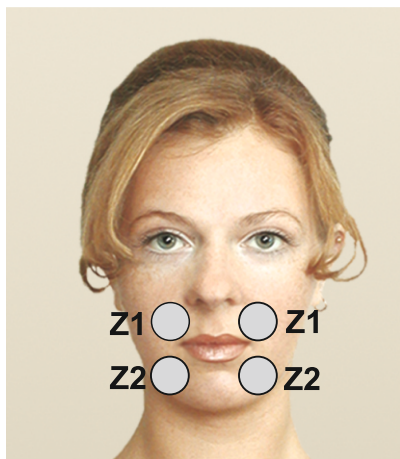


Fig. 2. Area G.

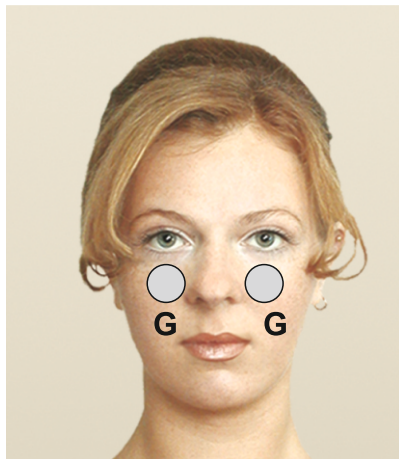
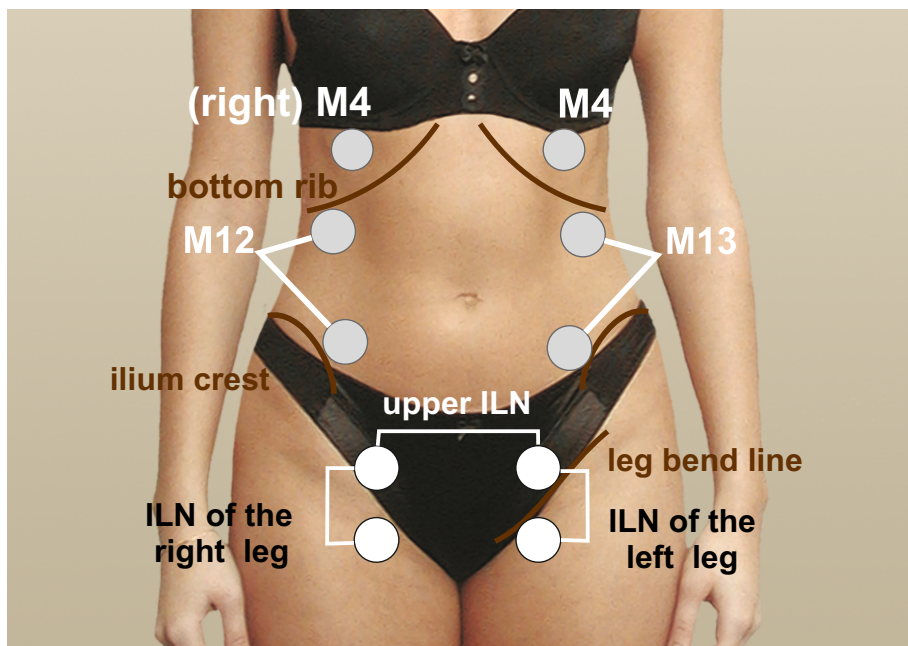


Fig. 3. Areas of exposure M12, M13, M4, ILN.



PHONATION TECHNIQUES

using dual vibraphones

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GENERAL RULES OF PHONATION

Phonation is a comfortable procedure implemented by the user with the help of vibroacoustic devices. The general purpose of phonation is to provide the body with microvibration energy in the areas where there is a lack of inherent microvibration. Phonation is carried out according to the techniques that include the list of areas of exposure, the duration and intensity of exposure on the area, the frequency of procedures.

NOTE! In order to choose the technique of phonation, it is required to make a correct diagnosis, as well as to reveal the areas included in the list of contraindications.

Microvibration exposure area

The areas of exposure are shown in the pictures on the cover, on the central insert. The description of some areas of exposure (including with pictures) is also given directly in the text.

Practically all phonation techniques for various diseases and problematic conditions, in addition to the pathology/pain area, include the **areas of the liver (M), kidneys (K) and spine** (its segments). Such approach to preparation of the techniques has been developed by many years' practice. **The restoration of the area of the disease occurs at the expense of the resources of the entire body, which, in particular, depend on the condition of the liver, kidneys and spine.**

Phonation of the liver area (M) improves its function by preventing accumulation of toxic and other substances in the blood that are subject to decomposition in the liver.

Phonation of the kidneys area (K) improves their function to maintain the acid-base balance of the blood and its purification from the products of muscle cell activity. Within 40 minutes after the microvibration exposure on the **kidney area (K)**, their inherent microvibrations increase and efficiency increases.

Phonation of the spine area relieves edema, accelerates the restoration of the energy potential of muscle and nerve cells, contributes to bone marrow hematopoiesis and blood enrichment with mature stem cells (Russian Patent No. 2166924).

Phonation of the pathology area significantly increases the rate of removal of toxins, reduces edema, enhances capillary blood flow and immune responses.

Taking into account the above, when carrying out the phonation procedures, one should:

1) observe the sequence of exposure on the areas, indicated in the phonation techniques, which, as a rule, begin with phonation **of the kidney (K) and liver (M)** areas. First of all, it is required to increase the general resources of the body, and second, to provide the area of pathology with microvibration;

2) not exclude the areas of exposure from the phonation scheme (in the absence of contraindications or special recommendations). If there are time limits, it is recommended to reduce the exposure time for each area proportionally, without reducing the list of exposure areas in one procedure.

Contraindications for phonation

General contraindications for phonation (vibroacoustic impact):

- . period of acute development of an infectious disease
- . high (above 38.5°C) temperature
- . leucosis and blood coagulation system disorders;
- . developed cerebral atherosclerosis (cerebral vessels);
- . diseases in the decompensation stage (for example, decompensated liver cirrhosis, decompensated heart failure);
- . active pulmonary tuberculosis;
- . epilepsy with frequent seizures;
- . severe psychosis;
- . Crohn's disease.

Specific contraindications for phonation (phonation is not allowed in a specific area, but is possible at a distance of more than 10 cm from it):

- . in the area of malignant neoplasms;
- . in the area of implanted stimulators;
- . during pregnancy, closer than 10 cm from the fetus;
- . in the area of a thrombus;
- . in the area of pronounced atherosclerosis;
- . in the area of vertebral hemangioma;
- . in the neck area in case of thyroid diseases;
- . in the area of bleeding or suspected bleeding, or in case of a high risk of its occurrence (for example, in case of endometriosis and uterine myoma);

- in the area of abdominal aortic aneurysm;
- in the area of organs (bladder, gallbladder, kidneys), where there are stones that cannot discharge independently.

Peculiarities of phonation of the kidney area (K)

Kidney phonation produces a favorable effect **on discharge of small stones**, which can discharge independently through the corresponding ducts (up to 4 mm, but the exact dimensions depend on the individual peculiarities of a person). Moreover, the sooner the stone moves away, the better it is for functioning of the organ.

Kidney cysts are not a contraindication. According to the available long-term (a year or more) observations of kidney cysts under the influence of phonation, they tend to decrease or do not change. The fluctuations in the size of cysts observed on ultrasound examination are due to measurement error.

In the event of prolapse of the kidneys in all cases when K points are indicated in the schemes (Fig. 9), vibraphones are placed on the area of the prolapsed kidneys.

In case of **only one kidney**, both vibraphones are placed in the area of this kidney - the first one on K point, the second one - in the area ureter (under the first vibraphone). In case of any disease of a single kidney, phonation of this kidney can be carried out only by prescription of a medical specialist.

If the **pressure rises** during kidney phonation or blood appears in the urine, the procedures should be stopped, since these symptoms can be the signs of an acute inflammatory process in the kidneys, which requires supervision of a medical specialist.

Peculiarities of phonation of other areas

- 1) In case of stones in the gallbladder or in case of the removed gallbladder, then in all cases when M points are indicated in the schemes, they are replaced with M5. This is due to the fact that phonation of the gallbladder increases its tone, which can cause painful feelings in case of stones in it;
- 2) In case of cardiac arrhythmia and after myocardial infarction, it is required to limit the impact on the thoracic spine to no more than 5 minutes on the areas of E11, E2, E21. Phonation is started with minimum time (1 minute) and increased very gradually for 1 minute every 3-4 days.

3) If more than one case of a stroke was recorded previously, it is recommended to start phonation with implementation of the "Consequences of a stroke" technique.

Additional areas for phonation

Phonation can be carried out on additional areas not specified in the schemes for a specific disease. So in the period of the disease, areas may appear that cause severe discomfort or very painful feelings upon palpation. Phonation of such areas is allowed in addition to the basic scheme for a specific disease in the absence of an acute course of the disease (in particular, temperatures above 38.5).

Exposure time shall not exceed 5 minutes. Mode of exposure: if the painful area is on the limbs **vibraphones with a green sticker shall be used (●)**, if it is on other parts of the body – then **vibraphones with a white sticker (○○)** shall be used.

Important! Pay attention to the fact that exposure on the painful area is allowed only if this area is not included in the list of contraindications.

IMPORTANT INFORMATION

Integrity of vibraphone cords

Vibraphone cords can lose elasticity in case of prolonged and frequent contact with the skin (in particular, due to sweating). As a result, there can be a breakage of the internal conductors. In this connection, it is recommended to put vibraphones on the body over thin underwear.

Rules of placement of the vibraphones

The transducer with which micro-vibrations are transmitted upon contact with the body is called a vibraphone. Vibraphones shall be applied with the membranes to the surface of the body through a gauze, paper or cotton napkin. Vibraphones shall be fixed with an elastic bandage, special fixing cuffs for Vitaфон series devices, held by hands or pressed by proprietary weight (for example, lying on their back). The surfaces of the membranes should fit tightly to the body. The maximum feeling of microvibration at a low frequency (when the sound is lowest) is a criterion of correctness of application. One should not press the membranes to the body with excessive force. This will lead to termination of microvibration and absence of the restorative effect.

As a rule, two vibraphones are placed per area. Hereby vibraphones can be placed at any distance from each other (unless their location is determined by the technique), both in the same plane and at some angle to each other (for example, when in case of joints phonation). The depth of impact from the plane of the vibraphone membrane deep into the tissues makes approximately 10 cm.

NOTE! When the vibraphones are placed on the area, an error of 1-2 cm is not significant (acceptable).

In case of severe tissue damage (burn, gangrene, abscess, bedsores, etc.), when the respective area is phonated, the vibraphones are placed on the knowingly healthy part adjacent to the damaged tissue. This is necessary in order to avoid excessive intake of the end products of metabolism into the blood under the influence of microvibration from the affected area. As the recovery progresses, the phonation area shall be brought closer to the edge of the pathology area.

If there are no special instructions, the phonation is carried out in a supine or sitting position.

Feelings from phonation

During phonation, a pleasant feeling of warmth and light vibration is observed in the area of exposure.

If the nerve center gets into the area of exposure, sometimes **painful feelings may appear**. Their appearance is a positive symptom, which is indicative of restoration of an adequate response of the body to the internal disorders. If such painful feelings appear, the procedures should not be terminated, hereby the time of exposure on the area of painful feelings and / or on the spine can be reduced during one procedure (without reducing the number of procedures per day).

Phonation in case of chronic diseases, as a rule, proceeds through a short-term increase of painful manifestations (5-10 days), which disappear gradually. In case of exacerbation, the procedures should not be terminated.

In case of advanced forms of diseases, painful feelings can disappear only by the end of the first course or even with repeated courses of phonation.

Intensity of exposure

The power (amplitude) of the microvibration shall be determined by the color of the vibraphones markings (white or green sticker). **When the vibraphones with green stickers are used, there is a more powerful effect** than when the vibraphones with white stickers are used.

The intensity of exposure for each area shall be determined in a practical way for each area of exposure, and it is not recommended to change it in the absence of special instructions.

When procedures are carried out for **children of under 10 years old**, in all cases when the vibraphones with a green sticker (●●) are indicated in the scheme, the vibraphones with a white sticker (○○) should be used.

Mode

In modes "1" - "9", the vibration amplitude of the vibraphone membrane periodically changes in a wave-like manner. The larger the mode number is (for example, "9"), the more often the oscillation amplitude changes. At the same time, there is a wave-like change in the volume of sound, which is especially noticeable at a low frequency. The mode indicated in the last line of the phonation scheme is sufficient, but can be increased to "9th" according to one's own feelings. Mode "0" differs from all others that there is no wave-like change in amplitude (there is no wave-like change in the sound volume).

If a mode at option is presented in the phonation scheme (for example, Mode 5/0), the mode should be selected based on one's own feelings.

Time of exposure

Exposure on each area shall be exercised during the time specified in the scheme for the corresponding disease. The phonation schemes are constructed so that the phonation time increased from initial time to sufficient time gradually over the days and did not change further. Based on one's own feelings, the rate of dose increase can be reduced for greater comfort of the recovery process.

It is not recommended to accelerate the rate of time increase significantly compared to the technique, since this can cause a load on the organs that purify the blood from decay products (toxins). The phonation time increase rate can be accelerated in comparison with the technique only in the absence of serious and chronic diseases.

Time indicated in the last line of the schemes is sufficient in case of this disease. **However, sufficient phonation time can be increased or decreased based on one's own feelings.** At the same time, the exposure time should be increased gradually (for example, one minute per day) and not more than twice as long as it is sufficient for this area.

It is not recommended to increase the time of exposure on the lymph nodes (ILN area in Fig.3 and DPLN area in Fig.8).

NOTE! The phonation schemes for the standard configuration of the device and configuration with additional vibraphones may differ, including the time of exposure on a specific area on a certain day of the scheme. This is related to the fact that due to additional vibraphones longer exposure can be exercised on problem areas (but within the recommended sufficient time) or additional phonation of areas aimed at general resource support of the body can be carried for the same total time of the procedure.

Frequency of procedures

Phonation techniques include the recommended number of procedures. In most cases, it is recommended to carry out one or more procedures per day. At the same time:

- 1) The more procedures are carried out per day and per week, the faster the result is achieved. When several procedures are carried out during the day, it is recommended to carry out each subsequent procedure no earlier than after 4 hours.
- 2) The effect from phonation increases to a greater extent depending on the frequency of procedures, to a lesser extent - on increase of the time of phonation of each area. If there is no time to carry out the procedures completely (taking into account the sufficient time specified in the schemes for each area) more than once a day, it is recommended proportionally to reduce the exposure time for each area by 2 or more times per procedure, while carrying out several procedures per day.
- 3) If loads are increased (stress, cooling, physical fatigue, etc.), it is recommended to carry out additional procedures.

Duration of the course

Phonation is carried out in courses. The main course of phonation presupposes a large number of procedures, as a rule, several times per day for 5-7 days per week (indicated in the techniques). **If the duration of the main course is not specified in the technique**, then frequent phonation shall be continued until complete recovery or achievement of the desired result. Depending on the character, severity of the disease and the activity of phonation, the result shall be achieved from several days to several months.

If complete recovery does not occur or is impossible (depending on the disease), then a break of at least 5 days (but not more than 1 month) shall be made in the main course after 3 months, unless other period is specified in the phonation technique.

If there are no changes in the body for one month, it is required to check the serviceability of the device, specify the diagnosis, the root cause of the disease and the phonation scheme.

When the desired result is achieved, one shall come from the main course to **supportive procedures**, that is, the number of procedures per day and per week should be reduced compared to the main course. Supportive procedures are carried out on the achieved sufficient time for the areas of exposure (the time indicated in the last line of the schemes). The recommended number of supportive procedures for prevention of a particular disease is indicated in the techniques, and if it is not specified, the user chooses their number himself, taking into account life circumstances, but preferably at least 1 procedure per week. In case of increase of resource spending (stress, cooling, physical fatigue, etc.), it is recommended proportionally to increase the number of supportive procedures per week. Supportive procedures can be carried out both according to the phonation scheme for a particular disease, and according to GRSB scheme 1 (p. 13 of these techniques).

In addition to supportive procedures for improvement of the result (in particular, in case of chronic diseases), the **main phonation courses shall be repeated**. At the same time, if a break in phonation is less than 1 month (taking into account the supportive procedures), then the procedures are carried out immediately for sufficient time (time specified in the last line of the schemes).

Regular phonation is recommended (according to the GRSB scheme, p. 13) for the purpose of prevention, regardless of the need for treatment of a particular disease. Phonation contributes to a more complete replenishment of the body's resources, which are spent every day.

Combination with the drug therapy

Phonation is well combined with the drug therapy recommended by a doctor. Phonation increases the effectiveness of the drug therapy, so the dosage of drugs should sometimes be reduced.

If drugs prescribed by a doctor are used in the course of treatment, it is recommended to carry out phonation at the moment of maximum concentration of the drug in the blood:

- . 40-60 minutes after taking pills or mixtures;
- . 5-15 minutes after injections;

. 2-4 hours after application of ointments.

The peculiarities of application of antihypertensive drugs in combination with kidney phonation are described in the section "Arterial hypertension (hypertony)".

The peculiarities of application of certain drugs in combination with phonation in treatment of certain diseases are described in the respective sections.

Phonation in case of combined pathologies

If there are several diseases, then one phonation technique shall be selected for the most disturbing problem. It is possible to carry out phonation of several pathologies at once only in case a generally satisfactory condition. In this case, the general phonation scheme shall be made based on the schemes for disturbing diseases, taking into account the following rules:

1) It is not recommended to phonate more than 2 pathologies simultaneously (carry out phonation using more than two techniques);

2) The list of all areas of exposure specified in the schemes for disturbing diseases shall be made;

3) For each area (except the kidney area (K), the longest time specified in the schemes shall be selected. For example, if in the scheme for one disease the time of exposure for the E3 area is indicated as 5 minutes, and in the scheme for other disease - as 7 minutes, the time of 7 minutes shall be selected.

4) The time of exposure on the kidney area (K) should not be less than the total of the time of phonation of the spine areas (for example, D1, D2) and the area of the main pathology (for example, joints in case of arthritis). However, if the total of the phonation time of these areas exceeds 40 minutes (for example, the total time of all areas of the spine and joints makes 64 minutes), it is recommended to carry out two procedures on the kidney area: the main one, when other areas are also phonated, lasting 40 minutes, and an additional one at least 2 hours later - for the time exceeding 40 minutes (in the example given - 24 minutes). Sufficient time of exposure on **the kidneys (K) for one procedure makes 40 minutes**.

5) If phonation of any area was already carried out before, hereby the break did not exceed 1 month, when coming to phonation according to other scheme for the same area, one can start not from the first day of the scheme, but based on the achieved sufficient time for this area.

Phonation in case of a serious condition of the patient

In case of a critical condition of the patient (in particular, after a stroke, heart attack) and a multiple diseases, it is recommended to increase the gradualness of the dose increase (compared to the schemes) and to introduce phonation of the areas one by one. The areas of exposure shall be introduced as follows.

First, only the K area (kidneys) shall be exposed. One shall start with the minimum time, and, adding 1-2 minutes a day, bring it to the maximum time specified in the scheme for the corresponding disease.

Then, while maintaining the maximum time of phonation of the kidney area, the liver area shall be added, designated as "M". One should also start with the minimum time and, adding 1 minute a day, bring it up to the maximum time according to the selected scheme.

While maintaining the maximum time of the kidney and liver area phonation, the next area shall be added from the selected scheme. One should also start with the minimum phonation time and, adding 1 minute a day or every other day, bring it up to the maximum time according to the selected scheme.

Other phonation areas indicated in the scheme shall be introduced in a similar way.

HOW TO USE THE SCHEMES

The areas of exposure in the phonation schemes are designated by letters (D1, E1, E3, K, etc.). One pair of the vibraphones is placed on one area. The point of placement of the vibraphones for each area is shown in the pictures (on the cover, as well as on the colored central insert). In some cases, there are also explanations immediately below the phonation schemes.

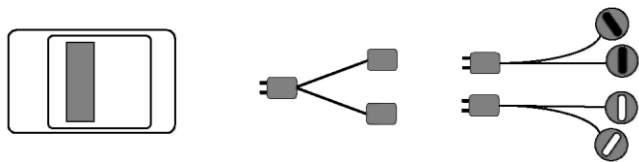
The intensity of exposure is different for each area. Therefore the type of the vibraphones, which must be placed on the area, is shown in the phonation schemes above each area – vibraphones with green (dark) or white marking (sticker).

●● – designation of a pair of the vibraphones with a green sticker.

○○ – designation of a pair of the vibraphones with a white sticker.



NOTE! In the color figures 1-12 of the cover and the central insert, the color of the circles does NOT indicate the type of the vibraphones for this area. Different colors (white, gray) of the circles highlight the paired areas.

To carry out most of the phonation schemes, two pairs of the vibraphones must be connected to Vitaфон-5 control unit **via a splitter** at once (for example, one pair with a green sticker, the other with a white one), as it is shown in the figure:



Thus, during the procedure, two areas are phonated simultaneously (unless it is specified otherwise in the text).

Example of the phonation scheme:

Day	Mode	Vibraphone type, areas and phonation time in minutes			
					
		K	Lower abdomen*	E3	E4
1-2	Mode 1	8	2	3	3

P.1 ↑ P.2 ↑ P.3 ↑

P.1 The corresponding mode (mode 1) is set on Vitafon-5 control unit.

P. 2 One pair of the vibraphones with a green sticker and one pair of the vibraphones with a white sticker are connected to the control unit via a splitter, as it is shown in the figure on page 11). A pair of the vibraphones with a green sticker is placed **on the kidney area (K) and remains there until the end of the procedure.**

P.3 A pair of the vibraphones with a white sticker is placed on the "Lower abdomen" area. The time on the device is set to 2 minutes. Phonation is carried out ("START" button).

Next, the vibraphones from the lower abdomen are moved to the E3 area, the time is set to 3 minutes. Phonation is carried out.

Next, the vibraphones from the E3 area are moved to the E4 area. Time is not changed. Phonation is carried out.

Note! In the phonation schemes, **the dark gray column** indicates the pair of the vibraphones that is placed on one area (in most cases, the kidney area K) **and remains there until the end of the procedure.** Accordingly, the duration of the entire procedure is indicated in the dark gray column. **Only the time specified in the white (light) columns is set on the device.** So in the given example, only the time for the "Lower Abdomen", E3, E4 areas is set on the device. The time of exposure on all these areas is equal to the time of phonation of the kidney area (K): 2+3+3 = 8 minutes.

In some cases, according to the scheme, a pair of the vibraphones with one sticker color (for example, white) should be replaced with a pair of the vibraphones with other color (green) and placed on the respective area.

Example of the phonation scheme with change of the vibraphones during the procedure:

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	● ●	○ ○		
		K	Joint*	D2	E1	DPLN**
1-2	Mode 1	10	5	2	2	1

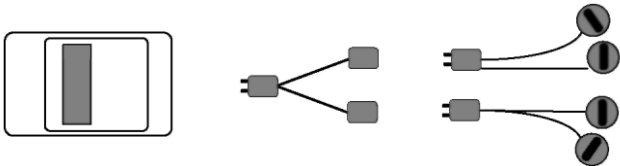
P.1 ↑

P.2

P.3 ↑

P.4

- P.1** The corresponding mode (mode 1) is set on Vitafon-5 control unit.
- P.2** Two pairs of the vibraphones with a green sticker are connected to the control unit via a splitter, as it is shown in the figure below:



- One pair of the vibraphones with a green sticker is placed **on the kidney area (K) and remains there until the end of the procedure.**
- P.3** The second pair of the vibraphones with a green sticker is placed on the joint area. The time on the device is set to 5 minutes. Phonation is carried out.
- P.4** Further, the pair of the vibraphones that was placed on the joint area is replaced with a pair of the vibraphones with a white sticker. A pair with a white sticker is placed on the D2 area. The time on the device is set to 2 minutes. The areas K and D2 are phonated simultaneously.
- Next, the vibraphones from the D2 area are moved to the E1 area. Time is not changed. Phonation is carried out. Next, the vibraphones from the E1 area are moved to the DPLN area. The time on the device is set to 1 minute. Phonation is carried out.

GENERAL RESOURCE SUPPORT OF THE BODY (GRSB)

GRSB, relieving of general fatigue

Purpose of phonation. General resource support of the body (GRSB) - compensation of the microvibration deficiency in the kidneys (K), liver (M) and spine in order to strengthen the body and prevent diseases. The tissues in the area of phonation are cleaned from the end products of metabolism and the cells are saturated with energy resources. Phonation of these areas is recommended even in the absence of pathologies. Implementation of the GRSB program increases the overall tone of the body, enhances working capacity. When the procedure is carried out after a working day, it relieves fatigue.

Technique. Phonation is carried out according to **scheme 1**. The effect is proportional to the number of procedures per day and per week. In order to reduce the phonation time during one procedure, areas E11, E2, E3 and E4 can be replaced with area **E40** (Fig. 12). The rate of increase of the phonation time is the same as for E11.

For phonation for the purposes of the general resource support of the body (GRSB), it is recommended to use the GRSB mattress.

Scheme 1. Phonation for GRSB.

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●		○ ○			● ●
		K	M	E11	E2	E3	E4
1-2	Mode 1	12	4	2	2	2	2
3-4	Mode 2	14	6	2	2	2	2
5-6	Mode 2	20	8	3	3	3	3
7-8	Mode 3	20	8	3	3	3	3
9-10	Mode 3	25	9	4	4	4	4
11-12	Mode 4	26	10	4	4	4	4
13-14	Mode 4	28	10	4	4	5	5
15-16	Mode 5	28	10	4	4	5	5
further	Mode 5/0	36	10	5	5	8	8



Relieving of muscle fatigue

Purpose of phonation. Phonation of the specific muscle groups is applied when they are tired after significant loads, or for resource pumping in order to expand physical capabilities, for example in sports. Phonation allows to avoid painful complications, accelerates muscle recovery (by 1.5-2 times) and contributes to purification of the blood from the products of muscle activity. Restoration of the muscles of the back, lower leg and foot is the most urgent, since they are involved in the neuromuscular amortization system of the spine and joints (for more information, see the section "Diseases of the spine and joints").

Technique. Phonation is carried out according to **scheme 2**. If phonation was carried out earlier (in the absence of a break of more than 1 month), the starting day in the scheme is selected based on the achieved time for **the kidney area (K)**. The procedures should be repeated **1-3 times a day in the period of increased physical activity**.

When hands are phonated, the vibraphones shall be grasped in fists, with the membranes to the palms. The vibraphones are fixed to other areas of the limbs with an elastic bandage or with the help of cuffs.

Scheme 2. Phonation to relieve muscle fatigue.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
			
		K*	Most tired muscle groups
1-2	Mode 4	15	For 5 minutes per group
3-4	Mode 5	21	For 7 minutes per group
5-6	Mode 6	24	For 8 minutes per group
further	Mode 0	30	For 10 minutes per group

*The time of phonation of the kidney area (**K**) is indicated based on the fact that 3 different placements are made on the muscles simultaneously.

Prevention of cold-related diseases.

Technique. Phonation is carried out according to **scheme 3**. The procedures should be repeated **1-3 times a day 2-7 times a week**. It is recommended to start the course when a sharp cold snap is expected.

Duration of the course - 2-3 weeks. For the prevention of colds, 2-4 courses are conducted per year (from September to May). Prevention is justified by a better state of health, mood, significantly greater working capacity.

Scheme 3. Phonation for prevention of cold-related diseases.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
		● ●	○ ○
		K	M
1	Mode 1	5	5
2	Mode 2	7	7
3	Mode 3	7	7
4	Mode 3	9	9
5	Mode 4	11	11
6	Mode 4	13	13
further	Mode 5/0	15	15

Improvement of working capacity

Technique. Phonation is carried out according to **scheme 3**. The procedures should be repeated **1-3 times a day 2-7 times a week during the period of increased** physical, mental and psychic loads. The total number of procedures per week depends on the intensity and duration of the loads. The higher the load is, the more procedures are required, but there is a benefit even from one procedure.

For cosmetic purposes

Purpose of phonation. Improvement of the effectiveness of cosmetic products. After cosmetic surgeries – impact on the suture area reduces scars, reduces the risk of complications.

Technique. The vibraphones with white stickers are placed on the area on which the cosmetic product was applied through a paper, gauze or cloth napkin. The exposure is carried out in mode 0 for 3-5 minutes. Phonation can be carried out immediately after application of cosmetic products through a thin napkin.

NOTE! The cosmetic product should be selected individually and must not cause allergies.

After cosmetic surgeries, phonation is carried out according to the procedure described in the section "Wounds. Post-surgical suture".

Improvement of sleep quality, facilitation to falling asleep

The rate of resource recovery depends on the quality of sleep. Phonation according to **scheme 4** before going to bed contributes to falling asleep and improvement of the quality of sleep.

Scheme 4. Phonation for improvement of the quality of sleep.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		●●	○○		
		K	M	D1	D2
1-2	Mode 1	5	3	1	1
3-4	Mode 2	7	3	2	2
5-6	Mode 2	9	5	2	2
7-8	Mode 3	11	7	2	2
9-10	Mode 3	12	8	2	2
11-12	Mode 4	15	10	2	3
13-14	Mode 4	16	10	3	3
15-16	Mode 5	16	10	3	3
17-18	Mode 5	18	12	3	3
further	Mode 5/0	18	12	3	3

ARTERIAL HYPERTENSION (HYPERTONY)

Purpose of phonation. A number of medical studies showed that phonation of the kidneys area (K) improves their function significantly and accelerates normalization of the blood pressure (BP). Phonation allows to improve well-being, to raise working capacity, and at the same time to reduce the dose of antihypertensive drugs taken, including to give them up. The pressure also decreases sometimes after several sessions, sometimes after several months, depending on the stage of the hypertensive disease and the duration of the drug reduction of the blood pressure. After a month of procedures, there is a decrease in the level of cholesterol in the blood. The effectiveness of the method is proportional to the number of performed procedures.

Technique. In most cases, blood pressure reduction is achieved using **technique No. 1**. If hypertension is caused by vascular insufficiency of the spinal cord or brain, then **technique No. 2** is more effective.

Duration of the course Phonation is continued until the optimal blood pressure level is reached. As the optimal blood pressure is reached, one should come to supportive phonation procedures: the number of procedures can be reduced to 1-2 times a day, but in case of increased physical loads, hypothermia, prolonged stress, one more procedure should be carried out (2-3 times a day). If necessary, repeated courses are carried out 2-3 times a year.

Technique No. 1

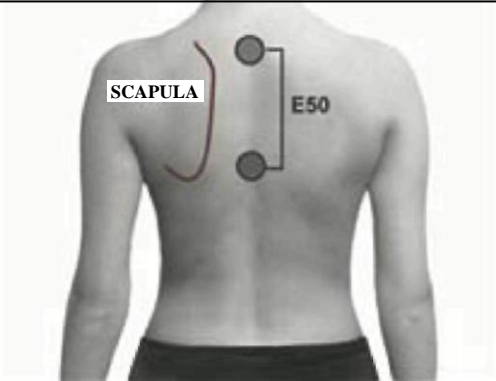
Technique No. 1 is used in case arterial hypertension (hypertony) of 1-3 degree **if the upper (systolic) blood pressure without taking drugs** reducing blood pressure is **usually lower in the morning than in the evening**. If only systolic pressure rises in the evening, phonation is carried out according to **scheme 5**. If both systolic and diastolic blood pressure increases in the evening, phonation is carried out according to **scheme 6**. The procedures should be repeated **2-3 times a day**.

Treatment of hypertension of the 1st degree (blood pressure level within 125/90 -159/99 mmHg) is carried out without drug therapy. Treatment of hypertension of the 2nd and 3rd degree (blood pressure level more than 160/100 mmHg) is carried out using antihypertensive drugs with a gradual dose reduction. For the first 2 weeks phonation is carried out using the full daily dose of antihypertensive drugs. Further, in case of hypertension of the 2nd degree, the dose of drugs shall be reduced by 1/2 of the daily dose every 2-3 weeks, and within case of hypertension of the 3rd degree -

by 1/4 of the daily dose every 2-3 weeks. The daily dose shall mean the dose of the drug recommended by the doctor for continuous use. Complete refusal from antihypertensive drugs is possible if the upper blood pressure during ongoing phonation procedures does not exceed 160 mmHg.

Scheme 5. Phonation in case of hypertension of 1-3 degrees, when only the upper (systolic) blood pressure rises in the evening.

Day	Mode	Vibraphone type, areas and phonation time in minutes
		● ●
		K
1-2	Mode 1	5
3-4	Mode 2	7
5-6	Mode 2	9
7-8	Mode 3	11
9-11	Mode 3	14
12-14	Mode 4	17
15-17	Mode 4	20
18-22	Mode 5	25
23-27	Mode 5	30
further	Mode 5/0	25-30 in case of hypertension of 1 degree, 30-40 in case of hypertension of 2-3 degrees



Scheme 6. Phonation in case of hypertension of 1-3 degrees, when both systolic and diastolic blood pressure increases in the evening.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	M	M5	C	E50*
1-2	Mode 1	11	3	3	3	2
3-4	Mode 2	11	3	3	3	2
5-6	Mode 2	14	4	4	3	3
7-8	Mode 3	16	4	4	4	4
9-10	Mode 3	18	5	4	4	5
11-12	Mode 4	18	5	4	4	5
13-14	Mode 4	22	6	5	5	6
15-17	Mode 4	26	7	6	6	7
18-22	Mode 5	32	8	8	8	8
23-27	Mode 5	36	9	9	9	9
further	Mode 5/0	40	10	10	10	10

*E50 – thoracic spine. See the fig. on page 18.

Technique No. 2

Technique No. 2 is applied in case of hypertension of 1-3 degrees, if the **upper blood pressure without taking drugs, reducing the blood pressure is by 10 or more points higher in the morning than in the evening** (hypertension caused by vascular insufficiency). Antihypertensive drugs for this type of hypertension are usually not effective, so the procedures are carried out without drug therapy. Phonation is carried out according to **scheme 7**. In each procedure, both parts must be performed. The procedures should be repeated **2-3 times a day**. The phonation time shall be increased and the mode shall be changed **from week to week**.

To carry out the 1st part of the procedure, one pair of the vibraphones with a green sticker and one pair with a white sticker are connected to the device via a splitter, and they are placed on the kidney (K) and liver (M) areas, respectively. The time is set on the device (for example, 3 minutes for the 1st week). Phonation is carried out. Next, to perform the 2nd part, a pair of the vibraphones with a green sticker is disconnected. A pair of the vibraphones with a white sticker is moved sequentially from area to area: left eye, right eye, D1, E50.

Scheme 7. Phonation in case of hypertension of 1-3 degrees, if the upper (systolic) blood pressure in the morning is by 10 or more points higher than in the evening.

Week	Mode	Vibraphone type, areas and phonation time in minutes						Total time
		Part 1		Part 2				
		●●	○○	○○				
		K	M	Left eye*	Right eye	D1	E50**	
1 week	Mode 1	3		1	1	1	1	7
2 week	Mode 2	4		2	2	2	2	12
3 week	Mode 3	5		3	3	3	3	17
4 week	Mode 4	6		4	4	4	4	22
5 week	Mode 5	7		5	5	5	5	27
6 week	Mode 5	8		5	5	5	5	28
7 week	Mode 5	9		5	5	5	5	29
8 week	Mode 5	10		5	5	5	5	30
9 week	Mode 5	11		5	5	5	5	31
10 week	Mode 5	12		5	5	5	5	32
11 week	Mode 5	13		5	5	5	5	33
12 week	Mode 5	14		5	5	5	5	34
further	Mode 5/0	15		5	5	5	5	35

* The peculiarities of placement of vibraphones in the eye area are shown in Fig. 10 of the central insert of the techniques.

**E50 – thoracic spine. See the fig. on page 18.

DISEASES OF THE SPINE AND JOINTS

Purpose of phonation. Restoration of the area affected by the disease. For this, it is required to restore neuromuscular amortization, to remove dead cells from the affected area and to replace them with healthy ones, to saturate the cells with resources. With the help of phonation, one can compensate the deficit of microvibration in the specified area completely.

Spine phonation technique

Phonation is carried out according to **schemes 8-15** in the supine position.

If there are problems in several parts of the spine (for example, osteochondrosis of the cervical spine and intervertebral disc herniation in the lumbosacral region), one scheme should be selected for the most problematic area. In case of moderate degree of the spine degradation, phonation is allowed according to two schemes simultaneously, hereby phonation according to each of the schemes on one day should be carried out at intervals of at least 4 hours.

If the user suffers from hypertension, then during the procedures, blood pressure should be monitored before the procedure begins and 30 minutes after its completion. It can change. The pressure must be maintained at an optimal level when the best state of health and the highest working capacity are observed. When antihypertensive drugs are taken, phonation of the **kidney area (K)** can cause an excessive reduction of the blood pressure. In this case, it is required to adjust (reduce) the doses of drugs in order to maintain the pressure at an optimal level. In case of growth of pressure, emergence of dizziness or weakness, the duration of the procedures on the spine area should be reduced.

In case of cardiac arrhythmia and after a myocardial infarction, the thoracic spine should be phonated according to scheme 9A: exposure on the thoracic section (E11, E2, E21) is started with minimum time (1 minute) and increased very gradually.

Possibility of aggravation. In case of chronic diseases of the spine, painful feelings may temporarily aggravate, but at the same time the mobility in the area of exposure increases. This is indicative of restoration of the blood supply to the nerve pathways and is a positive change in the state of the spine. The procedures should not be terminated. The more evenly the procedures are carried out during the day, the higher the effect is and the lower the probability of exacerbation of painful feelings is.

The duration of the course depends largely on the severity, duration and nature of the disease and varies in case of osteochondrosis and radiculitis from several days to several months. In case of intervertebral disc herniations and scoliosis, stable and complete rehabilitation will take from one to three years (depending on the severity of the disease).

Supplement to the schemes. In order to purify the blood (as a consequence, to improve the quality of nutrition of the body's cells), all the schemes of the spine phonation can be supplemented by exposure to the liver area (M or M5 in case of gallstones, Fig. 8 on the central insert of the techniques) with the vibraphones with a white sticker. The initial time makes 5 minutes, with addition of 1-2 minutes every 2-3 days in order to bring the exposure time to 10-15 minutes.

Osteochondrosis, radiculitis

Phonation is carried out **according to schemes 8-11**, depending in which part of the spine there is osteochondrosis, radiculitis (cervical, thoracic, lumbar, lumbosacral). The procedures should be repeated **2-4 times a day**.

Correlate the problem area with the designation of the areas of exposure in Fig. 6 and 9 on the central insert of the techniques. Select the scheme where the problematic area is specified.

NOTE! Before applying the selected scheme, read the subsection "Spine phonation technique".

Scheme 8. Phonation in case of osteochondrosis, radiculitis of the cervical spine.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	D1*	D2	E1
1-2	Mode 1	6	2	2	2
3-5	Mode 2	9	3	3	3
6-7	Mode 3	9	3	3	3
8-10	Mode 4	12	4	4	4
11-15	Mode 5	15	5	5	5
further	Mode 5/0	15	5	5	5

*In order to place the vibraphones in the **D1** and **D2** areas, a pillow should be placed under the neck so that the vibraphones fit to the neck tightly enough.

Scheme 9. Phonation in case of osteochondrosis, radiculitis of the thoracic spine.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ● ●	○ ○ ○		
		K	E11	E2	E21
1-2	Mode 1	6	2	2	2
3-5	Mode 2	9	3	3	3
6-7	Mode 3	9	3	3	3
8-10	Mode 4	12	4	4	4
11-15	Mode 5	15	5	5	5
further	Mode 5/0	24	8	8	8

Scheme 9A. Phonation in case of osteochondrosis, radiculitis of the thoracic spine with cardiac arrhythmia and after a myocardial infarction.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ● ●	○ ○ ○ ○ ○			
		K	M	E11	E2	E21
1-3	Mode 1	6	3	1	1	1
4-6	Mode 2	12	6	2	2	2
7-9	Mode 2	18	9	3	3	3
10-12	Mode 3	18	9	3	3	3
13-14	Mode 3	24	12	4	4	4
15-16	Mode 4	24	12	4	4	4
17-18	Mode 4	30	15	5	5	5
further	Mode 5	30	15	5	5	5

Scheme 10. Phonation in case of osteochondrosis, radiculitis of the lumbar spine.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	E21	E3	E31
1-2	Mode 1	6	2	2	2
3-5	Mode 2	9	3	3	3
6-7	Mode 3	12	4	4	4
8-10	Mode 4	18	6	6	6
11-15	Mode 5	24	8	8	8
further	Mode 5/0	30	10	10	10

Scheme 11. Phonation in case of osteochondrosis, radiculitis of the lumbosacral spine.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		● ●
		K	E3	E31	E4
1-2	Mode 1	6	2	2	2
3-5	Mode 2	9	3	3	3
6-7	Mode 3	12	4	4	4
8-10	Mode 4	18	6	6	6
11-15	Mode 5	24	8	8	8
further	Mode 5/0	30	10	10	10

Intervertebral disc herniation

Phonation is carried out according to **scheme 12**. The procedures should be repeated **3-4 times a day for the first three months, 2 times a day subsequently**.

NOTE! Before applying the selected scheme, read the subsection "Spine phonation technique".

Scheme 12. Phonation in case of intervertebral disc herniations.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	On the left and on the right of the herniation area	Up and down the herniation area
1-2	Mode 1	6	3	3
3-4	Mode 2	8	4	4
5-6	Mode 2	10	5	5
7-8	Mode 3	10	5	5
9-10	Mode 3	12	6	6
11-12	Mode 4	12	6	6
13-14	Mode 4	16	8	8
15-16	Mode 5	16	8	8
17-18	Mode 5	20	10	10
19-20	Mode 5	24	12	12
further	Mode 5/0	24	12	12

Scoliosis

Phonation is carried out according to **scheme 13**. The procedures should be repeated **2 times a day**.

NOTE! Before applying the selected scheme, read the subsection "Spine phonation technique".

Scheme 13. Phonation in case of scoliosis.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	E1	E2	E3	E4
1-2	Mode 1	8	2	2	2	2
3-4	Mode 2	12	3	3	3	3
5-6	Mode 3	12	3	3	3	3
7-8	Mode 4	16	4	4	4	4
9-10	Mode 5	16	4	4	4	4
11-12	Mode 5	20	5	5	5	5
further	Mode 5/0	20	5	5	5	5

Back pain

The purpose of phonation is to restore and maintain the muscle resources, reduce edema and pain.

Technique. In case of severe back pains, phonation is carried out consecutively according to **schemes 14, 15**. In case of emergence of moderate pains, phonation should be carried out immediately according to **scheme 15**.

Duration of the course: 7 days. Even in case of complete disappearance of pain and constrained movements after several procedures, the program of the first 7-day course must be completed in full. It is important to prevent recurrence of pain and various complications on the internal organs.

After a 7-day course, the phonation scheme should be selected depending on the diagnosis (intervertebral disc herniation, osteochondrosis, radiculitis).

NOTE! One should remember that if simultaneously with acute pain in the lower back there is a disorder of urination (acute urinary retention), it is required urgently to seek medical help of a neurosurgeon. Such a complication can be related to formation of a free fragment of the intervertebral disc herniation and compression of the spinal roots by it.

NOTE! Before applying the selected scheme, read the subsection "Spine phonation technique".

Scheme 14. Phonation in case of severe back pains. The first days. The procedures are carried out 6 times a day.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	S7*	S3**
1	Mode 1	8	5	3
2	Mode 2	12	6	6

*S7 – the area of the back muscles at 7 cm above the pain area.

**S3 – the area of the back muscles at 3 cm above the pain area.

Scheme 15. Phonation in case of severe back pains. Subsequent days. The procedures are carried out 2-3 times a day.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	S↔*	S↑**
3	Mode 3	10	5	5
4	Mode 4	10	5	5
5	Mode 5	16	8	8
6	Mode 5	20	10	10
7	Mode 5/0	20	10	10

*S↔ - on the left and on the right of the spine at the pain level;

**S↑ - along the spine above and below the pain area.

Joint phonation technique

Phonation is carried out according to **schemes 16-22** in the supine position. No more than two joints can be treated in one course. At the same time, if it is required to phonate one leg joint and one hand joint, it is recommended to carry out phonation according to the schemes for each joint with an interval of at least 2 hours.

Possibility of exacerbation in the joint area. When the joint is phonated, sometimes after several procedures, there is an exacerbation of painful feelings and a temporary increase of edema. This is related to the fact that immune reactions are enhanced due to microvibration.

To improve tolerance and to reduce pain, the following changes can be made in the scheme so that the phonation was tolerated easily, in particular:

1) when the joint is phonated, instead of a pair of the vibraphones with a green sticker (in scheme - ●●), the vibraphones with a white sticker should be used (○○). Then after a while one can come back to the vibraphones with a green sticker;

2) reduce the time of phonation of the joint during one procedure. It is not recommended to reduce the number of procedures per day;

3) transfer to phonation of only one joint if the procedures were carried out simultaneously on two joints.

Possibility of exacerbation in the spine area. In case of chronic diseases of the spine, painful feelings are possible after several procedures. This is indicative of restoration of the blood supply to the nerve pathways. The procedures should not be terminated, but the time of one procedure on this area should be reduced.

Combination with the drug therapy. Phonation can be combined with anti-inflammatory drugs. **IMPORTANT!** It is not recommended to carry out procedures on the joint, in the area of which hyaluronic acid was injected within a year, since the effect of phonation **on growth or reduction of effectiveness** of such injections was not studied.

Duration of the course. The duration of the course depends largely on the severity, duration and nature of the disease. In case of a non-neglected disease, the duration of the course (until disappearance of pain and formation of normal joint mobility) ranges from several weeks to several months, depending on the total time of phonation. In case of an advanced disease, irreversible processes could develop, and then phonation can only prevent further degradation and somewhat reduce painfulness.

Arthrosis, arthritis, meniscus damage

Technique. Phonation is carried out according to **schemes 16-19**, depending on the joint in which there is a problem. The procedures should be repeated **2-3 times a day**. It is not recommended to carry out phonation of more than two joints.

Hand joints

Scheme 16 is designed for phonation of one joint. If procedures are carried out in respect of two joints of the arms, it is recommended first to exercise scheme 16 fully and make exposure on one joint, and then after two hours to carry out phonation of the second joint and kidney area.

For phonation of two joints simultaneously, a splitter and a third pair of the vibraphones with a green sticker can be purchased additionally.

Scheme 16. Phonation in case of a hand joint disease.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	● ●	○ ○		
		K	Joint*	D2	E1	DPLN**
1-2	Mode 1	10	5	2	2	1
3-4	Mode 2	14	8	2	2	2
5-6	Mode 3	19	10	3	3	3
7-8	Mode 4	24	12	4	4	4
9-10	Mode 5	29	14	5	5	5
11-12	Mode 5	31	16	5	5	5
13-14	Mode 5	33	18	5	5	5
further	Mode 5/0	35	20	5	5	5

***Joint** – the example of placement of the vibraphones is shown in Fig.4 of the central insert of the techniques. It would be better to fix the vibraphones with special cuffs.

** **DPLN** – deltoideopectoral lymph nodes, Fig. 8 of the central insert of the techniques.

In order to purify the blood (as a consequence, to improve the quality of nutrition of the body's cells), **scheme 16** can be **supplemented with liver phonation** (area M or M5 in case of gallstones, Fig. 8 of the central insert). The mode is the same as for other areas of exposure on the corresponding day. The initial time makes 5 minutes, with addition of 1-2 minutes every 2-3 days in order to bring the duration to 10-15 minutes.

Leg joints

In case of diseases of the joints of the legs, **scheme 17** is the main one. However, in order to purify the blood, as well as to improve the state of the muscles that are loaded when walking, it is recommended to supplement the basic **scheme 17** with the **scheme 18**.

Scheme 17 is designed for phonation of one joint. For knee joint phonation, it is recommended to purchase additional quadruple vibraphones with green stickers and a cuff for the knee joint so that the vibraphones can be placed above and below the knee to enhance the exposure.

If procedures are carried out in respect of two joints of the legs, it is recommended first to exercise **scheme 17** fully and make exposure on one joint, and then after two hours to carry out phonation of the second joint, kidney area and ILN according to **scheme 19**.

Scheme 18 can also be carried out if there is time.

Scheme 17. Phonation in case of diseases of the hip, knee, and ankle joints (arthrosis, arthritis, non-neglected meniscus detachment).

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●	● ●	○○			
		K	Joint*	E4	E3	E31	ILN**
1	Mode 1	14	7	2	2	2	1
2-3	Mode 2	18	10	2	2	2	2
4-5	Mode 3	24	12	3	3	3	3
6-7	Mode 4	30	14	4	4	4	4
8-9	Mode 5	36	16	5	5	5	5
further	Mode 5/0	40	20	5	5	5	5

***Joint** – the example of placement of the vibraphones is shown in Fig.4 of the central insert of the techniques. It would be better to fix the vibraphones with special cuffs.

****ILN** – area of the inguinal lymph nodes of the leg, on which the affected joint is located. The vibraphones are placed as it is shown in Fig. 3 on the cover of the techniques.

Scheme 18. An additional scheme for phonation of the hip, knee, ankle joint (arthrosis, arthritis, non-neglected meniscus detachment).

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	● ●	
		M	Left shin muscles*	Right shin muscles*
1	Mode 1	4	2	2
2-3	Mode 2	6	3	3
4-5	Mode 3	8	4	4
6-7	Mode 4	10	5	5
8-9	Mode 5	10	5	5
further	Mode 5/0	10	5	5

* The vibraphones in the shin area are placed on the anterior and posterior muscles, as it is shown in Fig. 5 of the central insert.

Scheme 19. Phonation of the second joint of the leg. Phonation should be carried out at least 2 hours after execution of the main scheme.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	● ●	○ ○
		K	Joint	ILN*
1	Mode 1	8	7	1
2-3	Mode 2	12	10	2
4-5	Mode 3	15	12	3
6-7	Mode 4	18	14	4
8-9	Mode 5	21	16	5
further	Mode 5/0	25	20	5

*ILN – area of the inguinal lymph nodes of the leg, on which the affected joint is located.

Heel spur

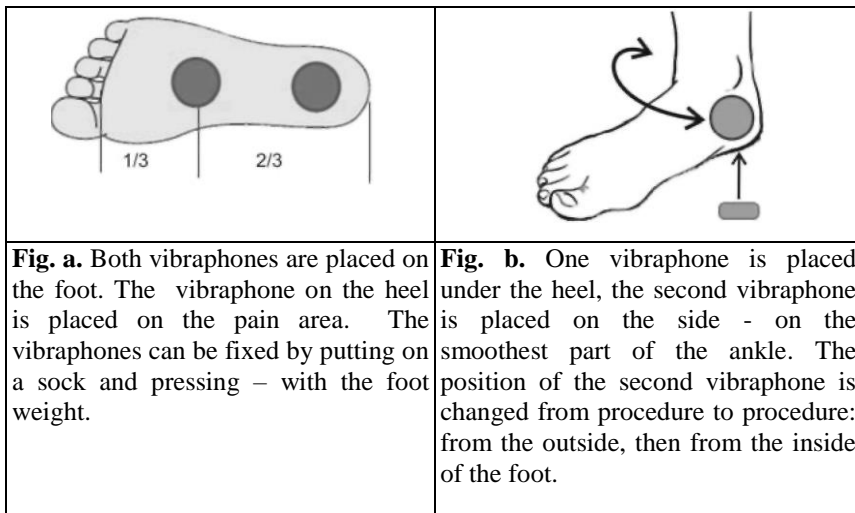
Purpose of phonation. Phonation contributes to disposal of the killed cells from the heel area. Phonation of the lower leg muscles contributes to restoration of the tone of the lower leg muscles, and as a result improves functioning of the neuromuscular amortization system.

Technique. Phonation is carried out according to **scheme 20**. The procedures should be repeated **2-3 times a day**. If there are no obvious improvements after two weeks of phonation according to scheme 20, scheme 20 should be supplemented with scheme 21.

Scheme 20. Phonation in case of a heel spur.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	● ●	
		K	Heel area (fig. a)*	Heel area (fig. b)*
1	Mode 3	8	4	4
2-3	Mode 4	12	6	6
4-5	Mode 5	16	8	8
further	Mode 0	20	10	10

*Heel area (Fig. a, Fig. b) – the example of placement is shown below.



Scheme 21. Additional phonation scheme in case of heel spur.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
		● ●	● ●
		Heel area (fig. a)*	Lower leg muscles **
1	Mode 5	4	
2-3	Mode 7	8	
further	Mode 9	10	

****Shin muscles** - the anterior and posterior shin muscles of the leg on which the heel spur was formed. The example of placement of the vibraphones is shown in Fig.5 of the central insert of the techniques.

Podagra

Purpose of phonation. Phonation of the kidney area (K) contributes to excretion (removal) of uric acid from the body and slows down formation of urates.

Technique. Phonation is carried out according to **scheme 22**. The procedures should be repeated **2-3 times a day**. Starting from the 8th day of execution of scheme 22, it is recommended to supplement it with phonation of the kidney area (K) in 2 hours after execution of the main scheme: for 10 minutes with the vibraphones with a green sticker (●●) in mode 0.

Scheme 22. Phonation in case of podagra.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
		● ●	● ●
		K	Affected joint area
1	Mode 2	5	5
2	Mode 3	5	5
3	Mode 3	10	10
4	Mode 4	10	10
5	Mode 4	20	20
6-7	Mode 5	20	20
8-14	Mode 5	25	25
further	Mode 5/0	30	30

MEN'S HEALTH**Prostate adenoma**

Purpose of phonation. Phonation in case of prostate adenoma (benign hyperplasia) improves lymph outflow, relieves edema, which allows the body to dispose of the excess of killed cells from this area. The procedures also contribute to strengthening of the bladder muscles, pelvic floor muscles. As a result, the growth of adenoma stops, the urine stream improves significantly, the number of urinations decreases, and the amount of residual urine decreases. Before use, it is required to make sure that there are no malignant neoplasms in the prostate according to the PSA (prostate specific antigen) criteria or otherwise.

Technique. Phonation is carried out according to **scheme 23**. The procedures should be repeated **2 times a day**. Phonation is carried out lying on the back. If necessary, a small pillow is placed under the pelvic area.

Duration of the course. The phonation course lasts for 3 months, and it should be repeated 2 times a year. The rest of the year, supportive procedures are carried out: 1-2 times a week or 1-2 procedures during the day after each sexual act.

Scheme 23. Phonation in case of prostate adenoma.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			● ●
		K	E3	E4	E31	Per. and Bl.*
1-2	Mode 1	9	2	2	2	3
3-4	Mode 2	9	2	2	2	3
5-6	Mode 2	15	3	3	3	6
7-8	Mode 3	15	3	3	3	6
9-10	Mode 3	25	6	6	4	9
11-12	Mode 4	25	6	6	4	9
13-14	Mode 4	33	8	8	5	12
15-16	Mode 5	33	8	8	5	12
17-18	Mode 5	40	10	10	5	15
further	Mode 5/0	40	10	10	5	15

***Per. and Bl. (perineum and bladder):** One vibraphone is placed in the perineum area (Per) between the anus and the root of the penis under the scrotum. Simultaneously, the second vibraphone is placed on the bladder area (Bl.) – in the lower abdomen so that the center of the membrane was 3-4 cm above than the pubis.

Prostatitis

Purpose of phonation. Phonation is carried out in order to improve the work of special muscle cells ensuring ejaculation and erection, as well as in order to improve lymph outflow. This allows the body to dispose of the excess of killed cells from the prostate gland and its ducts. Removal of the killed cells is a prerequisite for the cure of prostatitis.

Technique. Phonation is carried out according to **scheme 24** in the supine position. The procedures should be repeated **3 times a day for the first month, then 2 times a day.**

Phonation can be combined with the drug therapy. Treatment of acute prostatitis is combined with application of antibiotics prescribed by an urologist.

If the effect is insufficient when performing procedures according to **scheme 24**, there are probably other factors that contribute to maintenance of the inflammatory process.

1) A large percentage of dead spermatozoids coming from the testicle may be the most likely cause. Unfortunately, the conducted sperm tests do not provide information on the amount of

dead spermatozoa among immobile spermatozoids. The number of immobile spermatozoids can be normal, but the percentage of dead ones can already be sufficient to maintain inflammation.

2) An intervertebral disc herniation in the lumbosacral spine can be another reason that hinders recovery. If there is an intervertebral disc herniation, then first one should take a course according to the **phonation technique in case of intervertebral disc herniation**, as well as comply with the measures to protect the health of the spine.

3) Stones in the prostate gland (**calculous prostatitis**) can be the third reason supporting the inflammatory process. In case of calculous prostatitis, exposure on the area of the Per. and Bl. is not carried out, but it is replaced by phonation of the **inguinal lymph nodes (ILN)**. Phonation is carried out **according to scheme 25**. Phonation does not directly affect calcinates that are already formed in the prostate, but improves lymph flow in this area.

Possibility of aggravation. If prostatitis is combined with a bladder disease, in the first days, products of cleaning and recovery processes may come out with urine. After a few days, the urine becomes transparent, the pain passes off, the number of urinations reduces significantly, potency improves, sexual intercourse becomes longer.

In case of chronic prostatitis, even with a gradual increase of the time of the procedure, there may be an exacerbation of painfulness in the prostate gland. The procedures should not be terminated, but for some time the phonation time should not be increased until painfulness disappears.

In case of unrevealed pathologies in the lumbosacral spine, after a few days, painful feelings in the lumbar region or even pain shooting up the leg or other areas of the lower body part may appear. In this case, to reduce the severity of the body's reaction, one should return to the beginning and continue from the first day of the phonation scheme.

Duration of the course. Phonation is continued until the desired result is achieved. The duration of the course depends on the general condition and the degree of anatomical disorders in the prostate. Further, in order to avoid relapse, supportive procedures are carried out **1-2 times a day** 4-6 times a week.

Scheme 24. Phonation in case of prostatitis.

Day	Mode	Type of the vibraphones, areas and phonation time in minutes				
		● ●	○ ○			● ●
		K	E3	E4	E31	Per. and Bl.*
1-2	Mode 1	9	2	2	2	3
3-4	Mode 2	9	2	2	2	3
5-6	Mode 2	15	3	3	3	6
7-8	Mode 3	15	3	3	3	6
9-10	Mode 3	23	6	4	4	9
11-12	Mode 4	23	6	4	4	9
13-14	Mode 4	30	8	5	5	12
15-16	Mode 5	30	8	5	5	12
17-18	Mode 5	35	10	5	5	15
further	Mode 5/0	35	10	5	5	15

* **Per. and Bl. (perineum and bladder):** One vibraphone is placed in the perineum area (Per) between the anus and the root of the penis under the scrotum, and the second vibraphone is placed on the bladder area (Bl.) – in the lower abdomen so that the center of the membrane was 3-4 cm above than the pubis. If necessary, a small pillow is placed under the pelvic area.

Scheme 25. Phonation in case of calculous prostatitis. The procedures should be repeated 2-3 times a day.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	E3	E4	E31	Upper ILN*
1-2	Mode 1	8	2	2	2	2
3-4	Mode 2	8	2	2	2	2
5-6	Mode 2	12	3	3	3	3
7-8	Mode 3	12	3	3	3	3
9-10	Mode 3	18	6	4	4	4
11-12	Mode 4	18	6	4	4	4
13-14	Mode 4	23	8	5	5	5
15-16	Mode 5	23	8	5	5	5
17-18	Mode 5	25	10	5	5	5
further	Mode 5/0	25	10	5	5	5

* **Upper ILN** - the vibraphones are placed symmetrically on the upper inguinal lymph nodes (Fig. 3 on the cover of the techniques).

Improvement of potency, premature ejaculation.

Purpose of phonation. The phonation of the muscular structures in the perineum and bladder areas (Per. and Bl. areas) contributes to saturation of muscle cells with resources, and, respectively, increases the intensity of erection. Phonation of the spine area (**E3, E31, E4** areas) improves the conductivity of erection control nerve pathways, which contributes to increased duration of erection.

Technique. Phonation is carried out according to **scheme 26**. The procedures should be repeated **1-3 times a day**. Sometimes local exposure on the perineum and the bladder areas (Per. and Bl. areas) is sufficient, but the effect is proportional to the total accumulated dose and the number of phonation areas. Phonation is carried out lying on the back. If necessary, a small pillow is placed under the pelvic area.

Duration of the course: 1-3 months, then prophylactically 1-2 procedures within a day after a sexual intercourse.

Scheme 26. Phonation for improvement of potency.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		●●	○○			●●
		K	E3	E4	E31	Per. and Bl.*
1-3	Mode 2	15	3	3	3	6
4-6	Mode 3	15	3	3	3	6
7-10	Mode 3	23	6	4	4	9
11-12	Mode 4	23	6	4	4	9
13-14	Mode 4	30	8	5	5	12
15-16	Mode 5	30	8	5	5	12
17-18	Mode 5	35	10	5	5	15
further	Mode 5/0	35	10	5	5	15

* **Per. and Bl. (perineum and bladder):** One vibraphone is placed in the perineum area (Per) between the anus and the root of the penis under the scrotum. Simultaneously, the second vibraphone is placed on the bladder area (Bl.) – in the lower abdomen so that the center of the membrane was 3-4 cm above than the pubis.

WOMEN'S HEALTH

Painful menstruation

Purpose of phonation. Phonation contributes to normalization and coordination of the tone of all muscle layers in the uterus areas.

Technique. Phonation begins before the onset of menstruation (immediately after the previous menstruation). The first course of phonation is carried out according to **scheme 27**, subsequent courses – according to **scheme 28**. The procedures should be repeated **1-2 times a day 6-7 days a week**.

Scheme 27. Phonation in case of painful menstruations. First course.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	Lower abdomen*	E3	E4
1-2	Mode 1	8	2	3	3
3-4	Mode 2	9	3	3	3
5-6	Mode 3	12	4	4	4
7-8	Mode 4	15	5	5	5
9-10	Mode 5	16	6	5	5
then until beginning of menstruation	Mode 0	18	8	5	5
menstruation period**	Mode 0	15	5	5	5

***Lower abdomen** – the vibraphones are placed on the pain area above the pubic bone.

**During menstruation, the pain area (lower abdomen) and the kidney area (K) are phonated additionally every two hours for 5 minutes.

Scheme 28. Phonation in case of painful menstruations. Repeated courses.

Period	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	Lower abdomen*	E3	E4
period between menstruation	Mode 0	18	8	5	5
menstruation period**	Mode 0	15	5	5	5

***Lower abdomen** – the vibraphones are placed on the pain area above the pubic bone.

** During menstruation, the pain area (lower abdomen) and the kidney area (K) are phonated additionally every two hours for 5 minutes.

Menstrual disorder

Purpose of phonation. Phonation contributes to improvement of nutrition of the functional cells and normalization their cyclic activity.

Technique. Phonation is carried out according to **schemes 27 and 28**. The first course is conducted according to scheme 27. It should be started immediately after the end of menstruation, if there is no menstruation – on any day. Repeated courses are conducted according to scheme 28.

Preparation for pregnancy

The purpose of phonation is to increase the general resources of a woman with an emphasis on the resources of the reproductive organs. Implementation of this program allows to tolerate pregnancy easier, to increase the resources of the expectant mother.

Technique. Phonation is carried out according to **scheme 29** in the supine position. The procedures should be repeated **1-2 times a day 5-6 days a week**.

Duration of the course: 3-month pregnancy preparation program.

Scheme 29. Phonation for preparation for pregnancy.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	Lower abdomen*	E3	E31	E4
1-3	Mode 1	8	2	2	2	2
4-6	Mode 2	12	3	3	3	3
7-9	Mode 3	16	4	4	4	4
10-12	Mode 4	20	5	5	5	5
13-14	Mode 5	20	5	5	5	5
further	Mode 5/0	22	7	5	5	5

***Lower abdomen** – two vibraphones are placed side by side immediately above the pubic bone.

Lactation improvement

The purpose of phonation is to improve the nutrition of mammary gland cells and activate lactation.

Technique. Phonation is carried out according to **scheme 30**. The procedures should be repeated **2-4 times a day** after feeding.

Duration of the course: the entire feeding period and 2 weeks more.

Fig. 4. Placement of the vibraphones on hands

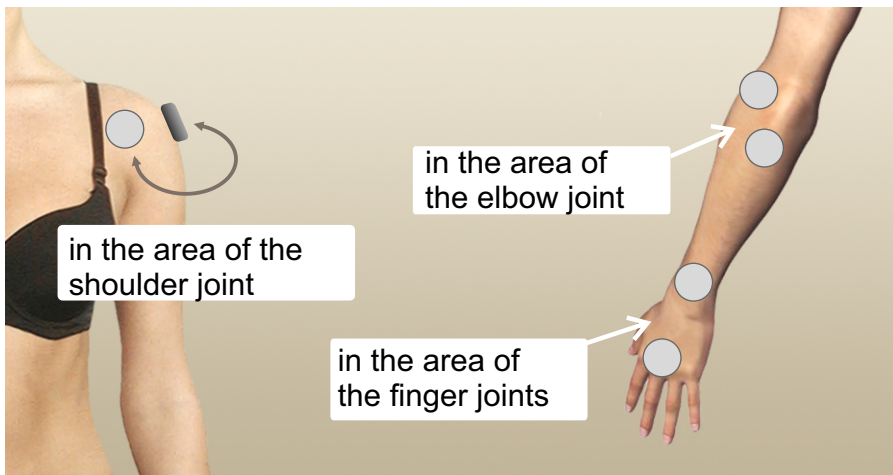


Fig. 5. Placement of the vibraphones on legs

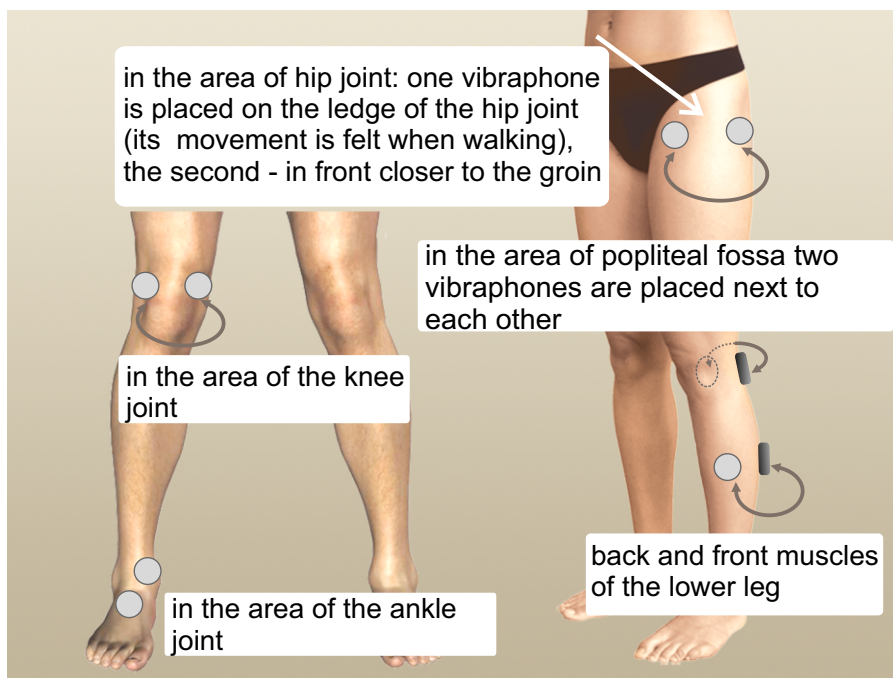


Fig. 8. Areas of exposure C, DPLN, M5, M.

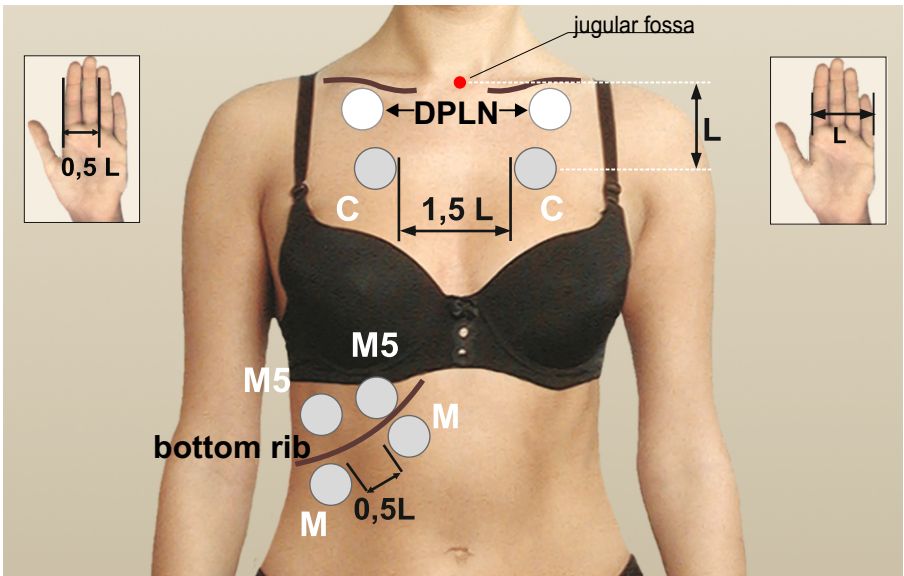
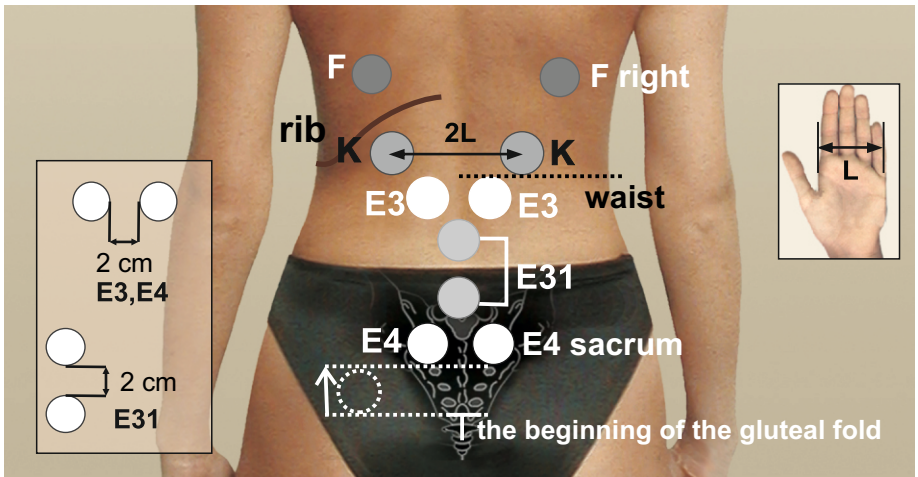


Fig. 9. Areas of exposure F, K, E3, E31. E4.



K (kidneys) - vibraphones are placed above the waist, but below the ribs, which are felt from the back. In case of prolapsed kidneys the vibraphones are placed at waist level.

E3 - vibraphones are placed below the waistline.

E4 - vibraphones are placed at a distance of one vibraphone higher from the beginning of the gluteal fold (on the sacrum area).

Fig. 10. Placement of vibraphones on the eye area.

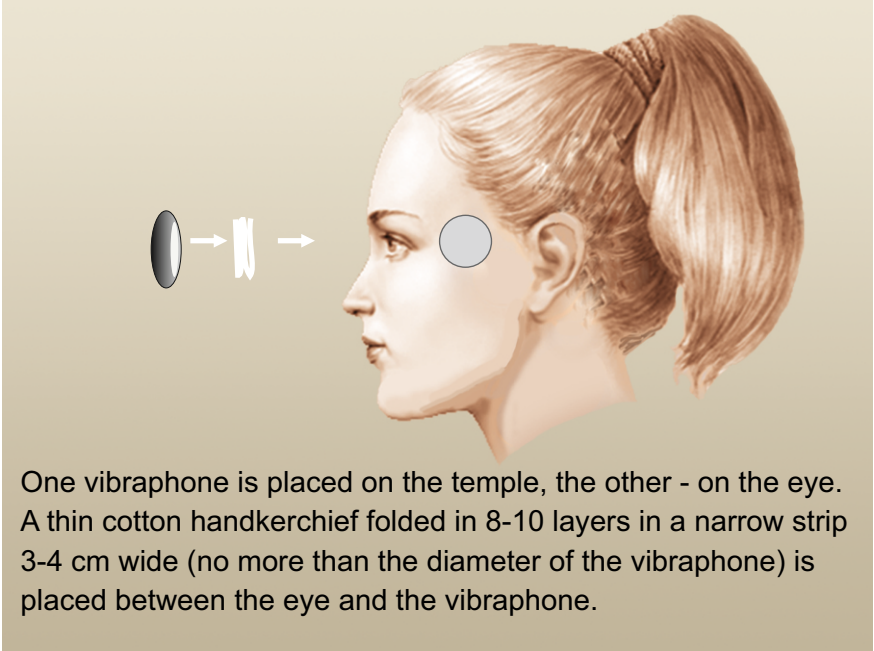
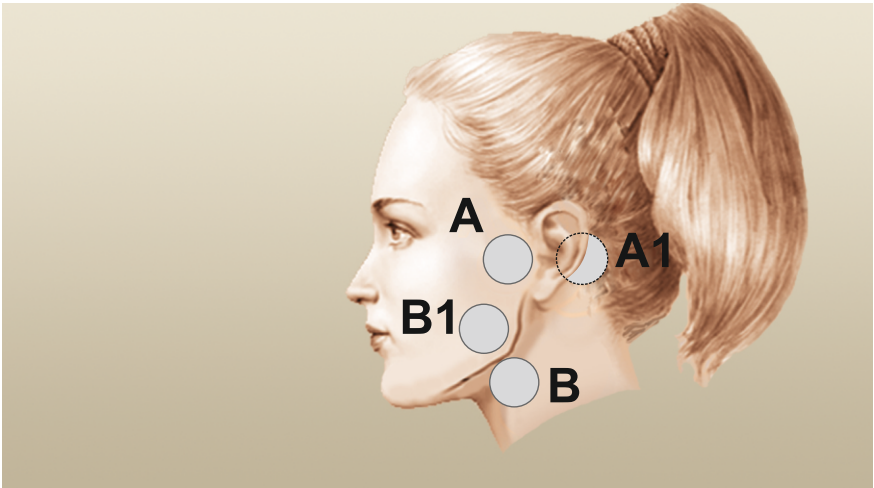


Fig. 11. Areas of exposure A, A1, B, B1.



Lactostasis

The purpose of phonation is to eliminate congestive phenomena in the ducts of the mammary glands, to prevent their occurrence.

Technique. Phonation is carried out according to **scheme 30**. The vibraphones are placed on the area of the mammary glands above the nipple. The procedures should be repeated **4-6 times a day**. After phonation, the breast can be given to a baby, hereby it is required to follow the recommendations of doctors on giving breast to the baby during breastfeeding.

Duration of the course: until the symptoms disappear and 2 more days after.

Scheme 30. Phonation in case of lactostasis, as well as for improvement of lactation.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	mammary glands above the nipple on one breast	mammary glands above the nipple on the second breast
1 and further	Mode 0	10	5	5

Serous mastitis

The purpose of phonation is to eliminate congestive phenomenon, to improve lymphatic drainage and to increase local immunity, to accelerate healing of cracks through which infection can penetrate.

Technique. Phonation is carried out according to **scheme 31**. The procedures should be repeated **2-3 times a day, 7 days a week**.

Scheme 31. Phonation in case of serous mastitis.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	D2	E1	area of the disease*
1	Mode 2	8	2	2	4
2	Mode 3	12	3	3	6
3	Mode 4	16	4	4	8
4	Mode 5	18	4	4	10
further	Mode 5/0	20	5	5	10

The vibraphones are placed near the painful lumps on healthy breast tissues located closer to the armpit.

UROLOGICAL DISEASES

Urinary incontinence

The purpose of phonation is to improve the nutrition of the bladder neck sphincter muscles, to restore innervation.

Duration of the course. As a rule, after 1-2 weeks, involuntary urine loss becomes less frequent, and the amount is less. However, for a stable and comprehensive effect, it will be required to carry out phonation for 1-3 months. In case of a severe degree of disorder, it can take more time.

Technique. Phonation is carried out according to **scheme 32**. The effect is proportional to the number of procedures per week, but there is a benefit even from one phonation.

Phonation of the lumbosacral spine (**E3**, **E4**) is an important component. Due to the problems in this area (herniation, osteochondrosis, trauma, surgery, etc.), nutrition and, accordingly, conduction of nerve pathways through which control is transferred to the muscles of the sphincter can be disrupted. This is often the root cause of urinary incontinence. Phonation **of the kidney area (K)** improves their function, which produces a favorable effect on the condition of the entire muscular system of the body. As a result, well-being improves and working capacity increases.

Scheme 32. Phonation in case of urinary incontinence.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	● ●		○ ○	
		K	Bl.*	Per.**	E3	E4
1	Mode 1	10	2	2	3	3
2	Mode 2	14	4	4	3	3
3	Mode 3	20	6	6	4	4
4	Mode 4	24	8	8	4	4
5	Mode 5	30	10	10	5	5
further	Mode 5/0	30	10	10	5	5

* **Bl.** - two vibraphones are placed side by side immediately above the pubic bone. In case of a hyperactive bladder, the Bl. area is not phonated, but instead the upper inguinal lymph nodes (upper ILN) are phonated, as it is shown in Fig. 3 on the cover of the techniques

** **Per.** - the area of the urethral sphincter from the perineum (both vibraphones). Women place one vibraphone on the area of urination, the second one - next to it. Men place both vibraphones between the anus and the root of the penis under the scrotum.

Pyelonephritis (chronic)

The purpose of phonation is to increase local immunity, to improve blood supply, lymph efflux.

Technique. Phonation is carried out according to **scheme 33**. The procedures should be repeated **2-3 times a day**. In the acute phase of chronic pyelonephritis, phonation is performed in combination with the drug therapy, in the remission stage – without it.

Possibility of aggravation. Treatment of chronic pyelonephritis may occur with a temporary exacerbation. Phonation procedures should not be terminated.

Duration of the course. Phonation is carried out until recovery (absence of symptoms of the disease and normal urine tests). Further supportive procedures: only the **areas of the kidneys (K)** and **liver (M)** are phonated 1-2 times a day 5-7 days a week.

Scheme 33. Phonation in case of pyelonephritis.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●		○ ○	
		K	M	E2	Lower E11 and upper E21
1-2	Mode 1	2	2	-	-
3-4	Mode 1	8	4	2	2
5-6	Mode 2	8	4	2	2
7-8	Mode 2	12	6	3	3
9-10	Mode 3	12	6	3	3
11-12	Mode 3	16	8	4	4
13-14	Mode 4	16	8	4	4
15-16	Mode 4	20	10	5	5
17-20	Mode 5	20	10	5	5
21-22	Mode 5	25	13	6	6
further	Mode 5/0	30	16	7	7

Kidney failure

Purpose of phonation. Phonation improves the blood supply and lymph flow in the **kidney area (K)**. Exposure on the thoracic spine restores the conductivity of the nerve pathways connecting the kidneys with the cerebral cortex.

Technique. Phonation is carried out according to **scheme 33 "Phonation in case of chronic pyelonephritis"**. The procedures should be repeated **2-3 times a day**.

Duration of the course: 3 months. The course should be repeated 2 times a year. The rest of the time, supportive procedures should be carried out: only the **areas of the kidneys (K) and liver (M)** shall be phonated 2 times a day every day.

Cystitis and urination disorder

Purpose of phonation. Phonation is carried out in order to improve the blood supply and relieve edema in the pelvic area, bladder and normalize the tone of the bladder muscles. This allows to eliminate pain, inflammatory phenomena in the bladder, normalize urination, eliminate the cause of incontinence and improve the overall condition.

Technique. Phonation is carried out according to **scheme 34**. The procedures should be repeated **2-3 times a day**. In the acute stage of cystitis, phonation is performed in combination with the drug therapy. In the remission stage, phonation can be performed without anti-inflammatory drugs.

Possibility of aggravation. When the dose is reached, on the 3-5 day of increase of the time of the spine phonation, painful feelings may appear caused by the restoration of sensitivity of the nerve tissues in the areas of chronic edema. Phonation should be continued, despite the painfulness.

Duration of the course: until full recovery, then one should proceed to supportive procedures: 1-2 times a day 2-6 times a week.

Scheme 34. Phonation in case of cystitis and urination disorders.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	● ●	○ ○		
		K	BL.*	E3	E31	E4
1	Mode 1	9	3	2	2	2
2	Mode 2	14	5	3	3	3
3	Mode 2	16	7	3	3	3
4	Mode 3	21	9	4	4	4
5	Mode 3	23	11	4	4	4
6	Mode 4	28	13	5	5	5
7	Mode 4	30	15	5	5	5
8	Mode 5	30	15	5	5	5
further	Mode 5/0	30	15	5	5	5

***BL.** (bladder) - both vibraphones are placed in the lower abdomen: women – immediately above the pubic bone, men slightly above - so that the center of the membrane was 3-4 cm above the pubis.

Enuresis

Purpose of phonation. Phonation improves the blood supply to the spinal cord and bowel and bladder, thereby increasing the power of signals to the brain.

IMPORTANT! The technique is most effective in case of secondary enuresis. In the case of primary enuresis, the technique must be applied in combination with other types of treatment recommended by medical specialists (in particular, a neurologist).

Technique. Phonation is carried out according to **schemes 35 and 36**. The procedures should be repeated **2-3 times a day**. The procedure also allows to fix the child's attention on this part of his/her body, that is why it is better for children to carry out phonation several times a day.

Scheme 35. Phonation in case of enuresis for children of under 10 years old.

Day	Mode	Vibraphone type, areas and phonation time in minutes			Total time
		○○			
		Bl.*	E3	E4	
1-5	Mode 3	6	3	3	12
further	Mode 5	10	5	5	20

*Bl.- the area of the bladder. Two vibraphones are placed side by side immediately above the pubic bone.

Scheme 36. Phonation in case of enuresis for children of over 10 years

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○○	
		Bl.	E3	E4
1-5	Mode 3	6	3	3
further	Mode 5	10	5	5

If a child has problems in the cervical spine (for example, there was a birth injury), the basic phonation scheme should be supplemented with neck phonation according to scheme 37.

Scheme 37. Additional phonation scheme in case of children's enuresis.

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○		
		D1	D2	
1-5	Mode 3	2	2	4
further	Mode 5	3	3	6

GASTROINTESTINAL TRACT DISEASES**Chronic gastritis**

The purpose of phonation is to normalize the tone of the muscle tissues of the gaster, to normalize acid formation, to improve blood supply and regenerative process in the gastric mucosa. Healthy cells are the basis of immunity. Cleaning of tissues from the killed cells and improvement of nutrition of healthy cells contributes to mucosal healing and recovery.

Technique. Phonation is carried out according to **scheme 38** in the supine position. The procedures should be repeated **2-3 times a day 5-7 days a week**. Phonation is combined with the drug therapy, but can be carried out without it.

Duration of the course - 3 months. Then repeated courses are conducted for 1 month 1-3 times a year.

Scheme 38. Phonation in case of gastritis and duodenitis.

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●	○ ○				
		K	projection of the area of pain on the stomach	M	E21	E2	E11
1-2	Mode 2	7	2	2	1	1	1
3-4	Mode 3	14	4	4	2	2	2
5-6	Mode 3	21	6	6	3	3	3
7-8	Mode 4	21	6	6	3	3	3
9-10	Mode 4	30	10	8	4	4	4
11-12	Mode 5	30	10	8	4	4	4
13-14	Mode 5	34	14	8	4	4	4
further	Mode 5/0	36	16	8	4	4	4

Duodenitis

Purpose of phonation. Phonation of the pain area is one of the most effective techniques of restoration of the mucous membrane of the stomach and duodenum.

Technique. Phonation is carried out according to the phonation technique in case of gastritis (**scheme 38**).

Constipation

Purpose of phonation. Phonation contributes to improvement of the blood supply and restoration of nutrition of the muscle cells in the intestinal area, as well as restoration of conduction of the nerve pathways running from the intestine through the lumbar and sacral spine areas.

Technique. Phonation is carried out according to **scheme 39** (part 1 and part 2). Both parts of the scheme should be performed in each procedure. Phonation should be carried out **only in combination with an appropriate diet** and drug therapy (if this was prescribed by a doctor).

Part 1 is performed in a supine position, part 2 – in a sitting position. If constipation is accompanied by hemorrhoids, as well as if there is discomfort in the sitting position on the vibraphones, then the perineum phonation is also carried out in a supine position. In this case, the vibraphones are held by a second layer of thick underwear. It is not recommended to hold the vibraphones with hands in the perineum area due to inconvenience of the position, especially in case of problems in the cervical spine.

In case of hemorrhoids during phonation in a supine position, it is **required to put a small pillow under the buttocks** so that the abdominal area was higher than the heart area.

The procedures should be repeated **2-3 times a day**. If there was no evacuation for more than 5-7 days, an enema is desirable before the procedure.

Duration of the course. Phonation should be carried out until bowel evacuation is normalized and then prophylactically in a weekly course 2-4 times a year.

Scheme 39. Phonation in case of constipation. Part 1.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	● ●	○ ○
		K	E4	E3
1	Mode 2	8	4	4
2-3	Mode 3	12	6	6
4-5	Mode 4	16	8	8
6-7	Mode 5	20	10	10
8-9	Mode 5	24	12	12
further	Mode 5/0	24	12	12

Scheme 39. Phonation in case of constipation. Part 2.

To perform the 2nd part, dual vibraphones with white stickers are moved sequentially from area to area and each area is phonated separately.

Day	Mode	Vibraphone type, areas and phonation time in minutes			Total time
		○○			
		Per.*	M12**	M13**	
1	Mode 2	4	2	2	8
2-3	Mode 3	6	3	3	12
4-5	Mode 4	8	4	4	16
6-7	Mode 5	10	5	5	20
8-9	Mode 5	12	6	6	24
further	Mode 5/0	12	6	6	24

* **Per.** – both vibraphones are placed in the perineum area: one vibraphone is placed near the anus, the second one - immediately next to it (on the perineum).

** **M12, M13** – the vibraphones are placed along the large intestine, especially in the places of its flexure (hepatic and splenic flexures), as it is shown in Fig. 3 of the cover of the techniques.

Hemorrhoids

Reasons. Venous blood vessels collecting the blood from the tissues of the rectum form a complex network called the hemorrhoidal plexus. If the muscle layer in the walls of these vessels weakens, then the vessels dilate. If the vessels are dilated so much that the valves in them are opened, there will be increased pressure in the vein and this will cause painful feelings, itching. Dilated veins gradually begin to protrude out of the walls of the rectum and become damaged during defecation, leading to painful feelings and bleeding. Thus, the reason for the venous dilation is the relaxation of muscles that regulate the tone of hemorrhoidal vessels. This happens due to the blood supply disturbance in the lower abdomen in case of chronic constipation, during pregnancy, in case of a large belly or as a result of a predominantly sedentary lifestyle.

Purpose of phonation. Phonation promotes restoration of the tone of venous vessels, and, accordingly, improves the outflow of venous blood from the hemorrhoidal plexus. Phonation of the lumbar and sacral spine restores the conduction of nerve pathways and normalizes intestinal peristalsis. The effectiveness of phonation will depend on whether the valve system inside the veins is preserved or not. If the reverse blood flow valves are not damaged, then one can get rid of hemorrhoids completely. If they do not function, then periodic supportive treatment will be required.

Technique. Phonation can be started only after diagnosis is made by a doctor and in the absence of acute complications requiring hospitalization of the patient. Phonation is carried out according to **scheme 40** in the supine position. The procedures should be repeated **2-3 times a day**. Phonation is combined with the drug therapy prescribed by a doctor.

If hemorrhoids are accompanied by chronic constipation, then the phonation techniques for hemorrhoids (**scheme 40**) and for constipation (**scheme 39**) shall be alternated every 3-4 weeks.

Possibility of aggravation. In case of a chronic disease, sometimes after the first few procedures, the bleeding may increase, but soon stops. Phonation during the period of increased bleeding should not be terminated.

Duration of the course - 3 months or more as long as improvements continue. Further, supportive procedures are carried out 1-5 times a week.

Scheme 40. Phonation in case of hemorrhoids.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	● ●			
		K	E4	E31	E3	Per.*
1	Mode 1	8	2	2	2	2
2-3	Mode 2	14	3	3	3	5
4-5	Mode 2	18	4	4	4	6
6-7	Mode 3	18	4	4	4	6
8-9	Mode 3	23	5	5	5	8
10	Mode 4	23	5	5	5	8
11	Mode 4	25	5	5	5	10
further	Mode 5/0	25	5	5	5	10

***Per.** – both vibraphones are placed in the perineum area: one vibraphone is placed near the anus, the second one - immediately next to it (on the perineum). The vibraphones are held by a second layer of thick underwear. It is not recommended to hold the vibraphones with hands due to inconvenience of the position, especially in case of problems in the cervical spine. During phonation under the buttocks, it is **required to put a small pillow under the buttocks** so that the abdominal area was higher than the heart area.

Colics

The purpose of phonation is to normalize intestinal motility.

Technique. Two vibraphones with white stickers are placed on both sides of the umbilicus at a distance of 2 cm. Mode 1, time - 3 minutes. The procedures should be repeated before each feeding.

Duration of the course - until normalization of digestion and reduction of gas formation.

Encopresis

Purpose of phonation. Phonation improves the blood supply to the spinal cord and bowel and bladder, thereby increasing the power of signals to the brain.

Technique. Phonation is carried out according to **schemes 35 and 36 for enuresis**. The procedures should be repeated **2-3 times a day**. The procedure also allows to fix the child's attention on this part of his/her body, that is why it is better for children to carry out phonation several times a day.

CARDIOVASCULAR DISEASES

Arrhythmia

Purpose of phonation. Phonation is carried out in order to improve the condition of the thoracic spine (areas E11, E2) and increase the general resources of the body (areas K and M).

Technique. Phonation is carried out according to **scheme 41** in the supine position. The procedures should be repeated **2-3 times a day**. For the first 1-2 weeks, it is desirable to carry out one procedure in the middle of the night. This will allow to avoid or reduce the edema that usually develops at night.

Possibility of aggravation. If the cause of the arrhythmia is associated with the condition of the thoracic section, then with the beginning of phonation, exacerbation of arrhythmic manifestations is observed, which is soon changed by improvement. Then the arrhythmia decreases, but for a while there may be a slight painfulness in the thoracic section, which also soon passes off.

Duration of the course - 3 months. The course should be repeated 2-3 times a year.

Scheme 41. Phonation in case of arrhythmia.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		●●	○○			
		K	M	E11	E2	E1/E21*
1-2	Mode 2	8	5	1	1	1
3-4	Mode 3	11	5	2	2	2
5-6	Mode 3	15	6	3	3	3
7-8	Mode 4	15	6	3	3	3
9-10	Mode 4	19	7	4	4	4
11-12	Mode 5	19	7	4	4	4
13-14	Mode 5	23	8	5	5	5
15-16	Mode 5	24	9	5	5	5
17-18	Mode 5	28	10	6	6	6
19-20	Mode 5	28	10	6	6	6
further	Mode 5/0	31	10	7	7	7

* Areas **E1** and **E21** are alternated from procedure to procedure.

Breast pang Coronary heart disease (CHD)

Purpose of phonation. Phonation is carried out in order to reduce the blood pressure, reduce the delay in aortic relaxation, improve the nutrition of the heart muscle and increase the general muscle resources. As a result, the load on the heart decreases.

Technique. Phonation is carried out according to **scheme 42**. The procedures should be repeated **1-2 times a day 5-7 days a week**.

Duration of the course - 3 months. The course should be repeated 2-3 times a year.

Scheme 42. Phonation in case of coronary heart disease, breast pang.

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●	○ ○				
		K	C	M	E1	E11	E2
1-2	Mode 2	5	2	3	-	-	-
3-4	Mode 3	7	3	4	-	-	-
5-6	Mode 3	9	4	5	-	-	-
7-8	Mode 4	11	5	6	-	-	-
9-10	Mode 4	13	6	7	-	-	-
11-12	Mode 5	15	7	8	-	-	-
13-14	Mode 5	17	8	9	-	-	-
15-16	Mode 5	19	9	10	-	-	-
17-18	Mode 5	21	10	10	-	1	-
19-20	Mode 5	23	10	10	1	1	1
21-22	Mode 5	26	10	10	2	2	2
23-24	Mode 5	29	10	10	3	3	3
25-26	Mode 5	32	10	10	4	4	4
further	Mode 5	35	10	10	5	5	5

Consequences of a stroke

The purpose of phonation is to increase the general resources of the body, which will allow to accelerate the recovery rate and to improve the degree of rehabilitation.

Technique. Phonation is started when all resuscitation actions are completed and the condition is stable (approximately 1-3 months after a stroke). Phonation is carried out according to **scheme 43**. The procedures should be repeated **2-3 times a day for the first three months, then 1-3 times a day 5-7 days a week**. Each procedure is divided into 2 parts. To carry out part 1 of the procedure, a pair of the vibraphones with green stickers and a pair with white stickers are connected to the device via a splitter. To conduct part 2, it is enough to disconnect a pair of the vibraphones with white stickers from the splitter.

Duration of the course. Phonation is continued for 3 months or more until there are improvements. Thereafter – repeated courses for three months 2-3 times a year.

Scheme 43. Phonation for rehabilitation after a stroke.

Day	Mode	Vibraphone type, areas and phonation time in minutes			Total time
		Part 1		Part 2	
		●●	○○	●●	
		K	M	K	
1-2	Mode 1	5		-	5
3-4	Mode 2	6		2	8
5-6	Mode 2	7		3	10
7-8	Mode 3	8		4	12
9-10	Mode 3	9		5	14
11-12	Mode 4	10		6	16
13-14	Mode 4	11		7	18
15-16	Mode 5	12		8	20
17-18	Mode 5	13		9	22
19-20	Mode 5	14		10	24
21-22	Mode 5	15		11	26
23-26	Mode 5	15		15	30
27-32	Mode 5	15		20	35
further	Mode 5	15		25	40

Trophic ulcers on the legs

Purpose of phonation. Improvement of the regenerative process due to normalization of local blood circulation, lymph flow.

Technique. Phonation is carried out according to **scheme 44** (part 1 and part 2). Both parts must be performed in each procedure. The procedures should be repeated **2-3 times a day 5-7 days a week**. The area of the trophic ulcer can be additionally phonated once more per day.

Note! In the area of the thrombus (closer than 10 cm from it), exposure should not be carried out.

Once a day before the evening procedure, the edges of the ulcer are wiped with a napkin moistened with an antiseptic, while taking 5-10 mm of the affected area. The vibraphones are placed at the edges of the ulcer. During the phonation period, ointments should not be used.

Duration of the course - until complete healing of ulcers plus 1 week.

Scheme 44. Phonation in case of a trophic ulcer. Part 1.

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●		○ ○			
		K	M	E4	E3	the area of the popliteal fossa*	ILN**
1-2	Mode 2	10	5	2	2	-	1
3-4	Mode 3	14	6	3	3	1	1
5-6	Mode 3	19	7	4	4	2	2
7-8	Mode 4	22	8	5	5	2	2
9-10	Mode 4	27	9	6	6	3	3
11-12	Mode 5	30	10	7	7	3	3
further	Mode 5/0	34	10	7	7	5	5

* **Popliteal fossa area** – Fig.5 of the central insert.

** **ILN** - area of the inguinal lymph nodes of the leg that is affected by a trophic ulcer. Fig. 3 on the cover of the techniques.

Scheme 44. Phonation in case of a trophic ulcer. Part 2.

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○		
		above and below the ulcer area	on the left and on the right of the ulcer areas	
1-2	Mode 4	3	3	6
3-4	Mode 5	5	5	10
5-6	Mode 6	7	7	14
7-8	Mode 7	9	9	18
further	Mode 8/0	10	10	20

Chronic heart failure (CHF)

Purpose of phonation. When the kidney area is phonated, puffiness decreases significantly, state of health is normalized, microcirculation in the distal segments of the limbs improves, the amount of moist rales in the lungs decreases significantly. Systolic and diastolic pressure decreases undoubtedly (in case of hypotension, the pressure either does not change or increases slightly), congestive changes in the lungs decrease, and the heart rate decreases. Exercise tolerance increases significantly, which is indicative of decrease of the functional class of heart failure.

Technique. Phonation is carried out according to the phonation technique in case of ARTERIAL HYPERTENSION (HYPERTONY) (**scheme 5**).

Duration of the course. The procedures are carried out until normalization of well-being: reduction of edema, improvement of skin color, normalization of pressure, improvement of blood pressure response to physical activity.

Dyscirculatory encephalopathy (Chronic cerebral ischemia)

Purpose of phonation. Increased blood flow and venous outflow in the cervical spine, improved heart function (left ventricular myocardium), reduced anisoreflexia (unequal intensity of tendon and (or) skin reflexes on the left and right limbs). As a result of phonation, **the quality of life increases**: mood improves, cognitive abilities (memory, attention, mental capacity for work) are restored, the volume and speed of movements in the limbs increase.

Parkinsonian disorders regress: facial expressions come to life, the act of walking is normalized, unmotivated falls stop, the frequency of episodes of staggering decreases. Coordination is significantly improved: past-pointing disappear, stability in the Romberg's position improves.

Technique. Phonation is carried out according to **scheme 45**.

Duration of the course. As a rule, after 2 weeks the condition improves significantly. In case of a severe degree of disorder, it can take more time.

Scheme 45. Phonation in case of dyscirculatory encephalopathy.

Day	Vibraphone type, areas and phonation time in minutes	
	○○	
	D1	D2
1	3	3
further	5	5

**COLD, ACUTE RESPIRATORY INFECTION,
QUINSY, BRONCHITIS**

General provisions

Cold is a trivial name for a respiratory tract disease provoked by cooling and accompanied by a runny nose or cough. For protection against the penetration of infection and dust during breathing, the mucous sinuses of the nose, nasopharynx and bronchi secrete mucus, which detains dust and other microparticles, with which the infection comes into the body. If the mucous membranes of the respiratory tract do not cope with the protective function, then the disease of the nasopharynx (running nose, sore quinsy) or bronchi (bronchitis) begins.

The purpose of phonation is to increase the protective function of the mucous membranes of the respiratory tract.

Technique. Phonation is carried out according to **schemes 46-50** (sinusitis, rhinitis, tonsillitis, bronchitis).

Duration of the course. The procedures are carried out until the symptoms disappear and for another week in order to consolidate the effect. This approach allows to reduce the incidence of acute respiratory infections by more than three times.

Bronchitis

Technique. Phonation is carried out according to **scheme 46** in the supine position. The procedures should be repeated **2-3 times a day**.

Possibility of aggravation. On the 2nd-3rd day of phonation, the cough usually intensifies, and fades gradually on the 10th-14th day. Phonation should not be terminated.

Duration of the course. Phonation is continued until complete recovery, which usually begins after restoration of an effective cough and expectoration of a large amount of sputum.

In case of chronic bronchitis, a course of 30 days should be carried out 2-3 times a year at remission stage (in the absence of exacerbation).

Scheme 46. Phonation in case of bronchitis.

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●		● ●		○ ○	
		K	C*	M4**	F***	E1	DPLN****
1	Mode 2	8	2	2	2	2	-
2	Mode 3	17	4	4	4	4	1
3	Mode 4	22	5	5	5	5	2
4	Mode 4	25	7	5	5	5	3
5	Mode 5	25	7	5	5	5	3
6-7	Mode 5	28	9	5	5	5	4
8-9	Mode 5	30	10	5	5	5	5
further	Mode 5/0	30	10	5	5	5	5

* C – Fig. 8 on the central insert of the techniques.

** M4 – Fig. 3 on the cover of the techniques.

*** F – Fig. 9 on the central insert of the techniques.

**** DPLN – deltoideopectoral lymph nodes, Fig. 8 of the central insert of the techniques.

Sinusitis

Technique. Phonation is carried out according to **scheme 47**. The procedures should be repeated **2-3 times a day**. It is recommended to carry out procedures before going to bed and immediately after waking up. For the first few days, it is desirable to carry out one procedure at night.

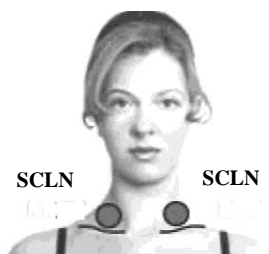
In case of acute sinusitis, the maxillary sinuses must be cleaned from purulence before phonation (the procedure is performed by a doctor). It is desirable to clean the external sinuses of the nose immediately before the phonation procedure.

Duration of the course. The procedures are carried out until complete recovery, which, as a rule, occurs by the 28th day, subject to compliance with all recommendations. If the effect is insufficient by the 28th day, phonation is continued 3 times a day for another week. In case of chronic maxillary sinusitis, even when there is no exacerbation, a course of 28 days should be carried out prophylactically 2-3 times a year.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	M	G*	D1	SCLN**
1	Mode 1	9	5	2	1	1
2-3	Mode 2	12	5	3	2	2
4-6	Mode 3	14	6	4	2	2
7-8	Mode 3	18	7	5	3	3
9-10	Mode 4	19	7	6	3	3
11-12	Mode 4	21	7	8	3	3
13-14	Mode 5	23	7	10	3	3
15-16	Mode 5	25	7	12	3	3
17-18	Mode 5	27	7	14	3	3
19-20	Mode 5	29	7	16	3	3
21-22	Mode 5	31	7	18	3	3
23-28	Mode 5/0	33	7	20	3	3

* **G** – Fig. 2 on the cover of the techniques. If the procedures are carried out for a child who has enlarged nasopharyngeal tonsils (adenoids), then G area shall not be phonated to him.

** **SCLN** – supraclavicular lymph nodes at the base of the neck (see the Fig. on the right).



Rhinitis (running nose)

Technique. Phonation is carried out according to **scheme 48**. The procedures should be repeated **2-3 times a day**. In the first few days, it is desirable to carry out one procedure in the middle of the night. In the process of phonation, nasal discharge may temporarily increase (for 1-3 days). In case of allergic rhinitis, it is required to consult a doctor and apply the technique of phonation for allergies.

Duration of the course – 2 weeks. If the effect is insufficient by the 14th day, phonation is continued 3 times a day for another week.

Scheme 48. Phonation in case of running nose.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	M	G*	D1
1-2	Mode 1	8	5	2	1
3-4	Mode 2	10	5	3	2
5-6	Mode 2	13	6	5	2
7-8	Mode 3	14	6	5	3
9-10	Mode 3	20	7	10	3
11-12	Mode 4	20	7	10	3
13-14	Mode 5/0	20	7	10	3

* **G** - Fig. 2 on the cover of the techniques. If the procedures are carried out for a child who has enlarged nasopharyngeal tonsils (adenoids), then G area shall not be phonated to him.

Tonsillitis (quinsy)

Technique. Phonation is carried out according to **schemes 49 and 50** at a body temperature not higher than 37.5 ° C. The procedures should be repeated **2-4 times a day**.

For the first 5 days, the tonsils (area B) shall be phonated with the vibraphones with white stickers "○ ○" (scheme 49, the first days), then - with the vibraphones with a green sticker "● ●" (scheme 50, continuation).

Before phonation, it is desirable to treat the tonsils with an antiseptic for the mucous membranes (for example, Lugol's solution), hereby sterile cotton wool is wound on the forefinger, fixed on it, moistened with an antiseptic and the plaque is cleaned from the tonsils and the surrounding part of the throat gently, without effort. In the area of the tonsils (area B), the vibraphones are placed symmetrically so as to bring them as close to the tonsils as possible.

Duration of the course. The procedures should be carried out until complete recovery, which, as a rule, occurs by the 16th day, subject to compliance with all recommendations. Further, for prevention, it is recommended to perform procedures for the maximum time (day 16 of the scheme 50, Continuation) 1-2 times a week for another 1 month.

In case of chronic tonsillitis, a repeated course of 16 days should be carried out 2-3 times a year at remission stage (in the absence of exacerbation).

Scheme 49. Phonation in case of quinsy. The first days.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	M	B*	D1
1	Mode 1	6	4	1	1
2	Mode 2	10	5	3	2
3	Mode 2	12	6	4	2
4	Mode 3	12	6	4	2
5	Mode 3	14	6	5	3

* B – Fig. 11 on the central insert of the techniques.

Scheme 50. Phonation in case of quinsy. Continuation.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	● ●	○ ○	
		K	B*	M	D1
6-7	Mode 4	16	5	7	4
8-10	Mode 4	20	8	7	5
11-12	Mode 5	20	8	7	5
13-14	Mode 5	25	10	10	5
15-16	Mode 5/0	25	10	10	5

* B – Fig. 11 on the central insert of the techniques.

TRAUMAS

Fractures of limbs, clavicle, ribs

Purpose of phonation. Phonation is carried out to reduce the duration of fracture treatment, to prevent complications, to relieve itching and edema in the area of fixing bandages, as well as to accelerate the restoration of joint mobility.

Technique. Phonation is carried out according to **scheme 51** in the supine position. The procedures should be repeated **at least 4 times a day**.

NOTE! Phonation of the fracture area is started only if the required medical care is provided: manipulation of displacement, reduction, etc. Before that, phonation of the kidney area (K) can be carried out.

If the blood pressure rises in the following days after phonation of the injury area alone, then it is recommended to phonate the kidneys (K) before phonation of the injury area, as it is indicated in **scheme 51**.

The vibraphones are placed directly on the fracture area, as well as on the healthy parts above and below the fracture site. In case of plaster bandages, the vibraphones are placed directly on the plaster over the fracture site, as well as on the edges of the plaster immediately on the body.

Phonation of the limb fractures can be applied in case of metal structures used for internal fixation of the bones, as well as in case of Ilizarov apparatus. At the same time, it is not recommended to attach the vibraphones directly to the structure of the Ilizarov apparatus. The vibraphones should be placed on soft tissues or on a plaster bandage.

After removal of the fixing structures for restoration and increase of joint mobility, phonation should be continued according to **scheme 51**, but instead of the fracture area, the joint area is phonated directly. The vibraphones are placed on the joint next to each other, as it is indicated in Fig. 4-5 of the central insert of the techniques. If possible, an exercise for increase of mobility should be performed during the procedure – a joint should be bent slowly with a little effort for 20-30 seconds, and then it should be unbent also slowly. The exercise should be performed during half of the procedure.

Duration of the course. The phonation of the injury area is carried out until complete healing, then the phonation of the joint area is continued until its normal mobility is restored.

Scheme 51. Phonation in case of fracture of limbs, collarbones, ribs.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	Vibraphones depending on the injury*	
		K	On the left and on the right of the fracture site	Above and below the fracture site
1	Mode 5	10	5	5
2-3	Mode 5	16	8	8
further	Mode 0	30	15	15

* When the vibraphones are placed on the body:

- in case of rib fracture - vibraphones with a white sticker (○○),
- in case of collarbone and limbs fracture - vibraphones with a green sticker (●●).

Vertebral compression fracture

Purpose of phonation. Phonation is carried out in order to reduce the duration of fracture treatment, reduce edema, accelerate healing and prevent complications.

Technique. Phonation is carried out according to **scheme 52**. The procedures should be repeated **4 times a day every 6 hours**.

The vibraphones are placed symmetrically on both sides of the spine close to the injured vertebrae, and the areas above and below the fracture site are also phonated so **that healthy vertebrae located next to the injured ones got into the area of exposure**.

In case of increase of pain, the time of phonation of the fracture area should be reduced so that the pain decreased to acceptable tolerance. Hereby it is advisable not to reduce the number of procedures per day.

Duration of the course. Phonation is carried out until the spine is restored and for 2 weeks more. Thereafter it is also desirable to carry out the GRSB program (p.13 of these techniques).

Scheme 52. Phonation in case of compression fracture of the spine.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	On the left and on the right of the fracture site	Above and below of the of fracture site
1*	Mode 5	7	-	-
2-5	Mode 5	14	7	7
further	Mode 0	20	10	10

*On the first day, one pair of the vibraphones is used for phonation of the **K** area.

Wound, post-surgical suture

The purpose of phonation is to reduce the healing time, to reduce the risk of scarring.

Technique. Phonation is carried out according to **scheme 53**. The procedures should be repeated **2-3 times a day**. Exposure on the **area of the kidneys (K)** and **liver (M)** is carried out in treatment of post-surgical sutures and in case of a large wound surface. In case of small wounds, exposure on these areas is not necessary, but is useful for the GRSB purposes (p. 13). The cleaned edges of the wound are treated with an antiseptic. The vibraphones are placed through a sterile napkin.

Duration of the course. It is advisable to carry out phonation until complete recovery.

Scheme 53. Phonation of wounds and post-surgical sutures.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	M	1 edge of the wound*	2 edge of the wound*
1	Mode 5	10	10	-	-
2-4	Mode 6	30	10	10	10
further	Mode 0	30	10	10	10

*If the wound is located on the limbs, then exposure can be carried out by the vibraphones with a green sticker ● ●.

Burn

Purpose of phonation. Phonation contributes to relieving swelling, inflammation, reduces the healing time and reduces the risk of complications.

Technique. Phonation is carried out according to **scheme 54**. The procedures should be repeated **2-4 times a day every 6 hours**. Exposure on the **area of the kidneys (K)** and **liver (M)** is carried out in case of a large burn area.

In treatment of burns of 2-4 degrees, the device is used after surgical treatment of the burned surface, carried out in accordance with the phase of the wound process.

In the burn area, the vibraphones are placed on undamaged skin areas along the edges of the affected area. The vibraphones on the edges of the burn are placed close to each other. Depending on the area of the burn, the number of vibraphone placements along the edges of the affected area will be different.

In case of burns on the hands, phonation is carried out from the opposite side of the hand from the burn.

Duration of the course. It is advisable to carry out phonation until the tissue in the injured area is completely restored.

Scheme 5 4. Phonation in case of burns.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K*	M	1 edge of the burn	2 edge of the burn
1	Mode 5	9	5	2	2
2	Mode 5	12	6	3	3
3-6	Mode 6	18	8	5	5
further	Mode 0	20	10	5	5

*The time of phonation of the kidney area (**K**) is indicated based on the fact that the vibraphones are placed on the edges of the burn two times consecutively. In case of a large burn size, when more than 2 placements around the burn are required, the time of phonation of the kidney area increases accordingly.

Frostbite

Purpose of phonation. Phonation restores the blood supply, reduces inflammation after warming up.

Technique. Phonation is carried out according to **scheme 55**. The procedures should be repeated **3-4 times a day**. The vibraphones are placed on healthy tissues near the area of frostbite.

Duration of the course. It is advisable to carry out phonation until the tissue in the injured area is completely restored.

Scheme 55. Phonation in case of frostbite

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	1 edge of the frostbite site	2 edge of the frostbite site
1	Mode 5	12	6	6
2-4	Mode 6	30	15	15
further	Mode 0	30	15	15

Bruise, hematoma

Purpose of phonation. Phonation shortens the healing time and reduces the risk of complications.

Technique. Phonation is carried out according to **scheme 56**. The procedures should be repeated **2-3 times a day, and in case of old hematomas - 3-4 times a day**. The vibraphones are placed directly on the injury area.

Duration of the course. Phonation is continued until full recovery. A slight edema, bruising pass off in 1-2 procedures.

Scheme 56. Phonation in case of bruises and hematomas.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
		● ●	Vibraphones depending on the area*
		K	Injury area
1	Mode 5	10	
2-4	Mode 6	16	
further	Mode 0	20	

* In case of a hematoma in the head area and near the internal organs, the procedures are carried out using the vibraphones with white sticker ○○. In other cases the vibraphones with a green sticker should be used ●●.

Sprain, dislocation

Purpose of phonation. Phonation shortens the recovery time of the ligamentous apparatus of the joint and reduces the risk of complications.

Technique. Phonation is carried out according to **scheme 57** in the supine position. One vibraphone is placed on the injury (edema) area in the most flat place, the second - 7-10 cm above the first one. The limb is positioned so that it was above the level of the heart. The procedures should be repeated **2-3 times a day**. The first procedure is started earliest 4 hours after the injury, provided that the dislocation is manipulated and the joint is immobilized (if necessary).

Duration of the course. Phonation is continued until full recovery (restoration of former mobility and flexibility). After recovery, it is recommended to carry out the GRSB program (p. 13 of these techniques).

Scheme 57. Phonation in case of dislocations and sprains.

Day	Mode	Type of the vibraphones, areas and phonation time in minutes	
		● ●	● ●
		Injury area	Area 7-10 cm above the injury
1	Mode 5	10	10
2-5	Mode 6	16	16
6-9	Mode 0	24	24
further	Mode 0	30	30

EYE DISEASES

Glaucoma

Purpose of phonation. Phonation contributes to restoration of the outflow of intraocular fluid, improves nutrition of the muscles of the eyes, optic nerve and retina. Regular phonation allows to improve the blood supply to the eye, maintain the intraocular pressure within the normal range or close to normal. Phonation is usually used when medications do not give sufficient effect, or when the intraocular pressure is normalized, and the visual functions (for example, the field of vision) continue to deteriorate despite ongoing drug therapy.

NOTE! Phonation is not carried out if own lens was replaced with an artificial one.

Technique. Phonation is carried out according to **scheme 58** and can be combined with local hypotensive therapy (instillation of drops). The effectiveness of drugs increases.

The procedures should be repeated **1-2 times a day**. In case of other eye diseases (in addition to glaucoma), it is required to consult a doctor.

Duration of the course - 3 months. Next, supportive procedures are carried out – 1, 2 procedures per week, as well as after increased eye loads according to the scheme indicated in the "next" line. Repeated course - in 6 months.

Scheme 58. Phonation in case of glaucoma.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	Right eye*	Left eye*	D1	M
1-2	Mode 1	4	1	1	1	1
3-4	Mode 1	6	2	2	1	1
5-6	Mode 2	8	2	2	2	2
7-8	Mode 2	10	3	3	2	2
9-10	Mode 3	12	3	3	3	3
11-12	Mode 3	16	4	4	4	4
13-14	Mode 4	16	4	4	4	4
further	Mode 4	20	5	5	5	5

*The peculiarities of placement of vibraphones in the eye area are shown in Fig. 10 of the central insert of the techniques.

DENTISTRY

Prevention of dental health

The purpose of the procedures is to prevent atrophy of the alveolar process.

The alveolar process is a section of the bone of the upper and lower jaws, where the roots of the teeth are located in special holes.

Loss of the alveolar bone can significantly affect the quality of life.

Irreversible atrophy of the alveolar bone is very common as a result of many causes, such as periodontitis, loss (removal) of teeth, parodontosis and disturbance of occlusion.

For prevention, in addition to natural oral hygiene, it is required to carry out daily phonation procedures in order to restore (maintain) the **quantity and quality of the alveolar bone**.

It is known about the benefits of massaging the gums with fingers after brushing teeth. This procedure improves the blood circulation, lymph flow, tissue metabolism, saturates the tissues with oxygen. Regular procedures increase the thickness of the epithelium, which protects the gums from the penetration of bacteria.

The procedure of phonation is much more effective than finger massage

Technique. Phonation is carried out according to **scheme 59**.

The procedure is carried out 1 time a day.

Important. During the procedure, it is required to close the teeth tightly so that the microvibration is transmitted through the tooth range of the upper jaw to the tooth range of the lower jaw and to the lower alveolar bone and vice versa, during the procedure on the lower jaw, microvibration will be transmitted to the upper jaw.

Scheme 59. Procedures for dental health prophylactic purposes

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○ (●●)*		
		Upper jaw Z1*	Lower jaw Z2*	
daily	Mode 0	3	3	6

Area **Z1, Z2**– Fig. 1 of the cover

* If the effect is insufficient, use the vibraphones with a green sticker.

Orthodontia (braces)

The purpose of phonation is significantly to reduce pain during orthodontic movement and correction of teeth using braces. Improvement of the comfort of treatment. Pronounced antibacterial and anti-inflammatory effect, providing prevention of periodontitis.

Technique. Phonation is carried out according to **scheme 60**. The procedure is repeated **1-3 times a day**.

Scheme 60. Phonation after activation of the brace.

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○		
		Upper jaw Z1*	Lower jaw Z2*	
1	Mode 3	5	5	10
2	Mode 5	6	6	12
further	Mode 0	6	6	12

***Z1, Z2** – the example of placement of the vibraphones is shown in Fig. 1 of the cover of the techniques.

Periodontics (periodontitis, gingivitis)

Purpose of phonation - a pronounced and rapid (after five procedures) anti-inflammatory effect. Elimination of dystrophic processes in the area of the pathological focus in the form of restoration of the integrity of the bone tissue of the alveolar processes. Pronounced antibacterial effect.

Technique. Phonation is carried out according to **scheme 61**. The procedures should be repeated **1-3 times a day**.

Scheme 61. Phonation in case of periodontitis and gingivitis.

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○		
		Upper jaw Z1*	Lower jaw Z2*	
1	Mode 3	5	5	10
2	Mode 5	5	5	10
further	Mode 0	10	10	20

***Z1, Z2** – the example of placement of the vibraphones is shown in Fig. 1 of the cover of the techniques.

Relief of pain after dental treatment

The purpose of phonation is to relieve pain and accelerate healing after dental intervention.

Technique. Phonation is carried out according to **scheme 62**. The procedures should be repeated **3-4 times a day**.

Scheme 6 2. Phonation in case of toothache.

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○		
		Area B/B1*	Tooth area	
1	Mode 5	3	3	6
2	Mode 6	4	4	8
3	Mode 0	5	5	10

* **Area B / B1** – the vibraphones are placed from **the side of the treated tooth**, as it is shown in Fig. 11 (insert of techniques): one – on the area of the lymph node (B), the second – at the base of the jaw (B1).

EAR DISEASES

Otitis Ear infection

The purpose of phonation is to provide decongestion, analgesic, anti-inflammatory effect.

Technique. Phonation is carried out according to **scheme 63**. 2-3 drops of boric alcohol or other anti-inflammatory agent are instilled into the diseased ear. Instillation is made lying on the side where the healthy ear is located. After 3-5 minutes, without changing the position (on the side), the A/A1 area is phonated. The procedure is repeated **2-3 times a day**. If otitis is accompanied by the signs of acute respiratory viral infection, cold, and there is also a frequent incidence of otitis, then additional phonation is carried out **2 times a day** according to **scheme 64**.

It is advisable to start phonation at the first symptoms of the disease, as well as for its prevention in case of hypothermia. In case of acute inflammation, phonation is carried out only in combination with anti-inflammatory drugs and under the supervision of a doctor.

Scheme 63. Phonation in case of otitis. After instillation of anti-inflammatory agent.

Day	Mode	Vibraphone type, areas and phonation time in minutes
		○ ○
		Area A/A1*
1	Mode 2	5
2	Mode 3	6
3	Mode 4	7
4	Mode 5	8
5-7	Mode 5/0	10

* A / A1 - one vibraphone is placed on area A (next to the ear tragus), the other - on A1 (mastoid process behind the ear), Fig. 11 on the central insert of the techniques.

Scheme 64. Additional phonation scheme in case of otitis.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	M	D1	D2
1	Mode 2	11	5	3	3
2	Mode 3	13	6	3	4
3	Mode 4	15	7	4	4
4	Mode 5	17	8	4	5
5-7	Mode 5/0	20	10	5	5

Sensorineural hearing loss

The purpose of phonation is to improve the blood supply to the auditory receptors, to restore the auditory function.

Technique. Phonation is carried out according to **scheme 65**. The procedures should be repeated **1-2 times a day**.

In case of unilateral hearing loss, the vibraphones are placed on A / A1 from the side of the affected ear; in case of bilateral hearing loss, the left and right ear are exposed alternately. Exposure on the area A / A1 is carried out in a sitting position, on the area D1, D2 – lying on the back. Phonation is well combined with the drug therapy prescribed by the attending physician.

Duration of the course - 3 months or more as long as improvements continue. Then prophylactically for 1 month 1-3 times a year.

Scheme 65. Phonation in case of sensorineural hearing loss.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	D1	D2	A/A1 of the affected ear*
1-2	Mode 2	4	2	2	-
3-4	Mode 2	7	2	2	3
5-6	Mode 3	11	3	3	5
7-8	Mode 4	11	3	3	5
9-10	Mode 5	13	3	3	7
11-12	Mode 5	15	4	4	7
13-14	Mode 5	16	4	4	8
15-16	Mode 5	17	4	4	9
further	Mode 5/0	18	4	4	10

* **A/A1** - area A (near the tragus of the ear) and A1 (mastoid process behind the ear) are shown in Fig. 11 on the central insert of the techniques.

ALLERGY

The purpose of phonation is to improve the liver function and regenerative processes.

Technique. Phonation is carried out according to **schemes 66, 67**, depending on the age. The procedures should be repeated **1-3 times a day**.

Duration of the course - 3 months. If necessary, the course is repeated after an interval of 5 days. Thereafter for prevention purposes, 1 month course should be carried out 1-3 times a year (before the beginning of the period of allergic exacerbations).

Scheme 66. Phonation in case allergies in adults and children over 10 years old.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	M	M5	E40
1-2	Mode 1	9	3	3	3
3-4	Mode 1	12	4	4	4
5-6	Mode 2	15	5	5	5
7-8	Mode 2	18	6	6	6
9-10	Mode 3	21	7	7	7
11-12	Mode 3	24	8	8	8
13-14	Mode 4	27	9	9	9
further	Mode 5/0	30	10	10	10

Scheme 67. Phonation in case of allergies in children under 10 years old.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	○ ○	
		K	M	E40
1-2	Mode 1	6	3	3
3-6	Mode 1	10	5	5
7-8	Mode 2	14	7	7
9-10	Mode 2	18	9	9
further	Mode 3	20	10	10

SCIATICA

The purpose of phonation is to relieve inflammation in the sciatic nerve area, to restore innervation.

Technique. Phonation is carried out according to **scheme 68** (part 1 and part 2). The procedures are carried out **2 times a day**. Both parts of the scheme must be performed in each procedure.

Scheme 68. Phonation in case of sciatica. Part 1.

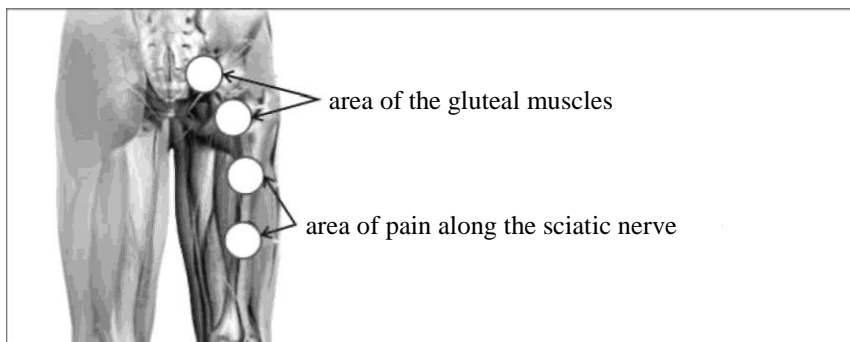
Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●	● ●		○ ○		
		K	Joint*	E4	E31	E3	ILN**
1	Mode 1	12	6	2	2	2	-
2-3	Mode 2	16	8	2	2	2	2
4-5	Mode 3	24	12	3	3	3	3
6-8	Mode 4	32	16	4	4	4	4
9-10	Mode 5	40	20	5	5	5	5
further	Mode 5/0	40	20	5	5	5	5

***Joint** – the example of placement of the vibraphones is shown in Fig.5 of the central insert of the techniques. It would be better to fix the vibraphones with special cuffs.

****ILN** – area of the inguinal lymph nodes of the leg, on which the joint with radiating pain is located. The vibraphones are placed as it is shown in Fig. 3 on the cover of the techniques.

Scheme 68. Phonation in case of sciatica. Part 2.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
		● ●	○ ○
		area of pain along the sciatic nerve*	area of the gluteal muscles*
1	Mode 1	2	2
2-3	Mode 2	6	6
6-10	Mode 5	8	8
further	Mode 0	10	10

Sciatica. Example of placement:**LYMPHOSTASIS OF THE LOWER LIMBS**

Technique. Phonation is carried out according to **scheme 69**. Exposure is carried out on the K area, inguinal lymph nodes and the E31 area. Position – lying on the back, a pillow is placed under the shins.

Phonation is carried out once a day before bedtime. After the procedure, it is recommended not to get up until the morning. During sleep, the shins should be raised to a level a bit above the heart.

Duration of the course. Course of treatment – 14 days. Interval between courses – 1-3 weeks.

Scheme 69. Phonation in case of lymphostasis of the lower limbs.

Day	Mode	Vibraphone type, areas and phonation time in minutes			
		● ●	○ ○		
		K	ILN of the right foot	ILN of the left foot	E31
1-3	Mode 2	9	3	3	3
4-6	Mode 3	18	6	6	6
7-10	Mode 4	24	9	9	6
further	Mode 5/0	30	12	12	6

CONSEQUENCES OF INFANTILE CEREBRAL PARALYSIS

The purpose of phonation Improvement of the indicators of electric excitability of muscles, reduction of the muscle tone in the limbs, improvement of the tissue tension.

Technique. Phonation is carried out according to **scheme 70** (part 1 and part 2). The procedures should be repeated **2 times a day**. Position - lying on the back. Both parts of the scheme must be performed in each procedure.

Duration of the course. It is determined by the clinical course of the disease.

Scheme 70. Phonation in case of consequences of infantile cerebral paralysis. Part 1.

Day	Mode	Vibraphone type, areas and phonation time in minutes						Total time
		○○						
		D1	D2	E11	E2	E3	E4	
1-2	Mode 2	2	2	2	2	2	2	12
3-6	Mode 3	4	4	4	4	4	4	24
7-10	Mode 4	6	6	6	6	6	6	36
11-14	Mode 5	6	6	8	8	8	8	44
further	Mode 0	6	6	8	8	8	8	44

Scheme 70. Phonation in case of consequences of infantile cerebral paralysis. Part 2.

Day	Mode	Vibraphone type, areas and phonation time in minutes	
		● ●	● ●
		K	area of the contracted muscles
1-2	Mode 2	5	5
3-6	Mode 3	10	10
7-10	Mode 4	15	15
11-14	Mode 5	15	15
further	Mode 0	15	15

BEDSORES

The purpose of phonation is to increase the overall muscle tone, reduced due to prolonged lying, to improve the local blood flow and lymph flow. The earlier the prevention of bedsores in bedridden patients is started, the higher the effectiveness is. Phonation is used in case of bedsores of 1 to 4 degrees. In case of 5 degree, phonation has little prospects.

Technique. Phonation is carried out according to **scheme 71**. The procedures should be repeated every 4 hours during the day.

Duration of the course. Phonation is carried out until recovery, or while improvements continue. Then prophylactically 1-2 times a day, 5-7 days a week.

Scheme 71. Phonation in case of bedsores on the back.

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		● ●	● ●	
		K	Area of bedsores*	Area of bedsores*
1	Mode 2	10	5	5
2-3	Mode 3	12	6	6
4-5	Mode 3	16	8	8
6-7	Mode 4	16	8	8
8-9	Mode 4	20	10	10
10-11	Mode 5	20	10	10
12-13	Mode 5	24	12	12
further	Mode 5/0	24	12	12

*The vibraphones are placed on the healthy areas of the body next to the formed bedsores, and for prevention purposes – in the places where bedsores may form. It is recommended to place 2 vibraphones for each area.

DIABETES MELLITUS

Purpose of phonation. Exposure is carried out on all organs that are involved in the regulation of the blood sugar (adrenal glands, liver, pancreas), as well as on the cervical and thoracic spine in order to restore the conduction of nerve pathways (if it is disturbed). Phonation is used as a supplement in complex treatment.

Technique. Phonation is carried out according to **scheme 72**. The procedures should be repeated **2 times a day**. It is required to follow a diet. It is required to monitor the blood sugar, in particular: on an empty stomach, before the procedure, after the procedure, at night. Monitor the excretion of sugar in the urine. These measures will allow to avoid a hypoglycemic condition. The dose of insulin can be reduced gradually while following a diet. If there are problems in the cervical spine, **scheme 72 should be supplemented with scheme 73**.

For the purposes of prevention and treatment of the diabetic angiopathy of the lower limbs, **scheme 72 should be supplemented with scheme 74**.

The entire treatment process should be controlled by a general practitioner and an endocrinologist.

Duration of the course - 3 months or more as long as improvements continue. Further, supportive procedures are carried out 1-2 times a day 5-7 days a week.

Scheme 72. Phonation in case of diabetes mellitus.

Day	Mode	Vibraphone type, areas and phonation time in minutes				
		● ●	○ ○			
		K	M9*	M	E2	E11
1-2	Mode 2	8	2	2	2	2
3-4	Mode 3	13	4	3	3	3
5-6	Mode 3	18	6	4	4	4
7-8	Mode 4	24	8	6	6	4
9-10	Mode 4	28	8	8	8	4
11-12	Mode 5	28	8	8	8	4
13-14	Mode 5	35	10	10	10	5
further	Mode 5/0	35	10	10	10	5

*M9 – projection of the pancreas on the abdomen, fig. 7 on the central insert. It is better to phonate this area in addition to the scheme for **5 minutes in the first 30 minutes after each meal**.

Scheme 73. Phonation in case of diabetes mellitus. Continuation of the scheme in case of pathologies in the cervical spine.

Day	Mode	Vibraphone type, areas and phonation time in minutes		Total time
		○○		
		D1	D2	
1-2	Mode 2	2	2	4
3-6	Mode 3	3	3	6
7-10	Mode 4	4	4	8
11-14	Mode 5	5	5	10
further	Mode 5/0	5	5	10

Scheme 74. Additional scheme for treatment and prevention of diabetic angiopathy of the legs (diabetic foot).

Day	Mode	Vibraphone type, areas and phonation time in minutes		
		●●	○○	
		Near the affected area of the foot*	E4	ILN**
1-3	Mode 3	5	3	2
4-6	Mode 5	12	6	6
further	Mode 5/0	16	6	10

*Immediately affected area of the foot is not phonated. Vibraphones are placed at a distance of 1-2 cm from the edge of the affected area. As the affected area decreases, the vibraphones are placed closer. ****ILN** – inguinal lymph nodes of the leg in which the foot is affected. The vibraphones are placed as it is shown in Fig. 3 of the cover of the techniques.

CHRONIC HEPATITIS

Purpose of phonation. Phonation of the liver area (**F right /M4 right**) increases the intensity of immune reactions, which leads to a multiple increase of interferon in the blood in patients with hepatitis B and C. The practical result from phonation procedures is as good as that from the therapy with interferon drugs: approximately 40% of complete remissions (PCR minus, ALT - normal) only for one course of phonation (6-12 months). Due to exposure on the **kidney area (K)** and the thoracic spine, phonation is well tolerated with improvement of the state of health.

Additional contraindications. Phonation according to **scheme 75** for chronic hepatitis is not carried out in the following cases:

- . if the ALT (alanine aminotransferase) activity level exceeds the norm by more than 5 times;
- . the age is under 16 years old;
- . there is decompensated liver cirrhosis;
- . there are severe concomitant diseases (a condition after a stroke or myocardial infarction, cardiac pacemakers);
- . chronic alcoholism;
- . drug addiction.

General and specific contraindications are also described on page 2 of the phonation techniques.

Technique. Phonation is carried out according to **scheme 75**. Phonation of the liver area (**F right / M4 right**) is carried out **once a week and once a day** (!). Other areas are not exposed on this day. In the remaining **6 days of the week**, exposure is exercised on areas **K, M, E11, E2, E21** for accumulation of the general resources of the body and the procedures should be repeated **2 times a day**. The phonation time of the kidney area (K) is equal to the total of the phonation time of areas M, E11, E2, E21.

Duration of the course. The course can be repeated several times in a succession until remission is achieved.

Scheme 75. Phonation in case of hepatitis B and C.

Day	Mode	Vibraphone type, areas and phonation time in minutes					
		● ●	○ ○				● ●
		K	M	E11	E2	E21	F Right/ M4 Right*
1	Mode 2	9	3	2	2	2	-
2	Mode 3	11	4	3	2	2	-
3	Mode 3	13	5	3	3	2	-
4	Mode 4	15	6	3	3	3	-
5	Mode 4	17	7	4	3	3	-
6	Mode 5	19	8	4	4	3	-
7	Mode 5	-	-	-	-	-	5
8	Mode 5	20	8	4	4	4	-
9	Mode 5	21	9	4	4	4	-
10	Mode 5	23	10	5	4	4	-
11	Mode 5	25	11	5	5	4	-
12	Mode 5	27	12	5	5	5	-
13	Mode 5	28	13	5	5	5	-
14	Mode 7	-	-	-	-	-	7
15	Mode 5	28	13	5	5	5	-
16	Mode 5	29	14	5	5	5	-
17-20	Mode 5	30	15	5	5	5	-
21	Mode 9	-	-	-	-	-	13
22-27	Mode 5	30	15	5	5	5	-
28	Mode 9	-	-	-	-	-	15
29-34	Mode 5	30	15	5	5	5	-
1 day a week	Mode 7	-	-	-	-	-	15
6 days a week	Mode 0	30	15	5	5	5	-

* **F (right) area** - area of the liver from the back, Fig. 9 on the central insert of the techniques.

M4 (right) area - Fig. 3 on the cover of the techniques.

Fig. 12 Areas of exposure E40. Vibraphones are moved from procedure to procedure by the width of the palm (L) up and down.

