

New approaches to control and increase the effectiveness of treatment.
Determination of lesion levels and direction of the healing process

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The issues of (anticipatory) assessment of the effectiveness of therapy in the application of energy-informational methods of treatment remain relevant, as well as the search for ways to increase the effectiveness of the therapy itself.

The authors understand the advance assessment of the effectiveness of the therapy being carried out as an assessment of its correctness, obtained even before its completion, that is, in the process of the therapy itself. This approach should actually make it possible to predict the effectiveness of therapy in the future. Moreover, the content of concepts such as "efficiency" and / or "right" the therapy is not discussed in the work - it is assumed that these are concepts known to the doctor from practical experience, both his own and his colleagues. An alternative view of the methodology for evaluating the effectiveness of therapy, based on a preliminary analysis of the content of the terms used, and subsequent modeling of this content within the framework of ART is given in [1].

Curiously, both of these approaches lead to the same conclusions.

And even they cannot always give an exhaustive answer. In addition, these methods concern only ART, and do not apply to methods such as R. Voll's method, as well as other methods of electropuncture diagnostics.

It should also be noted that, in addition to special diagnostic methods, such time-tested methods as taking anamnesis and examining a patient remain relevant.

In this case, it is always necessary to take into account the historical experience of other areas of energy-informational medicine, in particular, homeopathy. So, Hering's law remains extremely relevant [2], according to which, the correct cure should occur "from the inside out, from top to bottom, from later symptoms to earlier ones". This law has stood the test of time and proved to be effective. And as will be shown below, similar principles were not unique to homeopathy.

However, despite the seeming simplicity, not always even an experienced homeopath can use such a seemingly simple law. The thing is that it is often very difficult to combine the development of various pathological manifestations in terms of localization and timing of development. It's not always a disease

begins with the development of, for example, skin symptoms, and as a result of their suppression spreads into the body. Even less often, the process simultaneously develops from the legs to the upper sections. For, only in this case, the reverse development of symptoms will develop according to the classical scenario described in Hering's law. More often than not, everything happens differently. Suffice it to say that the disease does not always begin with skin symptoms. Considering, as a rule, a long history of the patient, we can talk about a considerable number of iatrogenies, which bring their manifestations, which are rather difficult to interpret. Much hope in such cases is pinned on mental symptoms, anamnesis, as well as an assessment of the situation by the patient himself. However, there are often patients from whom this kind of information is difficult or even impossible to obtain.

All of the above indicates the need for further development of objective methods of monitoring treatment.

Oddly enough, one of these methods has been around for a long time. And this is R. Voll's method. The only question is its interpretation.

As you know, the meridians used in the diagnosis by the method of R. Voll are divided into hand and foot. Thus, half of the meridians are located "higher", relative to the second half of the meridians.

For several years, one of the authors monitored using the Voll method a group of 1000 patients undergoing homeopathic treatment for thyroid diseases in one of the medical centers [3]. Note that Voll's method turned out to be a very valuable diagnostic method in itself. Thus, its diagnostic efficiency in detecting thyroid pathology was 100%. Moreover, in 15% of cases, the diagnosis was made for the first time, contrary to the data of the initial ultrasound (not very high quality) and only then confirmed by repeated ultrasound.

Subsequently, a certain regularity was revealed between the dynamics of EPD results according to R. Voll with the dynamics of ultrasound, biochemical studies, as well as the patient's well-being. Studies have shown that regardless of whether the treatment process proceeded with or without homeopathic exacerbation, the effectiveness of treatment was directly correlated with the dynamics of EPD. The only difference is that the dynamics in EPD could be recorded several months earlier than the first changes in ultrasound and biochemical studies. This significantly increases the value of EPD according to R. Voll's method.

With a favorable course of the treatment process, the changes began on the hand meridians, spreading, in the future, to the leg meridians. Such a process, as already mentioned, was characteristic both for the treatment process, accompanied by a homeopathic exacerbation, and without it. In the first case, signs of exacerbation, as a rule, in the form of reactivation phenomena, that is, exceeding, at times significant, the corridor of the norm, was first recorded on the hand meridians, and only then spread to the leg meridians. At the same time, the indicators on the hand meridians came to values close to the normal corridor. And only then the indicators on the leg meridians were restored. Note that the dynamics of indicators for signs

homeopathic exacerbation, however, always accompanied by leveling the effect of "arrow falling". In cases of optimal treatment without signs of homeopathic exacerbation, first, the hand meridians came to the corridor of the norm, with the leveling of the effect of the "arrow falling", and then the leg meridians.

Thus, from the above it follows that the question of objective control over one of the components of Hering's law, namely, the principle "top down", within the EPD by R. Voll's method can be considered solved.

There remained the question of objective control of the next clause of Hering's law, namely, "from the inside out".

However, as it turned out, this issue has long been resolved by traditional Chinese medicine (TCM) within the framework of the theory of "six levels of damage" [4, 5]. According to this theory, pathological processes caused by external pathogenic factors are introduced into the body, passing sequentially through several "energy levels", each of which is at the same time a level of protection against "pathogenic energy". Each level is formed by a pair of meridians:

1. Tai Yang: Bladder - Small intestine.
2. Shao Yang: Gallbladder - Three heaters.
3. Yang Ming: Stomach - Large intestine.
4. Tai Yin: Spleen-Pancreas - Lungs.
5. Jue Yin: Liver - Pericardium.
6. Shao Yin: Kidney - Hearts.

According to TCM, each such level is a kind of hinge that opens outward and inward. Accordingly, "pathogenic energy" (PE) can move along these levels "from outside to inside", into deeper layers along these hinges, if the energy of this level is not enough to counteract the PE. If the energy level is sufficient to counteract this PE, but not enough to eliminate it, then this PE is delayed at this level, which is accompanied by the development of the process of fighting the protective and PE, and, accordingly, the development of the clinical picture of the disease. In the case of the prevalence of protective energy, PE is either dissipated or pushed out to a more external level. If PE prevails, the latter penetrates to a deeper level. In a state of parity of these two energies, the situation can turn into a chronic one,

It should be noted that the concept of PE in TCM means any external effect on the body. As PE can act not only climatic or infectious factors, such as heat, cold, humidity, wind, or viruses, bacteria, fungi, etc., but also injuries; as well as iatrogenic effects, for example, in cases of inadequate treatment. Moreover, iatrogenies, in turn, can be not only of a chemical nature, in cases of therapeutic treatment or vaccinations, but also mechanical, in cases of ill-conceived surgical treatment. Examples of the classic cases of iatrogenism are such widespread methods of treatment as suppression of skin rashes with hormonal ointments, "treatment" of acute respiratory viral infections with pyrolytics. Surgical

manipulations as an example we can cite the ill-conceived suturing of fistulas, trophic ulcers, the imposition of anastomoses, etc., that is, overlapping of the "drainage windows", and as a consequence, the direction of pathological energy into the body. Separately, we note the ill-conceived vaccinations, when in fact, PE is injected into the body directly, bypassing the protective barriers.

Consequently, the task of treatment, as a control action, is to organize the activity of functional systems (FS) of the levels of the meridians in such a way that they:

- either completely eliminated the pathogenic process in situ, not allowing it to become chronic,
- either contributed to the displacement of him to the external relative to himself level [6, 7, 8].

Note that the principles of organizing treatment by a doctor in both of these cases are the same, different results are obtained due to the individual characteristics of the patient's body.

As a result of the treatment organized according to the described principles, PE should either be "scattered" at one of the meridional levels, or be forced out of the body through the outermost level, that is, Tai Yang.

In any case, the penetration of PE to deeper levels is unacceptable, which corresponds to the aggravation of the disease.

Thus, it becomes clear that for effective treatment it is necessary:

- firstly, to be able to determine the level at which be the PE at the current time,
- secondly, to assess the state of the level as a whole.

In addition, it is necessary not only to monitor the state of the levels and the presence of PE in the current time, but also to be able to predict the state of the indicated levels and the dynamics of PE as a result of the forthcoming therapy.

The authors should note with satisfaction that today the tasks described in the previous section of the article can be solved using the APK "IMEDIS-EXPERT", both within the framework of the EPD by the method of R. Voll, and within the framework of ART. Within the framework of the EPD according to R. Voll, it became possible to calculate the average indicator of a pair of meridians that determine a certain level, as the arithmetic average of their indicators according to the CTI, taking into account the indicators of the fall of the arrow. That is, according to the formula $(a + b) / 2$. The indicators can be assessed both visually - according to the test results, displayed in the form of a diagram, and with the help of their mathematical processing. Patient examination can be carried out both with the help of the AIC, and with the help of an autonomous device, taking into account the possibility of computer processing of test results using the software of the IMEDIS Center.

In addition, the previously empirical top-down principle has now become possible to evaluate objectively. The results of measurements of meridians according to R. Voll are taken as a basis. Then the mathematical processing of these results is carried out, with the determination of the average mathematical indicators separately for the hand and foot meridians. As a result, it becomes possible to evaluate

the ratio "top - bottom" and its dynamics in the course of treatment.

Within the framework of the APC, in addition to the analysis by the method of R. Voll, it is now possible to determine the level of damage to the body with the help of ART BRT, to assess the state of the affected level, and also to conduct the BRT of the body at this level.

In order to determine the level of damage, the doctor can record the autonomic response within the framework of ART to the inclusion in the BRT circuit of a pair of meridians that determine the level of PE. This procedure became possible due to the appearance within the framework of the agro-industrial complex of a new frequency resonance test. If there is an answer, you can fix the active level mode in the BRT and determine its state. This can be done using standard indices (biological, photonic, adaptation reserves), or, for example, using metabolism markers, the volume of which has been significantly increased by this conference.

In addition, testing is possible based on the results of constructing a therapeutic model of treatment, which allows, within the framework of a virtual model, to assume to what level the pathological process will move, and in what state this level will be. It is especially important to determine the state of the level if the PE does not move to another level. For in the case of an improvement in the state of the level, there is the possibility of "scattering" PE directly at this level.

It is possible to optimize the therapy process with the help of BRT. For this purpose, it is possible to use BRT of pairs of meridians that make up the level involved in the pathological process, and, if necessary, the level to which PE can go. Especially if it is a deeper level. Moreover, within the framework of the frequency-resonance test, it is possible not only to carry out BRT in the usual mode, but also with modulation of frequencies, resonant pairs of meridians, as well as a pathological process.

Thus, today, within the framework of the development of the IMEDIS Center, there is the possibility of effective control of two of the three provisions of Hering's law, namely: "from top to bottom and from inside to outside". And not only control, but also effective treatment, including with the help of BRT. And also, no less important, there is the possibility of increasing the efficiency in predicting the results of treatment.

The fulfillment or non-fulfillment of the last provision of Hering's law, "from later symptoms to earlier", can be traced using chronosemantic methods. Let us remind once again that the competent collection of anamnesis and observation of the doctor, which allows assessing changes in the patient's condition, do not lose their relevance.

According to the authors, the described technique should be of interest to doctors of all specialties related to energy-informational medicine. That is, not only specialists in ART and BRT, but also homeopaths, especially those practicing classical homeopathy, as well as classical reflexologists.

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