

Constitutional Delusion Test (FTC)
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This work describes the developed by the authors constitutional delusion test.

The constitutional delusion test is based on a model that establishes a connection between constitutional somatic processes in the patient's body and their "projections" (reflections) into his psyche in the form "Delusion".

Delusion is a psycho- emotional complexes of the patient, allowing and, at uniform description the same time related a certain constitutional homeopathic remedy (CGP).

The correlation between delusion and CGP is understood as the possibility of using it as a leading (key) symptom for its choice. Thus, delusion is a peculiar form of "compactification" of the pathogenesis of QGP, and its definition and use for its selection is a procedure that replaces or supplements the "repertorization" procedure used in classical homeopathy.

Historically, the term "delusion", as a synonym for the term "illusion," was used in the repertory of Bellingshausen and Kent [14], as well as in the works of Goering (symptoms "as if") [2]. The concept of delusion as a key symptom that "compactifies" the pathogenesis of a homeopathic drug and allows choosing or rejecting its appointment was proposed by R. Shankaran [11-12]. The structure of delusion and the concept of delusion as a functional system (below) were introduced by the authors of the QDT: K.N. Mkhitarian and Yu.A. Storozhenko [5].

Introspectively, i.e. from the consciousness of the patient himself, the delusion looks like a "axis of attention" containing two opposite poles, on which all his psychic energy is concentrated. The positive pole of this axis corresponds to the patient's satisfaction with the world, himself and the relationship between them. To the negative pole, respectively, the patient's dissatisfaction with himself, the world and the relationship between them.

The painful onset of delusion consists in inadequate force, or inadequate direction (with which) the patient selects its corresponding "axis of attention." In fact, the existence of a delusion means that the patient perceives the world he invented and lives according to the scenario invented by him, which do not correspond to the surrounding reality, i.e. his consciousness is narrowed and / or distorted. Narrowing and / or distortion of the patient's consciousness in the presence of a delusion is a sign of the pathological nature of the systemic physiological process in his body that generates it.

From the point of view of the theory of functional systems, delusion is a pathological functional system in the patient's body, i.e. an unnecessary, parasitic task of self-realization, which he solves. The pathological need corresponding to this functional system is projected into the patient's psyche in the form of an "axis of attention", and the signal about its satisfaction or not satisfaction is projected as a sensation of manifestation

the positive or negative poles of the corresponding delusion. Thus, each delusion of the patient is associated with some of his needs. Moreover, the urge to satisfy her by its strength and / or orientation turns out to be inappropriate for his (patient's) self-realization.

Delusion can be described as a verbal formula: [delusion modality; its content: uncritical judgment (statement); doubt in the stated statement: is it fulfilled or not].

Delusion modality reflects the area of the patient's psyche through which it manifests itself. In homeopathy, there are three modalities of delusions, corresponding to the three "kingdoms" of homeopathic remedies (R. Shankaran):

- "plant kingdom",
- "the animal kingdom",
- "the mineral kingdom".

In homeopathy, the position is accepted that each "kingdom" has its own modality, delusion of a homeopathic remedy belonging to it. Namely:

1. Plants are characterized by an emotional modality of delusion of the corresponding KGP. To emphasize the emotional modality of the plant drug delusion, we use the phrase "I feel: ..." before describing its content.

2. Animals are characterized by a delusional behavioral modality of the corresponding KGP. To emphasize the behavioral modality of the drug delusion from the animal kingdom, we use the phrase "I must: ..." before describing its content.

3. Minerals are characterized by mental (mental) modality delusion of the corresponding CGP. To emphasize this feature of the delusion of a preparation from the mineral kingdom, we use the phrase "I know: ..." before describing its content.

Thus, the three modalities of delusions corresponding to different "kingdoms" reflect the concentration of the patient's reaction to the surrounding reality at different levels of his psyche: his perception of the world as a whole, his sensory experience of the world and his idea of the necessary model of behavior in it.

Delusion content represents the expressed in words "direction of the" axis of attention "of the patient. For example: "I love and I am loved", "I reject and I am rejected", "I mean for the world", etc.

Doubt in the content of the delusion is a question "yes or no?" the same for all delusions. This question reflects the patient's idea of whether the need is satisfied or not, compared to delusion when considering it as a functional system.

Delusion can be considered as a key symptom of CHP, replacing, in the first approximation, its pathogenesis and significantly simplifying its preliminary selection.

On the basis of clinical practice and its subsequent statistical analysis, the authors of the CDT identified a group of delusions and a group of the corresponding QGPs, which have the property of "compactification of the diagnosis" for any patient. This means that the diagnosis of any patient can be described by isolating CGP from the considered group.

drugs that cause vegetative resonance in his body, with an accuracy sufficient for his effective therapy.

The description of the delusion in the form of a psychoemotional complex and the pathogenesis of CGP at the same time allows the doctor to exercise double control in the treatment of a patient: through his psychoemotional sphere and physiology.

Structural description of the patient's homeopathic constitution.

Delusion as a mental reflection of an element of the constitution

By the patient's constitution, we mean a systemic error made by his body in the process of self-realization. The prerequisites for this error can be both congenital (genetically determined) and acquired damage to the body as a result of the action of certain harmful factors. Regardless of whether the prerequisites for a systemic error are congenital or acquired, it ultimately leads to the development of a systemic pathological process in the body and its incomplete self-realization (a decrease in the duration and deterioration of the quality of its life).

For a correct description of the patient's constitution, it is necessary to have its structural model. This model consists of:

- a set of reference elements called constitutional elements;
- a set of certain rules according to which these elements are connected in the structure of its constitution.

In homeopathy, CGP are accepted as reference elements, which, therefore, can be called homeopathic constitutional elements or, in short, constitutional elements.

It should be emphasized that the homeopathic constitution of a patient, as a rule, cannot be described within the framework of the indication of a single CGP assigned to it. In fact, its structural model is at least

"Two-dimensional":

- firstly, it is variable in time, which means that each time the period can be correlated with its own group of KGP - constitutional elements.

- secondly, it contains "layers" of different "depths", which also various QGPs are correlated. The "constitutional layer" here means the period of manifestation in the patient's body of a pathological process with the pathogenesis of the corresponding CGP. The duration of the period of manifestation of the pathological process with the pathogenesis of the corresponding CGP determines the degree of severity and irreversibility of the pathology that developed as a result of this process. Deeper "layers" of the constitution characterize more systemic and irreversible pathological changes in the patient's body as a result of a pathological process with the pathogenesis of the corresponding CGP, and its more superficial layers, respectively, more localized and reversible changes. Thus, when describing a patient's homeopathic constitution, a group of CGPs should be correlated to each individual moment in time, indicating their hierarchy - their correlation to the layers of the constitution, used in this model.

A full description of the above class of models of the homeopathic constitution will be given in the book that is being prepared for publication [5].

Delusions, corresponding to the CGP, can be considered as reflections of constitutional elements in the patient's psyche. Thus, the delusion corresponding to the QGP can be considered as an elemental patient constitution in the language of delusions.

The psychological analogue of the depth of the homeopathic layer is delusion depth. The depth of delusion, on the one hand, can be characterized as the degree of its extension in time, and on the other hand, as the degree of its unconsciousness, i.e. its "rooting" in the human psyche. The greatest possible depth of delusion is the "vital sensation" described by R. Shankaran. The smallest is a transitory impression from some life episode, which is practically not displaced into the unconscious and reflects the objective structure of its scenario. Delusions can be viewed as a manifestation of the patient's memory engrams.

The depth of the delusion can be determined either using the Astromed-M software package, i.e. using astrological techniques, either according to a special survey, or according to the results of a psychological test.

Revealing QGP using the constitutional delusion test

To identify the leading constitutional drugs of a patient using CDT, the following techniques can be used:

1. Using p / c "Astromed-M" - a software package for determining homeopathic constitution of the patient by his date and place of birth [6] to determine his leading group of KGP, consisting of 7 preparations (three preparations from the "mineral kingdom", three from the "vegetable" and one from the "animal"). Then, for additional considerations (for example, using items 2, 3 or repertorization), choose one of these seven drugs.

2. Select CHP from the group of proposed drugs using ART-criterion:

KMH KGP (one).

In particular, it is possible:

- 2.1. Select KGP from the leading group of KGP, predefined with the help of p / c "Astromed-M".

- 2.2. Select KGP from the group of KGPs identified by the results preliminary survey, for example, using repertorization (full or partial).

Sometimes the ART criterion (1) is met by several candidates for the role of the CGP. In this case, additional ART criteria are used:

1. Terms of KMH KGP must be performed for any potency KGP. For example: if KMX Arsenicum C6, but KMH Arsenicum C1000 and, at the same time, KMH Phosforus C6 ... KMH Phosforus C1000, then the Arsenicum remedy is not constitutional, the Phosforus remedy is, i.e. satisfies the test conditions.

2. In the event that two drugs satisfy the KMH condition KGP the choice between them is carried out using the reinforced KMX marker₂, those. marker KMX, rewritten through the fourth container BRT. A constitutional drug, in addition to condition (1), must also satisfy the condition

KMH₂ KGP (2),

for all potencies of QGP.

The KMX marker or, in other words, the marker of constitutional agreement, here is understood as the sum of signals recorded from the terminal and nodal mantic BAPs located on the main chiroglyphic lines of the human palm [4].

Use of constitutional drugs identified in the process

CDT

The constitutional drugs identified in the process of CDT can be used:

- to clarify the patient's ART diagnosis; in this case, they are interpreted as the constitutional basis of his diseases;
- for psychodiagnostics and subsequent therapy of the patient; in this case, the delusions corresponding to them are a convenient (including for therapy) basis on which his psychological Problems;
- to target them on the KMH, in the case when the goal of treatment is "transfer of the patient to the positive pole of the delusion ", corresponding to the identified KGP [6];
- for chronosemantics, including light [8], in the case when the goal of treatment is to get rid of delusion and, accordingly, the pathogenesis of the revealed CHP;
- for the design and initialization of functional systems [6];
- as an additional targeting marker, providing constitutional consistency of the selected therapy [4].

All of these methods of using QGP, identified in the process of CDT, are special cases of constitutional therapy of a patient, i.e. therapy based on the elimination of a systemic error made by his body in the process of self-realization [9].

In general, the use of CDT in ART is a kind of "bridge" connecting the classical homeopathic approach to the patient and modern methods of diagnosis and therapy using ART-BRT.

Practical research of FTC

Practical application of CDT was carried out on 81 subjects.

In the course of the work, individual diagnostics were carried out using the methods of independent medical and psychological testing. In the course of this study, a significant positive dynamics was revealed in each of the subjects in the area that was designated as a problem or disease (diagnosis), and also, the general physiological and psychological indicators of an individual's adaptability to the environment improved. Of course, the effectiveness of the proposed method of CDT in the future should be confirmed by additional studies in the framework of evidence-based medicine.

Literature

1. Berick V. Materia Medica of homeopathic remedies. - M: Homeopathic Medicine, 2000 .-- 720 p.

2. Goering K. Analytical repertory of symptoms of consciousness: translation from English. - N.: "Uros", 1998. - 416 p.
3. Gotovsky Yu.V., Ilyukhin V.V., Mkhitaryan K.N. Astromed.
Chronobiological software package. - M.: IMEDIS. - 57s.
4. KMX marker, how marker constitutional reconciliation (preliminary communication) A.E. Kudaev, K.N. Mkhitaryan, N.K. Khodareva // Abstracts and reports of the XII International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy". Part II. - M.: IMEDIS, 2006. -- 92 p.
5. Mkhitaryan K.N., Storozhenko Yu.A. Constitutional delusional test. - M.: IMEDIS, 2007.
6. Mkhitaryan K.N. Treatment of the body as design and initiation functional systems // Abstracts and reports of the XII International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy". Part I. - M.: IMEDIS, 2006. - P. 186-221.
7. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel system therapy with targeted energy-information drugs and Systemic Spiritual Adapters. - Taganrog: Lukomorye Publishing House LLC, 2005. - 128 p.

8. Kudaev A.E, Mkhitaryan K.N., Khodareva N.K. Light probe and light chronosemantics in bioresonance therapy // In this collection.
9. Resonant homeopathy, FM-complexes and FM-special preparations, meridian complex preparations, FM meridian chords: Methodical manual. 5th ed. revised and add. - M.: IMEDIS, 2006. -- 216 p.
10. Shankaran R. Soul of medicines / Per. from English - M.: Similia, 2002. -- 272 p.
11. Shankaran R. Substance of homeopathy / Per. from English - M.: Similia, 1999. -- 352 p.
12. Charette J. Practical homeopathic medicine. - M.: Homeopathic Medicine, 2004. -- 480 p.
13. Kent James Tyler / Lectures on Homeopathic Materia Medica. New Delhi: Jain Publ. Comp., 1972.

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