Compactification of the diagnosis in ART

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Introduction

This work is devoted to the theoretical background assessments and constructing the optimal therapy for the patient with the help of BRT and under control with ART. To solve this problem it is necessary:

0. Carry out a systematic assessment fortunes health patient, including not only a specific part his diagnosis, but also some, perhaps succinct, assessment of all other aspects of his health.

1. To carry out this systemic assessment of the patient's health in such a way that, based on it, to carry out the treatment in the best, or at least not the worst way. At a minimum, it is necessary that the patient's conditiondidn't get worse in the course of his treatment.

Theoretically, this problem has not been previously considered, although in many works devoted to the methods of ART and BRT, practical aspects of the problem are highlighted.

The work uses the concepts of direct and indirect autonomic resonance test, as well as the three-phase model of ART described in [1]. In particular, a weak electromagnetic signal that causes vegetative resonance when introduced into the body is called, briefly,significant signal for the body.

Since the work considers a large number of sets of test pointers, we found it possible to use the language of set theory to shorten the notation. Let us recall some of the notation:

- sign " "Denotes belonging (of an element to a set) and reads as" belongs ". Thus, the expression x X (i I, d W, etc.) means. that the element on the left belongs to the set on the right, i.e. "Element x belongs to set X", ("element i belongs to set I, element d belongs to

  set W, etc.).
- sign " "Denotes union of sets and reads" union ". Thus, the expression A B, (V W, S T, etc.) means that the set A B consists of exactly those elements that belong or BUT, or B (maybe both A and B).

- sign " "Denotes intersection of sets and is read as" intersection ". Thus, the expression A B, (V W, S T, etc.) means that the set A B consists of exactly those elements that belong and BUT and B (simultaneously).

- the "\" sign denotes the difference of sets and is read as "subtract". Thus, the expression A \ B, (V \ W, S \ T, etc.) means that the set A \ B consists of exactly those elements that belong to Abut do not belong IN.

- sign " »Denotes the symmetric difference of sets and reads as

"Symmetric difference". So way, expression A B = (A \ B) (B \ A), (V W, S T, etc.) means that the set A B consists of exactly those elements that belong to A but do not belong to B or belong B, but not owned by A.

- if X is some finite set, then it is often convenient to associate with it the set nd (X), consisting of numbers enumerating elements from X. If such an indexing of the set X is indicated, then use expression $x_{i,}$ i , for an element x belonging to X with an index (number) i belonging to .

1. The concept of a significant weak electromagnetic signal as a control or information signal. The information he transfers into the body

Weak electromagnetic signal significant for the body, changes the process of its self-regulation. Hence, it can be interpreted as manager or information signal for this organism. The "content" of the control signal, i.e. the description of the change in the process of self-regulation of the organism, carried out by it, is naturally interpreted asinformation, which this signal transfers the body. It is in this sense that such terminology as “transfer of information to the body”, “information contained in the preparation”, etc. is used in the “slang” of ART-BRT. From a formal point of view, any change in the body's self-regulation process can be interpreted as initialization (inclusion) in it of some a functional system that implements the process of transition from the old to the new process of self-regulation, ie, figuratively speaking, realizing the "difference" between the new and the old control modes.

2. Criteria for ideal health, disease and treatment within three-phase VRT model

The fact that a weak electromagnetic signal meaningful for the body, it is natural to interpret as that the body not adapted to him. Therefore, when a significant signal is introduced into the body, paradoxical in strength (relative to the strength of the input signal) adaptive response, which manifests itself, among other things, in the phenomenon of autonomic resonance [1]. From this simple consideration, within the framework of the three-phase ART model, it is possible to derive the criteria for the patient's health, illness and treatment,not using additional interpretations test pointers, applied for testing.

3. ART-criterion of "ideal health" of the body

Any tested signal is insignificant for the organism, if for any th test- of the pointer M, the VRT condition of the absence of direct or indirect resonance M (↕not down) is fulfilled.

Indeed, within the framework of the three-phase model of ART, the fulfillment of the above condition means the adaptation of the organism to any possible weak electromagnetic signal (test-indicator) M, which, within the framework of functional testing, means its state of “ideal health”.

Comment. The ART criterion of ideal health can be formulated using

only the concept of direct vegetative resonance. Indeed, if some kind of pointer to Me caused a direct resonance in the body M (↕ not down), but caused an indirect one, for example, there was such a test pointer P that P (↕ not down) but (M + P) ↓, then the last VRT condition would mean the presence of a test pointer (M + P) already causing direct vegetative resonance in the patient's body. Therefore, the mention of the absence of mediated vegetative resonance in the definition of "ideal health" of the body can be omitted.

4. ART-criterion of the body's disease

There is a group of test pointers M = {M_i i }, which signals are significant for the body: they cause direct or indirect vegetative resonances. It means that:

- or M_i↓
- or for some group of tentative test pointers $P_{j\,(i)}$ j J (i) , depending in the general case on the test indicator M_i ART conditions are met mediated resonance: M_i (↕ not down), but (M_i $P_{j\,(i)}$ ↓.

Comment. It is possible to formulate the ART criterion of the disease using only the concept of direct vegetative resonance. To do this, the test group indicators M, significant for the body, instead of each test indicator M_i causing an indirect resonance relative to the group of test pointers $P_{j\,(i)}$ j J (i) , it is enough to include a group of test pointers M_i $P_{j\,(i)}$, causing, by definition, direct resonance in it: (M_i $P_{j\,(i)}$)↓.

With this definition of the ART criterion of the disease for its ART diagnostics, those. its distinction with another disease identified with the help of ART are only significant:

- a list of T test pointers used for testing (testing list T);
- the composition of the group M of test indicators from the test list, the signals of which turned out to be significant for the organism, i.e. caused a vegetative resonance in it (resonant test indicators identified in the course of ART).

If in two cases of ART using the same T test list (for example, testing is performed on two different patients, or at different times on the same patient, or by two different practitioners), the same group M test is detected -indicators that are significant for the body, then we have the right to say that with the help of ART in both cases the same disease. If the groups of test indicators M1 and M2 that are significant for the body identified in the first and second cases of ART, using the same list of T testing, are different, then we have the right to say that the diseases detected using ART in these two cases are also are different.

Group M of test pointers, hereinafter referred to as model group M identified disease (strictly speaking, relative to the list of T test indicators used for testing) and can be considered as its ART model (full or partial), which characterizes this disease within the framework of ART.

Within the framework of the given ART criterion of the disease (with a fixed list of testing T), only the following are significant for assessing its severity:

- amount Significant test indicators for the organism, identified in the testing process, interpreted as the number of control signals to which the organism turned out to be unstable, i.e. unadapted.
- relative weight of significant for the body test pointers, interpreted as measures for comparing physiological costs, paid by the body for maladaptation, instability to every signal that is significant for it.

5. The criterion of "ideal therapy" of the body

The "ideal therapy" of an organism is the introduction of such a signal S to the biophysical level of its regulation, through which the all vegetative resonances, i.e. stop being tested (directly or indirectly) any test pointers:

(S + M) ↕not down.

Remarks

1. The formulated ART criterion for "ideal therapy" does not imply mandatory fulfillment of the ART condition S ↓, which is often used to preliminary determine the suitability of S.

2. As well as the criteria for "ideal health" and "presence of a disease" the criterion of "ideal therapy" can be formulated using only the concept of direct vegetative resonance. Indeed, if some test-indicator M causes an indirect vegetative resonance when testing through S, then for some trial test-indicator P the VRT condition is fulfilled: (S + M + P) ↓. But this means that for the test indicator M + P the condition of the absence of direct resonance when filtering through S has already been violated. Therefore, the mention of the absence of indirect resonance in the definition of “ideal therapy” can be excluded.

6. Compactification of the diagnosis and the principles of constructing constitutional oriented therapy

Suppose that all measurements are carried out using test pointers from the test list T, and the model group of test indicators of disease M coincides with the group of all test indicators that are significant for the body belonging to T. Suppose also that the therapy of a disease is carried out using some signal S. When filtering through the signal S, some part of M stops being tested (S) test pointers from group M, but new test pointers can be tested, constituting the aggregate group M M (S) - a model group of test pointers a new disease.

This situation receives a natural interpretation within the framework of the three-phase ART model. Partial or even complete healing of an organism from a disease with a model group of test indicators M using a signal S requires the payment of a physiological cost (the price for adaptation that led to partial healing), which in turn can lead to the development of a new disease with a new model group of test indicators. pointers M = M \ (M (S)) (+ (S)).

Will the patient get better or worse as a result of S-signal therapy? To determine this using ART, you must:

1. Select or enter some correct unhealthy criterion the patient, i.e. the rule , matching each group of test-pointers M

magnitude (M) - an assessment of the deviation of the state of health of a patient suffering from a disease with a model group of test indicators M from the state of "ideal health". An example (M) is the estimate W (M) defined above.

2. Calculate the value of Δs = (M) (M ') (M) (M \ (M (S)) (+ (S))) - numerical assessment of changes in the patient's health status as a result of therapy signal S.

3. Check:

- or Δs = (M) (M ') and then therapy using the S signal leads to an improvement in the patient's state of health (his state of health after therapy deviates less from the state of "ideal health" than before).

- or Δs = (M) (M ') and then therapy using the S signal leads to a deterioration in the patient's state of health (his state of health after therapy deviates more from the state of "ideal health" than before).

It is easy to see that:

- the obtained conclusion about the improvement or deterioration of the patient's health as a result of therapy using the signal S significantly depends from the choice of the criterion of health status and can be reversed when changed. Meanwhile, in modern medicine there is no "natural" or at least a generally accepted way of comparing the group M of test indicators that are significant for the patient's body, the number (M) which is an assessment of the deviation of his health from the state of "ideal health".
- in the same way, the conclusion about the improvement or deterioration of the patient's health as a result of therapy using the signal S significantly depends from the choice of the used test list T, and can change to the opposite when it is changed. Likewise, there is no “natural” or even generally accepted test list that would have obvious advantages over other similar lists.

Thus, there is no “natural” way to determine the criterion of “ideal therapy” for a disease with a model group of test indicators M, although there is a criterion for “ideal therapy” of the organism as a whole! It turns out that under certain additional prerequisites, the problem of the absence of an effective criterion for "ideal therapy" of a disease with a model group of test indicators M can be "bypassed". Let us introduce the necessary preliminary definitions.

The measure of μ is the deviation of the state of the organism from the state of "ideal health" (a measure of ill health) any rule that assigns to each group of test pointers M some number (M) - an assessment of the deviation of the state of health of a patient suffering from a disease with a model group of test indicators M from the state of "ideal health", such that:

one.) , where - empty, i.e. containing no test pointers Group.

2.) , if , those. if all test pointers from the group belong to the group .

3.)) , if , those. if groups and not

have common test pointers.

Obviously, any measure of ill health is at the same time a criterion of ill health, but the converse, generally speaking, is not true - not every criterion of ill health is a measure of ill health. An example of a criterion of ill health that is not a measure of ill health can be drawn from the works of A.A. Hovsepyan [3], in which it is assumed that a healthy organism reacts with vegetative resonances to some special test indicators ("norms" of individual tissues of organs or systems). According to A.A. Hovsepyan, therefore, the state of a healthy organism differs significantly from the state of "ideal
health "used by us. In particular, any criterion of ill health on
A.A. Hovsepyanu must satisfy the condition) , since the condition in which the body does not respond to any test pointers cannot be attributed
to the state of health.

We call therapy using the S signal ecological (optimal),
if for any ill health measures and for any test list T from which test pointers are selected, the following condition is met:

ΔS = (M) (M ') (M) (M \ (M (S)) (+ (S)))

Here, as above, M is the model group of the identified disease, M -
model group of test indicators of physiological cost for adaptation (test indicators that are significant for the patient's body, subject to filtration through S), M (S) - a group of test pointers, which ceases to be significant when
filtration through S, +(S) a group of test pointers insignificant, if not filtering through S and significant otherwise. It is assumed that all testable for significance (vegetative resonance)
test pointers taken from an arbitrary but fixed list
T.

Obviously , which is a sufficient condition for environmental friendliness (optimality) therapy is a condition + (S) , i.e., that filtering through S does not lead to the emergence of new meaningful test pointers, regardless of the used testing list T.

It has been experimentally established [4] that there are test indicators small in terms of the number of elements and even consisting of one element of the set K such that if the VRT conditions are met:

(S + K)↕ not down, l L

where L is the set of indices numbering K, then (with high confidence)
filtering through S does not generate new meaningful test pointers, i.e. + (S)
, and, therefore, therapy with the signal S satisfies the condition
optimality: ΔS = (M) (M ') no matter which are used: test list T and measure of deviation from ideal health .

Such test pointers, or sets of test pointers K, are called environmental, and therapy that satisfies this condition is called environmental therapy.

Example 1. Constitutionally-oriented systems of ecological test-pointers and constitutionally-oriented compactifications of diagnosis.

Constitutionally oriented system environmental test-pointers were first described in [5], and initially consisted of 7 test

pointers - bioresonance recordings of signals from the end points of 7 main chiroglyphic lines of the patient's palm. Then a single complex test-index of chronosemantics - test-pointer KMH, which is the sum of bioresonance recordings of signals of all end and nodal points on the chiroglyph lines of the patient's palm [4]. Finally, at present, the ability to use a light probe to transfer information has led to the emergence of the SCMX -light complex test-indicator of chronosemantics which is the sum of signals created by light transfer of information from all points of the main chiroglyph lines on the patient's palm. A description of the procedure for creating a CCMH and a discussion of its effectiveness can be found in [6].

Compactified ART diagnosis we will call the joint list (M; K), the first part of which describes a specific part of the diagnosis that is interesting to the doctor, and the second - ecological, systemic. By compactification ART diagnosis will be called the extension of the list of diagnosis M to a pair (M; K), in which K is subgroup some patient test-pointers which, when taken together, constitute a system of environmental test-pointers. Note that for therapy it turns out to be unimportant which of the test indicators, belonging to K, cause, and which - do not cause a vegetative resonance in his the body.

Example one. (continuation). Constitutional-oriented, rationally-compactification of diagnosis and constitution oriented therapy.

A constitutionally oriented compactification of a patient's diagnosis is a pair (M; K) where K is a constitutionally oriented system of environmental test indicators or even one such indicator. The most common compactifications of a patient's diagnosis are pairs (M; KMX) and (M; CKMX) in which only one constitutionally oriented test indicator is used.

We will say that the signal S carries out:

- specific therapy, if the ART conditions are met:

$$(S_i)\updownarrow \text{not down}, i \in I \quad (6.1)$$

where $i \in I$ is a set of indices listing the model group of M.

- ecological therapy regarding the system of ecological test-pointers K, if the ART conditions are met:

$$(S + K_l)\updownarrow \text{ not down}, l \in L \quad (6.2)$$

where L is the set of indices numbering some system of constitutional directed pointers K.

If the signal S carries out both ecological and specific therapy, then we will call it the optimal signal for therapy of M. Thus, the S signal is the optimal signal for the treatment of disease M (the optimal drug for the treatment of disease M) if it simultaneously:

- environmentally friendly, i.e. condition (6.2) is satisfied,
- specific, i.e. condition (6.1) is satisfied.

In the case when a system of constitutionally oriented test indicators, or one such test indicator, is used as K, the optimal therapy signal is called a constitutionally oriented signal.

therapy, and the therapy carried out with its help is constitutionally oriented therapy.
Example 1 (continued) Constitutional-oriented patient therapy.

Constitutionally oriented therapy of a patient with a model group of disease M is carried out using the signal S ', such that:

(S + Kl)↨ not down, l L,

where L is the set of indices numbering used for compactification
the diagnosis is a system of constitutionally oriented test indicators K, i.e. VRT conditions (6.2) and, at the same time:

(S i)↨not down, i I,

where i I is a set of indices listing the model group of the disease M, i.e., ART conditions (6.1). For a specific, but not constitutionally oriented therapy of a patient, it would be enough to use the S signal that satisfies the ART only for the ART conditions:

(S i)↨not down, i I

where i I is a set of indices listing the model group of the disease M, i.e., only for ART conditions (6.1) At present, test indicators KMX, or CKMX ◄ are usually used as K
The experience of TsVMiR No. 1 of the Rostov region and LPTs "Artemis", in which constitutionally-oriented and other compactifications of the patient's ART diagnosis are widely used [6], showed that in most cases, for clinically effective energy-informational therapy, his compactification turns out to be more expedient than as its more detailed ART diagnosis, knowledge of which, it would seem, should provide the most effective treatment.

7. Aiming procedure as a procedure for constructing an optimal signal compactified diagnosis therapy

As noted, the use of a compactified ART diagnosis of a patient for optimal therapy is reduced to the selection or construction of such a therapy signal that compensates simultaneously for all test indicators from both the specific part M and the ecological part K of the compactified ART diagnosis. At the same time, in the practice of BRT therapy, very often
the following situation arises:

1. There is a therapy signal S (or the procedure for constructing it), which compensates for test pointers owned by one from parts compactified diagnosis, e.g. M, but does not compensate for the test pointers from another part of it, for example, from K.

2. The task is to change any of the parameters of the signal S (or the procedure for constructing this signal) so that the new signal S 'compensates already everything test pointers from compactified ART diagnosis (M; K), i.e. was already a signal for optimal therapy of the disease with the model group M.

This task is often solvable. In this case:

1. The original signal S, which is subjected to targeting, is called a proadapter, for the treatment of a disease with a model group M. This name is retained for him also in the case when the construction of the signal of the optimal therapy S 'is carried out with the help of some modification of the procedure

receiving this signal. Symbolically, the fact that the S signal is a proadapant for the treatment of a disease with a model group M is denoted S = Pro (M) and reads "S - proadapt to M".

2. Signal S 'of optimal therapy, obtained from signal S using changing any of its parameters or even the procedure for obtaining a signal S, is called an adaptation for solving the problem of a disease with a model group M, regarding the system of environmental test pointers K.
Symbolically, the fact that the signal S 'is an adaptation for the treatment of a disease with a model group M relative to the system of ecological test indicators K is denoted S = Ad (M / K) and reads “S - adaptant to M with respect to K ".

3. The procedure for changing any parameter of the signal S (or even the procedure for obtaining the signal S), as a result of which it turns into the signal S 'compensating for all test-indicators of the compactified diagnosis of the patient (M; K), i.e. which is a signal of optimal therapy for a disease with a model group M is calledtargeting of this signal (according to the system of test indicators K). If in this case it is possible to select the value of the variable parameter α so that the signal S 'corresponds, say, the value α', then the parameter α is called the targeting parameter, and the value α 'is the optimal value of the targeting parameter relative to the system of ecological test indicators K. targeting α and its optimal value α 'can be distinguished not for all targeting procedures.

Example 1. (continued). A. Constitutional-oriented targeting of the OBR and the BER.

General and private bioresonance drugs not are constitutionally oriented in the sense that they, generally speaking, do not compensate for the KMX test pointer. In order to make constitutionally-oriented drugs out of them, it is necessary to target them with respect to the CMH (in the living speech of doctors practicing the targeting method, they often say -aim at KMH), which can be done in two different ways:

1. Potentiating a ready-made OBR, or BPS, up to the fulfillment of the ART conditions:

$$KMX \downarrow + Pot_{\alpha}(OBR) \uparrow, \quad (7.1)$$

or, respectively:

$$KMX \downarrow + Pot_{\alpha}(BS) \uparrow \quad (7.2).$$

In this case, the indicator of the selected potency α should be considered as a targeting parameter, and the value of the potency α = α ', at which (7.2) or, respectively, (7.3) is fulfilled, as optimal (with respect to constitutional targeting) the value of this parameter.

2. Modifying the procedure for making OBR or BSR: to test pointers used in the manufacture of OBR (ie Cu. met. D400) or, respectively, BSR, the test pointer KMX or its inversion i (KMX) is added. In this case, the targeting parameter is not highlighted, and, accordingly, there is no need to talk about its optimal value.

B. Aiming signals for the initialization of functional systems according to A.A. Hovsepyan.

In work [7] it was already noted that the direct use of signals for the initialization of functional systems according to A.A. Hovsepyanu leads to non-fulfillment of a number of environmental ART criteria commonly used to determine its acceptability. In particular, these signals usually do not fulfill the conditions for an optimal therapy step, a decrease in the number of biological indices and the levels of adaptation involved, and their "pulling" to the optimal biological index, corresponding to the level of adaptation, etc. The situation can be corrected by targeting the initialization signals of functional systems according to A.A. Hovsepyan in the same way as it was done for OBR and / or ChRD, i.e. in one of the following two ways:

1. By potentiating the already finished preparation A.A. Hovsepyan (OB), up to fulfillment of the ART condition:

$$KMX \downarrow + Pot_{\alpha}(PrO) \uparrow, \quad (7.3)$$

In this case, the indicator of the selected potency α should be considered as a targeting parameter, and the value of the potency α = α ', at which (7.3) is fulfilled, as the optimal (with respect to constitutional targeting) value of this parameter.

2. Modifying the procedure for making an OBD: to test pointers used in its manufacture (see [7]), a test pointer KMX or its inversion i (KMX) is added. In this case, the targeting parameter is not highlighted, and, accordingly, there is no need to talk about its optimal value.

C. Targeting chronosemantic drugs.

The procedures for targeting (transferring from a adaptant to an adaptant) of chronosemantic drugs are described in detail in [5]. Here we will only mention the following circumstance. When implementinglight chronosemantics [6], targeting the drug in relation to the system of constitutional oriented ecological test pointers are conveniently carried out not by potentiation, but by adding KMX (or i (KMX)) to target marker, used to load the patient during chronosemantics.

8. Some empirically found approximate solutions of the problem compactification: a system of ecological test-pointers Gotovsky and L.B. Makhonkina, compact ART test, system of terminal and nodal MBAT of the palm, test-indicator KMH, constitutional delusional test, test of 5 elements, 8 trigrams and 12 meridians

During the development of the ART method, several solutions to the problem of compactification of the patient's diagnosis have been proposed, i.e. several separate ecological test indicators or their systems.

1. System of integrative test pointers fortunes organism proposed by Yu.V. Gotovsky and L.B. Makhonkina. It was historically the first of the developed systems of ecological test-pointers. In full, this system of test pointers is shown in the ART window of the IMEDIS-EXPERT software in the folders "Biological indices (filters)", "Biological indices (gradations)" "Photonic indices (gradations)" and "Adaptation reserves (gradations) ". In particular, this system includes:

- test indicators 1 and 2 of the "optimal biological index and the optimal step of therapy",
- test pointer "Ideal biological index without solutions

psychological problems
- test-pointer "ideal biological index withdecision psychological problems "

and others. The use of this system of integrative tests is based on an indirect resonance: it is assumed that with the correct selection of the optimal therapy signal, none of the environmental test indicators is filtered (tested) through this signal, with the possible exception of the optimal biological index and the optimal adaptation reserve.

2. The system of test pointers to determine the "external burden" - specific state of the organism, which is described in detail in [6].

3. Constitutional-oriented test-pointer systems, and separate test pointers KMX and CMC, described above as model for this presentation.

4. The system of ecological test-pointers of the "compact test" of the chakra - meridians-chromosomes ”described in [8].

5. The system of ecological test pointers constitutional delusion test described in [9]. This environmental test system assumes that no constitutional homeopathic remedy potentially suitable for the patient should be tested through the optimal therapy signal.

6. System of resonant-frequency test indicators of Chinese elements, trigrams and meridians described in [10]. This system includes 5 resonant frequency indicatorsprimary elements (in yin-yang modalities) 8-trigram, and 12 meridians.

It should be noted that in all known (and in particular, in all the above) systems of ecological test indicators, to assess the optimality of the therapy signal (or the proximity of the organism to the state of "ideal health"), an indirect vegetative resonance is used:

- in the case of checking the therapy signal for optimality (relative to the selected system of environmental tests), it is required that none of the test pointers from this system be tested when filtering through this signal, regardless of whether it causes autonomic resonance in the body or not.
- in the case of determining the proximity of the patient's health status to the state of "ideal health", the degree of this approximation is determined, roughly speaking, by the number of test pointers from the system of environmental test pointers that did not cause vegetative resonance in his body. The more such indicators are "the healthier" the patient is.

9. Software support for compactification of the diagnosis in software providing "IMEDIS-EXPERT"

To support the procedure for obtaining a compactified ART diagnosis (a compact form of an ART diagnosis), the IMEDIS-EXPERT software provides:

- special windows, each of which has a special it is possible to carry out form of compactification of ART.
- special window configuration for testing vegetative

resonant chains, in which it is possible to test medicines taking into account their constitutional orientation.

- special folders, in which groups of drugs are collected, allowing the doctor to quickly and economically diagnose a patient from the point of view of highlighting a significant part of his diagnosis.

conclusions

1. Environmental test systems are an integral part of ART, and allow compactify any patient specific diagnosis, supplementing it (depending on the test used) with a generalized systemic description of the state of his organism as a whole.

2. Use of environmental test systems or individual ecological test pointers allow you to optimize the patient's therapy signal, ensuring (at least with some degree of approximation) that the specific therapy carried out to him does not worsen the general state of his health.

3. System of integrative tests Yu.V. Gotovsky and L.B. Makhonkina not is the only possible test system to check the optimality of the selected therapy. An alternative to it (and complementary to it) systems of environmental tests are systems of constitutionally oriented tests, which can be implemented using various, generally speaking, constitutional models, each of which is convenient for solving a certain range of problems.

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