

The concept of "diagnosis" in clinical medicine and electropuncture
diagnostics in the light of evidence-based medicine

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At the end of the last century, medical practice in state medical institutions, along with numerous expensive examination methods, included methods that in Russia belong to traditional medicine, such as electropuncture diagnostics by Dr. R. Voll and vegetative resonance test (ART). Original computer programs appeared to evaluate the results obtained in the form of a list of possible diseases. Naturally, the question arose, what are the criteria for the evidence of these diagnoses from the point of view of clinical medicine, and what place in the clinic can be occupied by electropuncture diagnostics.

Clinicians have certain difficulties in assessing information obtained using the Voll apparatus or ART. The fact is that in clinical practice, "diagnosis" means, first of all, the name of the nosological form of the disease, it is confirmed by laboratory and instrumental studies accepted in the clinic, and is formulated according to International Statistical Classification of Diseases, tenth revision. Only after establishing a clinical diagnosis, the doctor can prescribe the appropriate treatment.

When we work with electropunctural diagnostic methods, we measure "something" at biologically active points with the Voll apparatus or at one representative point by the ART method, we obtain certain information, on the basis of which a number of possible diseases are displayed in the IMEDIS-FALL software complex. Unfortunately, there is a mechanical transfer of the concept of "diagnosis" from clinical medicine to electropuncture diagnostics, which is completely wrong, since with the help of electropuncture methods we record the reaction of an individual organ or the whole organism in the form of changes in electromagnetic oscillations. These weak fluctuations depend not only on the presence of pathology, but also on a number of other changing factors, for example, from the time of day, from weather conditions, from food intake, from physical or mental stress, from poor sleep, from intoxication, taking medications and much more. Naturally, the information on the BAP under these conditions will be different and the computer program determines completely different diagnoses for the same person. In practice, we know that these "diagnoses" may not correspond to the diseases that a person suffers from. On the other hand, we are "seduced" by the ease of the received diagnosis, we begin to treat the patient, and it is very dangerous when a doctor in the clinic, overestimating the possibilities of such a diagnosis, may miss another serious disease. We carried out examinations by R. Voll's method with the Software of 5 practically healthy young people three times during the day (morning, afternoon and evening). It turned out that all the subjects did not have the same diagnoses in the morning, afternoon and evening. Moreover, it turned out that the diagnoses of encephalitis, myelitis, parkinsonism, established with the help of ART

sclerosis and amyotrophic lateral sclerosis, have not received clinical confirmation using MRI, EMG, as well as serological tests. At the same time, we did not find confirmation of these diagnoses on ART in patients who obviously suffered from multiple sclerosis and amyotrophic lateral sclerosis. So, from the point of view of evidence-based medicine, clinical diagnoses and information obtained through electropuncture diagnostics are different concepts. Of course, we understand the imperfection of the clinical diagnosis, and, from our point of view, such a diagnosis reflects only individual fragments of unfolding pathological reactions in an integral structure, such as the human body. And if an acute pathology affects only one organ, then in this case there will be an ideal variant of a clinical diagnosis.

Electro-acupuncture diagnostics, in contrast to clinical diagnostics, fixes certain changes in all meridians and organs at any localization of the disease process, and this is very valuable. But at present there are still no adequate terms to denote such information. However, this does not give the doctor the right to deviate from the clinical rules and any diagnostic information should be checked using laboratory and apparatus methods generally accepted in medicine. Today, a doctor of clinical medicine should use in the formulation of diagnoses only those terms that are accepted in the International Classification of Diseases and, in our opinion, it is incorrect to substitute clinical diagnoses for the information received by R. Voll and ART devices.

Our extensive practice has shown that electropunctural diagnostics by the method of R. Voll and ART complements the knowledge of the doctor - clinician about the patient, and with the help of the information received, it will be possible to select methods traditional therapies such as homeopathy, magnetic induction therapy, phototherapy, etc., as well as their combination with conventional clinical drugs and therapeutic procedures.

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