

Study of individual time and individual space
(spatio-temporal organization) in patients with
discirculatory encephalopathy

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In recent years, clinicians have become interested in studying the general biological aspects of the human body in order to adequately assess the patient's condition and search for the most effective treatment. In particular, they began to study the state of health reserves, the adaptive capabilities of both healthy and sick people.

An attempt in biology to objectify internal time and internal space seems interesting. For the first time, the idea of a unified spatio-temporal organization of biological systems organism was put forward in 1985 by Yu.A. Romanov with colleagues, and then confirmed by numerous works in experiments on animals and tests in humans (Yu.A. Romanov et al., 1989, 1994, 1998, 2001). It has been shown that the spatio-temporal organization- it is not a simple sum of properties inherent separately, both temporal and spatial organizations, but has its own characteristics. The temporal organization is characterized by lability and, as part of a single spatio-temporal organization of the biological system, ensures its variability and adaptation to changing environmental conditions, while the spatial organization is relatively stable and carries the function of preserving the hierarchical system (Yu.A. Romanov, 2000, 2001). According to N.I. Moiseeva et al. (1981), the individual minute (MI) in healthy subjects was less than in people with poor adaptation. The study of individual (internal) time and individual (internal) space in patients was practically not carried out.

The purpose of the present study was to study the spatial-temporal organization in 30 patients (26 women and 4 men) aged 55 to 82 years, suffering from discirculatory encephalopathy against the background of cerebral artery atherosclerosis in combination with either hypertension (23 patients) or ischemic heart disease (7 sick).

To determine the individual time and individual space, we used the generally accepted technique (Yu. A. Romanov et al., 2000, 2001). The subject had to measure a period of time 1 minute long, giving a sound signal at the beginning and at the end of the measurement. At the same time, a real period of time was determined using a stopwatch, which is called an individual minute (MI). During the experiment, the subject is forbidden to count to himself and perform rhythmic actions.

For the measured length segment, 1 decimeter was chosen. The subject drew a line 10 cm long on a blank sheet of paper for an arbitrary time. Then we measured the length of the line that the patient drew with a ruler, and this is called an individual decimeter (ID).

In outpatient settings, we examined patients before treatment.

and after 1.5–2 months against the background of therapy with homeopathic remedies (Avena sat. and Adrenalinum in the 6th potency), which belong to adaptogens.

When analyzing our material, it turned out that MI in the observed patients was characterized by significant variability, but in all of them in the initial state, the average MI was 39.5 seconds, i.e. 48.5% less than the real minute and 25% shorter than in healthy young people examined by Yu.A. Romanov, O.A. Irikov, 2002.

When measuring ID, we got a clear decrease in it in comparison with a real decimeter. On average, it was 9.3 cm, i.e. 7% less than the true decimeter, and the mean ID values were the same with young people.

Against the background of ongoing therapy with homeopathic adaptogens through 1.5-For 2.5 months, MI averaged 44.5 seconds, i.e. 29.6% less than the real minute, but it increased by almost 20% in comparison with the initial data. The average value of ID against the background of ongoing therapy for 1.5-2 months practically did not change and amounted to 9.4 cm.

When discussing the results obtained, it is necessary to dwell on the following points:

1) Dyscirculatory encephalopathy is a local model of aging brain within the general biological genetically programmed aging of the human body as a whole, as a result of which a typical picture develops in all organs - atrophy of organs with depletion of the adaptive capabilities of the organism.

2) To assess the effectiveness of treatment with homeopathic adaptogens In patients with discirculatory encephalopathy in an outpatient setting, we used an affordable and at the same time simple and financially cost-free method - the method for determining MI and ID.

3) Our data showed that myocardial infarction in old age, despite its variability, it is on average 48.5% less than the real minute, but the question whether it depends only on age or on the presence of concomitant somatic diseases is currently not possible to answer due to the small number of observations.

4) Against the background of the use of homeopathic adaptogens, MI clearly changes in side of approaching it to the real minute, and it can serve, probably, a kind of marker of adaptive reactions in the body (Yu. A. Romanov 2001).

5) ID decimeter, which, with a certain assumption, reflects internal spatial structure, as well as MI, decreases with age, but the degree of this decrease is insignificant (only by 7%), and the use of homeopathic adaptogens does not change this value.

6) We assume that IM and ID are a model of internal biological space-time organization of a person and they can probably be used to objectify implicit (internal time) and implicit (internal) space.

Literature

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