

KMH-marker as a marker of constitutional reconciliation
(Preliminary message)

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1. Statement of the problem

We proceed from the idea of a patient's treatment procedure as a procedure for initialization ("switching on") in his body of a suitable functional system (FS) and an energy-informational preparation (EIP) as an information signal that causes this initialization. In accordance with the theory of FS [2], the existence of FS with the same designated goal, but with different degrees of optimality, is possible - the price for adaptation that the body has to pay for its functioning. In the class of FS with the same designated purpose, we can consider a special FS, which we call constitutionally consistent. The boundary ecological conditions for achieving the designated goal are selected in this FS in such a way that the price for adaptation paid by the body for its functioning is the lowest. In other words, the functioning of this FS is combined with the program of the organism's holistic self-realization "in the best possible way". The question arises of identifying a constitutionally consistent ART marker, i.e. such a test pointer X for which the condition $\downarrow + X \uparrow$ can be interpreted as an ecological test for constitutional

the consistency of the FS, initialized by the information signal X (assuming some liberty of speech, further we will further identify the FS and the signal X of its initialization).

Based on a large number observations the authors concluded that the marker = "The sum of the terminal and nodal mantic BAPs located on the main chiroglyph lines of the patient's palm." And since the authors really wanted to leave their name in the eternity of medical knowledge, they propose to call this marker KMH-marker (from the initial letters of their surnames - Kudaev-Mkhitarian-Khodareva).

The KMX marker has a number of practical applications in the ART technique. BRT.

2. Choosing a constitutional homeopathic remedy using
KMX marker

The KMX marker can be effectively used to select constitutional homeopathic preparation. The test used for this: $KMH \downarrow + KGP D1000 \uparrow$, where KGP D1000 is a putative constitutional homeopathic remedy in potency D1000.

The authors' observations showed that:

1. Π when the condition $KMX \downarrow + KGP D1000 \uparrow$ is met, all conditions of the form $KMH \downarrow + KGP DN \uparrow$, where DN is an arbitrary decimal potency of the KGP drug. In other words, in reality the condition $KMX \ddot{\uparrow} + KGP D1000$ - does not depend on the QGP potency.

2. The condition $KMX \downarrow + KGP D1000 \uparrow$ is equivalent (of course, we are talking about the derivation made as a result of observations) the condition: $KGP DN \downarrow$ for any potency N,

running, after full cycle of syndromic-oriented patient treatment.

3. The drug KGP, selected from the condition $KMH \downarrow + KGP D1000 \uparrow$ possesses mild systemic action with a pronounced psychoprotective component. When assessing its effectiveness using standard environmental ART tests, it optimizes adaptation resources (RA), biological indices (BI) and photon indices (PI) of the patient, i.e. pulls them down to optimal ones. In clinical use, it does not cause an exacerbation, even if the dose of this drug is used often enough.

Thus, the condition $KMX \downarrow + KGP D1000 \uparrow = KMX \downarrow + KGP DN \uparrow$ can be interpreted as necessary condition for the elimination of the drug KGP toy systemic (independent of external random factors) the error that the body makes in the process of maintaining its homeostasis.

Assuming that the KGP preparation selected from the condition $KMH \downarrow + KGP D1000 \uparrow$ really characterizes the patient's constitution, it can also be used to assess the patient's ability to reverse the course (cause regressive vicarization) of a particular disease. According to our observations, in patients possessing a reserve of strength sufficient to organize the process of treatment of their diseases (Attention! Here we used an intuitive assessment of the patient's reserve of strength!), PCG covers all or almost all of the test pointers from the SP list of their ART diagnosis. This circumstance can be interpreted in such a way that the treatment of these patients can be carried out by correcting the systemic error that their body makes in the process of maintaining its homeostasis. It is this systemic error that characterizes their homeopathic constitution. The condition for agreeing on the patient's diagnosis and the effect of his constitutional homeopathic remedy:

$SP \downarrow + KGP \uparrow,$

where KGP is selected from the condition of the constitutionality of $KMH \downarrow + KGP D1000 \uparrow$, and SP is the list of test pointers - the ART diagnosis of the patient, can be considered a sufficient condition for eliminating the patient's particular disease syndromes, i.e. a sufficient condition for the possibility of treatment (regressive vicarization) of his disease. The fulfillment of this condition is a favorable prognostic sign.

On the contrary, failure to meet the specified condition:

$SP \downarrow + KGP \downarrow \uparrow,$

those. the situation when CHP, which compensates, by definition, the sum of terminal and nodal MBAT of the patient's COL, does not compensate for his SP marker of his ART diagnosis, is a prognostically unfavorable sign, since it suggests that, at least, the patient's constitutional treatment is not enough to heal him.

3. Evaluation of the adequacy and prognostic favorableness of the ART diagnosis with using the KMX marker

The KMX marker can be used to assess the adequacy and prognostic favorableness of the ART diagnosis made to the patient. In this case, the condition for the consistency of his constitution and the diagnosis given to him is considered a sufficient condition for the adequacy and prognostic favorableness of the diagnosis made to the patient:

KMX ↓ + SP ↑,

where SP is a list of test pointers that give autonomic resonances in a patient and interpreted, respectively, as his ART diagnosis. The fulfillment of this condition can be interpreted as follows: the body perceives the sum of the vegetative resonances found in it by the doctor - the ART diagnosis of SP, given to it, as really existing, and at the same time perceives it as a (significant) part of its constitution. This means, in particular, that:

1. The doctor performed the diagnosis well enough (systemically) and received the diagnosis is adequate to the state of the organism, at least "from the point of view of the organism itself."

2. The body perceives what is happening to it and tested a doctor, as part of his constitutional development, and, therefore, is able to reverse pathological processes in himself, provided constitutionally oriented (non-palliative) treatment.

On the contrary, non-fulfillment of the specified agreement condition means that:

1. ART diagnosis was made inadequately, and the body does not perceive him as part of his constitution.

Or

2. The body is sick enough not to turn on adequately the ART diagnosis given to him in his constitution. The latter is a prognostically unfavorable sign from the point of view of treatment (regressive vicarization) of the disease.

4. Use of the KMX marker for targeting energy-informational preparations and assessing the adaptive capabilities of the organism

The KMX marker can be used to target arbitrary energy-informational preparations (EIP), in particular, nosodes and systemic spiritual adaptants (SDA) [1]. In this case, it is possible to guarantee a mild, systemic, and also possessing a pronounced psychoprotective component, in other words, a constitutionally oriented, action of the drug aimed at the KMX marker.

As in the previous section, the condition SP ↓

+ Pot (EIP) ↑,

where a - is selected from the targeting condition: KMX ↓ + Pot (EIP) ↑, can be used to assess the ability of the patient's body to address (regressive vicariations) his ART diagnosis. Doing this conditions is an prognostically favorable, but failure - prognostically unfavorable signs.

5. Use of the KMX marker for chronosemantic therapy

The KMX marker or its inversion can be highly effective target markers (MC) for chronosemantic therapy. A similar marker is recommended for chronosemantic therapy in cases where:

- the patient's disease has an unclear etiology;
- the purpose of the attending physician is to change the constitution of the patient, including his mental constitution;
- the patient's disease is systemic or genetically inherited (including miasms);

- the task is to change the behavior and fate of the patient and other similar cases in which chronosemantic therapy is essentially constitutional in nature.

6. Using the KMX marker

for constitutional coordination of PSs initiated in the body

During initialization in the body of the FS chosen by the doctor for his therapy, the question always arises of minimizing the price for adaptation that the patient will have to pay. We call constitutionally agreed such a FS, in which the cost for adaptation is ideally minimal, in practice it is rather low. The degree of constitutional consistency of the initialized FS can be estimated by filtering the standard scales RA, BI, and FI through the signal of its initialization. At the same time, you can make sure that, for example, FS which are designed according to the methods of A.A. Hovsepyan (including FSs, designed taking into account the "release organ") do not have constitutional consistency: loading the patient with a signal for the initialization of such a FS very often leads to the appearance of high and / or multiple BI and FI, worsening of his RA. On the other hand, the idea of designing a FS (including by the methods of A.A. Ovsepyan) seems too tempting to just give it up. Can the situation be rectified? Research,

constitutionally agreed FS option. FS initialization signal modified by adding a KMX marker statistically

reliably (was tested, in total more than 470 cases) leads to optimization of RA, BI and PI of the patient, while maintaining all its other specific qualities. Note that the time required for obtaining a constitutionally approved FS usually exceeds the time for obtaining a FS by the method of A.A. Hovsepyan. It can be assumed that, in some cases, the preparation of PS according to the method of A.A. Hovsepyan is possible, but a constitutionally agreed FS is impossible. In this case, the possibility of receiving an initialization signal for a constitutionally consistent PS will be another assessment criterion using the KMX marker of prognostic auspiciousness, or

disadvantages ART diagnosis, delivered to the patient, like
criteria described in sections 2-4.

7. Semantic adequacy of the KMH-marker to the task of constitutional reconciliation

The observations made by the authors lead them to the assumption that a sufficiently large the class of effective EIT can be described as the class of information signals X about how "someone U" performs some process (action) Z ". For example:

- cut trepang regenerates; recording this process gives us preparations for regeneration and rejuvenation;
- adversely affected tumor cell culture dies. Recording this process gives us a proadappter, which after

targeting effectively kills the same type of COC, at least in vitro;

- the blood of an organism that solves a certain task of self-fulfillment can be considered as its organ taking part in its solution, and its nosode - as a record of the process of solving this problem by the organism;
- an organic preparation, to a certain degree of potency, can be considered as a signal of the corresponding tissue, organ or system, functioning in an appropriate state of activity (depending on its potency).

When such a signal X is introduced into the body, two reactions arise in it, in some sense additional for each other (inseparable from each other) reactions:

- an allopathic reaction, or a reaction of imposition, consists in the fact that the organism tries to reproduce, at an attainable level of similarity, the same process (the same action), information about which the signal contains;
- homeopathic reaction or reaction of adaptation to a signal consists in the fact that this signal is made indifferent or useful to the organism.

What information, from this point of view, does the KMX marker carry? We believe that it should be considered as carrying information about the patient's body (from which it was removed) as a system that solves the basic, dialectically insoluble problems of its existence. These main tasks are: the task of overcoming death by the body, information about which is contained in its terminal MBAT, and the task of overcoming the contradiction by the body between the various main programs of its existence, information about which is contained in its nodal MBAT.

Thus, the procedures for targeting KMX, chronosemantics by KMX, as well as adaptation to a certain signal with the addition of KMX should be considered as a variety of setting the boundary ecological conditions of the initialized FS so that this FS helps the body to solve the indicated basic (dialectically insoluble) problems of its existence.

From this point of view, the effectiveness of the KMX marker for solving the problems of constitutional coordination of drugs is indirect. confirmation of the fact that on the main chiroglyphic lines of the palm of a person, his internal time is really represented.

Literature

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