

Blood autonosode in the treatment of mineral metabolism disorders
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Introduction

The wide development and dissemination of methods of energy-informational therapy, the variety of treatment methods used in it, set the task comparison of different methods of carrying out such therapy. However, the orthodox research scheme for comparing different therapy methods used in evidence-based medicine is in most cases unacceptable in relation to the task of comparing energy-informational methods.

Really:

1. The requirement to divide patients into control and experimental groups, together with the requirement to randomize these groups, implicitly implies the use of the same scale of nosologies and the same criteria for assessing the severity of the patient's condition in both compared methods. But this -basically incorrect methodological premise if energy-informational and pharmacological or two energy-informational methods are compared. In most cases, two different energy-informational or energy-informational and pharmacological methods are used different in relation to each other nosology scales, disease severity criteria and prognostic criteria. In the context of the considered

studies, correct nosological randomization of patient groups (without which it is methodologically meaningless to form them) is impossible. In the vast majority of cases, groups of patients randomized according to the criteria of one technique will not be randomized according to the criteria of another, and vice versa. This means that the two paradigm research physicians

laid in the basis of the first and, accordingly, the second methodology, will not be able to equally evaluate the results of the study. Therefore, such a study will not be objective, which contradicts the concept of evidence-based medicine.

2. The procedure for formal standardization of the methods of the therapy used also cannot be transferred to experiments in comparison energy-informational methods. Carrying out standard therapy in energy-informational medicine assumes a strictly individual, moreover, changing from stage to stage, the selection of an energy-informational preparation (EIP) suitable for the patient. This selection within the framework of each energy-informational technique is really carried out in accordance with the standard criteria proposed by this technique, but, as a rule, it does not lead to the choice of the same drugs for patients with the same nosology or at the same stage of therapy. This means that conducting a study with formal standardization methods of therapy, as is done within the orthodox scheme, will lead to a biased research result, since at least one studied energy-informational technique will be grossly violated.

IN real work authors offer a definite extension an orthodox scheme, conducting research in evidence-based medicine, which, in their opinion:

- on the one hand, it fully meets the strict criteria of statistical evidence, as well as methodological correctness, from the point of view of medicine;

- on the other hand, it allows you to compare various energy-information methods of therapy within the framework of general principles and provisions of evidence-based medicine;

The essence of the methodological changes made by the authors to the orthodox scheme of the experiment in evidence-based medicine comes down to the following modifications:

1. For conditional randomization of the study groups, we use conditional system of nosological units equally ranked for both methods [12]. In our case, an assessment of the patient's condition is used, which consists of two parts:

- data of the identified ART diagnosis;
- assessment of the general condition of the patient;
- instead of a formally standard therapy method, which is unchanged for all patients from a fixed group, a standard technique choosing the optimal shape this therapy from a predetermined set of admissible forms. In our study, the optimal form of therapy is selected in accordance with criterion

compensation of the set ART-diagnosis [3].

Research Objectives

1. Evaluation the effectiveness of the correction of metabolic macro and microelements, disorders by therapy of the patient with a targeted help potentiation, electronic autonosode of his blood (NANcr-ohm).

2. Comparison of the results of therapy with electronic blood autonosode the patient in three groups using the method of targeting the blood autonosode.

Materials and methods

For diagnostics by the ART method, we used computerized apparatus for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy for BAT and BAZ "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005

The work was attended by 93 people aged 18 to 63 years.

All patients underwent primary ART diagnostics, which was carried out in two stages:

1. At the first stage of the examination in all patients without fail the following groups of system pointers were tested:

- geopathogenic load test (Silicea D60);
- test for electromagnetic fields (Phosphorus D60);
- test for radioactivity (Glob. D1000);
- testing of meridians with energy disorders (meridian complex preparations according to Schimmel [4]);

- testing of indicators of metabolic disorders of heavy metals (chakras, according to H. Schimmel);
- test for bacterial resistance (Tetracyclinum D30);
- test for viral burden (Interferon D30);
- tests for burdening with helminths.

In addition, it was mandatory that:

- biological index testing and determination of the optimal biological index;
- testing of adaptation reserves and determination of optimal adaptation reserves;
- determination of violations of macro- and microelements using 17 test indicators of metabolic disorders of macro- and microelements, present among the test-pointers of ART "IMEDIS-EXPERT" (section of ART testing, group "Microelements").

All of these tests were carried out in accordance with the approved methodology for conducting an ART examination of the patient [5].

2. At the second stage of the ART examination, the algorithm of its conduct depended on complaints presented by the patient, his age and systemic disorders identified at the first stage of the examination. Depending on the individual condition of the patient, the following were used:

- test indicators of organs and body systems involved in the systemic pathological process (organopreparations);
- test indicators of nosologies and pathogens (nosodes).

All test indicators that caused the effect of autonomic resonance in the body were entered into the ART diagnosis.

According to the results of ART testing for the purpose of therapy to all patients received the same individual energy-informational preparation

- targeted electronic blood autonosode [6, 7], which is further abbreviated as NANCR-ohm. This drug is a potentiated autonosode of the patient's blood, which compensates for the test pointers identified in the course of ART.

All patients had a marker KMH [7], which is the sum of the signals of the nodal and terminal BAP located on the main chiroglyphic lines of the patient's palms and written off using an electronic probe, in accordance with the approved method. The KMX marker in all groups was used to track the possibilities of compensating for the ART diagnosis made by the potency of the patient's blood autonosode (Pot NANCR).

The patients were divided into three groups of 31 people. In each group, different NASCRs were applied, which differed from the other groups. method targeting blood autonosode.

Patients from the first group (I group) for the correction of the violations revealed during the examination, the National Academy of Sciences was made, aimed by KMH marker. The targeting of the electronic autonosode of the blood was carried out by the method of its potentiation up to the fulfillment of the condition:

KMX ↓ + Pot NANCR ↑

Patients second group (II group) for the correction of violations was made by NASKR, aimed according to the identified indicators violations interest of organ tissues (organopreparations). Targeting

electronic autonosode of blood was produced by the method of its potentiation until the performance of ART - conditions:

Rot organ. Rev. ↓ + Pot NANCR ↑

Patients third group (III gr.) blood autonosode targeting according to the identified in the process of diagnostic research violations macro- and microelements. The targeting of the electronic autonosode of blood in this group of patients was carried out by the method of its potentiation up to the fulfillment of the condition:

mineral. ↓ + Pot NANCR ↑

All groups of patients received therapy targeted electronic autonosode of their blood.

results

In all patients from three groups, after the first intake of an energy-information preparation correcting their state, express ART examination in order to identify the degree of compensation for ART diagnosis and primary energy-informational correction.

The test was carried out: directly after patient intake the first therapeutic dose of targeted blood autonosode.

In the first group of patients (CMH), the following was observed:

- full compensation of all test indicators of the patient's ART diagnosis, that is, the criterion of his compensation was fulfilled;
- full compensation for the identified metabolic disorders of macro- and microelements, violations are not tested.

In the second group of patients, where the NAScr is aimed at an organopreparation:

- compensation occurs only test pointers from the identified ART diagnosis, represented by the sum of resonances of organs and tissues.

The NANCR potency does not compensate for the KMX marker.

- there is no full compensation for the identified metabolic disorders of macro- and microelements, macro- and microelements are tested 2-3, but in a different combination.

In the third group:

- compensation only test-pointers from the identified ART-diagnosis, represented by the sum of the revealed violations of the macro and microelements. Potency of NAScr. does not compensate for the KMX marker.
- complete compensation of the revealed violations of macro- and microelements does not occur, macro- and microelements 1-2 are tested, but in a different combination.

At the next stage of the study, two repeated examinations of patients were carried out with an interval of 30 and 60 days, respectively. The structure of repeated examinations repeated the structure of the primary examination, that is, it included:

- repeated ART examination of the patient;
- repeated clinical examination of the patient.

In the first group of patients, where the NAScr is aimed at CMH

According to ART examination data:

- a significant improvement in the indicators of ART testing, that is, ART

diagnosis, previous ART diagnosis not tested, compensated, the terms of compensation are on average 30–35 days;

- full compensation of the revealed test indicators of violations of macro- and microelements;
- test indicators of violations of the macro and microelement status are no longer tested (or no more than 2 in a small number of patients);
- improvement of BI and RA indices according to the results of the ART test, shift to optimal ones.

In the group of patients where NAScr is targeting an organopreparation

According to ART examination data:

- improvement of ART indicators, previous ART diagnosis (the sum of resonances of organs and tissues) not tested, compensated, the terms of compensation are on average 14-18 days;
- complete compensation of the revealed test - indicators of macro- and microelement disorders does not occur, the disorders of macro- and microelement metabolism detected at the initial admission are tested, but already in a different combination (2-3 in a small number of patients);
- improvement of BI and RA indicators according to the results of ART, the shift is closer to optimal.

In the group of patients where the NAScr is aimed at disorders of mineral metabolism

According to ART examination data:

- improvement of ART indicators, previous ART diagnosis (sum of violations of macro- and microelements) not tested, compensated, the terms of compensation are on average 20-25 days;
- complete compensation of the revealed test-indicators of macro- and microelement disorders does not occur, the disorders of macro- and microelement metabolism detected at the initial admission are tested, but already in a different combination (1–2 in a small number of patients);
- Improvement of BI and RA indicators according to the results of ART, do not reach the optimal level.

In all patient groups during the use of NANCR (and remains at the time of taking the drug) is noted.

Subjectively:

- improvement of the general condition, which was manifested in the improvement of the psychological and somatic state;
- increased activity, the ability to perform a larger volume of professional and household duties;
- an adequate response to stressful situations;
- improved appetite (with early complaints of bad or decreased)
 - reducing the emphasis of concern about their health;
- removal of inner tension and discomfort, a sense of inner peace.

By objective criteria

- disappearance (absence) and significant improvement of symptoms,

- identified at the initial visit (I gr.);
- a significant change in the direction of improving the symptoms identified at the initial visit (II and III gr.);
- absence of complaints presented during the initial visit and / or any complaints at all (I gr.);
- complaints are minimal and / or others (II and III gr.);
- improvement of clinical blood tests to reference values after 30 days (I gr.);
- change in clinical analyzes towards improvement (II and III gr.);
- improvement in the dynamics of the ECG (I gr.).

conclusions

1. Therapy of patients with an electronic autosode of their blood, aimed at marker KMH, is a highly effective method of therapy in the sense that:

- in most cases compensates for the identified ART diagnosis and is a systemic method of patient therapy;
- an electronic blood autosode (NANcr) of a patient, aimed at the KMH marker, in most cases compensates for the metabolic disorders of macro- and microelements detected with the help of ART;
- increases the reserves of adaptation, leading them to good and high, BI brings them to the optimal.

2. Therapy of patients with an electronic autosode of their blood, aimed at marker KMH, surpasses the effectiveness of therapy with autosodes of blood of patients, targeted, according to the revealed disorders of the interest of tissues of organs and systems, as well as, according to the identified indicators of metabolic disorders of macro and microelements.

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