Influence of chronosemantic preparations and homeopathic preparations selected with the help of CDT on a person's ability to guess the result a random process symbolizing his intention V.V. Vinokurovone, A.E. Kudaevone, K.N. Mkhitaryan2, N.K. Khodarevaone (oneMedical center of innovative technologies "Artemis", Rostov-on-Don, 2 Center "IMEDIS", Moscow, Russia)

Introduction

In [1], "small" and "large" models of fate were formulated - the action of chronosemantics on the event plan of a person. Recall that, in accordance with the "small" model of fate, a change in event reality in the life of a person who has gone through chronosemantics occurs as a result of a change in his character, in particular, the development, to a greater or lesser extent, of one or another of his abilities. This change in character and this development of abilities can be tracked with the help of various psychological tests. Consequently, within the framework of the "small" model of fate, it is possible to objectify its results using the usual methods of psychological testing of patients.

Within the framework of the "big" model of fate, the interaction of a person and the eventual reality that encompasses him changes. The event plan surrounding a person becomes more "friendly" towards him. In [1], it was suggested that this, much more elusive, by its nature, change in the interaction of a person and the eventual reality that encompasses him can be tracked using tests for his ability to control random processes, or to guess the final result of their dynamics, with some additional condition:

Y1. The patient reproduces in himself a state in which he achieves the desired goal - the intention to achieve it, and symbolically identifies with the achievement of this goal the result of a random process that he guesses or tries to get.

A random process, which the patient is trying to control, or to guess its result, is called, in the case of fulfillment of condition C1, a random process, symbolizing the achievement of the desired goal.

In this paper, we present preliminary results of studies on the comparative change in the patient's ability to predict (copy) the result of a random process symbolizing the achievement of a desired goal as a result of:

- activating his search mode through his "placebo" therapy (hidden suggestion);
- its therapy with chronosemantic drugs (CSP, [2]);
- his therapy with constitutional homeopathic medicines (CGP), selected using the constitutional delusion test (CDT) and p / c "Astromed" [3].

The small amount of collected statistics could impede publication, due to the seriousness of the issue under consideration and the difference between the research findings from the "generally accepted paradigm". However, we want, even before the accumulationus (one center) extensive statistical material, organize multicenter study (and, possibly, a discussion) of this issue, which seems to be important due to the fairly wide spread of chronosemantics as a method

therapy, among doctors practicing ART and BRT methods.

Purpose of the study

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Comparative	research change	capabilities	10	proscopies
(predicting) the result of	of a random process,	symbolizing		achievement

the desired goal, in patients treated:

- placebo method (according to indications);
- chronosemantic drugs (CSP), with the same target marker energy-informational drug conventionally called "Happiness";
- KGP, selected with the help of CDT and p / c "Astromed".

Materials and methods

To carry out chronosemantics, autonomous devices of the company "IMEDIS" were used: "Transfer-P", "Medicamentous selector", a device for magnetic therapy "loop" with an adapter, energy-information drugs from the SDA group

[2], "recorded" from the selector, or their "originals". In all cases, the "reverse" chronosemantics was carried out:

- the signal of the target marker (MS) was introduced into the patient's body through the chiroglyphic lines of his palms, using a light probe connected to the first socket of the "Medicament selector" apparatus;
- the response signal was written off the patient's head using a magnetic "loop" connected to the third socket of the "Transfer-P" apparatus;
- fixation ("recording") of the response signal was carried out in the first container of the Transfer-P apparatus for sugar crumbs;
- the specified recording of the feedback signal was used for the chronosemantic therapy of the patient as a chronosemantic drug (CSP).

In all cases, drugs from SDA groups were used as MS [4]. To select the CHP, the standard KDT technique was used: first, using the Astromed-M s / c, a group of drugs "suspicious" for constitutionality was determined, and then, using the KMH test [3], the most suitable CHP was identified from this group.

An empty homeopathic crumble (nonparelle) was used as a placebo preparation.

For testing, 10 laminated cards with the same shirt, on which were written the numbers from 5 to +5, excluding 0, were used to determine the ability to proscopy.

Study design

The study involved 30 patients, aged 20 to 55 years, selected from the total number of patients attending the Artemis Center. The patients were divided into 3 groups:

- control group A, in which therapy was carried out with the help of latent suggestion, i.e. placebo method,
- group B, in which therapy was carried out using chronosemantics,
- group C, in which therapy was carried out with the help of CGP, selected with the help of CDT and p / c "Astromed-M".

Preliminary randomization of all three groups A, B, C, was carried out according to the parameter -assessing their ability to predict the result of a random process, symbolizing the achievement of the desired goal, during the initial examination of the patient, using the T1 test described below - "Evaluation of the ability to proscopy the result of a random process, symbolizing the achievement of the desired goal." In particular, in groups B and C, patients with a reduced (less than 0.5) index were selected. .

The research order was as follows:

1. At the first stage of the study, all patients from all three groups A, B, C underwent an initial examination, which included an ART examination, a GD examination, a clinical examination, anamnesis collection, a study of analyzes, etc. diagnostic procedures at the discretion of the attending physician, as well as additional examination using the T1 test.

2. At the second stage of the study, in accordance with the choice of the attending physician, the patient was prescribed treatment adequate to his condition and his requests:

- in group A using "placebo drugs";
- in group B with the help of CSP with a target marker the energy-informational preparation "Happiness";
- in group C with the help of CGP, selected on the basis of CDT, with the use of p / c "Astromed-M".

Comment. The study did not violate the ethical principles of patient therapy. In particular, the group of patients treated with placebo therapy consisted of patients who needed a break in treatment, i.e. the placebo therapy was indeed optimal for them.

3. At the third stage of the study, 1 month (30 days) after the start of therapy a secondary medical examination of patients of all three groups A, B, C was carried out, which was again supplemented with the T1 test. In all three groups A, B, C, the study compared the results of the T1 test before and after 30 days of therapy.

Description of the T1 test

Numbers from "-5" to "+5" were printed on ten non-transparent cards of the same size without using the zero reference point: -5; -4; -3; -2; -one; +1; +2; +3; +4; + 5.

After a detailed discussion with the patient of the most relevant for him, for a specific period of time of the life task, the meaning of the digital scale was explained to him:

- the number "+5" symbolized the maximum degree of success in solving the discussed life task,
- "+4" a slightly smaller, but still quite good degree of success of her ("life task") solution, ...
- the figure "-5" is the greatest degree of unsuccessfulness in solving the discussed life task.

The cards were then turned face down and shuffled randomly so that neither the patient nor the operator knew their order. The patient made 10 attempts to symbolically solve the discussed life problem. In each attempt, they make a choice of three random cards out of ten offered. At the same time, the patient knew that his task in each attempt was to score the maximum amount of points, which symbolized his maximum symbolic success in solving the discussed life task.

The numbers on the back of the cards selected by the patient were summed up by the operator. For example, the sum of the numbers "+5", "-3", "+1" was "+3", etc. Then the average score for the entire series is calculated, the final summation of the ten numbers obtained. This average score was divided by 10, and the resulting number was taken as an indicator of the degree of proscopy by the patient of the result of a symbolic random process, that is, an indicator of some of his, figuratively speaking, "fateful" ability, which is further denoted , or (P), if you need to select a patient in whom this indicator is being investigated, or (R Y), if you need to highlight an additional condition Y, under which this indicator is investigated.

Research results:

Numerical results of the indicator change by groups, before and after the therapy, are shown in Table 1.

Table 1

		Baseline indicators 0	Indicators 1 through 1
			month of therapy
	Control group A		
		Sample	Sample
		0 (A)	I (A)
one		0.8	1.6
2		- 1.1	- 0.2
3		- 2.3	- 1.7
4		0,4	- 0.1
five		1.1	1.5
6		2	2.7
7		0.8	1,2
eight		- 1.4	- 2
nine		- 0.1	- 0.8
10		2	1,2
	Group B (method of therapy		
	- chro-nosemantics)	Sample	Sample
		О (В)	Г(Б)
eleven		0,4	1,2
12		- 1.3	- 0.1
13		- 1.5	0.2
	Group B (method of therapy	C I	C I.
	- chro-nosemantics)	Sample	Sample
			. (2)
		0.1	1.2
fourteen			1,5
fifteen		0.2	1.0
sixteen		- one	1.4
10		- 2.1	- 0.9
10		- 1.8	- 0.1
nineteen		- 1.1	
twenty	Group C (mothod	- 1.4	1,5
	therapy colection and	Samplo	Samplo
	therapy of CDT with the help		1 (C)
	and p (c "Astro mod M")		
21		- 25	2.4
22		- 1 4	1.2
23		- 070	0.4
24		- 2 3	2
25		one	1.3
26		0.1	one
27		- 1.1	0.2
28		0.4	1.8
	1	- / •	

29	0.2	0.7	
thirty	- 1.4	1,2	

Thus, for the correct formulation of the problem of statistical assessment of the change in the indicator as a result of chronosemantic therapy is necessary, an additional statistical assessment of its change in group B, consisting of patients 11-18.

Statistical processing of research results

The accumulated statistical material, in principle, is sufficient to apply nonparametric statistical criteria to it. Samples 0 (BUT),

0 (In and 0 (C) indicators in groups Å, B and C before therapy, as well as a sample of indicators after carrying out in these groups the appropriate therapy should be considered as realizations of some random variables. Our task is to find out whether it is possible to count empirical samples 0 (A) and one(A), respectively, 0 (In and one(IN), 0 (C) and one(C) implementations of the same random variables?

To solve this question, we will use the Wilcoxon criterion in its modification given in [5].

The use of the Wilcoxon test assumes the calculation intensities shifts in the direction of increasing and / or decreasing the values of the random variable when passing from the first sample to the second. These intensities are calculated as the sums of T emp and T emp ranks (in magnitude) of the absolute values of the differences between the values of the random values in the first and second samples. The values of T emp and T emp are compared with the value of T_{cr} which, in the case of the sample size n = 10, is equal to T_{cr} = 10 for the level of statistical significance p 0.05, and T_{cr} = 5 for the level of statistical significance p 0.01.

Following [5], it is convenient to introduce the value T *emp, equal to T emp (respectively, T +emp), if most of the shifts in the values of the random variable when passing from the first the second sample turned out to be shifts in the direction of increasing (respectively, in side of decreasing) of its values. The value of T *emp, thus characterizes the intensity of the shift in the "atypical" direction. Then alternative hypotheses for the Wilcoxon criterion can be formulated as follows:

H0. The shift in the "typical" direction is random (statistically unreliable), and, therefore, the first and second samples cannot be statistically significantly distinguished using the Wilcoxon test.

H1. The shift in the "typical" direction is not accidental (statistically significant) and, therefore, the first and second samples are statistically significantly distinguishable using the Wilcoxon test.

According to the Wilcoxon criterion:

1. If T *emp Tcr, then hypothesis H0 should be discarded and accepted hypothesis H1 (with a level of statistical significance p; the p value was previously used to calculate Tcr).

2. If T *_{emp}> T_{cr} then the hypothesis H0 cannot be rejected and, accordingly, hypothesis H1 cannot be accepted (at least with the level of statistical the significance of p; the p value was previously used to calculate T_{cr}).

Let us now apply the Wilcoxon test in order to study the statistical the reliability of the existence of a shift towards an increase in the values of the indicator when moving from sample $_0(A)$ to $_{one}(A)$, (respectively, from the sample $_0(VK \ _{one}(B)$, and from $_0(C)$ to $_{one}(WITH))$.

Calculation of the statistical reliability of the change in value when moving from

_{Number} meaning sampling	0 (A)	1 (A)				R
one.	0.8	1.6	0.8	0.8	nine	8.5
2.	- 1.1	- 0.2	0.9	0.9	10	10
3.	- 2.3	- 1.7	0.6	0.6	4	4.5
4.	0,4	- 0.1	- 0.5	0.5	3	3
five.	1.1	1.5	0,4	0,4	one	one
6.	2	2.7	0.7	0.7	7	6.5
7.	0.8	1,2	0,4	0,4	2	2
eight.	- 1.4	- 2	- 0.6	0.6	five	4.5
nine.	- 0.1	- 0.8	- 0.7	0.7	6	6.5
10	2	1,2	- 0.8	0.8	eight	8.5
The amount of runs					Ri =	T*emp = R * =
gov					n (n 1) =	18.5> Tcr =
atypical					55	13.5
shifts						T**emp = 55
						T*emp = 36.5>
						Tcr = 13.5

sampling 0 (A) to one(A) is given in table 2.

Thus, the experimental data do not allow us to assert a statistically significant change in the indicator in group A treated with placebo, neither up nor down, at least with a p

. 0.05.

Calculation of the statistical reliability of the change in value (towards its increase) when moving from sample 0 (VK one(C) is given in table 3.

Table 3

table 2

_{Number} meaning sampling	0 (B)	1 (B)			R	R
one	0,4	1,2	0.8	0.8	one	one
2	- 1.3	- 0.1	1,2	1,2	2	3.5
3	- 1.5	0.2	1.7	1.7	eight	7.5
4	0.1	1,3	1,2	1,2	3	3.5
five	0.2	1.6	1.4	1.4	6	6
6	- one	1.4	2.4	2.4	nine	nine
7	- 2.1	- 0.9	1,2	1,2	4	3.5
eight	- 1.8	- 0.1	1.7	1.7	7	7.5
nine	- 1.1	0.1	1,2	1,2	five	3.5
10	- 1.4	1,3	2.7	2.7	10	10
The amount of runs						T*emp = R * =
gov						0 Tcr = five
atypical						
shifts						

So way

experimental data

indicate statistically

reliable change in the indicator (upward) in group C, patients receiving therapy with chronosemantic drugs with MS - "Happiness".

Calculation of the statistical reliability of the change in value (in the direction of its increase) when moving from the sample 0(C) to one(C) is given in table 4.

_{Number} meaning sampling	0 (C)	1 (C)			R	R
one	- 2.5	2.4	4.9	4.9	10	10
2	- 1.4	1,2	2.6	2.6	7	7.5
3	- one	0,4	1.4	1.4	6	5.5
4	- 2.3	2	4.3	4.3	nine	nine
five	one	1,3	0.3	0.3	one	one
6	0.1	one	0.9	0.9	3	3
7	- 1.1	0.2	1,3	1,3	4	4
eight	0,4	1.8	1.4	1.4	five	5.5
nine	0.2	0.7	0.5	0.5	2	2
10	- 1.4	1,2	2.6	2.6	eight	7.5
The amount of runs						T*emp = R * =
gov no-						0 Tcr =five
pichny						
shifts						

Table 4

So Thus, the experimental data indicate a statistically change in the indicator credible in group C, who received CHP therapy,

selected with the help of p / c "Astromed-M" and passed an additional check using the KMH test, upward, with a significance of p 0.01.

Discussion

The authors are aware that the given volume of studies is significantly small in order to draw any definitive conclusions (despite the statistical reliability of the study). In our opinion, the introduction of the indicator also needs justification . When introducing this exponent, we relied on the work [6], in which the results (due to A.G. Lee) on change in ability

the subject to predict the result of a random process depending on the change in its setting. In an implicit form, these results already contain the idea of introducing experimentally measured indicators of the ability to predict the results of a random process symbolizing the achievement of a conditional goal. Of course, the study of the dynamics of the indicator depending on the change in the patient's attitude, it needs additional study.

Note also that the primary randomization of groups A, B, and C played a significant role in obtaining the above statistical results. As already mentioned, groups B and C included patients with a reduced .

However, we also observed two patients with increased - 2.2 and

2.7, respectively, which were not included in group B due to inconsistency with its profile (0.5). At the time of the initial examination, both patients were in a state of stress with a high level of anxiety and aggressiveness (confirmed using the APC - GDV - camera of Prof. Korotkov [7]). 30 days after the end of the CSP intake with the same goal marker -"Happiness" (or 60 days from the beginning of the experiment) - their indicators decreased to the level of "-0.3", respectively, "+ 1.1", what accompanied by the normalization of both their psychological state and their subjective assessment of the eventual level of reality, in which they were. Thus, it cannot be assumed that CSP therapy with the goal marker "Happiness" always (statistically) leads to an increase in . Rather, it can be assumed that this form of therapy leads to its normalization: an increase in the case of underestimated values and a decrease in the case of overestimated, but not determined by the real resources of the body, its values.

conclusions

The results of the conducted research allow us to assert that:

1. The method of implicit suggestion does not change the statisthe ability of the processa person to predict the outcome of a randomsymbolizingachieving the desired goal.symbolizing

2. Chronosemantics optimizes a person's ability to predict the result a random process symbolizing the achievement of a desired goal.

3. Therapy with CHP, selected according to the method of KDT, is statistically significant enhances a person's ability as a result of a random process symbolizing the achievement of a desired goal.

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