

Scenarios of a person's life as the leading symptoms of determining his homeopathic constitution in the model of constitutional delusional test

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Introduction

This article is a continuation of the work devoted to the problem of the homeopathic constitution of a person and the development of a constitutional delusion test.

In this job:

- a model of homeopathic constitution was proposed, on the basis of which a method for determining a constitutional homeopathic remedy has been developed
- constitutional delusion test (KDT) [1];
- the mechanism of the emergence of a universal manifestation has been substantiated individual constitution - scenario of his self-realization and it is shown that all existing approaches to its description are different "slices" of this scenario, recorded with the help of certain instruments (psychological tests, homeopathic repertorization, delusions according to R. Shankaran [2; 3], themes according to J. Scholten [4], delusion according to Mkhitarian-Storozhenko

[1] and others).

Homeopathic constitution of the patient. Delusion like mental reflection of a constitutional element

Under we understand the patient's constitution as a systemic error, allowed by his body in the process of self-realization [5; 6]. The prerequisites for this error can be both congenital (genetically determined) and acquired damage to the body as a result of the action of certain harmful factors. Regardless of the nature of the error, it ultimately leads to the development of a systemic pathological process in the body and to its incomplete self-realization (reduction in the duration and deterioration of the quality of its life).

The structure of the constitution consists of:

- elements of the constitution;
- certain rules by which these are structured by the elements are connected in the constitution.

IN homeopathy as reference elements accepted constitutional homeopathic remedies (CGP), which, therefore, can be called homeopathic constitutional elements or, in short, constitutional elements. At the same time, the homeopathic constitution of the patient, as a rule, cannot be described within the framework of the indication of the only CGP assigned to it.

Therefore, we use "Two-dimensional" structural model of the patient's constitution:

- it is variable in time, which means that each time period can be correlated with its own group of KGP - constitutional elements;

- it contains "layers" of different "depths" (the period of manifestation in the patient's body of a pathological process with the pathogenesis of the corresponding CGP), to which various CGP are also correlated. For more details see [1; 6].

Thus, when describing a patient's homeopathic constitution, each individual moment of time is associated with a group of CGPs with an indication of their hierarchy - their correlation with the layers of the constitution [1].

Constitutional delusion test

The Constitutional Delusion Test (CDT) is a method for determining the constitutional drug of an individual. The test is based on a model that establishes a connection between constitutional somatic processes in the patient's body and their "projections" (reflections) into his psyche in the form of "delusions".

Delusion - this is the psycho-emotional complex of the individual, which is introspective a manifestation in his psyche of some objective the existing additional condition for the scenario self-fulfillment (see below), wherein, correlated a certain KGP.

The correlation between delusion and CGP is understood as the possibility of using it as a leading (key) symptom for its choice. Thus, delusion is a peculiar form of "compactification" of the pathogenesis of CHP (isolation in the pathogenesis of a homeopathic preparation of symptoms that allow describing not only nosology, but also a systemic error in the patient's body), and its definition and use for its selection is a procedure that complements or replaces the procedure. "Repertory" used in classical homeopathy.

Introspectively, i.e. from the consciousness of the patient himself, the delusion looks like a "axis of attention" containing two opposite poles, on which all his psychic energy is concentrated. The positive pole of this axis corresponds to the patient's satisfaction with the world, himself and the relationship between them. The negative pole corresponds to the patient's dissatisfaction with himself, the world and the relationship between them.

The painful onset of delusion consists in inadequate strength or inadequate direction with which (in which) the patient selects the corresponding "axis of attention". In fact, the existence of delusion means that the patient perceives the world he invented and lives according to the scenario he invented, which do not correspond to the surrounding reality, i.e. his consciousness is narrowed and / or distorted. Narrowing and / or distortion of the patient's consciousness in the presence of a delusion is a sign of pathology that systemic physiological process in his body, which gives rise to this delusion.

From the point of view of the theory of functional systems, delusion is a pathological functional system in the patient's body, i.e. an extra, parasitic task of self-fulfillment, which this organism solves. A pathological need corresponding to this functional system is projected into the patient's psyche in the form of an "axis of attention", and the signal of its satisfaction or dissatisfaction is projected as a sensation of manifestation

the positive or negative poles of the corresponding delusion. Thus, each delusion of the patient is associated with some of his needs. Moreover, the urge to its satisfaction by its strength and / or orientation turns out to be inappropriate for the self-realization of this patient.

Delusions, corresponding to the CGP, can be considered as reflections of constitutional elements in the patient's psyche. Thus, the delusion corresponding to the QGP can be considered as an elementmental constitution patient in the language of delusions. Delusion can be considered as a key symptom of CHP, replacing, in the first approximation, its pathogenesis and significantly simplifying its preliminary selection. You can read more about the delusion structure here [7].

The psychological analogue of the depth of the homeopathic layer is delusion depth. The depth of delusion, on the one hand, can be characterized as the degree of its extension in time, and, on the other hand, as the degree of its unconsciousness, i.e. its "rooting" in the human psyche. The greatest possible depth of delusion is the "vital sensation" described by R. Shankaran [2; 3]. The smallest is a transitory impression from some life episode, which is practically not displaced into the unconscious and reflects the objective structure of its scenario. Delusions can be viewed as a manifestation of the patient's memory engrams.

Pathological life scenarios of the patient. Delusion as a manifestation of the pathological life scenario of an individual at the level of psycho-filters

The semantic content of the concept of "delusion", in our definition, does not coincide with the semantic content of any of those types of mental symptom complexes that were proposed in the world homeopathic literature for the choice of CGP. In particular, the semantic content of the above definition of the concept of "delusion" does not coincide with the semantic content of such concepts as:

- delusions, and / or vital sensations according to R. Shankaran [2; 3],
- Kent delusion [9],
- mental symptom complexes "as if" according to K. Goering [10].

The difference between the definition of delusion used by us from all the types of mental symptom complexes mentioned above is that it is a comprehensive mental and somatic characteristics of the patient, i.e. an additional condition for its self-realization [eleven].

Term "as if", originally used by Goering, with this definition of delusion, it formally retains its force, but is transferred from a single sensation, representation, message and even some system of such sensations, representations and the scenario of self-realization of the individual as a whole. The individual lives his life in all its manifestations So, as if a global additional condition is imposed on him, possibly invisible to others, but completely real for himself, at least for his subconscious (hereinafter - "as if"-condition). An individual subordinate to this "as if"-condition, of course, is forced to change the whole

build your thoughts, feelings and behavior. Various "as if "-conditions, naturally lead to different accentuations: in one case it is more important

sensations change, in another - thoughts, in the third - the actions of the individual, but in reality speedily goes about global change his life activity. And in this sense, the concept of delusion, introduced by us, is universal - it both generalizes and absorbs all the methods of isolating and types of mental symptom complexes known to us. In particular, such approaches to identifying mental symptom complexes as descriptions:

- sense of life according to R. Shankaran,
- topics on Vithoulkas,
- themes by J. Scholten,
- delusions according to K. Goering and others.

are only partial ways of describing it.

In this work, we postulate the position that any delusion, understood in the sense of our definition, is an introspective manifestation in the psyche of an individual of some objectively existing an additional condition for self-fulfillment, the need to fulfill which leads to a deviation of the scenario of self-realization of each specific individual from the ideal scenario of self-realization. Such conditions may be, in particular:

- a defect of heredity, for example, a genetic predisposition to a particular disease, or miasm (in the understanding of S. Hahnemann);
- the result of the impact of the social environment. The presence or absence of mental or physical trauma, certain mental formations, for example, skills;
- the result of the impact of biological, climatic, social, historical and various other types of conditions, leading, in the end, to plastic damage to the body.

Consequently, delusions the individual, in the sense we have introduced, one-to-one, correlated with (due to necessity fulfillment of some additional scenarios conditions) deviations from the ideal of its self-realization (SS).

Deviations of the SS of a particular individual from the ideal scenario of self-realization can, in a first approximation, be divided into three types:

1. Deviations, which boil down to the fact that the individual performs some an additional task of self-realization [12] in addition to tasks self-fulfillment, constituting the ideal STS.
2. Deviations, which boil down to the fact that the individual does not fulfill some the task of self-fulfillment, which is part of the ideal STS.
3. Combinations of deviations of the first and second types.

At the same time, the question of the need to use deviations of all three types to describe the deviation of the ST of a particular individual from the ideal ST is, apparently, unresolved.

Within the framework of the classical (unitary) homeopathy, beginning with the fundamental works of S. Hahnemann [7], it is generally accepted that the deviations of the SS of a particular individual from the ideal SS can be expressed in the form of additional tasks of self-fulfillment, which he has to solve. This additional task of self-fulfillment is simply a task of survival under the additional condition of imposing a certain damage on the organism. In the approximation of Hahnemann in conditions of acute or chronic

poisoning with any poison.

Thus, working with delusion, in our definition, we are, in fact, working with projective introspection of a whole class of objective physiological and, even event-related, prerequisites that are manifested in the psyche of the individual in its form.

We know that the human psyche is a product of his central nervous system (CNS).

Accordingly, by compensating for the delusion, we normalize the process of controlling an individual's life (both in the physiological and event sense). This means that we include those processes of reparation, regeneration and compensation, which, ultimately, lead to his recovery.

The human psyche, according to modern concepts, is a complete reflection of the systemic control of the body at all its levels, in all its tissues, systems and organs.

Example 1

In case of arsenic poisoning, somatic signs of damage to the body may not appear for a long time. However, the pathological process, developing under the influence of the poison, from the very beginning of the poisoning is fixed by the central nervous system and is brought into the consciousness of the individual in the form of an arsenic delusion [5; one].

If in one way or another - homeopathic, psychotherapeutic, isopathic - to compensate for this delusion, then the pathological control loop resulting from arsenic poisoning will be interrupted, and the impaired protective reactions of the body will be restored. Thus, the prerequisites for his recovery will be created, in particular, for the removal of the damaging factor from the body. Consequently, acting on the delusion of arsenic, in order to compensate for it, we, in fact, inevitably control the body in order to adapt it to poisoning with this poison.

There is, however, a very significant number of damaging factors, both hereditary and acquired in nature, which are projectively and projected into the same delusion as arsenic poisoning. This means that the nature of the disturbance in the control of the organism, generated by these damaging factors, is the same as in the case of arsenic poisoning (although the damaging factor is different). Therefore, compensating for the arsenic delusion, i.e. restoring the control system, we adapt the human body not only to its poisoning, but also to all other damaging factors that cause this delusion.

So, each delusion, in our understanding, is mutually uniquely correlated with some pathological task self-fulfillment (CCD) and, accordingly, with pathological functionality flax system (PPS) of the body, aimed at solving this problem [12].

Changing the list of tasks of self-fulfillment deforms the life scenarios of the individual, leading him to deviate from the ideal norm. Consequently, the concept of delusion introduced by us is always correlated with some change in the SS, i.e. pathological life scenario (PZhS).

From the point of view of an outside observer, it looks as if in

eventual reality of the individual, a certain additional event condition was fulfilled. At the same time, the external observer does not see the condition itself, but the chains of human actions and events occurring with him are formed in such a way as if this condition existed.

Example 1 (continuation)

In a patient with the constitutional arsenic type, under a certain set of circumstances, we may not reveal either the pathogenetic symptom complex of the arsenic or the delusion of the arsenic. Of course, they exist, but they can be hidden from an external observer. However, in some cases, we very clearly see the following picture of the eventual reality in which this person is: his actions are largely due to the constant fear that a conspiracy has been formed behind his back, and therefore it is necessary to appease its participants or hide from them. Moreover, surprisingly, the events taking place with this person are as if this conspiracy existed. Although an outside observer can see what is objective, there is no conspiracy. Thus, we could come to the delusion and pathogenesis of arsenic by studying PZhZ.

The importance of the concept of PZhS introduced by us lies precisely in the fact that in some cases it is convenient to go to the QGP, studying not the manifestation of delusion as such, and not the pathogenesis of the patient, but changes in the scenario of his life in comparison with the supposed ideal of self-realization. To put it in the language of psychology - not from psychoanalysis, conducting interrogation with passion, what is there inside a person, but from behaviorism - to study specific actions and use them to establish projective ones with psychophysiological processes.

A practical application to the above is the use of homeopathic remedies, for example, astrological programs to determine. In particular, n / a "Astromed-M" (VV Ilyukhin, KN Mkhitaryan, YA Storozhenko, 2000-2006) [13].

Data on the effectiveness of therapy of patients with the use of QGP, selected using the n / a "Astromeda-M", are given in [14]. We received a reliable assessment of the effectiveness of the methodology we used, i.e. the statistically guaranteed percentage of the patient falling into the ranks of significant improvement / improvement in the range of 77.0–98.1% with an error probability of $p \leq 0.01\%$.

conclusions

1. The proposed by the authors model of classification of patients according to PZhS and their corresponding delusions represent a highly effective method of homeopathic therapy for both somatic and psychoemotional disorders.

2. Specific techniques for identifying classes of scenarios such as the use of p / c "Astromed-M" [13] and KMH-test [15], give in the aggregate satisfactory results in the selection of constitutional homeopathic remedies.

3. When a patient is prescribed a drug corresponding to PZhS / delusion, in the overwhelming majority of cases, synchronization is observed

positive dynamics in the psychoemotional sphere, in the sphere of subjective complaints and objective clinical examinations.

4. This picture makes it possible to judge O constitutionality a homeopathic preparation as its property, which is expressed in the universality of its coverage of all manifestations of the patient's disease, both in the somatic and psychoemotional spheres.

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