

Evaluation of the effectiveness of constitutional homeopathic therapy by the method
constitutional delusion test

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Introduction

The orthodox approach to the statistical assessment of the effectiveness of therapy using one method or another presupposes (in the context of a study carried out in one center): the formation of comparison groups of patients taking into account randomization, standardization of the treatment (used drugs, the order of their administration, etc.) in order to objectification of the result of therapy.

However, for a statistical assessment of the effectiveness of homeopathic and, in particular, constitutional therapy, the formal fulfillment of such requirements is, as a rule, both methodologically and ethically unacceptable, which has already been noted by professional researchers [2]. In this paper, we propose a variant of evaluating the effectiveness of treatment, which, in our opinion: on the one hand, fully satisfies the strict criteria of evidence of a statistical study,

on the other hand, it allows you to study the results of constitutional therapy using statistical methods and within the framework of the general principles and provisions of evidence-based medicine.

For standardization of treatment, it is proposed to use a standard technique for choosing a type of treatment from a predetermined limited set.

A statistical assessment of the effectiveness of the studied method of therapy is made by comparing its results with the results of a conditional "model method of therapy" carried out on a model group of patients whose parameters exactly reproduce all parameters of the original group (ideal randomization model). It is assumed that as a result of using the "model therapy method", X% of success is statistically significantly achieved (in accordance with preselected criteria) in the model group. The percentage interval X% is estimated, on which it can be argued that the studied method of therapy is statistically indistinguishable from the model method (statistically reliably gives the same percentage of success as the "model therapy method"). The upper and lower boundaries of this interval are taken as the upper and lower statistically significant estimates of the effectiveness of the studied method of therapy.

purpose of work

Grade statistical effectiveness of homeopathic treatment with using constitutional homeopathic medicines (CHP), selected in accordance with the methodological recommendations of the KDT [3].

Materials and research methods

To carry out the work, the following tools were used:

1. Software complex "Astromed-M", with the help of which it is possible to identify the patient's delusion, determine its depth and, thereby, select a group of conjectural QGP for it [4].

2. Apparatus for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy by BAT and BAZ, computerized "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005

In the software "Imedis-Expert" in the section of the vegetative resonance test (VRT), a separate user window "CDT" has been created, in which groups of drugs are collected in special folders, repeating the groups of drugs presented in the software package "Astromed-M". This allows the doctor to quickly and efficiently diagnose a patient in order to identify the most suitable drug for him at the moment from the group of his presumptive CGP by performing ART using the CMH marker, according to [5].

3. Psychological self-assessment test according to the method of Dembo-Rubinstein [6]. Self-esteem is the driving force of motives that induce the individual to build life scenarios. The Dembo-Rubinstein test shows the difference between self-esteem and the level of an individual's aspirations, which is one of the characteristics of a self-actualizing personality (A. Maslow), and is, from our point of view, introspection of the individual's self-fulfillment program. Results of this test

were interpreted by us:

- firstly, as a form of objectification of the state of the psychosomatic sphere of the individual.
- secondly, as a form of objectification of the state of his psychoemotional sphere.
- and, finally, as an objective indicator of the quality of his life.

In assessing the effectiveness of the method of constitutional homeopathic therapy using CDT for the selection of drugs, 81 people took part. The age of the patients ranged from 1 month to 84 years.

We did not strive for uniformity of nosologies or requests (requests in relation to their condition) of patients in the group, based on the remarks of the well-known statistician B.L. Van der Waerden on the insignificance of these parameters for the usefulness of a statistical study in cases similar to ours [7]. At the same time, it should be noted that all the patients participating in the study suffered from quite severe diseases, from the point of view of orthodox medicine, and they consulted a doctor in the phase of decompensation of chronic and even hereditary pathology.

At the initial appointment, the following were carried out:

1. Collecting anamnesis of the patient, his complaints and the results of his objective medical examinations.
2. Examination of the patient using psychological methods:
 - diagnostic conversation (in the case of young children with the parents of the child), during which the basic psychological problem of the patient was identified;
 - psychological research of the patient's psychoemotional state - performing a test self-assessment by the method of Dembo-Rubinstein [6] and others.

According to the results of the examination, for each patient, the following were identified and recorded:

1. The main complaint, by which we mean in this work the patient's symptom complex, manifestations of which in the greatest degree worsen the quality of his (patient's) life, with his own points of view. This symptom complex was fixed by us, in most cases, by indicating leading - the most troubling patient - nosology, for example: hypertension, polyarthritis, hepatitis B or C (despite the lack of rigor of such a description, which should, from an ideal point of view, rely only on the patient's subjective feelings). In some cases, however, describe the patient's main complaint as a manifestation of some of his most disturbing nosology was impossible - for example, if the patient asked to get rid of his smoking habit, or complained about premature aging, or if the mother asked her child to increase the mathematical abilities. In this case, the patient's main complaint was taken as his primary request, i.e. that request with which he went to the doctor.

2. Secondary complaints, which were understood as manifestations of nosologies, at this time on for one reason or another that does not bother the patient. In contrast to highlighting the primary complaint, patient requests have never been used to highlight secondary complaints.

With this approach, the relative importance of certain problems of the patient (at least from a subjective point of view) is determined not by the doctor, but by the patient himself, i.e. his vital needs are at the forefront.

On the other hand, for each of the patient's complaints, it was precisely its objective reason that was recorded: uncompensated nosology or complete / partial inability to solve an important life task for him. This method of recording the patient's complaints made it possible, at the stage of monitoring the results of therapy, to objectively record a qualitative result important for evaluating therapy: whether the leading nosology was or was not compensated, whether the patient learned or did not learn to solve an important life task for him.

3. Identification of a group of CGP, presumably describing the patient's constitution using the Astromed-M software package (based on the date and place of birth of the patient) [9], and the subsequent isolation from this group of CGP, which is most suitable for the patient at a given time, by the ART method using the KMX marker [3]. Sequence of selection of KGP:

- 1). Use of the "Astromed-M" software package to determine the KGP group, presumably describing the patient's constitution. This group consists of 7 homeopathic remedies (three remedies from the "mineral kingdom", three from the "vegetable" and one from the "animal" [9]).

- 2). Selection of the only QGP from the leading group that meets the ART criterion [3]:
KMH ↓ + KGP ↑ (1)

Condition (1) must be satisfied for any potency of the tested QGP.

Example: if $KMX \downarrow + \text{Arsenicum C6} \uparrow$, but $KMX \downarrow + \text{Arsenicum C1000} \downarrow$ and, at the same time, $KMX \downarrow + \text{Phosphorus C6} \uparrow \dots KMX \downarrow + \text{Phosphorus C1000} \uparrow$, then Arsenicum is not constitutional, but Phosphorus is, t.e. satisfies the test conditions.

Here:

CMH - a complex constitutional marker - a special electronic autonosode of the patient, used as a filter to identify a constitutional drug. The KMX-marker is the sum of signals written off from the end and nodal points located on the main chiroglyphic lines of the human palm using energy-informational transfer [5].

In the event that the ART criterion (1) is met by several CGP, the choice between these drugs was carried out using the enhanced marker KMX2. It is assumed that a correctly selected QGP, in addition to condition (1), must also satisfy the condition:

$$KMX2 \downarrow + K\Gamma\Gamma \uparrow, \quad (2)$$

performed for all potencies of the tested drug. Thus, the choice of the KGP is strictly regulated.

4. Treatment of the patient with the prescription of the CHP, selected according to paragraph 3. At this stage, was used a single dose of the drug in a potency of 1M.

On a monthly basis, patients underwent a repeated examination, during which the use of QGP was either prolonged or a new QGP was selected.

The treatment lasted 1 year. The final examination coincided with points 1, 2 of the primary appointment.

results

On the basis of the observations and in order to objectify the results of the study, the dynamics of the state of patients "in general" was described by us using a 5-point expert scale.

5 - significant improvements - relief of the patient's main complaint, as well as his secondary complaints. This change in the patient's condition was always accompanied by a significant improvement in the data of his objective clinical examinations, namely, objective compensation for nosology or a group of nosologies, the manifestation of which was his subjective complaints. In addition, in these cases, there was always a significant improvement in the quality of his life and the state of his psycho-emotional sphere (the results of the Dembo-Rubinstein test). These changes reached the point that in a number of cases the diagnosis already made was withdrawn by an official medical institution.

4 - satisfactory improvements - complete or partial relief of the patient's main complaint, but not his secondary complaints. This change in the patient's condition was always accompanied by positive dynamics of the data of his clinical examination, namely, objective full or partial compensation of the nosology, the manifestations of which caused the occurrence of the main complaint. In this case, there was not necessarily a significant positive dynamics in the patient's assessment of the quality of life and / or improvement in the state of his psychoemotional sphere (the results of the Dembo-Rubinstein test).

3 - insignificant improvements - complete or partial relief of the patient's secondary complaints, but not his main complaint.

This change in the patient's condition has always been accompanied by little or no improvement in the patient's objective clinical trial data. However, with this change in the patient's condition, in a number of cases, there was a positive dynamics in his assessment of the quality of his life and an improvement in the state of his psychoemotional sphere (the results of the Dembo-Rubinstein test).

2 - no improvement - preservation of both the main and secondary complaints of the patient. With such a dynamics of the patient's subjective sensations, there was always a lack of positive dynamics in the data of his objective clinical studies, and, in addition, there was no change in his assessment of the quality of life and / or an improvement in the state of his psychoemotional sphere.

1 - deterioration - preservation of the patient's main and secondary complaints; the appearance of additional complaints, accompanied by a deterioration in the data of his objective clinical studies, an increase in subjective symptoms and negative dynamics in his assessment of the quality of life and the state of his psychoemotional sphere. This group also included patients who interrupted the course of treatment.

The results of the assessment are presented in Table 1.

Table 1

Dynamics of the state of patients in the process of constitutional therapy according to the results

research group of 81 people

Этапы и циклы коррекции (по месяцам)	1	2	3	4	5	6	7	8	9	10	11	12
Динамика состояния Пациента												
Существенные улучшения	8 9,9%	8 9,9%	15 18,5%	37 45,7%	48 59,3%	48 59,3%	51 63,0%	63 77,8%	65 80,2%	69 85,2%	69 85,2%	69 85,2%
Удовлетворительные улучшения	52 64,2%	49 60,5%	48 59,3%	31 38,3%	27 33,3%	24 29,6%	27 33,3%	18 22,2%	16 19,8%	11 13,6%	11 13,6%	4 4,9%
Несущественные улучшения	18 22,2%	22 27,2%	13 16,1%	11 13,6%	5 6,2%	8 9,9%	3 3,7%	0 0%	0 0%	0 0%	1 1,2%	8 9,9%
Отсутствие улучшения	1 1,2%	0 0%	1 1,2%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Ухудшение	2 2,5%	2 2,5%	4 4,9%	2 2,5%	1 1,2%	1 1,2%	0 0%	0 0%	0 0%	1 1,2%	0 0%	0 0%

From table 1, the following conclusions can be drawn:

1. Constitutional homeopathic therapy using CDT for selection

homeopathic medicines do not lead to an intermediate deterioration in the general condition of the patient, preceding the development of compensatory reactions, at least in the approximation of monthly monitoring of his condition.

2. At the same time, the effect of constitutional homeopathic therapy in relation to the main In most cases, the patient's complaint does not occur immediately. In the first stages, the development of the processtherapy can, on the contrary, affect nosologies and complaints that are by no means essential for the patient, and only then (apparently, after removing some internal blocks or limits of reparation in the body) the main nosology is compensated and, accordingly, the main complaint is relieved the patient.

Statistical evaluation of the effectiveness of the CDT method based on the results of the treatment

To assess the statistical reliability of the results, the well-known Fisher test was used

[eight]. Typically, the criterion under consideration is used to compare the frequencies (probability estimates) of two events, determined by two methods, for example, the percentages of success and failure of the application of the investigated and control method of therapy. As a result of the application of the criterion, a decision is made to accept or reject the hypothesis that the true probabilities of events, the estimates of which are considered, coincide or, conversely, are significantly different.

In this case, when the control group of patients and the control method of therapy are absent, the Fisher criterion is proposed to be used to solve the inverse problem - to clarify the range of estimates of the probabilities of success of a certain "model therapy method" used, for simplicity of reasoning, to a group of patients of the same size and composition, for which, according to Fisher's criterion, an answer will be received that there is no reliable discrepancy between the results and the results obtained by the authors in the course of assessing the effectiveness of CDT.

The initial data for the calculation are the results of therapy within 12 months (the last column of Table 1), and the cases corresponding to the first two rows of the table "significant improvements" and "satisfactory improvements" are considered as the "success" of therapy. This is illustrated in table. 2.

table 2

Statement of the problem of determining the range of probability of statistically significant success therapy, sample size 81

	Успех, %	Неудача, %
КДТ	90,1	9,9
Модельный метод	X	100-X

As a result of back tabulation according to the tables of the Fisher criterion from [7], it was obtained that for

For a given sample size and a chosen significance level of 0.01, the discrepancy between the model therapy method and the KDT method according to Fisher's criterion will not be found at $77.0\% \leq x \leq 98.1\%$. It is proposed to take this interval as an assessment of the efficiency of the QDT method.

conclusions

The methodology proposed by the authors for assessing the effectiveness of the method of therapy allows for statistical processing of the results of therapy in a number of cases when the orthodox approach to organizing research by methods of evidence-based medicine cannot be implemented for ethical or methodological reasons (homeopathy, reflexology, psychotherapy, Tibetan medicine, Jud-shee). It allows you to evaluate the effectiveness of the method of therapy used without resorting to dividing patients into experimental and control (for example, placebo) groups, which may be important for a number of medical and psychological research. When assessing, using the developed methodology, constitutional homeopathic therapy with the selection of CGM according to the CDT, it was shown that this is a highly effective method.

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