Resonant chains and their significance in ART-BRT. An attempt at an analytical approach

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Introduction

The concept of a resonant chain is one of the fundamental concepts in the combined ART-BRT method, and, at the same time, one of the least disclosed concepts. Recall that a resonant chain (RC) is a sequence of test pointers VRT T1, T2, ... Tn, for which the VRT condition is satisfied:

$$T1 \downarrow \quad T2 \uparrow \ \ldots \ Tn \uparrow, \qquad (1.1)$$

if n = 2k, i.e. the sequence contains an even number of test pointers and

$$T1 \downarrow + T2 \uparrow \ \ldots + Tn \downarrow, \qquad (1.2)$$

if n = 2k + 1, i.e. the number of test pointers in the sequence is odd.

The notation is used here:

- T ↓ - test indicator T causes vegetative resonance (decrease in the measuring level) in the patient's body,
- T ↓ + T ↑ - test pointer T eliminates ("compensates") the vegetative resonance (decrease in the measuring level) caused by the test pointer T.

The designation T ↕ means that the test indicator T does not cause vegetative resonance in the patient's body. A distinction should be made between the measurement results T ↓ + T ↑ and (T + T) ↑, since they do not coincide if condition T ↓ is not satisfied.

The term "vegetative resonance" is used as an abbreviation for the full term "direct vegetative resonance" in the sense of [1], ie the body's reaction to the test indicator in the form of a change in resistance at the measurement point (TI). To indicate the reaction of the body to the test indicator T, consisting in the fact that the resistance at the measuring point does not change when this test indicator is introduced into the measuring circuit, but the set of test indicators that cause (direct) vegetative resonance in the patient's body changes during filtration through the indicator T, in accordance with [1], the term "mediated vegetative resonance" is used.

For RCs with an even number of test pointers, the name “pseudotransparent marker” was also used [2]. Further, for consistency, such RCs are also called "pseudo-transparent test pointers".

The designation Cn (RC) is used for the list of test pointers {T1, T2, ..., Tn} included in the RC T1 + T2 +..., but considered outside their relationship.

Where this cannot cause ambiguity in the presentation, the same designations are used for the composite test indicator T = T1 + T2 + ... + Tk and the RC determined by it, i.e. the designation T = T1 ↓ + T2 ↑ +... is used when the test indicator T1 + T2 +... + Tk is meant.

A resonant chain T1 ↓ + T2 ↑ + ... is called commutative if any permutation of test pointers in it is a change in the sequence of inclusion in

her test pointers - again generates a resonant chain. A large number, if not most, of the resonant chains that arise in the practice of measuring by the ART method are commutative.

Very often, the concept of RC is identified with the concept of a pathophysiological chain (PFC), which is a methodological inaccuracy. The fact is that the concept of the pathophysiological chain isphysiological concept and denotes a causal relationship between various manifestations of a single pathophysiological process in the body [3-5, 6]. For example:

- the manifestation of pathological symptoms and syndromes in one organ depends on the course of the pathophysiological process in another. Examples of such a causal relationship are allergies, or skin diseases, the manifestations of which depend, in fact, on the condition of the patient's intestines, liver and gallbladder;
- the manifestations of the damaging activity of one infectious agent depend, in fact, on the manifestations of the activity of another infectious agent. Examples are: development
  "Opportunistic infections" in a number of viral diseases, from pneumococci with influenza to hepatitis D in the presence of hepatitis B in the patient's body and multiple opportunistic infections in AIDS;

- manifestations of pathophysiological symptoms in a number of tissues of organs and systems actually depend on the disturbance of processes at the level of central neuroimmunoendocrine control. An example is the emergence of numerous, including specific, nosologies after stress, i.e. psychosomatic disorders.

It is important to note that within the framework of the general concept of the "pathophysiological chain", the type of cause-and-effect relationships between various manifestations of the pathological process in the patient's body is not recorded, - various forms of dependence of some manifestations of this process on others are allowed. This is consistent with both the context and the methodology in which the term “pathophysiological chain” is used in pathophysiology.

On the contrary, the concept of a resonant chain (RC) is a concept borrowed from the theory and practice of a certain method of electropunctural diagnostics, namely, the ART method, and is a phenomenon that occurs in the process of successive measurements of a set of test pointers T1 ... Tn and consists of due (dependence) between the results of these measurements expressed by formulas (1.1) or (1.2).

Initially, no pathophysiological significance was assigned to the concept of RC. In order to interpret the RC as a mapping of some PFC, an additional postulate is needed, which can be formulated as follows:

The main postulate of the interaction of test pointers (OPVT). Change in the results of ART measurements during the transition from testing the T marker to the T + T marker reflected by the formulas:

$$T\downarrow + T\uparrow, \qquad (1.3)$$

or

$$T\uparrow + T\downarrow, \qquad (1.4)$$

depending on whether the ART condition T ↓ or T ↑ is fulfilled, reflects the causal relationship between the components of a single pathophysiological process in the patient's body, identified using the T test indicator and the T test indicator .

In particular, substituting instead of T the sum of test pointers T = T1 + T2 + ... + T (n-1), and instead of T - the last of them is T = Tn, we obtain, with a sequential increase in n (and the manifestation of the phenomenon of "alternation" of positive and negative results of the ART measurement), the resonance chain (RC) from the point of view of the theory of ART measurements, and, at the same time, its interpretation as a reflection of the pathophysiological chain (PFC) in the patient's body. Individual components of this pathophysiological chain are reflected by test indicators T1, T2, ... Tn, included in the resonance chain.

There are two methodological incompleteness in the last argument.

one. First, the nature (type) of the causal relationship is not specified. between test pointers T and T . The use of the concept of PFC in systemic physiology is based on the concept of arbitrary the nature of causal relationships between the links of the PFZ, which can vary from link to link in such a chain. At the same time, a singleform of manifestation the phenomenon of binding of two test indicators T and T into the resonant chain T ↓ + T ↑ also implies a single nature the causal relationship it reflects. However, at the present stage of ART development, the unified nature of the cause-and-effect relationships between different parts of the RC has not been identified. Therefore, in the practice of ART-BRT, approaches are used, in which links of the same RC or links of different RCs identified in the diagnostic process, different in order, are interpreted as reflectingdifferent types of causal relationships in the body [4], [5]. To implement any such approach, additional (in relation to OPVT) postulates are required, in the general case setting the type of causal relationshipfor each pair of test indicators T and T connected in the RC , belonging to the dimension list (!). In fact, askseparately a causal relationship between each pair of test pointers belonging to any extensive measurement list is impossible.

This circumstance is the reason emergence various interpretation models of RC. In each such model, all test pointers are divided into groups. The type of causal relationship, reflected by the connection of two test indicators T and T in the RC, given for each pair of groups,
to which the test pointers T and T belong . At the same time, the types of causal relationships reflected by test indicators from various groups are initially recorded speculatively - in accordance with the assumptions of the authors of the model about what these test indicators point to and how they interact. The effectiveness of the interpretation obtained is tested in clinical practice. The most famous of the RC interpretation models are:

- basic model of RC interpretation, developed by Yu.V. Gotovsky and

co-authors. This model is part ofbasic algorithm combined use of ART and BRT [6];

- Class alternative models of RC interpretation, based on modeling the biochemical state of tissues, organs and systems in the patient's body. Models from this class are constituent partsalternative algorithms combined diagnostics and therapy using ART-BRT [7–8].

For example, in the basic model of RC interpretation [6], all test pointers are subdivided into four main groups:

- pointers to the main problems in the body;
- indicators of the localization of the pathological process;
- indicators of the etiology and / or specific nosological form of the disease;
- pointers to effective therapy.

For pairs of test pointers from the indicated 4 groups, a total of (4 4) = 16 types of causal relationships, reflecting the union of these test pointers in the RC. In fact, 4 causal relationships are set in the model, which coincide with the qualities of the groups of test pointers:

- “the existence of the main problem”;
- "localization";
- "etiology and / or nosological affiliation";
- "effectiveness for therapy".

Each test indicator in a pair is considered as a carrier of a causal relationship, reflected by its belonging to one of the identified classes. To exclude discrepancies, RCs in which test pointers are not in the order listed above are excluded, i.e. it is impossible, for example, first to set a test-index corresponding to the "therapy effectiveness", and then - a test-index corresponding to the localization.

As an example, the work [6] considers the diagnosis of "thyroid adenoma caused by geopathogenic burden" based on the following RCs identified during testing:

Silicea D60 ↓ + OSB "Thyroid gland D4" ↑, (1.5.1)

OSB "Thyroid gland D4" ↓ + Nosode "Adenoprotective gland" ↑, (1.5.2)

Nosode "Adenoprotective gland" ↓ + Frequency drug 6.2 Hz ↑. (1.5.3)

In accordance with the comment of the authors of the said work:

- compensation of the test-indicator "Silicea D60" with the help of the test-indicator OSB "Thyroid gland D4" is interpreted so that the thyroid gland is a target organ for geopathogenic load;
- Compensation of the test-indicator OSB "Thyroid gland D4" with the test-indicator Nosode "Thyroid adenoma" so that the disease proceeding in the thyroid gland - benign neoplasm of adenoma;
- compensation of the test-indicator "Nosode Adenoma of the thyroid gland" test-

the pointer "Frequency drug 6,2" so that the indicated frequency drug drug can be administered to the thyroid gland therapy adenomas in this patient.

Thus, to interpret one and the same the same measuring phenomenon in various RCs are used various assumptions about the nature of the causal relationship between the first and second links of these chains. Moreover, the nature of these causal relationships is determined speculatively, based additional assumptions O the nature of test pointers, included in these RC.

In the event that the diagnosis considered in [6] was made on the basis of a single RC:

Silicea D60 ↓ + OSB "Thyroid gland D4" ↑ +
Nosode "Adenoprotective gland" ↓ + Frequency drug 6.2 Hz ↑, (1.6)

a similar situation would arise. Each subsequent link of the considered resonant chain would be interpreted as reflecting a causal relationship of a new (in relation to the previous link) type. Moreover, the nature of this relationship would be determined based on additional assumptions about the interaction of test indicators included in the RC, but not from the measurement structure.

2. Secondly, by virtue of the measuring circuit itself used for constructing the RC, the causal relationship between the test pointers, revealed in the measurement process, arises between the test pointers T and T , related formulas (1.3) or (1.4), and therefore only between the test indicators T1 + T2 + ... + T (n-1) and the test indicator Tn, and not between the test indicators T (n-1) and Tn, as is usually assumed ...

For example, in [6], under the assumption that the diagnosis was made according to RC (1.6), we can talk about a causal relationship between the compound test indicator T = Silicea D60 ↓ + OSB "Thyroid gland D4" ↑ + Nosode "Thyroid adenoma" ↓ and test pointer T = Frequency drug 6.2 Hz ↑, but not about the relationship between simple test indicators of diagnosis and an effective drug for the therapy described by RC (1.5.1) - (1.5.3).

If the RC used for making an ART diagnosis is commutative, then by rearranging its members, any of its members can be moved to the last place. By appropriately forming a group of "drugs effective for therapy", it is possible to treat a patient with an ART diagnosis made by the commutative RC with any of the drugs included in it. But then the value of the commutative RC drops to zero - it can be replaced by any test pointer included in it. Only non-commutative RCs are valuable, but there are no algorithms for their construction within the framework of the known models.

The effectiveness of the proposed RC interpretation models has been confirmed by clinical studies [6-8]. However, there are a number of disadvantages inherent in all of them:

1. To describe the causal relationships displayed by the RC, it is necessary to additionally know which of the groups used in

of the considered model of RC interpretation, each test-pointer included in this RC belongs. If the test pointer included in the RC does not belong to any of the indicated groups (such drugs are, in particular, SDA, evolutionary programs, tissue regeneration drugs, electronic records of graphic images, etc.), interpret the RC obtained strictly speaking impossible.

For example, suppose that chain (1.5.3) is supplemented with additional links:

Nosode "Adenoma-protective gland" ↓ + "Frequency drug 6.2 Hz ↑ +" Life-giving cross "↓ +" Trepang regeneration, integral level 2 "↑ (1.7).

Then the last chain can no longer be interpreted within the framework of the basic model of RC interpretation described in [6], unless you introduce new groups of test pointers with new interpretations or assign new test pointers to old groups.

2. One and the same information product may belong different groups used in the considered model of the RC interpretation, and therefore both its value and the causal relationships displayed by this RC can change depending on which of the groups used in the considered model of the RC interpretation it is assigned to. For example, everything in the same example (1.5.3) gives rise to two interpretations:

- either the adenoma of the thyroid gland is effectively treated with the "Frequency drug 6.2 Hz", if the latter test-indicator is considered as effective for therapy, and the first one is considered as a determinant of nosology;
- or (due to the permutability of neighboring links in the RC) geopathogenic load - as a test indicator of which the "Frequency drug 6.2 Hz" can be effectively treated with the nosode "Thyroid adenoma" if the first test indicator in the chain with rearranged links are considered as an indicator of the body's problem, and the second - as an effective drug for therapy.

2. Purpose of work

1. Give a definition of a single type of causal relationship, arising between the links of the RC and independent of additional assumptions about the interaction of the test pointers included in it.

2. Formulate, on the basis of the proposed definition (causal investigative relationship of a single type between the links of the RC) general principles of the VRT examination algorithm and the construction of an optimal signal for the patient's therapy, general for all models of RC interpretation and therapy with their use known to the author.

3. Some preliminary assumptions and interpretations

It is impossible to build an interpretation model without making preliminary assumptions. Our preliminary assumptions

detailed in [9], are reduced to the following:

1. Any control signal, in particular, a therapy signal, being introduced into the patient's body, causes an adaptive response in him. The nature of this reaction consists in the adaptation of the organism to some additional condition of self-fulfillment, information about which this control signal carries.

2. The body has the ability of symbolic modeling adaptive response developing in it under the influence of a control signal. The result of this modeling is a symbolic anticipatory reflection by the organism of the state in which it will be when the adaptive response is fully developed in it.

3. The result of symbolic modeling by the body of the state after the development of an adaptive response that develops in him under the influence control signal is represented by him as a change in the results of ART measurements. Namely:

- the result of direct measurement of some test indicator reflects the immediate state of the body at the time of measurement;
- measurement of the same test indicator with filtration through a certain control signal reflects the result of symbolic modeling by the body of the state that arises in it after the development of an adaptive reaction under the action of this control signal.

4. In particular:

- with the help of a set of direct or indirect ART measurements, each disease of the organism can be represented as a group of test indicators that cause vegetative resonance in it. Each of these test pointers can be viewed as (partial)
  ART model identified with their help disease.
  The collection of all such test pointers (belonging to the "interface"
  - the list of test pointers selected for measurements)
  it is natural to call complete ART model the disease in question (in the selected "interface");
- when filtering a set of test indicators - ART models of a disease through a presumptive therapy signal, the body simulates a state of recovery. In this case, the group of test indicators - the identified ART model of the body's disease - is not tested when filtered through it (partially or completely, depending on the effectiveness of the selected signal). The therapy signal itself, however, can be translucent;

- if, when filtering through a presumptive therapy signal, a new group of test pointers is revealed that cause autonomic resonance in the body, then this group is naturally considered as an ART model of a disease developing in this body under the condition of its therapy with the signal under consideration, i.e. as the ART model “prices for
  adaptation "to this signal.

4. Unified interpretation of the causal relationship between the previous and subsequent links of the RC

Proceeding from provisions 3.1–3.4, the following is proposed model interpretation of pseudo-transparent markers, as well as a single one that does not depend on

additional assumptions about the nature of the test pointers included in it, the causal relationship in the RC:

4.1. RC, which includes a single test-indicator T (possibly - composite), is interpreted as an ART model:

- compensatory therapy, if the VRT condition T ↑ is satisfied, i.e. test indicator T - translucent, does not cause direct vegetative resonance in the body of the tested. The T test itself is considered compensated for such therapy.

- non-compensating therapy, if the ART condition T ↓ is fulfilled, i.e. the T indicator causes a direct vegetative resonance in the tested person's body.

4.2. Test pointer T = T (2k + 1) included in the RC T1 ↓ + T2 ↑ ... + T2k ↑ + T (2k + 1), consisting of an odd number of links, is interpreted as an HRT model "Prices for adaptation", paid by the body as a result of compensatory therapy with a signal T = T1 ↓ + T2 ↑ ... + T2k ↓.

4.3. Test pointer T = T2k, included in the RC T1 ↓ + T2 ↑ ... + T2k ↑, consisting of an even number of links is interpreted as an ART model effective signal therapy compensating for the disease of the organism, the ART model of which is RC T1 ↓ + T2 ↑ ... + T (2k-1) ↓.

Remark 1. In particular, in accordance with clause 1 .:

- RC, consisting of an even number of links, i.e. composite pseudo-transparent test pointer

$$T \uparrow = T1 \downarrow + T2 \uparrow \ldots + T2k \uparrow,\ k \quad 0 \qquad (4.1)$$

can be interpreted as an ART signal model compensatory therapy. TOcompensated any test-indicator Ti, 1 ≤ I ≤ 2k, belonging to the considered chain, and any combination of such test-indicators are considered.

- RC, consisting of an odd number of links, i.e. composite test pointer

$$T \downarrow = T1 \downarrow + T2 \uparrow \ldots + T2k \uparrow + T (2k + 1) \downarrow,\ k \quad 0 \qquad (4.2)$$

can be interpreted as an ART-model of a signal of non-compensating therapy, and the test-indicator T (2k + 1) is considered to be uncompensated, reflecting, in accordance with item 2, the “cost for adaptation” paid by the body during therapy with this signal of the disease, the ART model of which is RC T1 ↓ + T2 ↑ ... + T2k ↑. In the case when the RC T ↓ is commutative (partially commutative), in as an indicator of "cost for adaptation" can, of course, be considered any test indicator Tj, which can be rearranged in the last place.

Remark 2. Note the fundamentally dual nature of the interpretation of any RC (and, in general, any test pointer), which arises when refusing to use additional information about its nature: each such test indicator is, at the same time, an ART model of some diseases, and the VRT model of the signal of its therapy. This duality cannot be bypassed: it follows from the fact that both the disease and the therapy represent, from the point of view of ART, one and the same type of processes in the body - some adaptive reactions in it.

Remark 3. It is convenient to supplement interpretations 1–3 with additional

the notion that:

- when a compensatory therapy signal is introduced into the body, it develops compensating (this signal or any part of it) adaptive response;

- when a signal of non-compensating therapy is introduced into the body, a non-compensating (this signal or any test-indicator included in it and rearranged in the last place in it) adaptive reaction develops in it.

Thus, within the framework of the proposed model of interpretation, the causal relationship between successive links of the RC turns out to be independent of additional assumptions about the nature of the action of the IP included in it, but depends on the “parity” with which the test indicator enters the chain.

Note that, just like any other model of interpretation, the model for interpreting the results of ART measurements, given by positions 1–3, cannot be in the strict sense justified formally. It is only possible to test their clinical effectiveness, in particular, in cases where the previous interpretation models are not effective enough. At the same time, the model interpretations are direct consequences assumptions 1–4 about the nature and properties of ART measurements.

5. General features of carrying out ART and BRT in various systems (schools) of diagnostics and therapy using the ART-BRT method

Regardless of the model used for the interpretation of ART results (the basic model of Yu.V. Gotovsky, alternative biochemical models, etc.) in all the systems of combined use of ART-BRT known to the author [6–9]:

1. As a signal of therapy, as a rule, are used pseudo-transparent markers obtained in one way or another (depending on the system used) from the patient's ART diagnosis. Examples of such signals of therapy are particular and general bioresonance drugs according to Yu.V. Gotovsky [6], “intermediate” bioresonance preparations built by compensating RCs simulating the biochemical state of an organ [7, 8], chronosemantic drugs and drugs - C-responses [1].

2. To assess the effectiveness of the therapy signal, the results are used mediated ART, namely, the fact is checked that the list of test indicators, which is an ART model of the disease, is not tested when filtering through this signal.

3. To assess the long-term results of treatment, it is also used mediated ART, namely, the fact is checked that when filtering through the therapy signal, a single or a group of test pointers used to assess the systemic resources of the body are not tested. Examples of test indicators used to assess the body's system resources are: test indicators of high and low biological indices, low group levels of health and low adaptation resources in the basic system of ART interpretation [6].

These features common to all algorithms for combined use of ART-BRT features of constructing and evaluating the effectiveness of the therapy signal allow

find practical applications of the proposed RC interpretation model in each of them. In this work, we will restrict ourselves only to the application of this interpretation model to the basic model of the combined use of ART-BRT, developed by Yu.V. Gotovsky et al.

6. Basic model of ART-BRT and its expansion

The use of the proposed model for interpreting the results of ART measurements makes it possible to substantially (moreover, in a natural way, without conflicting with the concepts and concepts of the original model) to expand the basic model of the combined use of ART-BRT:

1. Consider within its framework arbitrary informational preparations, not belonging to one of the main four groups described in [6]. Indeed, within the framework of this model, in relation to any individual entrepreneur to the additional groups of interest to the doctor included in the (SDA, fateful drugs, signals of rejuvenation and regeneration, evolutionary programs, total signals of microacupuncture systems, and others), it is possible to determine:

- can it be considered as an ART model of "price for adaptation" in the conditions of therapy of a patient with a given signal of a compensating therapy;
- can it be considered as an ART model effective signal therapy, compensating for the disease of the organism, the VRT model of which is presented in the form of RC T1 ↓ + T2 ↑ ... + T (2k-1) ↓.

Knowledge of these two properties of a PI is sufficient to effectively use it for therapy within the framework of the basic ART-BRT model, without further clarifying its specific group properties and specific cause-and-effect relationships that it enters into with other PIs when entering a certain RC.

2. Arbitrarily change the order of inclusion of test pointers from 4-x main and an arbitrary number of auxiliary groups in the diagnostic chain without destroying the correctness of its interpretation. Indeed, no matter what the order of the test pointers in the constructed RC will be, whether it coincides with the one recommended in the base model or not, for each such RC it is possible:

- determine whether it is a model of compensatory or non-compensatory therapy;
- for each (including included in it) test indicator, determine whether it is an ART model of “price for adaptation”, or “effective therapy signal” in relation to any part of this RC, consisting of an even, respectively, odd the number of test pointers.

Knowledge of the specified properties of the chain and the test indicators filtered through it is sufficient to construct an optimal therapy signal.

3. Establish a hierarchy of signal quality for compensatory therapy. For of each signal of compensatory therapy T, and a fixed list of test pointers SP, from which all test pointers are selected for measurements, we denote by C (T) = C (T, SP) the set of all test pointers from the list SP, which are VRT models " prices for adaptation "paid by the body during therapy with the signal T ↑, ie such that T ↑ + C ↓ if C belongs to

C (T).

We will say that the signal of compensatory therapy T is stronger (strictly stronger) than the signal of compensatory therapy T on a fixed list SP, if the set of test pointers C (T) = C (T, SP) is included (strictly included) in the set of test pointers C (T) = C (T , SP). Obviously, the force ratio so defined is a partial ordering both on the set of all possible compensating therapy signals and on the set of compensating therapy signals for any disease for which its ART model M is specified, - a list of test pointers from SP that model it [one].

Similarly, for each signal of non-compensating therapy T and the same list of SP, test pointers from which all test pointers are selected for measurements, we denote by D (T) = D (T, SP) the set of all test pointers from the SP list that are effective therapy signals for a disease with a T ↓ model, i.e. such that T ↓ + D ↑ if D belongs to D (T).

We will say that the signal of non-compensating therapy T is stronger (strictly stronger) than the signal of non-compensating therapy T , if the set of test indicators D (T) = D (T, SP) is included (strictly included) in the set D (T) = D (T , SP). The force ratio thus defined is also a partial ordering ratio, both on the set of all possible non-compensating therapy signals, and on the set of non-compensating therapy signals for any disease for which its ART model M.

For further presentation:

- we fix the list of SP test-pointers (this can be, for example, all test-pointers contained in the current version of the electronic selector), and we will no longer return to it;
- we will restrict ourselves only to those signals of therapy T, which are resonance chains.

The following statements are true:

- if the set of RC - signals of compensatory therapy T (M), disease, with the ART model M - is not empty, then there is the strongest of these signals. The strongest compensatory therapy signal T * (M) is not necessarily the only one;
- the strongest signal of compensatory therapy T * (M) (one of these signals) can be obtained from some initial compensating therapy signal T_0 (M) as follows:

A. The initial signal of compensating therapy T is selected$_0$ (M) - resonant circuit compensating M.

B. The set C (T_0 (M)). If C (T_0 (M)) is empty, then T * (M) = T_0 (M). Suppose this set is not empty.

B. Some test pointer C is selected$_0$ from C (T_0 (M)). A signal of non-compensating therapy T is built$_0$ (M) + C_0. By construction (T_0 (M) + C_0)↓, or, which is the same, T_0 (M) ↑ + C_0↓.

D. The set D (T_0 (M) + C_0). If D (T_0 (M) + C_0) empty, then again T * (M) = T_0 (M). Suppose that D (T_0 (M) + C_0) is not empty.

E. In this case, one can choose an effective therapy signal D0 such that T_0 (M) ↑ + C_0↓ + D0 ↑ = T_{one}.

F. Repeat procedure A-E for compensatory therapy signals Tk, k = 1, 2,.... Note that the test pointer Tk contains at least m (T_0) + 2k test pointers from SP. Due to the finiteness of the SP list, the procedure for constructing Tk therapy signals will be cut off sooner or later. The last of the TC signals is the strongest of the signals of compensatory therapy for the disease with VRT model M, i.e. T * (M) = TK.

Pilot experiments conducted by the author showed that:

- the procedure for constructing the strongest of the signals of equilibrium therapy for a disease with an ART model M converges quickly (quickly breaks off) and gives a signal for which C (TK (M)) is empty, or at least not large if, as the initial signal of equilibrium therapy use the resonant chain KMX ↓ + ∑ (M) ↑, where ∑ (M) is the sum of test indicators from the ART model of the disease, KMX is a complex marker of chronosemantics. As a special case of such a procedure, the procedure for selecting a key (from the point of view of therapy) organ can be considered, which in this case is proposed to be selected through the KMH (the method is used in ICIT "Artemis");
- in the case when the patient's constitution, rapid convergence and a small group are considered as an ART model of a patient's disease C (TK (M)) gives the use of the initial signal of equilibrium therapy of the resonance chain KMH ↓ + KGP ↑, where KGP is the constitutional homeopathic medicine, selected, for example, using a delusion test.

4. If necessary, expand one or another main group of test pointers, changing, if necessary, the general interpretation of test pointers from this group, but without changing the general structure of the test interpretation. The most convenient way to clarify this point is with an example. The main group of "indicators of the problem in the patient's body" can be expanded to the group of "indicators of the current pathogenesis in the patient's body." The test pointers in this latter are all kinds of homeopathic remedies. At the same time, the general structure of the proposed model of ART interpretation will not change.

5. To consistently develop the concept of “virtual ART ", formulated in [9]. In accordance with this concept, as a result of ART, not the real state of the organism is determined, but how it models this state. In particular, certain groups of pathogenic agents (viruses, bacteria, fungi, parasites, protozoa), as well as tissues, organs and systems tested in the patient's body against the background of a preload, are interpreted not as really existing, but as "significant" for factors of this organism. The concept of “virtual ART” is a necessary addition to the basic model for interpreting the results of ART, which is used in cases where the interpretations of the basic model are deliberately false or ambiguous (for example, the “significance” for the patient of certain potencies of the homeopathic drug “arsenic” cannot be interpreted as his poisoning with arsenic).

physiological content the concept of "significance" of a test pointer. Within the framework of the proposed model of interpretation, this difficulty is "bypassed" by the following

way:

- a single test guide is by definition a therapy is significant if it model - compensating or noncompensating, depending on whether it causes an indirect or direct vegetative resonance in the patient's body;
- the test indicator included in the RC is by definition “significant” if it can be considered as a “signal of effective therapy” or “price for adaptation” for the part of the chain preceding it, depending on whether it stands in an even or odd place ...

Thus, the physiological content of the concept of "significance" of a test indicator is determined through its therapeutic value - the possibility of its use as a component of a therapy signal. This interpretation is in full accordance with the practice of the basic model of ART-BRT, in particular, with the manufacture of general and specific BR-drugs (see section 5).

conclusions

1. It is possible to give an interpretation of the causal relationship between links of the resonant chain, independent of additional assumptions about the interaction of the test pointers included in it.

2. General principles of the VRT examination and construction algorithm optimal therapy signal for the patient, general for all models of RC interpretation and therapy with their use known to the author are laid down in extended, taking into account the given model of RC interpretation, the basic model of ART-BRT, developed by Yu.V. Gotovsky and co-authors.

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