# The use of ART to build a "conditional" model of the disease patient

A.E. Kudaev[one], K.N. Mkhitaryan[2], N.K. Khodareva[one]
([one]MCIT "Artemis", Rostov-on-Don, [2]Center "IMEDIS", Moscow, Russia)

## Introduction. Some preliminary definitions and notes

This work briefly describes the special bioresonance preparations currently used in the author's system.
"Multilevel systemic adaptive diagnostics and therapy" to remove obstacles to the patient's adaptation to some (in fact, the main) therapy drug, which is further denoted MC (target marker). The construction of these drugs requires considering the sets of resonance chains arising during filtration through the indicated MS marker in a somewhat unusual interpretation, as a "conditional model of the disease", or
The patient's “problem portrait” regarding this marker is given below. The language of presentation follows [1], as well as in part [2] and [3].

The method of electro-acupuncture vegetative resonance test (ART) uses direct measurements and the principle of filtration.

Direct measurements are used to determine the response of the patient's body to a specific test indicator.

To disclose the information content of direct measurements and to establish relationships between the values of the body's response to test indicators, the principle of filtration is used.

When carrying out measurements according to the principle of filtration, two or more test pointers are sequentially introduced into the measurement circuit [4].

## ART examination in a simple interface. Model disease group

By SPT we denote simple testing interface (PIT), -
list all test pointers, used in the process of ART examination of the patient.

The choice of a certain PIT for the purpose of conducting an ART examination is an inevitable consequence of two circumstances:

- firstly, all patients requiring ART examination and subsequent BRT should be examined in some uniform way.

- secondly, the number of ART measurements carried out in the course of an ART examination is limited.

From a formal point of view, the PIT of the survey can be considered the totality of all test pointers contained in the electronic selector. However, the interfaces actually used for ART examination
significantly less: they include 100-300 pointers used by the therapist to clarify the clinical picture of the disease, and reflect his idea of how it can be described.

The set of test pointers (T) belonging to the SPT list, such that the VRT condition T ↓ is satisfied, in other words, test pointers identified in the VRT

examination of the patient, - we denote M (SPT) and further call model group, or disease model in the (simple) SPT interface.

Note that we do not consider the introduced terminology to be final: the terms “examination interface” or “model disease group” may possibly be replaced by some other words. However, the introduction of appropriateconcepts - no matter how these concepts are called - we consider it a necessary stage in creating a rigorous model of ART measurements (including their interpretation). In this paper, for now, we follow the terminology described in [1].

## ART examination in the interface with filtration

The measurement procedure in order to build a "disease model" in a given interface can be carried out using any "auxiliary" test-indicator (marker) as a filter, which will be further denoted MC (target marker). The MS marker, according to [1], is the load to which the body compelled adapt, or what by definition also,

symbolizes the additional task of self-fulfillment, the solution of which the organism compelled learn. This method of conducting an ART examination assumes, in accordance with the provisions stated in [2] and [3], the identification of a "conditional" model of the disease ",projected organism, while additional condition, that in it, with the help of the marker MS, the state of adaptation to the corresponding load is previously modeled (learning the corresponding task of self-fulfillment, symbolized by the marker in question). It is obvious that it is possible to construct not one, but many “conditional” disease models ”corresponding to different MS filters. Therefore, in the case of considering "conditional" disease models ", it is necessary to expand the concept of the ART examination interface, so that the new definition would include not only the list of measurable test pointers, but also the way of making measurements, in particular, the test pointer through which these measurements are filtered.

Let's call filtering interface couple MC, SPT , where MC - target marker - test-pointer through which filtering is performed, SPT - list of measured test-pointers. Measurement in the interface MC, SPT Is a measurement at the SPT interface with filtering through MC, i.e. checking the fulfillment of a condition
MC + T ↓ (or its alternatives - MC + T ↓).

A set of test pointers belonging to SPT and satisfying the VRT condition:

$$MC + T \downarrow,\ T \text{ belongs to } SPT, \quad (1)$$

interpreted as "Conditional disease model" organism, provided that it contained pre-modeled state MC.

The practice of ART examinations shows that for various MC markers$_{one}$ and $MC_2$ test-pointer lists $T_{one}$ belongs to $M_1 = M\ (MC_{one}\ SPT)$ and $T_2$ belongs to $M_2 = M\ (MC_2, SPT)$ such that the following conditions are met:

$$(MC_1 + T_{one})\downarrow, \quad (2)$$

respectively,

$(MC_{2} + T_{2})\downarrow$, (3)

are generally different: $M_1 = M(MC_{one}\ SPT)$ $M_2 = M(MC_2, SPT)$, if $MC_{one}$ $MC_2$. In other words, different tasks of self-realization, solved by the body, lead to different "conditional" models of the disease "as consequences them solutions. In particular, as a rule, M (SPT) = M ( ,SPT) M (MS, SPT) if MS SPT.

Thus, there are two possible approaches to ART examination of a patient. In the first approach - using measurements without filtering - these measurements are carried out "without additional load", i.e. we are trying to determine what the patient is sick with "on his own", regardless of what tasks of self-fulfillment he may have to learn (to what loads he has to adapt). This approach is simpler from the point of view of conducting and interpreting an ART examination of a patient, but it is not complete, since it does not allow describing the peculiarities of the response of his body under load conditions - solving an additional problem of self-fulfillment.

In the second approach of measurements with filtration, the examination procedure becomes more complicated, but it becomes possible to construct a "conditional" model of the disease "under the assumption that the organism solves one or another problem of self-realization.

For expressiveness the terminological combination "conditional model of the disease" is sometimes replaced, by one of the co-authors, with the phrase "Portrait of the problem" patient, (with respect to some task of self-realization), which describes the situation "more expressively".

A person who cannot learn English, gain recognition, get married, or simply unlucky and depressed is not a sick person.
orthodox understanding of this term. But he undoubtedly has
problem - he cannot solve some particular problem of self-realization, and this circumstance does not allow him to optimally self-actualize as a whole (to put it simply, to live happily, for his own pleasure). The “primary” description of the problem has the form MC ↓, and sometimes even MC ↑, where MC is its specific test indicator - a marker of the problem that the patient cannot solve. Such a description of the problem, however, does not allow giving an answer to the question,why the patient's body cannot solve it. Filtering the initially given simple SPT interface through the MC token gives the answer to this question,in the form of a description of the "conditional" model of the disease "arising in the body when trying to solve the specified problem. Depending on the state of the organism, either the situation is modeled, (MC ↑) - “the problem can be solved”, or (MC ↓) - “there are not enough resources to solve the problem”.

It is quite natural, in both the first and second cases, to call the list M (MC, SPT), allowing some liberty of expression, a “portrait of the problem” of the patient, and the pair (MC, SPT) - an interface with filtering in which this “portrait” is built ...

Δ + and Δ-markers for the target marker, and their interpretation

Let us introduce the following notation:

one. MC = MC, M - a set of test pointers from M "Compensated" when filtering through MC. In the case of MC ↓, these test indicators are characterized by ART conditions:

$$T \downarrow \; MC \downarrow + T \uparrow, (3)$$

and in the case of MC ↑ - by the conditions:

$$T \downarrow, (MC + T) \uparrow, (4)$$

Markers from MC, M characterize compensation (regressive vicarization) the initial disease of the organism with the M model (SPT), modeled by it under the condition of adaptation to MC. Test pointers from the list + MC = + MC, M interpreted as missing resources to train the body to solve the problem symbolized by MC. Sum MC , all test pointers from the set MC , called - marker for MS relative to the SPT list, or -marker for the portrait of the patient's problem in the interface (MC, SPT).

2. MC = MC, SPT / M Is a set of test pointers from SPT "Decompensated" when filtering through MC. In the case of MC ↓, these test indicators are characterized by IR conditions:

$$T \uparrow \; (MC + T) \downarrow, (5)$$

and in the case of MC ↑ - by the conditions:

$$T \uparrow, (MC + T) \downarrow. (6)$$

In both cases, the list of the MC, SPT characterizes the modeled body is decompensated (progressive vicarization) of the original diseases with model M (SPT), subject to an attempt to adapt to MC. Test pointers from the list MC = MC, SPT interpreted as projected losses when teaching the body to solve a problem, symbolized by MC. Sum MC all test pointers from the set MC called -marker for MS relative to the SPT list, or - marker for the portrait of the patient's problem in the interface (MC, SPT).

A collection of test pointers MC, SPT MC, M MC, SPT / M (M (SPT), M (MC, SPT)) is, from a formal-mathematical point of view, a “symmetric difference” between the “disease model”, revealed against the background of the absence of the self-fulfillment task symbolized by MS, and the “problem portrait” - “model diseases "revealed against the background of training the body to solve this problem.

MC marker used to build problem portraits and lists MC, M and MC, SPT / M can be both conditionally positive and conditionally negative. According to the test interpretation table the following pointers are possible interpretations of various combinations MC characteristics:

1. MC ↓, MC marker is conditionally positive - the problem is the impossibility of training the organism to initialize the FS (MC). When trying to initialize this PS (MC), the organismdoes not model an equilibrium the state in which this file system is initialized. List MC, SPT interpreted as resources lacking in order to find the adapted state of the organism, subject to the initialization of the FS (M).

2. MC ↓, MC marker is conditionally negative - the problem is impossibility of training the organism to deinitialize the FS (MC). When trying to deinitialize PS (MS), the bodydoes not model an equilibrium the state in which this FS is deinitialized. List MC, SPT interpreted as resources lacking in order to find an adapted state of the organism, subject to deinitialization of the FS (MC).

3. MC ↑, MC marker conditionally positive - organism simulates steady state in which the FS (MC) is initialized. List MC, SPT) is interpreted as predicted body losses, subject to initialization of the FS (MC).

4. MC ↑, MC marker conditionally negative - organismsimulates steady state in which the FS (MC) is deinitialized. List MC, SPT) is interpreted as predicted body losses, subject to deinitialization of the FS (MC).

How missing resources, and so projected losses interpreted as obstacles to the body's learning to solve a problem self-fulfillment symbolized by MC.

Using Δ + and Δ-markers for the manufacture of therapy drugs

The following two use cases are possible Δ + and Δ-markers for the manufacture of bioresonance preparations Δ + (MS) and Δ-(MS).

A situation is possible when the therapist's choice is directed training of the body in solving a certain problem of self-fulfillment, symbolized by MC. In this case, therapy Δ + (MS) and Δ-(MS) markers precede the procedure of adaptation to MS or even accompanies its initial stages. Thus, the obstacles for the adaptation of the patient's body to the marker of the goal of the MC are removed, which is interpreted as the elimination of obstacles to learning how to solve the problem of self-realization of the symbolized MC.

A situation is possible when the choice of the therapist is the selection or manufacture the marker itself MS in such a way that adaptation to this marker will bring maximum benefit to the patient. In this case, first, an MS marker is selected or manufactured, which, from the point of view of the therapist, is optimal for solving the problem of treating a conventional (not conditional) disease model. In other words, MS in this case is a kind of "preliminary model" of therapy, a disease identified in the course of ART examination. Then preparations Δ + (MS) and Δ-(MS), and the first stage of therapy is the patient's adaptation to them. Thereby, obstacles are removed to adapt the patient's body to the MS target marker, i.e. obstacles to the implementation of the model of therapy given with the help of MS.

If in the first case the main interest of the therapist is in the adaptation of the organism to a given marker, in the second - in its successful choice or manufacture.

The choice of the marker of adaptation of the MS can be carried out, for example, by enumerating test indicators from the model group of the disease, up to finding such a test indicator that compensates to the greatest (least) degree for the rest of the test indicators from the model group, when filtering through it (A .E. Kudaev, NK Khodareva, MCIT "Artemis").

An alternative approach is possible - the choice as a marker of MS adaptation of a test-indicator that simulates a certain process of patient therapy, for example, an autonosode aimed at the CMH of his blood or a constitutional homeopathic preparation (K.N. Mkhitaryan, "IMEDIS"). With this approach, the MS canbe manufactured usually by summing up the test indicators from some of their groups identified in the course of the ART examination, with the subsequent potentiation of the sum until it compensates for the KMX marker or total marker of "disease model".

Both approaches overlap when using So called fateful drugs developed by co-authors.

Regardless of the approach used, therapy using markers Δ + (MS) and Δ- (MS) is carried out by adapting the patient's body to them (targeting CMH, chronosemantics with these markers, etc.) according to the general adaptation schemes described in [1].

Bibliography

1. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel system adaptive diagnostics and therapy. - Rostov n / a: Publishing house SKNTS VSHYUFU APSN, 2009 .-- 309 p.

2. Mkhitaryan K.N. Treatment of the body as design and subsequent initialization of functional systems. // Abstracts and reports. XII International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2006. - pp. 186–221.

3. Mkhitaryan K.N. Resonant chains and their significance in ART-BRT. Attempt analytical approach // Abstracts and reports. XVI International Conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy ". Part II. - M .: IMEDIS, 2010. - S. 179–201.

4. Electro-acupuncture vegetative resonance test: Methodical recommendations / Vasilenko A.M., Gotovsky Yu.V., Meizerov E.E., Koroleva N.A., Katorgin V.S. - M .: SPTs TMiG MZ RF, 2000 .-- 28 p.

A.E. Kudaev, K.N. Mkhitaryan, N.K. Khodareva Using ART to build a "conditional" model of a patient's disease // XVII

S.65-73