

## Adaptive reactions - as an option for homeopathic control destination

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The homeopathic method of treatment, being an example of a holistic approach to the human body, is able to find mutually beneficial points of contact with many other methods based on understanding the body as a single system. In modern homeopathy, there is a wide variety of schools with different approaches to the method of taking a case and finding a "similimum". The effectiveness of the drug is evaluated exclusively clinically, which sometimes creates a state of uncertainty and gives rise to many doubts not only among beginners, but also among experienced homeopaths. Coming from classical medicine, physicians want to be able to assess the effect of their prescribed homeopathic remedy using objective methods.

The doctrine of adaptive responses can be used to solve this problem. It was created by Russian scientists L.Kh. Harkavi, E.B. Kvakina and M.A. Ukolova in 1975 (discovery No. 158) on the basis of the discovery by G. Selye of the first general nonspecific adaptive reaction - the stress reaction. Hans Selye was the first to discover that the action of different in quality but strong stimuli in the body develops the same complex of changes. Russian scientists have discovered and proved that there are other fundamental reactions of the body to stimuli of medium and low intensity. Their long-term work together with T.S. Kuzmenko made it possible to reveal that the effects of medium strength, and, moreover, of low intensity, do not have an energetic effect on homeostasis, but, first of all, an informational one. They established

The doctrine of adaptive responses is, in fact, a detailed development of the Arndt-Schultz law ("basic biological law" or "hormesis" in biological medicine):

- weak stimuli increase the vital activity of protoplasm;
- medium and strong stimuli make it difficult for her to be active;
- very strong incentives destroy it.

A homeopathic preparation acts on the body as a systemic information signal, its action is manifested at all levels: energy-informational, mental-psychological, cellular-tissue.

"When a medicine is prescribed to a sick person on the basis of the principle of similarity, it triggers a reaction of the vital force that tries to maintain a state of homeostasis. This reaction of the life force strengthens the already functioning immune processes" (Ajit Kulkarni). Hence the action homeopathic remedy affects the state of the body's adaptive response.

"Health is a condition in which the body is fully adapted to its environment. Disease is a change in this condition, leading to

suffering organism " (William Boyd). Reaction adaptations - This symptom complex of changes that occur in the body in response to the influence of factors of the external and internal environment in order to maintain homeostasis. You can put an equal sign between the concepts of "protection" and "adaptation", "adaptation". The main property of the stimulus, which makes it possible to form the basis for a standard adaptive response, is the quantity, which is defined in relation to a living thing as the degree of biological activity.

The stress response develops to strong stimuli when extreme survival mechanisms are mobilized. Since this is the task of "surviving at any cost", it combines elements of protection and damage. This reaction is characterized by suppression of the thymic-lymphatic system and the activity of the endocrine glands, lymphopenia (less than 20%); increased secretion of ACTH and glucocorticoids. The sharp predominance of glucocorticoid activity provides a significant anti-inflammatory effect, but against the background of immunosuppression. The biological feasibility of suppressing the immune response is to prevent an excessive response that can lead to the death of the body. In the central nervous system, after a sharp excitement, transcendental inhibition develops. Metabolism is characterized by the predominance of catabolic processes and high energy consumption.

The training response, which develops to weak, threshold stimuli, is characterized by changes in the endocrine and thymicolymphatic systems within the lower half of the norm, except for the secretion of glucocorticoids. The content of blood lymphocytes is 20–27%, a moderate predominance of glucocorticoids without elements of damage and oppression leads to a mild (without immunosuppression) anti-inflammatory effect. With a systematic, daily repetition of training influences (dose, impact force), the training stage develops. In this reaction, the processes of anabolism and catabolism are within the lower limit of the norm with some predominance of anabolism. This allows you to protect the body from repeated weak stimuli, replenish plastic and energy resources. As a result, the activity of the body's defense subsystems increases.

The activation reaction (recently, the authors do not divide it into calm and increased) - develops on stimuli of medium strength and is characterized by a moderate increase in anti-inflammatory potential, prevents the transition of an acute inflammatory process to a chronic one. The main meaning of this reaction is to increase the activity of the regulatory and protective subsystems of the body. It is characterized by the predominance of anabolic processes and moderate energy consumption. The content of lymphocytes in this reaction is the upper half of the normal zone and slightly higher (28-40%). The nonspecific resistance of the organism increases rapidly and significantly due to the true stimulation of the activity of the protective subsystems of the organism.

The training and activation reactions are also called anti-stress reactions, since they provide the most favorable type of interaction between the body and the environment.

An increase in the number of lymphocytes above 45% is a reactivation reaction, which is recorded only in pathology and does not depend on the strength of the acting

irritant.

Multiple studies of signal indicators after each exposure made it possible to establish the phenomenon of interconnection and sequential transition of reactions into each other: if the initial stimulus caused a stress response, then its successive decrease formed first an activation response, and then training, but a further decrease in the exposure dose again formed stress. It turned out that these reactions have a clear periodicity. This periodicity is dose-dependent through the response coefficient: a change in the exposure dose by 10–20% (response coefficient 1.2) is sufficient for the transition to any "adjacent" reaction. It also appears that responses can be elicited with exposure values much smaller than those considered to be thresholds. Reducing the dose while maintaining a step equal to the response coefficient showed that the regularity of the transition of reactions is repeated in the same sequence even when it decreases relative to the maximum tolerable by a factor of 1500–700000. This is already a range similar to homeopathic dilutions.

The alternation of the triad of reactions, the discrete and periodic nature of their repetitions testified that they develop according to the same laws at different levels of reactivity. It is known that if an organism reacts to small acting factors, then it has high reactivity, and if the reaction is caused by gross stimuli, then this is evidence of low reactivity. Thus, each triad of reactions corresponds to its own level of reactivity ("floor"). "Floors" correlate with reactivity levels as a threshold of arousal with excitability: high threshold - low excitability, low threshold - high excitability. Low floor - high level of reactivity, there is a reaction to stimuli that are small in absolute value; high floor - low level of reactivity, reaction only to large in absolute value acting factors.

The concepts of sensitivity and susceptibility that form reactivity are also fundamental in homeopathy when choosing potency and when determining the miasm as the pace and depth of the leading sensation (according to Shankaran). As Stuart Close wrote: "The susceptibility increases as the similarity of the remedy increases and becomes maximum in the case of similimum." That is, the system has the maximum sensitivity to the most similar drug. Therefore, it is so important to give it in the minimum single dose, since only in this way can the most favorable adaptive response be created. Therefore, do not rush to a repeated dose, it can either change the reaction or "raise the floor", reducing the reactivity. And as a result - to block the effect of the initial dose.

Thanks to the periodic system of adaptive reactions, the organism has at its disposal a large reserve of reactions "for different occasions of life", and the larger the "stock of variants" of reactions the organism possesses, the more subtly its relationship with the environment can be regulated.

The level of reactivity is distinguished by "voltage elements", which are determined by deviations from the norm of other indicators of the leukocyte formula. They testify to the desynchronization of the activity of the body's subsystems. The presence of one sign of tension (for example, leukocytosis or leukopenia), the fact of its short-term presence indicates a good

balance of systems, a high level of reactivity, which means a low level of the adaptive response. If a sign of tension is persistent, repeated in analyzes for a long time, difficult to correct or these signs 2-3, this is evidence of significant desynchronization and moderate levels of reactivity, where even favorable training and activation reactions cannot be considered a favorable treatment result. It turned out that homeopathic remedies in low potencies, especially if they are prescribed in solution, do not change the adaptive response, but affect precisely the "tension elements", thus reducing the "floor".

The most important indicator of the leukocyte formula is the level of eosinophils, which reflects the state of secretion of glucocorticoids (this indicator is the most important after the number of lymphocytes in the description of all adaptive reactions). The indicator of the norm of eosinophils starts from 1, which is probably why doctors often do not attach much importance to the indicator 0. But aneosinophilia indicates an excessive secretion of glucocorticoids for this adaptation reaction. Eosinophilia (an increased level of eosinophils) indicates a lack of glucocorticoids in providing and maintaining this reaction. If eosinophilia appears against the background of activation, then this is a relative insufficiency (in this reaction, the need for them is great). And if against the background of stress - this is an absolute insufficiency, i.e. evidence of the onset stress depletion reaction. The only correct reaction to the drug in this case will be the training reaction (although this is a transition to a higher floor, but only in training can plastic and energy resources be restored). That is, the transition to another level of reactivity can be estimated by the dynamics of the reaction:

stress  
activation  
workout  
stress  
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workout  
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workout

If, after exposure, the body changed stress to activation, this is evidence of a transition to a lower floor and an increase in systemic synchronization (provided that other indicators have not changed). If a training reaction appears after stress, then, while maintaining the stability of other parameters, this is an increase in the floor, which means that the system can create a less energy-consuming response only at the cost of internal desynchronization. The phenomenon of synchronization, contributing to the efficient transfer of matter, energy and information in the body, is fundamental in the formation of the level of reactivity and the type of adaptive response. The stress response of a very low level of reactivity is characterized by the most pronounced desynchronization. Reactivation reaction, which is not included in the periodic system of adaptive reactions and is characterized by high, not characteristic

normal lymphocytosis (> 45%), is characterized by hypersynchronization of various functions. When reactivated, excessive activity is formed in the operation of many systems, the connections between them become unnecessarily rigid, which is fraught with an unexpected breakdown.

The theory of adaptive reactions makes it possible to objectively see that the symptom complex, which we call the disease, is a method of protection created by the body to maintain health within the framework of the characteristics of its level of reactivity and individual perception of the biological activity of the forces acting on it. Treating illness as an adaptation is one of the cornerstones of homeopathy.

For objective control of the correctness of homeopathic prescription, you can use a comparison of indicators of a general blood test before and after taking the drug. However, if in the analysis obtained at least one day after taking the homeopathic remedy, a picture of an anti-stress reaction of a high level of reactivity is visible, then this is evidence that this drug is working effectively. Here it is no longer important what the basic picture was (that is, you should not abandon this technique if there is no analysis before taking the drug). With such indicators of the leukocyte blood count, you can safely wait for the dynamics of clinical data. The main thing that such control gives is the ability to see the wrong appointment in a day, and not wait until it shows a combination of symptoms, and re-examine the case. I.e.,

#### Example

Patient S. Diagnosis: duodenal ulcer in remission, allergic rhinitis; in the baseline analysis: leukocytes - 6.8; neutrophils - 60; eosinophils - 10; lymphocytes - 18; monocytes - 12. Basically there is a stress reaction of medium levels of reactivity with elements of adrenal insufficiency. The case was taken according to Shankaran's method and the drug was prescribed in the 200C potency. After 3 days: leukocytes - 5.6; neutrophils - 63; eosinophils - 9; lymphocytes - 25; monocytes - 3. Received a training reaction of high levels of reactivity with persistent adrenal insufficiency. Analyzes show that this homeopathic preparation is effective, you can safely monitor the dynamics of the clinical picture. The training reaction, in this case, is most appropriate, because will allow the adrenal glands to restore plastic and energy resources.

The phenomenon of a systemic dose-dependent response of the body to exposure can help in the choice of potency and in deciding whether to re-prescribe the drug.

Practical observations made it possible to reveal the following regularity:

potency 30C - does not change the type of adaptive reaction;

potency 200C - changes the reaction to the neighboring one (either up or down the scale);

potency 1M - changes the reaction in 2 steps.

That is, having a stress reaction in the blood test, regardless of the reason that caused it (an incorrect previous appointment or this is a basic state),

it is better to prescribe the drug in a potency of 200C. The dose factor will change the response: if it is up the scale, it will be training, and if it is down, it will be activation. If the drug is selected correctly and corresponds to the deep constitution of a person, then the dose factor will play a secondary role, the effect will provide energy-informational component of the drug. Very carefully, the drug should be re-prescribed in the activation reaction received for the correct primary administration. This reaction will be subjectively perceived as a surge of strength and energy. The appointment of 200C will translate activation into training, which will be perceived by a person as weakness, lethargy and is regarded as a deterioration, and 1M can introduce the body into a stress response. This is the essence of the phenomenon of deterioration in case of untimely appointment of a repeated dose.

These criteria help to better understand when to re-prescribe: until data on a change in reaction or level of reactivity (moreover, changes for the worse) appear in the leukocyte formula, you should not interfere, a repeated dose can be harmful.

If an anti-stress reaction in combination with aneosinophilia is obtained in the analysis, then the body has reacted with excessive activity of glucocorticoid production and this reaction will not be persistent, perhaps it is better not to wait for a breakdown after improvement, but to give the drug again, but in a lower potency. If this is an anti-stress reaction with leukocytosis, the body reacts to the drug through an exacerbation (the doctor is already looking at individually whether this reaction is appropriate and logical or not).

The theory of adaptive reactions provides an opportunity to take a deeper look at the qualitative watershed of the 30C potency. All lower potencies will act energetically, with the elements of the influence of the substance. The authors of the adaptation theory investigated precisely this effect and found that for the development of the reaction, the stimulus must act in the first minutes after waking up, this forms an adaptation reaction that lasts for 24 hours. In their proposed activation therapy, exponentially decreasing doses of various substances are recommended to be taken daily in the first minutes after sleep. The reaction created under such influence does not change regardless of what stimuli the body encounters during the day. That is, the formed attunement to the weak, threshold stimuli will isolate them from the entire set of signals from the surrounding world. It is likely that this is how, every day, in the first minutes after sleep, it is advisable to take homeopathic remedies in low potencies. Drugs in potency above 30C work only at the informational level. The reactions formed by them are highly stable. This applies to both favorable and unfavorable reactions. Perhaps this is why it is so difficult to achieve the result, or it is inadequate in people who have used homeopathic medicines for many years as symptomatic or preventive means. The reactions formed by them are highly stable. This applies to both favorable and unfavorable reactions. Perhaps this is why it is so difficult to achieve the result, or it is inadequate in people who have used homeopathic medicines for many years as symptomatic or preventive means. The reactions formed by them are highly stable. This applies to both favorable and unfavorable reactions. Perhaps this is why it is so difficult to achieve the result, or it is inadequate in people who have used homeopathic medicines for many years as symptomatic or preventive means.

The proposed method of laboratory assessment of the correctness of prescribing a homeopathic preparation cannot be considered complete and exhaustive. It is rather an attempt, an example, an opportunity. This is an invitation to creative work to find common ground between homeopathy and classical medicine. Striving to create mutually enriching links between methods, based on a holistic approach to the body. Trying to "touch" those

changes that occur in matter under the influence of information.

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