Selection of information products
in the conditions of the possibility of anticipatory observation of their impact

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Summary

The work compares the criteria for the optimality of information drugs, formed in the process of development of information medicine. None of them have decisive arguments in favor of his preference. This is largely due to the difficulties in comparative assessment of the quality of therapy, as well as in connection with the non-permutability of biological effects of information drugs. In this manifestation, an organism, as a biological system, turns out to be similar to quantum-mechanical systems considered in physics. It is noted that express diagnostic tests, in particular electropuncture drug tests (EPMT), can be regarded as an analogue of the “classical measurement” for such a biological system. Borders explored
applicability of EPMT in information medicine. Analyzed
physiological mechanisms underlying express diagnostics. A new express diagnostic test is proposed - KChSM, which has a significantly lower throughput than electropuncture drug tests, but is devoid of certain inherent limitations - dependence on the psychological attitudes of the operator and low integrativity. It is concluded that the effectiveness of information therapy does not depend on the method of production of the drug used, but on the correct combination of directed adaptive reactions caused by it. The latter can be verified by

anticipatory observation their combined action both with the help of EPMT, and with using KChSM.

Key words: informational the medicine, express diagnostics, functional system, visual analyzer, directed adaptation response, adaptation reserves, KMH marker, critical flicker fusion frequency (CFF).

Introduction. Formulation of the problem

The problem of comparative assessment of the results of various approaches to information therapy has become significantly more complicated after the development of new technologies for the production, storage, reproduction, modification and testing of the therapeutic efficacy of information drugs:

- electropuncture drug tests (EPMT), examples of which are, in particular, R. Voll's method [1] and vegetative resonance test (ART), developed by H. Schimmel [2-4];
- other methods of express diagnostics, of which we will mention the CFFSM test [5];
- the method of bioresonance therapy (BRT) in its various modifications [6];
- the use of electronic selectors and reprinters.

Modern volumes of electronic selectors are up to 50,000-60,000 informational preparations, of which the therapist composes, and sometimes produces, using rather complex BRT procedures, the optimal from his point of view,
therapy information drug. Schemes for the manufacture of such informational drugs are not only complex, but also different, depending on the therapists who implement them. It is safe to say that two doctors will never make the same information drug, to the same patient, even if

they belong to the same school of bioresonance therapy.

There is no generally accepted system of criteria for determining that a selected or manufactured information product is optimal (effective and safe) for therapy. Moreover, the existing criteria do not always proceed from the same approach to diagnosis (for example, they are ART criteria or use combined results for ART and R. Voll's method). Often, one part of the criterion uses one approach to diagnosis (for example, ART or R. Voll's method), and the other part uses a different approach (for example, repertory in homeopathy). At the same time, it usually remains unclear how and with what, from a physiological point of view, the heterogeneous parts of such criteria are combined. Often, the criteria used to test the optimality of a selected or manufactured drug are not experimentally substantiated - they are only partial hypotheses,

To date, in information medicine, there is a situation in which there are not three, but, potentially, endless set approaches to the selection or production of an informational preparation "optimal" for therapy. A significant part of these approaches work, and even quite effectively, but none of them work so hard as to unconditionally win over all other doctors. In particular, on the territory of Russia there are a number of ART-BRT schools usingvarious, but generally effective a system of criteria for the diagnosis of an information product.

Comparison of the therapy results obtained within the framework of these schools encounters significant difficulties associated with both human and organizational and methodological factors. Meanwhile, it is important to conduct it, since only in this way can you select or develop more effective algorithms for diagnostics and therapy in information medicine.

In this situation, it seems relevant to develop:

- objectified methods of comparing various criteria optimality selected or manufactured inform drug, or a completemational course of treatment;
- criteria bindingsresults express diagnostics patient To clinical dynamics of his condition, in other words, comparison, as well as criteria for comparing the effectiveness of such anchoring criteria;
- generally, general theory of express diagnostics, based not on individual technical advances in this area (such as the Voll method, ART, CFFSM, gas discharge imaging), but on the understanding and use of physiological principles, underlying it.

The full scope of this program is beyond the scope of this work. We will focus only on the wordingbasic principles in accordance with which it seems natural to develop a general theory of express diagnostics of an organism, as well as individual applications of these principles to the tasks of comparing the effectiveness of criteria for optimality of therapy, as well as criteria for linking the results of express diagnostics of a patient and the clinical dynamics of his condition.

Objectives of the work

1. Highlight the most general principles of selection and / or manufacturing information products in the conditions of the possibility of their recording, storage, reproduction and modification using electronic equipment.

2. Formulate the most general criteria for clinical therapeutic

efficacy of the information drug used in EPMT.

3. Analyze the restrictions on the use of EPMT, identify their nature dividing, in particular, into the actions of an information preparation inherent in any methods of anticipatory observation, and inherent only to EPMT, consider ways to overcome them.

4. Using the KChSM test described in the work as an example, show that there are complementary (complementary) to EPTM methods of anticipatory observation of the action of an informational preparation, devoid of a number of specific limitations inherent in EPTM.

5. Also, using the KChSM test as an example, show that the main regularities anticipatory observation of the action of information drugs obtained with the help of EPMT also remain valid for any other methods of anticipatory observation, regardless of their inherent limitations,
coinciding with, or differing from the EPMT restrictions.

6. Show that EPMT and KChSM can be considered as complementary methods of anticipatory observation of the action of an information preparation. Their combined use makes it possible to solve some problems of diagnostics and therapy, which are difficult or even impossible to solve with only one of these methods.

7. Develop an algorithm for combined drug testing with using EPMT and KChSM, which simultaneously provides high effectiveness, and permissible labor intensity selection or making information product

Non-permutability of biological influences and the problem of taking into account the individual constitution in comparative assessment results of different approaches to information therapy

The fundamental difficulty of clinical research in information medicine is irreproducibility of the patient's condition when exposed to him "correctly selected", in accordance with this or that approach, homeopathic remedy. If this condition, depending within the paradigm of information medicine on the individual constitution of the patient, were reproducible, then it would be possible to compare the effectiveness of different approaches in information medicine on patient with a certain individual constitution, following this algorithm:

- apply to him an informational preparation, selected in accordance with the first of the tested approaches, for example, the unicist one;
- to track the results of therapy carried out in accordance with the first of the investigated approaches, in particular, its effectiveness and safety (absence of unwanted side effects);
- return the patient to his original state, including his original individual constitution;
- repeat the above procedure as many times as required to compare the results of all compared approaches, each time returning the patient to the initial state.

If such a procedure were possible, then, at the next stage of the study, we could:

- or select from the current flow of patients a group with a certain constitution, and compare the results of different methods of therapy on it, based on the data obtained on each patient separately.

- or, even without separating from the current flow of patients groups with a certain constitution, use standardized algorithms individual selection information drugs within the framework compared approaches.

The problem, however, is the fact that the return of the patient to the original condition after carrying out effective therapy impossible (yes, and unethical). Therefore, within the framework of any statistical study, the most important question remains unanswered: in favor of which of the approaches would the results of different approaches to therapy speak?one and only specific patient, if these approaches could be applied independently of one another.

The situation here resembles the state of affairs in quantum mechanics: the impossibility of accurately measuring, for example, the speed and coordinate of the same microparticle, since the measurement of any of these parameters leads to an irreversible change in the value of another parameter [7].

Simultaneous measurement of velocity and coordinates has to be carried out not on a single particle, but on a stream of "statistically equivalent" particles, which leads to measurement uncertainty, called the "Heisenberg uncertainty relation" [8].

In the same way, the impossibility of conducting therapy within the framework of any one approach, without irreversible changes in the patient's condition, leads to a fundamentally irreparable uncertainty that arises when comparing two different approaches to treatment. In this case, the role of the "scatter parameter" providing the statistical uncertainty of the investigated flow patients, plays such a complex parameter as an individual constitution, which makes it extremely difficult even to use the traditional apparatus of mathematical statistics for research. You can talk about non-commutativity (non-permutability) impact two various information preparations, bearing in mind that the result of their joint action depends on the order of their application.

In quantum mechanics, the measurement uncertainty disappears when passing from macro-objects to the approximation of classical (conventional) measurements [8]. As far as the authors know, with the exception of general remarks made by physicists [8, p.5051], to date, medicine and biology have not been described: neither the problem of non-commutativity of biological influences, nor approaches to constructing its “resolving” approximate procedures of “biological classical measurement”. Meanwhile, as will be clear from the subsequent presentation, such procedures exist in modern medicine and have been used for a long time.

In our opinion, this state of affairs is an inevitable consequence, in particular, of the lack of generally accepted methods anticipatory observation actions of the information product. We believe that the development of means, methods, and the theoretical concept of anticipatory observation of the action of an information drug will make it possible to switch to correct clinical trial schemes that allow comparing, in contrast to modern evidence-based medicine schemes, different approaches to therapy, both taking into account and not taking into account the individual constitution of the patient.

Electro-acupuncture tests as methods of anticipatory observation of the action of an information preparation. Solving the problem of non-permutability of biological influences in the framework of electropuncture testing

Methods of electropunctural diagnostics, in particular, R. Voll's method [1] and the method of autonomic resonance test (ART) [2–4], should be considered, within the framework of the presentation, primarily as methods that allow anticipatory observation actions of information drugs.

Indeed, with the advent of electropunctural diagnostics, the effect of an information drug on the body has become possible to measure and evaluate directly and immediately, For example:

- within the framework of R. Voll's method - according to the change in the reactivity of biologically active points (BAP) during the electropuncture test of R. Voll, against the background of the tested signal, in comparison with their reactivity in its absence. This method of tracking the action of an information product is calleddrug test R. Voll [1, p. 13-14];
- within the framework of the ART method - by changing the list of test indicators that cause autonomic resonance in the body against the background of the tested signal, in comparison with the same list, but tested in its absence (Schimmel's drug test).

It is assumed that the test pointers to be tested are selected from a certain predetermined list of test pointers, reflecting the operator's ideas about possible ART models of the disease, and is called, therefore,
research interface.

In principle, a drug test is associated with each electropunctural test, which measures the change in the indicators of electropunctural diagnostics when the tested information product is introduced into the measuring circuit. We will call such a drug test associated with the corresponding electropuncture test.

Important, but insufficiently researched an aspect of drug tests associated with electropuncture tests is their interpretation (including the correct interpretation of the results of the drug Voll test or the ART test!). Usually, the result of testing an information drug is considered positive, from the point of view of therapy, if, against its background, the patient's tested electropuncture parameters approach the parameters
"Optimal health" of the patient, in accordance with the theory of the test in question, and negative otherwise. However, these assumptions
by themselves do not explain in any way the nature of the effect of the tested drug on the patient, unless the additional assumption is made that as a result of drug testing, we observe the anticipatory response of the patient's body to the introduction of this drug into it. In other words, the anticipatory reflection of the change in self-regulation that should occur in this organism during therapy with this drug.

It is this point of view that was developed by the authors regarding nature informational preparations, interpreted as signals, most likely with an electromagnetic carrier, and perceived by the body as information about the presence of additional conditions for the necessary adaptation, in which he needs to survive and self-actualize, in other words, additional conditions for adaptation necessary for the further self-realization of the organism [nine].

Let us dwell on one feature of electropuncture testing, which was not noted in [9]. Any drug electropuncture test is an analogue of that "classical approximation" of measurements, in

medicine and biology, with the help of which it is possible to carry out "simultaneous observation" of several non-permutable (irreversible) biological influences. Indeed, the logic of any drug test assumes that it is possible to enter the measured information drug into the measurement circuit, to determine the patient's anticipatory response to it, i.e. predict its effect, and then cancel this reaction by removing the tested drug from the measurement loop. After that, the second, third and subsequent information preparations can be entered into the measurement circuit, as a result of whichcomparative an approximate forecast of their actions, independent of the testing order. Thus, any EPMT is a way of constructingan approximate comparative forecast of the action of several information drugs, "Solving" the problem of non-commutativity of their influences.

"Semantics" and "syntax" of the information product

The progress in information medicine, caused by the emergence of EPMT, led, along with new opportunities, and new difficulties, as if "compensating" the approximate solution of the problem of non-permutability of the effects of information drugs. One of these difficulties was the ambiguity of the resolution identification tasks information product,

- determining its specificity, or, which is the same, identity or differences two initially unknown drugs - arising from the use of EPMT.

Before the advent of methods of electropunctural diagnostics, in particular the Voll method and vegetative resonance test, as well as methods of bioresonance therapy [9], allowing to copy, combine and modify informational preparations, the attitude towards them was similar to the attitude towards chemical compounds, even if taken in "small doses" [10, p. 89–95].

For example, with the "orthodox" homeopathic From the point of view, two preparations are identical if the same initial tinctures and the same preparation methods were used for their preparation, and they are different if the initial tinctures or preparation methods were different, in full accordance with what is customary in chemistry.

Accordingly, the specificity of the information drug was established by the source of its manufacture, which, in particular, made it possible to easily distinguish between single drugs and their mixtures, despite the absence of control (for example, chemical) tests.

With the advent of means of electronic rewriting, storage and reproduction of information preparations, it became clear that an information preparation is, in fact, signal, apparently, with an electromagnetic carrier perceived by the body as information about an additional condition of adaptation [11–14].

The nature of the origin and the method of obtaining this signal turn out to be unimportant, only the final information contained in it is important, which can be determined using, for example, a drug electropuncture testing From this point of view, preparations obtained in different ways from different initial material substances can be considered identical if they give the same results when drug testing, and different in the opposite case.

Thus, two different definitions of identity and

specificity of information products: in accordance with their origin and method of preparation, and in accordance with the results of drug testing.

Drugs that are identical according to the results of some EPMT can be called syntactically identical, justifying this terminology by the fact that this identity is, by definition, the identity of the formal (syntactic) recording of the results of their testing with the help of the EPTM under consideration, i.e. their identitysyntactic description.

Finally, one can define morphogenetically identical drugs, as informational drugs, made in the same way from the same initial substances.

It is "natural" to assume that:

- morphogenetically identical drugs are also identical syntactically - since we are talking about measuring the effect of the same drug;
- morphogenetically different drugs can be distinguished by a suitable EPTM, i.e. in suitable syntax.

The use of electropuncture drug tests has led to the need for a significant revision of these "natural" provisions.

It turned out that two morphogenetically identical drugs can give different results in drug testing, and thus
are syntactically different in relation to the chosen syntactic EPTM and (electropunctural) criteria of identity.

And, on the contrary, within the framework of the syntactic approach, turn up two morphogenetically different drugs are identical. For example, a set of homeopathic remedies, built in accordance with the principles of pluralism, or even complexism, may appear, according to the test results, to be identical to the only informational preparation selected on the basis of the principles of unicism (or superior in terms of effectiveness, but more on that later).

Mismatch of morphogenetic and syntactic identity
drugs leads to the need to highlight the third form of identity: semantic. Two drugs are calledsemantically identical
(having the same semantics), if they cause the same biological reactions in the organisms of the patients into which they are injected, those. havethe same biological meaning for them.

For "material" - chemical - preparations, the morphogenetic and semantic forms of identity are considered to be the same by definition.
The fact is that the biological meaning of a "material" (chemical) drug - the structure of the physiological reaction that occurs when it is introduced into the patient's body - is uniquely determined by its chemical composition, and the latter is determined by the initial ingredients and the method of preparation. Therefore, it is impossible to imagine:

- a situation, morphogenetic but not semantic identity of two chemical preparations in which their production, in the same way and from the same initial ingredients, will nevertheless lead to different biological reactions of the same organism to them, which would mean a difference in their chemical composition impossible under the conditions of their morphogenetic identity;
- a situation, semantic, but not morphogenetic identity of two

chemical preparations, in which these two drugs, having different chemical composition, would nevertheless cause exactly the same
primary - arising directly from chemical reactions with them - biochemical reactions in the body into which they are introduced.

At the same time, in information medicine, in a large number of cases, differences in the results of electropuncture testing of a chemical preparation are observed, provided that the tests are carried out on patients with different constitutions, i.e. with different structuresecondary (response) the body's reaction to the introduction of the studied drug [15].

That is, morphogenetically (and, it would seem, semantically) identical chemical preparations (chemically - the same drug!) May turn out to be syntactically different, which in information medicine is explained by the individual characteristics of the patient's body, which cause
various responses to their (his!) introduction.

We will use the concepts semantics and syntax information product, understanding:

- under drug semantics - specific biological significance for the organism, information about the additional condition of the necessary adaptation, its component;
- under drug syntax - specific results of its testing with the help of any method of anticipatory observation of its effect on the body. In the latter case, the type of drug test and the system of criteria by which the effect of the drug is assessed should be indicated.

IN the described conditions are decisive for the correct selection information product (one, or a group) are methods based
on anticipatory observation of its effect on the body. These methods include, in particular, all EPMTs.

Mechanisms and general principles

anticipatory observation of the action of the information drug

The mechanisms and general principles for observing the anticipatory action of an information product follow from the theory of functional systems (FS) and the concept of anticipatory reflection of reality, developed by P.K. Anokhin [19, p. 339-347].

Standard - the same for all functional systems - FS architectonics according to P.K. Anokhin is shown in Fig. one.

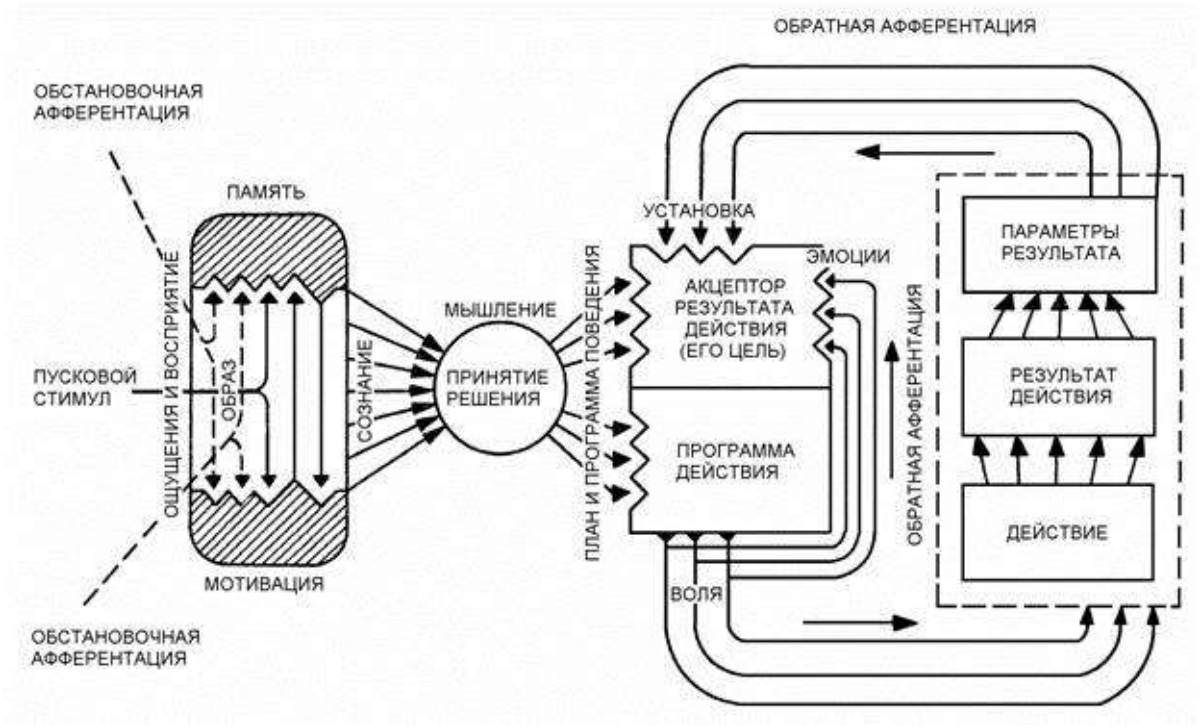


Fig. 1. The standard architectonics of a functional system according to P.K. Anokhin.

The fundamental point that determines the existence of a FS is its construction of an anticipatory reflection of reality, in the form of its the acceptor of the result of the action - models of the expected result of a certain program of actions of the organism. The acceptor of the result of an action is built on the basis of information obtained through afferent pathways and then processed using afferent synthesis. Then, by means of efferent synthesis, a model for the implementation of this program is built with the subsequent achievement of the supposedly expected result by means of an action carried out by the body with the help of the field of effectors. At the last stage, due to reverse afferentation, the parameters of the result of the action are compared with the acceptor of the result of the action, and a decision is made to continue the activity of the FS in the same form, modify it or terminate its activity.

That is, in the beginning, in response to this or that irritation, or demand, there is a construction models of the estimated future, in the form of an acceptor of the result of an action. This construction is carried out on the basis of information about the surrounding reality and the previous experience of the individual, obtained by afferentation and processed in the process of afferent synthesis. Then the body makes decisions:

- on the appropriateness of the action to achieve the expected result;
- if a positive decision about the expediency of the action is made, about the possible ways and methods of its implementation (efferent synthesis). Then, a command passes along the efferent pathways to realize the goal inherent in the acceptor of the result of the action. Upon reaching the expected result, it is compared with the standard embedded in the acceptor of the result of the action. If the comparison result confirms the achievement of the expected result, the process ends, otherwise, it is repeated with corrections until the expected result is achieved.

The phenomenon of the existence of PS in the body is rather related to

cybernetics and control theory rather than structural-anatomical or physiological peculiarities its structure. At the same time, this phenomenon reflects the deepest level of physiology inherent in all biological systems without exception - the construction of all their anatomical and physiological structures based on the principles of self-regulation.

As an extreme case, it is possible to consider, as a FS, the organism itself as a whole, which was done in order to build a model of the internal time (IW) of the organism, Yu.V. Gotovsky and K.N. Mkhitaryan [20].

Let us consider the interaction of an information drug and an organism from the point of view of the FS theory.

The "working body" of an information product is, in fact, information, in accordance with the hypothesis adopted by the authors - about an additional condition for the necessary adaptation. In the case of an information product, this condition is either resistance condition (for example, to poisoning with poison of a certain orientation), or condition of following. In some cases, these conditions transform into each other, which is illustrated by such drugs as "Triton-Regeneration" or "Triton-Metamorphosis". The acceptor of the result of action in all cases is the model of normal self-regulation in the body, and the action of the corresponding PS is reduced to the developmentdirectional (to restore normal self-regulation) adaptive response. At the same time, the integrity of the body entails, depending on the presence of other damaging factors (for example, the presence of viruses, bacteria, fungi, protozoa in the body, or the weakness of certain tissues, organs and systems) or pathological modifications of this adaptive reaction, or, on the contrary, the elimination of these factors and restoration of organs, tissues and body systems.

It follows from the theory of FS that the organism models, with the help of anticipatory reflection of reality, not only the paths of development of a directed adaptive response, but also its final result, in the form of an acceptor of the result of the action of the corresponding FS. At the same time, due to the integrity of the organism, all damaging factors that are present in it are also taken into account. Ultimately, the acceptor of the result of the action of the PS, which is responsible for the adaptive response to the information drug under consideration, contains information aboutcomplete change of state the body after this reaction.

The construction of an acceptor of the result of an action entails a change in certain physiological parameters of the organism. Therefore, the possibility of anticipatory observation of the effect of an information drug on the body follows from the possibility of observing, in some cases, an acceptor of the result of the action of a PS that arises upon the introduction of this drug and is responsible for the development of an adaptive response to it.

P.K. himself Anokhin did not consider such problems, due to the fact that in his time the methods of observing the acceptors of the results of action were not developed. The situation has changed qualitatively with the recognition and dissemination of medicinal electropuncture tests, in particular the medicinal test by R. Voll and the ART method by H. Schimmel. These and similar tests were originally used as methods of express diagnostics, i.e., by definition, as methods anticipatory observation actions of information drugs. The clinically confirmed effectiveness of these methods, as well as the well-known regularities linking the results of EPTM and the adaptive response of the organism deployed in time, make it possible to say with confidence that the BAP system of the organism is a representative system of the acceptor of the result of the organism's action as

integral FS when exposed to an information preparation. At the same time, the totality of observations made in the course of EPTM propagation makes it possible to identify three main regularities [8, 21], which can, in a first approximation, be used for anticipatory observation of the impact
test drug:

1. The presence of the dynamics of the results of electropunctural measurements of BAP, against the background the introduction of an information drug into the measuring circuit, the information resonance it causes, indicates that the introduction of the tested drug into the body will indeed lead to an adaptive response deployed in time.

2. The absence of the indicated dynamics indicates that the tested drug is not will cause an adaptive reaction deployed in time, it is "insignificant" for the organism.

3. The dynamics of the results of electropuncture measurements, against the background of the introduction information product into the measuring circuit, consisting in reducing the deviation of the indicators on the BAP from the indicators, presumably
corresponding to the "state of health", speaks of a positive effect on the body of an adaptive response developed in time, caused by the tested drug.

4. Dynamics of the results of electropuncture measurements against the background of the introduction information product into the measuring circuit, consisting in an increase in the deviation of the indicators on the BAP from the indicators, presumably corresponding to the "state of health", speaks of the negative impact on the body of the deployed in time adaptive response caused by the tested drug.

5. In the case of both positive and negative impacts
information drug on the body, the direction of the adaptive reactions caused by it, can also be determined based on the change in indicators on the BAP, when it is introduced into the measuring circuit. Namely, the real state of the organism, when the tested drug is introduced into it, will tend to the state represented by the BAP and BAZ of this organism by its (drug) testing.

Thus, the BAP and BAZ system of the body, as well as its microacupuncture systems, represent the acceptor of the result of the action of the FS, which occurs when an informational preparation is injected, and is responsible for the adaptive response evoked by this drug, unfolded in time.

A mechanism that allows the acupuncture system to represent acceptors of the result of the action of any PS that is responsible for the development of adaptive reactions of the organism, looks, at first glance, mysterious. In fact, the essence of this mechanism is clarified by the following considerations:

- electrophysiological indicators of the acupuncture system are a reflection of the state of the central nervous system of the body (as it is believed, its autonomic nervous system);
- The central nervous system of the body is a "natural environment" for the formation of acceptors of the result of action, moreover, P.K. Anokhin considered FS and, acceptors of the result of action, as formed by the nervous system (although he noted the universality of this approach);
- the systemic nature of the formation of representative systems for the acceptor of the result of the action of some adaptive reaction of the organism may consist in the anticipatory transition of its rapidly reacting systems to the state in which they will presumably be at the end of this reaction.

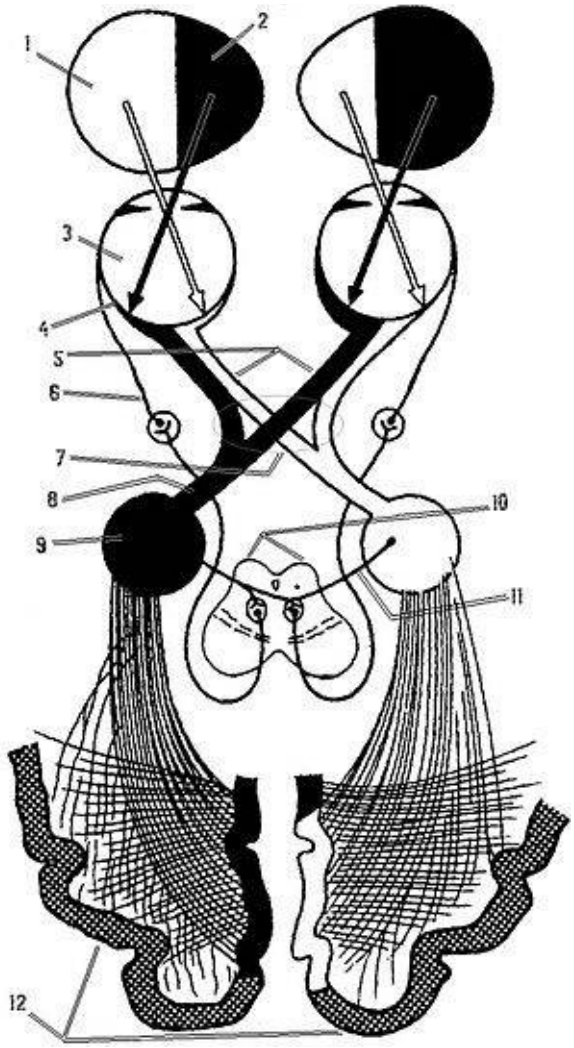
This principle of the formation of an acceptor of the result of action is biologically expedient. As a rule, rapidly reacting systems satisfy the most urgent, "close" needs of the organism. It is biologically expedient to accompany a presumptive improvement in the state of the body with an advanced transition of its rapidly reacting systems to an optimal state, which allows solving immediate operational tasks that ensure further stages of the patient's recovery process. And, on the contrary, the presumptive deterioration of the state of the organism makes it inexpedient, or simply impossible, for the transition of rapidly reacting systems to an optimal state.

Based on the foregoing, in order to predict the consequences of the effect of an information drug on the body, unfolded in time, it is necessary to assess the dynamics of the functional state of any of its rapidly responding systems, which have the properties and features of the FS and are related to the regulatory systems of the highest level. It is desirable that this estimate can be carried out on the basis of the minimum number of observed state parameters. Suitable systems of the brain seem to be, in particular, its sensory-perceptual analyzers, the most powerful of which (according to the associative connections formed with other parts of the brain) is the visual analyzer.

Advance observation of the information drug action
using the test "control flicker fusion frequency" - KChSM

The authors have developed a technique that makes it possible to use visual analyzer.

The block diagram of the visual analyzer is shown in Fig. 2.



Rice. 2.Pathways of the visual analyzer
1 - Left half of the visual field, 2 - Right half of the visual field, 3 - Eye, 4 - Retina, 5 - Optic nerves, 6 - Oculomotor nerve, 7 - Chiasm, 8
- Optic tract, 9 - Lateral geniculate body, 10 - Superior tubercles of the quadruple, 11 - Nonspecific visual pathway, 12 - Visual cortex
brain.

Fig. 2 it is seen, what visual analyzer is an complicated neurophysiological system, including:

- the eye itself with its direct innervation, which determines the processes of perception of the visual image (accommodation, etc.), as well as trophism, both tissue and regulating the vascular tone of the eye;
- the visual pathway, which includes the optic nerve itself, as well as significant areas of the hypothalamus (lateral geniculate bodies, upper tubercles of the quadruple), brain stem (prehecal region), reticular formation, up to the optic analyzer of the occipital region (ancient part);
- a fairly large number of areas of the cerebral cortex (field of the cerebral cortex 17 - 18 - 19).

Directly, or at the level of associative links, the visual path is connected:

- with the hippocampus, which is believed to provide a connection between the human immune and nervous systems;
- the hypothalamus, which carries out the connection between the endocrine and nervous

system;

- the cerebral cortex and the ancient brain, which allows the connection "between the central nervous system and the ANS."

Consequently, the state of the visual pathway reflects the state of the system of autonomic, immune and endocrine regulation of the body or the system of its neuro-immuno-endocrine regulation. The latter, in turn, so determines the state of the body that it is considered by a number of leading homeopaths as the main target for homeopathic regulation, it is a features when speech constitutional remedy [18].

On the previous (author's development) integral stage of work, one of characteristics of the visual analyzer - control frequency mergers flashes peripheral source red radiation - was used to assess the current state of the body and its adaptive capabilities [22]. Studies in the field of physiology, in particular, the physiology of labor, have confirmed the high information content of this characteristic as an indicator of the general state of the organism [23–24].

Another integral parameter of the visual analyzer - the dynamics of the comparison accuracy along the lengths of different and equal-sized segments before and after exposure to the information preparation - was used to assess the long-term effect of the information preparation [25]. However, this method of anticipatory observation of the action of an information preparation is rather cumbersome and not devoid of subjectivity with a relatively small bandwidth.

The authors proposed to use the dynamics of the flicker fusion frequency (not necessarily red) of a peripheral light source, which changes under its influence, for advanced observation of the action of an information preparation.

To assess the anticipatory response of the body to an information product, two types of characteristics of the visual analyzer are used:

1. Actually the dynamics of the flicker fusion frequencies on the right and left eyes and

2. Dynamics of the difference of these frequencies

when this drug is introduced into the measuring circuit.

The method of anticipatory observation of the action of the informational preparation is based on the following observations of the authors:

1.1. Increase in CFFF by more than 1.2 Hz from the initial one against the background of exposure information product on the patient's body indicates a positive long-term therapeutic effect of its use, that is, that as a result of therapy with this drug, the patient's condition will significantly improve.

1.2. Lack of reliable change KChSM on the background impact information product testifies about absence any reliable long-term effect.

1.3. Decrease in CFF against the background of the therapeutic effect more than 1.2 Hz, indicates that its long-term consequences will be negative, that is, the patient's condition will reliably worsen.

Exactly the same patterns are observed regarding the synchronization of the flicker fusion frequencies (FFCM) in the left and right eyes:

2.1. Decrease in SCHSM by more than 0.3 Hz from the initial, when exposed to of the tested information drug on the patient's body indicates a positive long-term therapeutic effect of therapy with this drug.

2.2. The absence of a reliable change in the SCHF against the background of exposure

the tested homeopathic preparation indicates the absence of any obvious long-term effect of therapy.

2.3. The increase in HFSM against the background of exposure to the tested homeopathic with a drug of more than 0.3 Hz indicates that the long-term consequences of its use will be negative, that is, the patient's condition will significantly worsen as a result of therapy with this drug.

Both of these characteristics of the visual analyzer can, in principle, be combined into one general characteristic of the integral dynamics of the CFFSM using the formula:

I = L sign (L) L R sign (R) R L R (one),

or:

J = L sign (L) L 2 R sign (R) R 2 L R 2 (1),

Here:

- L - change in the flicker fusion frequency on the patient's left eye,
- R - change in the flicker fusion frequency on the patient's right eye,
- L R - change in the difference between the frequencies of the flicker flicker on the left and right to the eye,
- L, R and - coefficients of significance of the contribution for the left and right eyes and synchronization between them, respectively,
- - the function of the usual numeric module,
- the sign function is defined by the rule:

1 if x
sign (x) = 0 if x = 0
- 1 if x

About odds L, R and little is known today apart from the assumption that L = R. It is also not known which of the options for the advanced assessment of the drug action using CFMC will be more appropriate for medical practice: the use of integral speakers I or J, or comparison of 3-vectors (L, R, L R), consisting of the characteristics of the dynamics of CFFF of the tested drugs for other more complex algorithms.

Comparison of CFFS and electropuncture drug tests

General properties of KChSM and EPMT

Comparison of KChSM and EPMT is appropriate to start with the designation of the common thing that unites and allows you to compare, at least in principle, these two methods of express testing:

1. Both KChSM and any EPMT are methods of advancing observation of the action of information, including homeopathic, drugs. Both of these testing methods are biological measurements. "Classical approximation", in that the non- sense, what they "ignore" permutability of biological effects on the tested organism exercised information drugs.

2. In both EPMT and CFM, anticipatory observation of the drug's action is based on the assumption that, against the background of its introduction into the measuring

the contour, the value of the EPMT or CFFF indicators approach their values in a healthy organism, if the drug is suitable for therapy or move away from the latter, in the opposite case. In this case, the degree of approximation of the EPMT or CFMC indicators to the optimal indicators is the greater, the more suitable for therapy is the information drug being tested (introduced into the measuring circuit).

3. Both in EPMT, and in KChSM it is possible to measure with filtration, i.e. anticipatory observation of the action of one drug against the background of another already introduced into the measuring circuit. As with EPMT, any such measurement can be interpreted as a measurement model with pre-treatment of the patient with a filter drug.

The boundaries of the use of EPMT and the possibility of their "removal" with the help of KChSM

It is advisable to describe the "limits of application" of the EPMT and then, to establish which of them can be "removed" or "pushed back" using the KChSM.

1. The first (and already noted in the previous section) limitation the applicability of any EPMT is associated with the limitations of the very model of anticipatory reflection of reality, which is the basis for them. In fact, no adaptation problem can be considered separately, outside the other adaptation problems of the organism, which are a kind of "boundary conditions" for it [26]. Therefore, in the process of adaptation, the body always solves the problem of optimal control and, therefore, there are temporary moments of "switching" its modes of self-regulation. It can be expected that at these moments the anticipatory reflection of reality, reflected by a change in the EPMT readings, is interrupted, and a restructuring of control occurs, associated with the "switching" of the organism to a new mode of self-regulation. The specified limitation applies equally to the KChSM drug test. As for the length of the time interval, on which there is an interruption of the advance observation of the action of the information preparation, there are currently no theoretical developments that allow comparing this length for two different methods of advance observation. Preliminary data indicate that the CFFF test in a number of cases gives a “scan” for longer time intervals than those that do not use EPMT filtering. On the other hand, there are preliminary data that the CFFS results have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker CMH [27]. The final conclusion on the issue under consideration requires additional research. then, to date, there are no theoretical developments that allow comparing this length for two different methods of advanced observation. Preliminary data indicate that the CFFF test in a number of cases gives a “scan” for longer time intervals than those that do not use EPMT filtering. On the other hand, there are preliminary data that the CFFS results have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker CMH [27]. The final conclusion on the issue under consideration requires additional research. then, to date, there are no theoretical developments that allow comparing this length for two different methods of advanced observation. Preliminary data indicate that the CFFF test in a number of cases gives a “scan” for longer time intervals than those that do not use EPMT filtering. On the other hand, there are preliminary data that the CFFS results have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker CMH [27]. The final conclusion on the issue under consideration requires additional research. Preliminary data indicate that the CFFF test in a number of cases gives a “scan” for longer time intervals than those that do not use EPMT filtering. On the other hand, there are preliminary data that the CFFS results have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker CMH [27]. The final conclusion on the issue under consideration requires additional research. Preliminary data indicate that the CFFF test in a number of cases gives a “scan” for longer time intervals than those that do not use EPMT filtering. On the other hand, there are preliminary data that the CFFS results have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker CMH [27]. The final conclusion on the issue under consideration requires additional research. that the results of KChSM have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker KMK [27]. The final conclusion on the issue under consideration requires additional research. that the results of KChSM have a high degree of correlation (up to statistically significant coincidence) with the results of the autonomic resonance test with filtration through the individual chronosemantic marker K

2. Significant disadvantages of any known EPMT method are:

- low information content of individual "elementary" testing acts used in EPMT, which, for example, in the Voll method are tests of individual BAPs, and in the ART method - compensation of individual auxiliary test pointers;
- along with this, the rapidly increasing complexity of assessing the test result of an information product as the number of “elementary tests” increases in any version of the EPMT used;
- dependence of the assessment of test results on the set of test indicators (interface) considered as significant in any version of the EPMT used.

Let us explain what has been said using the example of ART. Suppose we are testing some informational preparation P, and for testing is used interface T = {Ti; i I}. Thenseparately taken fact of compensation preparation P of one or another test indicator Ti: Ti ↓ + P ↑ has practically no prognostic or diagnostic value for assessing it impact. To conduct a full-fledged drug testing by the ART method, in fact, it is necessary:

1) Pre-identify direct ART diagnosis DS (T) patient in used interface T, those. set of test pointers Ti T, such that Ti ↓ in the patient under consideration.

2) Calculate the sets Δ + (P, T) and Δ- (P,T), consisting of test pointers Ti, such that:

Ti ↓, but (Ti + P) ↑ if, and only if Ti Δ + (P, T),

Ti ↑, but (Ti + P) ↓ if, and only if Ti Δ- (P, T).

3) By the sets DS (T), Δ + (P, T) and Δ- (P,T) define the set DS (P, T) of the patient, equal by definition to DS (P, T) = ((DS (T)\Δ + (P, T)) Δ- (P,T)).

4) Comparing the sets DS (T) and DS (P, T) assess the suitability of preparation P for therapy. In accordance with the postulates accepted in ART, the smaller the set DS (P,T), or some numerical value that estimates the "cumulative significance" of the test indicators it contains.

At the same time, the choice of the interface T, optimal for diagnostics and / or therapy, as well as criteria for comparing the significance of sets of test pointers in the selected interface, are carried out, in fact, arbitrarily, - the ART methodology itself does not contain instructions allowing to prefer any interface or comparison criterion to the rest. Today, there are several different ART-BRT schools, adhering to different views on which measurement interfaces should be chosen and by what criteria to compare the “residual »ART diagnosis DS (P, T) with DS (T),in order to optimize therapy [21, 28-29]. This situation follows fromplurality test pointers used for testing, considering that each pathological process and each pathogenic agent cause various changes in vegetative

resonances of the organism. And it is not at all obvious a'priori which of these test indicators should be used, and how their significance should be compared, for an adequate description of a pathological process, or its change under the influence of an information preparation.

In the ambiguity of the initial choice and subsequent comparison of the test pointers, used by for outstripping observation actions information product, testing in and the difficulty of integrating the results lies in the ART. The same sieve ambiguity of the choice of the measurement interface and the criteria for comparing its individual components, is typical for all other EPMT, in particular, the method of R. Voll.

The CFFF test is devoid of this drawback, which gives, by and large, only two or, at most, three integral parameters of anticipatory observation of the action of the tested drug, reflecting, nevertheless, presumably, sufficiently complete and comprehensive description.

3. Finally, a significant disadvantage of all known EPMT methods is the dependence of their result on the operator, in particular, on his psychological attitudes. The high dependence of ART on the operator's settings has given rise to even such a kind of use of this test as "mental ART" - the identification of intuitive, but not realized by the operator, attitudes with

using ART of the proband. The possibility of "mental ART" makes it problematic to test (using this method) a medical or biological hypothesis, if the operators implementing it hold different points of view. This dependence is one of the main difficulties that arise when trying to promote EPMT in general and ART, in particular, asobjective scientific tests.

The KChSM test, on the other hand, completely protected from the psychological attitudes of the operator,and if it is used correctly, it also depends on the psychological attitudes of the proband.

The limits of the use of KChSM and the possibility of their "removal" with the help of EPMT

In turn, the KChSM test has "limitations" in operation, which can be "bypassed" with the help of EPMT. The main disadvantage of KChSM is its low throughput - the inability to compare more than 3-5 preparations in one measurement session. Other limitations of KChSM, essentially arising from its main drawback, are its inability to create new information drugs under test control and the difficulty in determining the direction of action of the studied drug. These difficulties can be removed by using EPMT, in particular, the drug tests of R. Voll and K. Schimmel, at the stages of preliminary selection and production of informational preparations, preceding the stage of the final selection of a drug suitable for therapy.

Conclusion. The complementarity of the KChSM and EPMT tests

KChSM test successfully complements EPMT in cases where it is necessary:

- spend final choice between several homeopathic remedies selected or manufactured, in advance, in particular, using any other methods, from repertorization to EPMT and bioresonance therapy.

- to validate one or another hypothesis regarding the results of the body's anticipatory response to any informational drug or class of drugs, in conditions where different researchers hold different views on the results of this test. In turn, EPMTsuccessfully complements CFFS test in cases where, in order to identify a drug presumably suitable for treatment, it is necessary to sort out a large number of test pointers or, moreover, to make this

drug using methods of bioresonance therapy.

Thus, the KChSM and EPMT test (in particular, by ti VRT) can be considered as complementary methods of advanced observation of the action information product, mutually reinforcing and compensating for each other's shortcomings when used together.

Clinical examples of the use of CFMC

The given clinical examples are typical for medical practice using CFMC and characterize the main tendencies of the body's possible reactions to various therapeutic tactics.

Example 1

Patient S., 42 years old. Appealed for irritable bowel syndrome, gallbladder dyskinesia. From the anamnesis it is known that complaints have arisen

after the fright. On examination: a patient of a strong constitution, formally in good physical shape (regularly plays tennis with players of the 1st category, CCM). Hemodynamics are stable. Only some excessive emotionality is noted. With ultrasound of the abdominal cavity, moderate fatty hepatosis is noted. When examining by the EPD method according to R. Voll, against the background of normmergia, moderate systemic instability was observed practically in all BAP, that is, in all FS. On the basis of repertorization, with confirmation of EPMT according to Voll and ART, a drug constitutionally close to the patient, Phosphorus, was selected, and therapy was started with a potency of 30C with a subsequent increase. The clinical effect was obtained, but not complete and not persistent, which suggested the need to revise the case and change the drugs. However, during repertorization, no other informational preparations were updated during the ART examination. In view of the systemic instability in the case of EPD according to R. Voll, it was decided to conduct a test with the study of CFFF. For control, other drugs were taken based on the results of repertorization:

1. Gelsemin 6, 30, 200. KChSM - Without significant dynamics. What indicates the ineffectiveness of the drug.

2. The same - Helidonium and Opium 6, 30, 200.

3. Phosphorus 6: Increase CFF on the right by 1.6 Hz, on the left - by 1.62 Hz s equalizing the difference between the right and left eyes. Which indicates a clearly positive reaction of the body.

4. Phosphorus 12: Increase CFF on the right by 1.2 Hz - the minimum allowable positive value; on the left - at 0.8 Hz - the changes are not reliable. In general, we can say that in this case, the reaction of the body is doubtfully positive.

5. Phosphorus 30 - There are no significant changes in CFMC. The drug is not effective.

6. Phosphorus 200: KChSM - negative dynamics: Right minus 1.32 Hz, left - minus 1.5 Hz.

7. Phosphorus 1000: negative dynamics of CFMC is growing - on the right - minus 1.45 Hz, on the left - minus 1.62 Hz.

The results of the study of drugs according to CFMC indicate that only Phosphorus is an effective drug for this patient, and only in a dilution of 6C. For an adaptive response to other, higher dilutions, the patient probably did not have the resources.

According to the results of CFFS, therapy was started with Phosphorus 6, 1 grain 1-3 times a week, according to health. The patient's condition quickly stabilized, somatic complaints disappeared, stabilized psychological condition. The patient was released with the previous appointments and reappeared after 5 months, when, after three months of stable remission that did not require medication, complaints recurred against the background of stress at work, albeit with a clearly lower intensity. During the examination according to R. Voll, stable indicators were noted, although not quite uniform, in the corridor of the norm. The study of KChSM was carried out:

1. Phosphorus 6: No visible effect.

2. Phosphorus 12: No visible effect.

3. Phosphorus 30: Right eye - plus 1 Hz, left eye - plus 1.2 Hz. I.e, the effect is not reliable, although with a tendency to positive dynamics.

4. Phosphorus 200: CFFS dynamics is clearly positive: Increase on the right by 2 Hz, on the left - at 2.1 Hz. That is, an increase in CFFF in both eyes, as well as a decrease in the difference between the right and left eyes.

5. Phosphorus 1000: CFF dynamics is positive, but less pronounced than on Phosphorus 200. On the right, an increase of 1.3 Hz, on the left - 1.4 Hz.

It was concluded that the optimal at this stage of therapy is Phosphorus 200, which was prescribed in the amount of one grain, with clearly positive advancing dynamics. Reappointment was required after 4 months - one grain, and another three months later: one grain with dynamization in one hundred grams of water for three days. After a year, the patient's condition remains stable. No reappointments are required. With EPD according to R. Voll, there is a stable uniform hyperactivation with an increase from top to bottom (from hand meridians to leg meridians).

Example 2

Patient Ch., 52 years old. Post-traumatic encephalopathy, accompanied by severe autonomic disorders, mood instability,
affective disorders, sleep and wakefulness disorders, severe asthenization, headaches. He suffered a severe open craniocerebral injury, accompanied by the destruction of a part of the cortex of the parietotemporal region of the brain. It should be noted that even before the TBI, the patient was not in good health: there was emotional and autonomic instability against the background of a chronic traumatic situation, the consequences of a birth trauma accompanied by hypoxia. The patient abused alcohol.

Thus, the patient's condition could be regarded as unstable, rather severe, which was confirmed by EPD according to R. Voll: pronounced systemic hypoergy with pronounced systemic instability in all BAP, that is, FS.

Based on examination, anamnesis and repertorization, as well as an ART examination, 4 most relevant presumptive therapy drugs were selected. We deliberately do not name these drugs, as we are giving typical cases.

Checking by KChSM gave the following results:

Prospect No. 1: CFMC increase by 1 Hz for each eye. The reaction is dubiously positive

Prospect No. 2: Increase in CFFF of the right eye - 1.2 Hz, the left eye - 1 Hz. The reaction is weakly positive (on the verge).

Prospect No. 3: Increase in CFFF in the right eye - 1.25 Hz, in the left eye - 1.2 Hz. The reaction is reliably positive, but the dynamics are minimal.

Prospect No. 4: Increase in CFMC on the right by 0.9 Hz, on the left - by 1.2 Hz. The response is dubiously positive.

The sum of drugs 1, 2, 3, 4 gave an increase in CFFF in the right eye

1.35 Hz, on the left eye - 1.4 Hz. That is, the amount of drugs contributed to an increase in CFFF is clearly greater than each drug separately, while balancing the balance between the left and right eyes. Homeopathic therapy was performed using all four drugs for two months. The effect of therapy was assessed as clearly positive, and was accompanied, in particular, by an increase in indicators in the study according to R. Voll to stable normergy. Then, due to the lack of further progress in treatment, the drugs were re-repertory. It turned out that the drug No.1 was no longer relevant, which was confirmed by the ART method, as well as the absence of any dynamics of the CFFF, when it was introduced into the measuring circuit. Drugs No. 2 and No. 4, being topical, according to ART, caused an increase in CFFF of less than 0.8 Hz in each eye. Moreover, this trend

was also noted when changing potencies. But drug No. 3, with increasing potency, caused an increase in CFMC for the right eye by 1.65 Hz, and for the left eye - by 2 Hz. That is, there was a pronounced positive dynamics in the state of the patient's neuroendocrine system as a central regulatory system. The therapy was continued with homeopathic drug No. 3, which gave a pronounced stable systemic therapeutic effect, accompanied, in the study by R. Voll, by an increase in indicators to stable hyperactivation with an increase “from top to bottom”.

Example 3

Patient R., 30 years old. The third day after an acute injury of the knee and hip joint, lumbar region, with severe hematoma of soft tissues of hemarthrosis. Mild concussion. In view of the large number of various complaints, polypathology, as well as the lack of time and drugs, the complex drug Traumeel S was tested, which gave a clearly positive dynamics of CFFF: up to 1.4 Hz for each eye. The therapy was carried out with this drug, first in injections, then in tablets; with the parallel application of the ointment, for 7 days, with a clear positive effect in the form of a pronounced regression, both complaints and objective signs of damage: resorption of soft tissue hematoma, almost complete restoration of joint function and

spine, relief of cerebral symptoms. drug "Traumeel S" Retesting showed that an increase occurs (less than 1.2 Hz), which KChSM actually does not corresponded to slow down processes recovery and required a transition to homeopathic monopreparations of higher potencies: 3C, 6C. After the patient recovered from the consequences of trauma, in the process of deciding on the further treatment of already chronic conditions, another CFFS testing of the Traumeel S preparation was carried out. It turned out that under the influence of this drug there was a decrease in CFFF, although not completely reliable: on the right by 1.0 Hz, on the left by 1.1 Hz. This suggests that the test drug is not useful in this patient for the treatment of chronic conditions.

Conclusions:

1. In the conditions of the possibility of manufacturing, storage, reproduction and modification of information drugs using electronic equipment, the most general principle for determining their therapeutic efficacy is the anticipatory observation of their action, which can be carried out using various drug tests "express diagnostics", in particular, various electropuncture drug tests (EPMT).

2. EPMT results show that clinical efficacy information product does not depend on its origin (its morphogenesis), in particular, from the uniqueness or plurality of its constituent components or the method of its production, but only from the results of its express testing (its syntax) - observation of its anticipatory action.

3. EPMT technologies have a number of application limitations. Some from These limitations are common to all methods of anticipatory observed action of and I the information drug. Such restrictions are related with non-permutability of informational influences on biological systems, while any method of anticipatory observation of these influences presupposes the possibility of their rearrangement. To overcome these limitations

EPMT requires a way out of the paradigm of anticipatory observation of the information drug action. Others stem from the specifics of the EPMT - such are, in particular, low integrativity and high dependence of the results on the operator's settings. These limitations can be bypassed, without leaving the paradigm of anticipatory observation of the information drug action, by developing new rapid tests, which forces us to look for new ways of anticipatory observation of the information drug action.

4. One of such methods is CFFS test based on comparison
fusion frequencies of flashes of a peripheral light source, against the background of injection and in the absence of the tested information product in the measuring circuit. The KChSM test is devoid of a number of specific disadvantages of the EPMT, such as low integrability and high dependence of the results on the operator's settings, but has its own specific disadvantages, which include low bandwidth and technical complexity of reproduction.

5. The pilot results obtained with the KChSM confirm all
the main conclusions regarding the patterns of action of information drugs obtained with the help of EPMT. The new group of observations differs from the observations made with the EPMT in the independence of the test results from the unconscious or realized settings of the operator, as well as in the high integration (systemicity) of the measurements.

6. The proposed test KChSM due to its lower throughput
the ability and technical complexity of reproduction cannot replace the existing EPMT. But it is complementary to the known EPTM, in particular, ART. For example, it is convenient to use it forhypothesis testing,
initially formed with the EPMT, in cases where the results of the EPMT are not sufficient for final conclusions (it is unclear how to integrate the different results of the EPMT measurements, or the operators who carry them out adhere to different attitudes). Thus, EPMT and KChSM can be considered as mutually complementary methods of anticipatory observation of the action of an informational preparation, the combined use of which makes it possible to solve the problems of diagnostics and therapy, which are difficult or even impossible to solve by one of them.

7. With the combined use of EPTM and KChSM, a two-stage
Algorithm of drug testing, in which at the first stage, under the control of EPMT (R. Voll test or ART), a preliminary selection or production of suitable information preparations is made, and at the second stage, the final selection of the drug under the control of CFMC. Such an algorithm provides both high efficiency and admissible laboriousness of the selection or manufacture of an information preparation that is optimal for therapy.

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