New experimental confirmation of the existence of the internal time of the organism with using the ART method

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Introduction

Assumption of existence internal time (BB) of the organism, as a fixed sequence of its self-realization in physiological structures - the fulfillment of a set of biological tasks, was expressed in works [1–2]. The conceptual physiological basis for the existence of the internal time of the organism is the work of P.K. Anokhin about the structure of functional systems (FS) and about the anticipatory reflection of reality carried out by biological systems. In the first case, we are talking about an integral part of each PS created by the body - an elementarymodel

the future as a result of the action of this system [3]. In the second case, the body's ability to builda holistic model of the future - anticipatory reflection of reality, - on the basis of which the organism determines all those necessary adaptive reactions to adapt to this future [4].

It should be noted that two complementary approaches to the study of the IV of an organism can be formed. Within the framework of the first approach, IW is considered as a specificroutine his self-fulfillment,
due to both species and individuality. Underself-fulfillment routine in this case it is understood:

1. First, a set of necessary tasks of self-fulfillment, which are chosen
organism (individual) for self-fulfillment from among all the potential tasks of self-fulfillment.

2. Secondly, the individual sequence of solutions selected for implementation
tasks of self-fulfillment.
3. Third, the individual "boundary conditions" (restrictions) under which there must be
one or another problem of self-realization of a given organism has been solved.

The order of self-realization determined in this way can be investigated as a whole, subject to the existence of a specific representative system of the body, which can present the whole structure this routine at a time. We call this manifestation of the body's IW global internal time (GVV). IV of the organism is considered exactly asglobal internal time, according to the confirmed hypothesis that the system of main chiroglyphic lines located on the palmar surface of a human hand can be used as a representative system for SHG [1, 2, 7]. The use of the IW concept in the practice of information medicine began with the use of the HVI of the body in the form of chronosemantic diagnostics and therapy with mantic BAPs [1].

The use of the concept of global internal time has led to the development of a constitutionally oriented marker KMH [5], the effectiveness of which in the treatment of diseases of various origins has been shown in a number of works [6, 7].

In the second approach, IW is considered as a source outstripping reactions (responses) of the organism to the presented stimuli, interpreted organism as pointers
those tasks of self-fulfillment that he will have to solve. According to the anticipatory response of the body to thepointer self-fulfillment tasks can be defined:

1. First, his readiness to solve this problem of self-realization -
ability or failure to solve it.
2. Secondly, simulated by himself the state in which he will find himself after the decision corresponding (pointer) self-fulfillment tasks, in particular cost for adaptation,
which he will have to pay as a result of her decision.
3. Third, the sequence of such states, modeled and subsequently
achieved by the body as a result of the decision self-fulfillment task sequences,
offered to him. Presentation to the bodyself-fulfillment task sequences
simulated by fast or simultaneous presentation to him sequences

pointers to these tasks, by superimposing each subsequent of these characters on the previous character.

The internal time of the body, considered as a source of advanced reactions (responses) in response to the presented pointers tasks of self-realization, we call
local internal time (LVV) of the organism.

In the framework of the combined application of ART-BRT methods:

- pointers to the tasks of self-fulfillment presented to the body are nothing more than test-pointers of ART, introduced into the measuring circuit for the purpose of testing;
- tasks of self-fulfillment, designated with these test pointers is adaptation tasks to an additional condition of self-realization [eight];
- outstripping the organism's responses to the presentation of certain pointers to the tasks of self-fulfillment are the results of testing the corresponding ART test pointers;

- subsequence pointers to self-fulfillment tasks presented to the body by building resonant chain from test pointers, each subsequent of which has been filtered through the previous VRT test pointer.

For the first time the concept of existence local BB organism was developed in information medicine and it has been suggested that the results of resonance chain measurements reflect the body's modeling sequences adaptive reactions that will be carried out by him under the condition of sequential therapy with test indicators included in this chain [8]. The main position was formulated used to substantiate the hypothesis of the existence of local internal time in information medicine in general [9], and in particular with the combined ART-BRT technique:the test indicator introduced into the measuring circuit is interpreted by the body as information about the need to adapt to some additional condition under which its further self-realization should take place. Exactly this link between the test indicator and the additional self-fulfillment condition and is reflected in the terminology used:

- the problem of adaptation to an additional condition of self-realization is called task symbolized appropriate test pointer and it is interpreted by the body as information about the need to adapt to this condition;
- and vice versa, a test indicator interpreted by the body as information about the need to adapt to an additional condition of self-fulfillment is called
symbol corresponding tasks of self-fulfillment.

However, there remained an open question about the correspondence of the proposed hypothesis - about the existence of an organism's LPV in the practice of medical research. In this work, we have shown that the phenomenon of advancedmodeling the body of its future state when tested using resonance chains really takes place.

The resonant circuits used in this work included:

- constitutionally-oriented systemic marker of KMH;
- total marker of violations of elemental metabolism SMNEL;
- potentiated blood autonosode, potency which is selected by different ways;
- test indicators of elemental exchange.

Research results used for strict definitions concepts constitutional homeopathic remedy in framework of the combined use VRT-BRT. Shown what new definition constitutionality homeopathic remedy earlier with a high degree of correlation coincides with the definition of the data [10-11].

Objectives of the work

1. Confirm the existence of the internal time of the body on the example of therapy Elementosis under the control of ART using resonance chains and various targeting markers.

2. Show the adequacy of the deployed in time adaptive response and anticipatory the response of the organism in response to the informational impact presented to it.

3. Using the concept of internal time of the body, and by the example of potentiated

elements, to formulate a criterion for the constitutionality of a homeopathic remedy, which would be at the same time:

- therapeutically significant (meaningful) - drugs selected with its help would provide the most effective therapy for the patient,
- constructive, - would allow formulation and verification within the framework of the ART diagnostic method.

Research methods

For the diagnosis by the ART method and the manufacture of autonosodes of the patient's blood, we used hardware and software complex (AIC) for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy according to BAT and BAZ "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005

The study was conducted on a sample of 72 patients aged 18 to 65 years suffering from chronic diseases of various nosologies. All patients underwent primary ART diagnostics using a unified algorithm [12,13] in accordance with the approved methodology [14-16]. Determination of violations of elemental metabolism was carried out on 17 positions corresponding to test indicators of violations of elemental metabolism in ART....

The patients were randomized into two groups of 36 people each.

In the first group, patients received therapy with a blood autonosode, the potency of which was chosen in order to compensate for the KMX marker. For this purpose, by turning the potency regulator, the blood autonosode was potentiated, up to the execution of ART conditions - compensation by potentiated autonosode load by the KMX marker, and achievements reproducibility results measurements (reproducible climb "Measuring arrow" lo 100 USD on TI):

KMX ↓ + Pot (ANKr) ↑ (1).

The KMX marker is the sum of electronic signals from the end points and points of intersection of the main chiroglyphic lines located on the palmar surface of the patient's hand. The version of the electronic record of the KMX marker was used.

In the second group, patients received therapy with a potentiated blood autonosode, the potency of which was chosen so as to compensate for the total marker of elemental metabolism disorders (SMNEL):

SMNEL ↓ + Pot (ANKr) ↑ (2).

The SMNEL marker is the sum of test indicators of elemental metabolic disorders detected during the preliminary ART examination of the patient.

Parameters and in (1) and (2) denote the position of the knob of the signal amplification regulator on the front panel of the IMEDISEXPERT used to obtain the electronic blood autonosode. placing the drug in the measuring circuit.

In both groups, after the primary ART examination of the patient, the construction of the KMX or SMNEL markers and the production of potentiated blood autonosodes compensating for these markers, test indicators of elemental metabolism disorders were tested again, but this time with filtration through the pseudotransparent markers KMX and SMNEL in the corresponding groups, testing schemes were used:

KMX ↓ + Pot (ANKr) ↑ + Element ↕ (3) for
the first, and
SMNEL ↓ + Pot (ANKr) ↑ + Element ↕ (4)

for the second group. The symbol is used to designate the following condition: it is not known in advance whether the organism will give or will not give a direct resonant response to the “Element” test-indicator when filtering this test-indicator through the pseudotransparent markers KMX ↓ + Pot (ANKr) ↑ and SMNEL ↓ + Pot (ANKr) ↑ for the first and second groups, respectively. The set of test pointers "Elements" ran through all 17 positions of the "Trace elements" group in the selector.

The set of test indicators of elemental metabolism disorders that were positively tested according to schemes (3) or (4) in the first and second groups, respectively, were interpreted as predictions of residual violations of elemental metabolism in a patient from the corresponding group after a course of blood autonosode therapy. Forecast

carried out with the help various testing schemes — using scheme (3) in the first and (4) in the second groups, and therapy in them was carried out with the same blood autonosode, which was also used to construct the prognosis.

In addition, in both groups the following was carried out:

- firstly, testing of all test indicators of elemental exchange according to the scheme:

Element ↕ (5),

- secondly, testing of all test indicators of elemental exchange according to the KMX ↓ +

Element ↕ scheme (6).

Then, for two months, patients from groups 1 and 2 were treated with a blood autonosode, compensating for the markers of CMH or SMNEL, for patients from the first and second groups, respectively. At the end of the two-month course of therapy, a repeated ART examination of patients was carried out, part of which were direct measurements:

- all test indicators of violations of elemental exchange according to the scheme (5):

Element ↕.

- all test indicators of violations of elemental metabolism, positively tested according to the scheme (3) or (4) for the first and second groups, respectively, at the primary admission, and, at the same time, according to the scheme (5) at the secondary admission, additionally according to the scheme (6): KMX ↓ + Element ↕.

The set of test indicators identified at the secondary admission (after the course of therapy) when tested according to the scheme (5) were interpreted as (real) residual disorders of elemental metabolism after the course of therapy with blood autonosode in the first and second groups.

Test pointers positively tested on the secondary reception according to the scheme (5) and, at the same time, according to the scheme (6) were interpreted as constitutional violations of elemental metabolism. Individual elements positively tested at the secondary reception simultaneously according to schemes (5) and (6) were interpreted as constitutional homeopathic remedies for the patient in question, which corresponded to the definition of a constitutional homeopathic remedy [10].

To assess the predictive reliability of schemes (3) and (4) in relation to the determination of the set of residual violations of elemental metabolism, the following were used:

- the number (percentage) of patients with full inclusion set of test indicators for the prognosis of residual disorders of elemental metabolism, revealed at the initial admission with ART according to schemes (3) or (4) in the first and second groups, a set of test indicators of residual disorders of elemental metabolism, revealed by the method of ART according to the scheme (5) on re-examination, i.e. after therapy (weak criterion of forecast reliability (P));
- the number (percentage) of patients with coincidence many test indicators for the prediction of residual violations of elemental metabolism, identified at the initial admission, with ART according to schemes (3) or (4) in the first and second groups, and many test indicators of residual violations of elemental metabolism, identified by testing according to the scheme (5) on re-examination (strong criterion for the reliability of the forecast (SP).

When determining the predictive value of schemes (3) and (4), in relation to the definition of a constitutional element, i.e. element that was positively tested according to schemes (5) and (6) on the secondary examination, only those cases were taken into account in which the forecast according to schemes (3) or (4) turned out to be correct.

For rate predictive validity schemes (3) or (4) in relation to the definition constitutional drugs the following were used: the number (percentage) of patients with inclusion (weak criterion of constitutionality K) or coincidence (strong criterion of constitutionality SK) of a set of test indicators for the prognosis of residual elemental metabolism disorders identified at the initial admission with ART according to schemes (3) or (4) in the first and in the second groups, respectively, with a multitude of test indicators of constitutional violations of elemental metabolism, identified by testing according to schemes (5) and (6), upon repeated examination of the patient.

The processing of the research results was carried out using a statistical criterion Fisher in its modification [17].

Research results

Coincidence of the predictions of residual vegetative resonances obtained during ART testing according to schemes (3) and (4) in the first and second groups, respectively, before the therapy, with residual disorders of elemental metabolism, identified according to the testing scheme (5) after its implementation is given in table. one.

Table 1

	Criterion P, number in patients	Criterion P,% patients	SP criterion, number of patients	SP criterion,% patients
Group 1 (KMH). Total: 36 patients	34	94,444	34	94,444
Group2 (SMNEL). Total: 36 patients	31	86,111	sixteen	44,444

Based on the data presented in table. one:

1. ART-testing scheme (3) made it possible to predict residual elemental disturbance exchange in 34 out of 36 patients, i.e. in 94.4% of cases, regardless of the P or SP criterion used. According to the modified test Fisher, this gives the predictive reliability of scheme (6) from 76.0 to 100% with a significance level of p 0.01. The peculiarity of the situation in group 1, which makes the weak and strong criterion of predictive reliability P and SP equivalent, is that the residual sets of violations of elemental metabolism in it consist of one element and therefore non-empty inclusions in them mean coincidence with them.

2. The ART testing scheme (4) made it possible to predict residual violations of elemental exchange in 31 out of 36 patients, i.e. in 86.1% of cases when using the weak criterion of predictive reliability P. According to the modified test Fisher, this gives the predictive reliability of scheme (3) in the range from 62.9 to 91.36% with a significance level of p 0.01. When using the strong predictive reliability criterion SP, the effectiveness of scheme (4) is significantly reduced. In this case, it can be used to predict only 16 cases of coincidence of test results according to scheme (4) at the initial admission with the results of testing according to scheme (5) after therapy, which is 44.4% of cases of successful prognosis. According to the modified test Fisher, this gives the predictive reliability of scheme (3) in the range from 19.5 to 70.5% with a significance level of p

0.01, which is clearly insufficient for the predictive accuracy of the method.

Note that in the first group of patients, the prediction result using scheme (3) was almost unambiguous, since the set of residual disorders of elemental metabolism in all patients consisted of one single element, and it was possible to use the strong form of the SP criterion. In the second group, the set of residual disorders of elemental metabolism, as a rule, consisted of 2 elements, and therefore a weak form of the P criterion was used, i.e. the question remained open as to which of the positively tested according to the scheme (6) the elements are "more" meaningful, in terms of constitutional compliance. Statistically, schemes (3) and (4) significantly differ according to the criterion Fisher, if you use strong criterion predictive validity of SP, but do not differ if used weak criterion P.

The coincidence of the results of the constitutional test according to the scheme (6), with the results of the prediction of the residual violation of elemental metabolism according to schemes (3) and (4) in the first and second groups after therapy is given in Table. 2.

table 2

	Criterion K, number in patients	Criterion K,% patients	Criterion SK, number of patients	Criterion SK,% patients
Group 1 (KMH). Total: 34 patients with the right forecast.	29	85, 294	29	85, 294
Group 2 (SMNEL). Total: 36 patients.	25	78.125	25	78.125

In accordance with the data in the table. 2 the coincidence of the results of the constitutional test according to the scheme (6) with the results of the prediction of the residual violation of elemental metabolism according to the schemes (3) and (4) in the first and second groups after therapy there was observed:

- in the first group in 29 patients out of 34, which amounted to 80.5% of the number of patients in the first group with a correct prognosis of residual disorders of elemental metabolism. According to the modified test Fisher's predictive reliability of scheme (3) for determining a constitutional homeopathic remedy is in the range from 54.65 to 96.85% with a significance level of p 0.01;
- in the second group in 25 out of 32 patients, which amounted to 78.1% of the number of patients in the second group with the correct prediction of residual disorders of elemental metabolism, made using the scheme (4). According to the modified test Fisher's predictive reliability of scheme (3) for determining a constitutional homeopathic remedy is in the range from 50.85 to 96.05% with a significance level of p 0.01.

The results obtained using the K and SK criteria were the same in both groups, because:

- in the first group, after therapy, no more than one violation of elemental metabolism remained, which automatically meant that the K and SK criteria coincided.
- in the second group, after therapy, one or two violations of elemental metabolism usually remained, but predicted only one such violation, which led to the only case in which in the set of successfully predicted residual violations of elemental metabolism there were two elements, in which case they both turned out to be constitutional, in accordance with the scheme (6).

Discussion. The possibility of a strict formulation of the concept of constitutional information product in information medicine

The result of this study is the confirmation [9] of the assumption that the resonance chains are really a model of the organism's LPV, at least in their three-link version. For resonant chains consisting of 2 links, this assumption underlies the combined ART-BRT technique. Indeed, therapy with drug X, provided P ↓ + X ↑, where P is a test indicator of the problem, shows that after a while P will stop being tested, i.e. the prognosis of therapy existing in the “local internal time” of ART will go into “real time”. However, the question of modeling the LVT by a resonant chain of an arbitrary number of links remained open. Meanwhile, it is important for resonance therapy, since it is the third link Y in the chain P ↓ + X ↑ + Y ↓, with the additional condition Y ↑, that presumably predicted"Price for adaptation", paid by the body for drug X therapy, or the perceived negative consequences of this therapy.

At present, in traditional homeopathy, it is not known how and by what strict criterion it is possible to distinguish constitutional and unconstitutional homeopathic (or other, informational) preparations, and how such a criterion should be formed in general. Based on homeopathic practice, under the control of ART, and using the KMX marker, a formal ART criterion for constitutionality was proposed
(constitutional orientation) of the drug [10] in the form of an ART condition:

KMX ↓ + Pot (Drug) ↑ (7),

moreover, condition (7) was assumed to be satisfied regardless of the choice of the potency .

The meaning of this definition was that the effect of the constitutional drug was considered as compensating for the total signal of BAP - "models of birth / death", and BAP - "models of the main conflicts of self-realization" presumably located, respectively, at the end and nodal points of the main chiroglyphic lines of the patient's palm. It has been shown that the proposed criterion is of practical importance: its use for the selection of homeopathic medicines gives a good therapeutic effect over the course of a one-year course of treatment [11]. The question remained, however, about its systemic-physiological meaning, in other words, about why the criterion

the constitutionality of a homeopathic remedy should be just that, and not any other (at least in ART). Let's analyze the results of the study, limiting ourselves to:

- potentiated elements as candidates for constitutional homeopathic remedies,

- the D30 potency of these elements.

When using the pseudotransparent marker KMX + Pot to predict residual violations of elemental exchange ANKr in 95% of cases the constitutional element selected according to criterion (7) coincided with the residual, i.e. the most sustainable violation of elemental metabolism after two months of therapy.

When used for forecasting the pseudo-transparent marker SMNEL + Pot ANKr tendency for the coincidence of these two elements (their test indicators) was less obvious, but quite pronounced. The data of our research show that if we restrict ourselves only to potentiated elements as constitutional remedies, then the concept of a constitutional homeopathic remedyobjectively - this is the most persistent violation of elemental metabolism, which remains after therapy with blood nosodes (systemic therapy), and which statistically reliably compensates for the systemic marker KMX.

Thus, constitutional therapy with homeopathic medicines, at least at the level of elements, can be made objective: it is enough to give the patient a 1-2 month course of therapy with a blood autonosode compensating for the systemic marker of CMH, to reveal a residual violation of elemental metabolism, checking it additionally according to the scheme (7) and, then, conduct a course of therapy with the identified elements.

Conclusions:

1. The study carried out using the ART method made it possible to confirm the existence of the internal time of the body and to carry out the supposed prognosis of residual violations of the elements on the example of therapy of elementoses using resonance chains, markers KMH and SMNEL. It was shown that the predictive reliability when using three-link chains is from 62.9 to 91.36%, in the case of using the KMX marker, and from 62.9 to 91.36% in the case of using the SMNEL marker (with a significance level p 0.01) At the same time, the predictive reliability of resonance chains using the systemic marker KMX is significantly higher than that of chains using the SMNEL marker (at a significance level of p 0.01).

2. This study made it possible to objectify the adaptive response of the body to the informational impact (therapy) presented to him in the form of his anticipatory response in the form of a resonant chain, the successive links of which corresponded to the stages of restoration of elemental exchange. This makes it possible to predict the sequence of compensation for violations of elemental metabolism, as well as to compare differences in residual disorders of elemental metabolism with different methods of therapy for elementoses.

3. On the basis of this study, the previously stated assumptions about the objectivity of the concept of a constitutional homeopathic remedy in relation to the potentiated elements. A clinical model of therapy within the framework of the ART diagnostic technique is proposed, which makes it possible to identify the constitutional element.

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