

Algorithm for the selection of a constitutional homeopathic remedy  
according to the signal from the key organ T.V.

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Introduction

In information medicine, the problem of formalizing the concept of a constitutional homeopathic preparation (CGP) is urgent. An analysis of the (rather vague) concept of a constitutional remedy in classical homeopathy allows us to single out the following two main characteristics:

A. CHP has the "greatest depth" of therapy compared to any other homeopathic remedy suitable for the treatment of a particular patient. This means that the disorder of the patient's health, which he cures, is the most resistant to therapy and manifests itself in the form of a residual pathological process in any therapy other than constitutional.

B. KGP has the "greatest versatility" in comparison with any other homeopathic drug used to treat a patient. This means that the health disorder it is treating is "key" in the sense that if it is cured, the body spontaneously heals from all other, more superficial disorders. It is on this idea that the position of constitutional homeopathy is based, which states that it is necessary "to treat not a disease, but a patient" i.e. not individual nosological manifestations of a pathological process in his body, but a key violation - the "core of pathology" - which is the basis for all such manifestations.

Two other characteristics of CHP commonly used to describe how it differs from a "regular" homeopathic remedy suitable for a patient:

- dependence on the individuality of the patient, and
- a predominantly mental way of describing the pathogenesis of a drug, in reality they are secondary - not reflecting its essence.

Unformalized criteria for the constitutionality of a homeopathic remedy using "criteria" A or B will be referred to below as two approaches (A or B) to the description of the constitution. Note that in the general case it is not obvious whether QGP in the sense of approach A is always also QGP in the sense of approach B and vice versa. Indeed, classical homeopathy uses neither sufficiently formalized pathophysiological models, nor experimental data in the modern sense of the term. Under these conditions, it is impossible to assert a priori the coincidence of the "deepest" and "most key" injuries of the patient's body; moreover, it is not clear how to identify them. Consequently, it is impossible to assert a priori the coincidence of homeopathic remedies selected in accordance with such fuzzy "criteria".

In [1], an ART condition was proposed as an ART criterion for the constitutionality of a homeopathic drug:

$$KMX \downarrow - Pot.KGP \uparrow (1),$$

and (1) is fulfilled for all electronic potencies - a drug tested for constitutionality (potential CGP).

In works [2-5] it is shown that the selection of drugs in accordance with criterion (1) gives good clinical results in the treatment of chronic polysomnological patients.

In work [6], the fact of a significant increase in the duration of remissions (by a factor of 2-5) was established when using criterion (1) for the selection of information drugs in general, and CGP in particular, compared with the use of "non-constitutional" ART criteria. The latter include, in particular, the criteria for compensation by the drug of test indicators of efficacy, optimal biological index and optimal adaptation reserve.

However, the question of the intrinsic characteristics of QGP, which distinguishes it from homeopathic preparations potentially suitable for therapy, remained unclear. This issue was partially resolved in work [7], in which, using the example of information drugs - potentiated elements, it was shown that the property of a homeopathic drug to satisfy the ART criterion (1) is statistically significantly equivalent to its property of being a predictable residual disorder of elemental metabolism during therapy with a targeted autonosode blood, compensating for CMH, which is expressed in the form of an ART condition:

$$KMH \downarrow - NANKr \uparrow - KGP \downarrow (2).$$

In this case, the study was carried out only for the 30 potencies of the investigated homeopathic remedies. It was also shown there that condition (2) is statistically significantly equivalent to the fulfillment of the ART condition:

$$KGP \downarrow (3)$$

in an ART examination performed after a 2-month course of therapy with the same blood autonosode that

was used for measurements according to the scheme (2). The last observation shows that the ART-prognosis of residual disorders of elemental metabolism is consistent with the clinical result of blood autonosode therapy. Consequently, the test-indicator of an element that satisfies condition (1) is really responsible for the most stable, at least in relation to therapy with blood autonosodes, violation of elemental metabolism (elementosis). Thus, the definition of the constitutionality of a homeopathic element, using criterion (1), is an ART-formalization (formalization within the framework of ART) of the approach A used in classical homeopathy to the concept of constitutionality.

The following questions arise:

- Is it possible to formalize the concept of the constitutionality of a homeopathic preparation using VRT approach B, i.e. The "universality" of the therapy carried out by this drug, its effect on the "core of pathology";
- if such an ART formalization is possible, to what extent the constitutional homeopathic remedies selected according to the ART criterion formalizing approach B will also satisfy criterion (1) formalizing approach A. In other words, to what extent they coincide, based on the results of application, ART-formalization of approaches A and B.

The answer to the second question requires a preliminary answer to the first, i.e. ART-formalization of the concept of "universal" or "key" therapy. This formalization was proposed by A.E. Kudaev et al. [8].

Let there be a certain patient and let  $T_1 = \{T_{11}, T_{12}, \dots, T_{1n}\}$  - some list of test pointers. Suppose that for this patient the ART conditions  $T_{1i} \downarrow$ , for each test pointer from the list  $T_1$ ... Let also  $T_2 = \{T_{21}, T_{22}, \dots, T_{2m}\}$  some second list of test pointers. Without limiting the generality, we can assume that all test pointers from the list  $T_2$  are tested only through some test pointer  $T_{1k}$  from list  $T_1$ , and for each test pointer  $T_{2j}$ , from the list  $T_2$  VRT conditions are met  $T_{1k} \downarrow - T_{2j} \uparrow$ .

In accordance with the definitions of A.E. Kudaeva and co-authors:

1. Test pointer  $T_{1k}$  belonging to the list  $T_1$ , is called key from below (weakest) if for any other test pointer  $T_{1i}$  from  $T_1$  except for  $T_{1k}$  itself, the VRT condition is fulfilled:

$$T_{1k} \downarrow - T_{1i} \uparrow, i \neq k \quad (4).$$

2. Test-pointer  $T_{2i}$  belonging to the list  $T_2$ , is called the key from above (the strongest), if for any test pointer  $T_{2j}$  belonging to  $T_2$  including the test pointer itself  $T_{2i}$ , performed by VRT-condition:

$$T_{2i} \downarrow - T_{2j} \uparrow + T_{2j} \uparrow \quad (5).$$

Definition 2 is applicable if and only if there is at least one key drug from below  $T_{1k}$  for the list  $T_1$ ...

Let be  $T_1 = Org \downarrow$  - list of organopreparations belonging to the fixed Org list of all tested organopreparations, and satisfying the ART conditions  $Org_i \downarrow$ . List  $Org \downarrow$  can be viewed as a detailing of the patient's ART diagnosis: a description of the localization of the pathological process in the tissues, organs and systems of his body. Suppose in the list  $Org \downarrow$  has at least one bottom key element  $Org_{1k}$ . Let further  $T_2 = El \uparrow$  - a list of potentiated chemical elements, such that for any test pointer  $El_i$  the ART condition is met:

$$Org_{1k} \downarrow - El_i \uparrow \quad (6).$$

The list is supposed to be  $El \uparrow$  non-empty - contains at least one test pointer (potentiated chemical element).

A.E. Kudaev and co-authors proposed to consider the ART criterion of the "universality" of an informational, in particular, homeopathic drug, its property to be the strongest ("key from the top") drug from  $El \uparrow$ , compensating for the weakest ("key bottom") test indicator from  $Org \downarrow$  for a given patient. In particular, the  $El_{1k}$  element performs "universal" therapy if the ART condition is met:

$$Org_{1k} \downarrow - El_{1k} \uparrow - El_{1l} \downarrow, \quad (7),$$

where  $El_{1l}$  is any other element from  $El \uparrow$ . In order to talk about the possibility of fulfilling the condition (7) it is necessary to fulfill the "preconditions": the existence of the drug  $Org_{1k}$ , key from below, and the list is nonempty  $El \uparrow$ .

The question of the limits of fulfillment of conditions (1), (5) or (7), both from a theoretical and an experimental point of view, is discussed in [8]. In this paper, generalizations of pairs of lists of test pointers of the form  $\{Org \downarrow El \uparrow\}$ , called 2 interfaces.

Identifying both the key from below and the key from above test-pointers, by directly checking criteria (4) or (5), is usually difficult, due to the large number of tests required for this. For example, to select a test pointer key from below from a list with  $n$  pointers, in the general case,  $N = n(n-1)$  tests are required. If  $n = 10$ , then  $N = 90$ , and if there are about 20-30 test indicators, which is possible when choosing a key organ, tissue or system from below, then  $N \approx 4000-6000$ , which is absolutely unacceptable. A.V.

Kudaev et al. Proposed an algorithm for choosing a key (top or bottom) drug, which we will call below the method (algorithm) of exhaustion. The exhaustion algorithm, in short, is as follows.

1. An arbitrary test pointer is selected from the list  $T_n$ , for example,  $T_{n-1}$ , where  $n = 1$  or  $n = 2$ , depending on whether the test pointer is searched for a key at the top or a key at the bottom. Criterion (4) starts to be checked or (5) sequentially for all test pointers from the list  $T_n$  say  $T_2, T_n, T_{n-3}, \dots$ . At the same time, test pointers  $T_n, T_{n-1}, \dots, T_{n-j}$  belong to the list  $T_1$  or  $T_2$  ( $n = 1$  or  $n = 2$ ), depending on whether a test pointer is searched for a key from below or a key from above.

2. There are two possibilities:

- it may turn out that criterion (4) or (5) is fulfilled for all other test indicators  $T_n, T_{n-2}, \dots, T_{n-k}$  from list  $T_n$ ... In this case, the test pointer  $T_{n-1}$  - the desired one.

- it may also turn out that for some  $T_n, T_{n-1}, \dots, T_{n-k}$  criterion (4) or (5) is not met. In this case, from the processed list (s), test pointers  $T_n, T_{n-1}, \dots, T_{n-k}$  are excluded and the procedure is repeated with new (new) "trimmed (s)" list (s).

3. The procedure for testing and truncating the list or lists is repeated until the key test is the pointer will not be found, or the next truncated list will not be empty.

In practice, the exhaustion method (it is described in more detail in [8]) can significantly reduce the amount of tests in ART used to select key test pointers.

Research objectives:

1. Show that the ART criterion of "universality" of information, in particular, homeopathic a drug is, exactly, a criterion for its constitutionality in accordance with the definition of this concept previously introduced in ART.

2. Based on a comparison of the percentage of matches of the QGP selected in accordance with the ART criteria constitutionality (1) and "universality" (7), to show the statistical equivalence of these criteria in the general area of their application.

3. Based on the comparison of patients to whom the ART criteria (1) or (7) were applicable, compare the areas of applicability of these criteria, i.e. the multitude of patients to whom they can be applied.

4. Based on the conducted research, draw a conclusion about the equivalence (or inequality):

- Approach A, based on the idea that the residual is constitutional, against the background of adequate therapy (the most "deep"), damage to the body;
- and approach B, based on the notion that the "key from below" (the most "universal") damage to the organism is constitutional.

#### Materials and research methods

For diagnostics by the ART method, production of blood autonosodes and an individual marker KMX, 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 62 patients aged 16 to 70 years suffering from chronic diseases of various nosologies. All patients underwent primary ART diagnostics using a unified algorithm [9, 10] in accordance with the approved methodology [11-13].

The detailing of the patient's pathological process was carried out by identifying its localization in the tissues, organs and systems of his body. For this, direct testing of the list of test-indexes of organopreparations was carried out  $Org = \{Five\ hollow\ organs + Five\ dense\ organs + Endocrine\ system + Genital\ organs + Spine\}$  Corresponding path in the selector  $p / c$  "IMEDIS-EXPERT": Testing / Vegetative resonance test / CDT / Localization /  $\{Five\ hollow\ organs + Five\ dense\ organs + Endocrine\ system + Genital\ organs + Spine\}$ . List  $T_1 = Org \downarrow$ , from which the "key from the bottom" drug was selected, consisted of test-pointers from the list  $Org$  causing vegetativeresonance in the patient's body.

A drug that carries out "universal" therapy was sought in the group of test pointers  $E1 = "Minerals"$ , containing potentiated chemical elements of "Medpharma" company. The corresponding path in the selector "IMEDIS-EXPERT": Testing / Vegetative resonance test / CDT / Systems of nosologies / Medpharma / Minerals. List  $T_2 = E1 \uparrow$  from which the "key from the top" element was selected, consisted from test-pointers list  $E1$  compensating for the "key bottom" drug from the  $Org$  list  $\downarrow$ .

The patients were divided into two groups: 26 and 36 patients, respectively. For patients from both groups

was carried out:

1. Determination of the "key from below" test-index of an organ, tissue or body system in accordance with the algorithm given in the introduction for determining the "key from the bottom" of the organopreparation.
2. Determination of the "key from above" element compensating for the "key from below" organopreparation, in accordance to criterion (7).
3. Construction of an electronic marker KMX taken from both palms.
4. Determination of CGP in accordance with criterion (1) as a drug that compensates for CMH is independent from potency -.

Bottom key drug from the list Org ↓, was chosen in accordance with the criterion (4), and the top key element from the list EI ↑ - in accordance with the criterion (7). To simplify the selection of the key drug from above (below), the exhaustion method was used. The selection of the "constitutional" element was carried out by directly checking the criterion (1) for test pointers from the list EI.

In the first group (26 people), the definition of the "key from the bottom" of the organopreparation and the "key from the top" element was carried out by one operator (K.N. O. Vasilkovskaya). In the second group, all four procedures were performed by one operator (O. Vasilkovskaya).

Evaluated:

- the number and percentage (of the total number) of patients for whom it was possible to identify both a key organ from below and a key chemical element from above, i.e. to which we apply criterion (7);
- the number and percentage (of the total number) of patients for whom it was possible to select a chemical element that compensates for CMH, i.e. to which we apply criterion (7);
- the number and percentage of patients to whom criteria (1) and (7) were simultaneously applicable and, at the same time, the elements selected according to these criteria coincided. The percentage of such patients was calculated from the total number of patients to whom the criterion was applied (7).

Compared:

- the percentage of patients to whom criterion (1) is applicable, with the percentage of patients to whom criterion (7) is applicable;
- the percentage of patients to whom criteria (1) and (7) are simultaneously applicable, and at the same time the potentiated chemical elements identified with their help coincided with the conditional situation of 100% coincidence of these criteria.

For statistical processing of the research results, the criterion was used -- Fisher [14, 15]. After the selection of the constitutional element, the patient was prescribed a course of therapy, which included:

- blood autosode, in potency compensating for the KMH marker;
- KGP, the selection of which was carried out based on the criterion (1);
- Single SDA, SDA amount, life-saving drugs or regeneration drugs in potencies compensating for the KMX marker ↓ - NANCr ↑ - KGP ↓. The use of the latter marker for the subsequent selection of therapy was correct due to the fact that in 60 out of 62 cases the CHP preparation, selected based on criterion (1), also met criterion (2).

#### Research results

The results of the study for the first, second and general groups of patients are shown in table. 1. The percentage of patients to whom criteria (1) or (7) were applicable was calculated in each group from the total number of patients examined.

Likewise, of the total number of patients in the group, the percentage of patients to whom criteria (1) and (7) were applicable simultaneously was calculated.

The percentage of patients who matched constitutional homeopathic remedies identified using criteria (1) and (7) was calculated in each group from the number of patients to whom both criteria were applicable. In this study, in all three groups, this number turned out to coincide with the number of patients to whom the criterion is applicable (7).

Table 1

General number patients in group	Quantity patients to which ended up applicable criterion (7)	Percent patients to which turned out to be applicable criterion (7) (from the total surveyed patients)	Quantity patients to which turned out to be applicable criterion (1)	Percent patients to which ended up applicable criterion (1) (from the total <small>the numbers</small> surveyed patients)	Quantity patients in which coincided elements, selected by criteria (1) and (7)	Percent patients with coincidence elements selected by criteria (1) and (7) (from the number patients to which ended up applicable criterion (7))
Group 1 26	22	84,615	26	100 %	twenty	90,909%
Group 2 36	31	86,111	36	100 %	thirty	96,774%
Total number patients 62	53	85,484	62	100 %	50	94,340%

Using the criterion -- Fisher, in a form that allows comparison of theoretical and experimental distribution [15], we obtain that criteria (1) and (7) statistically ( $p \leq 0.01$ ) reliably coincide on subgroups of those patients from the first, second and total groups, for which both of them are defined. Sothus, these criteria are equivalent for patients to whom they are simultaneously applicable.

At the same time, from table. 1 shows that each of the subgroups of patients to whom criteria (1) and (7) are simultaneously applicable is statistically significantly ( $p \leq 0.01$ ) less than the initial group of patients to whom criterion (1) is applicable. Criterion (1) in this study had 100% applicability, which requires additional research. Thus, within the framework of the study, criterion (7) had a statistically significant ( $p \leq 0.01$ ) smaller scope than criterion (1).

### Discussion

Since both ways of formalizing the concept of a constitutional homeopathic drug in ART-BRT lead, in essence, to the same selection results (at least at the level of potentiated elements), it makes sense to discuss the comparative technological merits of the criteria of constitutionality (1) or (7). Criterion (1) is much easier to implement, takes less time and takes less effort from the operator. In addition, it turned out to be applicable to all patients who took part in the study without exception. At the same time, the construction of the KMX marker, generally speaking, could depend on the subjectivism of the operator. Indeed, the work deals with the "electronic" CMH, i.e. about the sum of signals from terminal and nodal MBATs, which have different configurations on the palms of different patients. Different operators could assess in different ways the significance of certain terminal and nodal MBATs in the individual configuration of the patient. Accordingly, there were possible variations in the composition of the MBAT included in the KMH, and hence its ambiguity, due to the subjectivism of the operators. In addition, the KMX marker is a "thing in itself": reflecting the main systemic regularities of the patient's ART diagnosis, it does not allow them to compare the standard diagnostic test-pointers of ART.

Criterion (7) is more laborious and, generally speaking, has a slightly smaller range of applicability than criterion (1). However, it is devoid of subjectivity inherent in criterion (1), and at the same time it can be a source of additional information about the "key from below" organ and about the "key from above" element of the patient. This information can be used for further detailing the patient's ART diagnosis and obtaining additional therapy drugs. It requires further study to what extent and with what efficiency such detailing and similar additional preparations can be reproduced using the KMX marker.

Based on the foregoing, criteria (1) and (7) should be recognized as technologically complementary to each other in terms of diagnosis and therapy. More research is needed to determine the exact range of situations in which it is more beneficial to apply one or the other of these criteria.

#### Conclusions:

1. It has been shown that the ART criterion of "universality" of informational, in particular, homeopathic of a drug, which is that it is the strongest ("key from above") drug that compensates for the weakest ("key from below") test-index of an organ, tissue or system of the body, is indeed a criterion of its constitutionality in the sense of the definition of this concept previously introduced in ART ...

2. It has been shown that the results of applying criteria (1) and (7) are statistically significant ( $p \leq 0.01$ ) coincide in a group of patients to whom both of these criteria apply.

3. At the same time, it was also shown that the group of patients to whom criterion (1) is statistically significantly ( $p \leq 0.01$ ) wider than the group of patients to whom the criterion is applicable (7).

4. Based on the conducted research, within the framework of ART, the following are equivalent:

- Approach A to the definition of a constitutional homeopathic remedy, based on the notion that constitutional is the residual, against the background of adequate therapy (the most "deep"), damage to the body;
- and B's approach to its definition, based on the notion that the "key from below" (the most "universal") damage to the organism is constitutional.

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T.V. Akaeva, O.A. Vasilkovskaya, K.N. Mkhitarian Algorithm for selecting a constitutional homeopathic remedy in accordance with a signal from a key organ //

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