General principles and algorithms for diagnostics and therapy of aging in ART and BRT methods

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Introduction

As part of the research programs of the Center for Intelligent Medical Systems "IMEDIS", research is being carried out on gerontoprotection - the prevention and optimization of premature aging, both biological and social.

The problem of gerontoprotection is relevant not only because the extension of life, provided that its quality is improved (otherwise it simply loses its meaning), in itself is a tempting prospect. It is equally important that, in accordance with modern scientific concepts, the optimization of gerontogenesis (the totality of aging processes) is a key condition for the successful treatment of most chronic diseases. Chronic diseases such as metabolic syndrome and type 2 diabetes mellitus, Parkinson's, Alzheimer's and, especially, carcinogenesis, are a direct manifestation of premature aging. "Anyone, having lived long enough, live to see their cancer or Alzheimer's or Parkinson's" [1]. Against the background and as a result of pathological processes underlying gerontogenesis, most "truly chronic" diseases develop, such as: atherosclerosis and hypertension, immunopathology (both hypo- and auto-), many types of infertility, etc. We can say that the processes of gerontogenesis are the "basis" for most chronic diseases, and in this respect, gerontogenesis itself is similar to the general "miasm" (genetically determined type of response).

In this work, the authors tried to make a preliminary review of the possibilities of diagnostics and therapy of aging using information drugs available in the drug selector of the IMEDIS Center.

General provisions of gerontoprotective diagnostics and therapy, in relation to the methods of ART and BRT

Today the drug selector of the IMEDIS Center contains a considerable number of informational preparations associated with the processes of gerontogenesis. However, in order to fully use these drugs, it is necessary:

1. Describe them as gerontological, linking to existing ones generally accepted models (theories) of gerontogenesis.
2. To formulate the general principles of gerontoprotective diagnostics and therapy, with their use.

Let's call the information product:

- a gerontoprotector, if it allows the therapy of gerontogenesis;
- test-indicator (marker) of gerontogenesis, if it allowsdiagnose certain processes of gerontogenesis.

Within the framework of the concept of ART and BRT methods:

- an informational preparation, which is a gerontoprotector, compensates for a group of test indicators of gerontogenesis processes identified in a patient;
- an informational preparation, which is a test-indicator of the processes of gerontogenesis, is a potentiated substance - a biochemical indicator of this process.

Any marker of gerontogenesis can be used in the proper potency as a gerontoprotector by virtue of the homeopathic principle: "similia similium", i.e. therapy of "like like". The main mechanism of action of the drug in this case is the anticipatory resistance of the body to it [2].

But not every gerontoprotector is a marker of gerontogenesis. For example, the homeopathic drug "Argentum nitricum", being a constitutional drug for some group of patients, is also a gerontoprotector for them (at least, it prevents premature aging). However, it cannot serve as a specific test-indicator of gerontogenesis, at least for those patients for whom it is not constitutional. The need for it can arise at any age and is due to pathogenetic, not gerontogenetic factors.

Let us introduce the concept of an aging model and the corresponding test indicators. Today, there is no generally accepted concept of the mechanism that triggers and / or supports gerontogenesis [3]. All existing descriptions of such mechanisms are only simplified ideas about the nature of what is happening. We will call these simplified representations aging models. The usual simplification allowed in the aging model is that some destructive process in the body is declared an irreversible and primary (causal) process of gerontogenesis in relation to all other such processes. In various models of aging, the primary processes of gerontogenesis are considered: damage to tissues, organs and systems of the body as a result of oxidative processes in it, accumulation of damage to its DNA, degradation of its neural networks, irreversible epigenetic changes, and others. A test-indicator of gerontogenesis is said to correspond to the aging model if it allows one to identify a destructive process, which is considered the primary process of gerontogenesis in it. From the point of view of ART, this means that such a test indicator is a potentiated biochemical marker of this process. Test indicators of gerontogenesis that correspond to a certain aging model make it possible to choose or build gerontoprotectors that interrupt or slow down the primary process of gerontogenesis in it. For example: those that correspond to a certain aging model make it possible to choose or build gerontoprotectors that interrupt or slow down the primary process of gerontogenesis in it. For example: those that correspond to a certain aging model make it possible to choose or build gerontoprotectors that interrupt or slow down the primary process of gerontogenesis in it. For example:

- test indicators of gerontogenesis, corresponding to the oxidative model, make it possible to select or build gerontoprotectors that slow down or interrupt the process of damage to tissues of organs or body systems by by-products of oxidative reactions;
- test-indicators of gerontogenesis, corresponding to the model of degradation of neural networks, make it possible to choose or build gerontoprotectors that slow down or interrupt this degradation, etc.

At present, the following aging models are presented in the form of lists of test pointers in the drug selector of the IMEDIS Center in sufficient detail:

- oxidative model;
- model of glycation;
- metabolic and hormonal model;
- stress model;
- neurodegenerative model;
- model of changing the ratio between aerobic and anaerobic processes of energy production by the cell;
- model of carcinogenesis.

In addition, the medication selector contains a stroke reversal modelinternal time is the only model of "antiaging" available to us today.

Gerontological therapy from the standpoint of ART and BRT methods can be defined as therapy with information drugs that compensate, in whole or in part, a group of test indicators of gerontogenesis identified in a patient. The criterion of its effectiveness is the relative number (for example, the percentage) of test indicators of gerontogenesis, compensated against its background, of the total number identified. The criterion for the absence of long-term gerontogenetic consequences of such therapy is the absence of new test-indicators of gerontogenesis, detected against the background of the patient's load with the drugs used for its implementation.

All currently known test indicators of gerontogenesis and, at the same time, potential gerontoprotectors fit into one of the existing aging models. All these models are incomplete - they do not describe the processes of gerontogenesis in full. Consequently, all the proposed gerontoprotectors are only palliative. However, using them, it is possible at least to slow down or even prevent processes. premature aging of the patient. And this is already a lot. What's more, experience the use of the described drugs can help to understand which of the mechanisms of gerontogenesis is the most significant and even to reveal the primary mechanism of gerontogenesis.

Ordinary diagnostics and therapy taking into account gerontogenesisHaving considered particular models of aging and test-indicators of gerontogenesis that correspond to them, let us dwell on some general questions of optimization of an ordinary diagnostics and therapy taking into account gerontogenesis. Under ordinary diagnostics and therapy, we understand nosological or even constitutionaldiagnostics and therapy of the patient, during which the tasks of gerontoprotection are not set directly. By taking into account gerontogenesis in the process of therapy, we mean taking into account the possibility of strengthening and accelerating the processes of gerontogenesis, as its distant negative consequences. Thus, the goal of ordinary therapy, taking into account gerontogenesis, should be considered the prevention of processes

premature aging, which can occur against the background of "ordinary"treatment of the most "ordinary" nosologies (for example, influenza). Accordingly, diagnostics taking into account gerontogenesis implies such a form in which the attending physician has complete information at the disposal of the attending physician about the directions in which gerontogenesis can develop, depending on the chosen therapy for an ordinary disease.

Ordinary therapy, distant the result which is an the prevention or, at least, the slowing down of the processes of premature aging will henceforth be called gerontoprotectively correct, in contrast to gerontoprotectively incorrect therapy (treatment), the result of whichis the acceleration of these processes.

It is with gerontoprotectively incorrect treatment of acute diseases that many violations of the control process in the body as an integral functional system (CFS) begin, i.e. violation of his self-realization [10, 11]. As a result, there is the formation of chronic diseases, a reduction in the patient's life expectancy and a deterioration in its quality.

Important examplesgerontoprotectively incorrect treatment are:

1. Unreasonable pyrolytic (aimed at lowering the temperature) therapy, both allopathic and by acupuncture, homeopathy, BRT.It is the high temperature that is the condition for the inactivation of infectious agents and their antigens, which, when under-oxidized, can be an allergenic factor with the subsequent formation of infectious-allergic and autoimmune diseases (for example, rheumatism, as an inadequate immune response to antigens common in streptococcus and human tissues). Let us dwell on just one example. Lipid peroxidation (LPO) using reactive oxygen species (ROS) is a protective reaction, oxidizing viruses, bacteria and fungi. In this case, ROS activate the immune system (macrophages and lymphocytes). Hyperthermia promotes all these processes, as well as the timely inactivation of LPO processes and its substrates, as well as the elimination of the latter from the body.

Excessive activity of peroxidation and ROS can be determined within the framework of ART using preparations of potentiated Ozone and Peroxidehydrogen [3].

It is these drugs that the authors use in the treatment process, in particular, of acute processes. Moreover, not only accompanied by febrile conditions (infectious), but also others, such as, for example, poisoning and trauma, since all such processes, being stress for the body, are accompanied by an increase in the activity of ROS and LPO.

2. Therapy without taking into account the consequences of stress and trauma. Especially it concerns traumatic brain injury (TBI). Compensated damage to the central nervous system (CNS) as a result of traumatic brain injury can persist for life. At the same time, the central nervous system is the main control structure for both nervous and humoral regulation, which determines

self-fulfillment of the body - including the processes of its aging. Specialattention should be paid to birth trauma. With compensated birth trauma, after a sufficient time, neither the history itself nor the presence of specific complaints directly indicates its presence in the anamnesis. However, there are pathological changes in the brain, including a violation of LPO and ROS levels, with the formation of a post-traumatic type of response, disrupting the functioning of the body in the CFR. Within the framework of treatment and diagnostic complexes produced by the IMEDIS Center, both diagnostics and therapy of the consequences of TBI, including birth (RT), are possible. Moreover, therapy of the consequences of RT can be both nonspecific and specific, constitutionally oriented, which was the subject of a separate article by one of the authors [5].

3. Diagnosis and therapy of chronic diseases without taking into account the influence prenatal stress (PrS) [7]. It is at the embryonic stage of the organism's development that all the basic patterns of its response are formed, in particular, epigenetically determined, individualized FSs inherent only to it. Prenatal stress affects the body, including by disrupting hormonal reception, as a result of which sex-role behavior can change. Violation of the perception of one's own gender is in itself a source of chronic stress, impairs fertility and clearly does not contribute to the prolongation of life. Also, as a result of PrS, resistance to stress in the postnatal period of life is impaired (due to a violation, in particular, of sensitivity to adrenal hormones and catecholamines). Prenatal stress can lead to postnatal changes in insulin and glucose sensitivity, leading over time to impaired tolerance to them, and then insulin resistance, followed by metabolic syndrome, diabetes mellitus and increasing glycation. And, of course, as a result of PrS, the processes of formation and utilization of ROS and LPO, as well as the sensitivity of tissues to them, are disrupted. It is characteristic that these disorders can, in the absence of adequate treatment, not only persist throughout the life of the individual, but also worsen, and at an increasing rate. Problems of PrS diagnosis and therapy were developed and described in detail with the participation of one of the authors. We only note that the diagnosis of both RT and PrS can be optimally performed with the combined use of both R. Voll EPD and ART. At the same time, it makes sense to use VRT test pointers, identified during the examination, not only as diagnostic, but also as therapeutic drugs. In particular,Hydrogen peroxide, Ozone, Oxygen, Carbon dioxide, which are,both markers and nosodes of metabolism, reflecting the acid-base state of the body and the degree of its damage by hypoxia - reperfusion, ROS and LPO [3]. Serum of embryonic tissues from OTI has proven itself well in the treatment of PrS.

Gerontoprotectively correct ordinary treatment of both chronic andacute diseases is a publicly available, at the modern level of knowledge, a method for optimizing gerontogenesis using ART and BRT methods. In our opinion,

the following organization (algorithm) of gerontoprotectively correct ordinary diagnostics and therapy is correct:

A. When performing ART, a special interface should be highlighted (a group of test indicators, indicating the general method of testing them), consisting of test indicators of gerontogenesis in a given patient. In what follows, this interface will also be referred to as the gerontoprotective interface.

C. The ART criterion of gerontoprotective correctness of therapy is the compensation by the drug (s) of therapy for test pointers from the selected gerontoprotective interface.

The gerontoprotective interface must necessarily include in myself:

- non-specific test pointers such as: complex markerchronosemantics (CMH) as well as constitutional homeopathic remedies (in particular, potentiated chemical elements) identified in a patient with his help;

- specific test indicators of gerontogenesis, assigned to variousaging models that allow assessing the speed and direction of the corresponding processes in the patient's body.

Non-specific test indicators of the patient's constitution are included in the gerontoprotective interface due to the fact that the constitutionalorientation, or, what is the same, constitutional consistency [12], therapy is a necessary condition for its gerontoprotective correctness [4, 5].

For checks constitutional consistency therapy may various methods are used, for example, compensation of the electronic marker KMH [12], additional express control of the action of a set of prescribed drugs using the KChSM test [8, 9] and others. In the process of selecting constitutionally consistent homeopathic remedies, the use of repertoria and the constitutional delusion test (CDT) has proven itself well.

Specific gerontoprotective diagnostics and therapy

By specific gerontoprotective therapy we mean therapy aimed directly at slowing down or even partial reversal of the processes of gerontogenesis in a patient. Accordingly, gerontoprotective diagnostics is a diagnosis aimed at providing a full-fledged gerontoprotective therapy.

Gerontoprotective diagnostics and therapy are relatively rarely used as a completely independent approach to treatment. Usually they are included in the more extensive diagnostics and therapy of chronic diseases of the patient in the form of a "built-in block", periodically implemented in the course of the general course of treatment. However, there are exceptions: for example, when it is necessary to restore childbearing function in a patient who has been in age-related menopause for a long time.

In principle, the algorithm for conducting a specific gerontoprotective

therapy is no different from the algorithm for conducting gerontoprotectively correct ordinary diagnostics and therapy described in the previous section. The difference is as follows:

1. For routine diagnostics and therapy, usually
the "generally accepted" informational preparations are used - homeopathy, nosodes, organopreparations and the like, from which the therapy signal is produced by various procedures. This signal is required to compensate for all or most of the test indicators from the gerontoprotective interface identified during the ART examination of the patient.

2. For specific diagnostics and therapy as starting drugs,
on the contrary, test-indicators of gerontogenesis are used, assigned to one of the aging models. However, as in the case of ordinary therapy, it is required that the therapy signal produced with their help compensates for all or most of the test pointers from the gerontoprotective interface.

Specific gerontoprotective therapy must necessarily be constitutionally consistent. This is achieved by the methods already described in the previous section: by compensating the KMX marker, using the KChSM, and the like.

A special place in the methods of specific diagnostics and therapy of gerontogenesis processes belongs to electronic chronosemantics - a method based on obtaining a therapy signal from signals "written off" from the so-called mantic points located on the main chiroglyphic lines (OHL)patient [10, 11]. Usually, such a "recording" of signals is carried out on condition of preliminary introduction of an additional test-pointer into the measuring circuit, which makes it possible to single out a certain class of them. This test pointer is calledtarget marker(MC). When carrying out a specific
In gerontoprotective therapy, test pointers to the type of aging process prevailing in the patient's body are used as MC. In this case, the constitutional factors that determine the predominant manifestation of this and not any other aging mechanism in a given organism correspond to the mantic points that appear on the patient's CCL when the MC is introduced into the measuring circuit. Chronosemantic therapy with one or another aging marker as MC should be considered the causal (causal) level of gerontoprotective therapy. One can expect a prolonged, possibly for the entire subsequent life of the patient, the effect of such a gerontoprotective drug. The effect of a gerontoprotective chronosemantic drug is especially expressive in cases when markers of birth or prenatal trauma are used as MCs [5].

- potentiated blood serum of an old person, of the same sex as the patient;

- potentiated hexose and insulin - for the treatment of obesity, metabolic syndrome, type 2 diabetes mellitus;
- potentiated ROS peroxides and LPO products - for the prevention and treatment of disorders of the antioxidant defense of the body;

- potentiated neurotoxic drugs - from heavy metals to acetylene and neuromelatonin - to prevent age-related neurodegenerative changes;

- potentiated antibodies to somatotropin (currently absent in the selector);

- potentiated antibodies to telomerase (absent in the selector);
- preparations for regeneration (reversal of internal time), such as:Trepang regeneration, Triton regeneration, Lizard regeneration, Annelida (earthworm) regeneration, as attempts to strengthen the processes reversal of internal time in the patient's body. Note that we are talking here about electronic chronosemantics.

[ten]. The use of negative test indicators of gerontogenesis, as well as other test indicators of pathological processes in the body as MCs for light chronosemantics [11], seems to be contraindicated. The only exceptions are preparations for regeneration and reversal of internal time.Trepang regeneration, Triton regeneration, Lizard regeneration, Annelida (earthworm) regeneration. These drugs, despite the pronouncedgerontoprotective action are not, in the strict sense, markers of gerontogenesis, and light chronosemantics can also be carried out using them.

conclusions

Thus, the selector of the IMEDIS Center already has
- a considerable number of informational preparations that can be used to identify and regulate the processes of gerontogenesis, at least at the level of modern ideas about the mechanisms of aging;

- there are both methods of ordinary diagnostics and therapy, taking into account gerontogenesis, and specific gerontoprotective methods using ART and BRT methods.

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