Homeopathic approach to aging. How to build the right homeopathic gerontoprotector

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#### Introduction

It is believed that homeopathic doctrine is a kind of "complete reflection" of orthodox therapy - for every question of the latter, homeopaths have, even if completely unorthodox, answer. However, this is not quite true. The development of homeopathy throughout its existence is, to a large extent, either attempts to prove its consistency, or the solution of its internal problems left over from the "founding fathers" - Hahnemann, Goering, Belinshausen, Kent and others. Under these conditions, homeopathy often lags behind orthodox medicine in setting new research tasks, capturing promising areas of development. In the opinion of the authors, this is precisely the state of affairs that has developed in homeopathy with the tasks of geriatrics - diagnostics and therapy of manifestations of gerontogenesis, in common parlance, the aging of the human body. On the one hand, the first gerontological preparation - Causticum - was obtained by Hahnemann, who created a homeopathic analogue of the Paracelsian Almagest [1]. A considerable number of studies, including the largest homeopaths in the world, have been devoted to the age-related development of pathogenesis of the main homeopathic remedies. However, they are based on the methodology of the 18th century and are, for the most part, rehash of almost medieval alchemical models of aging.

From the point of view of the authors, homeopathic geriatrics - a branch of homeopathy that aims to slow down the processes of gerontogenesis or compensate for their consequences - is an urgent direction of medicine. Butit will become effective only when it operates with modern physiological models of gerontogenesis, considering them from the point of viewhomeopathy.

Modern physiology provides enormous (Maybe, even excessive) number of gerontogenetic models that explain various aspects of aging. However, all these models, in essence, do not talk about possible ways to prevent it. At the same time, considering the same models from the point of view of homeopathy allows you to immediately obtain new homeopathic gerontoprotectors. By the latter we mean gerontoprotectors, a mechanismwhose actions are homeopathic, that is, in fact, these are potentiated substances, the excess of which in the body leads to gerontogenesis.

Here are just a few examples of this approach.

1. In modern gerontology, it is widely known that there are a number of biochemical compounds, the concentration of which in the body changes monotonically as its age changes [2]. The concentration of some of them, for example, stress hormones (adrenaline, norepinephrine, cortisol), cholesterol,

lipofuscin, neuromelanin and the like monotonously increases with age, sometimes up to depletion of the systems that produce them, in other cases - up to their toxic concentration. Other substances in the body, on the other hand, are produced in decreasing quantities as they grow older and with subsequent aging. Such substances include, for example, growth hormone or dihydroepiandrosterone. It is natural to call both the substances of the first and the substances of the second of the described classes physiological markers of gerontogenesis, since by measuring their amount in an organism, we can determine its biological age. There are physiological models of gerontogenesis based on changes in the concentrations of gerontogenesis markers in the body.

Considering these completely orthodox models from the point of view of the homeopathic approach, we immediately come to a whole class of fundamentally new potential homeopathic gerontoprotectors. Regarding the first class of substances, it is clear that all of them are gerontoprotectors, being taken in potentiated form. At least they are therapies forgerontogenetic symptom complexes, both directly caused by their excess in the body, and pathogenetically similar to the results of their impact. For example, potentiated cholesterol can be considered as a gerontoprotector that slows down the development of such a gerontogenetic syndrome as hypercholesterolemia and subsequent atherosclerosis of the body. Potentiated lipofuscin and neuromelanin will cause the effects of repairing the nervous tissue of the human brain, possibly up to its regeneration and the disappearance of age-related changes in it. Of particular interest are stress hormones, considered in their complex, characteristic of the old age of the body. The result of exposure to a potentiated drug of such a hormonal complex can be the reparation of the hypothalamic-pituitary system of the body,

The second class of substances is also of homeopathic interest. In this case achieving gerontoprotective effects will not be required by yourself potentiated substances, the concentration of which monotonously decreases in the body during its growing up, and potentiated antibodies to these substances. For example, potentiated antibodies to growth hormone or dihydroepiandrosterone. Using the example of the use of potentiated antibodies to interferon (the drug "Anaferon"), we know that their introduction into the body leads to a massive release of proteins - in this case, interferon -"Against which" they are directed [4]. In particular, the introduction into the body of potentiated antibodies to somatotropin or dihydroepiandrosterone will lead, in accordance with the basic principles of homeopathy, to a massive release of these hormones into the bloodstream, which means to prevent or slow down the processes of gerontogenesis, which are generated by a decrease in their concentration. At the same time, the introduction into the body of potentiated antibodies to such hormones or enzymes is therapeutically more beneficial than the direct administration of these proteins themselves, for example, for the following reasons:

- there is no problem of overcoming the hematoencephalic as well as

- others, for example, intracellular, barriers in the human body, significantly limiting or modifying the effect of "material doses" of the corresponding proteins;
- even without taking into account express diagnostics, for example, with the help of ART, the danger of toxic overdose of the injected gerontoprotector is significantly reduced, since the symptoms of its pathogenesis, which are not dangerous from a clinical point of view, but prevent overdose, appear beforehand;
- there is no possibility of the organism getting used to the constant introduction of gerontoprotective proteins, and, as a consequence, pathological dependence on them (like narcotic addiction);
- the cycle of action of the gerontoprotector is lengthened, and it becomes possible to regulate its length by choosing the appropriate potency of the drug.
- 2. As another class of potential homeopathic gerontoprotectors can be considered potentiated substances, and even, what is more exotic, physical factors, the introduction of which into the body "in material doses" causes an acceleration or even a direct manifestation of the processes of gerontogenesis. As an example, consider the blood of old people, as well as the plasma obtained from it. The fact that the blood or blood plasma of an old biological individual also ages the young individual to which it was introduced (naturally, in a purified form that does not cause toxic or immune reactions!) Is physiologically nontrivial. An experimental proof of this fact was given by V. Zuev and described in [5]. Accordingly, the potentiated blood of an old person, or even the plasma isolated from it, can be considered as gerontoprotectors of "general action" [6]. It should be noted,

Even more interesting are the properties of potentiated blood or blood plasma of an old person suffering from some kind of aging disease, the most terrible of which, admittedly, is cancer or its variety (oncogenesis). Here the advantage of the homeopathic approach over the allopathic one is obvious. The blood of an old or cancer patient within the framework of allopathy does not represent anything but a greater or lesser danger to a healthy person. But its potentiated analogue, especially its electronic record, can become the most valuable homeopathic gerontoprotector that protects the body from both oncological and gerontogenesis syndromes.

3. Finally, consider the situation of physical factors damaging the organism in such a way that the processes of gerontogenesis arise in it. The most important of these is radiation. Is it possible to construct a homeopathic analogue of radioactive damage to the body? As an attempt to do this, one can take, for example, an aqueous-alcoholic solution subjected to radiation irradiation (playing the role of a tincture of the original preparation) and potentiate it. In this case, we, of course, will not get the potency of any substance. However, such

potentiation can be viewed as an attempt to write down a certain condition, which is a new, but not exclusive topic for homeopathy (even the homeopathic remedy "Vacuum" is known). It is interesting that pilot trials of such drugs (the authors of the article, unpublished) have shown their effectiveness in the case of acute respiratory infections and influenza, which indirectly confirms the idea of their pathogenesis as the pathogenesis of a radiation signal. Indeed, the pathogenesis of any radiation injury must include a pronounced decrease in immunity.

### Objectives of the work:

- 1. Describe some homeopathic gerontoprotectors obtained from from the views described in paragraphs 1-3 of the Introduction.
- 2. Describe some general principles of geriatric therapy using homeopathic gerontoprotectors.

Necessary and sufficient conditions for the effectiveness of therapy with the help of homeopathic gerontoprotectors

In the authors' opinion, the main requirement for the successful use of homeopathic gerontoprotectors is their constitutional orientation, created or verified, for example, using a test with filtration through the CMX marker, the CFFF test and / or other functional tests of constitutional consistency [8-9].

The test with filtration through the KMX marker looks like this:

KMH  $\downarrow$  + Preparation ↑ (1).

Considered by itself, it allows the selection or verification of the constitutional orientation of the drug, but not the production of the constitutionally oriented drug.

Today, within the framework of ART and BRT methods, three main methods are known.production constitutionally oriented information drugs, in particular, homeopathic gerontoprotectors, from the "source drugs":

- potentiation of the "source drug", up to the implementation of ART; conditions:

 $KMX \downarrow + Pot_ASource preparation \uparrow (2),$ 

- obtaining a second or third cerebral response from a constitutionally oriented drug:

Off3(KMX ↓ + PotaSource preparation ↑) (3),

 making a chronosemantic preparation with a target marker in the form of a constitutionally oriented source preparation:

HSP (PotaSource drug) (4).

V absence constitutional orientation homeopathic gerontoprotector information drug can have an unpredictable effect on the patient (as, indeed, any other homeopathic

a drug). In particular, in the treatment of constitutionally unoriented with the drug, uncontrolled exacerbations, manifestations of the pathogenesis of this drug, as well as negative long-term effects of therapy are possible.

However, a constitutional orientation in itself is not enough for the effective action of an informational preparation, especially when it comes to a directed rather than a general therapeutic effect from its use. Being engaged in the therapy of gerontogenesis, we are essentially dealing with an absolutely incurablefatal, slow and, moreover, little-studied systemic disease -what old age is. Under these conditions, it is necessary to be sure of the specific efficacy of the drugs used. Otherwise, the term "gerontoprotective therapy" should be justly changed to "general strengthening therapy", with all the ensuing (sad!) Consequences. In the case of the homeopathic gerontoprotectors presented in this article, the authors' belief in their specific - gerontoprotective - effectiveness is based on homeopathic principles. All (not only those presented in this work) homeopathic gerontoprotectors are potentiated substances, the introduction of which into the human body in large doses either accelerates gerontogenesis, or, at least, causes symptoms similar to it. In normal situations, this method of preparing the preparation guarantees its specific activity. Will it be effective in a more difficult situation of gerontogenesis?

It is too early to say anything, consecutive experiments with express testing of geriatric drugs, animal experiments, and extensive clinical trials are needed.

New homeopathic gerontoprotective drugs in the selector "IMEDIS"

1. Anti-DHEAS. Potentiated antibodies to DHEAS - dihydroepiandrosterone sulfate

Dihydroepiandrosterone sulfate (DHEAS) is a sulfate, active form of dihydroepiandrosterone (DHEA) [10]. Both forms are biologically active. In the body, they are constantly being transformed. Dihydroepiandrosterone is synthesized in the reticular adrenal cortex from cholesterol and is a precursor of both glucocorticoids and sex hormones: estrogen and testosterone. In addition, it is itself an androgen, that is, it causes the effects of virilization in the body, similar to the effects of male sex hormones. Its role is especially great in the process of ontogenesis and early (before puberty) development. With impaired metabolism of dihydroepiandrosterone, adrenogenital syndrome (AGS), or benign adrenal hyperplasia (DHA), is a genetically determined violation of the regulation of the transition of DHEA to glucocorticoids.

It has been reliably established that the level of DHEA and, accordingly, DHEAS

significantly depends on the age of the person. DHEA and DHEAS levels (hereinafter - DHEA) rises to 25-30 years, after which it begins to progressively decrease. The maximum decline occurs for about 50 years. In women, the decrease in DHEA in the blood occurs somewhat faster. This process continues (with some slowdown) throughout the subsequent aging period, up to death. This phenomenon made it possible to consider the DHEA level as one of the biochemical markers of aging [10].

Both metabolism and DHEA synthesis are possible not only in the glands, but also paracrine, that is, in peripheral tissues. The same, to a certain extent, applies to other sex hormones, which, in particular, is associated with maintaining a certain level of them in the body, both in the case of removal of the gonads, and in the case of menopause.

DHEA is synthesized in the brain of humans and animals, even in those in which it is not synthesized by the adrenal glands, for example, in rats. The concentration of DHEA in the brain increases in acute stressful situations, but decreases in chronic stress, increasing when the stressful effect ceases. Low DHEAS levels are associated with decreased levels of memory, intelligence, and mood. Probably, it is with this that the neuroprotective, in particular, antidepressant effect of DHEA, noted both clinically and experimentally, is associated. In particular, experiments on the brain tissue of mice have shown an increase in the differentiation and survival of both astrocytes and neurons in the presence of DHAS. This is due, in particular, to its antiglucocorticoid effect, as well as the ability to increase the synthesis of IGF 1, nitric oxide, beta-endorphin in the brain. The latter was confirmed experimentally in attempts to use DHEA for therapeutic purposes in the elderly, including those with chronic fatigue syndrome, since 1952. The use of DHEA for therapeutic purposes significantly improved the quality of life of patients. The problem of such therapy has been and to this day is the individual selection of the dose and an adequate assessment of the hormonal status of the patient.

Likewise neuroprotective effect installed and other protective effects of DHEA on the processes associated with aging: oncoprotective, immuno-, athero-, osteo- and endocrinoprotective.

Immune effect. The introduction of DHEA increases the severity of the immuneresponse, in particular, due to the impact on the balance of T-helpers. In particular, in vitroshowed a high antiviral activity of the DHEA analog in the human immunodeficiency virus.

The immunostimulating effect of DHEA is based, in part, on changesbalance DHEA / cortisol. Cortisol is known to have powerful immunosuppressive effects.

The endocrinoprotective effect of DHEA is largely associated with the DHEA / cortisol balance. Since the increased level of cortisol, which, as a rule, is observed in people during the aging process, largely determines the sensitivity of tissues to insulin (or rather, its decrease) with the subsequent development of metabolic syndrome, the consequences of which are obesity and type 2 diabetes. In addition, the neuroprotective effect of DHEA is capable of itself

cause a decrease in appetite with a decrease in food intake, as well as limit the stress response, accompanied by an increased release of catecholamines (also desensitizing insulin receptors) and glucocorticoids. There is evidence of the possibility of DHEA influence on the activity of the metabolic effect at the mitochondrial level, due to the activity of glucose-6-phosphate dehydrogenase, both in the liver and in adipose tissue, as well as the activity of adipose tissue lipase.

The restrictive effect on metabolic syndrome and stress reactions is due to the positive effect of DHEA in atherosclerosis and cardiovascular diseases.

Osteoprotective effect. Decrease level DHEAS directly correlates with the severity of osteoporosis, respectively, an increase in DHEAS correlates with a decrease in osteoporosis activity.

The mechanisms of the osteoprotective action of DHEAS are endocrine and secondary - immune, again associated with the activity of glucocorticoids and, as a consequence, with the state of immunity, in particular, with the level of interleukin-6, which is a mediator of bone resorption. In experiments in vitro it has been shown that DHEAinhibits the production of interleukin-6 by mononuclear cells.

Oncoprotective effect. In experiments in vitro, as well as in experiments on In animals, the preventive and limiting effect of DHEA on some forms of breast, skin, colon and other forms of androgen-independent tumors has been shown. The mechanism of this action remains unclear. One of the candidates for this role is the activation of the antioxidant activity of cells. In addition, all of the above effects (metabolic, immune, stress-protective) can have an oncoprotective effect.

An exception is dyshormonal prostate cancer, in the stimulation of proliferation of which androgens play an important role, and not so much testosterone as DHEA and DHEAS. But more on that later.

Gerontoprotective effect. In general, the picture of the totality of pathologies, associated with a lack of DHEA and DHEAS, and compensated by an increase in its level, corresponds to the main signs of gerontogenesis.

A logical conclusion from the above is the use of DHEA and DHEAS in various forms, both for the purpose of gerontoprotection in general, and for influencing individual processes. This practice exists. Moreover, its results generally correspond to those expected, both in experimental and clinical studies. However, the degree of quantitative expression of the results leaves much to be desired. It is assumed that this is due to the technical difficulties in the use of DHEA and DHEAS, namely, with the selection of the dosage based on objective data, as well as with the provision of high and stable bioavailability. Perhaps the self-regulation of the organism plays its negative role in this case, the presence of negative feedbacks in it. It is known

A logical way out of the situation, based on the ideas of homeopathy, is the use of some potentiated substance that, in toxic doses, reduces the level of DHEA in a healthy body. In this case, we used potentiated rabbit antibodies to DHEAS - Anti-DHEAS. The choice of rabbit (and not human) antibodies follows from the standard interpretation of the homeopathic "principle of similarity" (the drug must be "similar" but not identical) in relation to DHEAS in humans and other animals. Thus, the purpose of using Anti-DHEAS is to increase the level of DHEAS and, accordingly, DHEA, up to the physiologically optimal level. The latter is achieved by the complex action of the control signal of potentiated antibodies on a specific substrate.

Indications for use Anti-DHEAS. Optimization process gerontogenesis. Premature aging and its prevention. "Diseases of aging", or diseases, the severity of which is caused by aging: metabolic syndrome; atherosclerosis, type 2 diabetes mellitus, hypertension and other diseases of the cardiovascular system; immunosuppression; depression, including age-related, encephalopathy; osteoporosis; cancer prevention; application in the complex treatment of oncological diseases. Prevention of the listed diseases. Resistance to therapy due to age-related changes.

Contraindications to the use of Anti-DHEAS. Nowadaysno contraindications to the use of Anti-DHEAS have been identified.

# 2. Neosangvis. Potentiated blood of cancer patients

At present, oncogenesis is considered as one of the forms of gerontogenesis [2, 4]. In oncological processes, the normal functioning, both genetic and epigenetic, of a sick person's DNA is disrupted. As a result, a cascade of biological reactions develops in the body: from a violation of the control of cell differentiation, to changes in immunity in the form of specific immunosuppression, accompanied by autoimmune conditions. At the same time, the picture of changes in the patient's body is characteristic not only for oncogenesis, but also for the aging process as a whole.

Briefly, and somewhat figuratively, the condition in the oncological process can be characterized as "violation of self-identification." This applies to both the physiological and psychological state of the patient. In homeopathy, a violation of self-identification is considered the main feature of the "Carcinosin constitution", or Carcinosin miasm.

The blood of a cancer patient contains all the structural, morphological and functional signs of cancer, as a variant of pathological gerontogenesis: immunological, in the form of an imbalance of antibodies, immunocomplexes, cytokines and other biologically active substances and regulators; hematological, in the form of an increase in blood clotting at various levels, and also reflects other structural features of the Carcinosine miasm, as a holistic violation of the body's homeostasis.

Particularly relevant is the state and activity of blood lymphocytes, as one of the main systems of immunological control of morphogenesis and immunogenesis of the organism. As you know, the state of the genetic and epigenetic material of DNA and metabolic processes in the lymphocyte reflect both the state of control over the morphogenesis of the organism and the state of the genetic and epigenetic material and the metabolism of the organism as a whole.

To prepare the drug, the blood of ten old cancer patients (with various forms of cancer) in the late stages of the disease was taken. Then the blood taken was mixed and manually potentiated according to Hahnemann on a centesimal scale from 3C to 1000C.

Indications for use: Premature aging; optimizationgerontogenesis; prevention of premature aging. Oncological diseases (as part of complex therapy). Prevention of cancer, especially with a family history of cancer. Immunodeficiency and autoimmune conditions, especially in the presence of signs of the Carcinosin constitution and Carcinosin miasm. Resistance to therapy due to age-related changes.

Contraindications for use: currently not identified.

The action of the drug "Neosangvis" is close to the drug "Neoplasma". But, unlike the drug "Neoplasma", based on the blood plasma of cancer patients, the drug "Neosangvis" has a deeper and more systemic effect. And it is better to start treatment with the drug "Neoplasma".

A necessary condition for the use of the drug "Neosangvis" is the constitutional consistency of the homeopathic preparations obtained on its basis, which is described in detail in this work.

3. "Neoplasm". Potentiated blood plasma of cancer patientsFor the preparation of the drug "Neoplasma" was taken blood plasma of tenold cancer patients with various forms of cancer in the late stagesdiseases. Blood for obtaining plasma was taken with the informed consent of the patients. Then the resulting plasma was manually potentiated according to Hahnemann on a centesimal scale from 3C to 1000C.

Indications for use. Premature aging. Optimizationgerontogenesis. Prevention of premature aging. Oncological diseases (as part of complex therapy). Prevention of cancer, especially with a family history of cancer. Immunodeficiency and autoimmune conditions, especially in the presence of signs of the Carcinosin constitution and Carcinosin miasm. Resistance to therapy due to age-related changes.

The action of the drug "Neoplasma" is close to the drug "Neosangvis". But, unlike the drug "Neosangvis", based on the whole blood of old cancer patients, the drug "Neoplasma" has a milder effect. Therefore, it is better to start treatment with it.

### 4. "Gamma radiation"

The drug "Gamma radiation" is a record of gamma radiation obtained by irradiation of a freshly prepared 46% hydroalcoholic

solution followed by potentiation according to S. Hahnemann in a centesimal scale from 3C to 1000C.

(how object gamma radiation records) his Pathogenesis conditioned by a damaging effect on cells both through direct action and the formation of ionized compounds (free radicals) in the form of reactive forms of nitrogen, oxygen, as well as peroxide compounds from hydrogen peroxide to high molecular weight lipid peroxides. In this case, cellular structures in the form of membranes and organelles are affected, since they interact directly with these agents, and to an even greater extent, the system of cellular renewal. In addition, DNA and RNA are affected both at the genetic level - the sequence of nucleic acids, and epigenetic at the level of DNA and RNA packing and their "packing" in the protein envelope. First of all, rapidly dividing cells are affected: immune, bone marrow, epithelium, as well as cells of the central nervous system, as they have a high level of metabolism and respiration.

The following manifestations of the pathogenesis of acute radiation sickness are distinguished:

- radiation toxemia the effect of direct radiation and products of radiolysis of water;
- cytostatic effect and, as a consequence agranulocytosis, anemic and hemorrhagic syndrome;
- radiation capillaritis with hemorrhages in the myocardium, lungs, adrenal glands, genitals, gastric and intestinal mucosa;
- immunodeficiency;
- disturbance of neurohumoral regulation with vegetative-vascular crises, central disturbance of the regulation of respiration, blood circulation, cerebral edema;
- sclerotherapy replacement of functional tissue of organs and blood vessels with connective tissue; but at the same time with signs of disorganization of the connective tissue; malignancy.

In chronic radiation sickness, the following forms are distinguished:

- degenerative changes in the genital area;
- sclerotic processes;
- immune diseases;
- radiation cataract;
- carcinogenesis;
- genetic and teratogenic effects;
- reduction in life expectancy.

As can be seen from the description, all the indicated signs of radiation sickness pathogenetically correspond to the changes occurring during the aging process.

Accordingly, the indications for the use of potentiated Gamma radiation are primarily: premature aging; diseases caused by aging: atherosclerosis, ischemic heart disease, hypertension and other diseases of the cardiovascular system; encephalopathy, connective tissue pathology; anemia; immunodeficiency, gastrointestinal diseases; oncological diseases. Resistance to other types of therapy due to age

changes. In addition, the indications for the use of the drug "Gama radiation" are genetic changes and hereditary pathology (together with Luezinum, etc.), as well as all types of immunodeficiency and immunosuppression, including in acute and chronic viral diseases; gastroenterocolitis and stomatitis, up to necrotic ulcerative and perforated; atrophy or hypofunction of the gonads and other endocrine glands; asthenic conditions, vegetative-vascular dystonia.

The main condition for the use of the drug "Gamma-radiation" is constitution consistency based on clinical, psychophysical and anamnestic data, as well as the KMH-test, KChSM, etc.

# 5. High-intensity photon radiation

The name is conditional. The drug is a record of high-energy photon radiation (with photon energies of the level of cosmic rays), obtained by irradiation of a freshly prepared 46% aqueous-alcoholic solution, followed by potentiation according to S. Hahnemann in a centesimal scale from 3C to 1000C.

The pathogenesis of photon radiation is due to the damaging effect on cells both through direct action and through the formation of ionized compounds in the form of reactive forms of nitrogen, oxygen, peroxide compounds from hydrogen peroxide to high molecular weight lipid peroxides. In this case, cellular structures in the form of membranes and organelles are affected, since they interact directly with these agents and, to a greater extent, the cellular renewal system. In addition, DNA and RNA are affected both at the genetic - nucleic acid sequence, and at the epigenetic level - DNA and RNA packing and their "packing" in the protein envelope. First of all, rapidly dividing cells are affected: immune, bone marrow, epithelium, as well as cells of the central nervous system (neurons and astrocytes), as they have a high level of metabolism and respiration.

The following manifestations of the pathogenesis of acute radiation sickness are distinguished:

- radiation toxemia the effect of direct radiation and products of radiolysis of water;
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- immunodeficiency;
- disturbance of neurohumoral regulation with vegetative-vascular crises, central disturbance of the regulation of respiration, blood circulation, cerebral edema;
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In chronic radiation sickness, the following forms are distinguished:

- degenerative changes in the genital area;
- sclerotic processes;

- immune diseases;
- radiation cataract;
- carcinogenesis;
- genetic and teratogenic effects;
- reduction in life expectancy.

It can be seen from the description that all the indicated signs of radiation sickness correspond to the changes occurring during the aging process.

Accordingly, the indications for the use of potentiated Photonic radiation are primarily: premature aging; diseases caused by aging: atherosclerosis, ischemic heart disease, hypertension and other diseases of the cardiovascular system; encephalopathy, connective tissue pathology; anemia; immunodeficiency, gastrointestinal diseases. Oncological diseases. Resistance to other types of therapy due to age-related changes. In addition, the indications for the use of drugs "Photonic radiation" are genetic changes and hereditary pathology (apparently, a combination with Luezinum and others is possible). All types of immunodeficiency and immunosuppression, including in acute and chronic viral diseases; gastroenterocolitis and stomatitis, up to necrotic ulcerative and perforated. Atrophy or hypofunction of the gonads and other endocrine glands. Asthenic conditions, vegetative-vascular dystonia. The main condition for the use of the drug "Photonic Radiation" is constitutional consistency based on clinical, psychophysical and anamnestic data, as well as KMH - test, CFMC, etc.

#### conclusions

- 1. Described are some homeopathic gerontoprotectors obtained based on the concepts described in paragraphs 1-3 of the Introduction.
- 2. The general principles of geriatric therapy using homeopathic gerontoprotectors based on the principles of constitutional drug orientation.

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