About information diagnosis in the "IMEDIS-EXPERT" system
S.K. Makina
(Medical center "Vega-plus", Petropavlovsk, Kazakhstan)

"Treat the sick, not the disease?"

It is known that when determining a medical diagnosis, a doctor, relying on diagnostic signs and rules for constructing a diagnosis, using personal professional experience, intuition, modern medical technologies, conducts a logical analysis of the patient's well-being, symptoms of the patient and the causes of the disease. "In this case, the process of making a diagnosis is represented as a movement along a tree, depending on the answers to the questions that are posed at each vertex" [1]. In recognizing the diagnosis, given the complexity of the pathogenetic mechanisms of the development of modern diseases, it becomes relevant to use all diagnostic methods known to medicine in order to build a scientifically based therapy algorithm.

From the standpoint of official medicine, "the task of practical diagnostics is considered as a process of identifying the most pronounced deviations from the physiological norm and establishing the nature of the disease, its nosological form "[2]. At the same time, it should be taken into account that clinical diagnoses reflect only fragments of the pathological process, and changes in other organs and systems are not always taken into account. It should be noted that the diagnostic process, considered within the framework of fundamental knowledge of normal (systematic) anatomy, to a greater extent mechanistic, from the perspective of a three-dimensional understanding of the world order, is carried out at the physical organotropic level and predominantly involves pharmacotherapy. It has been studied that drugs, interacting with receptors of problem organs and organ systems, affect fragments of disturbed biochemical reactions at the molecular level, causing numerous pharmacological effects at the biochemical and physiological levels, leading toneurohumoral homeostasis.

From the standpoint of biophysical medicine (BFM), based on a new paradigm of modern quantum mechanical physics, which perceives the world order outside the framework of three-dimensionality, the diagnostic algorithm is built taking into account the available energy levels in the human anatomy. The principles of BFM are also embedded in the hardware and software complex (AIC) "IMEDIS-EXPERT" (Moscow, Russia). The diagnostic capabilities in the agro-industrial complex are realized by the method of electropunctural diagnostics (EPD), in particular, by the autonomic resonance test (ART), which supplements the clinical diagnosis. The ART method, which allows energy scanning of the patient's body, makes it possible to obtain the energy-informational characteristics of organs and organ systems, identify energy-informational blocks, and build an energy-informational diagnosis (EID). At the same time, it should be remembered that the algorithm, carrying out the diagnosis, has a "advising" character in case of possible modeling. Optimal is the decision rule that minimizes the possibility of losses during diagnosis [3]. In this connection, a practitioner who owns the ART method needs to use the obtained characteristics of the energy-informational portrait (EIP) of the patient's body and the data of clinical diagnostics in a complex, in order to build the optimal tactics for correcting his condition. The diagnostic task is to identify the most pronounced it is necessary to use the obtained characteristics of the energy-informational portrait (EIP) of the patient's body and the data of clinical diagnostics in combination, in order to construct the optimal tactics for correcting his condition. The diagnostic task is to identify the most pronounced it is necessary to use the obtained characteristics of the energy-informational portrait (EIP) of the patient's body and the data of clinical diagnostics in combination, in order to construct the optimal tactics for correcting his condition. The diagnostic task is to identify the most pronouncedenergy-informational deviations (spectrum of pathological frequencies) of organs and organ systems from their energy-informational norm (EIN) [4]. Variants of energy deviations can manifest themselves at the energy level of the physical body - "FT" (energy of the cell, organs, organ systems); energy of the electromagnetic field (EMF) or biofield of the body -

energy level "EU"; energy of thought and word - psychic "psi" energy - informational level "IU" [5]. From the standpoint of the biophysical essence of the disease, the state before the development of obvious clinical symptoms in the body, or the so-called state of "pre-disease", can be associated with the emerging energy-informational disorders at the informational and / or biofield level. A disease observed at the physical morphostructural level, which has a clinical picture, involves the involvement of all the above energy levels in the process and is already the final stage of a complex multi-level energy-informational pathological process, in fact, being only a consequence. Hence, it logically follows that the construction of a therapy algorithm only at the physical level is no longer sufficient. Since the existing energy disturbances in the patient's body at the levels of biofield and information (thought energy) are preserved, they continue to accumulate and again create problems in the physical body in the form of diseases or life events. This is the basis to believe that all this accumulation is the cause of the relapse and chronicity of diseases, a decrease in the effectiveness or the development of drug resistance. The expediency and relevance of the use of BFM methods is dictated by the fact that the process of diagnostics and therapy decrease in the effectiveness or development of drug resistance. The expediency and relevance of the use of BFM methods is dictated by the fact that the process of diagnostics and therapy decrease in the effectiveness or development of drug resistance. The expediency and relevance of the use of BFM methods is dictated by the fact that the process of diagnostics and therapythe human body is carried out both at the bioenergy informational and at the morphostructural levels. It is known that the methods of BFM therapy, which are based onthe principle of adaptive biocontrol, have a regulatory effect. BFM considers the human body as an energy-information system, which is functionally transferred from one state to another by creating a new information (regulatory) signal, which allows achieving optimal integration and synchronization of energy levels of the biosystem, correction of their biorhythm and subsequently the rhythm of disturbed biochemical reactions, which should lead to to energy-informational andneurohumoral homeostasis.

In my personal practice, for diagnostic and therapeutic purposes, I have been using the APK "IMEDIS-EXPERT" since 2000 in different age groups, both in the case of chronic diseases and emergency conditions (see conference proceedings). The diagnostic method of ART in the agro-industrial complex is represented by a wide range of integral energy-informational tests (EIT), which over time is supplemented with more and more new tests, so the testing process is time-consuming. In the process of diagnostics, the question arises, which of these integral EIT is the leading one, capable of leading to the main or so-called key energy-informational problems of the body as a system. The task is to identify the organ, the energy deviations of which indicate that that it is he who is the key problem at the physical level and at the same time is a mirror image of the key pathological problem in the IS. The relevance of identifying the so-called "key organ" or the nucleus of pathology at this point in time is determined by the fact that the correction of its energy-informational state as a system, taking into account the energy-informational relationships, should optimally lead to a systemic correction of the energy and physical status of the whole organism.

To solve these problems, a diagnostic algorithm (DA) is proposed, which makes it possible to create an EIP for the patient and minimize the testing time. At the initial stage of the proposed DA, a comparative analysis of the energy-informational sensitivity (EHI) of the integral EIT of ART is carried out.

The YES process is not complicated and includes the main stage - Step 1 [6]. Diagnostics was mainly carried out at the 2nd level of ART +.

Step 2. An important starting point in building energy-informationdiagnostic chain (DC), is the definition of indicators of adaptation reserves (RA). "RA is the body's ability to adequately respond to a proposed stimulus (type of therapy, physical activity). They are a collection of cash

(plastic), functional (potential) and energy reserves, with the priority of the latter two ". With the help of this data, "we are able to determine the limiting steps in relation to any type of therapy" [7]. Thus, the initial RAs were initially determined, RA optimal for the short term, and RA ideal for the long term. The significance of these tests is explained to the patient.

Step 3. The starting point in the DC of the proposed DA was the ideal RA (the first position of the DC)as an energy-informational sign that allows standardization, that is, directed to achieve the optimal degree of ordering of integral EIT. Then, in turn, sequentially through the "ideal" RA and, in some cases in weakened patients, through the "optimal" RA, filtration of the EIT (the second position of the DC), indicated in Table 1, was carried out. 1. At the same time, it is necessary to take into account that the predicted RA indicator is "ideal" at the time of ART in the patient. In this connection, the test indicators on the ART measuring scale will always reach 80 units. The quantitative characteristics of the scanned EIT, giving a decrease in the ART scale index below 80 units, were noted in table. 1.

Step 4. In the presence of several EIT with indicators below 80 units On the scale, the test with the maximum deviation was chosen, that is, with the minimum numerical value, being the worst and key energy-informational sign for identifying the "key organ".

Step 5. Integral EIT with the worst indicator was taken as the main filter inselector and was in the first position of the DC, through which the organ system and the organ itself were identified, which is key to the restoration and accumulation of RA (the second position in the DC).

Step 6. In the DC further information tests were included one after the otherenergy-informational indicators: miasms, infections, hormones, oncological tests, morphoscale, if necessary, industrial toxins ("Medpharma"), meridians, etc. (third position of DC). In the case of a resonant response of the frequency spectrum of several types of infections, only the frequencies of the "dominant infection" were taken into the therapy process. Exogenous BRT (programs F, E, A) were carried out mainly in combination with endogenous bioresonance therapy (BRT) and rarely on their own. Thus, we obtain the patient's EIP, which characterizes the energy-informational reasons for the mechanism of his maladjustment.

Step 7. Building a recipe (third position in the DC).

To verify the adequacy and reliability of this approach, a comparative analysis of the ART statistical data obtained using the above DA for the last two years was carried out.

Table 1

Comparative analysis of energy-informational sensitivity of ART tests
in the "IMEDIS-EXPERT" system

No.	At the end of 2014 12 months			At the end of June 2015 6 months			At the end of December 2015 12 months		
	Name	Cases		Name	Cases		Name	Cases	
		Abs	%		Abs.	%		Abs.	%
eleven	Scale fortunes	100	14.28	Scale fortunes	58	18.07	Status bar	114	16.5
22	Effective medication	86	12.28	Effective. medication.	44	13.71	Effective medication	92	13.31
33	Immune system	774	10.57	Immune systems	35	10.9	Psychovegetative load	89	12.88
44	Mental condition	72	10.28	Psychoveget. load	34	10.59	State immune system	82	11.87
55	1. Immune system	68	9.71	1.Immune system	32	9.97	The immune system	74	10.71
	2. Psychovegeta. load	68	9.71	2. Psychic. condition	32	9.97			
66	1. Endocr. system	58	8.29	VNS	23	7.17	Mental condition	72	10.42
	2.VNS	58	8.29						
77	Resonant STK scale	41	5.85	Endocr. system	22	6.85	Endocrine system	54	7.81
88	1. Chakra. test.	38	5.43	1. Chakras. test.	15	4.67	VNS	50	7.24
	2.Endocrine index	38	5.43	2. STK scale	15	4.67			
99				Endocrine. index	eleven	3.42	1. Resonant STK scale	38	5.5
							2.Chakra test.	38	5.5
110							Endocrine index	26	3.8
eleven		700	100		321	100		691	100

Analysis of the data obtained revealed certain statistical patterns. The data in the table indicate that the most informationally sensitive and stable were the "state scale" from 18.07 to 14.28% of cases and the scale "effective medication" from 13.71 to 12.28%, keeping the 1st and 2nd position, respectively, during the entire study time.

In addition, it can be seen that EIT "psychovegetative loads" (mainly mental loads) from the 5th position in 2014 - 9.71% of cases came out in importance on the 4th at the end of half of 2015 - 10.59% and 3rd in 2015 - 12.88%. It should be noted that the increase in EHI "psycho-vegetative loads" coincided with the existing economic crisis in the world and instability in society. In this study, EIT "psycho-vegetative loads" turned out to be more informative in comparison with EIT "mental state of the definition". EIT "immune system" from the 3rd position in 2014, 10.57%, moved up to the 5th in sensitivity in 2015, 10.71%, yielding to the EIT "state of the immune system" by the end of half-year 2015. , 3rd position - 10.9% and by the end of 2015 4th position 11.8%. The lowest EHI was shown by the scales "resonant jackal STK" and "chakras" from 5.85 to 4.67% and 5.43 to 4.67, respectively, and the "endocrine index" is from 5.43 to 3.42%. Throughout the study, the scales "endocrine determination system" and "endocrine index" took

lower positions.

From the data in the table it can be seen that the "state scale" of Dr. Shraibman MM, the scale "effective medication" showed stable energy-informational sensitivity, which suggests that they are energy-intensive and carry the energy-informational characteristics of the body as a system as a whole, and the following EIT - information of subsystems: mental, nervous, immune, endocrine, which are lined up in the table vertically, reflecting the hierarchy.

Based on the foregoing, we can assume that we are talking about the sensitivity of the patient's energy-informational receptors as a biological object to the EIT of the agro-industrial complex, which are dependent on a variety of dynamic internal and external physical, including socio-economic, factors. It follows that the EIP obtained when scanning through the "state scale", the "effective medication", "state of the immune system", "psychovegetative loads" scales give a more holistic description of the patient's body at the physical and mental levels, in conjunction with the outside world. On the other hand, these scales are likely to a much greater degree of reliability reflect the key points of the mechanism of maladjustment of the human body, the reasons for the emergence of energy-informational and morphological pathological processes at a given time. In the same time, Taking into account the interconnection of the human body with external factors and, to a large extent, socio-economic, it would not be entirely correct to think that the "resonant jackal STK", "chakras", "endocrine index" do not have diagnostic reliability. This fact can be explained by the fact that the EHI of the proposed EIT is dynamic and depends on the state of the IS of the patient and society as a whole. Scanning EIT ART in the APC through the ideal RA helps to minimize errors, the so-called "losses" [3]. The obtained statistical data as a whole reliably testified about the adequacy of EIT in APK "IMEDIS-EXPERT". This fact can be explained by the fact that the EHI of the proposed EIT is dynamic and depends on the state of the IS of the patient and society as a whole. Scanning EIT ART in the APC through the ideal RA helps to minimize errors, the so-called "losses" [3]. The obtained statistical data as a whole reliably testified about the adequacy of EIT in APK "IMEDIS-EXPERT". This fact can be explained by the fact that the EHI of the proposed EIT is dynamic and depends on the state of the IS of the patient and society as a whole. Scanning EIT ART in the APC through the ideal RA helps to minimize errors, the so-called "losses" [3]. The obtained statistical data as a whole reliably testified about the adequacy of EIT in APK "IMEDIS-EXPERT".

It should be noted that in the process of carrying out the proposed DA, the found energy-informational signs of the general picture of the disease almost always coincided with the life history, confirming the reliability and information content of EIT in the agro-industrial complex. In many cases, these signs of the disease, which he forgot to mention or did not specifically inform the doctor, identified in the course of ART, were confirmed by the patient. The value of the information received was that the biophysical methods of therapy used subsequently, both independently and in combination with pharmacological drugs, in the vast majority of cases led to adequate compensation for the pathological process. In all cases, in the process of correcting the patient's condition, a conversation was held about the colossally significant role of himself in changing his own IS as a control link in the health management system [4].

Clinical example 1

Patient A. 1978 Date of admission 03/06/2014 Clinical diagnosis: Nonspecific bursitis of the right elbow, left knee and ankle joints. Exacerbation phase.

Concomitant diagnosis: Ureaplasmosis. Remission phase.

From the anamnesis of the disease: he has been sick since the age of 16, when pain in the knee joint first appeared. Periodically treatment by a rheumatologist with a temporary effect and progression of the process. Worse since February 2014. Has been unable to drive for the past two years due to pain, severe swelling, and limitation of movement in the joints. He came to the reception at the urgent request of his ex-wife.

ART revealed the highest EHI to the "effective medication" scale. The key organ is the prostate gland in D4-D30 potency. Further - ART according to the above algorithm. Miasm is tuberculin. Revealed infections - borellia burgdorferi, ureaplasma, gardinerella vaginalis. At the time of examination, there were no urological complaints. except

Moreover, the patient was outraged by the illogical test results: "there are no complaints about the prostate, there are complaints about the joints, but treat the prostate!" One session of endogenous BRT and exogenous BRT No. 10 was carried out, daily therapy using the F15 borellia burgdorferi program against the background of drainage bioresonance drugs (BRP). Already on the first day, the patient noted a moderate improvement in his condition, and the degree of indignation with testing also decreased. By the end of the 1st week, two years of swelling and pain in the joints had almost disappeared. All this led the patient to a directly opposite attitude towards ART and a respectful attitude towards energy-informational diagnostics. Only at that moment, the patient admitted that at the age of 16 he suffered syphilis, with a relapse of the disease at the age of 17, for which he received treatment in a dermatovenous dispensary with massive doses of antibiotics. By the end of the 2nd week of therapy, there were no complaints. Thus, the patient's condition can be regarded as the result of therapy for suppressing the disease, which manifested itself at the age of 16, which after 20 years led him to almost disability and syndromic treatment. ART according to this DA made it possible to reach the primary scenario of the disease in a short way and select the optimal systemic multiresonant therapy (MRI). Subsequent visits to the patient were carried out on 05/22/14, 07/22/14. Practically did not present any complaints. The patient received maintenance endogenous and exogenous BRT in accordance with the results of ART. Follow-up - 1 year 10 months. The patient showed the so-called "side effect" of MRI, which manifested itself in the form of a successful birth of a daughter in January 2015. From the first marriage, the patient has a son. In the 2nd marriage, there were no children, despite the infertility treatment.

Clinical example 2. Case with a married couple
Patient S., 1978 Date of admission 10/23/2015 Clinical diagnosis. Chronic adnexitis. Exacerbation phase. Thrush.
DC lined up through "psycho-vegetative loads". The key organ is the right kidney. Miasm - gonococcinum. The key infection is the frequency spectrum of chlamydia. Clinical studies have not confirmed chlamydia. The woman in bewilderment showed the results of ART to her husband. After that, he admitted that he had undergone a urological examination the day before, and clinical tests confirmed the presence of Trichomonas and chlamydia. At the request of his wife, despite his extremely negative attitude towards ART and BRT methods, the man underwent a diagnosis using the ART method. The DC was built through the "mental state of determination" scale. The key organ is the lumbar plexus - the right kidney. Miasm is psora. Key infection - frequency spectra of chlamydia, Helicobacter. The woman received endogenous and exogenous BRT in accordance with ART on 10/23/15, followed by exogenous BRT - programs "A116, A117, A118" No. 3, daily. The man received endogenous and exogenous BRT on 11/23/15 and 12/23/15. The condition of both patients recovered on the background of MRI without the use of pharmacological drugs, which was confirmed by laboratory tests in January 2015.This case, like many others, suggests that when testing one of the family members, mainly husband-wife, children-parents, it is necessary remember that a family is essentially one single energy-information interconnected system, regardless of the geographical location of their members. In the above example with a family, it is obvious that the wife's ART revealed her husband's informational problems. As well as in the cases of testing children, problems were identified that were in fact problems of their parents. Therefore, in all cases of ART, when the identified energy-informational signs of the patient's EIP do not correspond to clinical analyzes, they cannot be neglected, constantly remembering the systemic nature of our multidimensional world. It is these signs that are the main and decisive factors for building an optimal system correction algorithm.

the energy status of the patient.

<div align="center">conclusions</div>

The VRT diagnostic algorithm, built through ideal adaptation reserves in the IMEDIS-EXPERT system, allows:

1. Conduct a comparative analysis of energy-informational sensitivity energy-informational tests of ART, which statistically reliably shows the highest energy-informational sensitivity of the tests "state scale", "effective medication", "state of the immune system", "psycho-vegetative loads".

2. Create an energy-informational "portrait" of the patient through the "organ-key", statistically reliably reflecting the key points of the mechanism of maladjustment of the human body as a biosystem, both at the physical, morphological level, and at the informational level.

3. Build an optimal algorithm for correcting the patient's maladjustment mechanisms by creating a control information signal that has a systemic effect on the entire organism as a whole, taking into account its relationship with external factors.

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