

## Non-drug correction of elemental metabolism disorders. Part 2. Dynamics of stabilization of elemental metabolism disorders in the process of non-drug therapy of patients with elementosis

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Nonpharmacological correction of trace elements disturbances Part 2.  
Dynamics of stabilization of trace elements metabolism during  
nonpharmacological therapy of patients with elementosis

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### SUMMARY

The paper compares the prospective long-term consequences - in the form of the emergence of new violations of elemental metabolism - treatment of elementosis using three different methods of therapy: individually made informational preparations of blood autonosodes and dietary supplements of elemental complexes. The concepts of the dynamics of stabilization of elemental metabolism and the safety of therapy are introduced, from the point of view of the appearance of new violations of elemental metabolism. Criteria for comparing safety for various methods of therapy for elementosis have been formulated. Comparison of three methods of therapy of elementosis was carried out on the basis of analysis of the results of treatment of 108 patients.

Key words: blood autonosode, elemental metabolism, autonomic resonance test, marker KMH, dynamics of stabilization of elemental exchange.

### RESUME

The delayed effects of therapy of trace elements metabolism using individually selected information preparations of blood autonosodes and biologically active supplements of mineral complexes are investigated. The terms stabilization and destabilization of trace elements metabolism during therapeutic process are introduced. Different variants of trace elements metabolism stabilization of patients with elementosis are studied. The analysis of treatment of 108 patients shows possible application of the suggested evaluation mean.

Keywords: autonosode of blood, trace elements metabolism, vegetative resonance test, KMH marker, dynamics of stabilization.

### INTRODUCTION

In work [1], a comparative study of testing elemental metabolic disorders (elementoses) by methods of autonomic resonance test (ART) was carried out and a high correlation of test results with research data using spectral analysis of the content of chemical elements in the biosubstrate (hair) of a patient was shown. This makes it possible to use the ART method in express diagnostics of elemental metabolic disorders and shows the diagnostic validity of ART.

In work [2], the processes of compensation of elemental metabolism disorders in patients with elementoses were investigated against the background of therapy with blood autonosodes and therapy of dietary supplements of elemental complexes. Under element exchange compensation implied:

- normalization of the content in the patient's hair and blood,
- negative result of ART of the corresponding marker, identified in the primary examination.

Earlier it was shown [1] that these two criteria for compensation of elemental exchange give coinciding, with a high degree of accuracy, results.

The results of studies [2, 11, 12] showed that most of the currently observed elementoses are caused not by a lack or excess of intake of elements, but by a pathological process in the patient's body, leading to the impossibility of normal (corresponding to the biological standard) assimilation, accumulation, use in metabolism and withdrawing a certain

groups of elements entering it. With adequate therapy of elementosis (for example, homeopathic), depending on a similar pathological process, it is compensated. As a result, the exchange of elements from the considered group is restored, as a result of which:

- the quantitative content of elements in biosubstrates (hair) of the patient is normalized,
- test pointers of these elements are no longer tested during ART examination.

In the course of therapy of a pathological process leading to a violation of elemental metabolism for a certain group of elements, although the exchange of some elements from this group may normalize, new violations of elemental metabolism may also appear.

If the lack of any element in the patient's body is due to a violation of its absorption in the gastrointestinal tract (GIT), then therapy by introducing additional amounts of this element into the patient's diet (nutraceutical correction) will lead to the normalization of its content in the biosubstrates (hair) of this patient, but, with a high probability, the exchange of other elements is disrupted. Namely, the exchange of elements with which the element in question competes in biochemical reactions is disrupted, in particular in the processes of absorption in the gastrointestinal tract (sodium-potassium, calcium-phosphorus, etc.). Elemental metabolic disorders that appeared in the course of therapy and remain after its completion may indicate that this therapy is unsafe for the patient. Based on the above,

- firstly, an efficiency criterion based on the definition of a quantitative measure compensation for violations of elemental metabolism identified during the initial examination of the patient;
- secondly, the criterion for the safety of therapy, based on the determination of a quantitative measure violations of elemental metabolism arising in the course of therapy according to the method under consideration, and remaining after its completion. The use of the latter criterion allows one to compare the long-term consequences of the considered methods of therapy from the point of view of the emergence of new elemental disorders in the patient's body.

In work [2], three different methods of therapy of elementosis - informational preparations of a blood autonosode made using markers KMX [2, 3], SMNEL [2], and biologically active additives of elemental complexes (BAA) - were compared using the criterion efficiency, i.e. compensation for violations of elemental metabolism identified in the process of primary examination of the patient.

In the present work, the same therapy methods in the same population of subjects are compared using safety criteria developed on the basis of the concept introduced below dynamics of stabilization of elemental exchange.

In the course of the study [2], the occurrence of metabolic disorders of an element previously not involved in elementosis was often observed. We called this phenomenon the destabilization of elemental exchange for the element under consideration. "Reverse process" - when in the course of therapy the metabolic disorder of an element previously involved in elementosis disappeared, was called stabilization of elemental metabolism for the element under consideration. The set of processes of destabilization or stabilization of disorders of elemental metabolism in a patient receiving therapy according to a certain method, considered throughout the study and in relation to all the elements for which it was carried out, was called the dynamics of stabilization of elemental metabolism in the patient's body, against the background of ongoing therapy.

#### OBJECTIVES OF THE STUDY

1. Compare the dynamics of stabilization of elemental metabolism in groups of patients who received therapy according to three different methods: informational preparations of a blood autonosode, individually made using markers KMH or SMNEL, and dietary supplements of elemental complexes.
2. Apply the dynamics of stabilization of elemental exchange to compare safety, from the point view of the long-term consequences of various methods of therapy, in the form of the emergence of new violations of elemental metabolism.

#### MATERIALS AND RESEARCH METHODS

To carry out diagnostics by the ART method and create an information preparation of the patient's blood autonosode, a hardware-software complex (APC) was used for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magneto

light therapy according to BAT and BAZ "IMEDISEXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005. Rocky ANO "Center for Biotic Medicine", in accordance with the method of spectral analysis of the content of chemical elements in the biosubstrate (license FSNSZSR No. 77-01-000094) [1]. The study was conducted on a sample of 108 patients aged 18 to 64 years, suffering from chronic diseases of various nosologies. All patients underwent primary diagnostics using the ART method according to a unified algorithm [2, 4, 5] in accordance with the methodology [6, 7]. Determination of violations of elemental metabolism was carried out on 17 positions corresponding to test indicators of violations of elemental metabolism... At the same time, biological material (the patient's hair) was taken and the violations of elemental exchange were assessed by mass spectrometry. To assess the metabolic disorder of a chemical element, the following criterion was used: a deficiency or excess of an element in the biosubstrate (hair) outside the norm corridor.

The patients were randomized into three groups according to 36 people:

1. Patients of the first (main) group received informational drug therapy autososode of blood, selected according to the systemic marker (CMH) [8].
2. Patients of the second group received therapy with an informational preparation of a blood autososode, selected according to the total marker of violations of elemental metabolism (SMNEL) [1].
3. Patients of the third group received a course of individual correction in the form of separate dietary supplements elemental complexes produced by ANO "Center for Biotic Medicine". Elemental dietary supplements were selected taking into account both ART data and the results of mass spectrometry analyzes.

The therapy consisted of two stages, each lasting 1 month. At the end of each stage of therapy, a follow-up examination of the patient was carried out in order to determine the general condition and dynamics of stabilization of elemental metabolism. At the end of the full course of therapy for each patient, the total number of elemental metabolic disorders detected before, after the first and second stages of therapy was calculated. For each of the treatment groups, the number and percentage of patients were calculated in whom one of the following mutually exclusive dynamics of stabilization of the elementalexchange:

1. Stabilization of elemental metabolism - the absence of new ones that were not identified in the primary examination of violations of elemental metabolism, two months after the start of therapy.
2. The tendency towards stabilization of elemental metabolism - a decrease in the number of violations elemental metabolism, which appeared during therapy at its first stage, at the end of its second stage.
3. The tendency towards destabilization of elemental exchange - preservation or, even, an increase in the amount violations of elemental metabolism that appeared during therapy at its first stage, at the end of its second stage.

The dynamics of stabilization of the patient's elemental metabolism, observed throughout the study, was considered as a determinant of long-term results of therapy - the development of processes of stabilization or destabilization of elemental metabolism, which are formed in the course of its implementation and continue to appear after its completion:

1. The dynamics of stabilization of elemental exchange is most favorable, as it indicates long-term results of therapy in the form of stabilization of elemental metabolism in a patient.
2. The dynamics of the tendency towards stabilization of elemental exchange is less favorable, indicating that long-term result of therapy, in the form of the possibility of destabilization of elemental metabolic disorders in the patient in the future, after the end of the course of treatment.
3. The dynamics of the tendency towards destabilization of elemental exchange is the most unfavorable, since it indicates a long-term result of therapy in the form of the emergence of new, moreover, with a tendency to increase (aggravation), violations of elemental metabolism. The following criteria were used to compare the safety of therapy methods in groups:

S<sub>1</sub> - the percentage of patients in whom the dynamics of stabilization of elemental metabolism was observed against the background of the therapy;

S<sub>2</sub> - the percentage of patients in whom the dynamics of the tendency towards stabilization of elemental metabolism was observed against the background of the therapy;

S<sub>3</sub> - the percentage of patients in whom the dynamics of the tendency towards destabilization of elemental metabolism was observed against the background of the therapy.

At a fixed significance level  $p$ , one of the therapy methods was assumed (statistically

reliably) safer than the other, according to the criteria  $S_1$  or  $S_2$  if the percentage of patients in whom the corresponding dynamics was observed in the group receiving therapy using this technique was statistically significantly higher than in the group receiving therapy using another technique.

By criterion  $S_3$  it was assumed that one of the therapy methods was statistically significantly safer than the other, if the percentage of patients in whom the corresponding dynamics was observed in the group receiving therapy according to this method was statistically significantly lower than in the group receiving therapy according to another method.

Note that the criterion  $S_1$  should be recognized as the most valid (corresponding to the semantic content of the measured value and the therapy performed) from the introduced criteria for the safety of therapy, since it reflects the manifested picture of the dynamics of elemental metabolism disorders, obtained as a result of its implementation, while the criteria  $S_2$  and  $S_3$  - only the tendencies of its development. To assess the reliability of the difference in the percentage of patients in whom one of the dynamics was observed stabilization of elemental exchange, the criterion - \* Fisher [9-10], the choice of which was due to the possibility of assessing the statistical reliability of the research results, expressed as a percentage.

## RESULTS AND DISCUSSION

Table 1 shows the results of the analysis of elementosis detected in patients in dynamic observation, grouped according to the proposed stabilization dynamics. Applying the Fisher - \* criterion, we obtained the following statistically reliable comparative estimates of the number of patients with the corresponding dynamics of stabilization of elemental metabolism and the safety of the corresponding therapy methods:

1. Percentage of patients with dynamics of stabilization of elemental metabolism in a group of patients, who received treatment with informational blood autonosode preparations made using the systemic marker KMH is statistically significantly higher than in the groups of patients who received therapy with informational blood autonosode preparations made using the SMNEL marker ( $p \leq 0.05$ ), as well as dietary supplements ( $p \leq 0, 01$ ). The percentage of patients with the dynamics of stabilization of elemental metabolism in the group of patients receiving therapy with blood autonosode information preparations made using the system marker SMNEL is statistically significantly higher than in the group of patients receiving dietary supplements therapy ( $p \leq 0.01$ ).

Table 1

The number and percentage of patients with a certain dynamics of stabilization, depending on method of therapy, two months after its start

Динамика стаб. Метод терапии	Стабилизация элементного обмена		Тенденция к стабилизации элементного обмена		Тенденция к дестабилизации элементного обмена	
	кол.	$S_1$ %	кол.	$S_2$ %	кол.	$S_3$ %
Группа 1 (КМХ)	26	72,23	0	0	10	27,77
Группа 2 (СМНЭЛ)	19	52,78	16	44,45	1	2,77
Группа 3 (БАД)	11	30,56	3	8,33	22	61,11

Therefore, therapy with informational blood autonosode preparations made using the KMX marker is statistically significantly safer, according to criterion  $S_1$ , both therapy with informational blood autonosode preparations, made using the SMNEL marker, and therapy with dietary supplements. Therapy with informational blood autonosode preparations made using the SMNEL marker, according to the safety criterion  $S_1$  statistically significantly safer than therapy with dietary supplements, but less safe than therapy with information drugs made using the KMX marker.

2. Percentage of patients with dynamics of the tendency towards stabilization of elemental metabolism in the group, who received treatment with informational blood autonosode preparations made using the systemic marker SMNEL is statistically significantly higher than in the groups of patients who received therapy with informational blood autonosode preparations made using the KMH marker ( $p \leq 0.01$ ) or dietary supplements therapy ( $p \leq 0.01$ ). At the same time, the percentage of patients with the dynamics of the tendency towards stabilization of elemental metabolism in the group receiving therapy with informational blood autonosode preparations made using the KMH marker is statistically significantly higher than in the group receiving dietary supplements therapy ( $p \leq 0.01$ ).

Therefore, therapy with informational blood autonosode preparations made using the SMNEL marker is statistically significantly safer, according to criterion S<sub>2</sub>, both therapy with informational preparations of blood autonosode made using the KMH marker, and therapy with dietary supplements. Therapy with informational blood autonosode preparations made using the KMX marker, according to the S criterion<sub>2</sub>, is statistically significantly safer than dietary supplements therapy, but less safe than therapy with information drugs made using the SMNEL marker.

3. Percentage of patients with dynamics of the tendency to destabilization of elemental metabolism in the group, who received dietary supplements therapy, statistically significantly higher than in the groups receiving therapy with informational blood autonosode preparations made using the SMNEL marker ( $p \leq 0.01$ ), or informational blood autonosode preparations made using the KMX marker ( $p \leq 0.01$ ) ... At the same time, the percentage of patients with the dynamics of the tendency to destabilization of elemental metabolism in the group receiving therapy with an informational blood autonosode preparation made using CMH is statistically significantly higher than in the group receiving therapy with an informational blood autonosode preparation made using SMNEL ( $p \leq 0, 01$ ).

Therefore, therapy with informational blood autonosode preparations made using the SMNEL marker is statistically significantly safer, according to criterion S<sub>3</sub>, both therapy with informational preparations of blood autonosode made using the KMH marker, and therapy with dietary supplements. Therapy with informational blood autonosode preparations made using the KMX marker according to the S criterion<sub>3</sub> statistically reliably superior in efficiency to dietary supplements therapy, but inferior to therapy with informational blood autonosode preparations made using the SMNEL marker.

Summing up the results of the statistical analysis, it should be noted that therapy with information drugs of the blood autonosode is superior in safety to the therapy of dietary supplements of elemental complexes, in accordance with the introduced criteria S<sub>1</sub>, S<sub>2</sub> and S<sub>3</sub>... Therapy with informational blood autonosode preparations made using the KMX marker is superior in safety to therapy with informational blood autonosode preparations made using the SMNEL marker in accordance with criterion S<sub>1</sub>, but inferior to the latter in accordance with criterion S<sub>2</sub>... In this situation and in accordance with the clinical results of the study, we note the greater validity (adequacy to the semantic content) of the S criterion<sub>1</sub>, in comparison with criterion S<sub>2</sub> due to the completeness (manifestation) of the dynamics of stabilization of elemental exchange described by him.

A comparative analysis of the safety of various methods of therapy for disorders of elemental metabolism (using information preparations of blood autonosodes and dietary supplements) confirms the assumption that the main cause of elemental infections in the studied contingent is not diseases caused directly by a lack or excess of elements in the body of patients, but a violation of elemental metabolism. requiring pathogenetic correction, for example, homeopathic.

#### CONCLUSIONS

1. Elementosis therapy with individually made information preparations autonosode blood is superior in safety to dietary supplements therapy, in accordance with all the introduced safety criteria for therapy S<sub>1</sub>, S<sub>2</sub> and S<sub>3</sub>... This means that therapy with informational preparations of the blood autonosode has fewer long-term consequences in the form of the appearance of new disorders of elemental metabolism in a patient than direct therapy with elemental dietary supplements.

2. Therapy with informational blood autonosode preparations made with a marker CMH, is superior in safety to therapy with blood autonosode informational preparations made using the SMNEL marker, in accordance with the most valid safety criterion S<sub>1</sub>...

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