To the question of the postulates of information medicine

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About postulates of informational medicine

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RESUME

Determination of new medical direction – informational medicine is presented. Main elements of informational medicine – controlling signal and informational preparation are defined, its systematic physiological model is described. 5 postulates of informational medicine are formulated, which can be the programs for research in natural sciences. New approach to the term information carried by controlling signal is developed. Directions for constructive dialog both with supporters and opponents of this direction are outlined.

keywords:informational medicine, controlling signal, informational preparation, bioresonance therapy, electropunctural diagnostics, homeopathy.

SUMMARY

The definition of a new medical direction - informational medicine is given. The definitions of the main concepts used in it - the control signal and the information preparation - are given, its systemic-physiological model is built. 5 postulates of information medicine are formulated, which can be considered as research programs in the natural sciences. A new approach to the concept of information carried by a control signal has been developed. The directions of constructive interaction with both critics and supporters of this direction are indicated.

Key words: information medicine, control signal, information preparation, vegetative resonance test, bioresonance therapy.

Introduction

Currently, in modern medicine, such methods of diagnostics and therapy as the method of R. Voll and related homotoxicology [1], the combined use of the autonomic resonance test (ART) [2–3] and bioresonance therapy (BRT) [4] are widely used. –5], pulse hemoindication, flicker fusion frequency control method (CFFM) [6], pulse diagnostics according to M. Soulier, and many others. A distinctive feature that unites them is the use of "weak influences" in them, presumably of an electromagnetic nature, which significantly change

the behavior of biological systems that they affect, in particular, the human body.

Examples of the use of "weak impacts" are:

– diagnostics and therapy of the patient with the help of homeopathic medicines, nosodes and organ preparations (sarcodes) - in the method of R. Voll and pulse diagnostics;

– diagnostics and therapy of the patient with “electronic analogues” homeopathic preparations or preparations contained in the electronic selector, in the method of R. Voll, ART, pulse hemoindication, KChSM;

- the use of "records" from areas and points of the patient's skin, especially from biologically active points (BAP) and biologically active zones (BAZ) in BRT and pulse hemoindication;

- a combination of these methods.

Any operations with "weak impacts" are carried out with the help of special electronic equipment.

"Weak influences" used in the mentioned methods of diagnostics and therapy, as a rule, cannot be detected using existing electronic equipment and exhibit properties that seem incompatible or poorly compatible with the usual behavior of electromagnetic fields.

As a result, the listed methods are subjected to fierce criticism from a number of representatives of academic science. The main argument of the latter is the conclusion that if any methods of diagnosis or therapy appear to be based on physically impossible phenomena and / or principles, then they cannot be true, that is, effective and meaningful. It is necessary, however, to approach with caution the concept of "physical impossibility" of this or that phenomenon or principle.

Firstly, the modern physical paradigm, of course, is not final, and we do not know everything about the fundamental physical laws (and other laws) of the reality around us.

Secondly, in the process of development of science, objects are constantly being discovered that have "physically impossible" properties, and, nevertheless, in the final analysis, perfectly fit precisely into the existing paradigm, which often generates them. Suffice it to recall superfluid helium, superconductors (which already exist at room or near room temperatures), lasers, microchips that emit Hawking black holes, dark energy and dark matter, and many others.

Thirdly, the concept of “physical impossibility” of a particular phenomenon requires a preliminary strict definition of the conditions, and, consequently, the research methodology in which we observe this phenomenon. For example, the laws of conservation of energy and non-decreasing entropy are indispensable for closed physical systems, but are easily violated if we consider open systems that exchange energy and mass with the environment. The assertion that some phenomenon, for example, “weak signals”, does not exist, requires a much more precise definition of it and a well-developed observation methodology than the more familiar scientific assertion about its existence. But neither the definition of "weak signals" nor the methodology of their observations in the modern academic

science has not developed. Therefore, the statements of some of its representatives that "weak signals" do not exist are unproven, primarily due to the lack of a preliminary definition and a correct methodology for observing what is claimed to be non-existent. Simply put, in science there cannot be statements: “I don’t know exactly what this is, but I know that it doesn’t exist.”

In the case of the notorious “weak impacts”, we are dealing with impacts that are really poorly recorded by modern electronic equipment. But, nevertheless, they cause pronounced and reproducible biological reactions in complex biological systems with which they interact, in particular, in the human body. The main confirmed, for today, property of these influences is their ability to control biological objects. Proceeding from this, it is advisable to go not from physics to biology, but, on the contrary, from biology to physics, and to investigate the biological potential of these influences, which are initially well amenable to study, which we will further call control signals (CS).

The totality of observations, studies, clinical practice of using the above methods of diagnosis and therapy, allow us to distinguish two basic biological properties that are inherent in US:

- "weakness" of their impact, objectively consisting in the fact that the energy the electromagnetic field carrying the US is obviously less than the energy required for the observed reaction of the biological system on which it acts;
- "orientation" of their impact, objectively consisting in the fact that the CA causes a certain - aimed at solving a certain physiological problem - the reaction of the biological system.

Methodical analysis of the selected properties of the CS makes it possible to:

– firstly, to build a correct, from the point of view of modern scientific paradigms, a systemic physiological model of what is happening, common to all the above methods of diagnosis and therapy;

– secondly, to formulate on the basis of this model a general system postulates on which these methods are based.

The significance of this system of postulates lies in the fact that it is a methodologically correct program of natural science research, the proposed system-physiological model, which makes it possible to avoid methodological confusion, both in theoretical research and in clinical or experimental practice.

Goals and objectives of the work

1. Determine the direction of information medicine (IM), give the main its concepts, to formulate its system-physiological model.
2. Express this model in the form of a system of IM postulates common to all of its the directions given above and representing at the same time the program of its natural-scientific research.
3. Using the system of MI postulates, indicate the directions constructive interaction with both its critics and its supporters.

Information medicine, its basic concepts and its systemic physiological model

Let us combine the term "information medicine" (IM) with a number of methods of diagnostics and therapy (homeopathy, electroacupuncture diagnostics, bioresonance therapy, etc.), which are characterized by the use of weak directed influences - control signals - on a biological system, incl. the human body, significantly changing its state. We will call significant such changes in the state of a biological system that can be observed unambiguously, reproducibly and directly, for example, in a biological experiment or a clinical study. Thus, MI is a new direction and, accordingly, requires the construction of new physiological models and the development of new methods of experimental and clinical studies that reflect its specificity. We will call significant such changes in the behavior of a biological system,

It is advisable to supplement the definitions of IM and information fields (IP), which are often used in IM. By IP we will understand the RS, fixed ("recorded") on some material carrier with the help of special electronic technologies used in IM. The practice of IM shows that the same CS, "recorded" on various material carriers, causes the same reaction in the biological systems with which these carriers interact. That is, only its “content” is biologically significant, but not the way it is stored or transferred to the body.

To build a system-physiological model of MI, we analyze the properties of the CS that distinguish them from the traditionally studied effects on the biological system.

To date, science knows only one situation in which there is an excess of the reaction energy of the system over the energy of the impact on it. This is a situation in which the affected system is a self-regulating system capable of adaptation, and the impact itself is a signal that transmits to it information about current or even possible future changes in the conditions of its existence. In this case, the system will adapt to changing these conditions. Whether the system will adapt to possible future, and not just to current changes in the conditions of existence, depends on:

– on whether information about possible future changes is communicated to it, or only about current changes;

- from the structure of the system, that is, its ability to perceive and use information about possible future changes.

In the first case, we will talk about the current adaptation of a self-regulating system to current changes in conditions, in the second case, about its anticipatory adaptation to possible future changes.

Both current and advanced adaptation of a self-regulating system

carried out:

- on the one hand, taking into account the information transmitted to it by the manager signal;

- on the other hand, with the use of its internal energy sources, which allows for adaptive reactions that require more energy than contained in the signal transmitted to it.

Due to this circumstance, the reaction of a self-regulating system to a signal transmitting information to it about a change in the conditions of its existence will demonstrate both qualities highlighted in the introduction:

- it will exceed in terms of energy expended on it the energy transferred a control signal, that is, this signal itself will have the property of "weakness";

- it will be directed (to adapt to new conditions the existence of the system), that is, the signal itself will have the property of "directionality".

The theory that studies the processes of adaptation of self-regulating systems is called the general theory of control, or the general theory of systems, and was developed by modern academic science, up to the construction of formal mathematical models, back in the middle of the last century, for example, [7].

Academician P.K. Anokhin, an outstanding Russian scientist, one of the creators of cybernetics, showed that any biological system is a self-governing system that perceives and uses information received from the environment. In addition, he experimentally established that any biological system, in particular, the human body, in addition to information about the current change in the conditions of its existence, is able to perceive information about possible changes in these conditions in the future. In addition, the biological system is able to use this information, carrying out advanced adaptation in relation to the conditions of existence in which it will fall. This universal property inherent in biological systems was named by P.K. Anokhin as a leading reflection of reality [8].

The phenomenon of anticipatory reflection of reality formed the basis of the concept of self-fulfillment of a biological system, according to which it can always be considered as having a certain program of self-fulfillment, a certain program of actions to realize itself in the environment, which it seeks to fulfill in the course of its existence. The presence and content of the program for the self-fulfillment of a biological system is determined, first of all, by the needs of the biological species to which it belongs, and in humans, also by the individual life path they have traveled. The program of self-realization (self-fulfillment) for the human body includes, in addition to the task of maintaining current life, also the task of growth and development - from infancy to maturity - reproduction, raising offspring, social adaptation, spiritual development and many others [9]. From the general theory of systems it follows that the self-realization of the system, even reduced to the simplest tasks, is impossible without one or another

degree of modeling by it of its possible future [10].

The above provisions on the anticipatory reflection of reality to the program and of self-realization of a biological system are
ideological foundation of IM. Information medicine proceeds from the fact that the human body is a self-governing biological system with a program of self-fulfillment, and the US transmits to it information about possible changes in the conditions of its self-fulfillment, that is, about its possible future. The biological system responds to this information with an anticipatory reaction of adaptation, preparing it for solving the problems of self-fulfillment, including the task of maintaining life, in conditions related to its possible future. Thus, within the framework of the system-physiological model of IM, we are always talking not about the current, but about the anticipatory adaptation of the biological system (to the conditions of the expected future, that is, about the anticipatory reflection of reality that it carries out.

The position on the existence of anticipatory adaptation (reactions of anticipatory adaptation), put forward by P.K. Anokhin, is supplemented in IM with a provision on the conclusion of the expected result (forecast) of any reaction of anticipatory adaptation to special representative systems of anticipatory display of reality, which apparently exist in every biological system, and, quite precisely, in humans. As a result, it is possible to observe the forecast of the result of the system adaptation to a particular CS and, by varying it, to control it in order to solve the problem. In the practice of MI, the biological system is the human body, and the tasks set are the tasks of its diagnosis and/or therapy. Detection of representative systems of advance reflection of reality is one of the main achievements of modern electropuncture [1–3].

Thus, the system-physiological model of MI is based on two "leading" processes occurring in the human body:

- firstly, the reactions of anticipatory adaptation to the proposed changes conditions for self-realization. These reactions were introduced by P.K. Anokhin under the name of anticipatory reflection of reality, carried out by the body;

- secondly, the leading representation of the results of any, and, in particular, leading, reactions of adaptation.

The described system-physiological model of MI is not yet quite convenient for theoretical study and experimental studies, since it is formulated in a language that is far from both the language of academic physiology and medicine and the language of its technical implementation. In order to ensure interaction with these areas of knowledge, it is advisable to divide it into a number of separate provisions - the postulates of IM. On the one hand, these postulates describe the IM paradigm, if we consider this direction “from within it”.

himself." On the other hand, they can be considered as a methodologically verified program of its research within the framework of academic natural science.

In what follows, we will confine ourselves to describing the postulates of IM for the human body, omitting the mention of biological systems that clutter up the presentation. What has been said applies to them without significant changes.

Physiological postulates of information medicine This group includes Postulates 1-3:

1. The human body constantly carries out advanced reflection reality. The resulting forecast is displayed on the representative systems of advanced reflection of reality that it has and represents the expected result of its adaptation to the system of conditions for self-realization (life activity) in which it is located.

2. In case of receipt of information about a possible change in conditions self-realization (life activity), the organism carries out a response of anticipatory adaptation to this change, models the expected result of adaptation, and outputs the resulting forecast to representative systems of anticipatory reflection of reality.

3. Information about a possible change in the conditions of self-realization may be transferred to the organism in the form of SS, in the general case, separated from the material or material-field source of this change.

Postulate 1 is known (including as a potential research program within the framework of academic natural science), starting at least from the works of R. Voll on electropuncture testing of the body without load, that is, from the 50s of the twentieth century. It has also been known for a long time that the results of such testing quite adequately reflect the state of the body, and, indeed, with some lead, that is, they make it possible to identify potentially possible, but not yet developed, diseases.

Postulate 2 means that any information about the possibility of changing the conditions for the self-realization of an organism is reflected in the forecast of its future, and, consequently, on the indicators of each of its representative systems of anticipatory reflection of reality. The difference between the old and new forecasts can be interpreted as the expected result of advancing adaptation (prediction of adaptation) of the body to a possible change in the conditions of its self-realization, information about which it received.

If a possible change in the conditions of self-fulfillment consists in the introduction of some IP into the body, then it is possible to observe the result of its action ahead of time. In IM, such proactive observation of the action of PIs is called drug testing (MT) or rapid testing. By virtue of Postulate 2, it does not matter on which representative system of anticipatory reflection of reality and by what method the expected results of the anticipatory adaptation reaction are evaluated. In all cases, the same objective results of the adaptation forecast will be obtained. Analysis of existing MT methods (drug test by R. Voll, autonomic resonance test, pulse diagnostics, pulse hemoindication, drug test of CFSF, etc.)

indeed shows that all of them are based on the possibility to observe the anticipatory action of IP [12].

The forecast of advancing adaptation to a particular SS can be used within the framework of IM in two ways:

1. First, in order to assess the current state of health of the body, as, for example, in R. Voll's MT and in ART. To achieve this goal, all MT methods compare the initial indicators of the adaptation prediction, displayed on representative systems of advanced reflection of reality, and the indicators of adaptation under the condition of interaction with the test signal.

2. Secondly, in order to select the US that is optimal for the therapy of the organism. For To achieve this goal, a signal is selected from the set of possible ES, for which the advanced observation of the action shows the closest to the state of "ideal health" prediction of the adaptation of the organism. Within the framework of the MI paradigm, such a signal can be maintained in the body, for example, periodically injected into it, in order to improve its health.

Let us explain the use of Postulate 2 on the simplest example. When the US homeopathic preparation "Arsenik 1000" gets into the patient's body, he receives information that arsenic poisoning is possible, moreover, of a certain type - chronic. His reaction to this information is a defense against the recognized possible chronic poisoning (and by no means "imitation" of his symptoms, as is often written in popular books!). It is clear that such protection is exactly the reaction of advancing adaptation to a possible change in the conditions of self-realization (arsenic poisoning) in order to continue self-realization (later life). Protection is carried out precisely in relation to possible, and not real, poisoning. In any SP containing the US "Arsenik 1000", however, does not contain a single atom of arsenic, and the body, of course, is able to distinguish between situations, when it contains an excess of arsenic, and when not. As already noted, the prediction of adaptation to possible poisoning can be used in two ways. On the one hand, to assess the state of health of the patient by determining his resistance to this signal and describing the processes occurring in his body in the process of adaptation to it. On the other hand, to study the feasibility of using US "Arsenik 1000" for therapy, that is, the use of a prolonged reaction of anticipatory adaptation to it for the treatment of a patient.

Finally, Postulate 3 asserts the possibility of a kind of "separation" of the RS - as a signal that transmits information - from its natural source (for example, the chemical substance from which it was made). Figuratively speaking, this is the “separation of the smile of the Cheshire Cat” from the “Cheshire Cat” itself. In modern literature, of course, the more legitimate term “transfer of properties” is used from a native drug to an intermediate carrier (for example, a memory cell of an electronic IP selector) or directly to a biological system. In this case, we are talking about the transfer of "properties of control" by the body, that is, the information characteristic inherent in the CS.

Any implementation of the RS is "recorded" on some material carrier, that is, it is an IP. To organize interaction with the body,

for example, for advanced observation of the action, this IP is “introduced into the measuring circuit”. This expression denotes various ways of organizing contact between the organism and the specified IP:

- taking its single dose by the patient before re-measurement;

– re-measurement under conditions of electrical contact between the drug and the patient (the drug is placed in the electrode held by the patient);

– re-measurement in the conditions of the patient’s room and tested IP in a common alternating electromagnetic field.

Within the framework of MT, it is assumed that any methods of “introducing the IP into the measuring circuit”, as well as the use of any implementation of the RS in the form of an IP, will lead to the same measurement result. This assumption is necessary to ensure the correctness of any known method of MT, in particular, it substantiates the possibility of remote testing methods carried out without the direct intake of IP by the patient or direct contact with him. It is this assumption that requires the separation of the CS of the drug from the drug itself. Indeed, if the organism is able to give the same prognosis of advancing adaptation to the drug, when interacting with any of its “records” - that is, the corresponding PI - regardless of the method of its manufacture, as well as the method of implementation of MT, then it is necessary to assume the presence of SS,

Let's go back to the example of the Arsenik 1000 US. Both testing and assimilation of this signal by the patient's body can be carried out using interactions with various corresponding IPs. In accordance with Postulate 2, the result of the interaction of an organism with the SS does not depend either on the specific IP that carries it, or on the method of organizing the interaction of this IP with the organism. In particular, the Arsenic 1000 signal causes the same anticipatory adaptation reaction in the body, regardless of whether it was introduced into it with the help of globules of homeopathic semolina or electromagnetic oscillations, and whether it was “electronically rewritten” with homeopathic medicine, memory selector or is a homeopathic remedy. This is only possible in one case:

Summarizing the results of the preliminary discussion of Postulates 1–3, we note that their experimental substantiation is, in essence, all the numerous successful works on diagnostics and therapy using certain MTs for diagnostics and US for therapy. It is only necessary to comprehend the results of these works within the framework of the system of "Postulates 1-3", regardless of what immediate goals and objectives were set by their authors. Indeed, in all these works are used:

– one and the same principle of interaction of the organism with the US used for its diagnostics, the reaction of advancing adaptation to this signal, which allows for advanced observation of its impact;

– one and the same mechanism of the presumptive effect of SS on the body;

– the same ways of organizing the interaction of the organism with the CS diagnostics or therapy based on the ability to separate these signals from both their natural sources and PIs containing them.

Postulates 1–3, taken by themselves, are not sufficient to describe the IM paradigm. They do not describe the limits of its applicability. The establishment of these boundaries is the content of its other two postulates.

Postulates of practical applicability of information medicine The second group of postulates, which we will call the postulates of the practical applicability of MI, summarizes a set of observations and studies proving that the system-physiological model of MI can be sufficiently implemented using currently known US and already developed equipment for their recording, storage, changes and reproduction.

Postulates 4-5:

4. There is a class of SPMs already known today (and their corresponding IP), extensive enough to make it possible with their help:

– diagnose the human body with a sufficient degree of accuracy, using for this purpose the prediction of advanced adaptation to signals from this class. Such a diagnosis is possible even in the case of diseases that are difficult to diagnose by academic methods;

– treat the body with sufficient efficiency, even in the case of difficult-to-treat diseases, selecting the CS that affect it so that the prognosis of advancing adaptation to them indicates an improvement in the state of health of this organism.

5. Control signals and information preparations obey empirically discovered rules for obtaining, recording, storing, modifying and transmitting to a biological system, developed over the period of empirical research and currently used in existing technical devices for their “recording”, storage and reproduction.

Postulate 4 states that:

- the human body recognizes a large enough, at least for diagnostics, a class of already known US;

– in addition, the human body is able to adapt to enough to a large, at least for the needs of therapy, class of already known US.

Well-known examples of anticipatory adaptation response triggers that have proven their diagnostic and therapeutic efficacy in MI are, in particular:

- homeopathic preparations, from which, in essence, the development began this method; the tradition of using homeopathic remedies in MI, which has been preserved since the time of Hahnemann, is the strengthening of non-specific directed protective reactions of the body [15];

- nosodes that provide specific protective reactions of the body in THEM;

– organ preparations (sarcodes) that cause advanced adaptive reparation reactions of tissues of organs and systems of the body.

The enumerated classes of PIs demonstrate the high directionality of the anticipatory adaptation reactions they cause, which has been studied in most detail on the example of homeopathic preparations. In particular, the practice of using homeopathic remedies makes it possible to reject the hypothesis that the action of a weak signal is determined only by its intensity and is reduced to training, activation, reactivation, or stress caused by it [16].

Already these examples are enough to recognize the class of CS used in THEM, meaningful for diagnosis and therapy, even in the case difficult-to-diagnose or difficult-to-treat diseases. However, it should be noted that the development of MI has led to the emergence of new US with new diagnostic and therapeutic properties. New CMs, as a rule, with already pre-designed anticipatory adaptation responses [17], have a wide variety of capabilities that are inaccessible to the old MI arsenal. For example, they can increase the overall regeneration potential of the body [18], the regeneration potential of its individual tissues [19], and cause an increase in protective reactions in relation to gerontogenesis [20]. Sometimes their action makes it possible to solve problems that, in principle, are inaccessible to the “classical” triggers of anticipatory adaptive reactions – homeopathic medicines, nosodes, and sarcodes [21–22].

In the opinion of the authors, the greatest flowering of the direction of IM, which is engaged in the manufacture of IP with predetermined reactions of advanced adaptation, is yet to come. It seems that it is with their help that the most convincing arguments substantiating it will be obtained. One can even pose the following question: if there is some adaptation reaction that the organism is able to perform, is there always an SS that causes a reaction of advancing adaptation for this reaction? At least one of the authors of this work believes that the answer to this question is “yes”, but this, of course, will be shown by the future of IM.

Let us now comment on Postulate 5. First of all, we note that the totality of currently used empirical rules for dealing with CS makes us assume that the substance that carries them is an electromagnetic field. That is, by their physical nature, the US are weak electromagnetic signals. However, assuming this, we come to the need to recognize the properties of the electromagnetic field that do not fit into the generally accepted paradigm:

1. Firstly, the “weakness” property of the RS in practice means that they are not detected directly by existing electronic equipment. Their observation requires significant technical tricks. And in this case, it is not the US itself that is detected, but its “recording” on the information carrier, that is, the IP corresponding to it [23–24] or its effect on the biological system [25].

2. Secondly, the question of the physical nature of phenomena remains mysterious. "recording", "storage", "copying" and "reproducing" the US. Known mechanisms of substance memory when exposed to, for example, variables

electromagnetic fields (PEMF), these phenomena, apparently, cannot be explained.

3. Thirdly, it is not clear why when “recording” the SS, its transfer to the body or its "copying" can be used electromagnetic fields with completely different frequency and amplitude characteristics without a significant change in the information contained in the US (that is, the reaction of advanced adaptation caused by it). Often, the idea of modulation is used to explain this phenomenon: it is assumed that the US somehow modulates the electromagnetic field that carries it. But even this idea still has neither exact experimental nor detailed theoretical substantiation.

Arguing that the CS by its physical nature represents a weak electromagnetic signal, we must be ready to expand the existing paradigm of the electromagnetic field, such as, for example, the development of the ideas expressed in [26]. It is possible that it will be necessary to expand not only the physical, but also the biophysical paradigm, at the point of its contact with physiology, as was done, for example, in the works of the famous physicist and mathematician R. Penrose [27]. We note that in Russia at least one of the authors of this work [28, 29] was involved in the development of Penrose's ideas.

The ambiguity of the nature of the CS, understood as weak electromagnetic signals, has given rise to a "reductionist" concept, which consists in the fact that the only significant information transmitted by them to the body is simply their frequency response. This concept is obviously incomplete, since it contradicts, in particular, the work [16]. However, even for it, the limits of applicability are unknown: it is not strictly substantiated and has not been refuted. Furthermore, she answers only the third of the questions posed and, like the Buddha, "keeps a noble silence" on the first two of them.

Postulates of IM as a tool of correctness (from a scientific point of view) interactions with its critics and supporters The idea of the formulated IM Postulates is the minimum level of competence in this area. Depending on the degree of awareness of their content, one can classify the level of knowledge of both critics and defenders of IM.

Note that the bulk of attacks on IM is reduced to:

- or to the statement about the non-existence of the RS (and the corresponding IP), significant for biological systems, that is, to the failure of Postulate 2;

- or to the assertion that such RS cannot obey the rules receiving, “recording”, storing, modifying and transferring to the body, which are currently used in existing technical devices, that is, to the failure of Postulate 5.

It is curious that none of the IP critics mentions Postulate 1, despite its fundamental importance in its paradigm and, at the same time, its obvious ambiguity and non-proliferation within the modern academic world.

physiology. It seems that the point here is not only in the authority of P.K. Anokhin, who anticipated this postulate in his "anticipatory reflection of reality".

The question of the truth and content or, on the contrary, the falsity and lack of content of IM rests on the questions of the truth and content of Postulates 1-3. In this sense, the interaction between supporters and critics of IM can be reduced to a scientifically correct discussion of these postulates. Proponents of IM should provide experiments confirming them and more detailed theoretical justifications. Opponents must refute these experiments (their methodological correctness or their results) and these theoretical substantiations, in accordance with the presumption of unprovenness of any new hypothesis (in this case, about the scientific viability and clinical effectiveness of MI). Interestingly, within the framework of the scientific correctness of this discussion, opponents of IM should be prohibited from citing experiments and theoretical constructions, aimed at refuting its postulates. The reason is that the details of their understanding or application may be completely different for supporters and opponents of IM, since the former are in the field of its practical application, and the latter are outside this field. Due to this circumstance, even the most reliable experiments and theoretical constructions of opponents of IM, aimed at refuting Postulates 1–3, may not have the slightest relation to reality. It should be noted that opponents of information medicine often sin by violating this requirement, and the authors hope to devote a separate article to the analysis of incorrect refutation of IM. since the first are in the field of its practical application, and the second are outside this field. Due to this circumstance, even the most reliable experiments and theoretical constructions of opponents of IM, aimed at refuting Postulates 1–3, may not have the slightest relation to reality. It should be noted that opponents of information medicine often sin by violating this requirement, and the authors hope to devote a separate article to the analysis of incorrect refutation of IM. since the first are in the field of its practical application, and the second are outside this field. Due to this circumstance, even the most reliable experiments and theoretical constructions of opponents of IM, aimed at refuting Postulates 1–3, may not have the slightest relation to reality. It should be noted that opponents of information medicine often sin by violating this requirement, and the authors hope to devote a separate article to the analysis of incorrect refutation of IM.

conclusions

1. The direction of information medicine is defined, its definitions are given basic concepts, its system-physiological model is formulated.

2. A system of postulates of information medicine has been formulated, describing its paradigm within its own framework, and at the same time representing the program of its natural science substantiation.

3. Designated areas of constructive interaction information medicine, both with its critics and with its supporters.

Literature

1. Samokhin A.V., Gotovsky Yu.V. Electropuncture diagnostics and therapy according to the method of R. Voll. - M.: IMEDIS, 1995 - 448 p.

2. Electropuncture vegetative resonance test: Methodical recommendations No. 99/96 / Vasilenko A.M., Gotovsky Yu.V., Meyzerov E.E. Koroleva N.A., Katorgin V.S. - M .: Scientific and practical. center of tradition honey. and Homeopathy of the Ministry of Health of the Russian Federation, 2000. - 28 p.

3. Gotovsky Yu.V., Kosareva L.B., Makhonkina L.B., Sazonova I.M., Frolova L.A. Electropuncture diagnostics and therapy using the vegetative resonance test "IMEDIS-TEST": Guidelines. - M.: IMEDIS, 1997. - 84 p.

4. Gotovsky Yu.V., Mkhitaryan K.N. Patent N2065297. Diagnostic method and

living organism therapy.

5. Bioresonance therapy. Guidelines No. 2000/74. Mazerov E.E., Blinkov I.L., Gotovsky Yu.V., Koroleva M.V., Katorgin V.S. - M .: Scientific and practical. center of tradition honey. and Homeopathy of the Ministry of Health of the Russian Federation, 2000. - 27 p.

6. Bizyaev P.D., Bobrov I.A., Mkhitaryan K.N., Vasilenko A.M., Eremenko P.V. Patent No. 2495617 according to application 201148258 priority of the invention November 28, 2011 Method for determining the long-term effects of therapeutic effects. Patentee - Bizyaev P.D.

7. Porter W. Modern foundations of the general theory of systems. – M.: Science. Ch. Ed. Physico-mathematical literature, 1971. - 556 p.

8. Anokhin P.K. Selected works. Cybernetics of Functional Systems / Under ed. K.V. Sudakov. - M.: Medicine, 1998. - 400 p.

9. Gotovsky Yu.V., Mkhitaryan K.N. Lectures on chronosemantics. – M.: IMEDIS, 2004. - 276 p.

10. Kalman R.E., Falb P.L., Arbib M.A. Essays on mathematical theory systems. – M.: Editorial URSS, 2004. – 400 p.

11. Zilov V.G., Sudakov K.V., Epshtein O.I. Elements of information biology and medicine. - M.: MGUL, 2001. - 248 p.

12. Mkhitaryan K.N., Bizyaev P.D., Bobrov I.A. Natural science foundations information medicine. Message 2: Anticipatory reflection of reality and the concept of informational resonance // Reflexotherapy and complementary medicine. Scientific and practical journal. - No. 4 (6). – 2013. – P.42–49.

13. Mkhitaryan K.N. Local VRT-model of internal time and its use in ART diagnostics and therapy // Abstracts and reports. XVII International Conference "Theoretical and Clinical Aspects of Application of Adaptive Bioresonance Therapy". Part II. – M.: IMEDIS, 2011. – P.40–65.

14. Akaeva T.V., Mkhitaryan K.N. Natural science foundations of information medicine. Message 3: On the question of experimental confirmation of the existence of the internal time of the organism// Reflexotherapy and Complementary Medicine. Scientific and practical journal. No. 1 (7) 2014, - pp. 36–41.

15. Ostreykovskiy I.E., Kravchuk A.A., Mkhitaryan K.N. Alternative homeopathy. - M.: JSC "Znak", 1994. - 96 p.

16. Garkavi L.Kh., Kvakina E.B., Kuzmenko T.S. anti-stress reactions and activation therapy. – M.: IMEDIS, 1998. – 565 p.

17. Mkhitaryan K.N. Treatment of the body as design and subsequent initialization of functional systems // Abstracts and reports. XII International Conference "Theoretical and Clinical Aspects of the Application of Adaptive Bioresonance Therapy". Part I. - M.: IMEDIS, 2006. - P. 186-221.

18. Bobrov I.A., Bizyaev P.D., Mkhitaryan K.N. Energy information Triton preparation as a preparation of systemic regulatory action // Abstracts and reports. XV International Conference "Theoretical and Clinical Aspects of the Application of Adaptive Bioresonance Therapy". Part II. – M.: IMEDIS, 2009. – P.167–172.

19. Akaeva T.V., Mkhitaryan K.N. Application of control signals

cell cultures of organs in the practice of rejuvenation and anti-age therapy // International Congress on Active Longevity Medicine and Quality of Life. June 7-9, 2012 Moscow. – P.12–15/233 p.

20. Mkhitaryan K.N., Vasilkovskaya O.V., Golikov S.K. Homeopathic approach to the problem of preventing premature aging // Abstracts and reports. XX International Conference "Theoretical and Clinical Aspects of the Application of Adaptive Bioresonance Therapy". Part II. – M.: IMEDIS, 2014. – P.12–20.

21. Zemchurin L.V., Mkhitaryan K.N. A case of aseptic necrosis therapy femoral head of "unclear etiology" // Abstracts and reports. XV International Conference "Theoretical and Clinical Aspects of the Application of Adaptive Bioresonance Therapy". Part II. – M.: IMEDIS, 2009. – P.172–179.

22. Shadrichev V.V., Mkhitaryan K.N. Clinical case of hepatitis C treatment with using the system-nosological approach // Abstracts and reports. XXII International Conference “Theoretical and Clinical Aspects of Bioresonance and Multiresonance Therapy. Part II. – M.: IMEDIS, 2016. – P.160–165.

23. Roik O.A., Gotovskii M.Yu., Privalov V.I. Impact Study transfer of the properties of a homeopathic preparation to a physiological solution using deuteron magnetic resonance spectroscopy // Abstracts and reports. XX International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M.: IMEDIS, 2013. - P. 123–131.

24. Roik O.A., Gotovsky M.Yu., Privalov V.I. Impact effect apparatus "IMEDIS-BRT-A" on a mixture of ethyl alcohol and water on the relaxation parameters of the NMR of protons and deuterons of water signals of OH-groups of alcohol // Abstracts and reports. XX International Conference “Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy Part I. – M.: IMEDIS, 2014. – P.28–35.

25. Gotovskiy M.Yu., Ilyin V.K., Starkova L.V., Morozova Yu.A., Mkhitaryan K.N., Roik O.A. Control signals of E. Coli cell growth under the influence of a device for bioresonance therapy // Traditional Medicine. – №2(17), 2009 – P.4–6.

26. Shipov G.I. Theory of physical vacuum. Theory, experiments and technologies. 2nd ed. correct and additional – M.: Nauka, 1996. – 450 p.

27. Penrose R. Shadows of the mind: in search of a science of consciousness. – Moscow-Izhevsk: Institute for Computer Research, 2005. - 688 p.

28. Bobrov I.A. Natural science foundations of information medicine. Message 1. Bioresonance therapy // Reflexotherapy and complementary medicine. - 2013. - No. 3 (5). – P.19–25.

29. Bobrov I.A. Natural science theories as the basis of information Medicine // Homeopathic Yearbook. Proceedings of the 24th Moscow International Homeopathic Conference "Development of the homeopathic method in modern medicine". – M., 2014. – P.215–227.

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