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REFLEX THERAPY WITHIN THE DIMENSIONS OF THE CONTEMPORARY MEDICINE

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The etymological differences of the concepts of folk, traditional, alternative and complementary medicine discussed. Reflexotherapy Reflexology is regarded as a modern successor Zhenjiu and fully meets the principles of 4P medicine. In the context of complementary medicine instead of used in the English language literature the term "reflexology" should apply the term "reflexotherapy". The author's definitions of "complementary medicine" and "reflexotherapy" presented. The principles of classification of reflex diagnostics and therapy and their nomenclature formulated.

Key words: complementary medicine, 4P medicine, acupuncture, reflexotherapy, reflexology, nomenclature.

Обговорюються етимологічні відмінності понять народної, традиційної, альтернативної і комплементарної медицини. Рефлексотерапія розглядається як сучасна спадкоємиця Чжень цзю і повністю відповідає принципам "4П" медицини. У контексті медицини комплементу замість використаного в англійській літературі терміну "рефлексологія" слід застосовувати термін "рефлексотерапія". Представлені авторські визначення понять "Медицина комплементу" і "рефлексотерапія". Сформульовані принципи класифікації рефлексорної діагностики і терапії та їх номенклатура.

Ключові слова: медицина комплементу, 4П медицина, акупунктура, рефлексотерапія, рефлексологія, номенклатура.

Обсуждаются этимологические отличия понятий народной, традиционной, альтернативной и комплементарной медицины. Рефлексотерапия рассматривается как современная наследница Чжень цзю и полностью отвечает принципам "4П" медицины. В контексте медицины комплементу вместо используемого в англоязычной литературе термина "рефлексология" следует применять термин "рефлексотерапия". Представленные авторские определения понятий "Медицина комплементу" и "рефлексотерапия". Сформулированные принципы классификации рефлексорной диагностики и терапии и их номенклатура.

Ключевые слова: медицина комплементу, 4П медицина, акупунктура, рефлексотерапія, рефлексологія.

Introduction

The natural results of the historical development of the medical science and practice are the multiplication of its trends, treatment specializations, treatment-prevention means and methods. The necessity of the solution of the practical issues that permanently face humanity, gives birth to new scientific theories, which get their explanations in accordance with the current historical level of knowledge. The revision of theories in search for better efficiency to provide solutions by their followers due to their practical issues results in the oblivion of ones and the survival of the other theories. This is how the natural selection occurs with regards to scientific theories, which received the name of evolutionary epistemology [1].

The concepts of traditional Chinese medicine (TCM), revealed in the archaic, extraordinary for the European mentality lexical constructions, from the position of the contemporary scientific medicine look very naïve and hopelessly old. That is why, a great number of supporters of the conventional medicine consider them to be unacceptable. At the same time, any new knowledge and practices are based on the prior experience of humanity, its analysis, and generalization.

The important factor, which has ensured the progress of natural science and medicine, namely in the XX century and at the beginning of the XXI century, is the increasingly tight interpenetration (integration) of scientific disciplines. It touches both the rational combination of the high-technology, specialized medical aid with the necessity of a holistic approach to health and human disease, which are characteristic for the TCM.

Since 1972 until now, the World Health Organization (WHO) gradually implements the policy of integration of folk, traditional, alternative and complementary medicine in the contemporary national systems of health protection. Despite the existence of differences in the etymology in the adjectives to the noun "medicine", which have been introduced in the preceding phrase, they are often mistakenly used as synonyms, while their semantic fields are widely and unfairly overlap. On the basis of requirements, which are applied to the field terminology, the notional apparatus of the non-conventional medicine appears to be very chaotic. The inconsistency of terminology may serve as one of the causes of restrained, and sometimes even negative attitudes

of some representatives of the world medical society to the strategy of the WHO in this area.

The major requirements for any scientific term, which that attempts to get an ancestral name are: 1) its accuracy to the notion, which it denotes; 2) unambiguity – maximal reduction of the semantic field of the term, which underlines its different understanding. Besides these major requirements during the choice of the term, one should use its «anamnesis vitae» - the history of evolvement, earlier and the contemporary explanations, the practice of use, which has formed, association to the current categories of the public consciousness and usage in other lexical systems (recognizability).

Based exclusively on the empirical experience folk medicine is the predecessor of the regional traditional medicine, which is based on ethnogeographical religious-philosophical views. Folk medicine, as a rule, does not imply professional training of individuals, who practice it, in the contemporary meaning, while the implementation of the folk medicine requires specialization in the corresponding institutions (schools). The name “Folk medicine” is semantically ambiguous. The traditional acupuncture for the countries of the South –Eastern region is not traditional for Europe or the Americas.

Within the context of the general medical vocabulary, traditional medicine is more perceived as a complexity of the generally accepted (conventional) contemporary approaches and technologies of the world medicine. The specific clarification a term acquires with the use of an adjective, which identifies its origin, for example: “traditional Chinese medicine”. It is unacceptable to use the adjectives “complementary” and “alternative” within a single context. The complementary adds the generally accepted (conventional) medicine, while the alternative is used instead of it.

The term “complementary medicine” looks like to be the most adequate, in all cases, for the generalizing title for the entire arsenal of existing medical approaches. Some colleagues object to the adjective “complement” due to its poor “recognizability”. In this view, it should be reminded that at the end of the XIX century, Paul Ehrlich (1854-1915) used the term “complement” to outline the antibacterial component of the fresh blood serum, which was additional to the immunocytes. In the contemporary medicine, the system of the complement stands for the complex multi-component compilation of proteins of blood serum, that act together (complement) with factors of cellular immunity.

In a wider biological meaning of the word, the term “complement” means a reciprocal accordance of the molecules of biopolymers or their fragments, which ensures the creation of connections between them. The principles of complementarity have conditioned such biological processes as storage and transmission of genetic information, enzymatic activity, all other numerous processes of ligand-receptor and wave interaction in the organism.

The principle of complementarity governs the basic conceptions of the ancient Chinese philosophy (Yin-Yang, the Five Elements) and the teaching about the acupuncture channels. The term of “complement” was also used by Niels Bohr to explain the discovered phenomena in the nuclear physics, which could not be described from the classical positions. In this view, the term “complement” has been known to philosophers, natural scientists and physicians for a very long time.

On the basis of the previously conducted analysis of the problem, the following explanation of the term of the complementary medicine was introduced: a range of acceptable types of treatment, prevention, treatment-rehabilitation, and renewal practice, borrowed from various national medical systems. The latter appear as the independent means, methods and technologies, the use of which has a positive historical experience and is represented in the form of innovative scientific-practical developments that add to the standard of the specialized medical aid [2].

The TCM like other complex traditional ethnographic medical systems with the great variety of their means and methods, should be related specifically to the complementary medicine, which started to appear in the vocabulary of the established documents at the World Health Assembly (WHA) only since 2003 of the world assembly of the (WHA56.31.). The adequate in-

terpretation of the methodological basis of the TCM, in accordance with the generally accepted ideas, fills in the new content of the previously existing terms, initiates the creation of new classifications and terminologies.

During the first decade of the XIX century, a new word composition “4P medicine” appeared in the English-speaking medical literature. The abbreviation of the 4P stands for the adjectives Predictive, Preventive, Personalized, Participatory [3, 4]. All components of the 4P medicine, which was pronounced the medicine of the XXI century, are formally not innovative, but they hold a new content, which is based on the advanced biomedical technologies. The key principle of the “4P medicine” is the personification, which is based on the assessment of risks of disease development (prognosis) and their prevention. The contemporary stage of development of the 4P medicine is under the leadership of pharmacologists, pharmacists, based on pharmacogenomics, pharmacometabolomics and usage of biomarkers.

It is clear that the 4P medicine is not exceptionally governed by the clinical pharmacology. Long before the appearance of the molecular biology, its principles were the basis of any of the medical practices, including the one that is based on the use of non-pharmacological means and methods. The principles of the 4P medicine fully correlate with the methods of the TCM, especially in the part of Zhenjiu therapy, which has become the prototype of the contemporary Reflexotherapy (RT).

From the ancient times, physicians knew the external signs of an individual inclination to specific diseases. Widely known are the connections of the prevailing type of diseases with habitual and locomotor characteristics of individuals. The major connections of the specific features of composition and dermatoglyphics of palms, feet, and auricles with a disposition to specific diseases. Various prognostic lingual and iridological signs are also known.

The most informative, due to the exploration of the constitutional type of an individual and medical prognosis, is the traditional Eastern pulse diagnostics. Among the great variety of pulse types, they distinguish three innate, which do not change throughout the lifespan of an individual. These are the pulses of the “four seasons and five elements”; “seven extraordinary pulses”, “pulses of life duration and death” and others. Reflexotherapists know very well the diagnostic signs, which can be identified during the supervision of the auricle that can serve the goals of the pre-nosological diagnostics.

In this view, during the interrogation, observation and palpation, the physician of the TCM may identify important individual peculiarities of the patient, that point not only to his or her current state, but serve as predictors of its future dynamics. On this basis, physicians build adequate personal algorithm of prescriptions and the specific recipe of action on every treatment session (and with the account of the “discovered points” in a certain geographical point and in a certain time period). Such level of prognostic determination before the recent years had not been easy to reach within the format of the conventional medicine [5].

It is known that the steady type of vegetative maintenance of the activity and the dominating character of the vegetative reactivity condition the individual strategy of adaptation, may serve as predictors of risks for the development of diseases, as well as individual reactions to the target therapy interventions. That is why different indices of the state of the vegetative nervous system (VNS) compose the basis of the contemporary methods of reflex diagnostics and monitoring of the patient’s state throughout treatment. Longitudinal studies of V.G. Makats with co-authors on this topic are generalized in [6].

Just as well as our contemporary physicians, our Chinese colleagues knew about the prevention, which is figuratively reflected in the treatise “Huángdì Nèijīng” (II century BC): “The treatment of the disease after it has occurred is like to dig a well when one needs to drink, or forge weapon the war has begun”. There few among the representatives of different medical specialties demonstrate such direct partnership with the patient, as the physician who conducts acupuncture, moxibustion or any other intervention from the list of contemporary RTh.

Taking into account the world experience of implementation of Zhenjiu therapy and its con-

temporary ancestor RTh, they should be related to the complementary medicine. Also known the cases of their effective use as an alternative generally accepted protocols of treatment. In both cases, they fully correspond to the principles of the 4P medicine.

Terminology and classification of the reflex therapy

According to the Big Medical Encyclopedia, the term “reflex therapy” (which originates from the Latin word “reflexus” – reflect and the Greek word “therapia” - heal) for the first time was introduced by Javorski in 1912 in France for the identification of healing actions, that initiate inclusion of the nervous responding mechanisms of the organism. There were no instructions that would limit the modality of the healing actions and the participation of specific sensory systems, the original explanation of the term would not contain. In this view, one of the first domestic definitions of the RTh, which explains it as “a healing system for the influence on the pathologic process of reflective correlations, which has been formed in the organism throughout its long evolution” [7].

In this view, initially, the RTh could include any type of reflex-initiating actions - somatosensory, visual, auditory, olfactory, and gustatory, and eventually the healing methods, based on the stimulation of the corresponding specific receptors, including light- and color therapy, music therapy, aromatherapy, etc.

However, in the first half of the XX century, the understanding of RTh started to be limited basically by the system of the somatosensory analyzer. Leprince (1931) included in the RTh the methods of Chinese acupuncture, the Japanese Kuatsu, the European somatosensory therapy (nasal RTh) of Bonnier, spondyla therapy of Abrams, osteopathy and chiropractic, and also a range of separate reflex-related actions, which are used with the healing aim (pressure on the eye-bulb, region of solar plexus, etc.).

We have noticed the tendency to the narrowing of the understanding of RTh, with further identification of it with Zhenjiu. This has been reflected in the definitions of RTh in encyclopedias: “healing system, based on the reflex correlations, which have formed in the process of phylo- and ontogenesis, function through the nervous system with the help of stimuli of the receptors of skin, mucous membranes and underlying tissues for the influence on the functional systems of the organism” [8, 9] and “a complex of healing techniques, based on the influence of various, mainly physical, factors on certain points on the body surface – points of acupuncture” [10].

The two definitions limit the RTh with the action on the peripheral somatosensory apparatus. The first contains the ideas that have been developed on the basis of the concept of nervism, about the mechanism of action of the physical therapeutic factors, while the second - reflects the external image of traditional Zhenjiu.

The semantic analysis of the introduced definitions indicates that under RTh, usually, they unreasonably understand a system of therapeutic reflexogenic interventions, which is limited by the somatosensory analyzer. Under the term “acupuncture”, which in fact denotes one of the separate techniques (point-like action of the needle), combine different in character influences on the acupuncture points. The integral component of traditional Zhenjiu and the contemporary RTh is the specific system of diagnostics, the results of which define the healing algorithm in the form of the option of the adequate area, method and the moment of action. This important condition is not reflected in the majority of definitions of RTh.

The earlier introduced definitions of RTh inaccurately reflect the essence of the medical area, which motivated us to the elaboration of our own definition of RTh: ***a system of diagnostic and healing methods, which is based on the assessment of the parameters of the peripheral reflexogenic areas and influence on them with the purpose of the regulation of the functional systems of the organism.***

This definition:

- contains general requirements for the medical specialty – the presence of a relatively inde-

pendent (specific) unified system of diagnostics and treatment, which is efficient on different stages of medical aid;

- restores the initial definition of RTh without the limitation by any type of receptors, a specific system of the analyzer, or by the modality of the healing influence;

- compatible with the contemporary idea about the reflex mechanisms, without limitation on their meaning by neurophysiological frames.

The term RTh has not received a wide international recognition. It is popular today, mainly in the post-Soviet countries and in Italy as the analog of the wider term of “acupuncture”. In the English-speaking literature, we may find the term “reflexology”, which under the teaching about the reflexes combines the methods of massage in the reflexogenic zones of the feet and hands.

The grassroots of the reflexology are associated with the works of the well-known physiologists I.M. Sechenov and I.P. Pavlov about the reflex conception of the psyche and their ideas about the reasonability of the usage of the theory of conditioned and unconditioned reflexes when exploring the social behavior of humans. Further, the theory and practice of reflexology developed in the publications of V.V. Bekhterev [11]. Eventually, it is clear that reflexology (science about reflexes) cannot serve as a synonym for reflex therapy.

There are also other quasi-synonyms of RTh: cincture RTh, point therapy, clinical reflexology, acupuncture, needle-reflex-therapy, acupuncturology, kin-sue-logia, and others. Generally, the English-speaking literature, most frequently introduces the term “acupuncture”, which wrongfully combines various methods of physical actions at the acupuncture points.

Within the discourse of the historical perspective, the development of the concept of nervism and the ideas about the role of the nervous system in the evolution (I.V. Sechenov 1863, Ch. Sherrington 1906) contributed to the fact that the term “reflex” gained mainly a neurophysiological meaning. However, in a wider natural-philosophic sense the term “reflex” is adequate not only to any form of the interrelation of the organism with the environment, but to all forms of the existence of the matter because it is the basis feature.

In this view, the understanding of RTh and the reflex have undergone a vivid reduction in the process of their existence. The findings of the contemporary scientific studies motivate to return to the initial and wider understanding of the term of reflex, which is related to the natural science. The reflex interaction appears not only on the level morpho-functional organization and bioelectric activity of the nervous system but also at any other levels of the organization of the living and inanimate matter. A range of healing actions of minor intensity does not initiate the appearance of the potential of actions in neuroreceptors and the direct response in the form of “stimulus - response”. The act on the informational level through the molecular receptor apparatus, changing the sensitivity of the membranes not only of nervous but also other cells.

The treatment-prevention and health-improving means and methods, which derive from the Easter medicine (acupuncture, Ayurveda, Tsigun, yoga, and some other systemic elements of the ancient Eastern culture) receive criticism from the side of the Christian church. Some of its representatives reveal such vivid intolerance that is involuntary initiates associations with the Middle-Age inquisition. The illustration of this may be found in the report of the doctor Manfred Vaize “*The origins of the alternative medicine, geometry, and acupuncture*” which was introduced by him on the Russian-German medical-biblical conference “Medicine and Christianity”, which occurred in May, 2006 in Moscow. [http://www.medichrist.ru/news/27_04_2006_m_vaize_alternativa.html].

Relating acupuncture to the area of the alternative medicine, and labeling its world vision, Dr. Vaize said: “*the methods of such medicine are based on the Asian religions and the Western philosophic teachings. They are all united by the wrong faith in the “vibrating Universe”, meaning the invisible, hidden power, universal, supernatural energy. This power, allegedly, is beyond the Universe, nature, human, and the disease*”. Dr. Vaize cannot simply understand that the term “Vibrating Universe” does not contradict the generally accepted contemporary quantum-wave principle of the organization of the natural processes, which obviously, was not known to the

ancient Eastern wise men. More than that, it should be mentioned that acupuncture relates not to the alternative, but to the complementary medicine [12].

A wrongful association of Zhenjiu with the occult medical practices may be explained by the underestimation of the laws of the evolutionary epistemology, which studies the changes in terminology apparatus due to the evolution of knowledge [1]. The wise people, who lived millennia before us, would simply not know about the quantum-wave nature of the electromagnetic homeostasis. That is why their vocabulary did not contain these words. They would reflect their world with their ideas about the Universe through the terms Yin-Yang, Qi, Wu-Xing, and others, and what is more, in the Chinese language. It was not important for the science, where our predecessors lived, to pay attention to the language and religion that functioned in their environment. If we ask a randomly selected group of patients what is the most important for them (philosophic-religious bases of the healing method or the experienced efficiency?), the answer would be easy to predict...

However, the jealous fighters against the occultism, trying to rapidly and efficiently implement the order of the presidium of the Russian Academy of Sciences on the battle against “pseudo-science”, have already started the “hunt on witches”. For example, within the number of lexical features of the “pseudo-scientific” literature, they suggest viewing the use of the terms of the Eastern philosophy, namely Yin and Yang, especially their used with the capital letters. The number of the “landmarks”, which allow distinguishing the occult (pseudo-scientific) text from the “purely scientific”, includes many other words, which are also typed with the Russian transcription as the names of several national healing and health-improving systems (Yoga, Ayurveda, Qigong, Wushu, as well as their constructive elements – asana, mantra, meditation and the alike). Indeed, the enumerated healing and health-improving systems are not simply a composition of gymnastic exercises and techniques of psychophysiological regulation. They are based mainly on Buddhism and closely-related religious-philosophic schools, while at the same time they help the Christians, which can be proved by authoritative facts.

In 1928, under the authority of the WHO, a group of experts was organized to create the unified international acupuncture nomenclature (IAN). After a series of preliminary consultations, the experts reached a compromise on the structure and the content of the IAN. The concluding consulation occurred at the end of 1989 in Geneva, they introduced the final positions of the 361 acupuncture points, which are located on the 14 main (ordinary), 8 extraordinary acupuncture channels (meridians), through 48 extra-channel points and 14 acupuncture lines of the scalp [13].

Taking into account such criteria as the wide usage in practice, proved therapeutic efficiency, clear anatomical location and the distance of not less than 0,5 cm from the nearest channel point, the 48 extra-channel points were distinguished. Their general prefix is “EX”, which is followed by the hyphen and the code of the body region: HN – head and neck, CA – chest and abdomen, B – back, UE – upper extremity, LE – lower extremity. The extra-channel acupuncture points are numbered in an up-down manner in the head, neck and the trunk; from the proximal to the distal areas on the upper and lower extremities; and with the medial to the lateral sides, if they are located on the same level.

Differently from the previous cross-sectional numeration, the extra-channel points in the IAN are numbered separately according to the body regions. In the region of: head and neck (EX-HN) – is distinguished by 15 acupuncture points; chest and abdomen (EX-CA) - one point is under the name of *zhigong*; back (EX-B) – by 9 acupuncture points; on the upper extremities – 11, and on the lower extremities – 12 extra-channel acupuncture points.

Table 1.

The International Nomenclature of the Acupuncture Points.

| № | Ukrainian name | Ukrainian phonetic transcription * | English name | Code |
|-------------------------------------|----------------|------------------------------------|--------------|------|
| The main (ordinary) channels | | | | |

| | | | | |
|-----------------------------------|-------------------------------------|---------------------|------------------|---------|
| I | Легені | Шоу-тай-ін-фей | Lungs | LU |
| II | Товстий кишковик | Шоу-ян-мін-да-чан | Large intestine | LI |
| III | Шлунок | Цзу-ян-мін-вэй | Stomach | ST |
| IV | Селезінка | Цзу-тай-ін-пі | Spleen | SP |
| V | Сердце | Шоу-шао-ін-сін | Heart | HT |
| VI | Тонкий кишковик | Шоу-тай-ян-сяо-чан | Small intestine | SI |
| VII | Сечовий міхур | Цзу-тай-ян-пан-гуан | Bladder | BL |
| VIII | Нирки | Цзу-шао-ін-шень | Kidneys | KI |
| IX | Перикард | Шоу-цзюе-ін-сін-бао | Pericardium | PC |
| X | Трійний обігрівач | Шоу-шао-ян-сань-цзю | Triple Energizer | TE |
| XI | Жовчний міхур | Цзу-шао-ян-дань | Gall bladder | GB |
| XII | Печінка | Цзу-цзюе-ін-гань | Liver | LR |
| XIII | Управляючий канал (задньосрединний) | Ду-май | Governor v.** | GV |
| XIV | Зачаття канал (передньосрединний) | Рен-май | Conception v. | CV |
| The extraordinary channels | | | | |
| I | Управляючий канал | Ду-май | Governor v. | GV |
| II | Канал зачаття | Жень-май | Conception v. | CV |
| III | Піднімаючий | Чжун-май | Thoroughfare v. | TV |
| IV | Опоясуючий | Дай-май | Belt v. | BV |
| V | Внутрішній п'яточний | Інь-цзю-май | Yin*** heel v. | Yin HV |
| VI | Зовнішній п'яточний | Ян-цзю-май | Yang*** heel v. | Yang HV |
| VII | Внутрішній підтримуючий | Інь-вей-май | Yin link v. | Yin LV |
| VIII | Зовнішній підтримуючий | Ян-вей-май | Yang link v. | Yang LV |

* - to every phonetic transcription of every acupuncture channel from #1 to №12, the final syllable is added by "jing" to denote channel; ** - vessel; *** - Yin, Yang. The acupuncture points Dumai and Renmai belong to both ordinary and extraordinary. The numbers of the acupuncture points are typed in sequence after the code of the channel without a hyphen and a space (for example, LI4, ST36).

The classical acupuncture and the contemporary RTh together with the channel and extra-channel points are widely used in the mini-acupuncture systems (MAS). The selection of this or that region of the body surface as a MAS is performed on the basis of the presence of a somatotopic organized representation of the body scheme and the internal organs, which allows conducting diagnostic and healing procedures. There are also MAS of the scalp (MS), the auricle (MA), iridial part of the retina, hands and feet, nose, oral cavity, tongue, vagina and other.

Today, the IAN includes two MAS – auricle and cranial. They were not included under the names of mini-, but microacupuncture systems, which is inaccurate, because within the miniacupuncture systems, according to the holographic principle, smaller systems are usually distinguished. For example, in the MAS of the hand the distinguished system ECIWO “Embryo Containing the Information of the Whole Organism”, is based on the idea that the skin projection of the metacarpal bone segment of the index finger is the biogeographic representative of the head, body, extremities and the internal organs.

Classification nomenclature of the methods of the reflex diagnostics and therapy

The methods of reflex diagnostics and therapy are classified according to the factor and the topical principle. The factor principle implies for the distinction between the methods due to the modalities of the registered diagnostic parameters and the used treatment factor. For example, the electropuncture diagnostics (EPD) and the electropuncture therapy. The accurate principle of the classification is based on the location of the reflexogenic zone, with which the diagnostic parameters are registered, or to which the healing influence is directed. For example, auricular diagnostics and the auricle therapy (auricle puncture). In the name of the majority of methods of the reflex diagnostics and therapy, the second part includes (puncture), which allows for an ambiguous explanation (from Latin “punctio” – prick, German “punkt” – point, and English “punctual” – related to the distinct point). When we speak about the reflex diagnostics, the obvious understanding of the root “puncture” as the distinction of the zone of registration of the diagnostic parameter.

The general clinical examination of a patient in TCM formally includes the same components as during the examination by a physician, who practices within the format of the European medicine. However, interrogation, supervision, auscultation, palpation and other methods of supervision include a number of details, which are not included in the contemporary medical standards. On the basis of the received anamnestic data and results of the supervision, physician of the TCM determines the general balance of Yin-Yang in the patient’s organism. In the case of disorder, he identifies, which of the 12 ordinary acupuncture channels are in the states of “hollowness” or “fullness” (hypo- or hyperfunctions in the contemporary terminology) and on this basis forms the diagnosis according to the syndrome.

Using the well-known canonical rules, the physician chooses the appropriate area, method and the moment of the healing action, according to the diagnosis, which are targeted at the elimination of the disbalance of Qi circulation through the acupuncture channels and the correlation of the dynamic equilibrium of Yin-Yang in the organism.

Diagnostic methods that are based on the supervision: posture assessment, general view and the behavior of the patient; visual identification of the diagnostic signs in MAS (auricle, tongue and oral cavity, hands and feet).

Diagnostic methods that are based on palpation: pulse diagnostics; identification of the activity of co-sensitive (shu-sue, Mo-point) and the signaling (mu-sue, Lo-point) points of the acupuncture channels and zones that represent the internal organs in MAS.

Classification of the instrumental methods of the reflex diagnostics.

1. Based on the registration of biophysical parameters of the acupuncture points: electrometric (electropunctural); the estimation of the ohmic electro-skin resistance (electro conductivity); assessment of the complex electro-skin resistance (impedance); assessment of the electric potential.

2. Based on the registration of temperature, spontaneous and induced assessments (assessment of temperature; assessment of the infrared irradiation (infrared diagnostics); estimation of the intensity of the induced irradiation (Kirlian effect); non-monoparametric methods (thermo-electropuncture diagnostics).

3. Psychophysical (algometric) methods: thermoalgotometry, strain gauge algometry.

The classification of RTh according to the modality of the healing factor.

1. Mechanopuncture

1.1. Invasive mechanopuncture (acupuncture (Needle-RTH)), acupuncture with phlebotomy, microacupuncture therapy, multineedle RTh, scarification, injection and implantation RTh.

1.2. Noninvasive mechanopuncture (baropuncture and jar massage, point massage, vibropuncture, channel massage, scraper massage Gua Sha, Tsubo therapy)

2. Thermopuncture: heating, combustion, cryopuncture (massage with ice, cold microcompresses), cryodestruction.

3. Electropuncture:

- noninvasive (through-skin action): direct current (galvanization), alternating current (impulse), UHF-puncture;

- invasive – electropuncture, electrostimulation through the injected needle.

4. Magnet puncture (constant magnetic field, alternating magnetic field).

5. Electromagnetopuncture (inductothermopuncture, decimeter-wave (DMW-puncture), super high frequency (SHF-puncture), extremely high frequencies (EHF-puncture), magnetic resonance puncture.

6. Phonopuncture (musicpuncture, ultrasound (US-puncture).

7. Photopuncture: laserpuncture, spectral photopuncture, ultraviolet (UV-puncture), color-impulse puncture.

8. Pharmacopuncture and homeopuncture

(homeosyniatria) – injections or application of pharmacological or homeopathic medications on the acupuncture points.

9. Power-informational RTh (PIRTh): multiresonance (PIRTh), bioresonance PIRTh.

10. Complexmodal methods of RTh - for example, implementation of the electropuncture through layings filled with combination of phytomedication.

The classification of methods of RTh according to the location of the action.

1. Corporal RTh (through the channel acupuncture points (AP), corporal RTh through extra-channel AP, corporal RTh with the use of the extraordinary channels.

2. RTh through miniacupuncture systems (MAS): auricular RTh (auriculoacupuncture), cranial RTh (craniopuncture, scalp-puncture). RTh through MASs that have not been included to the IAN (hand, feet, oral, nasal, facial, micropuncture systems of ECIWO and other hypothetical MCAS).

3. Methods of RTh, that are classified through the stimulated tissues: epidermal, mesodermal, osteoperiosteal (osteopuncture).

Conclusion

1. On the basis of magnificent advances in the area of design and implementation of high-technology extremely specialized diagnostic and healing methods, the use of the means and methods of the complementary medicine, which is based on the holistic world vision, continues to be up-to-date. The necessity of integration of the complementary and conventional medicine corresponds with the contemporary societal needs, both from the side of the population and the professional workers of the healthcare system. The problems of this integration are initially connected with the task to put in order the terminology and the nomenclature of the means and methods that compose the arsenal of the complementary medicine.

2. The elaboration of the full-scale classificational nomenclature in any area of science and practice – is an uneasy task, quite laborious and continuous, because with the acquisition of the new knowledge and technology, its outcomes will inevitably require a revision. I would like to mention one applicable in this situation phrase: *“No one obliges you to finish the work, but also does not release you from the responsibility to continue”*. The suggested definitions of the complementary medicine and the RTh, as well as the classificational nomenclature of the latter do not suggest to be the verity in the last resort.

3. The author will be grateful to colleagues for constructive criticism and suggestions, which are targeted on the elaboration of the unified international terminology and nomenclature of the means and methods of the complement. There are some of the publications after the references for the colleagues, who are interested in this issue, full texts of which can be obtained at private request to the author through the e-mail: vasilenko-a-m@mail.ru

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