

## Expansion of Clinical Research

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### Abstract

The bureaucratically perverted Idea of expanding the Clinical Trials database can not only be corrected, but fundamentally advanced through information provided by patients themselves via the Internet. But in order to prevent the distortion of the Idea in the future, methods of processing Information are required based on the INVARIANT Medical Theory using the Mathematical Theory of Numbers and Sets, which will direct Artificial Intelligence to process an array of data about all sick people on Earth.

**Keywords:** General phenomenology; Medical research; Information processing methods.

### Introduction

What is common between seemingly such distant areas of activity as brain treatment at the Bekhterev Brain Institute, where I was invited as a scientific consultant, and setting up a combat laser at a training ground, where I had to teach it how to set up adjuncts. And the common thing in both cases is the extraction of useful information from noise [1].

Both here and there, experimentally, I taught that in order to obtain reliable measurement data, one must begin with the mandatory calibration of instruments. Subject specialists, especially in the West, are usually content with the “guaranteed” passport data of the instruments they use, which, as we

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have seen, led the Swedish laboratory down the wrong path for years. And to the doctors from the Almazov Cardiology Center, where I ended up with a heart attack and who persuaded me to stay there until I completed a full course of rehabilitation, that they supposedly have the most modern devices, I said that your devices are compared to those that I develop, simply morally outdated, and I underwent rehabilitation, strictly controlled (but not by nurses, but by me), on the horizontal bar, working on new scientific articles and books.

But I identified errors both in experimental setups and in the computer programs “Wolfram Mathematica” “LabView” with the help of the Basic Principles of Mathematics and Physics, which Newton had not yet

divided, and Aristotle generally divided all of science into only two classes-Physics and Non-physicist.

But Medicine, in the Aristotelian sense, should not be classified as non-physics, and its narrow specialization does not in any way negate the need for a strict phenomenological approach based on invariants, which the mentioned Basic Principles allow us to find.

Modern Practical Medicine and Clinical Medical Research have naturally diverged greatly. But, largely due to bureaucratization, they have diverged so much that they even come into conflict with the General invariants concerning the life activity of living.

This is characteristic not only of Medical Science, which, at the suggestion of the clueless employees of the intelligent Nobel laureate Breg, still considers their structural fantasies about DNA to be the pinnacle, but still does not take into account the actual music of life [2]. This is also characteristic of all modern Science, which has long been following the path of purely intensive development with an eclectic accumulation of knowledge. Moreover, in the consumer society, even in the Exact Sciences, Theories are now being speculatively promoted that are not capable of describing phenomena even in the order of magnitude. And I have been working on correcting such Non-Invariant Physical Theories for the last few years. But when the mortality indicator is often used in the proceedings of medical conferences, it follows that such studies do not distinguish between any colors other than black and white [3-5]. Whereas the Nobel laureate who received the Nobel Prize for cancer research dared to say in his “throne”

speech: “Humanity still does not know what cancer is. As a professional, I can list dozens of diseases that, according to most characteristics, give symptoms that coincide with cancer. But the thing is that no one allocates money to solve the cancer problem, but only allocates it to develop another panacea for it.” Indeed, it is more profitable for modern society to allocate money for ammunition than for human treatment, which is now clearly evident throughout the world.

But the “powers of this World” are trying to prevent the World from remaking Science. But she is capable of correcting erroneous canonized ideas, and it is precisely her prerogative. In particular, the existing purely bureaucratic separation of Clinical Research due to its specificity, in many ways, no longer contributes to overall medical progress.

The specificity of Clinical Research is based, in principle, on the basis of invariance-repeatability of experimental results under equivalent conditions. But both in theory and in practice, the choice of such conditions is very limited and conflicts with individuality. At the same time, just as in theories in the Exact Sciences, they try to justify everything with statistics (as in the same Large Hadron Collider with fundamentally indistinguishable elementary particles), but statistics are based on a very limited sample of tested patients (and, moreover, fundamentally distinguishable elementary particles). And this fundamentally selective clinical statistics is supplemented by roughly processed data from all attending physicians. Moreover, they are so crudely processed that the gigantic loss of time of the attending

physicians filling out daily stupid reports only harms the treatment process itself.

So, the bureaucracy, as in everything, not only in medicine, actually distorts Ideas, passing off its inability to implement them as a flaw in the system itself, in which they exist much better than the treating doctors and which they impose on everyone. But what is needed is not a cumbersome parasitic bureaucratic system, but elementary mastery of the Methodology, which itself is built taking into account the Theory of Numbers and Sets and automatically gives the degree of reliability of the data.

In this regard, I am not at all a supporter of remote treatment, or even more so with the help of advertised Artificial Intelligence. I, who first sat down at a personal computer back in 1972 and helped functionally create the first “smart” programs and devices controlled by them, know that a programmer, just like a theoretical physicist, having saddled an interesting, but one Idea, strives to adjust the whole World to it. But that’s the problem with such “builders”, that they ignore invariance. And the beginning of such ignoring lies in non-invariant Theories, as in Physics, Tat and Medicine.

So, the very idea of supplementing the Clinical Trials database from a narrow sample of test patients with data from a wide sample

(in fact, the entire treated population) is not at all flawed, and is not implemented at an elementary level, which the bureaucratic system simply hides.

Moreover, with the current state of the Internet, this database can be significantly expanded, with proper analysis) and at the expense of the patients themselves. There are few Genius Doctors like Professor Shabalov, but apparently that is why he is the only one who carefully studied the entire roll with my records of my daughter’s condition for 3 months and instantly made an absolutely correct diagnosis. While all the other doctors and Doctor of Medical Sciences, who healed their daughter with whatever they could in six months, at best ran along the corridor showing my roll of notes with the exclamation: “That’s what dad got.” Not every patient is a professional analyst like me. But this is also the purpose of Number Theory and Set Theory, to understand what they know but cannot express correctly. That’s why Elementary Medical Theory, built on invariants.

But as they say: “You cannot embrace the Immense.” And personally, having restored the invariance of Quantization, I will try to have time to correct the Theory of Relativity. And I simply show doctors how to build their Theories on understanding [6].

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