

## Principles of Defragmentation Medicine

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### Abstract

A number of features of the Medical Space have been analyzed and an attempt has been made to construct a General Axiomatic Theory of Medicine. It shows how to build a necessary and sufficient reference point for the Medical Space, necessary for the construction of the General Phenomenology of Medicine and the working Selection Rules common to all Medicine.

**Keywords:** Crisis of intensity; General Phenomenology, Logarithmic relativity of different scales; Medical space.

### Introduction

The current state of science, in general, can be characterized as an intensive accumulation of fragments of the Description of the General Picture of Nature. Thus, Science itself degenerates into a compilation set of disparate Local Descriptions. Therefore, for more than a hundred years, despite the catastrophic increase in factual data, and even thanks to this, it has not been able to move to a new level of invariant Axiomatics, which is necessary to “comb” all fragments of Science into a Unified Phenomenology.

To me, as a physicist with half a century of experience in the Academy of Sciences, this is clearly seen in the example of the “exact” Sciences, where employees working in neighboring rooms rely as alternatives on

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purely private Phenomenology, without seeing the General Picture. Whereas, as an Inventor of the USSR, I have concluded that a radical improvement in the parameters of devices and the improvement of technology. Perhaps, precisely on the basis of the First Principles, and not on the path of licking and improving existing technologies.

But the reality is that both in the Exact Sciences and in Industry they are afraid of a radical revision of the existing traditional Concepts. That is why, in fact, the ancient Fundamental Laws of Physics make it possible to build giant dams with precision accuracy [1], and the fashionable “Theories of Black Holes and Particles of God” cannot predict in a first approximation even the orders of magnitude of the phenomena they describe -

there is no specified BASIS, no reliably established orthogonal benchmark of the invariant Description-even the Magnetic Field has not yet been strictly defined [2].

This can be fully attributed to Medicine, whose output is health, and sometimes even a person's Life [3]. But in the same Physics there are, for example, Selection Rules, which allow one to obtain its harmonic properties from the Symmetry of a Phenomenon. And the General Map of Actions of Medicine is limited only by the Hippocratic Principle: Do No Harm! But in practice, the reality is that narrow specialization leads to the fact that what has long been mastered in one area of medicine, such as the removal of a 5-micron blood clot from the vessels of the brain without damaging the vessels (such as the NATO Secretary General when he fainted), and in vascular surgery, in urology, in gastroscopy, where vessels thousands of times larger pass through, the procedure itself often causes such serious injuries that sometimes people die (urologists even disfigured the King of England during the operation). So, in practice, the general Principle of No Harm is considered only within the framework of the private knowledge of a specialist. The negative consequences of the Fragmentation of the Theory of Medicine are not always so obvious in the examples given (and not everyone, like me, can "double-check" that doctors "think" wrong). But medical negativity appears everywhere and is more global. Thus, during the pandemic, the World Health Organization was only able to state its facts and issue only primitive recommendations. I did not listen to scientific recommendations [4].

But the bureaucratic implementation of WHO recommendations gave not so much positive as negative results. So, everyone is hearing about the barbaric methods used to fight the pandemic in China and Australia. But there are also "modest" reports that the majority of those who died during the pandemic died from virtually No Treatment-with the help of mechanical ventilation they were simply made dying easier. But it was necessary to "comb" virology in advance [5]. The same applies to Medicine in general [6].

The whole question is how to "comb" modern Medicine. Simply lumping all modern medical knowledge into one big pile will achieve little. Although people who are far from both computer hardware and functional programming actually naively hope for this with the help of Artificial Intelligence. But, even without considering the fact that the AI currently being created is actually vicious, since it is "brought up" in a vicious environment, a scientific Methodology is required, with the help of which it is necessary to build a General Phenomenology of Medicine.

Let me explain this statement with an example, again from Physics. There are different scales within which it is possible and necessary to construct a Description of the Phenomenon. If we consider individual particles, then we need to use the Particle Theory, as, say, for water molecules from which a wave is formed. But this Particle Theory is purely statistically related to the waves described by the Wave Theory. So, let's say that Biomedicine can be compared with the Theory of Particles of LIFE, but neither LIFE itself nor the methods of preserving/restoring it should be mixed with

Biomedicine. Another thing is that various aspects of Medicine, divided into narrow specializations, require General Phenomenology, otherwise we will lose information about the various manifestations of the “waves” themselves, i.e. we again return to the fact that on the chosen “medical” scale a General Orthogonal Frame is required—a minimum necessary and sufficient set of Medical Invariants, numerical and functional, non-compliance with which is also pseudoscientific in any field of medicine, like, say, neglect of Coulomb’s law in the movement of an electron.

I have already discussed one such general medical Invariant-Pain, in a previous article, where I showed that this channel of communication between the patient and the doctor is often used formally, although its analysis will provide more information about the patient than the most sophisticated MRI, which stupidly registers purely mechanical problems (and even the measurement process affects the condition of the patient’s organs—I was convinced of it myself).

Another aspect that formally resonates with the Do No Harm Principle is the consideration of “Do No Harm” from the entire sphere of Medicine, and not based on

narrow craft considerations. So it is not at all a fact that the few survivors of chemotherapy “compensate” for the number of deaths from it. And it is not at all a fact that chemical pain relief prolongs life. Rather, here medicine behaves like an ignorant alcoholic, deliberately burning the rest of his life, only he, his life, and medicine behaves like people transferred to the category of patients. And of course, highly specialized Medicine cannot in any way exclude from consideration “Do No Harm” from the field of Medicine-Psychology.

But, of course, these are just examples showing how to look for General Invariants of Medicine (independent Coordinates of the Medical Space that has yet to be built).

And the work itself to find all the necessary and sufficient Invariants must be carried out only “from above” from the construction of the Axiomatics of Medicine, but also “from below”, looking up from highly specialized areas of Medicine—which prohibitions from other areas of Medicine are not considered in practice. And this work should be done by the doctors themselves, and not I, because. The practical “Selection Rules” are not included in any bureaucratic reports with which digitalization has stupidly overwhelmed doctors.

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