RESULTS AND EFFECTS
IN THE DIAGNOSTIC AND TREATMENT OF DISEASES RECEIVED IN MEDICAL PRACTICE FROM "COMPLEX MEDICAL EXPERT" (KME).

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In modern medicine, a crucial factor in the production of medical diagnosis, making strategies for prevention and treatment of disease, there is reliability, ease of maintenance and quality of diagnostic devices. In the words of Dr. Mark Hallett at the 19th World Congress of Neurology in Bangkok, in many situations, the neurologists have to cope with treating patients without the availability of much equipment. MRI and even CT scanners may be sparse. A sole EEG machine cannot be helpful if it is broken or has no paper; a new digital model may be too expensive. Neurologists need better and more reliable resources.

Use of KME navigates diagnostic and therapeutic thinking and offers the following possibilities:
- to obtain rapid and wide-ranging information of the health-state (morbidity) of some person-patients
- to evaluate the pathologic condition of different biological systems and organs of the human body in mutual connections and common causal and pathologic continuity
- to assess particular character of the dominant impairment and its (place) topics
- to determine a plan – chain – required ancillary investigations to choose the tactics for systemic treatment and healing, e.g. elaborate long-lasting
- recovering program: urgent (rescue) causal treatment, primary and secondary preventia, prophylaxis, palliative treatment
- to determine a plan – chain required ancillary investigations
- along with a diagnostic process to apply the automatic regulated energy - emission compensation through the reverse block by means of recombinant spectral samples chosen from a database containing 3.7 million recombinant spectral samples with full amount of phase-planes; the efficacy of the spectral therapy to follow and materialize by means of blood pressure, glycaemia, EEG, temperature measures and the others easy, available, simple, obligatory, ancillary investigation results, and finally by means of repeated registration of spectral emission portrait to demonstrate changes in pathologic issues positively influenced by KME spectral inverted-reverse compensation.

The entire series included 18,217 patients (pts) – the average age was 44.75 years when the maximum age of patients 84 years and the minimum was 1 year. In this study 7,773 men with an average age of 45.25 years while the maximum age of patients was 84 years and the minimum was

1 year. 10,444 women had an average age of 45.47 years with the maximum age of patients being 84 years and the minimum being 1 year. The total amount of patients was randomly divided into:

a) **test group (TG)** by KME + classic - neurologic investigated:

14,508 pts - average age of 44.44 with a maximum age of patients 84 years and the minimum - 1 year.

Men – **6053 pts** - the average age of 44.44 with a maximum age of patients 84 years and the minimum - 1 year.

Women – **8455 pts** - the average age of 44.43 with a maximum age of patients 84 years and the minimum - 1 year.

b) **control group (CG)** consisted of:

3709 pts, average age 46, with a maximum age of patients in 1983, and the minimum - 3 years

Men **1720 pts** - the average age of 45.99 with a maximum age of patients in 1983, and the minimum - 3 years
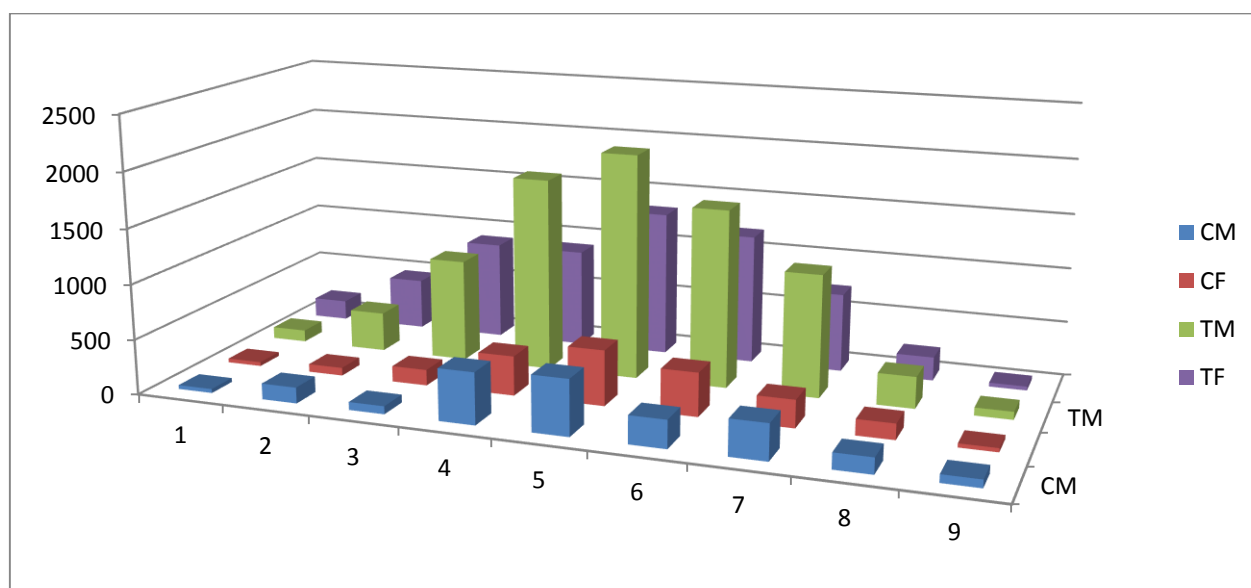
Women **1989 pts** - the average age of 46,401 with a maximum age of patients 83 years and the minimum - 3 years.

We investigated them by means of classic neurologic protocol.

The structure by sex and age in both observed and control series is designed in Diag. N°1

Diag. N°1

Structure of both series by Age and Sex

Legend: CM = *control group – male*; CF = *control group – female*
TM = *observed group – male*; TF = *observed group – female*

The following facts were detected:

Two-Sample Assuming t-test with equal variances	*Age in group CG*	*Age in group TG*
Median	46	44,44
Variance	413,534	372,056
Observation	3709	14508
Common variance	378,819	

HYP. The difference of mean values	0	
Difference	17845	
t stat	2,186	
P(T<=t) (1)	0,024	
t crit (1)	1,688	
P(T<=t) (2)	0,042	
t crit (2)	2,114	
t crit (1)	1,645	
P(T<=t) (2)	0,039	
t crit (2)	1,866	

1. *Age of the control group is infinitesimally higher than in observed group*
2. *Share of male (alternatively female also) can be considered the same in both groups*
3. *Both groups are " age- and sex-matched".*

Results of the statistic tests „(1)" and „(2)" corroborate that both groups are homogenies so they show a balanced and representative selection from the point of view of age and sex. Hence the *Diag. N° 1* indicates comparable structure of the both series according age and sex.

The following number of pts was implemented in particular diagnostic classes (DC):

Diagnostic class (DC)	Observed disease	Total number of patients in DC	Number of patients in TG	Number of patients in CG
1	contagious and parasite diseases	1152	1044	108
2	neoplasms	181	144	37
3	haemopoetic and blood tissue diseases	143	108	35
4	vegeto-endocrine system diseases	720	576	144
5	psychic disorders	1188	900	288
6	nerve system diseases	5935	4896	1039
7	eye diseases	96	72	24
8	ear diseases	252	144	108
9	blood circulation diseases	2520	2304	216
10	respiratory system diseases	414	396	18
11	gastrointestinal tract diseases	1100	1008	92
12	skin and subcutaneous tissue diseases	160	144	16
13	sceletal muscle and bone diseases	3267	1836	1431
14	urinary system diseases	249	216	33
15	t inherent errors and deformations	120	108	12
16	group with signs and symptoms	612	540	72
17	injuries, intoxications and some other consequences of external causes	108	72	36

Numbers of pts in diagnostic classes (groups) according to ICD – 10 are displayed in Diag.N°2.

Diag. N°2.

Diagnostic classes according to ICD – 10
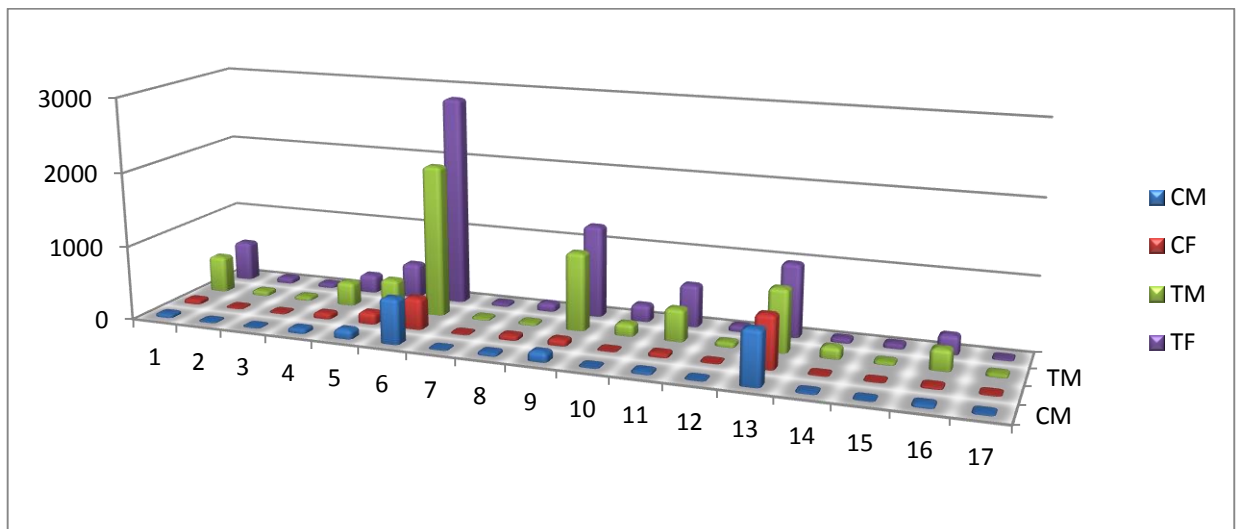
Legend: CM=control group of male; CF=control group of female;
TM=observed group of male; TF=observed group of female.

It is possible to say, referring to a compound of diagnostic classes, the professional specialization of consultant out-off patient department determined composition of patients according to the diagnostic conclusion and it was influenced, only marginally, by other circumstances. After the spectral emissivity compensation pathology patients in 87.6% of the cases argued on the improvement of subjective indicators of adverse pathological symptoms and sensations of pathological conditions, and at the same objective a significant impact on the status of the disease is not expressed and manifested only in 32.4% of them.

KME helped to discover a significantly higher number of valid diagnostic conclusions. The first contact with a patient significantly widens our horizon of knowledge about a pathologic condition, namely in the state of inflammatory, neoplastic and degenerative markers, but also recognition precursors of dreaming, into the future possible manifesting, affection.

Diagnostic productivity-utility of KME at first contact with the patient in comparison with a classic propedeutic examination approach is showed in the linear graph N°1.

The graphic illustration shows the wider diagnostic range in KME that was approached through a classic course of examination. The same professional skills to think, to find solutions and to make decisions are applied in both series. The bases of the lineal-graph illustrate a range of 2 - 4 diagnoses at the classic procedure, but 6 -7 diagnostic conclusions at the application of the KME-system.
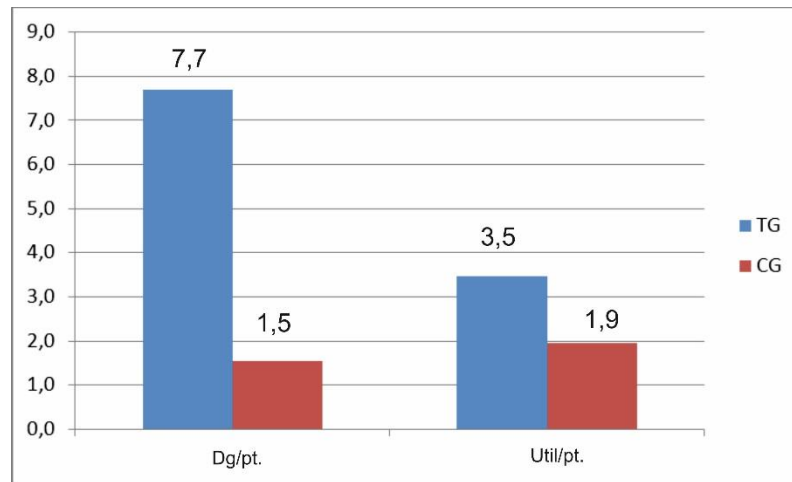
Linear-graph N°.1
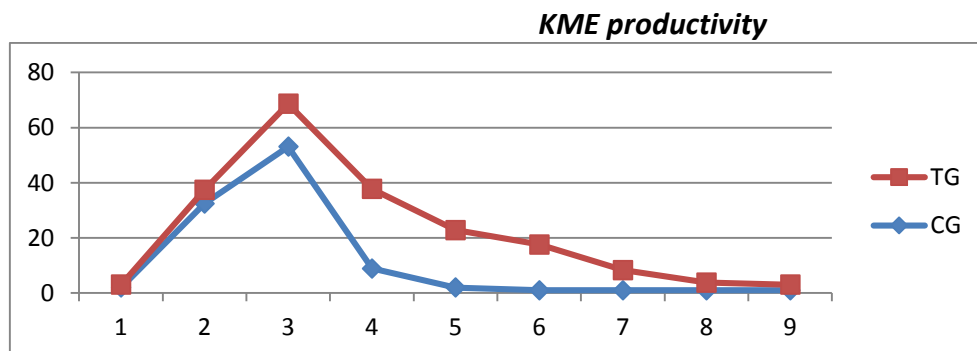
KME productivity

Legend: CG = control group; TG = observed group

Diagnostic usefulness and productivity of KME and classic neurologic examination are depicted and compared in Diag. N° 3.

Diag. N° 3

Legend: Dg/pt. = mean number of diagnostic conclusions;
util/pt. = index of diagnostic utility
TG = observed group; CG = control group

	Age in group CG	*Age in group TG*
Median	1,833333333	3,662266899
Variance	1,044755344	1,819468678
Observation	3709	14508
Common variance	0	
HYP. The difference of mean values	4216	
Difference	**-8,530436893**	
P (T<=t) (1)	**1,18353E-15**	
t crit. (1)	1,651938652	
P (T<=t) (2)	2,56706E-15	
t crit. (2)	1,971007422	

p-value of statistic test 1.18E-15 expressively testifies in favor of alternative hypothesis:
Very significantly lower number of diagnoses was verified into the group CG in comparison with group TG.

The following conclusion originates from the Diag. N°3 :
In the observed group of pts gain of the new diagnoses represents more than 350% while at the classic propaedeutic neurologic procedure addition of the new diagnostic conclusion does only 190% at the same skill of thinking, experience and level of education.
Evidently, the semiology and syndrome logic diagnostic skills of an experienced neurologist, who has investigated according to the classic neurologic protocol, are excessively higher, but at the same time there are etiologic, or at least pathogenesis diagnostics, and eventually, a clarification of a sufficiently wide pathogenesis chain of illness (its decisive part necessary for sufficient range for effective treatment and a sufficient level of knowledge about the pathologic state), which has substantial influence for the further management, medicate and agreeable treatment results.

It is an innovation for the medicine of the 21st century. In a classic medical investigation, the first doctor usually goes for a relatively long time without the objective substrate of the sick condition, hence he/she does not have the certitude in his\her diagnostics, and he/she only hypothesizes about it and his/her professional experience supports his\her certitude, but does not abolish explicit uncertainty. With the usage of KME they have, "in real time" certitude, support and can verify validity and objectivity of indexes, markers, precursors with lesser presumed values. Indexes correlating with subjective symptoms (subjective/objective history) and objective medical examination findings they believe valid and substrate of the disease state since onset of the first contact with patient.

Therapeutic influence over indexes of acute, chronically ill conditions together are markers of inflammatory, degenerative or neoplastic processes (by means of reversal recombinant spectral emission markers) that work positively upon the function of respective organs or systems (as they are stomach, heart, insular cells of pancreas, kidney, adrenal glands, cardiovascular, gastrointestinal, vegetoendocrine, immune systems etc.) significantly frequent with a lasting influence, according to follow-up transiently for 1 - 7 weeks. There will be a significant difference in the duration of the course of treatment with KME due to individual differences in the patients.

The positive therapeutic effect of recombinant spectral emission samples we consider to be the confirmation of diagnostic conclusion and correct (adequate) therapeutic-pathogenesis influence to a discovered, effective, pathologic chain (it is a therapeutic test of confirming correctness of pathogenesis diagnostics – this test confirming correctness of diagnostic conclusion). Effectively of the energetic emission treatment we measure „on line" by blood pressure, glycaemia, heart rate, temperature, EEG, EMG, CT, MRI and repeated spectral portrait registration and its pathologic KME-indexes „0" , „53..." changed to the normal indexes or transmitted from red-acute field to green (to become healthy) , white (to be only dreaming vestige – to get over an illness) or yellow fields (to be in chronic ill conditions), which means long lasting pathologic state with a different functional restriction (failure).

We observed 92 pts with acute viral influenza by means of repeated registration of spectral portraits before, during and after PK-Merz (amantadine sulphate) the red viral influenza positive indexes transmission during treatment with a constant daily dose 2x1tab.

(tab-75mg). The positive influenza virus indexes transmitted from the red field – acute florid contagious diseases - into either white – adjacent fields - overcoming fresh fever disease with resting markers of illness, or green field denoting complete healing without rests. Redistricted changes relating positions of positive influenza virus indexes correlated with clinical picture, in addition the antiviral influence (attenuation of influenza viruses) of recombinant reversal spectral samples accelerated the healing process of the contagious conditions and increased the number of transmitted positive viral influenza KME-indexes „0", or „53..."into the adjacent white marker zones, or green zone which means the complete restoration – healing processes. In comparison with the group treated only by PK-Merz, the group treated by the combined cure – PK-Merz+KME reversed spectral recombinant markers the velocity and completeness of the healing process was better in the combined group of treatment. The „open clinical trial" – a pilot study showed a possible trend of KME application in clinical research.

KME helps most frequently to discover the following pathogenesis factors lying on the background of the central nervous system (CNS) diseases and/or the peripheral nervous system (PNS) illness:
- In 38% hypertonic regulation of blood circulation - renal, adrenal, sympathetic, idiopathic, hypothalamic, hypertension.
- In 32% of disorders of carbohydrate and / or lipid metabolism, with secondary encephalopathy, polyneuropathy, myelopathy.

- 46% of chronic lesions of the upper respiratory tract (GRP) with a pronounced disorder of the immune system or without it.
- in 64% of patients were found carriers of the activated viruses (namely, the herpes virus - herpes simplex 1 (HSV1), herpes simplex genitals (HSV2), Epstein-Barr virus (EBV), rotavirus, Coxsackie virus, infectious mononucleosis virus (IMV) , cytomegalovirus (CMV), influenza viruses.
- Chronic disorders of the gastrointestinal tract in 72% (gastro, dyskinesia of the biliary tract - gallbladder, bile duct, cystic duct), inflammatory lesions of the gallbladder without concretions (stones), with hypotonic-atopic gallbladder, calculus cholecystitis, which occurs in Women's 3 times more often than men, followed by neuropathic visceral nerves and plexuses, including the AV-bundle correlated with cardiac arrhythmias.
- Acute lesions of gastro-duodenal complex - gastritis, duodenitis, acute gastric ulcer and / or dvenadtsatiperstknoy intestine, gastro-duodeno-esophageal reflux disease ezofagialnoe simulating vertebral pain between the shoulder blades, hence the area projection based on the projections of visceral zones Ged.
- Hidden forms of pyelonephritis and pielita tsistopielita in 48% of patients with latent forms of glomerulonephritis in renal hypertension, which correlated with measurable indicators of albuminuria and hypertensive blood pressure, namely, diastolic, along with vasomotor headache, lacunar infarcts, CNS, state vertigo - dizziness and Parkinson's disease of the lower half.
- Dizuricheskie states with established prostatitis underlying, cystitis bladder or myelopathy segment S3 - a functional inability to control urination (24%).
- focal infection of teeth, nasal mucosa, pharynx, tonsils, chronic infectious lesions in 96.2% of patients.
- Yeast and fungal urinary organs, muscles, skin, joints, spine in 52% of patients who received frequent treatment with antibiotics, the corticoids with antibiotics.
- Polyneuropathies with the underlying muscle myelopathy, uremia, hepatopathy in 33%, encephalopathy in 28%, meningopathy in 25% and were significantly more frequent in migrenepodobnyh, pathological changes of cerebrospinal fluid in 15% of patients, confirmed by lumbar puncture (prospective or retrospective study of cerebrospinal fluid).
- Slow encephalopathy virus encephalitis, mimics multiple sclerosis (MS), acute disseminated encephalitis in 14% of patients in the observed group.

Given the results of diagnosis, we can very well use treatments with the application of Western and Eastern medicine, so we can determine an optimal plan for additional research on the basis of the results obtained through KME.

These are typical signs of acute illness (figures "0" and "53 ..." in the red box) or long-term chronic changes (the same figures in the yellow box) that can alter or prevent the complex of the classical measures for primary prevention of disease or prevention of compensatory correction proposed KME.

The data in the green box means the state of convalescence, and chronic changes emanating from the past (yellow box), more or less recovered or permanent functional defects, which we confirmed by additional laboratory tests or can be compared with their previous results from the medical records. Subjectively perceived symptoms described in the individual subjective or objective history of the disease also correlate with the findings of KME. In this sense, KME clears "polipragmaziyu" additional surveys, saves time, financial and human resources. KME also offers support for alternative methods of diagnosis and treatment - homeopathy, acupuncture - they are physically detectable spectral-energy basis, reproduced portrait, quantified by statistical methods. KME may determine, objectify and trace the effects of treatment.

CONCLUSION

We are convinced that the method of KME in diagnostic process at the first contact with the patient provides an excellent guide in the diagnosis and effective treatment strategy in planning the patient as a physician assistant. Data obtained using this method, the results of practical work in the so-called "open clinical trial" in a series of 14,508 patients and a control group with an appropriate age and sex (n = 3709 patients) have confirmed these findings. The computerized system, based on the medical application of which is controlled by an automated spectral compensatory correction method of spectral recombinant markers (each of which contains 3.7 million revolving phase plane), offers a new, modern, fast, effective, cost-effective system invaluable in terms of speed , range of application, flexibility, completeness and accuracy.

The system of KME also offers, in addition to the existing practical diagnostic and treatment approach, the opportunity for research work in various fields of medicine using the methods that are not invasive interventions in human organs and systems during the first medical contact with the patient. These methods have so far not been used in clinical medical practice, and they can detect acute, chronic and protracted (latent) processes and markers of past (treatment) of pathological processes. KME system supports a broader understanding of the disease in a particular case, and speeds up the definition of detention in the narrow therapeutic window for the application of the most effective therapeutic intervention. Treatment results obtained using the automated approach of the spectral correction of the patient are also impressive.

We continue to evaluate the effectiveness of the spectral correction methods of re-registration of spectral portrait of the patient, demonstrating the increased use of effective alternatives to-pharmacological methods of treatment. Control of inflammatory markers, tumor markers, markers of degeneration is one of the non-invasive approaches to diagnose different diseases, with authority to make long-term observation of changes of the markers in "real time", which is an advantage compared to the lengthy, uneconomical and hardware biochemical studies, which have been implemented for a long time.