

Application of Hardware-software complex “Biolaz-Oberon” test method at a
multi-specialized Medical Center

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1. Evaluation of the method’s efficiency

In the period of 1.04.04 to 6.05.05 we have tested 598 persons. To evaluate the efficiency of the method with using the hardware-software complex “Biolaz-Oberon”[1,2,3], we have chosen a group of persons to be tested, 58 women and 42 men (100 persons in all), who had diseases confirmed by laboratory, biochemical, functional and ultrasound investigation or coinciding with earlier made diagnoses. The age of the patients was 12 to 76 years old.

The table below shows the results of modern clinic and laboratory diagnostics in comparison with the test results obtained with the offered method.

Comparative analysis of the test efficiency

№	Diagnose	Amount of pathologic processes (detected when testing with the HSC «Biolaz-Oberon»)	Confirmed (confirmed by the other clinic and laboratory diagnostics methods)	Efficiency (coincidence rate of the detected pathology)
1	Essential hypertension	15	13	86,6%
2	Paroxysmal tachycardia	6	4	66,7%
3	Chronic gastritis	82	78	95,1%
4	Chronic tonsillitis	5	3	60%
5	Chronic cholecystitis	71	63	88,7%
6	Biliary dyskinesia	89	84	94,3%
7	Dysbacteriosis	92	88	95,6%
8	Cholelithiasis	21	13	61,9%
9	Pancreatic diabetes	58	32	55,1%
10	Hypofunction of thyroid gland	87	56	64,3%
11	Hysteromyoma	14	11	78,5%
12	Latent infections	12	9	75%
13	Cervical erosion	16	15	93,7%
14	Mastopathy	17	14	82,3%
15	Prostata adenoma	6	5	83,3
16	Prostatitis	9	7	77,7%
17	Varicose disease	12	8	66,6%
18	Atherosclerosis	7	5	71,4%
19	Brain tumor	2	2	100%
20	Aortic aneurysm	4	2	50%

21	Infantile cerebral paralysis	4	1	25%
22	Hemorrhoid	8	7	87,5%
	In all:	637	520	81,63%

The data given above show that the diseases of gastrointestinal tract and of the hepatobiliary system can be detected with the offered method more often than other diseases. So the detectability of biliary dyskinesia made up 94,3%, in case of chronic cholecystitis it was 88,7%, in case of intestinal it was 95,6%, in case of chronic gastritis -95,1% [4, 5, 6, 7,8]. It is also remarkable that a high rate of confirmed diagnoses have the following diseases: cervical erosion (93.7%), mastopathy (82,3%), prostata adenoma (83,3%), essential hypertension (86,6%). A hundred percent detection of brain tumor can't be reliable because of a little amount of observations. The efficiency of the method made up 81,63% in all.

At the same time the diagnostics was not successful enough in case of cholelithiasis, infantile cerebral paralysis, varix dilatation, pancreatic diabetes; this will entail the necessity of additional clinical investigations.

The obvious positive aspect of this method is the visualization of an organ and of the detected pathology on the screen of the monitor of the diagnostic system.

The following pictures show examples of the most detectable pathology processes:

FIG 1

FIG2

Example 1. In this picture we can see cartograms of the posterior wall of stomach and of mucous membrane of stomach of the patient whose clinical diagnose was «Chronic gastritis». The diagnose which was made after the test, concurred with the clinical diagnose which was made on the grounds of esophagogastrodoadenoscopy. On the cartogram we can see collection of "pathologic" markers on the surface of the mucous membrane of stomach; the biggest collection is placed in the antral area.

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FIG3

Example 2. The patient, whose clinical diagnose was intestinal dysbacteriosis, has "pathologic" markers in the area of mucous membrane of the large intestine. The diagnose made after computer test was intestinal dysbacteriosis.

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FIG4

Example 3. The patients having chronic cholecystitis as clinical diagnose confirmed by computer test, have the biggest collection of "pathologic" markers in the area of gallbladder

mucous membrane as shown in the picture.

FIG5

FIG6

Example 4. The collection of “pathologic” markers in the lower part of the urinary bladder in the area of prostata and on its histological cut often can be considered as symptom of prostataadenoma confirmable by laboratory methods and by other instrumental methods.

FIG7

Example5. In case of the clinical diagnose “essential hypertension” after the computer test the collection of “pathologic” markers is visible most of all in the area of artery wall intima.

FIG8

Example 6. Cervical erosion, detected after computer test and confirmed by clinical methods; on the cartogram it is visible as collection of “pathologic” markers in corresponding area.

FIG9

Example 7. This is the way, the mastopathy is shown on the cartogram in the area of the right mammary gland of the patient; her “mastopathy” diagnose was confirmed by clinical methods and by mammography.

2. Problems, not settled yet, and difficulties of this organism testing method

It is also necessary to note, that in result of the test with the mentioned devices in some cases there were essential divergences to the diagnoses made with conventional methods.

1. A man, 24 years old; the alveocooous multiocularis was detected, in result of an additional examination the diagnose was not confirmed; the hernia of esophagus was detected.
2. A man, 64 years old; during the test the spectral similar process “lung fibroma” was detected, after the additional examination (roentgenologic and other investigations) bowels carcinoma was detected. An enhanced risk of polycystic kidney dysplasia process with conformity coefficients

0,671 to 0 has been found three times; this diagnose was not confirmed by US diagnostics later on.

3. A man, 47 years old; as test results the following processes have been detected: gastroduodenitis (0,234), dyskinesia of duodenum (0,211), peptic ulcer ($\kappa=0,452$). The patient was recommended to be admitted to a hospital. At the hospital the final diagnose was made: perforated ulcer.
4. A man, 65 years old; his complaints made the doctor to suppose an oncologic disease; in result of the test the chronic hypertrophic gastritis was detected ($\kappa=0,324$). A spectral process, positively indicating an oncologic disease, couldn't be detected. After having made a number of investigations at a hospital the diagnose carcinoma of stomach, stage IV, was made.

The example given above shows, that the method of preliminary not medical testing of organism can't substantiate the presence or absence of an oncologic process because of a certain complicity of this problem which is not studied enough. Thus the detection of a pathologic spectrum similar to this or that onco-pathology can be used as reason to recommend the patient to be examined additionally especially if in the doctor's opinion there are other reasons to be examined such as no examination for a long time, the presence of accompanying diseases, anamnesis, complains.

5. 4 cases of mitral valve heart disease couldn't be detected.

3. Conclusion

In all, we are glad with the results of the work we have done during a year. Remarkable is the fact that even the patients whose attitude of mind was negative from the beginning, after being diagnosed and treated have changed their minds abruptly. As an undoubtedly positive aspect can be considered the fact, that the client can see the results of the treatment by visual demonstration (in our case are mend Dietary supplements of the Company Art Life) during the diagnostics monitoring. We also had deal with patients who had been examined with other similar devices and they all considered our method to be better than the other ones (the diagnostics is more dilated, there is a visual effect). The using of this method enables the doctor not only to make a bioresonant test to detect the main processes, but to demonstration the obtained data visually, too, both as cartograms and as spectral frequencies diagrams. Besides this the software "Dianel" has a big information data base both of diseases and of preparations belonging to lots of groups. Especially widely represented are the complex health improving preparations – Dietary Supplements of the leading firms in the RF and of other countries in the world.

Because of the features of this method (informational and wavy way to obtain and to proceed data etc.) it can be widely used to make primary, preliminary diagnostics, to observe the patient's state of health in dynamics, when being treated to improve his health, and to select the most effective health improving preparations – the Dietary Supplements.

But our experience of working with the HSC “Biolaz-Oberon” described in part 2 of this article has shown, that when interpreting the obtained results the features of the described method and recommendations of the manufacturer must be taken into consideration. When working with these methods, the medical specialist must be careful when making a final diagnose; if there are doubts, the patient must be recommended to be examined additionally with using the conventional clinic and laboratory methods.

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Literature:

1. Сертификат соответствия № РОСС RU ME91.A0060, по ГОСТ Р 51318.22-99, ГОСТ Р 50 377-92.
2. Санитарно-эпидемиологическое заключение на Биолаз-Оберон №50.РА.01.401.П.000906.09.02
Санитарно-Эпидем. заключение выдано: 18 сентября 2002 года
Продукция СООТВЕТСТВУЕТ: СанПиН 2.2.2.542.-96
3. Свидетельство об официальной регистрации программы для ЭВМ «ДИАНЕЛ» - «Нелинейный анализ состояния здоровья и тестирования препаратов», № 2002611509
Зарегистрирована в реестре программ для ЭВМ 29.08.2002 года
4. В.И.Молотков. Дисбактериоз.// «Посольство медицины», medicus.ru.
5. Григорьев П.Я., Яковенко Э.П., Лядов К.В. Кислотозависимые и ассоциированные с *Н.руlogi* заболевания органов пищеварения. Конспект врача. Вып. №38 (958). // Медицинская газета. - 2003. - № 44-45.
6. Звягинцева Т.Д., Сергиенко Е.И. **ДИСБАКТЕРИОЗ КИШЕЧНИКА: КЛИНИЧЕСКОЕ ЗНАЧЕНИЕ И ПЕРСПЕКТИВЫ ЛЕЧЕНИЯ.**// Экспериментальная и клиническая гастроэнтерология, N 3, 2003.
7. Потехина Ю.П. **МОРФОЛОГИЧЕСКОЕ ИССЛЕДОВАНИЕ ЖЕЛЧИ В ДИАГНОСТИКЕ ЗАБОЛЕВАНИЙ ЖЕЛЧЕВЫВОДЯЩИХ ПУТЕЙ.**// Экспериментальная и клиническая гастроэнтерология, N 3, 2003.
8. Звягинцева Т.Д., Гриднева С.В. **ЭНДОТЕЛИАЛЬНАЯ ДИСФУНКЦИЯ У БОЛЬНЫХ ХРОНИЧЕСКИМ КОЛИТОМ.**//Экспериментальная и клиническая гастроэнтерология, N 3, 2003.

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