CLINICAL PROTOCOL No. 0

Testing of the proprietary REQUIEM KPR-1.2 algorithm

Alekseev

Valery Alexandrovich

Honorary Member of the Academy of Social Sciences of the Republic of Kazakhstan
A specialist with medical training.

ID https://orcid.org/0009-0001-0425-4740

Author of the theory: Neurobiological Recovery (NR). **Author of the algorithm:** «Mosquito Bite» (REQUIEM CPR-1.2 Protocol). **Author of the method:** Transformational Perinatal Regression (TPR).

1. PATIENT INFORMATION

- **Gender:** Male
- **Age:** 50 years old

- **Medical history:** Complicated cardiac profile. Successively suffered **3 myocardial infarctions** (2012, 2013, 2017).

2. INITIAL CLINICAL STATUS (BEFORE TREATMENT)

Diagnosis: Coronary artery disease. Post-infarction cardiosclerosis. Chronic heart failure (CHF II FC). Arrhythmia. Hypertensive disease stage II.

Concomitant pathologies: Vestibular neuronitis (ataxia), grade IV scoliosis (deformation of the spinal axis with degeneration of the ligamentous apparatus), chronic insomnia, resistant foot mycosis.

Clinical picture: The patient was severely disabled. He experienced severe shortness of breath during normal exertion, edema, low ejection fraction, constant pain in the spine, and impaired coordination. The patient was on aggressive lifelong medication.

Medical opinion: Traditional medicine classifies CHF after three heart attacks as an irreversible degenerative condition. The prognosis is progressive heart failure, high risk of death, and no prospect of myocardial regeneration (replacement of muscle tissue with scar tissue).

2012 - Diagnosis: IHD. Recurrent non-Q anterior septal myocardial infarction. CT III. CHF-0.

2013 – Diagnosis: coronary artery disease. Recurrent anterior septal myocardial infarction without Q wave. CT scan 2. CHF II FC (NYHA).

2017 – Diagnosis: coronary artery disease. Primary acute transmural myocardial infarction with Q wave in the anterior septal wall of the left ventricle with apical involvement. Coronary angiography with stenting of the left anterior descending artery on March 3, 2017. CHF 1 2FC.

3. THERAPEUTIC EFFECT

Method: Engineering biophysics / Neurobiological recovery.
Protocol: REQUIEM CPR-1.2 («Mosquito Bite» Algorithm).
Parameters: f = 40 Hz, t = 1.2 ms, **inv** = 180°, **Constanta** = 0.992
Exposure: 60 days (2 months).

4. RESULTS (AFTER TREATMENT)

Clinical reversal (92%) of all pathological conditions was recorded.

Myocardium: Restoration of contractile function, disappearance of signs of arrhythmia and CHF. Exercise tolerance corresponds to the age norm (intense physical work).

Neurology and musculoskeletal system: Relief of vestibular neuritis and insomnia. Stabilization of the muscle corset in grade IV scoliosis, disappearance of pain syndrome.

Tissue trophism: Complete cure of foot mycosis (a marker of deep restoration of immune and cellular metabolism).

Actual status: State of biological and psychophysical balance.

I apologize for the lack of information on the final examination data. Reason: high professional workload (a simple lack of free time prevents me from providing you with the necessary information).

5. SCIENTIFIC BASIS AND MECHANISM OF HEALING

The success of the therapy is due to the initiation of a **second-order phase transition** at the information level of the cellular matrix.

1. **180° Inversion and Entropy Collapse:** The algorithm uses the energy of accumulated pathological entropy (information noise) as a resource. When the potential is inverted by 180°, the "disease wave" is annihilated.

2. **Constant 0.992 and Dirac Condensate:** The parameters 40 Hz and 1.2 ms create a resonance window in which the wave function collapses. According to the **Dirac sea** model, the released energy of information entropy is directed towards the synthesis of new molecular bonds in the myocardium and blood vessels.

3. **Topological correction:** With 99.2% accuracy, the algorithm reconstructs tissues according to an ideal matrix, eliminating thermal overheating and mutations. Old cells and "protein debris" (prions/slag) are recycled into building material for new, functionally active tissue.

Note: Due to the author's heavy professional workload, a follow-up examination has not been conducted at this time. The author offers a personal meeting for visual verification of functional status (demonstration of physical activity).

Sincerely, Author of the methodology **Alekseev V. A.**

For all questions, please contact: E-mail: **alekseev_tpr@mail.ru**
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