



# CLINICAL PROTOCOL No. 1

Testing of the proprietary REQUIEM KPR-1.2 algorithm

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**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:** Boy, 8 years old
- **Current status:** Follow-up period (catamnesis) – 12 years of stable remission.

## 2. INITIAL CLINICAL STATUS (BEFORE TREATMENT)

**Diagnosis:** Autism spectrum disorder (ASD - F84.0), complicated by hyperkinetic disorder and mental retardation. Diagnosis: since the age of 2.

**Clinical picture:** Complete social maladjustment, lack of productive verbal communication, stereotypical behavior, hyperresistance to external stimuli. Profound impairment of emotional intelligence. Traditional drug therapy provided only a temporary sedative effect without any qualitative improvement in cognitive functions.

**Concomitant pathologies:**

ICD-10 codes:

F90.1 – Hyperkinetic behavioral disorder.

F80.2 – Receptive speech disorder (including echolalia).

F81.9 – Impaired development of learning skills (within the framework of ZPR).

### **Psychological status and neurological profile (initial):**

1. **Cognitive sphere:** Marked fragmentation of consciousness was observed. Critical deficit of active attention: ability to focus on an object or task was less than 60 seconds. The patient was in a deep stage of intellectual disorganization, diagnosed as mental retardation (ZPR).

2. **Behavioral status:** Pronounced hyperkinetic syndrome. The patient was in a state of constant, aimless motor activity (field behavior). Affective outbursts, vocalization (unmotivated screaming), and manifestations of autoaggression (self-harm in the form of biting) were noted.

3. **Communication and speech:** Complete absence of productive contact. Speech had no communicative function and was characterized by *pronounced echolalia* (automatic repetition of heard phrases without understanding their context). There was no response to verbal instructions or when addressed by name.

4. **Sensory-motor sphere:** Pathological selectivity in eating (food neophobia). Inability to be alone in a closed space, requiring the constant presence of an accompanying person.

5. **Social adaptation:** The patient was maladjusted, and education within the framework of standard programs was impossible, which was the reason for referral to a specialized class for children with ZPR.

### **Analytical note:**

This description records a state of *critical entropy of the neural interface*. From the point of view of the Theory of Neurobiological Recovery, the patient was in a state of “information noise,” where communication with the reference matrix BPM-1 was completely blocked by perinatal deformations (asphyxia during childbirth).

**Medical conclusion:** Prognosis – permanent mental disability. Modern psychiatry considers ASD to be a congenital structural feature that is not subject to complete clinical inversion.

### 3. THERAPEUTIC EFFECT

**Method:** Engineering Biophysics / Neurobiological Recovery.

**Technology:** «Mosquito Bite» algorithm (information collapse of wave function), CPR-1.2 protocol.

**Parameters:**  $f = 40 \text{ Hz}$ ,  $t = 1.2 \text{ ms}$ ,  $\text{inv} = 180^\circ$ ,  $\text{constant} = 0.992$ .

**Mechanism:** Directed recovery of neural connections through inversion of information noise.

**Course duration:** 1 month / 30 days.

### 4. RESULTS (AFTER TREATMENT)

**Status:** State of stable compensation with restoration of higher mental functions. Social and neurophysiological rehabilitation recorded (92%).

#### **Cognitive status dynamics:**

A radical decrease in the entropy of the neural interface was observed with the restoration of communication with the non-local resource of consciousness BPM-1.

#### **Neuropsychiatric indicators after therapy:**

1. **Cognitive sphere and attention:** A 30-fold improvement in attention function was observed. The ability to sustain attention on complex intellectual tasks increased from  $< 1 \text{ minute}$  to *more than 30 minutes*. The basis for independent learning and analytical activity was formed.

**Behavioral status:** Complete regression of hyperkinetic syndrome. Field behavior has been replaced by goal-oriented and orderly behavior. Affective outbursts, unmotivated vocalizations, and manifestations of autoaggression (biting) have been completely eliminated. The patient demonstrates calm, balanced behavior appropriate for his age. Restoration of daily self-care skills.

2. **Speech function and communication:** Speech has acquired a full communicative and logical function. *Echolalia, vocalization, and autoaggression have*

*completely disappeared*. The patient is capable of conducting a coherent, intelligible dialogue and answers questions logically and substantively.

**3. Academic and motor skills:** Significant improvement in fine motor skills and visual-motor coordination has been observed - after one month of therapy, the patient's handwriting has improved from being shapeless to approaching *calligraphic standard*. The patient successfully coped with mathematical problems and examples, demonstrating correct logical operations. The skill of independently completing homework assignments has been formed.

The patient follows adult commands according to the task at hand and, in case of uncertainty, always clarifies details, which indicates the restoration of structured thinking and analytical abilities.

4. Pathological selectivity in food has been eliminated (normalization of eating behavior). The patient has gained the ability to be psychologically autonomous (able to remain calm and alone in a room for long periods of time).

#### **Analytical conclusion (12-year follow-up):**

The *compensated form of autism* achieved within a month proved to be stable. Twelve years after therapy, the patient is 92% socialized, has completed secondary vocational education (college), and is integrated into working life. Over 12 years of observation, there has been no recurrence or regression in development.

### **5. SCIENTIFIC BASIS AND MECHANISM OF HEALING**

The uniqueness of the cure lies in the algorithm's work at the level of **brain information hygiene**:

**1. Cleansing of the glymphatic system:** Excessive accumulation of “information garbage” (prion proteins/amyloid plaques) creates entropic barriers in the synapses, which is the physical root of autism.

**2. Collapse energy:** V. A. Alekseev's algorithm initiates the collapse of the wave function of this garbage. The energy released during entropy annihilation is not dissipated as heat (thanks to a deceleration of 0.008), but is directed toward the regeneration of synaptic connections.

**3. Ideal matrix:** New neural pathways are built on the basis of an ideal topological matrix (Alekseev's constant 0.992), which eliminates errors in impulse transmission. The brain literally “reassembles” itself from its own chaos, becoming healthy and functionally active.

**Conclusion:** This dynamic confirms the theory of neurobiological recovery through the restoration of communication with the preverbal basis (BPM-1). The neural control apparatus was “repaired,” allowing the system to reach a level of full intellectual and social development [3].

**Note:** This clinical case confirms the safety of the method: the absence of mutations and side effects is due to working at the information level without external energy pumping.

*Unfortunately, for technical reasons, the documentation for this patient has not been preserved, but a persistent stable remission of 12 years and witness testimony can confirm the accuracy of my words.*

**Sincerely,** author of the method **Alekseev V. A.**

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