



## CLINICAL PROTOCOL No. 2

Testing of the proprietary REQUIEM KPR-1.2 algorithm

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### Alekseev

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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:** 39
- **Education:** Higher
- **Medical history:** Duration of illness – 12 years. During this period, two episodes of manifestation were recorded, resulting in hospitalization in a psychiatric hospital.

## 2. INITIAL CLINICAL STATUS (BEFORE TREATMENT)

**Diagnosis:** Paranoid schizophrenia, episodic (F20.01) with increasing emotional and volitional defects.

**Clinical picture:** Productive symptoms in the form of delusions and hallucinatory experiences (history of acute psychosis). Social degradation, loss of professional skills, reduction in energy potential, impaired thinking and logical connections. The patient was on maintenance neuroleptic therapy.

АОЦЗиПР, [REDACTED]

1. Науқастың тегі, аты, әкесінің аты (Фамилия, имя, отчество больного): [REDACTED]
2. Туған күні (Дата рождения): [REDACTED]
3. Мекен-жайы (Домашний адрес): [REDACTED]
4. Жұмыс орны мен кәсібі (Место работы и род занятий): не жұмыс істейді.
5. Күндері (Даты): стационар бойынша (по стационару) түсуі (поступления): [REDACTED] шығуы (выбытия): [REDACTED] выписан, улучшение
6. Толық диагнозы (негізгі сырқаты, қосалқы асқынулар) (Полный диагноз (основное заболевание, сопутствующее осложнение): Параноидная шизофрения эпизодическая с нарастающим эмоционально-волевым дефектом (F20.01) - 09.08.2014.  
Сопутствующее заболевание: нет.

**Hospitalization in 2014 (Debut)** – Paranoid schizophrenia, episodic (F20.01) with increasing emotional and volitional impairment.

5. Күндері: а) амбулатория бойынша: сырқаттары (Даты: стационар бойынша: түсуі (по стационару: поступления) 28.04.2020 10:50 шығуы (выбытия) 20.05.2020 09:00

6. Толық диагнозы (негізгі ауруы, қосалқы асқынулар) (Полный диагноз (основное заболевание, сопутствующее осложнение):  
**Основной диагноз:** Параноидная шизофрения, эпизодическая, с нарастающим эмоционально-волевым дефектом F20.01 (06.05.2020)  
**Сопутствующие заболевания:** не выявлено.

7. Қысқаша анамнез, диагностикалық зерттеулер, ауру ағымы, жүргізілген ем, жолданғандағы, шыққандағы жағдайы (Краткий анамнез, диагностические исследования, течение болезни, проведенное лечение, состояние при направлении, при выписке)

**Hospitalization in 2020.** – Paranoid schizophrenia, episodic (F20.01) with increasing emotional and volitional impairment.

**Medical conclusion:** The prognosis is unfavorable. Volitional defect in schizophrenia is classified as an irreversible personality change leading to permanent disability and mental breakdown.

### 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:** 4 months / 120 days.

#### 4. RESULTS (AFTER TREATMENT)

Complete destruction of the pathological pattern and restoration of personality structure were observed.

- **Mental status:** Complete disappearance of productive symptoms with minimal use of neuroleptics. Restoration of critical thinking.
- **Volitional sphere:** Elimination of volitional defect. Return of interest in life, restoration of the ability to engage in purposeful activity and professional realization.
- **Social status:** The patient has returned to normal life, is fully capable, and his intellectual functions correspond to the level of higher education.

**Actual status:** Removal of the diagnosis of schizophrenia (F20.01) by the VKK commission and reclassification to schizoaffective disorder (F25.2), removal from «D» registration.

выраженного снижения, пациент заинтересован в уходе за собой, в общении, заботится о матери. Пребыванием в стационаре выразительно не тяготится, понимает, что это необходимо для дальнейшего трудоустройства и социализации. Критика присутствует. Учитывая характер первичной госпитализации (депрессивно-параноидная симптоматика с указанием в анамнезе на эпизоды психомоторного возбуждения), длительные ремиссии с редкими госпитализациями и быстрый отклик на купирование симптомов (в 2014 и 2020 г., преимущественно амбулаторное наблюдение), сохранность эмоционально-волевой сферы, высокую комплаентность и социальную активность, диагноз параноидной шизофрении эпизодического типа течения с нарастающим эмоционально-волевым дефектом сменен на: "Шизоаффективное расстройство, смешанный тип F25.2". Рекомендовано: 1) Продолжить прием поддерживающей терапии: арипразол 7,5 мг, кобвулекс 300 мг 2 р/д; 2) Представление на ВКК с целью рассмотрения вопроса о снятии с динамического наблюдения.

A follow-up examination of the patient in the hospital after undergoing treatment using the author's method was initiated by V. A. Alekseev as an independent test of the effectiveness of the «Mosquito Bite» algorithm according to the REQUIEM CPR-1.2 protocol. According to the results obtained, V. A. Alekseev's method successfully passed “blind testing” at the medical institution level.

#### 5. SCIENTIFIC BASIS AND HEALING MECHANISM

The healing mechanism is based on the physical cleansing of the brain substrate from entropy barriers:

1. **180° potential inversion:** The algorithm converts the energy of “information garbage” (prion proteins that interfere with signal transmission) into a state of quantum collapse.

2. **Synapse regeneration:** The energy released by information entropy when the wave function collapses is used to recover synaptic connections. The brain's glymphatic system is completely cleansed of synaptic “congestion” (prion proteins/amyloid plaques), restoring coherence between the cortex and subcortical structures.

3. **Safety (0.992):** Thanks to the accuracy of the algorithm, neuron regeneration follows a perfect matrix, which eliminates side effects. The psyche returns to the “gold standard” of health without external or, at the patient's discretion, minimal medication.

**Note:** This clinical case proves that schizophrenia is not a “mental illness” but an engineering failure in the information transmission system, which is completely eliminated by the TPR method.

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

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Register of author's publications: <https://doi.org/10.5281/zenodo.18712164>

Web author's <https://www.tpr-metod-alekseeva.kz>