BIOREZ Research Lab Test Results for Huf Sirius / Session ID 221023-121275

Date of Birth	Sex	Blood	Email	Telephone	Practitioner
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This report contains SUMMARY and DETAILED RESULTS of your recent BIOSCAN Lab Test conducted with the BIOREZ META Health Analyzer NLS. The Practitioner has analyzed your BIOFIELD from the data collected during your session.

The intent of this report is to identify health concerns and imbalances. The results represent energetic tendencies, some of which can be early stage or sub-clinical conditions and forecasts of future occurance. View the results as a tool to improve health. This is not a medical diagnosis.

SUMMARY of RESULTS and NOTES

DETAILED RESULTS

This BIOSCAN is based on the fundamental principle of RESONANCE. The TEST FREQUENCIES (ETALONS) listed on the following pages were found to be resonating in your BIOFIELD with a significant probability risk of causing the energetic distortions measured in your BIOFIELD. "State of Entropy" applies to PATHOLOGY and helps determine risk severity. VEGETO-TEST refers to the Biofield's reaction to this frequency when tested. A weakening reaction can indicate that the frequency is affecting the Biofield in a negative way. It is recommended that you are familiar with or research all solutions given above prior to implementation. It is ideal to assess and organize them into a schedule and according to sequential and/or parallel processes that will optimize results.

02 DIGESTIVE SYSTEM

Description	Risk Probability	State of Entropy	Location
C # PATHOLOGY			
DYSKINESIA OF GALL BLADDER *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 16%* *Increasing of nidus of defeat by 32%*	92.9%	CHRONIC	WALL OF GALL BLADDER
OSTEOPOROSIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 29%*	88.2%	CHRONIC	TOOTH
ENTERITIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 33%* *Increasing of nidus of defeat by 97%*	85.6%	CHRONIC	WALL OF SMALL INTESTINE
Dyskinesia duodenal K - CI *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 23%*	85.3%	CHRONIC	WALL OF DUODENUM
CALCULARY CHOLECYSTITIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 22%* *Increasing of nidus of defeat by 41%*	79.2%	BEGIN	WALL OF CHOLIC DUCT
CATARRHAL GASTRITIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 23%*	78.7%	BEGIN	STOMACH FRONT
INTESTINAL DYSBACTERIOSIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 7%* *Increasing of nidus of defeat by 67%*	75.3%	CHRONIC	WALL OF SMALL INTESTINE
DUODENITIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 9%*	74.7%	CHRONIC	WALL OF DUODENUM
HELMINTHIASIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 22%*	73.2%	CHRONIC	LIVER; back view
INTESTINAL DYSBACTERIOSIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 14%*	72.2%	CHRONIC	WALL OF DUODENUM
GASTRITIS # G *VEGETO-TEST: STRENGTHENING COMPENSATORY REACTION 2%*	67.4%	BEGIN	STOMACH FRONT
POLYP OF THE DUODENUM *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 21%*	66.8%	CHRONIC	WALL OF DUODENUM

02 DIGESTIVE SYSTEM

Description	Risk Probability	State of Entropy	Location
C # PATHOLOGY			
RHINITIS	62%	N/A	GULLET CUT
PERIARTHERITIS NODOSA	53.5%	CHRONIC	WALL OF GALL BLADDER
VEGETO-TEST: WEAKENING COMPENSATORY REACTION 9% *Increasing of nidus of defeat by 24%*			
E # MICROORGANISMS AND HELMINTHS			
LACTOBACILLUS ACIDOPHILUS	73.2%	N/A	STOMACH FRONT
VEGETO-TEST: WEAKENING COMPENSATORY REACTION 25%			
LACTOBACILLUS ACIDOPHILUS	62.38%	N/A	GALL BLADDER
ASCARIS LUMBRICOIDES	61.16%	N/A	WALL OF SMALL INTESTINE
VEGETO-TEST: STRENGTHENING COMPENSATORY REACTION 11% *DECREASING Analis+ of nidus of defeat by 100%*			
HELICOBACTER PYLORI	60.11%	N/A	STOMACH BACK
VEGETO-TEST: WEAKENING COMPENSATORY REACTION 22%			
OPISTHORCHIS FELINEUS	50%	N/A	WALL OF CHOLIC DUCT
VEGETO-TEST: WEAKENING COMPENSATORY REACTION 18% *Increasing of nidus of defeat by 29%*			
ANCYLOSTOMA DUODENALE	46.7%	N/A	WALL OF DUODENUM
VEGETO-TEST: STRENGTHENING COMPENSATORY REACTION 3%			
STRONGYLOIDES STERCORALIS	46.3%	N/A	WALL OF CHOLIC DUCT
VEGETO-TEST: WEAKENING COMPENSATORY REACTION 9% *Increasing of nidus of defeat by 17%*			
ANCYLOSTOMA DUODENALE	44.1%	N/A	WALL OF CHOLIC DUCT
VEGETO-TEST: WEAKENING COMPENSATORY REACTION 13% *Increasing of nidus of defeat by 17%*			

04 UROGENITAL SYSTEM

Description	Risk Probability	State of Entropy	Location
C # PATHOLOGY			
PROSTATITIS *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 48%*	85.7%	CHRONIC	SEMINAL VESICLES
DISTONIA VASCULAR *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 42%*	82%	CHRONIC	KIDNEY LONGITUDINAL (LEFT) CUT
URETRITE *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 40%*	69%	INTER	DUCTUS DEFERENS
PERIARTHERITIS NODOSA *VEGETO-TEST: No Reactions*	62.7%	CHRONIC	SPERMATOZOON
VARICOCELE *VEGETO-TEST: WEAKENING COMPENSATORY REACTION 3%*	59.4%	CHRONIC	SECTION OF SEMENAL CANALICULUS

DETAILED DESCRIPTIONS

02 DIGESTIVE SYSTEM

DYSKINESIA OF GALL BLADDER

Gallbladder dyskinesia, or biliary dyskinesia, is a disease where there is incomplete emptying of the gallbladder. Normally a substance called bile leaves the gallbladder through a tube known as the bile duct but, with gallbladder dyskinesia, the gallbladder is not able to contract normally in order to pump bile out. The person experiences similar symptoms to someone with gallstones, where the bile duct is blocked by stones. Symptoms of gallbladder .dyskinesia typically include nausea and pain in the upper right side of the abdomen, often experienced after eating fatty foods

OSTEOPOROSIS

[1].Osteoporosis is a progressive bone disease that is characterized by a decrease in bone mass and density which can lead to an increased risk of fracture In osteoporosis, the bone mineral density (BMD) is reduced, bone microarchitecture deteriorates, and the amount and variety of proteins in bone are altered. Osteoporosis is defined by the World Health Organization (WHO) as a bone mineral density of 2.5 standard deviations or more below the mean peak bone mass (average of young, healthy adults) as measured by dual-energy X-ray absorptiometry; the term "established osteoporosis" includes the presence of a fragility fracture. The disease may be classified as primary type 1, primary type 2, or secondary. The form of osteoporosis most common in women after menopause is referred to as primary type 1 or postmenopausal osteoporosis, which is attributable to the decrease in estrogen production after menopause. Primary type 2 osteoporosis or senile osteoporosis occurs after age 75 and is seen in both females and males at a ratio of 2:1. Secondary osteoporosis may arise at any age and affect men and women equally; this form results from chronic predisposing medical problems or disease, or .prolonged use of medications such as glucocorticoids, when the disease is called steroid- or glucocorticoid-induced osteoporosis

The risk of osteoporosis fractures can be reduced with lifestyle changes and in those with previous osteoporosis related fractures, medications. Lifestyle change includes diet, exercise, and preventing falls. A review by the U.S. Preventive Services Task Force (USPSTF) found insufficient evidence to recommend calcium and vitamin D supplements to prevent fractures. Bisphosphonates are useful in those with previous fractures from osteoporosis but .are of minimal benefit in those who have osteoporosis but no previous fractures. Osteoporosis is a component of the frailty syndrome

ENTERITIS

An inflammatory disease of the mucous membrane of the small intestine. Etiology: 1) systematic alimentary disorders, abuse of spicy food and spicy condiments, non-regime nutrition 2) alcoholism, especially the intake of strong alcoholic beverages and their surrogates 3) derivatives of intoxication in case of violations of safety measures and chronic poisoning with compounds of lead, mercury, phosphorus, arsenic, household intoxication, in particular medicinal (with the abuse of saline laxatives, long-term uncontrolled use of broad-spectrum antibiotics that can cause intestinal dysbiosis) and endogenous (with uremia), 4) food allergy, 5) parasitic invasions (giardiasis), some intestinal helminthiasis, 6) radiation injuries (industrial in violation of safety measures and as a result of radiation treatment of malignant neoplasms of the abdomen), 7) "concomitant" enteritis with prolonged gastritis with ,secretory gastric insufficiency, chronic pancreatitis, colitis. The pain (if any) is usually dull, rarely spastic in nature, localized in the peri-umbilical region here pain is often noted on palpation of the abdomen and strong pressure (slightly to the left and above the navel - Porges' symptom), pain along the mesentery of the small intestine (in the direction from the navel to the right sacroiliac joint - Sternberg's symptom). The syndrome of intestinal dyspepsia ,is manifested by uncharacteristic dyspeptic complaints: a feeling of pressure, distention and bloating of the abdomen, especially after eating, nausea feeling of rumbling, transfusion in the abdomen, which arise as a result of impaired digestion of nutrients in the intestine, accelerating their passage through the small intestine, as well as disturbances absorption in the intestine. Enteritis scatological syndrome: frequent (up to 15-20 times a day) intestinal, with undigested food particles, but no visible mucus, often fetid, with gas bubbles. Polyfecalia is characteristic: the total amount of feces per day can reach 1.5-2 kg. Sometimes there is a sharp urge to defecate soon after eating, and after a bowel movement there is a sharp weakness, accompanied by cold sweat, trembling hands. In mild cases and in the absence of concomitant colitis, diarrhea may be absent or even constipated. Characterized by milk intolerance: after taking it, flatulence and diarrhea intensify. The syndrome of insufficient absorption is manifested by a gradual decrease in the patient's ,body weight (in severe cases up to cachexia), general weakness, malaise, and decreased efficiency. In the blood, hypoproteinemia, hypocholesterolemia the sugar curve is usually flattened. The phenomena of hypovitaminosis (vitamins B1, B2, B6, D, K, A, biotin, folic acid) are frequent; their manifestation ,can be dry skin, angular stomatitis, hair loss, brittle nails, polyneuritis, and twilight vision disorders. In the blood, the concentration of a number of ions .especially Ca, decreases; in severe cases, pathological fragility of bones and other signs of hypoparathyroidism occur

Dyskinesia duodenal K - CI

Dyskinesia of a duodenum ulcer and often accompany gallstones , clinical symptoms are pain in the epigastric region spastic character , a feeling of . pressure or fullness in the epigastric region , nausea and vomiting

CALCULARY CHOLECYSTITIS

Chronic cholecystitis is swelling and irritation of the gallbladder that persists over time. The gallbladder is a sac located under the liver. It stores bile that .is made in the liver. Bile helps the intestines digest fats

CATARRHAL GASTRITIS

.Gastritis with excessive secretion of mucus

DETAILED DESCRIPTIONS

02 DIGESTIVE SYSTEM

DUODENITIS

Duodenitis is superficial, atrophic, interstitial, hyperplastic, or erosive and ulcerative. Irregular food with frequent consumption of spicy, irritating, too hot food, alcoholism. Secondary chronic duodenitis is observed in chronic gastritis, gastric ulcer and duodenal ulcer, chronic pancreatitis, giardiasis, food ,allergy, uremia. In addition to the direct effect of the irritating agent on the mucous membrane of the duodenum, in the pathogenesis of chronic duodenitis .the proteolytic effect of active gastric juice on it is important (with trophic disorders, dyskinesias)

HELMINTHIASIS

.Helminthiasis is a disease caused by parasitic worms (helminths and larvae) that have penetrated into a human body
also known as helminth infection or worm infection, is any macroparasitic disease of humans and other animals in which a part of the body is infected with parasitic worms (helminths). These parasites are broadly classified into tapeworms, flukes, and roundworms. They often live in the gastrointestinal tract of their hosts, but may also burrow into other organs, where they induce physiological damage. They remain the major cause of wildlife diseases, economic .crises in the livestock industry, and human socio-economic problems in developing countries

INTESTINAL DYSBACTERIOSIS

Intestinal dysbacteriosis is a syndrome characterised by lost mobile balance of the microflora populating the intestine. The small and large gut distal departments of a healthy man predominantly contain lactobacilli, anaerobic streptococci, intestinal bacilli, enterococci and other microorganisms. In case of dysbacteriosis, balance between these microorganisms is upset. Ichorous or fermentative flora and Candida-type mushrooms develop rapidly. The intestine becomes home to microorganisms n

POLYP OF THE DUODENUM

Benign tumor of the duodenum mostly localizing on the mucous membrane and attached to it by a wide base or a pedicle in which there are blood- and lymph vessels. For quite a time it develops symptom-free and it is only when the tumor reaches to a considerable size and constricts the intestine lumen or .compresses the terminal length of the biliary duct that some secondary lesions start developing in the duodenum and biliary ducts

PERIARTHERITIS NODOSA

Systemic necrotic vaseulitis of segmental lesion type with aneurismatic evagination of muscular smaller arteries; the role of immune complexes circulating .and fixed in vessel wall is important

LACTOBACILLUS ACIDOPHILUS

Rhabdoid facultative anaerobes. They are wide-spread in the environment, and especially frequently found in alimentary products of animal and vegetable .origin. They are a component of a normal flora of digestive tube and vagina in human subjects and mammals
Some strains of L. acidophilus have been studied extensively for health effects. The Mayo Clinic publishes a list of disorders for which L. acidophilus has .been tested, grading the evidence for each use from strong evidence of effectiveness, through unclear, down to strong evidence of ineffectiveness
According to the list there is good (rather than strong) evidence supporting the use of L. acidophilus or yogurt enriched with it for the treatment of some .vaginal infections; effectiveness for other conditions ranges from unclear to fair negative evidence

Some L. acidophilus strains may be able to survive gastrointenstinal transit, being resistant to bile, low pH, and digestive enzymes. They may then be able .to adhere to human epithelial cell lines and human intestinal mucus

A blend of bacterial strains including L. acidophilus NCFM decreased the incidence of pediatric diarrhea. L. acidophilus led to a significant decrease in levels of toxic amines in the blood of dialysis patients with small bowel bacterial overgrowth. At adequate daily feeding levels, L. acidophilus may facilitate .lactose digestion in lactose-intolerant subjects

DETAILED DESCRIPTIONS

02 DIGESTIVE SYSTEM

HELICOBACTER PYLORI

previously named Campylobacter pylori, is a Gram-negative, microaerophilic bacterium found in the stomach, and may be present in other parts of the body, such as the eye. It was identified in 1982 by Australian scientists Barry Marshall and Robin Warren with further research led by British scientist Stewart Goodwin, who found that it was present in patients with chronic gastritis and gastric ulcers, conditions not previously believed to have a microbial cause. It is also linked to the development of duodenal ulcers and stomach cancer. However, over 80% of individuals infected with the bacterium are .asymptomatic and it may play an important role in the natural stomach ecology

More than 50% of the world's population harbor H. pylori in their upper gastrointestinal tract. Infection is more prevalent in developing countries, and incidence is decreasing in Western countries. H. pylori's helical shape (from which the generic name is derived) is thought to have evolved to penetrate the .mucoid lining of the stomach

Up to 85% of people infected with H. pylori never experience symptoms or complications. Acute infection may appear as an acute gastritis with abdominal ,pain (stomach ache) or nausea. Where this develops into chronic gastritis, the symptoms, if present, are often those of non-ulcer dyspepsia: stomach pains .nausea, bloating, belching, and sometimes vomiting or black stool

Individuals infected with H. pylori have a 10 to 20% lifetime risk of developing peptic ulcers and a 1 to 2% risk of acquiring stomach cancer. Inflammation of the pyloric antrum is more likely to lead to duodenal ulcers, while inflammation of the corpus (body of the stomach) is more likely to lead to gastric ulcers and gastric carcinoma. However, H. pylori possibly plays a role only in the first stage that leads to common chronic inflammation, but not in further stages leading to carcinogenesis. A meta-analysis conducted in 2009 concluded the eradication of H. pylori reduces gastric cancer risk in previously ,infected individuals, suggesting the continued presence of H. pylori constitutes a relative risk factor of 65% for gastric cancers; in terms of absolute risk .the increase was from 1.1% to 1.7%

.H. pylori has also been associated with colorectal polyps and colorectal cancer

OPISTHORCHIS FELINEUS

Opisthorchis felineus, or cat liver fluke is a trematode parasite that infects the liver in mammals. It was first discovered in 1884 in a cat's liver by ,Sebastiano Rivolta of Italy. In 1891, Russian scientist K.N. Vinogradov found it in a human, and named the parasite a "Siberian liver fluke". In the 1930s .helminthologist Hans Vogel of Hamburg published an article describing the life cycle of Opisthorchis felineus

The first "intermediate hosts" of the parasite are freshwater snails Bithynia inflata (synonym: Codiella inflata), Bithynia troschelii and Bithynia leachii. The second "intermediate hosts" are freshwater fish, followed by the final host, which are fish-eating mammals such as felines and humans. It is estimated that .million people in Russia are infected with the parasite. Inhabitants of Siberia acquire the infection by consuming raw, slightly salted and frozen fish 1.5

Opisthorchiasis, the disease caused by Opisthorchis felineus, ranges in severity from asymptomatic infection to severe illness. Patient outcome is .dependent on early detection and treatment

Human cases of opisthorchiasis may affect the liver, pancreas, and gall bladder. If not treated in the early stages, opisthorchiasis may cause cirrhosis of the .liver and increased risk of liver cancer, but may be asymptomatic in children

Life cycle of the cat liver fluke
Two weeks after flukes enter the body, the parasites infect the biliary tract. Symptoms of infection include fever, general felling of tiredness, skin rash, and gastrointestinal disturbances. Severe anemia and liver damage may also incapacitate the infected person for 1–2 months. Treatment of opisthorchiasis is .generally with a single dose of praziquantel

STRONGYLOIDES_STERCORALIS

,Strongyloides stercoralis is a human parasitic roundworm causing the disease strongyloidiasis. Its common name is threadworm. In the UK and Australia .however, the term threadworm can also refer to nematodes of the genus Enterobius, otherwise known as pinworms

The Strongyloides stercoralis nematode can parasitize humans. The adult parasitic stage lives in tunnels in the mucosa of the small intestine. The genus .Strongyloides contains 53 species, and S. stercoralis is the type species. S. stercoralis has been reported in other mammals, including cats and dogs However, it seems that the species in dogs is typically not S. stercoralis, but the related species S. canis. Non-human primates are more commonly infected ,with S. fuelleborni and S. cebus, although S. stercoralis has been reported in captive primates. Other species of Strongyloides, naturally parasitic in humans .but with restricted distributions, are S. fuelleborni in central Africa and S. kellyi in Papua New Guinea

DETAILED DESCRIPTIONS

02 DIGESTIVE SYSTEM

ANCYLOSTOMA DUODENALE

.Ancylostoma duodenale is a species of the worm genus Ancylostoma. It is a parasitic nematode worm and commonly known as the Old World hookworm It lives in the small intestine of hosts such as humans, cats and dogs, where it is able to mate and mature. Ancylostoma duodenale and Necator americanus are the two human hookworms that are normally discussed together as the cause of hookworm infection. They are dioecious. Ancylostoma duodenale is abundant throughout the world, including in the following areas: southern Europe, north Africa, India, China, southeast Asia, some areas in the United .States, the Caribbean, and South America
.The Light infection causes abdominal pain, loss of appetite and geophagy. Heavy infection causes severe protein deficiency or iron deficiency anemia .Protein deficiency may lead to dry skin, edema and potbelly, while iron deficiency anemia might result in mental dullness and heart failure

The eggs of Ancylostoma duodenale and Necator americanus cannot be distinguished. Larvae cannot be found in stool specimen unless they are left at .ambient temperature for a day or more

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