

RITM OKB ZAO

GUIDELINE
on using DOSE 5 mode in SCENAR therapy

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CONTENTS

INTRODUCTION.....	3
1 Indications.....	4
2 Precautions	5
3 The order and basic rules of examination	5
3.1 Conditions	5
3.2 Technique and test signal parameters	5
3.3 Prepare the device for examination	6
3.4 Location of representative points	6
3.5 The process of examination.....	7
3.6 Readings on the screen	8
3.7 Meridian selection criteria.....	11
3.8 Pattern of treatment areas.....	12
4 Interpretation of examination results.....	15
5 Method effectiveness	16
Annex 1	17
Annex 2	24
Annex 3	37

«Approved»

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INTRODUCTION

Diagnosis based on the initial and end points of Chinese meridians is a kind of loading electrodermal tests. These tests are based on the measuring of the reaction of different body systems on a graduated load. Electric impulse current produced by SCENAR devices is used as a load. The load is applied to the appropriate points on skin surface.

The examination is meant for detection of the most responsive meridian in case of different diseases and pathological conditions. It allows to use skin areas with epicenters in standard points of such meridians (entry and exit points, sedative and restorative points, source point or ally point, stabilize point, sympathetic point and herald point) to use reflexive treatment.

In acupuncture these points are considered to be the most effective for normalization of meridians' energy status. They are often become epicenters of trigger areas, especially sympathetic points.

Estimation of meridian responsiveness is based on the comparison of initial reaction values (IR), which are measured in symmetrical representative points of the examined meridian.

IR is a characteristics of reactive component of skin Impedance measured at the first second of stimulation.

Recommendations are developed by: Deputy Director for clinical and biomedical researches, Doctor of Medical Sciences, professor A. Tarakanov, head of department, PhD, A. Cherchago

Design and format: design engineer D. Gorbatenko.

Translated by A. Samoylova.

The meridian with the biggest difference between IR values in the symmetric points is the most responsive.

SCENAR-1-NT (version 01) and RITMSCENAR Super Pro which are completed with the local electrode and have a special mode called Dose 5 (product license issued by the Federal Agency for supervision, Education and Science № P3H 2015/2317 dated 21.01.15) are used for examination and treatment.

The diagnosis based on the initial and end points may be used as a stand-alone treatment method or in combination with the other famous acupuncture methods (Nakatani. Voll, auricular diagnosis, Akabane method).

The main ideas of the method are developed by professor Tarakanov in 2002-2005 (ref. Initial and end points of energy meridians. Diagnosis and principles of treatment with SCENAR. Rostov-on-Don, 2007 – 87 p).

1 Indications

The method is meant for meridians responsiveness assessment and making individual scheme of treatment areas while using SCENAR therapy in complex treatment of various diseases.

The diagnostics should be applied:

- In case of complaints with indefinite location (hypertonia, sleep disturbance, overweight, emotionally motivational disorders asthenia with weak symptoms), or when there are too many complaints (have aches and pains all over).
- In case of chronic diseases to prevent the reduction in quality of life during the disease-free survival (when symptoms are weak).
- In case of limited contact with a patient (young children, apoleptic patients, other patients with verbal impairments and impairments of consciousness, including patients with controlled respiration).
- To set up individual recommendations on treatment using personal SCENAR devices.
- In patients with depressed reactivity and weak symptoms and complaints.
- When treatment of areas described in User's manual, chosen according to patient's complaints or with the help of SCENAR expertise was not effective.

- When using SCENAR therapy to prevent hidden pathologic processes in almost healthy people.
- To accelerate the recovery processes after occupational or domestic stress situations.
- After training loads (to increase training intensity) and competitive loads (to accelerate recovery processes).

2 Precautions

The diagnostics is strongly contraindicated:

- If a patient has electric cardiac pacemaker (it may malfunction).
- If patient has skin disorders in the areas of treatment points.

Idiosyncrasy of electric current or physical impact on the points of treatment is a relative contradiction.

3 The order and basic rules of examination

3.1 Conditions

It is recommended to examine patient motionless, seated, not earlier than 1,5-2 hours after meal. In 2-3 days before examination, it is not recommended to manicure and pedicure. It is not recommended to wash hands and feet and use creams and gels immediately before examination.

If needed, patient may be examined in almost any clinical settings.

3.2 Technique and test signal parameters

Initial reaction measure in representative points should be conducted using a local electrode (Fig.1), connected to the SCENAR-1-NT (version 01) or RITMSCENAR Super Pro. Test signal frequency – 90 Hz, energy level is approximately 20 units. Operating mode – Dose 5.



Fig. 1

At the indicated energy level patients usually do not feel any uncomfortable sensations. However, some patients have sensations of pain in particular points. This reaction should be used as an additional qualitative characteristic. If such reaction is detected, it is recommended to finish the examination and treat this meridian. It also should be considered that the meridian on the side of reaction has bigger IR value than in symmetrical point.

3.3 Prepare the device for examination

The order of device preparation is given in the 'Dose 5' item of the Operating Manual.

3.4 Location of representative points

The diagnostic is based on the initial and end point of the classical Chinese meridians. The same points are used in Akabane method. They are located on the distal phalanges of fingers and toes near the corner of the nail bed. Each point belongs to the meridian which functional state it determine. For example, point P(1)11 (Shao Shang) is located on the lungs meridian and used to its responsiveness evaluation. The point GI(II)1 (Shang Yang) is located on the large

intestine meridian and responsiveness evaluation. There are 11 meridian points (22 on two sides) and one point for diagnostics of the kidney meridian. This point is not commonly used in classical acupuncture, however, according to the traditional oriental medicine, the kidney meridian begins in this point.

Anatomic description of representative points location is given in the Annex 1. The points are given according to the order of their examination.

3.5 The process of examination

During the examination patient should keep the cylindric part of the local electrode (it should not be tighten) in the hand opposite to the examined side. Doctor should use the measuring probe with the conoidal brass contact with a small bolus on the top of it.

For correct IR measurement, measuring probe should be tightly pressed to the skin surface in the projection of the point and its tip should be forced in the skin on $1/4$ - $1/3$ of its volume (see Fig. 2).



Fig. 2

It should be fixed before the quantitative reading appears on the screen (approximately 1 second).

First, all the points located on the left fingers should be treated (the cylindric part of the local electrode is in the right patient's hand). Then, points located on the right fingers should be treated (the cylindric part of the local electrode is in the left patient's hand). Then all the points located on the left toes should be treated (the cylindric part of the local electrode is in the right patient's hand). And finally, located on the right toes should be treated (the cylindric part of the local electrode is in the left patient's hand).

3.6 Readings on the screen

During the examination a table on the device screen is successively filling in (see fig. 3 a), 3 c)). Meridian names from Nakatani methods are used to identify readings in the table (see table 1)

Table 1

Meridian international marking	Meridian marking in Nakatani method	Area of meridian projection on the limb
Lungs , P(I)	H1	Inner surface of hands
Heart constrictor , MC(IX)	H2	
Heart , C (V)	H3	
Small intestine , IG(VI)	H4	
Three heaters (endocrine system), TR(X)	H5	Outer surface of hands
Large intestine , GI(II)	H6	
Spleen meridian , RP(IV)	F1	Anteromedian surface of legs
Liver, F(XII)	F2	
Kidney, R(VIII)	F3	

Table 1 (cont.)

Meridian international marking	Meridian marking in Nakatani method	Area of meridian projection on the limb
Bladder, V(VII)	F4	Anteroexternal surface of legs
Gall bladder, VB(XI)	F5	
Stomach, E(III)	F6	

In the table the number of string corresponds to the number of meridian. In columns' names letters L (Left) and R (Right) are used to identify the side of examination and letters H (Hand) and F (Foot), as in Nakatani method, are used to identify hand and foot meridians. For example, on the cross of 3rd string and RH column will be the IR value of RH3 – the initial reaction measured in the end point of the heart meridian C(V)9, located on the right (R) hand (H)

After all the meshes are filled, the scheme similar to the ryodoraku scheme appears on the screen (see fig. 3 b), 3 d)).

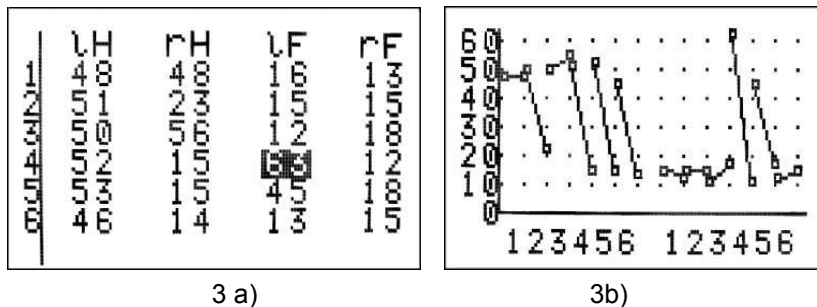
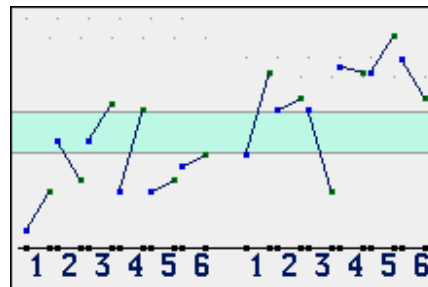


Fig. 3

The display format for monochrome devices RITMSCENAR-1-NT (version 01) is given on the fig. 3 a) and 3 b), the display format for colored devices RITMSCENAR Super Pro is given on the fig. 3 c) and 3 d).

	LH	RH	LF	RF
1	19	25	31	44
2	33	27	38	40
3	33	39	38	25
4	25	38	45	44
5	25	27	44	50
6	29	31	46	40

c)



d)

Fig. 3

Graphically the IR values for each meridian on the left and on the right are given as 2 points connected with a line (on the screen of RITMSCENAR Super Pro (see Fig. 3 d)) IR values of the left side are indicated with blue points and IR values on the right side are indicated with green points). The longer the line is, the more different IR value this meridian has. The meridians are indicated with figures..

The first group from 1 to 6 – hands meridians:

- 1 – Lungs meridian (H1),
- 2 – Heart constrictor meridian (H2),
- 3 – Heart meridian (H3),
- 4 – Small intestine meridian (H4),
- 5 – Three heaters meridian (H5),
- 6 – Large intestine meridian (H6).

The second group from 1 to 6 – foot meridians:

- 1 – Spleen meridian (F1),
- 2 – Liver meridian (F2),
- 3 – Kidney meridian (F3),
- 4 – Bladder meridian (F4),
- 5 – Gall bladder meridian (F5),
- 6 – Stomach meridian (F6).

3.7 Meridian selection criteria

To choose the most responsive meridian it is required to compare IR in symmetrical representative points of all the meridians and choose the one with the largest difference between IR on the left and on the right sides. Graphically the parameters of this meridian are connected with the longest line.

On the Fig. 3 a) and 3 b) the largest difference between readings on the left and on the right is on the bladder meridian (F4). The longest line is located over the figure 4 in the second group (according to the table, the total difference is $|62-12|=51$). So the areas connected with this meridian should be treated.

On the Fig. 3 c) and d) there are 3 meridians with the equal difference between IR on the left and on the right sides. According to the table (Fig. 3.), the difference for the H4, F1 and F3 is 13 ($H4 - |25-38|=13$, $F1 - |31-44|=13$ and $F3 - |25-38|=13$). All of these meridians are equally responsive and may be treated.

The readings are considered as different when the difference between them is bigger than 4.

3.8 Pattern of treatment areas

Patterns of treatment areas for each of meridians are given in the Annex 2. The order of treatment is given for IR at the left side less than IR at the right side. If IR at the right side is less than IR at the left side, the areas should be treated in order of decreasing of areas numbers, starting from the area with the largest number.

One of the responsive meridians for the data given on the fig. 3 c) and 3 d) is Small intestine meridian (H4). The IR in the representative point IG1 of the small intestine meridian (LH4=25) on the left side is less than IR on the right side (RH4= 38). The pattern of the treatment areas for the small intestine meridian is given on the fig 4.

Medicinal effect of SCENAR therapy is developed reflexively. That is why on the side with the lower IR the influence should lead to the intensity enhancement of direct afference stream and block the reafference. Bodily response will be converse, i.e. enhancement of regulation intensity accompanied with increasing IR value. To reach this effect the areas of small intestine meridian at the left should be treated from the centre to the periphery, progressively as the receptive field is getting denser.

The areas located on the corpus (areas 1-2 on the Fig. 4) should be treated first, i.e. the areas with the low density of receptive fields and cortical projection. Then the areas on the limbs should be treated, starting from the areas located in the proximal parts (areas 3, 4 on the Fig. 4) and finishing with the areas located in the distal parts (areas 5-7 on the Fig. 4) and on the face (area 8 on the fig. 4).

When treating the side with the bigger IR value, the areas should be treated from periphery to centre' (areas 9-16 on Fig. 4). Reflective feedback will be converse, i.e. suppression and IR value lapse. This helps to balance the asymmetric meridian and train self-regulation processes.

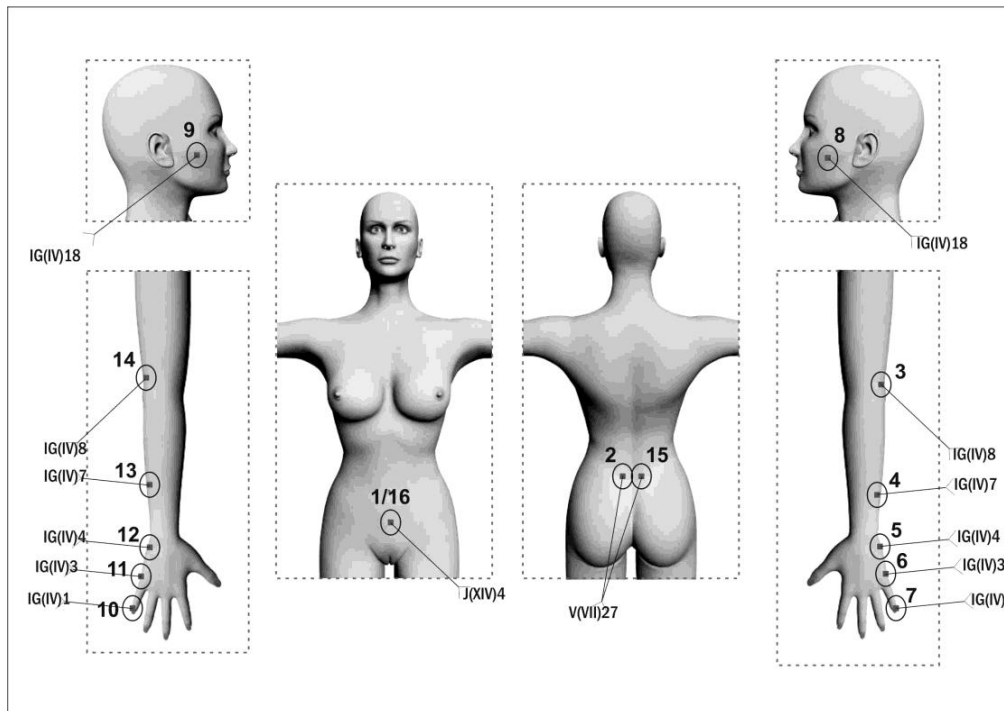


Fig. 4

Only the most responsive areas of the meridian should be treated. The epicenters of these areas, as was already mentioned, are located in the standard meridian points: initial and end points, sedative and restorative points, source point or ally point.

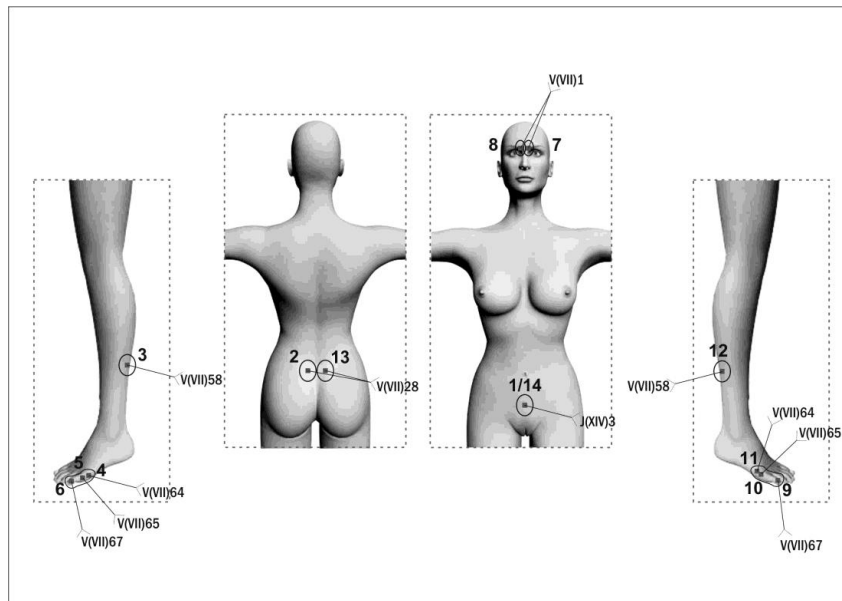


Fig. 5

The scheme of the areas is a cycle structure, the treatment should be started and end either in symmetrical areas or in the same area on the corpus (area 1/16 on the Fig. 4 is at the same time initial and end point).

The scheme of treatment for a bladder meridian is given on the Fig. 5.

When using this scheme in cases when IR in representative point V67 of the bladder meridian on the right side (RF4=12) is less than IR on the left side (LR4= 63), as on the Fig. 3 a), 3 b), the areas should be treated starting from the area 14 and finishing in the area 1. That is why (see Fig. 5) on the right side, where the IR is fewer, the areas should be treated from the centre to the periphery (feedback reaction – increase in activity, areas 14-8). On the left side, where the IR is bigger, the areas should be treated from the periphery to the centre (feedback reaction – decrease in activity, areas 7-1). Epicenters of the areas are: 1/14, – J(XIV)3 herald point; 2/13, V(VII)28 – sympathetic point; 3/12, V(VII)58 – stabilize point; 5/10, V(VII)65 – sedative point; 6/9, V(VII)67 – tonic point and exit point; 7/8, V(VII)1 – entry point.

4 Interpretation of examination results

Not only interval, but also some nominal data should be considered while interpreting the examination results. First of all IR values in initial and end points are used to find the more responsive meridians and correspondent reflexogenic areas.

In addition to that, measuring range of IR values, the conclusion about the balance of responsiveness of meridian system can be made. The fewer difference between IR values is, the more stable is regulation/ In this case it is quite hard to change its functions using reflexotherapy.

The bigger difference between IR values on the left and on the right sides is, the more significant would be response feedback on the treatment of the connected areas. Such meridians with asymmetric IR values should be treated. The received scheme can also be used for self-treatment using personal RITMSCENAR devices, because treatment applied on such meridian may lead to the maximal reflexive feedback at rather weak stimulus.

It also should be considered that changes of readings in representative points nosologically nonspecific, i.e. different diseases can lead to the similar changes of diagnostic values. This fact limits appliance of this method in

nosological diagnosis making. So in clinics it should be used specifically for searching the most effective scheme of reflexogenic areas.

Active involvement of a patient is required for a quality examination. Sometimes it could be challenging because of patient's negative attitude, which can be caused by his insufficient awareness and misinterpretation of the treatment method. A patient could be involved in the process of treatment by informing him about the method, its possibilities and expected results of the examination.

Clinical signs, which can accompany IR values asymmetry in symmetrical representative points of each meridian, are given in Annex 3. Using this information in case of quantitative evaluations equality, the most responsive meridian can be detected basing on the correspondence between the observable clinical signs of a disease and clinical signs typical of this meridian dysfunction.

It is also should be considered that if there is no symptoms, the IR asymmetries are just a negative ground for correspondent pathologies (if no preventive actions are taken). Therefore, this method provides an effective prevention of pathogenies and chronic diseases exacerbations.


Another consideration is that indiscreet informing of patient may lead to iatrogenies. That is why vague and woolly wording should be used (using "possible" and "probable" terms).


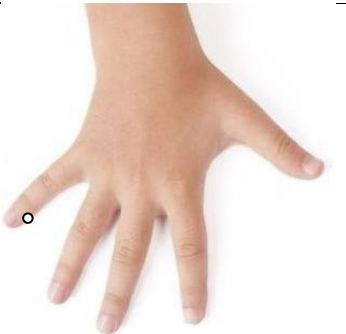
5 Method effectiveness



Meridial system diagnostics allows personalizing the pattern of treatment areas and enhancing the preventive trend of SCENAR therapy in treatment of diseases with complex or uncertain symptoms, in rehabilitation of sportsmen and in domestic and occupational stress release.

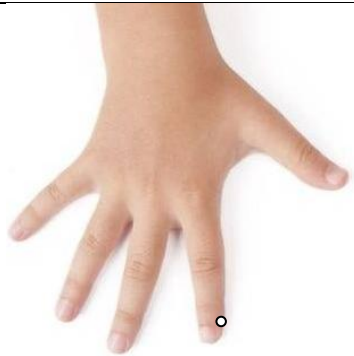

Annex 1



Diagnostic points and the order of examination



Meridian, its international (French) literal marking and marking in Nakatani method	Name, location and purpose of diagnostic point	Picture illustrating point location at the left (and symmetrically at the right)
Left hand and then right hand in symmetric points		
Lungs meridian P(I), H1	P(I)/11 - on the distal phalanx of the I finger, 3 mm in the radial direction from the root of nail. Meant for Lungs meridian H1 status evaluation.	


<p>Heart constrictor meridian MC (IX), H2</p>	<p>MC(IX)9 - on the distal phalanx of the III finger, approximately 3 mm outward from the radial border of root of nail. Meant for Heart constrictor (vessels) meridian H2 status evaluation</p>	 A photograph of a right hand, palm facing up, with fingers spread. A small black dot is marked on the distal phalanx of the third finger (middle finger), approximately 3 mm outward from the radial border of the root of the nail.
<p>Heart meridian C (V), H3</p>	<p>C(V)9 - on the distal phalanx of the V finger, approximately 3 mm in the radial direction from the root of nail. Meant for Heart meridian H3 status evaluation.</p>	 A photograph of a right hand, palm facing up, with fingers spread. A small black dot is marked on the distal phalanx of the fifth finger (pinky finger), approximately 3 mm in the radial direction from the root of the nail.

Small intestine meridian IG (VI), H4	IG(VI)1 - on the distal phalanx of the V finger, approximately 3 mm outward from the root of nail. Meant for Small intestine meridian H4 status evaluation.	
Three heaters meridian TR (X), H5	TR1(X) - approximately 3 mm inward from the root of nail of the IV finger. Meant for Three heaters (endocrine system) meridian H4 status evaluation.	

<p>Large intestine meridian GI (II), H6</p>	<p>GI(II)1- on the distal phalanx of the II finger, approximately 3 mm in the radial direction from the root of nail. Meant for Large intestine meridian H6 status evaluation.</p>	
<p>Left leg and then right leg in symmetric points</p>		
<p>Spleen meridian RP (IV), F1</p>	<p>RP(IV)1- on the backside of the distal phalanx of the I toe, approximately 3 mm outward from the root of nail. Meant for Spleen meridian F1 status evaluation.</p>	

<p>Liver meridian F (XII), F2</p>	<p>F(XII)1 - on the backside of the distal phalanx of the I toe, approximately 3 mm outward from the root of nail. Meant for Liver meridian F2 status evaluation.</p>	
<p>Kidney meridian R (VIII), F3</p>	<p>R(VII)1 – the point which is not commonly used in classical acupuncture. The kidney meridian begins in this point and receives energy from bladder meridian. The point is located on the distal phalanx of the V toe, on the medial side, 3 mm outward from the root of nail. Meant for Kidney meridian F3 status evaluation</p>	

Bladder meridian V (VII), F4	V(VII)67 - approximately 3 mm outward from the root of nail of the V toe. Meant for Bladder meridian F4 status evaluation	
Gall bladder meridian VB (XI), F5	VB(XI)44 - on the distal phalanx of the IV toe, approximately 3 mm outward from the root of nail. Meant for Gall bladder meridian F5 status evaluation.	

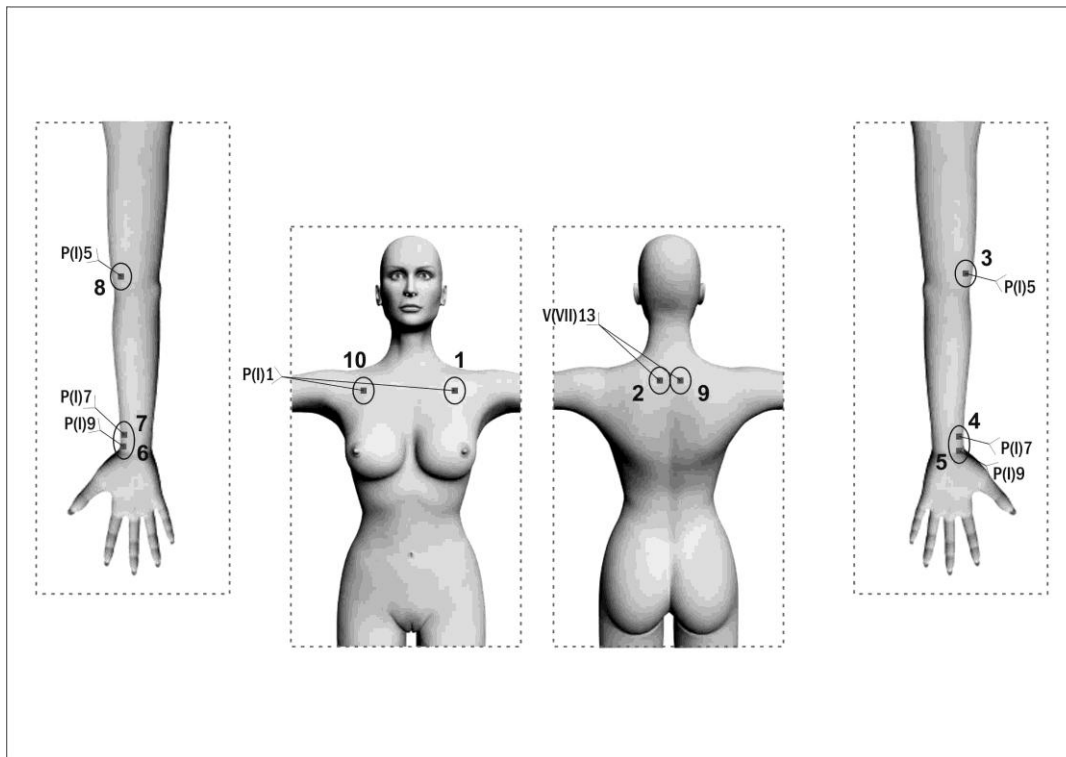
<p>Stomach meridian E (III), F6</p>	<p>E(III)45 – on the distal phalanx of the II toe, 3 mm outward from the root of nail. Meant for Stomach meridian F6 status evaluation.</p>	 A photograph of a human foot from a dorsal perspective. A small black dot is marked on the second toe (toe II), specifically on the distal phalanx, approximately 3 mm from the root of the nail. This dot represents the location of the Stomach meridian point E(III)45.
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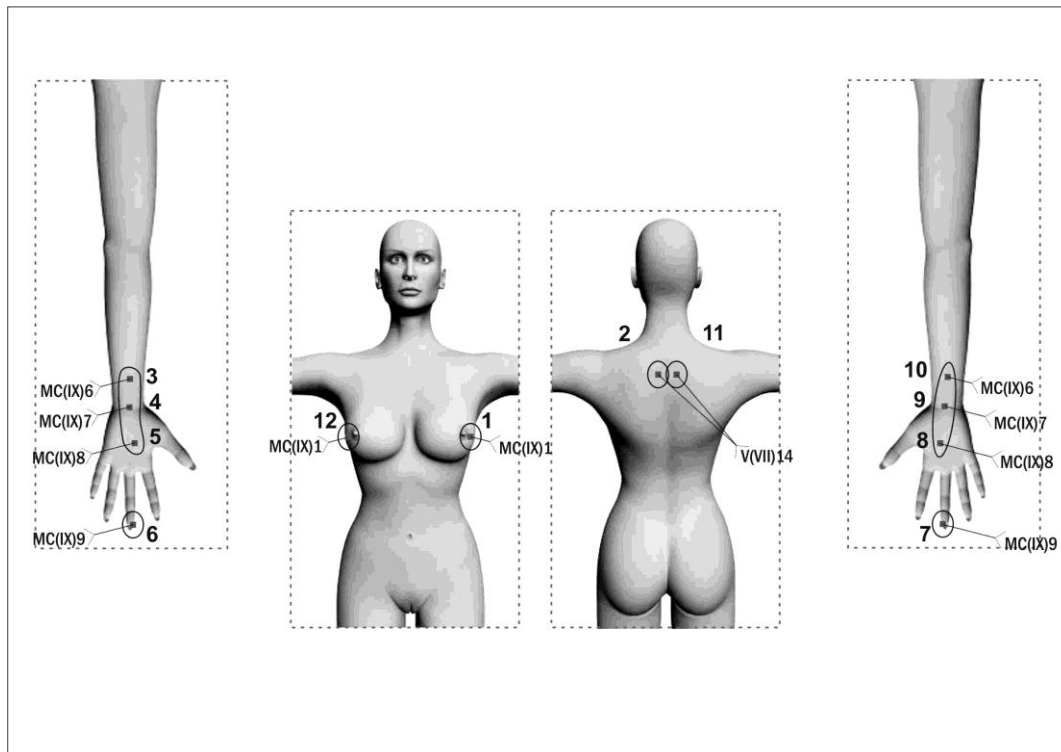
Annex 2

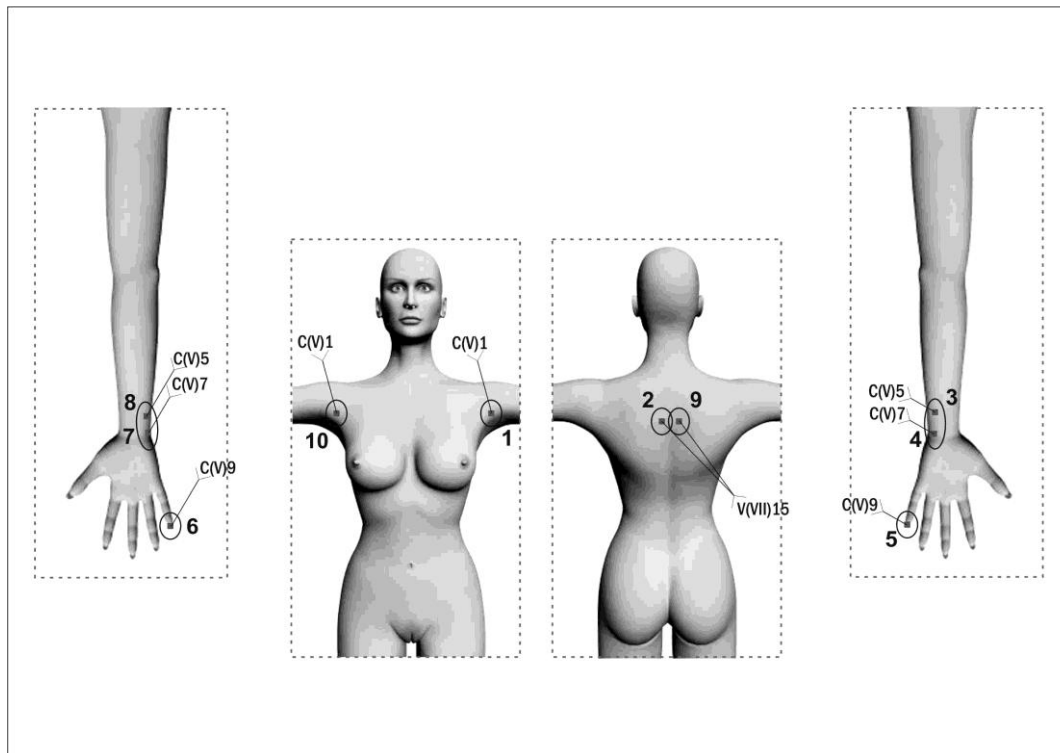
Areas of treatment (diagram)

If IR at the left side is less than IR at the right side, the areas should be treated in order of increasing of areas numbers, starting from the area 1.

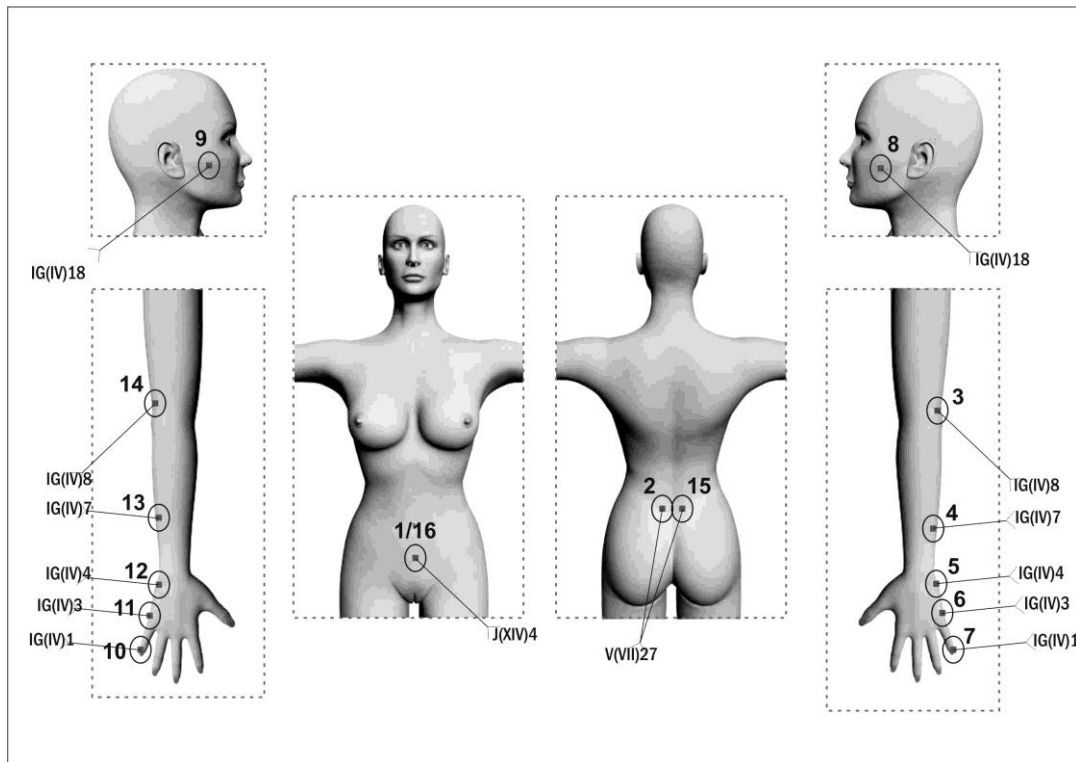
If IR at the right side is less than IR at the left side, the areas should be treated in order of decreasing of areas numbers, starting from the area with the largest number.

Lungs meridian P(I)/H1

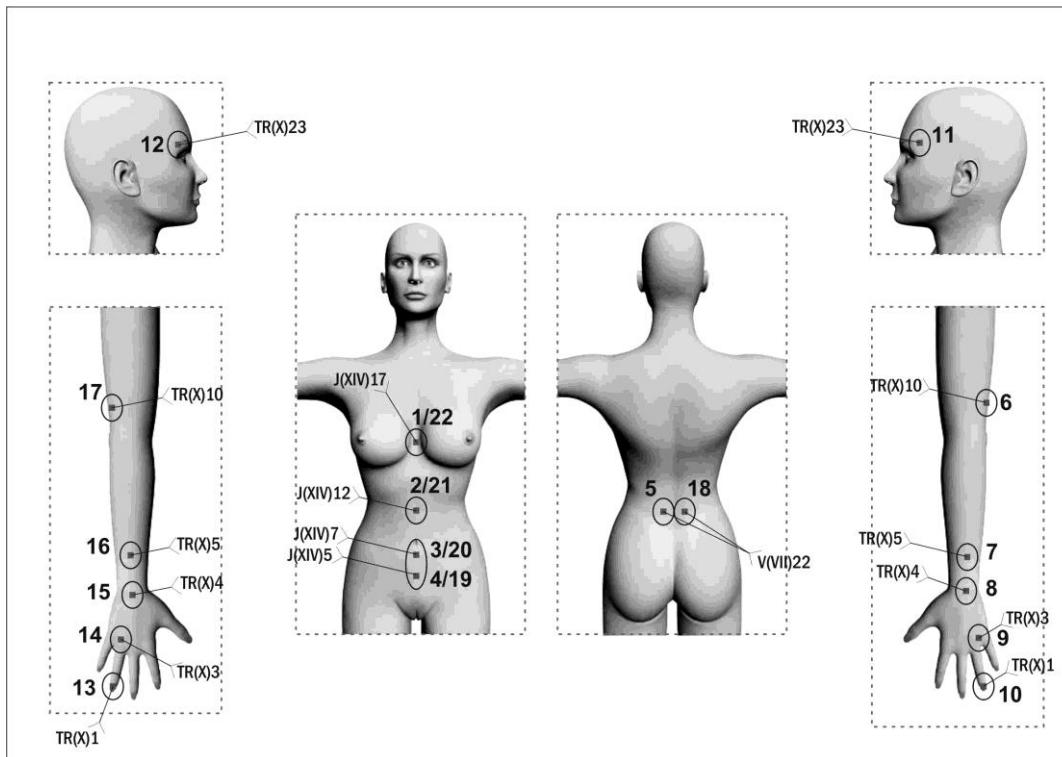
Heart constrictor meridian MC(IX)/H2

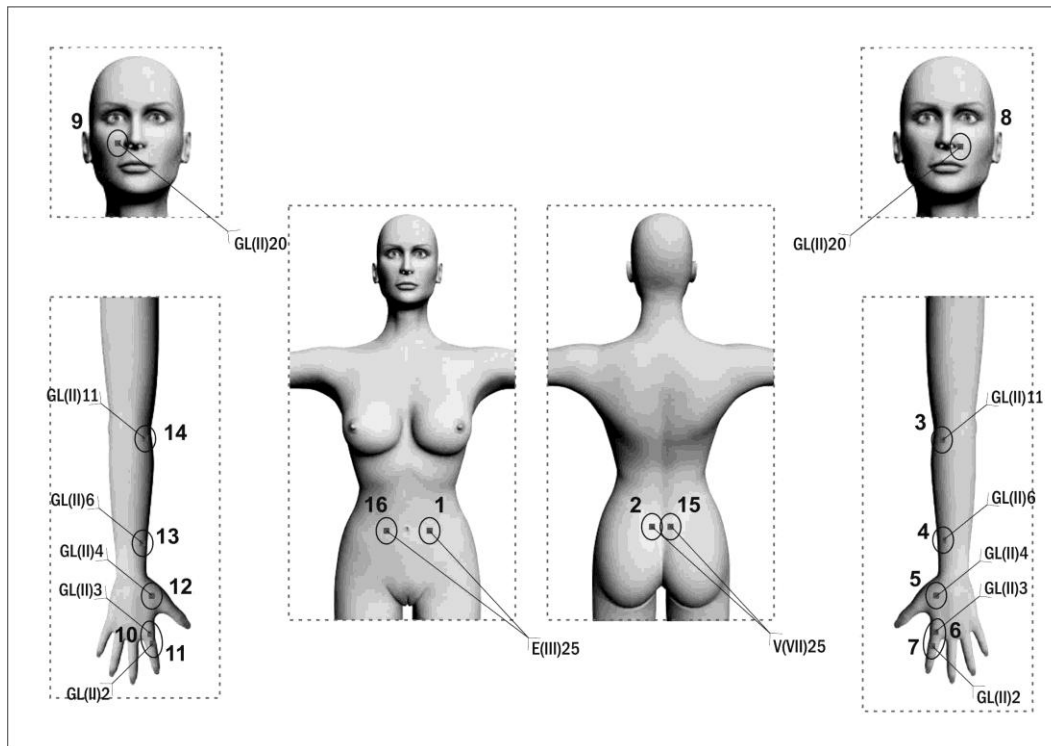
Heart meridian C(V)/H3

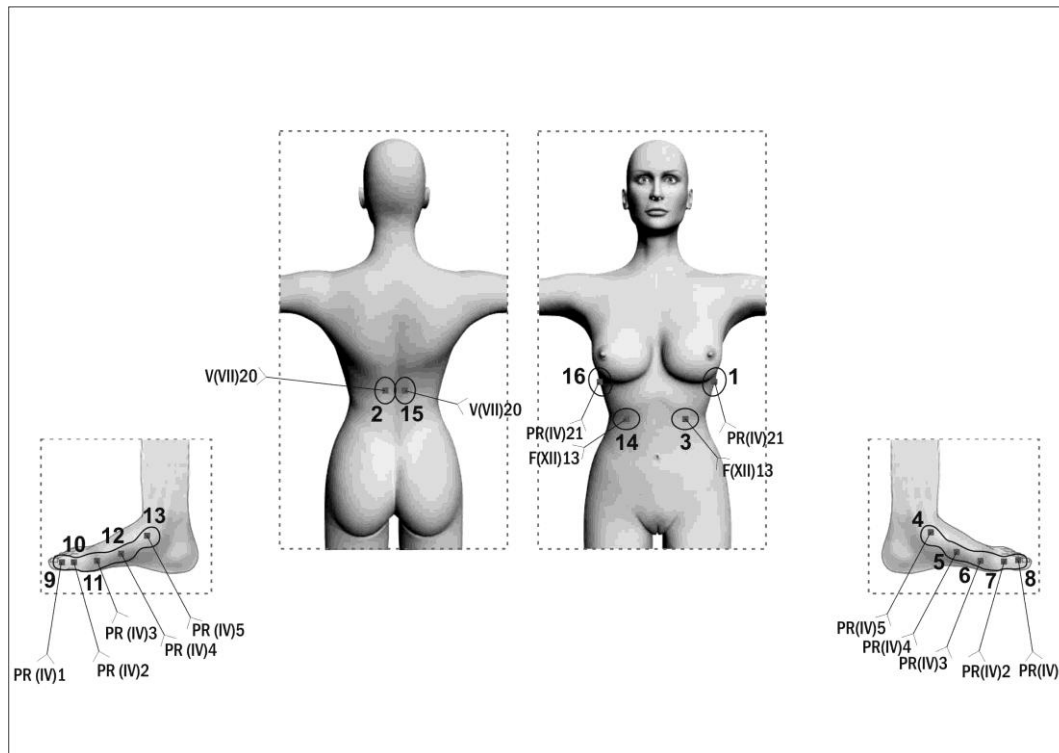
Small intestine meridian IG(VI)/H4

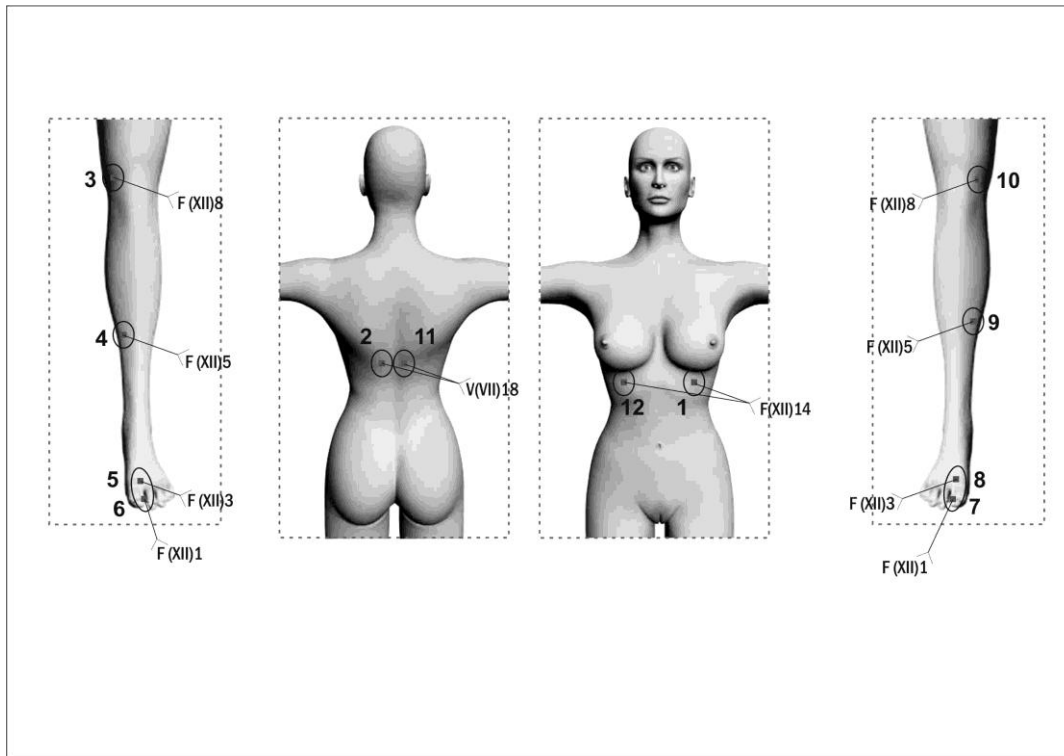


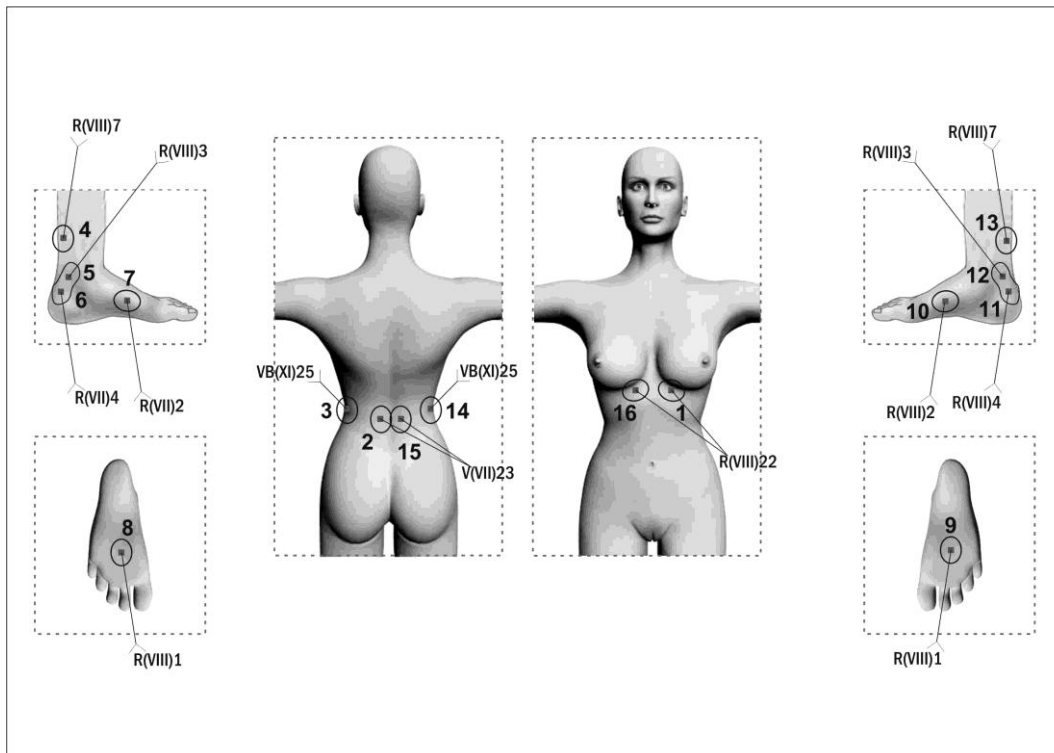
Three heaters meridian TR(X)/H5

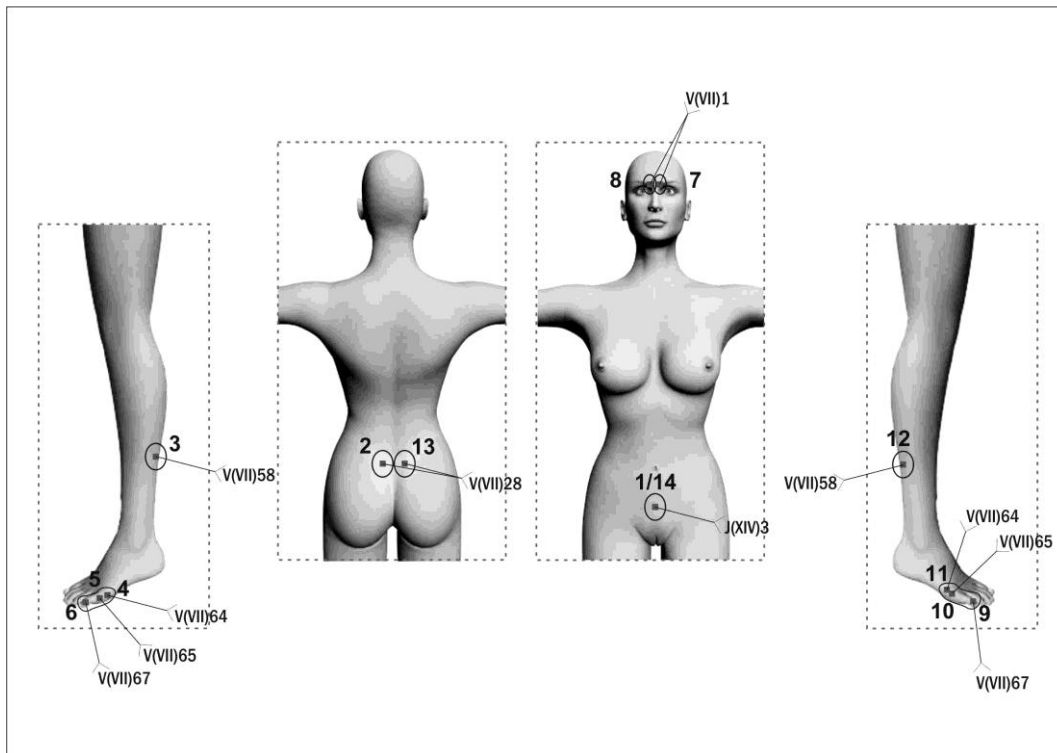


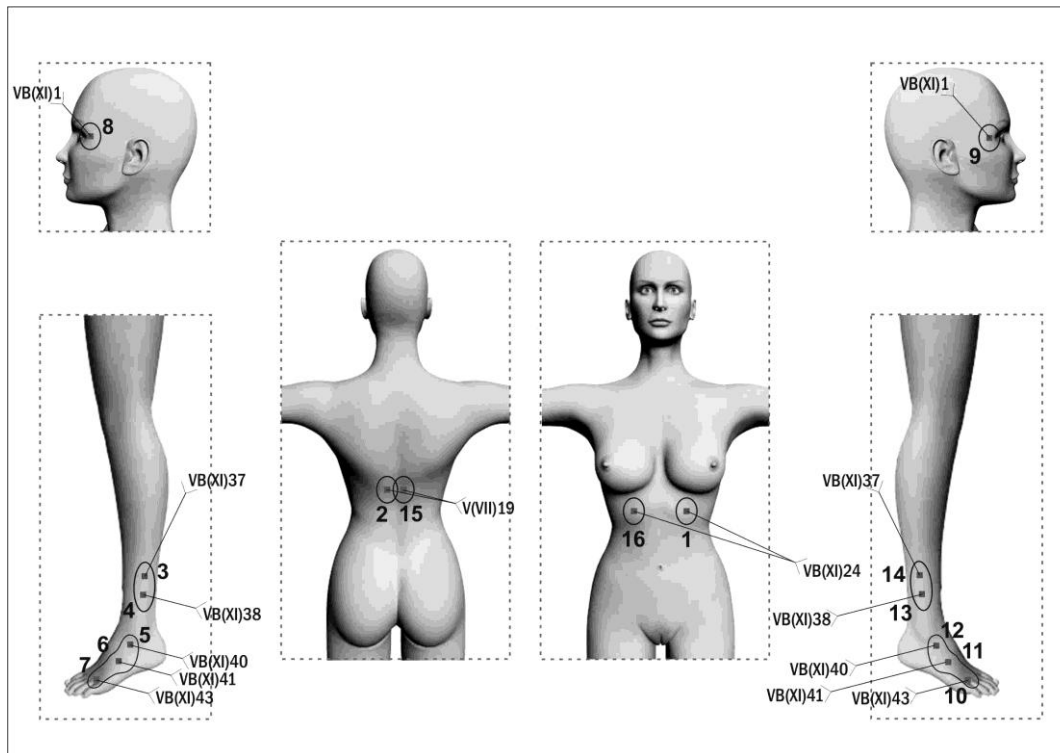
Large intestine meridian GL(II)/H6

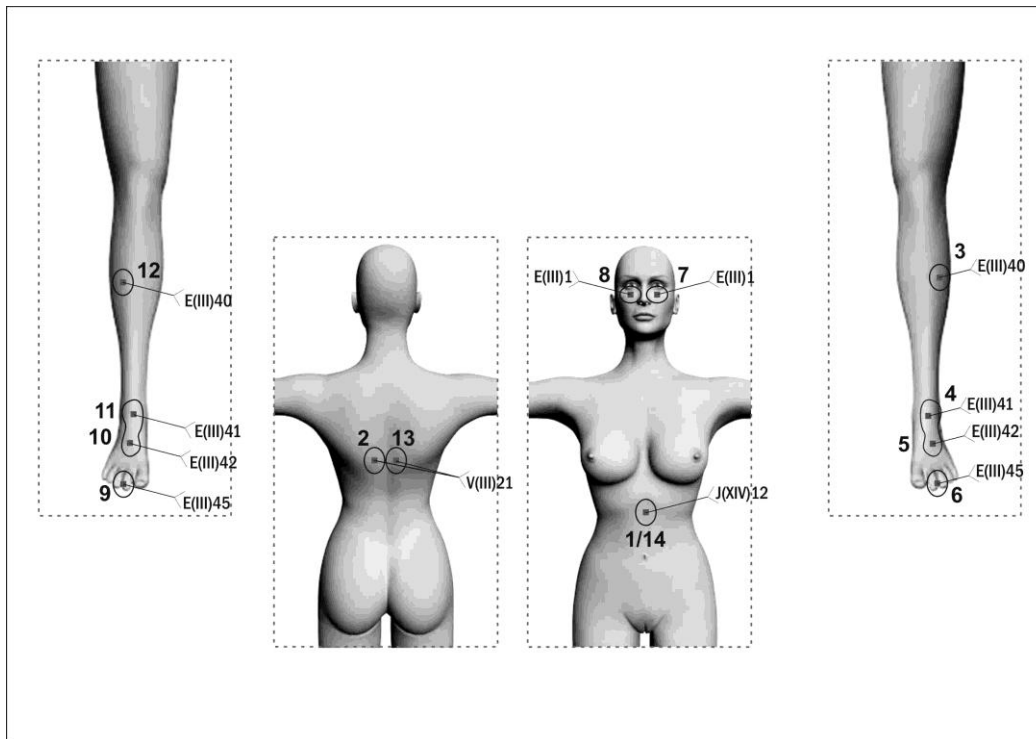
Spleen meridian RP(IV)/F1

Liver meridian F(XII)/F2

Kidney meridian R(VIII)/F3

Bladder meridian V(VII)/F4

Gall bladder meridian VB(XI)/F5

Stomach meridian E(III)/F6

Annex 3

Possible clinical signs of energy disorders of meridians.

Meridian, its international (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
Lungs (P(I)/H1)	<ol style="list-style-type: none"> 1. Dysfunction of the external respiration as a result of diseases of epipharynx, tonsils, larynx, trachea or lungs, and bronchial asthma. 2. Disorder of the skin function as a result of functional state changing of the sudoriferous glands, hair or skin affections. 3. Disorder of the metabolism functions as a result of external respiration dysfunctions (gaseous exchange, water surplus elimination in humans, aerobic oxidation) or as a result of excretory skin function disorder (elimination of various elements through sudoriferous glands). 4. Thermoregulation dysfunction as a result of skin dysfunctions. 5. Disorder of the blood circulation in the thoracic cavity (congested states). 6. Pain syndromes in the upper extremities.
Heart constrictor (MC(IX)/H2)	<ol style="list-style-type: none"> 1. Disorder of the affection (decreased initiative, irritancy, light sleep or depression, anxiety, phobia, deep sleep with much dreaming). 2. Syndrome of the reduced working capacity and athletic overexertion. 3. Disorder of the general circular blood paste function. 4. Disorder of the MIDI function in the thoracic cavity, abdominal cavity or in the urogenital system (congested states). 5. Heart dysfunctions. 6. Sexual dysfunctions.

Meridian, its international (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
	<ol style="list-style-type: none"> 7. Psychogenic disorder of the mens regulative function. 8. Diseases of the mammary glands. 9. Disorder of the metabolism functions as a result of circulatory inefficiency. 10. Respiratory dysfunctions. 11. Interaction disorder between the organs and systems corresponding to the meridians of lungs, heart, spleen and pancreas, liver, and kidneys (H1, H2, H3, F1, F2, F3).
Heart meridian (C(V)/H3)	<ol style="list-style-type: none"> 1. Disorder of the brainpower (difficult concentration, decreased attention concentration, intellectual – mnesic disorders). 2. Disorders of the information perceiving. 3. Memory impairment (forgetfulness). 4. Qualm, anxiety, and depression (atrabiliary states, feeling of oppression, melancholy, sadness, apprehension). 5. Reactivity (hyperexcitability). 6. Athletic overexertion syndrome. 7. Cardiovascular dysfunctions. 8. Blood circulation disorders (congestions). 9. Visual dysfunctions. 10. Hearing dysfunctions.
Small intestine (IG(VI)/H4)	<ol style="list-style-type: none"> 1. Reactivity (hyperexcitability). 2. Dysfunctions of the VNS. 3. Dysfunctions of the small intestine as a result of acute and chronic diseases of the mucosa (from the left – the left part of the small intestine, from the right – the right part of the small intestine and duodenum).

Meridian, its international (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
	<ol style="list-style-type: none"> 4. Dysfunctions of the pharyngeal mucosa as a result of tonsillitis. 5. Dysfunction of the inner ear (tinnitus, hearing impairment). 6. Rheumatic and arthralgic diseases of the shoulder girdle and arms and hands. 7. Headache, pain in the posterolateral part of the cervix, pain in the thoracic girdle and elbows.
Three heaters (TR(X)/H5)	<ol style="list-style-type: none"> 1. Reactivity (hyperexcitability). 2. Mental and physical tiredness, inactivity. 3. Depression (sadness, apathism). 4. Dysfunction of the humoral regulation as a result of the endocrine gland dysfunctions. 5. Dysfunction of the sympatic part of the VNS. 6. Spastic pains in various regions. 7. Cardiovascular dysfunctions (angiospasm, hypertonic and hypotonic states). 8. Headache. 9. Urogenital dysfunctions. 10. Hearing dysfunctions (ear-ache, hearing impairment). 11. Visual dysfunctions. 12. Dentalgia. 13. Interaction disorder between the organs and systems corresponding with the meridians of the small intestine, large intestine, urinary bladder, gall-bladder and stomach (H4, H5, H6, F4, F5, F6).
Large intestine (GI(II)/H6)	<ol style="list-style-type: none"> 1. Emotional disequilibrium (phobic states). 2. Dysfunction in the toxic material elimination as a result of the large intestine dysfunction. 3. Dysfunction of the digestive tract as a result of the mucous dysfunctions. 4. Skin dysfunctions. 5. Dysfunction of the external respiration (including bronchial asthma).

Meridian, its international (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
	<ol style="list-style-type: none"> 6. Diseases of the oral cavity (tongue, tooth, tonsils). 7. Diseases of the facial region (nose, ears, eyes). 8. Pain syndromes of the body.
Spleen (RP(IV)/ F1)	<ol style="list-style-type: none"> 1. Mental disorders: memory breakdown, deviations in imagination, sluggish mentality. 2. Mental disorders: indecision, depression, damp, emotional instability (quick transit from depression to euphoria) 3. Dysfunction of the blood purification and blood supply to other organs (trophism) (spleen on the left). 4. Dysfunction of the metabolism including water metabolism (pancreas on the right). 5. Dysfunction of the blood nutrients receiving (at food movement and digestion in intestines (trophism)). 6. Genitourinary dysfunction. 7. Dysfunctions of the external respiration. 8. Digestive apparatus dysfunctions (together with the stomach meridian).
Liver (F(XII)/F2)	<ol style="list-style-type: none"> 1. Impulsivity and affectability turning into anger. 2. Phobic states manifested as feeling of fear, anxiety, trouble. 3. Liver dysfunction: <ol style="list-style-type: none"> 3.1 Regulative dysfunction of the blood circulating in the body. 3.2 Dysfunction of production of substances that provide blood coagulation (hemorrhages). 3.3 Disorder of the liver function that provides blood purification (body detoxication). 4 Liver dysfunction as a result of hepatomegaly (diarrheal (dispeptic) disorders, rapid fatigability, darkening of vision, vertigo). 5 Headaches, migraines, spastic states. 6 Hypotonia (low blood pressure). 7 Asthenia and anginal pain.

Meridian, its international (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
	<ul style="list-style-type: none"> 8 Urogenital dysfunction. 9 Muscular dysfunction (spasms, muscle cramps of the extremities, opisthotonos). 10 Skin dysfunctions (allergic and infectious dermatosis) (combined with the lungs meridian). 11 Costal pain. 12 Low back pain and pain in lower extremities.
Kidney (R(VIII)/F3)	<ul style="list-style-type: none"> 1. Mental disorders manifested as indecision and weak-ill. 2. Sexual dysfunctions. 3. Renal dysfunctions. 4. Disorders of bone growth and bone functions, as well as that of the bone marrow. 5. Body's water control dysfunction (hippuria, edemas, polyuria, urinary incontinence, including enuresis). 6. Adrenal dysfunction. 7. Dysfunction of the uterus and epoophorons. 8. Dysfunction of the mens regulation. 9. Genitourinary dysfunction. 10. Diseases of the mammary glands. 11. Cardiovascular dysfunction (hypertonic and hypotonic states). 12. Gall-bladder dysfunction. 13. Digestive dysfunction. 14. Pharyngeal diseases. 15. Breast (thoracic) congestion (in case of bronchial asthma too).

Meridian, its international (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
Bladder (V(VII)/F4)	<ol style="list-style-type: none"> 1. Phobic states (fear, trouble, anxiety). 2. Dysfunction of kidney regulation. 3. Urination disorder. 4. Genitourinary dysfunction. 5. Dysfunction of the CNS (central nervous system). 6. Arterial hypertension. 7. Skin dysfunctions (eczema, dermatitis, psoriasis). 8. Dysfunction of the external respiration. 9. Digestive dysfunction. 10. Rectal and anal dysfunction. 11. Painful and spastic states. 12. Headache. 13. Visual dysfunction. 14. Nose diseases. 15. Back pain.
Gall bladder (VB(XI)/F5)	<ol style="list-style-type: none"> 1. Mental disorders manifested as indecision, depression, emotional instability. 2. Dysfunction of the gall bladder and bile-ducts. 3. Genitourinary dysfunction. 4. Headache of various etiology. 5. Visual dysfunction. 6. Tooth diseases. 7. Diseases of the paranasal sinuses. 8. Articular dysfunctions of the lower extremities.

Meridian, its internationsI (French) literal marking and marking in Nakatani method	Possible clinical signs of energy disorders of meridians in emotionally motivational sphere, organs and systems' functions and specific physical complaints
Stomach (E(III)/F6)	<ol style="list-style-type: none"> 1. Overexcitement or depression as a result of a nervous system disease. 2. Stomach dysfunction (gastritis, enteritis, parasecretion, gastralgia etc.) 3. Intestinal dysfunctions. 4. Diseases of the nose, head, paranasal sinuses, eyes, face, teeth, throat, legs and feet as a result of circulation failure in these body regions (head, neck, lower extremities). 5. Dysfunction of the external respiration as a result of diseases of the mucosa of the nose, larynx, bronchus, lungs. 6. Genitourinary dysfunction. 7. Diseases of the mammary glands. 8. Diseases of the oral mucosa. 9. Neuralgia and facial muscle spasms.

FOR NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.