

# 5<sup>th</sup> MERIDIANTECH-COVID19 Workshop

## Bioelectrical Diagnostics & Coherent Therapy

"COVID-19 Multicentric International Trials for Diagnosis-driven Personalized Precision Therapy"

**Saturday 09 May 17:00 Central European Summer Time**

**Hosted by**

**MEDPREVENT systems GmbH & Co. KG DE**

**Spaces limited to 20 participants**

To participate in the workshop and further information register at:

[madan.thangavelu4@gmail.com](mailto:madan.thangavelu4@gmail.com)

**Mobile & WhatsApp: + 44 7830 300 728**

# 5<sup>th</sup> MERIDIANTECH-COVID19 Workshop

## Bioelectrical Diagnostics & Coherent Therapy

"COVID-19 Multicentric International Trials for Diagnosis-driven Personalized Precision Therapy"

**Saturday 09 May 17:00 CEST – Hosted by MEDPREVENT systems GmbH & Co. KG DE**

Giulio **TARRO** : <http://www.giuliotarro.it/> , <https://twitter.com/TarroGiulio> & [https://it.wikipedia.org/wiki/Giulio\\_Tarro](https://it.wikipedia.org/wiki/Giulio_Tarro):  
Past, present and the future of human viral diseases

Vincenzo **VALENZI** MD ([www.cimb.me](http://www.cimb.me)), Patrizio **CARRAI** Pisa University (Chemistry), Pasquale **AVINO** Molise Univeristy (Chemistry):  
Intermolecule signalling: Subtle molecular signals and their role in regulation of inflammation

Dr. med Michael **BAUER**, Raimund **HOFFMAN** & Franziska **MICHL**: *MEDPREVENTsystems GmbH, Marktredwitz, Germany*  
PROGNOS system and Viral Express: Operating the PROGNOS System and overview of viral testing

Luca **GAMBERALE** & Milly **MORATTI**: *LEDA/Bicocca Research Center for Innovative Research in Applied Physics, Milan, Italy*  
Quantum Theory in biology and applications in medicine

Habib **DOUAGUI**: *Professor & Head, Department of Pneumo-allergology, Center Hospitalo Universitaire de Béni Messous, Algiers, Alger*  
*The current state of COVID-19 treatment in Africa: Perspectives and the need for personalized, precision therapy*

Judu **ILAVARASU**: *Division of Yoga and Physical Sciences, Swami Vivekananda Yoga Anusandhana Samsthana (SVYASA), Bangalore, India*  
SVYASA: Priorities for a meridian energy research project in S-VYASA, Bangalore

Vladimir **PETRUKHIN**: Founder, CardioMood ([www.cardiomood.com](http://www.cardiomood.com))  
Mobile HRV analysis and expert tools for heart rate analysis for TeleHealth / TeleMedicine

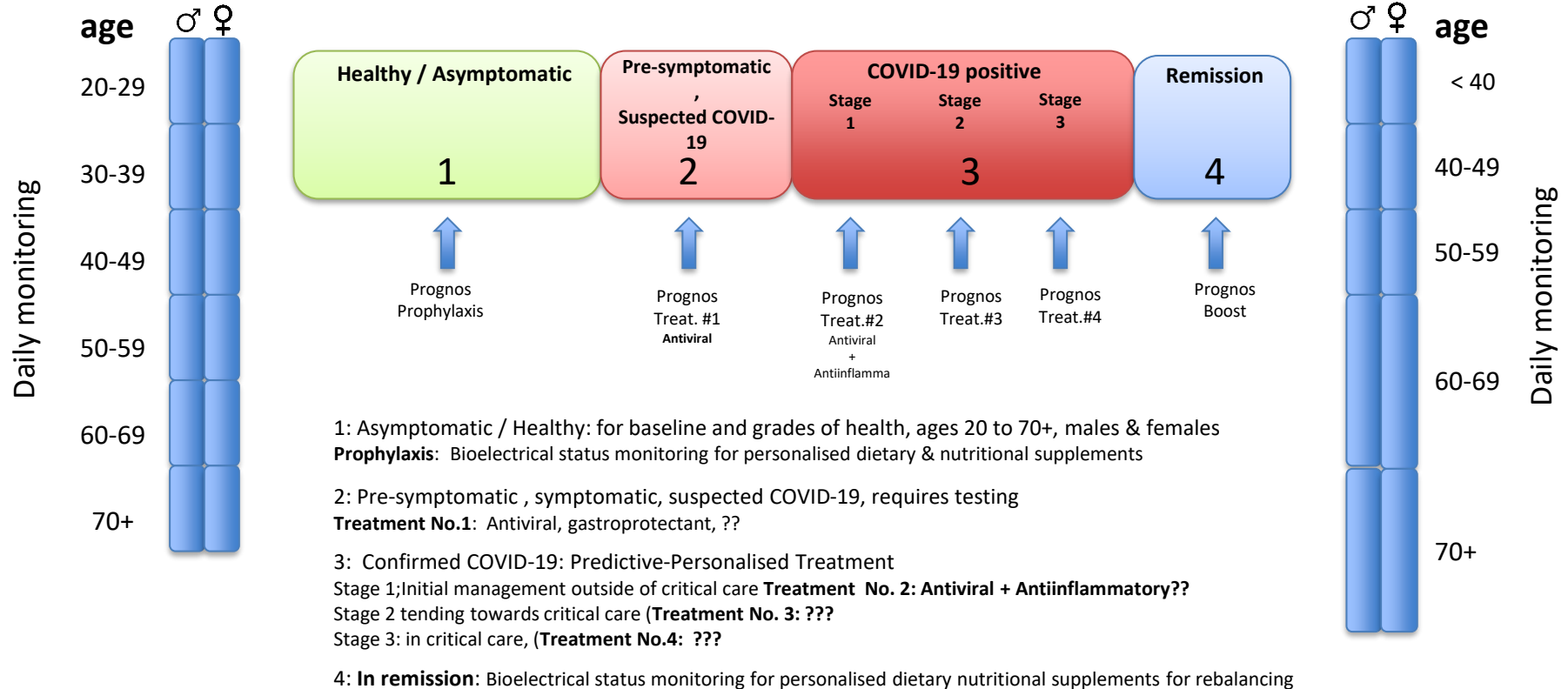
Madan **THANGAVELU**: [www.iiimb.me](http://www.iiimb.me)  
PROGNOSNET COVID-19: Organization of the Network, Clinical Studies and Study protocols & Project Timelines

# MERIDIANTECH: COVID 19

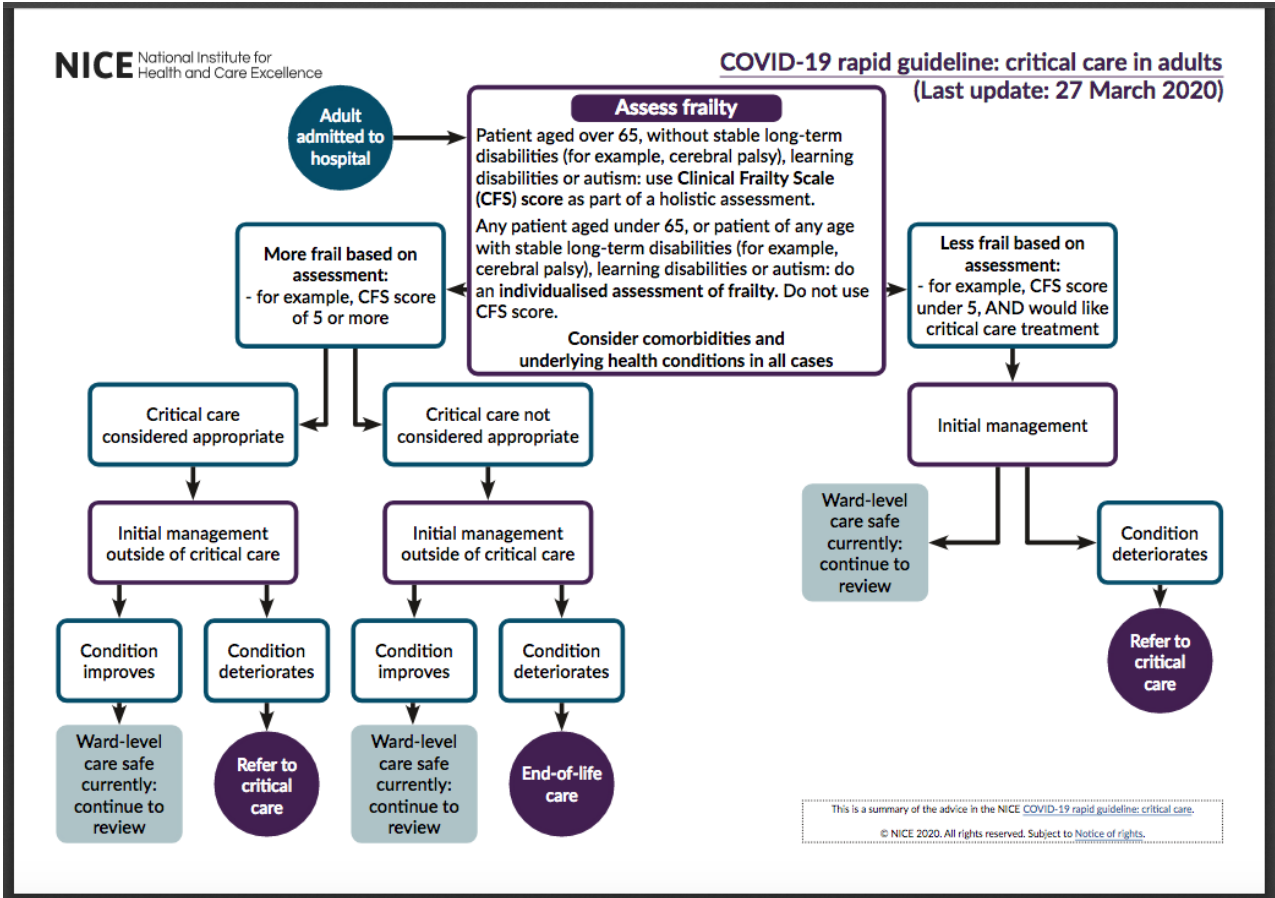
**1 Diagnostics:** Bioelectrical status of meridians and organ function (large intestine and lung meridians)

**2: Diagnostics-driven treatment:** Clinical trials for rebalancing and boosting bioelectrical status & predictive-personalised treatments

Stratification of population for grades of health, wellbeing & clinical frailty



# NICE UK Critical care referral algorithm to support decision making.



# Allegato 1. Percorsi assistenziali e terapeutici per pazienti COVID-19.

1

PS

TAMPONE  
EGA  
TC TORACE  
VALUTAZIONE FR  
  
ESAMI EMATOCHIMICI  
(pannello COVID)

Eupnoico  
Negatività radiologica  
EGA nella norma  
Walking-test negativo

Se Paziente positivo per COVID-19 asintomatico o con sintomi lievi: (Febbre  $\leq 37,5^{\circ}\text{C}$ ), tosse, sintomi da raffreddamento senza dispnea), età  $< 70$  anni e senza fattori di rischio (BPCO, diabete e cardiopatia) e TC torace negativo

## DIMISSIONE AL DOMICILIO

terapia dei sintomi (paracetamolo, idratazione, riposo, adeguata introito calorico) e monitoraggio con saturimetro e relativa app. Sconsigliata assunzione di farmaci senza indicazione medica.

## DIMISSIONE A STRUTTURE RESIDENZIALI

terapia dei sintomi (paracetamolo, idratazione, riposo, adeguata introito calorico) monitoraggio con saturimetro e relativa app. Sconsigliata assunzione di farmaci senza indicazione medica.

2

Malattie infettive (priorità)  
Reparto COVID bassa intensità (IV piano)

Caso positivo confermato e O2 terapia bassi flussi

**Paziente positivo per COVID-19 con sintomi respiratori lievi ma di età  $> 70$  anni e/o con fattori di rischio (BPCO, diabete e cardiopatia) oppure sintomatico o con sintomi lievi (Febbre  $> 37,5^{\circ}\text{C}$ ), tosse, dispnea da lieve a moderata) TC/torace con quadro di polmonite:**

- idrossiclorochina cp 200 mg, 1 x 2 oppure x3/die se non disponibile cloroquina 500 mg, 1 x 2/ die. Durata della terapia: da 7 a 10 giorni, con timing da stabilire secondo evoluzione clinica (PS: se permanenza prevista oltre le 24 h inizia trattamento in PS). NB: Necessaria valutazione cardiologica ECG (valutazione QT) \*\*\*\*
- Rapido peggioramento clinico: richiedere Remdesivir ad uso compassionevole. Appena disponibile: Remdesivir fiale 150 mg: 1 giorno 200 mg ev in 30 minuti poi 100 mg ev /die per altri 9 giorni in associazione ad idrossiclorochina 200 mg, 1 x 2/die con timing da stabilire secondo evoluzione clinica. NB: Benché l'attuale evidenza scientifica non supporta l'uso di lopinavir/ritonavir o darunavir/cobicistat 800/150 mg 1 cp/die questi farmaci possono essere considerati nei singoli casi in fase precoce se non disponibile Remdesivir (Vedi anche nota AIFA 24/03/20).

- idrossiclorochina cp 200 mg, 1 x 2 oppure x3/die se non disponibile cloroquina 500 mg, 1 x 2/ die. Durata della terapia: da 7 a 10 giorni, con timing da stabilire secondo evoluzione clinica NB: Necessaria valutazione cardiologica ECG (valutazione QT) \*\*\*\*

Richiedere Remdesivir ad uso compassionevole. Appena disponibile: Remdesivir fiale 150 mg: 1 giorno 200 mg ev in 30 minuti poi 100 mg ev /die per altri 9 giorni in associazione ad idrossiclorochina 200 mg, 1 x 2 oppure x3/die con timing da stabilire secondo evoluzione clinica

+/- Tocilizumab\* (richiedere dosaggio IL 6)

+/- desametasone 20 mg/die per 5 giorni poi a scolare

NB: Benché l'attuale evidenza scientifica non supporta l'uso di lopinavir/ritonavir o darunavir/cobicistat 800/150 mg 1 cp/die questi farmaci possono essere considerati nei singoli casi in fase precoce se non disponibile Remdesivir (Vedi anche nota AIFA 24/03/20).

3

Pneumologia  
Medicina Fast

Ossigeno terapia  
Frequenza respiratoria  $> 22$  con  $> 6\text{L}/\text{minuto}$  di O2  
PaO2  $< 65\text{mmHg}$  con  $> 6\text{L}/\text{minuto}$  di O2  
Rivalutazione dei casi in rapido peggioramento clinico con anestesia/riannatore dedicato

**Paziente positivo per COVID-19 con quadro di polmonite grave, ARDS o insufficienza respiratoria globale, scompensazione emodinamica, necessità di ricovero in terapia intensiva con assistenza ventilatoria meccanica**

- idrossiclorochina cp 200 mg, 1 x 2 oppure x3/die via SNG se non disponibile cloroquina 500 mg, 1 x 2/ die. Durata della terapia: da 7 a 10 giorni, con timing da stabilire secondo evoluzione clinica (PS: se permanenza prevista oltre le 24 h inizia trattamento in PS). NB: Necessaria valutazione cardiologica ECG (valutazione QT) \*\*\*\*

- richiedere Remdesivir ad uso compassionevole. Appena disponibile: Remdesivir fiale 150 mg: 1 giorno 200 mg ev in 30 minuti poi 100 mg ev /die per altri 9 giorni in associazione ad idrossiclorochina 200 mg, 1 x 2/die con timing da stabilire secondo evoluzione clinica;

+/- Tocilizumab\* (richiedere dosaggio IL 6)

+/- desametasone 20 mg/die per 5 giorni poi a scolare

4

Terapia intensiva

Se P/Fs 200

\***tocilizumab** criteri di inclusione: Termine della fase iniziale di elevata carica virale di COVID-19 (es. apiretico da  $> 72\text{h}$  e/o trascorsi almeno 7 giorni dall'esordio dei sintomi) Peggioramento degli scambi respiratori tali da richiedere supporto non invasivo o invasivo alla ventilazione (Brescia-COVID respiratory severity scale score  $> 2$ ) Elevati livelli di IL-6 ( $> 40\text{ pg/ml}$ ), in alternativa elevati livelli di d-dimero e/o PCR e/o ferritina e/o fibrinogeno in aumento progressivo.

\*\*\* se disponibili ed attivi protocolli AIFA i pazienti verranno valutati per inclusione in studio clinico in via prioritaria.

\*\*\*\***Interazioni farmacologiche e carenze di farmaci massima attenzione alle possibili interazioni farmacocinetiche. In caso di concomitante assunzione di altri farmaci utilizzare DRUG PIN** <https://aouca.drug-pin.com/agg/>

\*\*\*\*\*La terapia antibiotica non è indicata, se non in presenza di indicazioni cliniche o protocolli in uso.

\*\*\*\*\* il presente protocollo, stilato dai prof.ri A. Aceti, R. Bonfini, C. Capalbo, C. Napoli, A. Ricci, M. Rocco, M. Simmaco, con il coordinamento del Direttore sanitario, Dott. P. Anibaldi, sarà oggetto di periodica verifica in funzione dell'aggiornamento dei dati di letteratura, linee guida e documenti prodotti da parte degli enti regolatori.

# Anticovid:

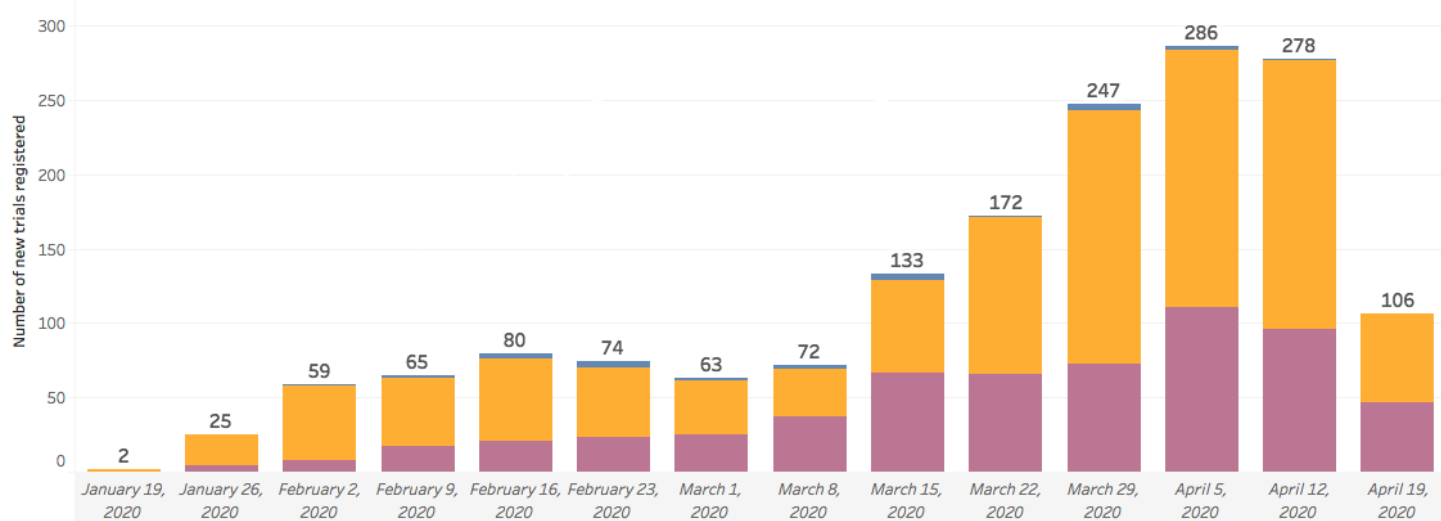
## An open access platform for global clinical trials for SARS-CoV 2 (the virus responsible for COVID-19)

This chart exhibits trial registration in the SARS-CoV-2 landscape. In general, trial registration is affected by many biases and the case of SARS-CoV-2 certainly makes no exception. Perhaps, there is even more bias given the emergency at stake, diverting researchers from ideally registering their trials in a timely and prospective manner. In any case, chart shows a recent steep increase in clinical research activity, roughly aligned with pandemic spread. The high proportion of observational studies is quite striking, as compared to what is usually observed yet it may be explained by the critical need for "trivial" data regarding this unexpected and unknown agent.

### Study type

■ Diagnostic test      ■ Interventional (study)      ■ Observational (study)

### New trials registered each week





# References & related material

## **PROGNOS Technology / YouTube presentations:**

Using PROGNOS: [https://www.youtube.com/watch?v=jeO\\_UoMsApw](https://www.youtube.com/watch?v=jeO_UoMsApw)

Interview on PROGNOS: <https://www.youtube.com/watch?v=0MKyKzTQ3pw>

Using PROGNOS on MIR by Prof. Dr. med Valeri Vladimirovich Polyakov: <https://www.youtube.com/watch?v=R4hGgJShsZU>

## **How does COVID-19 kill?**

Therapeutic options for the 2019 novel coronavirus (2019-nCoV): <https://www.nature.com/articles/d41573-020-00016-0>

Uncertainty is hampering doctors' ability to choose treatments: <https://www.nature.com/articles/d41586-020-01056-7>

**The race for coronavirus vaccines: a graphical guide-** Eight ways in which scientists hope to provide immunity to SARS-CoV-2 .  
[https://www.nature.com/articles/d41586-020-01221-y?utm\\_source=Nature+Briefing](https://www.nature.com/articles/d41586-020-01221-y?utm_source=Nature+Briefing)

**AntiCOVID: Clinical research for Covid-19 (by Inato):** <https://covid.inato.com/analysis>

**NIH Coronavirus Disease 2019 (COVID-19) Treatment Guidelines:** <https://www.covid19treatmentguidelines.nih.gov/>

**COHERENCE IN LIFE AND IN MATTER - Past events and related resources (in Italian):** <https://www.vglobale.it/?s=Coherence>

**Luc Montagnier (2008 Nobel Prize in Physiology or Medicine) and Vincenzo Valenzi (an interview in Italian and French):** <https://youtu.be/CuQtvjBuavI>

**Proceedings of COHERENCE events and related material:** <http://www.iiimb.me/materiali.html>

**COHERENCE2020 Presentations:** <http://www.iiimb.me/atti-di-coherence2020.html>

**COVID Workshop Reports:** [https://m.facebook.com/story.php?story\\_fbid=3395611340453227&id=100000131826854](https://m.facebook.com/story.php?story_fbid=3395611340453227&id=100000131826854)

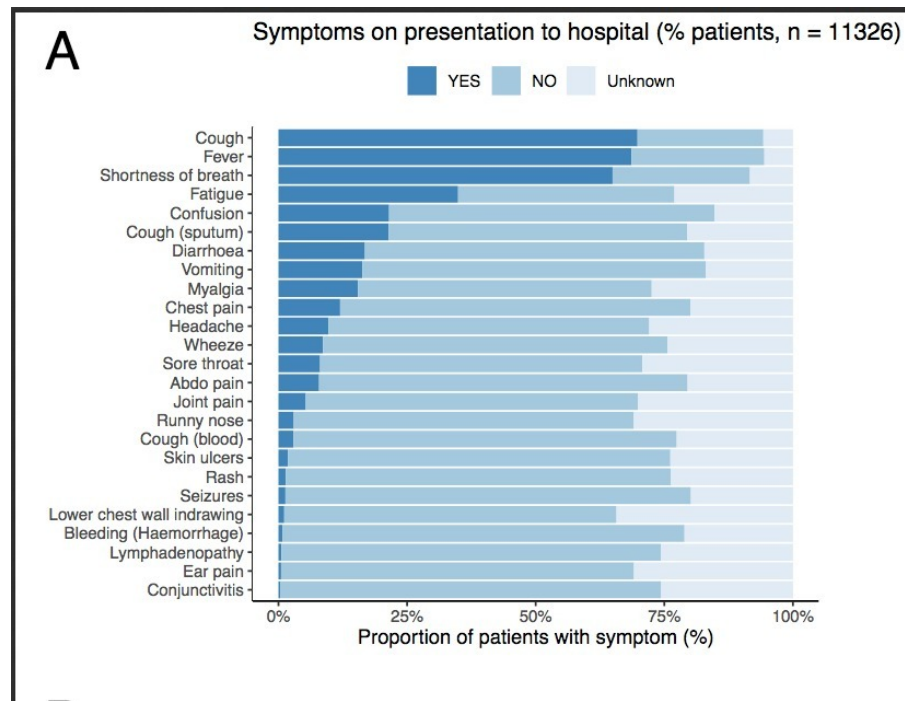


# References & related material

## Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol *(International Severe Acute Respiratory and emerging Infections Consortium)*

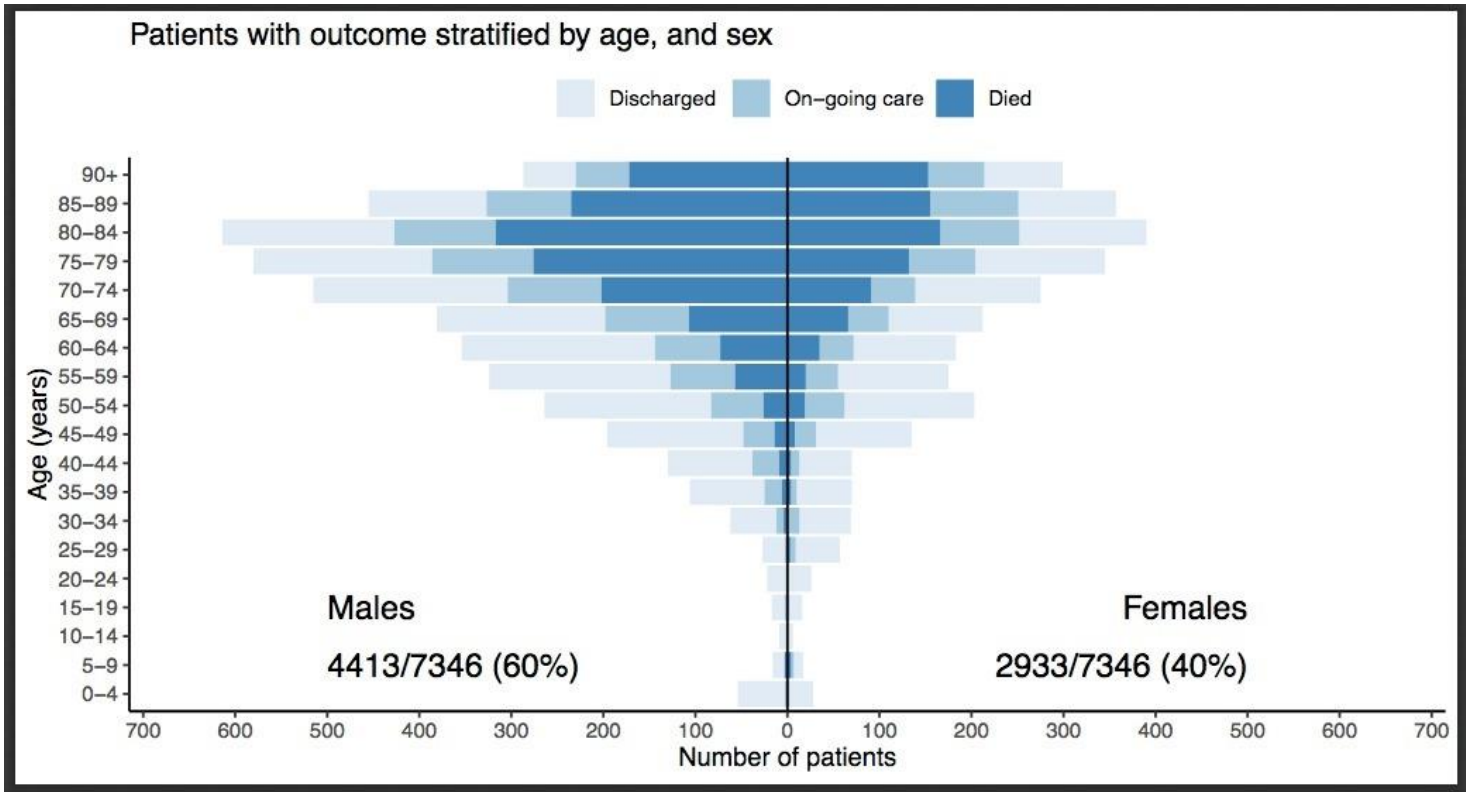
**Results:** The median age was 72years [IQR57, 82; range 0, 104], the median duration of symptoms before admission was 4 days[IQR 1,8]and the median duration of hospital stay was 7days [IQR 4,12].The commonest comorbidities were chronic cardiac disease (29%), uncomplicated diabetes (19%), non-asthmatic chronic pulmonary disease (19%) and asthma (14%); 47% had no documented reported comorbidity. Increased age and comorbidities including obesity were associated with a higher probability of mortality. Distinct clusters of symptoms were found: 1. respiratory (cough, sputum, sore throat, runny nose, ear pain, wheeze, and chest pain); 2. systemic(myalgia, joint pain and fatigue); 3. enteric (abdominal pain, vomiting and diarrhoea). Overall, 49% of patients were discharged alive, 33% have died and 17% continued to receive care at date of reporting.17%requiredadmission to High Dependency or Intensive Care Units; of these, 31% were discharged alive, 45% died and 24% continued to receive care at the reporting date. Of those receiving mechanical ventilation, 20% were discharged alive, 53% died and 27% remained in hospital.

**Conclusions:** We present the largest detailed description of COVID-19 in Europe, demonstrating the importance of pandemic preparedness and the need to maintain readiness to launch research studies in response to outbreaks.



# References & related material

## Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol (*International Severe Acute Respiratory and emerging Infections Consortium*)



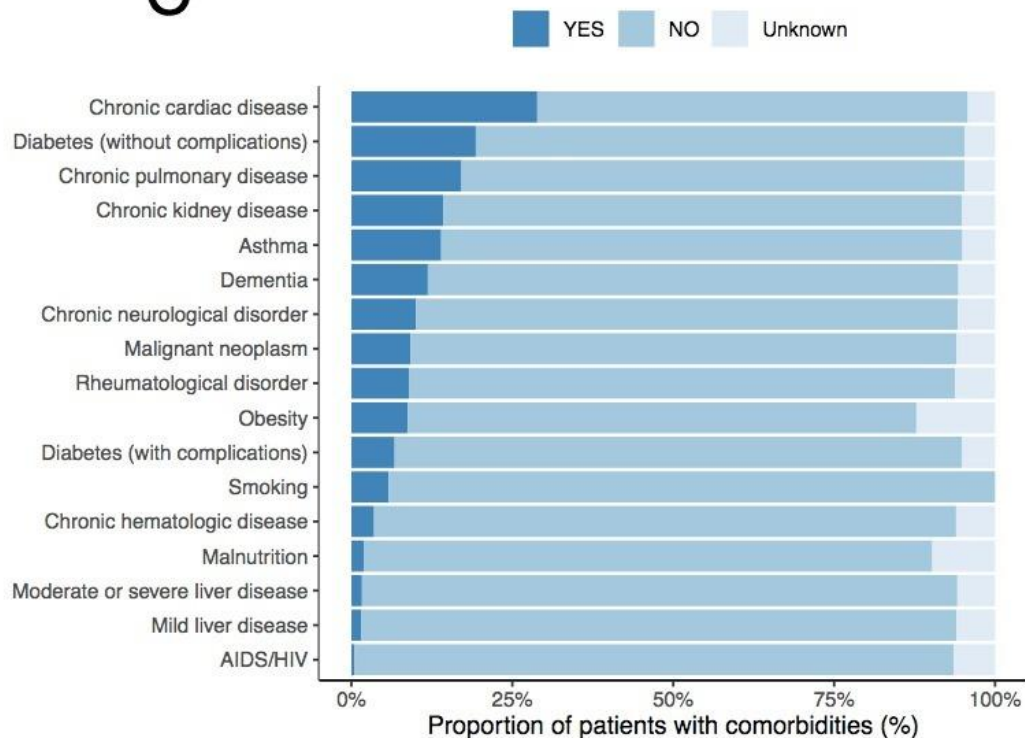
# References & related material

## Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol

11326)

C

Comorbidity (% patients, n = 11412)



# 4<sup>th</sup> MERIDIANTECH-COVID19 Workshop

## Bioelectrical Diagnostics & Coherent Therapy

Controlled trials of Meridian technology-based diagnostics and diagnostics-driven precision, personalized therapy

**Thursday 30 April 15:00 CEST – Hosted by MEDPREVENT systems GmbH & Co. KG DE**

Giulio **TARRO** : <http://www.giuliotarro.it/> , <https://twitter.com/TarroGiulio> & [https://it.wikipedia.org/wiki/Giulio\\_Tarro](https://it.wikipedia.org/wiki/Giulio_Tarro):  
**Urgent need for new approaches for managing the COVID-19 pandemic**

Habib **DOUAGUI**: *Professor & Head, Department of Pneumo-allergology, Center Hospitalo Universitaire de Béni Messous, Algiers, Algeria*  
**COVID-19 in Africa: The state of play and approaches to management and care**

Judu **ILAVARASU**: *Division of Yoga and Physical Sciences, Swami Vivekananda Yoga Anusandhana Samsthana (SVYASA), Bangalore, India*  
**ACUGRAPH for COVID-19 studies: Limits and challenges**

Dr. med Michael **BAUER**, Raimund **HOFFMAN** & Franziska **MICHL**: *MEDPREVENTsystems GmbH, Marktredwitz, Germany*  
**COVID-19 diagnostics and viral testing and assessment of organ health using the PROGNO system**

Dr. med. Thomas **RAMPP**: *Faculty of Medicine, University of Duisburg-Essen & Institute for Naturopathy, Traditional Chinese and Indian Medicine, Kliniken Essen-Mitte, Essen, Germany*  
**Visco Dendron: PROGNO-based diagnostics-driven personalised selection of ‘coherent’ plant preparations for**

**therapy**

Svetlana von **GRATOWSKI**: *LABORATORY OF SPECTROSCOPY AND MILLIMETER AND SUBMILLIMETER WAVE MEASUREMENTS, Kotelnikov Institute of Radioengineering and Electronics, Russian Academy of Sciences. Fryazino Branch*  
**Millimeter and submillimeter waves in medicine and their effects on complex biological systems**

# 3<sup>rd</sup> MERIDIANTECH-COVID19 Workshop

## Bioelectrical Diagnostics & Coherent Therapy

“Unpacking” & Understanding Meridians: Practical Measurement and Interpreting Results

**Friday 23 April 18:00 CET – Hosted by MEDPREVENT systems GmbH & Co. KG DE**

Raimund **HOFFMAN**: CEO, MEDPREVENT systems GmbH & Co. KG DE

**INTRODUCTION: Review and progress with MERIDIANTECH-PROGNOSNET engagements**

Judu **ILAVARASU**: Division of Yoga and Physical Sciences, Swami Vivekananda Yoga Anusandhana Samsthana (SVYASA), Bangalore, India: **ACUGRAPH studies in SVYASA, Bangalore, India.**

Dr. med Michael **BAUER**, Raimund **HOFFMAN** & Franziska **MICHL**: MEDPREVENTsystems GmbH

**PROGNOS: The instrument, using the instrument, data structure, data analysis, results and interpretation**

Nouri **GHARBI MD** : National Medical Coordinator, ORPEA-CLINEA, President RESPIRINTERNATIONAL, **Paris-Sud University (Paris XI): COVID-19 status in France and The Maghreb: Observation and and new therapeutic strategies**

Alexander **TROFIMOV MD**: Director, International Scientific Research Institute of Cosmic Anthropoecology (ISRICA), Russia & Chief of Laboratory Helioclimatopathology of Science Center of Clinical and Experimental Medicine of Siberian Department of Russian Academy of Medical Science: Cosmico Radiations, **Solar activity and its effects on BIOLOGICAL system and and links to bacteria and viral infection susceptibility ?**

Madan **THANGAVELU** & Vincenzo **VALENZI**: [www.iiimb.me](http://www.iiimb.me)

**COVID-19: Challenges and opportunities for Pharmacogenomics, Pharmacoelectrodynamics & MERIDIANTech**

# 2<sup>nd</sup> MERIDIANTECH-COVID19 Workshop

## Bioelectrical Diagnostics & Coherent Therapy

A new bridge between Oriental and Occidental Medicine

**Saturday 15 April 15:00 CET – Hosted by MEDPREVENT systems GmbH & Co. KG DE**

Raimund **HOFFMAN**: CEO, MEDPREVENT systems GmbH & Co. KG DE

**INTRODUCTION:** **Why I invest all my energy and money in PROGNOS technology.**

Dr. med Michael **BAUER**, Dr med dent. Louis **NIESTEGGE** & Dr. med Beate **MAUL** (MD):

**Clinical cases studied using the PROGNOS system**

Antonio **ACETI** Professore Ordinario, **Sapienza University of Rome | La Sapienza**

**The Rome experience with COVID-19 and possible new therapeutic strategies**

Giulio **TARRO**: Chairman, Virosphere Biotechnology Committee, World Academy of Biomedical Technologies (WABT)–

UNESCO, Paris **The STRATEGY for tackling COVID19 using lessons of the past**

Konstantin **APYKHTIN** PhD: Institute of Gerontology, National Academy of Medical Sciences of Ukraine

**Mini-ECG and HRV in home monitoring of COVID 19 patients**

Madan **THANGAVELU** & Vincenzo **VALENZI**: [www.iiimb.me](http://www.iiimb.me)

**COVID-19: Challenges and opportunities for Pharmacogenomics, Pharmacoelectrodynamics & MERIDIANTech**

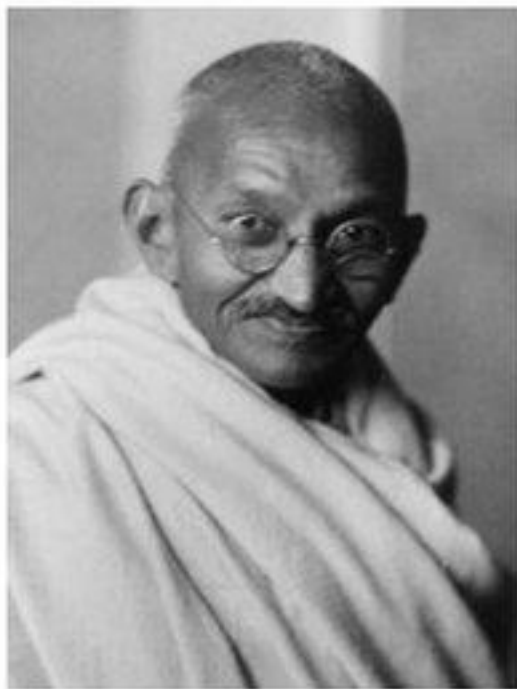
# 1<sup>st</sup> PROGOSNET-COVID19 Workshop

## Functional Diagnostics & Coherent Therapy

Coherent Drugs, Compatible Foods, Nutrition & Environment

**Monday 13 April 16:00 – Hosted by MEDPREVENT systems GmbH & Co. KG**

Raimund <b>HOFFMAN</b> :	Introduction to MEDPREVENT & PROGNOS
Madan <b>THANGAVELU</b> :	COVID-19 and the complex physiological responses of a viral infection
Vincenzo <b>VALENZI</b> :	Order and 'coherence' in complex systems and the immune system
Dr. med Michael <b>BAUER</b> :	Clinical case studies using the PROGNOS system
Jamal <b>AISSA, DIGIBIO, Paris</b> :	Low doses and high dilutions results of Benveniste and Montagnier and implications for COVID-19 management
Francesco <b>SICURELLO</b> :	Telemedicine systems and opportunities for the future
Prof. Antonio <b>ACETI</b> :	Experiences and lessons from COVID-19 critical care and management in Rome
	... others to join



**First they ignore you,  
then they laugh at you,  
then they fight you,  
then you win.**

**Mahatma Gandhi**