PART THREE

I am convinced of my words and of the potential of the human brain, of the aura, and of strong character, and through the additional examinations indicated in the book, I prove the treatment that has been carried out.

RESONANCE IMAGES

The images are presented in original full format, so that it can be seen which part or section of the organ they are from, and also to provide the complete information for each one. In order to see clearly and distinctly the indicated part of the image with an arrow, it is good to use zoom, which is naturally possible only in the internet version of the book.

Legend for the images:

1. The red arrow is for images before August 2025. →

2. The blue arrow is for images from August 2025 onward. →

3. The orange arrow is for images related to the cyst after its relocation to the area of the lesser pelvis and the prostate. →

4. No arrow when the images are for informational purposes only.

1. The autonomic nervous system

It should be noted what the radiologists say about the autonomic nervous system that I present here.

According to them, these may be veins and arteries in the neck area going to the head. This opinion is categorically rejected, because I show a contrast-enhanced examination of the neck, where only veins and arteries are seen that pass through the neck and reach the brain.

It also cannot be bone or the esophagus, because with regard to the esophagus it can be observed clearly and distinctly that it goes from the neck to the duodenum, and both trunks of the nervous system pass to the sides, to the right of it, and form a completely separate system from it, positioned further forward toward the front of the chest compared to the location of the esophagus. After the displacement of the autonomic nervous system into the spinal column, only the esophagus and the trachea are seen, and as for the veins and arteries, I do not comment on them, because they are much thinner and winding and have nothing to do with the autonomic nervous system to the right of the spine.

Regarding the proof of whether the autonomic nervous system has been displaced exactly into the spinal column, the only images available to me are the images from above and from the side, but I cannot make a distinction between before and after. If anyone wishes to carry out some examination for this, I am willing, and I will do it.

Separately, cardiologists, when interpreting the neck Doppler that I had done, deny that the MRI images presented as the autonomic nervous system represent veins/arteries in the neck, but this is not stated officially in writing, only in a consultation conversation.

Right side of torso/neck in profile

• In the first 4 pairs of images, for the period before August 2025, the presence of both main trunks plus the sheath of the right trunk of the autonomic nervous system (ANS) in the right part of the body is visible, passing through the neck and torso, the right side of the waist and reaching the right leg, making

Before



After



contact with the right upper part of the cerebellum at the level behind the right ear. In the images, the autonomic nervous system is naturally visible only at the level of the head, neck, and the upper part of the torso, where it is larger in size and can be shown more clearly on the MRI images.

Before



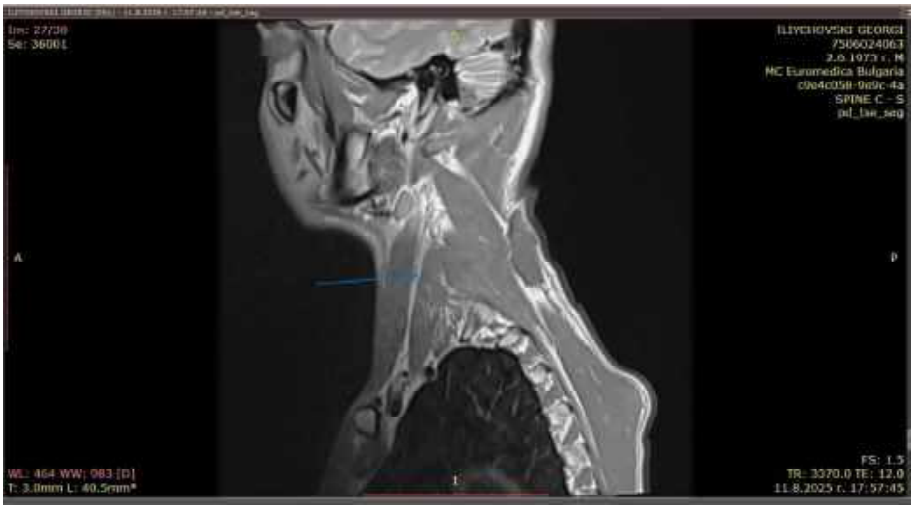
After



Before



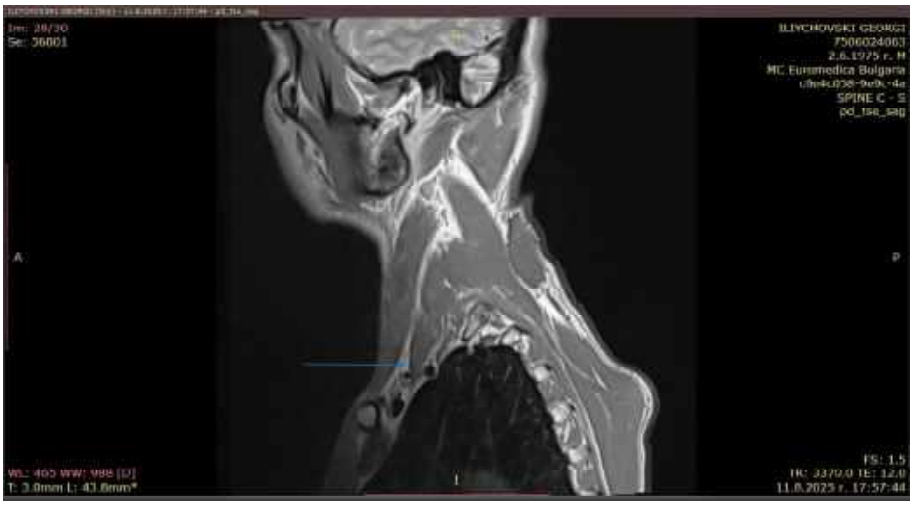
After



Before



After



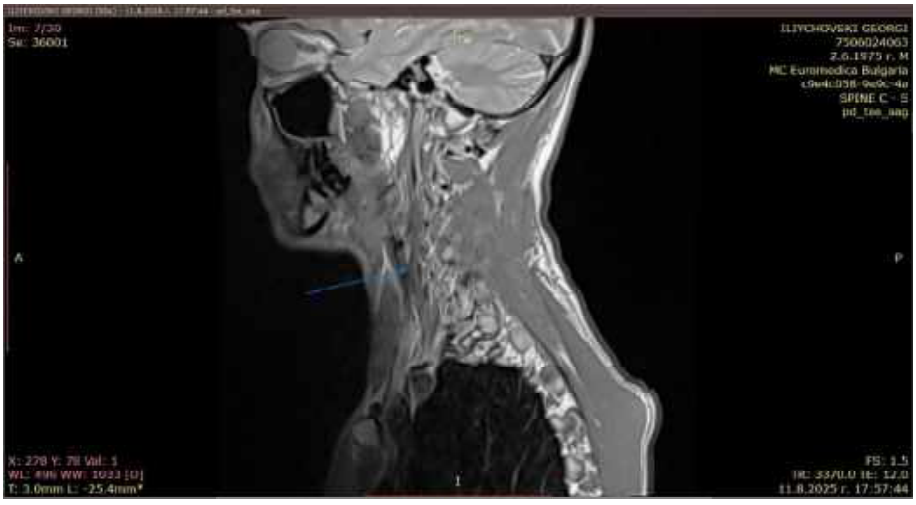
Left side of torso/neck in profile

• In the images for after July 2025, it can be seen that the sheath of the left trunk of the autonomic nervous system (ANS) is no longer present, because it has been displaced into the spinal column, which, in principle, is the normal place of the ANS.

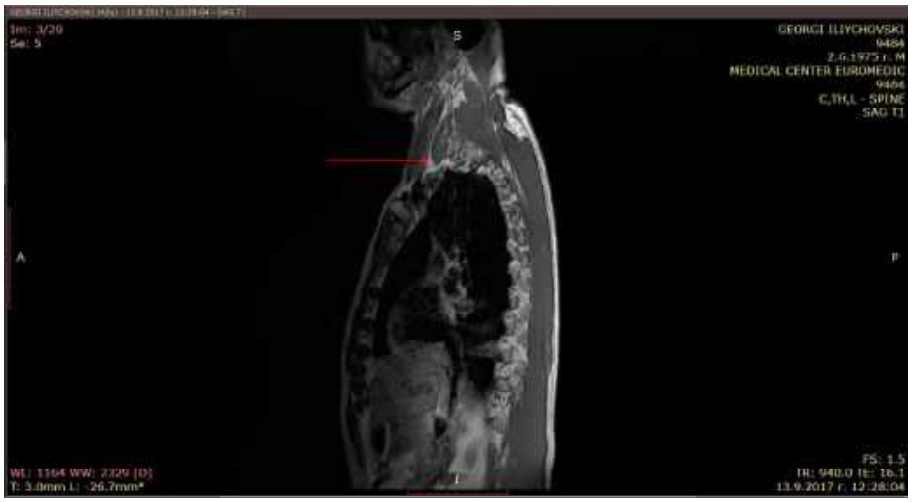
Before



After



Before



After



Before



After



Before



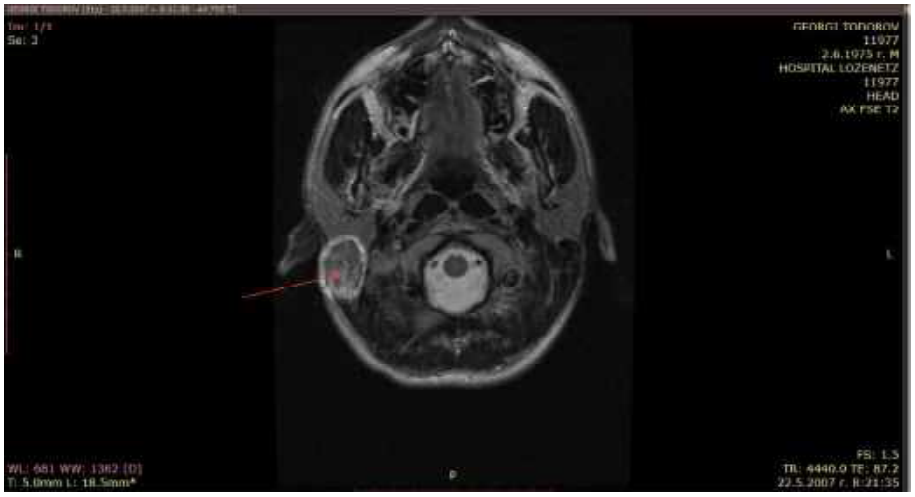
After



Autonomic nervous system, viewed from above:

Here, I will note that the round spot, the larger one on the right, has visible edges that disappear after the displacement of the autonomic nervous system, which means that there was something there that can only be the autonomic nervous system. On the left, the spot is smaller because there was only the sheath of the left

Before



After



trunk of the autonomic nervous system. Their overall areas before and after are nearly the same, which means there is no way they could have completely disappeared in such a short time.

Here, in another section, the effect is visible, and the presence of the autonomic nervous system is examined before and after, with the black area distributed identically on both sides, extending from the center of the cerebellum toward the area behind the ears.

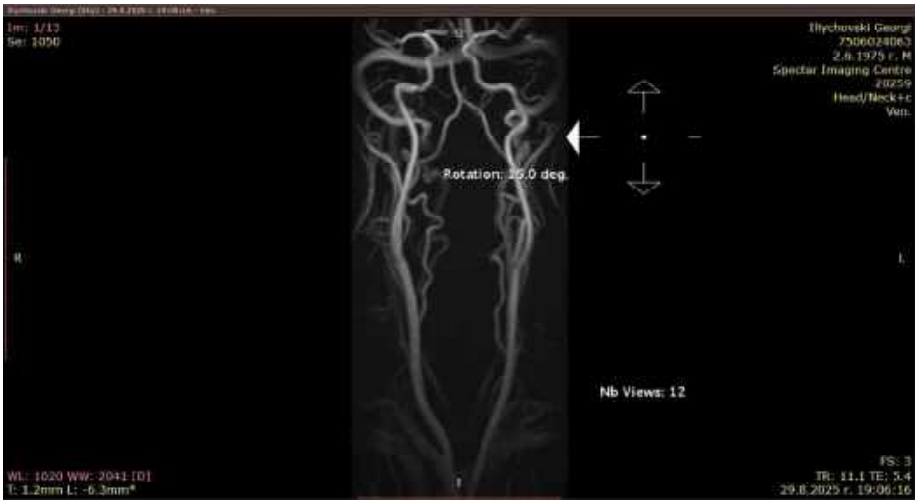
Before



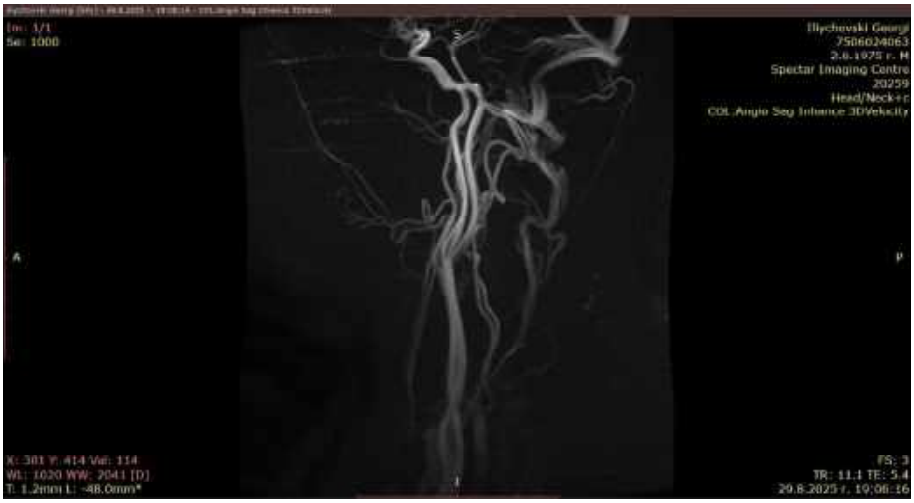
After



The purpose of the following images is to give a clear idea that they cannot be confused with the autonomic nervous system. They are thinner, wavy, and occupy the inner part of the neck, while the autonomic nervous system is slightly drawn to the sides, in close proximity to the veins/arteries in the neck, and in principle, when in contact with the brain, the autonomic nervous system makes a slight turn from the central part of the neck toward the area behind the ears. This applies to both sides and parts of the autonomic nervous system, generally speaking.





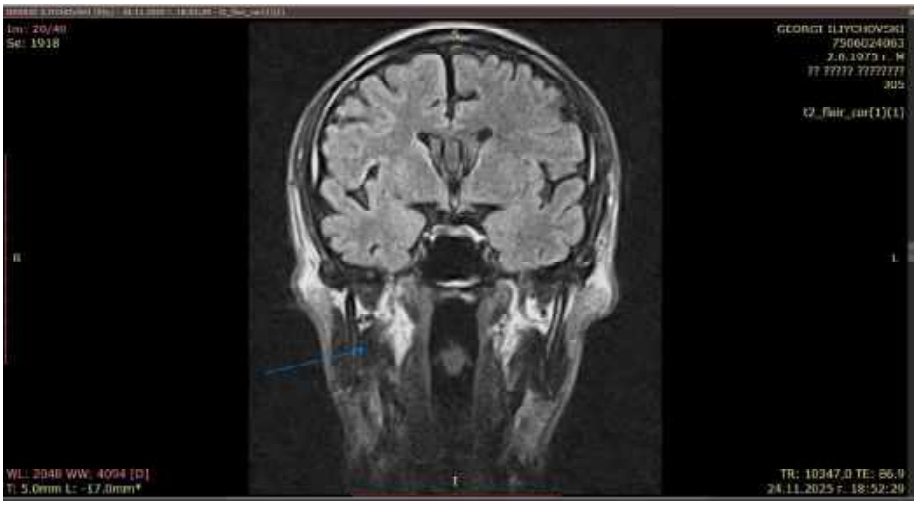

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X: 301 Y: 414 Val: 114
WL: 1020 WW: 2041 [D]
T: 1.2mm L: -48.0mm*
FS: 3
TR: 11.1 TE: 5.4
29.8.2025 г. 19:06:16

In the lower two images, the autonomic nervous system is again visible, and in proximity to it, there are veins/arteries, which are located, as I mentioned, closer to the spinal column. The other structures that we might confuse with and resemble the autonomic nervous system are the bones of the lower part of the skull, which are thinner than the autonomic nervous system and are located on the outermost side, compared to the autonomic nervous system and the veins/arteries.

Before



After



Before



After



On the next page, I present the autonomic nervous system again, marked with arrows, and in proximity to it, in this case on the right side, there are veins and arteries. As can be seen, there are three small elliptical circles, with two on the right, because the autonomic

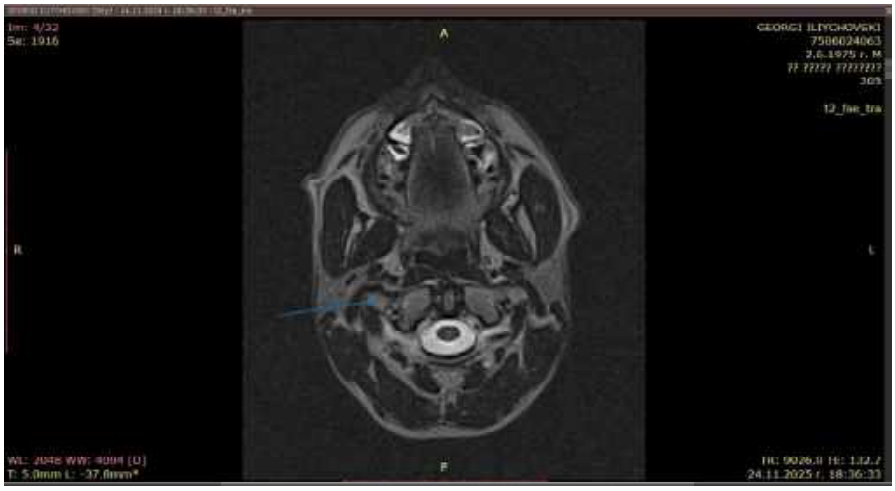
nervous system is also next to the vein. On the left, the sheath of the autonomic nervous system is barely noticeable because it has a much lower density than the two small elliptical circles on the right.

In the images with the blue arrow, after the displacement, only two small circles remain on both sides of the spinal column, which are naturally veins/arteries. In SPECT (a little lower down), the test was also with contrast, and that is why the vessels are seen so clearly (with no autonomic nervous system in the after images).

Before



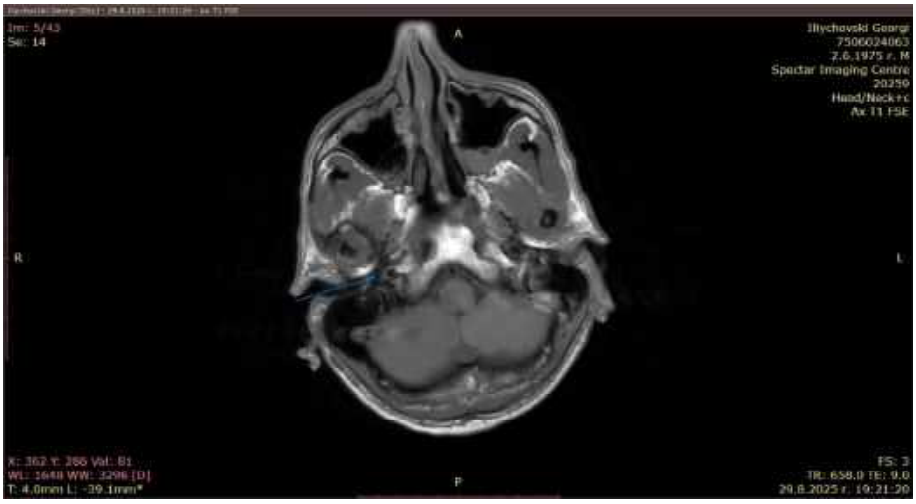
After



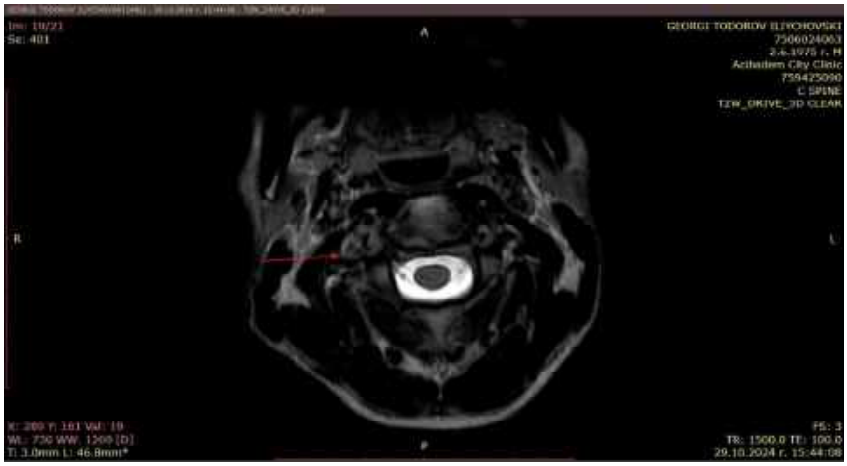
Before



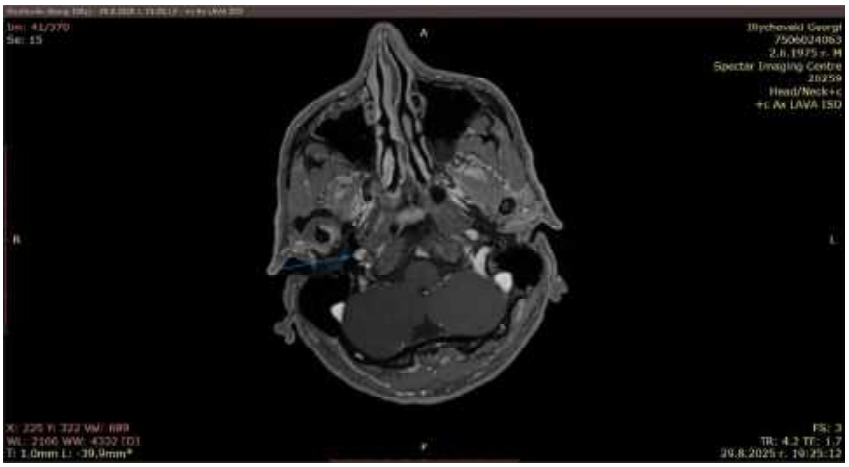
After



Before



After



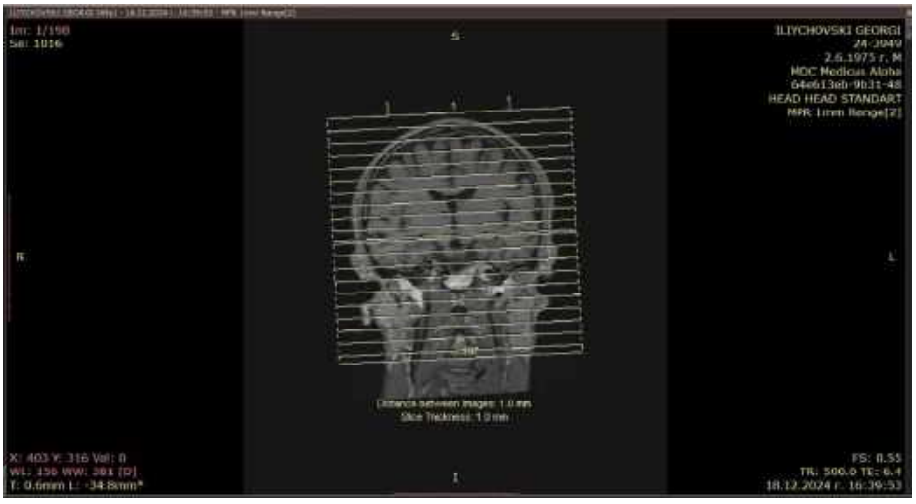


Head tilted to the right

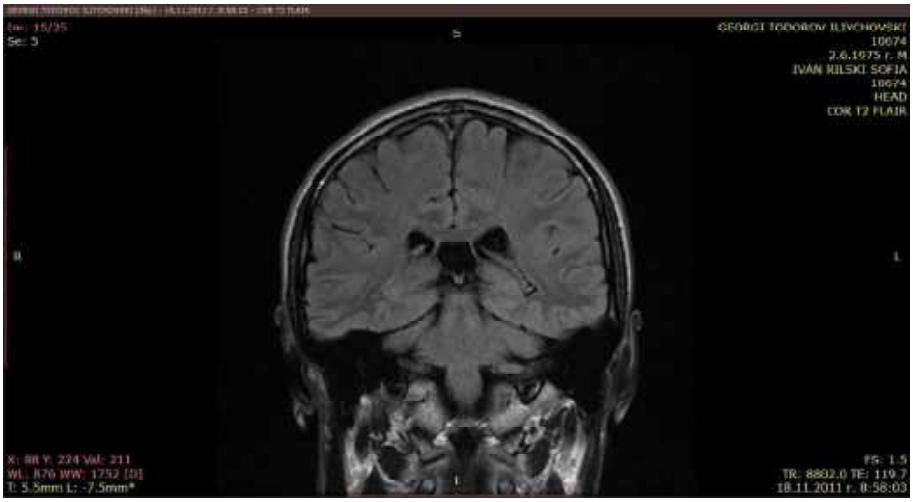
Under the influence of the autonomic nervous system, located in the right part of the body, there is a slight tilt of the neck to the right, which I show in the following several images, as in those from August 2025 onward, the straightening of the head after the displacement of the autonomic nervous system can be seen.

After





Before



After



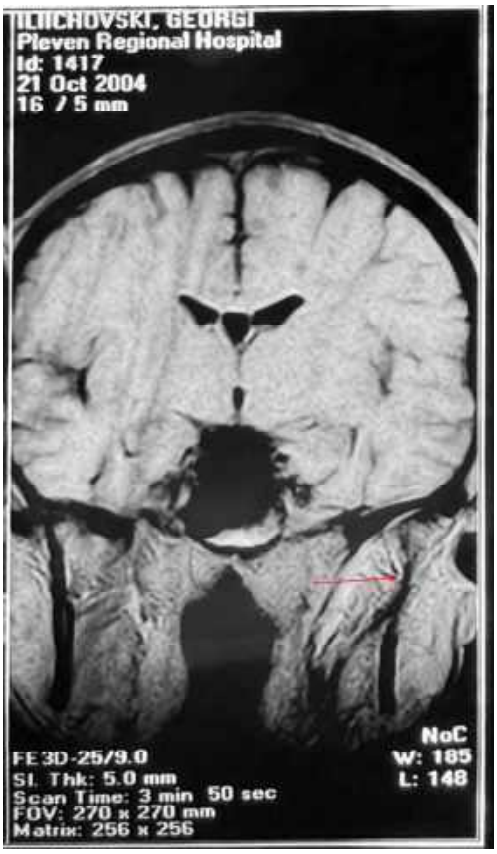
Before



After



Before



After



With the next 3 pairs of images, I make a comparison of the images before and after the autonomic nervous system, viewed from behind, toward the body.

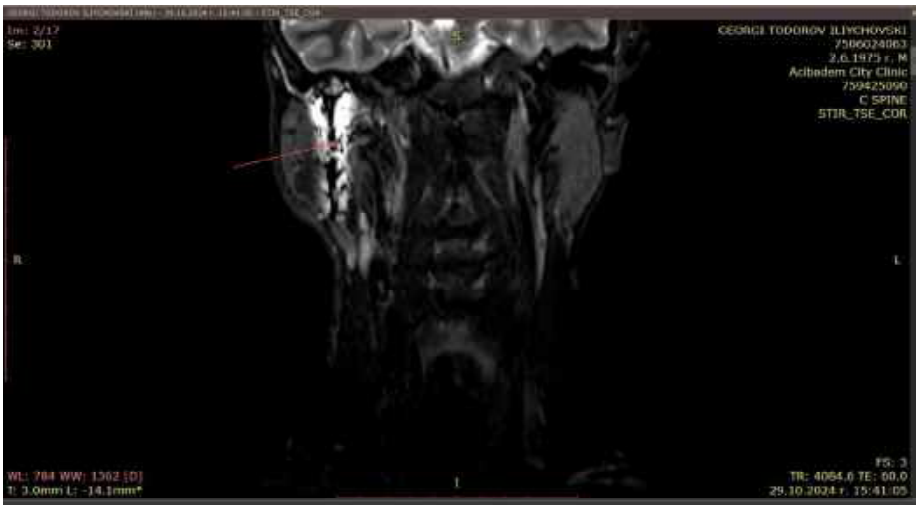
Before



After



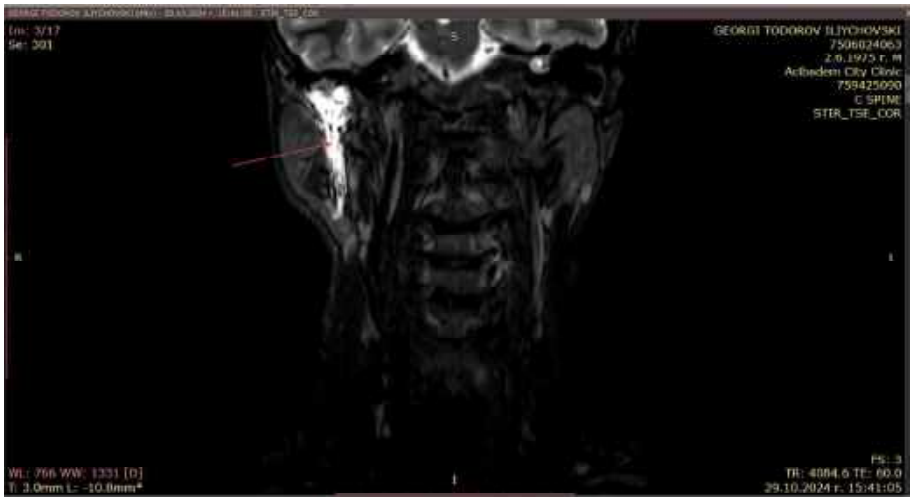
Before



After



Before



After



2. Cyst of the septum pellucidum and cavum vergae

This is the most essential part of the book, with attached MRI images to prove the processes carried out (specifically the displacements) in me from July 2025 onward – provable and visible to the naked eye differences, not only for a neurologist, but also for people without medical education.

The MRI scans were done in different years at imaging centers in several medical institutions.

First, the images from before the displacements are presented, and then, visually, those after the displacements, with emphasis also placed on showing the same location of the human body in both images (mainly head, neck, torso), as well as images that to the greatest extent can show a similar view from previous examinations when the displacements had not occurred (before July 2025). Under each image, there is a comment explaining what it refers to and what it shows. A red arrow indicates the position of the part of the organ before the displacement. A blue arrow indicates only the place where it had been localized before.

The information about the cyst is brief. Everything can be seen in a categorical and clear way in the images below.

You can see the gray color at the site of the former cyst, which, in my opinion, is part of the cerebrum that fills the space at the site of the cyst. It is important to say that these images were taken only two to three days after its displacement in the area of the lesser pelvis and in proximity to the prostate. We cannot expect this space to close in such a short time. I think that over time, this area will acquire the same color as the cerebrum, with a tendency toward a reduction in pressure, the heaviness, and even the pain from this cyst, as the goal is, naturally, for the brain to begin functioning at full capacity in the shortest possible time. Everything is regulated instinctively, and there is no option for it not to move toward full healing of the damage caused by the

cyst over a period of 50 years, if we are certain, as doctors say, that it is congenital in origin.

Since everyone who performs the MRI scans and the specialists who read them ask me why I have these MRIs so often, pay for them, and undergo them, I answer officially that there are two main reasons.

The first reason is so that no one can later tell me that within two to three months this cyst could be absorbed in a natural way, and the second is that I was convinced that this cyst is no longer there. It turns out that I was right about the second reason for the MRI, that it really can disappear, but only and exclusively through displacement. At the end of the book, I will point out and answer the pressing and persistent question from all radiologists about what interpretations I have for both – the autonomic nervous system and the cyst. I certainly have a strong desire to answer this question as well.

My previous MRI examination was on 17 November 2025, when the cyst was still there, and the next one was on 24 November 2025, only one week later, when it had disappeared forever and irreversibly.

I have a basis for comparison with an MRI test with contrast of the lesser pelvis, but I am pessimistic that something visible, clear, and outlined as a cyst will appear there. For me, this cyst is part of the prostate or another organ of the lesser pelvis; it has found its place, and over time, it will recover and begin to function properly as a regenerated/displaced part of the main organ from which the cyst originates. I intend to have this MRI as well, but on the condition that the displaced autonomic nervous system, in my opinion, or if I do not see something, cannot be seen as already being in the spinal column. Here, the question also arises: if it is possible to operate on a cyst that is in the area of the cerebral cortex, and such an intervention is possible (with my cyst, this would lead to sudden death), would this not lead to a detrimental effect on the organ from which this cyst originates? In my opinion, there would not be, to put it mildly, a favorable effect on this organ, whatever it may be. Here, we are not con-

sidering only the formation of a cyst in the brain, but in the body as a whole.

It is important to know that here I have also looked to compare the test method indicated above on the right of each image. The reason is to reach the truth from the results, before and after the movement of the cyst. The same methods are used both before and after the displacement, and I have also added images in which identical views are seen, but they reflect the origin, the matter, and the composition of the cavity in the brain where the cyst was located. These two types of tests for visualization are again shown with arrows, from above/transverse and from behind, where the cyst is larger in size.

The displacement visible in the image from July 2025 regarding the aura is evidence that there was also matter (an organ) there. It was of essential importance for the organism, such as the autonomic nervous system. It is also evidence that within only a few months, the aura becomes centered. This is additional evidence for the truthfulness described in the present book.

There is no such image of a cyst on the internet in which its outer wall is seen so clearly and distinctly, and at the same time, some kind of filling is seen inside, matter (cerebrospinal fluid, perhaps, or brain), which has not filled and merged with this outer wall, in the images I have reviewed. Likewise, I do not have such an image among the MRI images that I have had done, including in such a projection as T2 FLAIR cor, as written on this series of images above on the right, and which examination is underlined by me. All similar images are either entirely black or entirely white, and no specific filling as a different matter can be seen. For me, after the displacement of the cyst, brain tissue appears to be gradually occupying the space of the former cyst and naturally greatly reducing the pressure and heaviness in the brain previously caused by the cyst. The filling with normal matter, such as brain, in the place where it was localized, and the shrinking of this cavity, may at present take weeks or months, and it is also possible that it may never close completely, and no one can determine this at the moment.

I have over ten head MRI scans and three to four CT scans (there is no option there for images like those from MRI, and there is no similar image anywhere).

Кистa отгоре:

Before



After



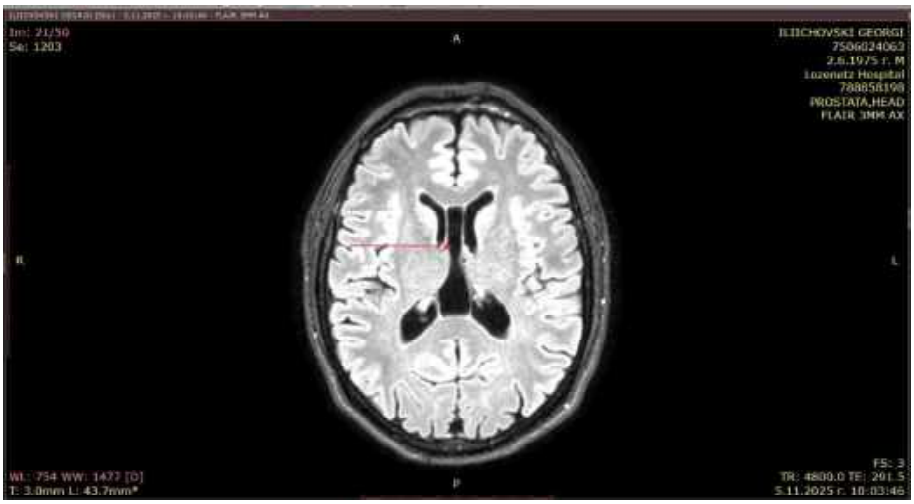
Before



After



Before



After



Before



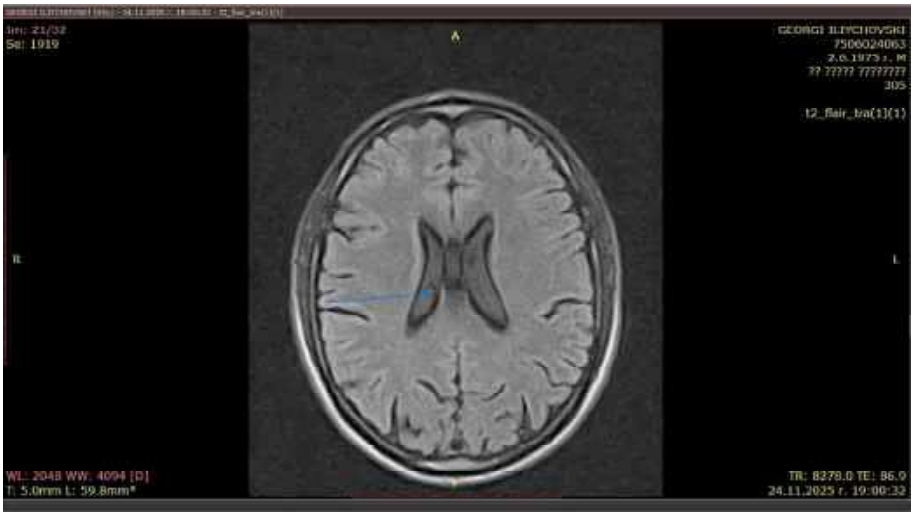
After



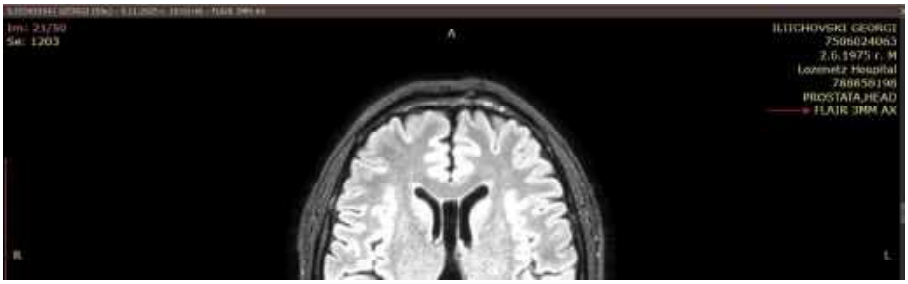
Before



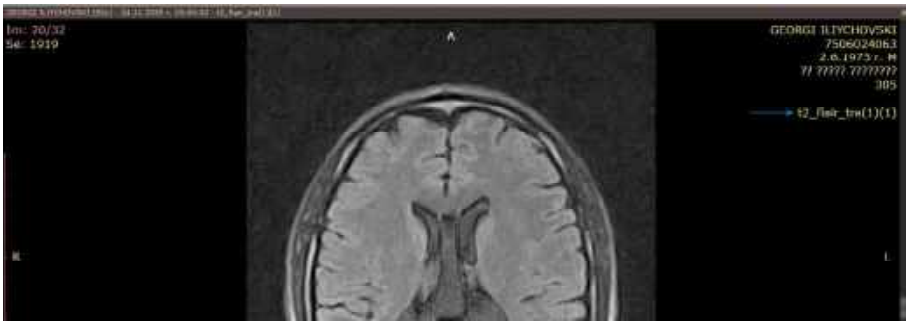
After



Before



After



The cyst, viewed from behind:

Before



After



Before



After



Before



After



Before



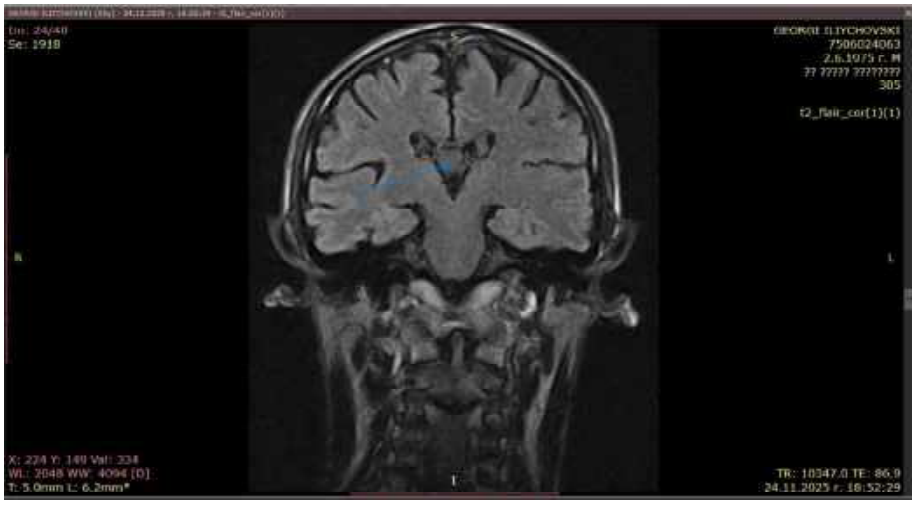
After



Before



After



Before



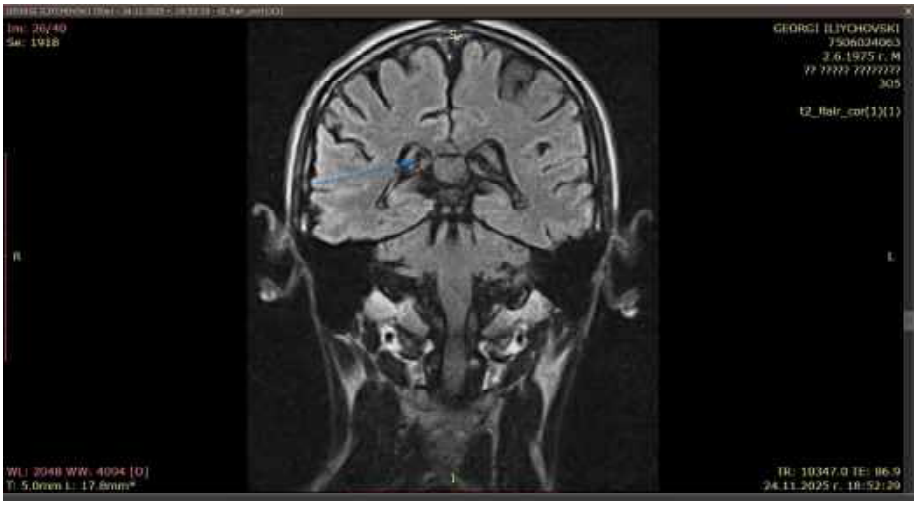
After



Before

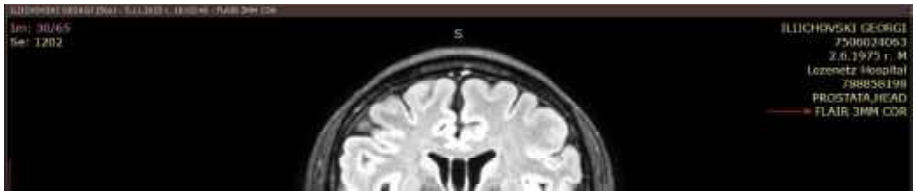


After

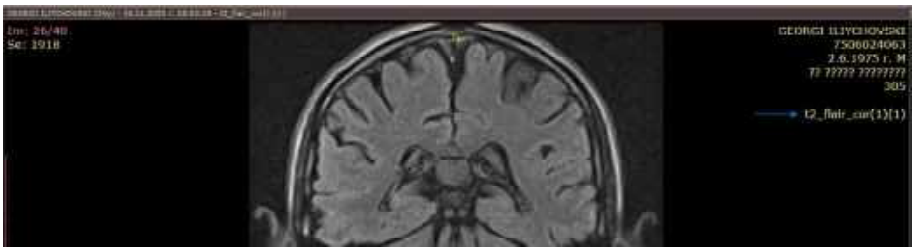


Type of cyst test – top right

Before



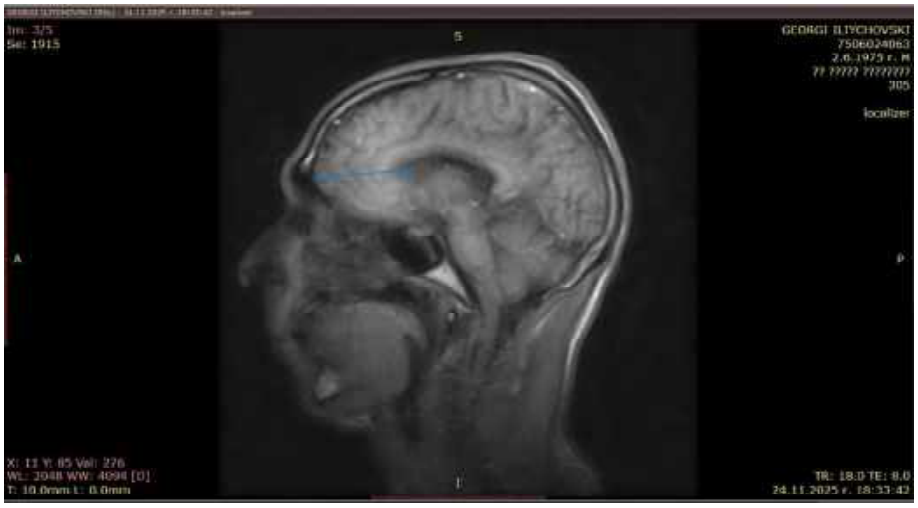
After



The cyst in profile

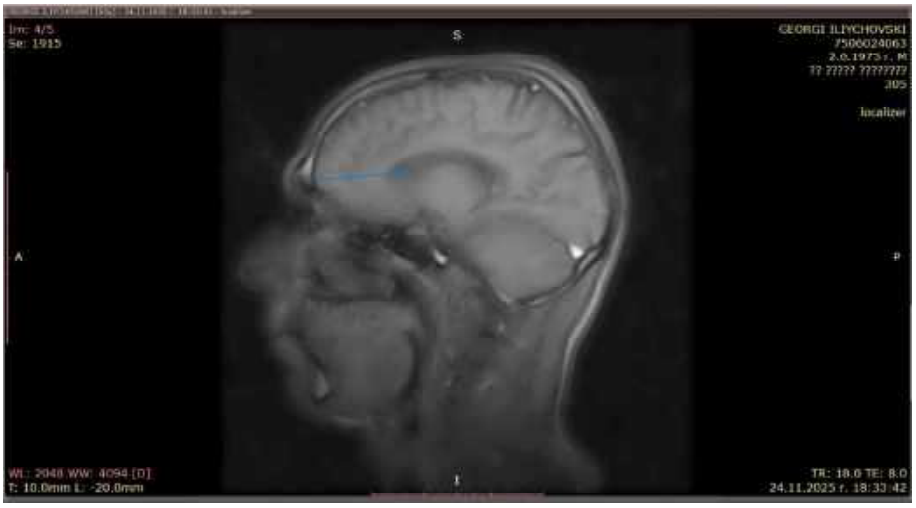
Before



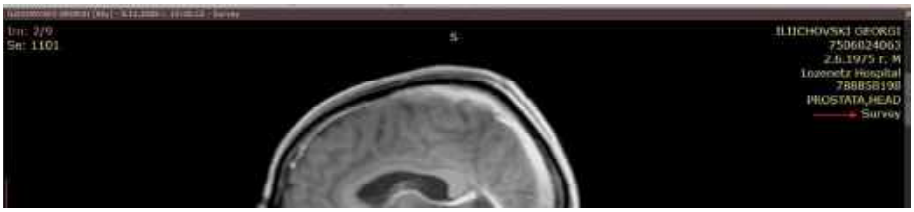


After

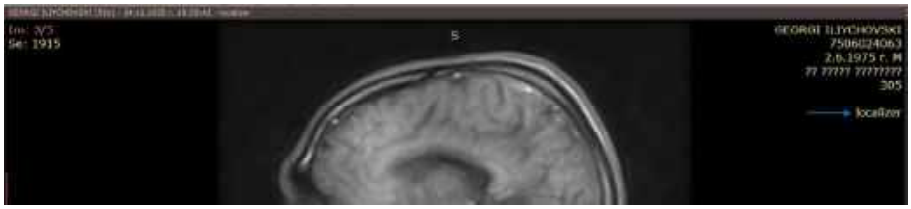

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Before – test description on the right



After – test description on the right



In the images below, shown in pairs, I have shown how it is clearly visible that there is no change in the images, but this is because with this type of test only the outer part, as the size of the cavity of the cyst, is visible, and not the changed consistency/material inside the same cavity after the displacement of the cyst. I show them so that you do not accuse me of manipulating the readers and showing only images in which the changed appearance before and after the movement of the cyst is clearly and distinctly visible.

Before



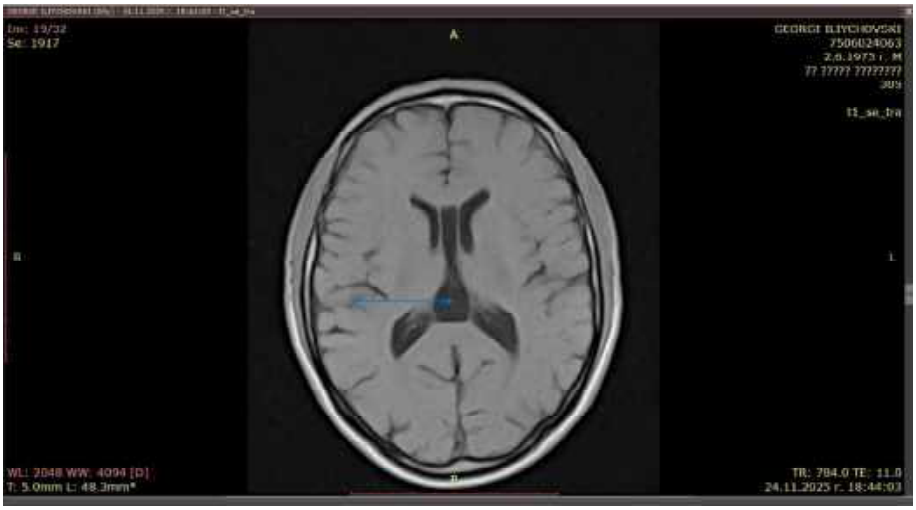
After



Before



After



In both pairs of images below, I also show and compare images from the same type of MRI and again with the same type of examination, which can be seen at the top right of the images, namely: T2 FLAIR.

Before



After



Before



After



3. Lesser pelvis

I had an MRI of the lesser pelvis, specifically to see whether there was any difference after the displacement of the cyst in the area of the prostate, but as I had assumed before, in this subsequent type of examination, no differences can be observed compared with before the displacement of the cyst. This is normal because, on the assumption that the autonomic nervous system has been displaced, no differences can be observed in the images, and in this way, it is confirmed that it is already in the spinal column. I am also attaching images of the cyst displaced to the prostate, for which the only evidence is the identical appearance of the images around the prostate and those of the cyst in the cerebrum.

In the following images, I have shown where I have displaced the cyst, which is part of the outer wall of the prostate and of the urinary canal, and in its anterior part, it reaches the base of the penis. As can be seen on the MRI images of the cyst in the cerebrum taken before August 2025, it is a mirrored variant or projection of the organs mentioned above.

The projections that I compare with the cyst in the cerebrum before the displacement are viewed from behind toward the anus and from the front toward the penis. In my opinion, capturing the opposite variant is not possible, because in this part of the body, there are different organs, such as soft tissue, and in general, it is not possible to distinguish which structure corresponds to which.

Regarding the differences before and after the displacement, in my opinion, this cannot be determined from the images. The only possible observation is that there may be a minimal difference in the first image, in the direction of a slight increase in size after the displacement of the prostate.

In the ***first part*** of the images, I have presented three images from before and after the displacement of the cyst. Based on the others, I cannot determine any visible differences.

The reason for presenting these images is that I feel with one hundred percent certainty the location of the cyst in the indicated area of the lesser pelvis (in the form of pain and tingling), and after the most recent MRI of the lesser pelvis from this type of examination (from the beginning of December 2025), the pain in the prostate area gives me even more grounds for this.

The pain is exactly where the cyst from the cerebrum has been displaced and localized.

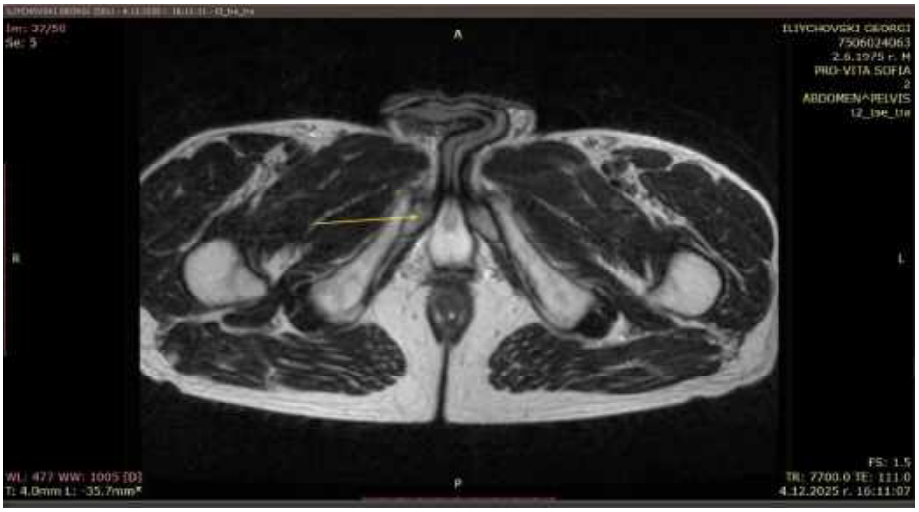
Regarding the prostate and its examination, at the beginning of 2025, I went for an ultrasound examination at what I believe is the best clinic in Sofia for such ultrasound examinations, and there they said that everything was fine. Separately, the blood test showed that there are no symptoms of a current presence or any indications of cancerous formations in this area of the body.

Part I: Comparison of the prostate area before and after its displacement





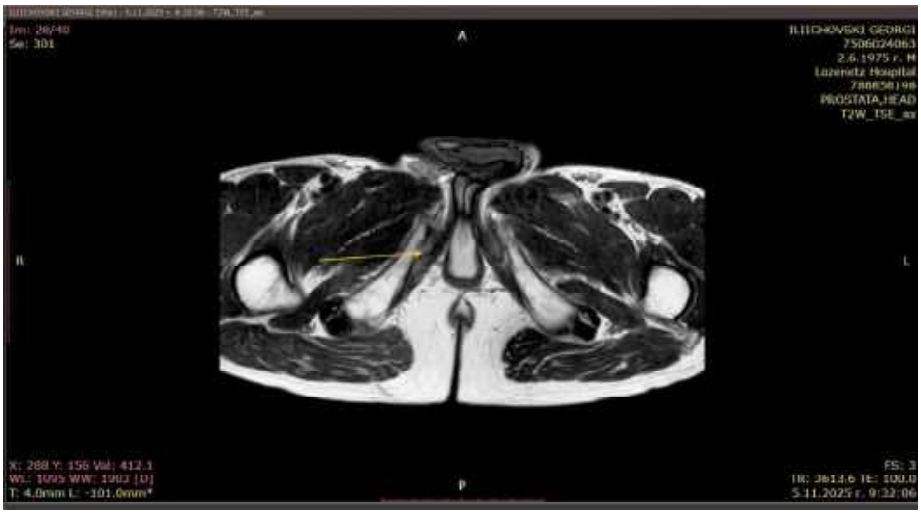

Im: 27/40
Se: 301
A
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788858198
PROSTATA,HEAD
t2W_tse_ax
R
L
FS: 3
WL: 1109 WW: 1927 [D]
T: 4.0mm L: -95.5mm*
P
5.11.2025 г. 9:32:06


Im: 32/50
Se: 5
A
ILIYCHOVSKI GEORGI
7506024063
2.6.1975 г. М
PRO-VITA SOFIA
2
ABDOMEN^PELVIS
t2_tse_tra
R
L
FS: 1.5
WL: 477 WW: 1005 [D]
T: 4.0mm L: -35.7mm*
P
4.12.2025 г. 16:11:07


Im: 26/40
Se: 301
A
ILIJCHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788858198
PROSTATA_HEAD
T2W_TSE_ax
R
L
P
FS: 3
TR: 3613.6 TE: 108.0
5.11.2025 г. 9:32:08


Im: 36/50
Se: 5
A
ILIYCHOVSKI GEORGI
7506024063
2.6.1975 г. М
PRO-VITA SOFIA
2
ABDOMEN^PELVIS
t2_tse_tra
R
L
P
FS: 1.5
TR: 7700.0 TE: 111.0
4.12.2025 г. 16:11:11

Part II: Comparison between the prostate area viewed from behind and the cyst in the cerebrum before its displacement






Im: 26/40
Se: 301
A
ILIICHOVSKI GEORGI
750602406
2.6.1975 r. M
Luzenetz Hospital
78858198
PROSTATA_HEAD
T2W_TSE_ax
R
L
X: 288 Y: 156 Val: 412.1
WL: 1095 WW: 1902 [D]
T: 4.0mm L: -101.6mm*
P
FS: 3
TR: 3614.6 TE: 100.0
5.11.2025 r. 9:32:06


Im: 44/65
Se: 1202
S
ILIICHOVSKI GEORGI
750602406
2.6.1975 r. M
Luzenetz Hospital
78858198
PROSTATA_HEAD
FLAIR 3MM COR
R
L
WL: 754 WW: 1477 [D]
T: 3.0mm L: 8.2mm*
FS: 3
TR: 4800.0 TE: 291.5
5.11.2025 r. 10:03:46


Im: 37/40
Se: 301
A
ILIICHOVSKI GEORGI
7506024063
2.6.1975 r. M
Lozenetz Hospital
788838198
PROSTATA,HEAD
t2W_tse_ax
R
L
P
FS: 3
5.11.2025 r. 9:32:06


Im: 43/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 r. M
Lozenetz Hospital
788838198
PROSTATA,HEAD
FLAIR 3MM COR
R
L
FS: 3
5.11.2025 r. 10:03:46


Im: 26/40
Se: 301
A
ILITCHOVSKI GEORGI
7506024063
2.6.1975 г., M
Lozenetz Hospital
788858198
PROSTATA,HEAD
T2W_TSE_ax
R
L
K: 377 Y: 180 Val: 176.6
WL: 1093 WW: 1999 [0]
T: 4.0mm L: -90.0mm*
P
FS: 3
TR: 3613.6 TE: 100.0
5.11.2025 г. 9:32:06


Im: 42/65
Se: 1202
S
ILITCHOVSKI GEORGI
7506024063
2.6.1973 г., M
Lozenetz Hospital
788858198
PROSTATA,HEAD
FLAIR 3MM COR
R
L
WL: 754 WW: 1477 [0]
T: 3.0mm L: 2.4mm*
FS: 2
TR: 4800.0 TE: 201.5
5.11.2025 г. 10:03:46


Im: 25/40
Se: 301
A
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. M
Lazenetz Hospital
PROSTATA,HEAD
T2W_TSE_ax
R
L
FS: 3
WL: 1086 WW: 1887 [D]
T: 4.0mm L: -84.5mm*
P
TR: 3613.6 TE: 100.0
5.11.2025 г. 9:32:06


Im: 31/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. M
Lazenetz Hospital
PROSTATA,HEAD
FLAIR 2MM COR
R
L
X: 340 Y: 752 Val: 555
WL: 754 WW: 1477 [D]
T: 3.0mm L: -29.2mm*
FS: 3
TR: 4800.0 TE: 291.5
5.11.2025 г. 10:03:46

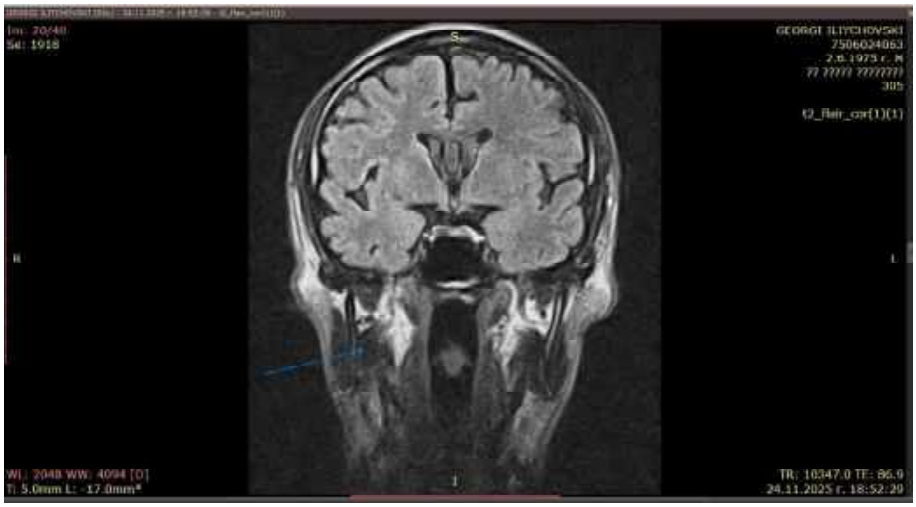

Im: 25/40
Se: 301
A
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788659196
PROSTATA,HEAD
T2W_TSE_ax
R
L
P
WL: 1086 WW: 1887 [D]
T: 4.0mm L: -84.5mm*
FS: 3
TR: 3613.6 TE: 100.0
5.11.2025 г. 9:32:06


Im: 31/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788659196
PROSTATA,HEAD
FLAIR 3MM COR
R
L
X: 340 Y: 752 Val: 555
WL: 754 WW: 1477 [D]
T: 3.0mm L: -29.2mm*
FS: 3
TR: 4800.0 TE: 291.5
5.11.2025 г. 10:03:46


Im: 24/40
Se: 301
A
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Luzenetz Hospital
788858198
PROSTATA_HEAD
t2W_tse_ax
R
L
X: 311 Y: 224 Val: 344.5
WL: 1698 WW: 1988 [D]
T: 4.0mm L: -79.0mm*
P
FS: 3
TR: 3613.6 TE: 100.0
5.11.2025 г. 9:32:06


Im: 30/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Luzenetz Hospital
788858198
PROSTATA_HEAD
FLAIR 3MM COR
R
L
X: 893 Y: 482 Val: 0
WL: 754 WW: 1477 [D]
T: 3.0mm L: -32.1mm*
FS: 3
TR: 4800.0 TE: 201.5
5.11.2025 г. 10:03:46


Im: 23/40
Se: 301
A
ILIICHOVSKI GEORGI
7506024063
2.6.1975 r. M
Lunnetz Hospital
788058198
PROSTATA,HEAD
T2W_TSE_ax
R
L
P
WL: 1085 WW: 1886 [D]
T: 4.0mm L: -73.5mm*
FS: 3
TR: 3613.6 TE: 100.0
5.11.2025 r. 9:32:06


Im: 20/40
Se: 1918
S
GEORGI ILIYCHOVSKI
7506024063
2.6.1975 r. M
?? ????? ???????
305
t2_flair_cor(1)(1)
R
L
I
WL: 2048 WW: 4094 [D]
T: 5.0mm L: -17.0mm*
TR: 10347.0 TE: 86.9
24.11.2025 r. 18:52:29

Part III: Comparison between the prostate area viewed from the front and the cyst in the cerebrum before its displacement

Before



After



Before



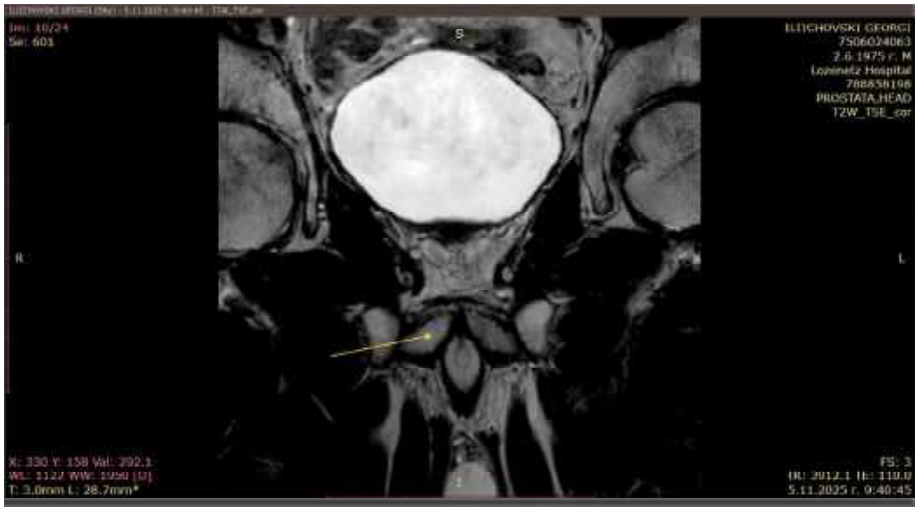
After



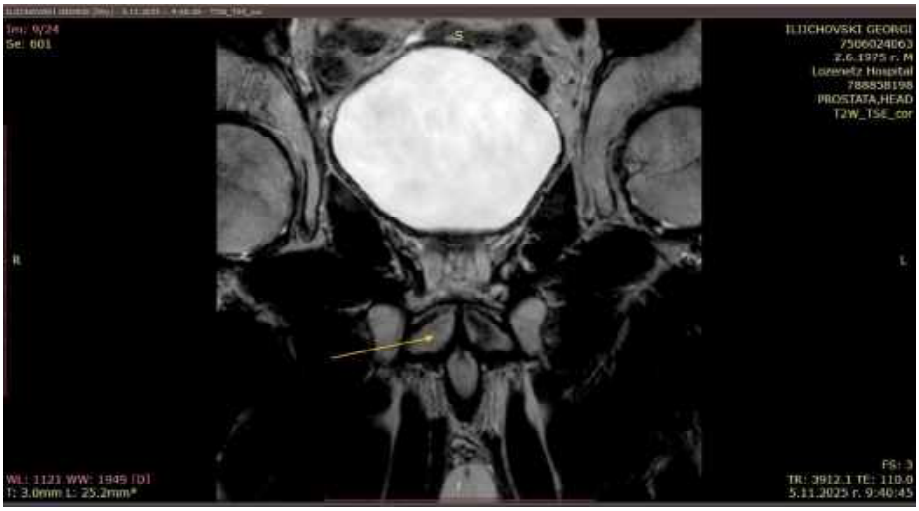
Before



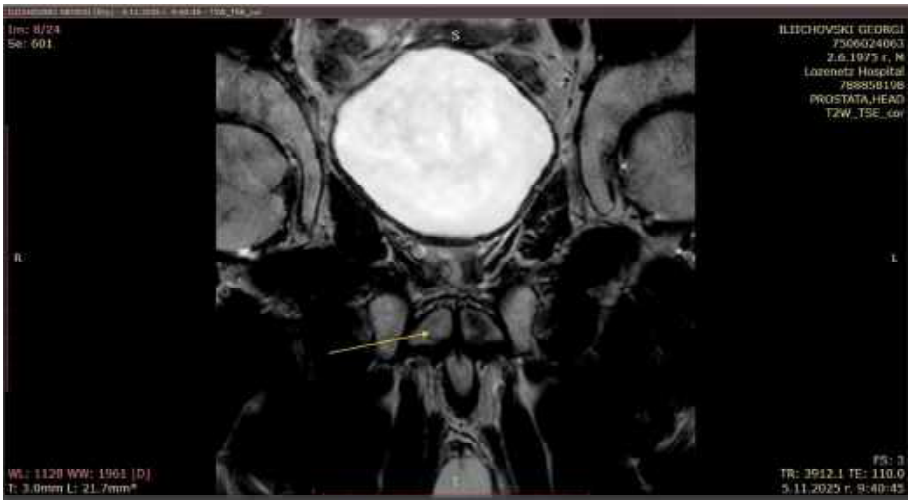
After



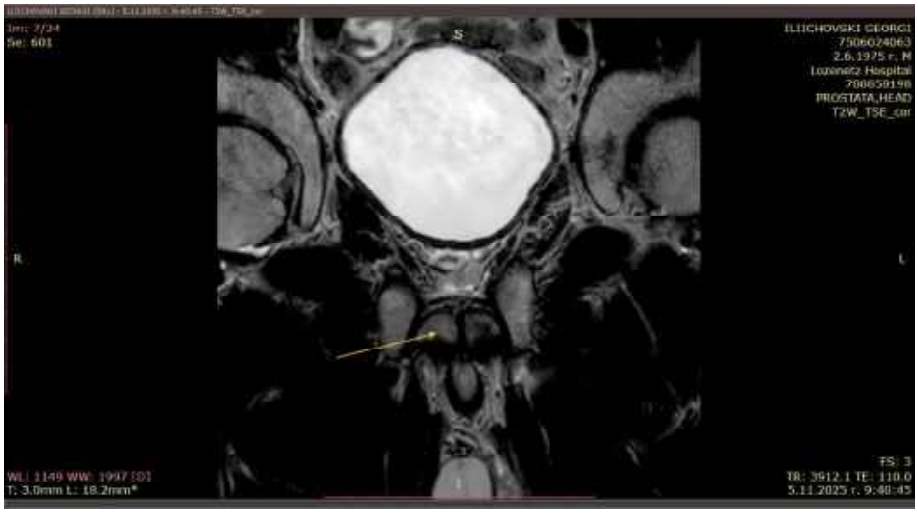

Im: 42/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788858198
PROSTATA,HEAD
FLAIR 3MM COR
R
L
FS: 3
TR: 4800.0 TE: 291.5
5.11.2025 г. 10:03:46
WL: 754 WW: 1472 (D)
T: 3.0mm L: 2.4mm*


Im: 9/24
Se: 601
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788858198
PROSTATA,HEAD
T2W_TSE_cor
R
L
FS: 3
TR: 3912.1 TE: 110.0
5.11.2025 г. 9:40:45
WL: 1121 WW: 1945 (D)
T: 3.0mm L: 25.2mm*


Im: 31/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788858198
PROSTATA,HEAD
FLAIR 3MM COR
R
L
X: 348 Y: 752 Val: 555
WL: 754 WW: 1477 [D]
T: 3.0mm L: -29.2mm*
FS: 3
TR: 4800.0 TE: 291.5
5.11.2025 г. 10:03:46


Im: 8/24
Se: 601
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Lozenetz Hospital
788858198
PROSTATA,HEAD
T2W_TSE_cor
R
L
WL: 1120 WW: 1961 [D]
T: 3.0mm L: 21.7mm*
FS: 3
TR: 3912.1 TE: 110.0
5.11.2025 г. 9:40:45


Im: 30/65
Se: 1202
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Luzenetz Hospital
788838198
PROSTATA_HEAD
FLAIR 3MM COR
R
L
X: 893 Y: 482 Val: 0
WL: 754 WW: 1477 [D]
T: 3.0mm L: -32.1mm*
FS: 3
TR: 4800.0 TE: 291.5
5.11.2025 г. 10:03:46


Im: 7/24
Se: 601
S
ILIICHOVSKI GEORGI
7506024063
2.6.1975 г. М
Luzenetz Hospital
788838198
PROSTATA_HEAD
T2W_TSE_cor
R
L
WL: 1149 WW: 1997 [D]
T: 3.0mm L: 18.2mm*
FS: 3
TR: 3912.1 TE: 110.0
5.11.2025 г. 9:48:45

With the following pairs of images, I suggest where the problem in a disease such as Alzheimer's may lie; it is caused by the separation of brain cells from their neighboring cells, which leads to severe weakening of the cerebrum as a whole. This is felt as pain and strong nervousness when they are displaced toward their reconnection with the neighboring brain lobes and, in particular, cells.

This is the only way, and a natural one in my opinion, to treat diseases such as Alzheimer's. Any other medications and therapies cannot help in any way in this case.

Before



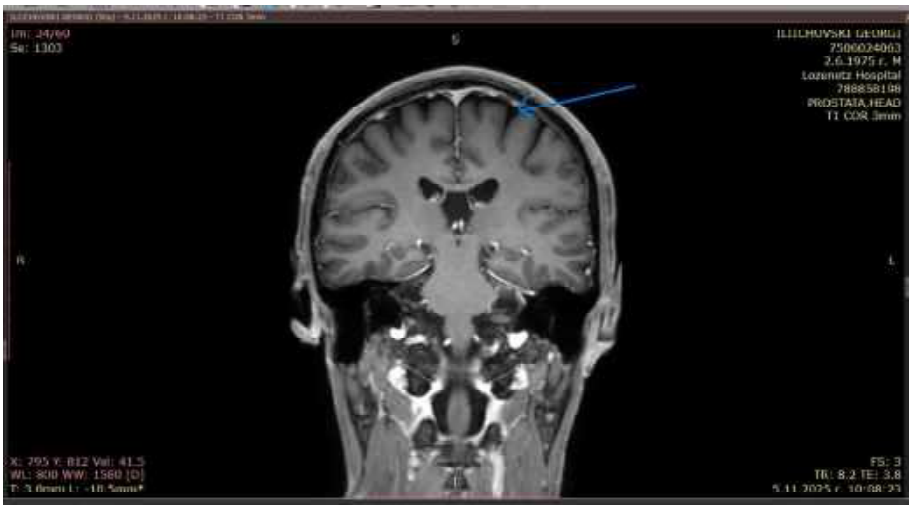
After



Before



After



Before



After



In the three pairs of images, with a few arrows, I emphasize the conclusions that emerge from comparing before and after my actions:

In the upper part of the cerebrum (moving from top to bottom following the direction of the arrows in the brain), between both cerebral hemispheres a small cyst can be observed, perhaps a few millimeters in size, which none of the radiologists mentioned in their reports, but it did exist and I had known about it for a long time, as well as about all my other health problems and how they can be resolved and where they need to be displaced in order for me to be cured.

1. Further down, separation and a gap can be observed between both cerebral hemispheres, which is not present in the image taken after this, and both cerebral hemispheres are tightly brought together.

2. Both black, round spots on the right and left of the cerebrum, behind the ear, are generally the place where, before the displacement, the autonomic nervous system (ANS) had contact with the cerebrum, with this area being larger on the right and a smaller one visible on the left (on the right side there were two trunks of the autonomic nervous system).

After the displacement, it is visible that these round spots or outlines almost disappear.

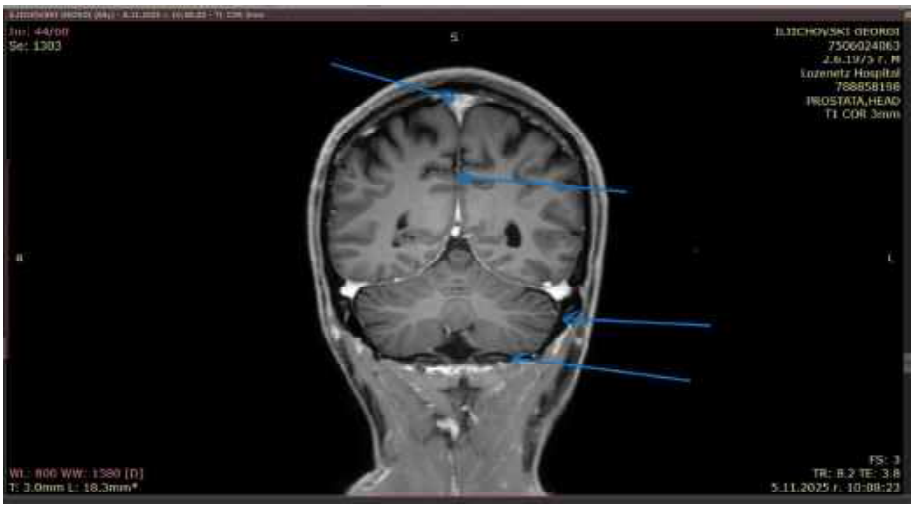
3. The last location indicated with an arrow is in the lowest part of the image and represents a membrane that, before the displacement, separated the cerebellum from the upper part of the spinal cord. This, among other things, is also shown in the diagrams made in 2013–2014, when only the theoretical part of the book was being prepared by the editor and me, with diagrams only, without MRI images. Did I perhaps not already know back then what would happen at a given moment during my self-treatment? What do you think?

All these health problems, such as the small round cyst and the membrane between the cerebellum and the spinal cord, have been treated naturally again by displacement from the cerebrum to the area of the lesser pelvis, where they have been removed in this area of the body.

Before



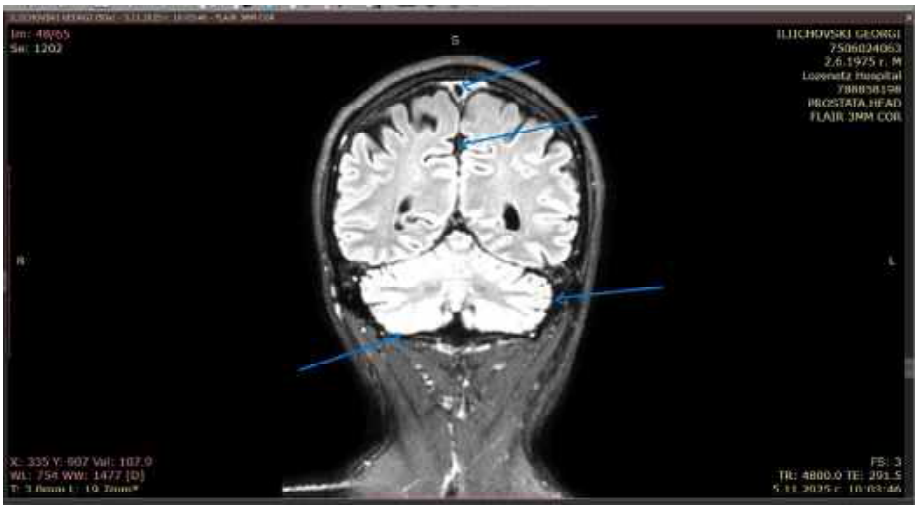
After



Before



After



Before



After



PART FOUR

CARDIOGRAMS

About a week ago, I had severe pain in the heart area, specifically on the right side of the heart (my right), even though my heart pumps only one-third of the normal blood volume and works at such a pace (felt as a contraction of the aorta very close to the heart). I went at 03:30 to a 24-hour medical center, specifically to have a cardiogram done. It turned out to be normal. The next day, I went to my GP and had another cardiogram done there, which, according to a cardiology specialist, is also fine. In fact, since then, I have had no pain in the heart at all.

Since I knew that I had an older cardiogram that was not very good, I consulted the same cardiologist, and his opinion about the old cardiogram from 2013 was the following: *"In the older ECG, there is an incomplete right bundle branch block, and I suspect Brugada syndrome. A consultation with an electrophysiologist is necessary, as these hospitals have such a specialist."*

Naturally, given that I no longer have any pain or tightness in the heart, I did not seek such medical assistance.

I am including in the book one old cardiogram from 2012–2013 and two from the present moment (December 2025) for comparison.

From 2012 until now, I have not taken any medications and have not undergone any kind of therapy for treating my heart problems. Only during the last two to three weeks, before my heart improved, I took Concor 2.5 mg two to three times, in order to relieve the tightness and the pain in the heart.

ПЕРИОДИЧНИ ПРОФИЛАКТИЧНИ ПРЕГЛЕДИ да

31 V 2012 длъжност: работно място:

бно заведение провело прегледа:

иалисти извършили прегледите:

: 183 см. Тегло: 68 кг. Кръвно налягане 120 110/75

сим. ритми, вер. ел. пр. с НОБб

ционални и лабораторни изследвания:

ючение на СТМ "Медико Консулт" ООД за пригодността на работещия да изпълнява даден вид дейност въз

от задължителен периодичен медицински преглед, проведен на ...../.....

ЗАКЛЮЧЕНИЕ

же да изпълнява посочената длъжност/професия [redacted] с ограничения в. у. с.

ирма

же да изпълнява посочената длъжност/професия

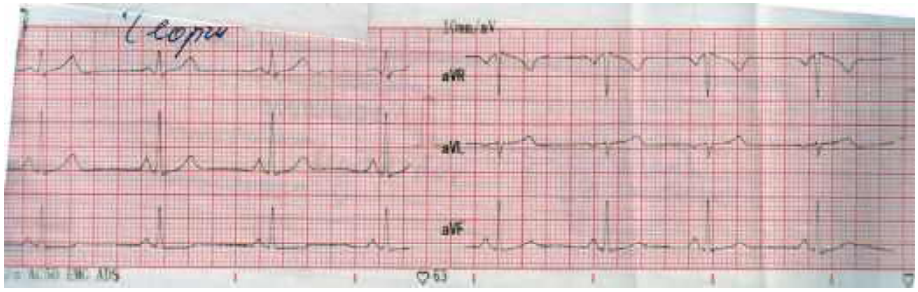
ирма

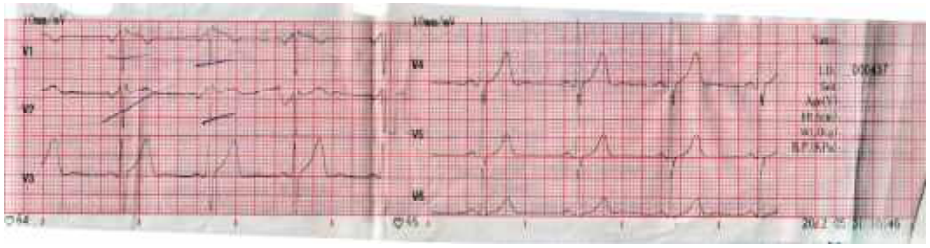
следните условия:

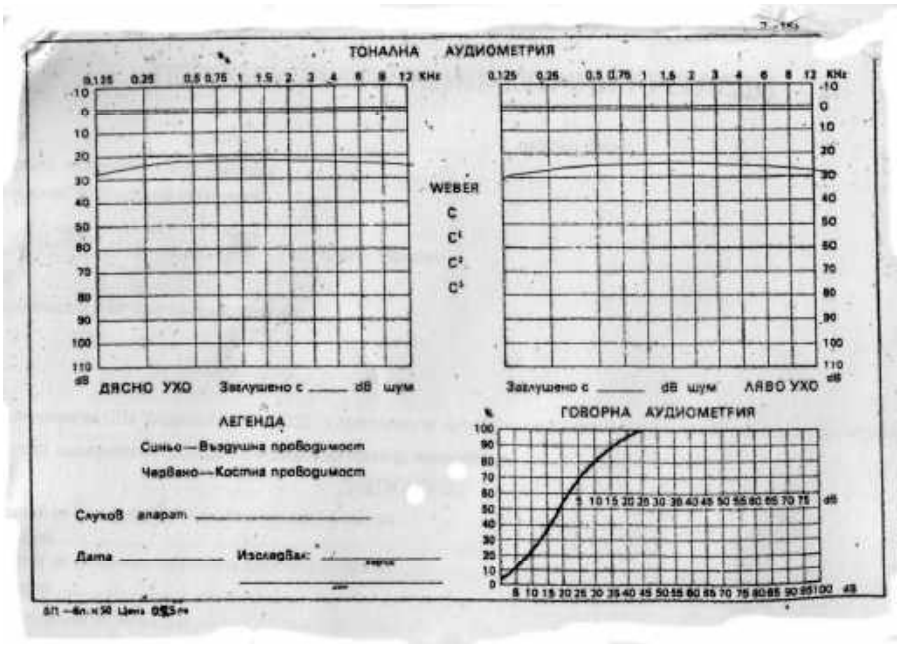
исват се условията)

е може да изпълнява посочената длъжност/професия

в фирма







ТОНАЛНА АУДИОМЕТРИЯ

0.125 0.25 0.5 0.75 1 1.5 2 3 4 6 8 12 KHz

-10 0 10 20 30 40 50 60 70 80 90 100 110 dB

WEBER

C

C¹

C²

C³

ДЯСНО УХО Заглушено с ____ dB шум

Заглушено с ____ dB шум ЛЯВО УХО

ЛЕГЕНДА

Синьо — Въздушна проводимост

Червено — Костна проводимост

Слухов апарат: _____

Дата _____ Изследвал: _____

ГОВОРНА АУДИОМЕТРИЯ

% 100 90 80 70 60 50 40 30 20 10 0

5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 dB

5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 dB

ПЕРИОДИЧНИ ПРОФИЛАКТИЧНИ ПРЕГЛЕДИ да не

дата 23 V 2013 длъжност: работно място:

Лечебно заведение провело прегледа:

Специалисти извършили прегледите:

Ръст 173 см. Тегло 70 кг. Кръвно налягане RR 110/70

ЕКГ Син. ритъм с НЗББ

Функционални и лабораторни изследвания:

...ключение на СТМ "Медико Консулт" ООД за пригодността на работещия да изпълнява даден вид дейност въз основа на ...та от задължителен периодичен медицински преглед, проведен на ..... г.

ЗАКЛЮЧЕНИЕ

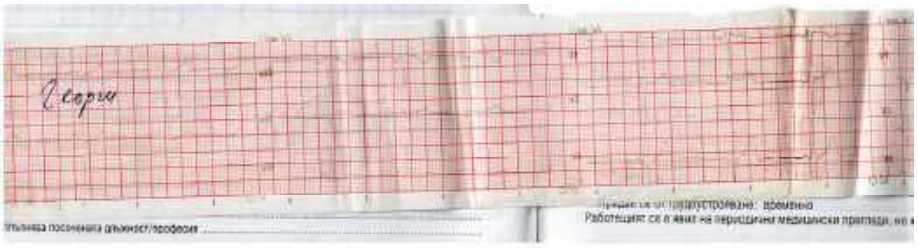
1. може да изпълнява посочената длъжност/професия ... водач
в фирма ...
2. може да изпълнява посочената длъжност/професия ...
в фирма ...

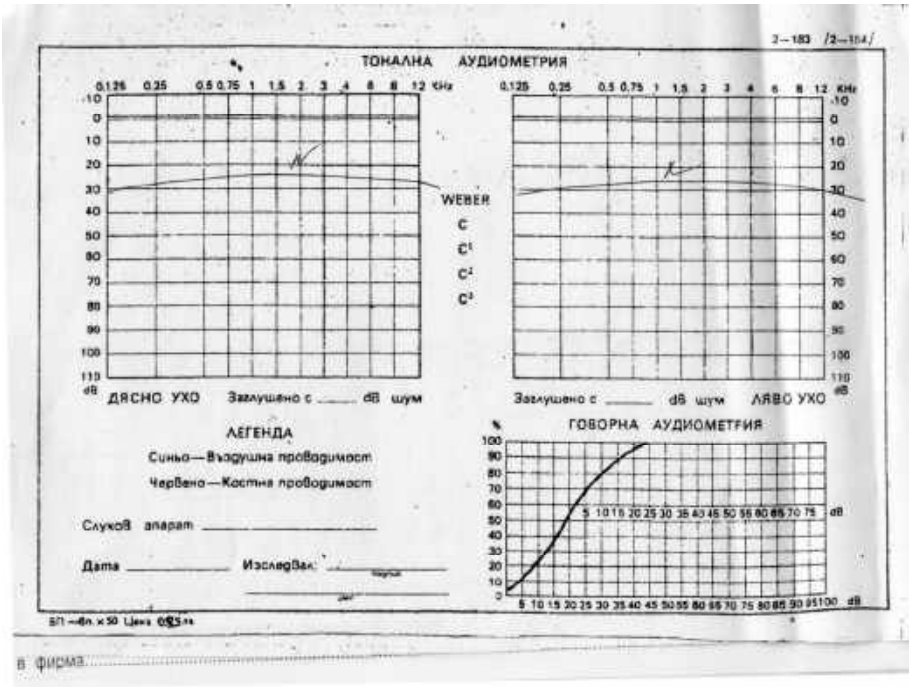
при следните условия: ...

(описват се условията) ...

не може да изпълнява посочената длъжност/професия ...

в фирма ...


Стара


2—183 /2—184/
ТОНАЛНА АУДИОМЕТРИЯ
0.125 0.25 0.5 0.75 1 1.5 2 3 4 6 8 12 KHz
-10 0 10 20 30 40 50 60 70 80 90 100 110 dB
WEBER
C
C¹
C²
C³
ДЯСНО УХО Заглушено с ____ dB шум
Заглушено с ____ dB шум ЛЯВО УХО
ЛЕГЕНДА
Синьо—Въздушна проводимост
Червено—Костна проводимост
Слухов апарат ____
Дата ____ Изследвал: ____
ГОВОРНА АУДИОМЕТРИЯ
% 100 90 80 70 60 50 40 30 20 10 0
5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 dB
5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 dB
в фирма

МЕДИЦИНСКИ ЦЕНТЪР

[redacted]

МЦ [redacted]
Позитано [redacted]

МЦ [redacted] –
За жената 02 953 05 80

МЦ [redacted] –
02 858 01 00

Пациент	Лечебно заведение / Лекар
Име: ГЕОРГИ ТОДОРОВ ИЛИЙЧОВСКИ	[redacted]
Тип идентификация: ЕГН	Рег № на ЛЗ: 2210131093
ЕГН/ЛНЧ/SSN: 7506024063	УИН на лекар: 230001741R
Дата на раждане: 02.06.1975	Д-р [redacted]
Адрес: гр.(с) София ж.к. Студентски Град	Код специалност: 06

АМБУЛАТОРЕН ЛИСТ
№ 000228 от 01.12.2025 г., 03:38 ч.
НРН: 25335A00018C

Диагноза: J06.9 Остри инфекции на горните дихателни пътища, неуточнена
Придружаващи заболявания:

Анамнеза:

С оплакване за виене на свят, висок пулс и стягане в гърдите от преди 2-3 седмици. С оплакване за висока температура, кашлица и болки в гърлото.

Обективно състояние:

Добро общо състояние,фебрилен (38.6) по време на прегледа,чисти бели дробове,двустранно везикуларно дишане без прибавени хрипове,ритмична сърдечна дейност,секретиращ нос, отточено гърло без налепи,корем на ниво на гръдния кош с меки стени без палпаторна болезненост,кепар и лиен не се палпират,кожа и видими лигавици са бледо-розови,не се палпират увеличени лимфни възли.
Електрокардиограма - нормална б.о

Изследвания:

Електрокардиограма - нормална б.о

Терапия:

Валидол 3 табл дневно
Алора 2х дневно - сутрин и вечер
Глог т-ра 2х6 кап. дневно

Авирон рапид
Ехинацея т-ра 35 кап. 2хдневно
Прополис 30 кап. дневно
Витамин Ц 1000мг
Стрепсилс интензив спрей за гърло
Трахизан табл. за смучене по 1 табл на 2 часа
Кексорелетен Н по една табл на 2 часа

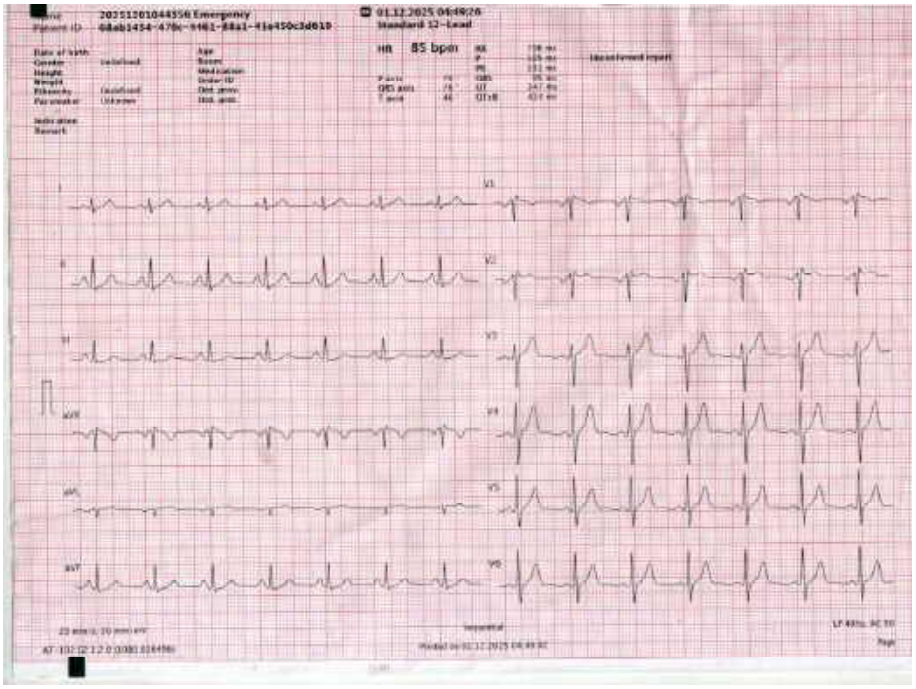
Издадени документи:

Информиран съм за необходимите медицински дейности, назначената терапия и очакваните резултати. Декларирам, че към момента на прегледа не съм хоспитализиран

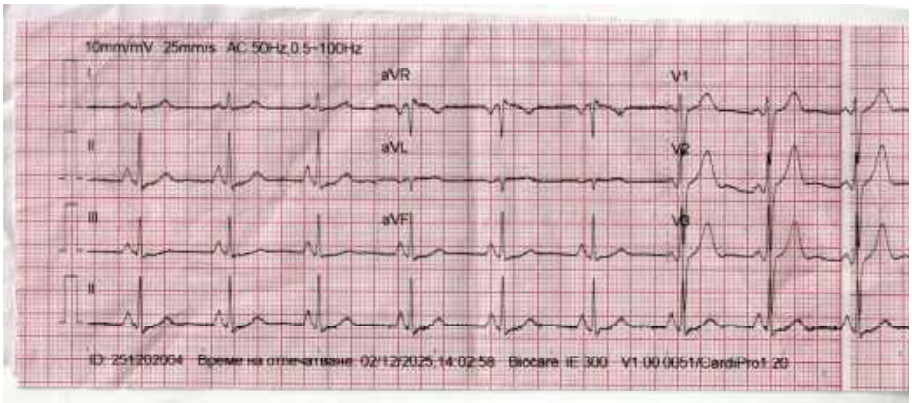
Пациент:
(родител, настойник) (подпис)

Подпис:
Д-р [redacted]

Документът е генериран от медицинския софтуер ЗОРИСТИ© © 2024, Бяла Кобилица Булмед

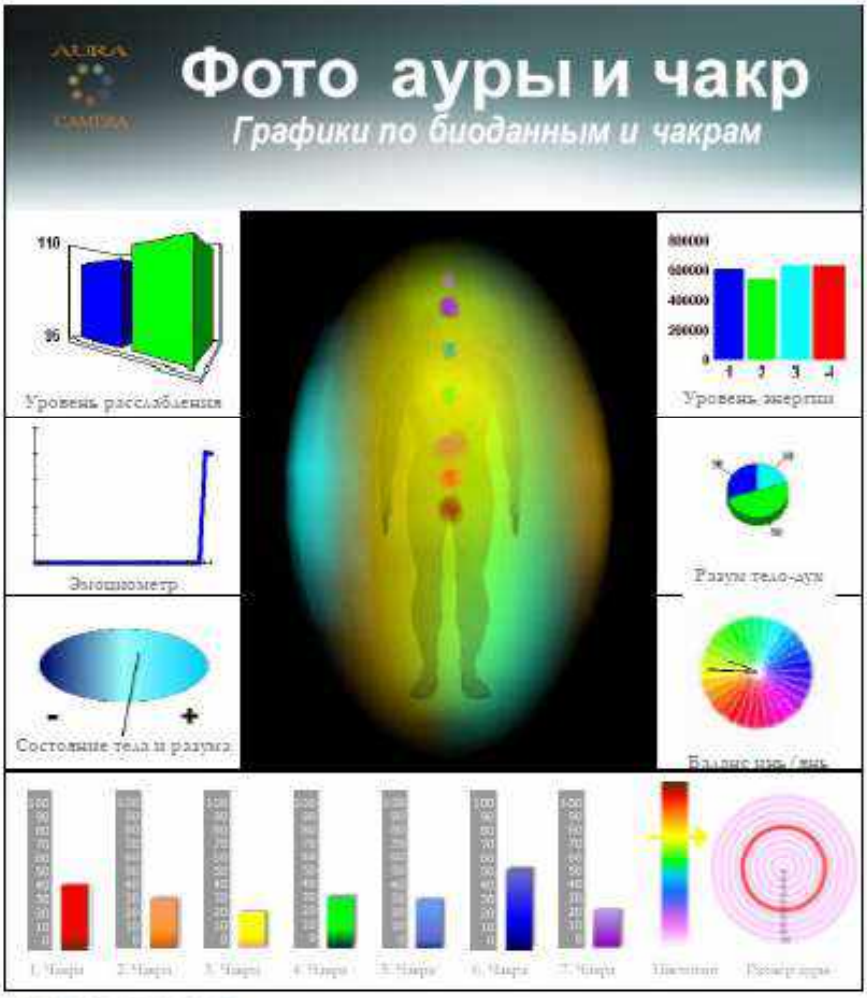

01.12.2025 04:49:26
Standard 12-Lead
HR 85 bpm
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6


V4
V5
V6
Име Георги
ID номер 251202004
Подномер
Пол
Възраст 50г
Сърдечна честота 78 уд/мин
PR интервал 109 ms
QRS продълж. 102 ms
QT / QTC интервал 355/386 ms
P / QRS / T оси 74/75/42°
RV5 / SV1 напреж. 1.19/1.12 mV
RV5 + SV1 напреж. 2.31 mV
[Минесота код] 65 92 941
****** Анализ на резултата ******
8110 Синусов ритъм
631 Кратък PR интервал
941 Възможно разширение на дясното предсърдие
** Атипична ЕКГ **
Лекарят трябва да потвърди отчета
Време на проверка: 02/12/2025,14:03:08
Време на отпечатване: 02/12/2025,14:03:10 Biocare iE 300


10mm/mV 25mm/s AC 50Hz 0.5-100Hz
I
II
III
aVR
aVL
aVF
V1
V2
V6
ID: 251202004 Време на отпечатване: 02/12/2025,14:02:58 Biocare iE 300 V1.00.0051/CardiPro1.20

PART FIVE

AURA JULY 23, 2025



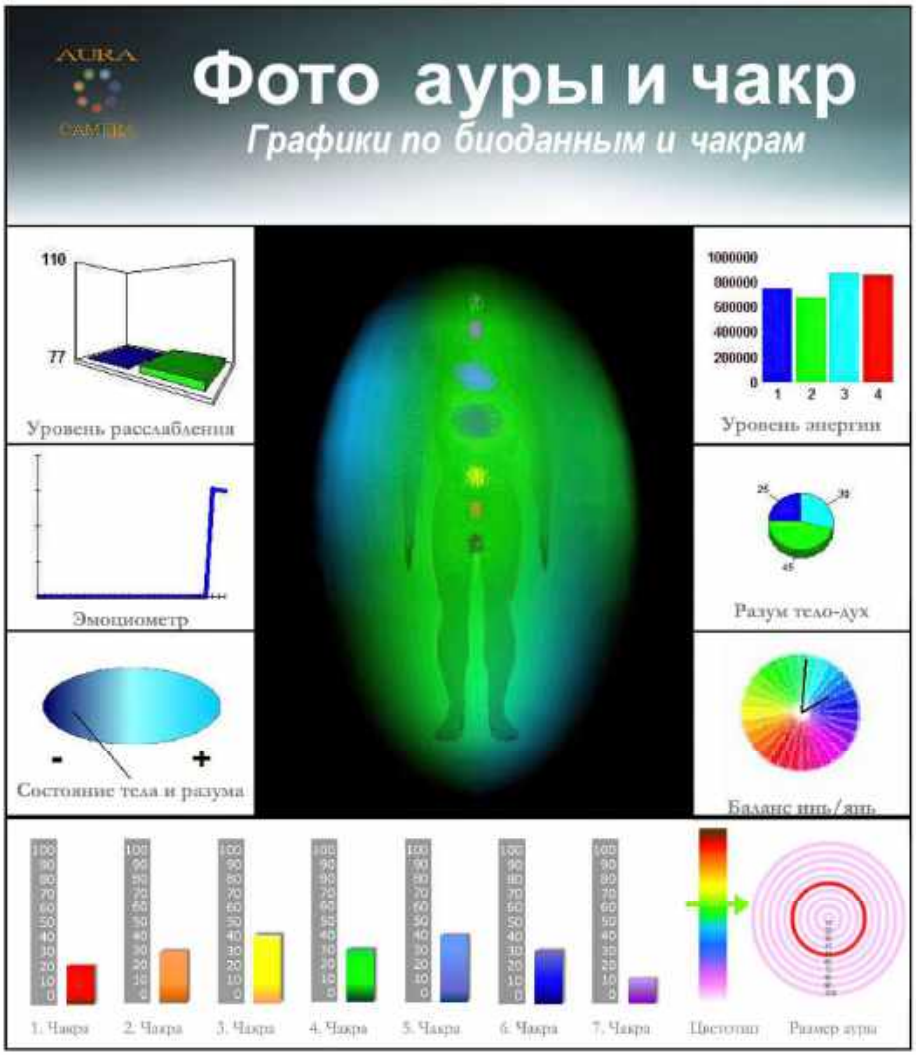
7/23/2025 5:45 PM

I quote verbatim the conclusion of the specialists:

"In the aura, a slight displacement to the right is observed. There is asymmetry between the left and right sides. There is also an unusual impression of three colors in the aura, which is not

very common. I am sending recommendations for the chakras and energy protection."

"The aura has a size of 60 cm, which is at the upper limit of the standard; it has a light color, so no weakening is observed. And regarding the diaphragm, the third chakra, which is usually yellow, in your case, is orange-brown, and when there is a change in the color of a given chakra, this indicates that in this area, in this case, the diaphragm, there is a problem, which can even be felt on a physical level.



"...the change from the previous time ***(from September 23, 2025)*** *is that now the main color of the aura has changed from yellow to green, from energy, thought, logic toward balance, a drive for development and growth. The green color gives gifts of healing, teaching, and the ability to listen to others. The third and fifth chakras are higher, and they are associated with masculine energy, with action, will, and speech. The green, which was present in the previous aura, has now shifted to blue, which is a noble, creative color and speaks of a drive for truth and justice. People with a green-blue aura are healers, including healers of the soul."*

"The current aura (green-blue) appears more centered, even though it is smaller. With the increase in vibrations, however, there is a need to work on grounding, because the first chakra is low and dark, which may be linked to hidden fears (due to the spondylolisthesis of the vertebrae, in my opinion). On the other hand, the fifth chakra is higher and cleaner, which means that speech is clearer, and it is easier to speak the truth. The energy in all chakras is balanced. The stress level is elevated, but despite this, the aura is better."

* * *

A large part of the questions in this book, addressed mainly to specialists in medicine and pharmacy, are rhetorical, and I want to note that as well.

One of the questions is:

After some time, I cannot say exactly how long, if I have visible signs of changes in my appearance, as well as other achievements, apparent simply to the naked eye, without MRI or any other medical equipment or any other diagnostic method, which is already considered reliable, and these changes are obvious to everyone, how would you react then? Then it will be very difficult, but not for me...

In this connection, I want to clarify that I am now pushing off from the bottom and beginning what I have been waiting for 30 years.

Regarding the EMG, I was advised that the column marked in yellow is the most important for comparing the results. My brief and incompetent analysis is that there are elevated values in both lower limbs, with the right showing higher absolute values, which is why both trunks of the autonomic nervous system were there several months ago, and the strengthened impulses can also be observed from the color and the intensity of the aura in the area of the right leg.

The first examination is from April 2025 and was performed with an older device, and objective comparison of the values can be made more correctly between the last two tests, because they were carried out on the same device, which is relatively new and modern, and the measurements were taken within a short period of time (August 26, 2025 and November 17, 2025).

The displacement of the cyst from the aura image from July 2025 is evidence that there was matter (an organ) there, and that it was of substantial importance to the body, namely the autonomic nervous system (ANS). The fact that the aura is centered after only a few months is additional evidence of the truthfulness of the present book.

It should also be noted that in all three tests, the spondylolisthesis (as displacement of the vertebrae of the spinal column in its lower part) is still not corrected, and the cyst has been displaced (I am not saying removed, I want to note this), and this predetermined the relatively low EMG values.

In fact, the opinion of the doctors who performed the test can be seen in the copy of the more detailed report attached. If I have understood correctly, even in the EMG test, a problem in the spinal column can be observed, which results from the displacement of the vertebrae in the lower part of the spinal column, diagnosed as spondylolisthesis (1.3–1.5 cm).

I will stop here because I do not want to keep justifying myself like a schoolgirl about things that I believe are proven in this book in a categorical way and for which I have provided much more than fully exhaustive information.

TEST 1



Study ID:
Date of Study: 15/04/2025
Technician:
Physician:
Diagnosis:

Patient ID: 7506024063
Name: Илиичовски, Георги Тодоров
Sex:
Age: 49
Height:

Reason for Referral

Conclusion

Comments

Изследвани нерви - перонеус, тибиалис, сурален.
Скорости на провеждане, латенции, амплитуди на СМАП и СНАП - в норма.
Намален процент наF-вълните отведени от EDB вдясно при стимулация на н.перонеус.

Данни за преднокоренчеви промени Л5 вдясно.

Internal Notes

Other

Nerve Conduction Studies

Motor & Sensory NCS	Lat		Amp		CV		F-M Lat	
Nerve	ms	Ref.Dev	M-mV/S-uV	Ref.Dev	m/s	Ref.Dev	ms	Ref.Dev
Peroneus Motor Left								
Ankle - EDB | EDB	4.92		4.2				50.2	
Bl. knee-Ankle | EDB	13.5		4.1		42.0			
Peroneus Motor Right								
Ankle - EDB | EDB	4.31		5.0				53.2	
Bl. knee-Ankle | EDB	12.6		5.6		41.0			
Suralis Sensory Left								
Mid. lower leg - Lat. Malleolus	3.56		7.7		42.7			
Suralis Sensory Right								
Mid. lower leg - Lat. Malleolus	3.31		6.6		50.6			
Tibialis Motor Left								
Ankle - Abd hal | Abd hal	5.14		9.5				46.5	
Knee-Ankle | Abd hal	15.3		8.2		45.3			

1

ID: 7506024063 15/04/2025

Motor & Sensory NCS								
Tibialis Motor Right								
Ankle - Abd hal | Abd hal	4.17		9.1				50.0	
Knee-Ankle | Abd hal	12.8		7.3		46.3			

Lat=Latency Amp=Amplitude Ref.Dev=Deviation from Normal
M=Motor S=Sensory F=F-wave

Motor Nerve Conduction Studies

MNCS								
Nerve	Lat		Amp		CV		F-M Lat	
	ms	Ref.Dev	mV	Ref.Dev	m/s	Ref.Dev	ms	Ref.Dev
Peroneus Motor Left								
Ankle - EDB | EDB	4.92		4.2				50.2	
Bl. knee-Ankle | EDB	13.5		4.1		42.0			
Peroneus Motor Right								
Ankle - EDB | EDB	4.31		5.0				53.2	
Bl. knee-Ankle | EDB	12.6		5.6		41.0			
Tibialis Motor Left								
Ankle - Abd hal | Abd hal	5.14		9.5				46.5	
Knee-Ankle | Abd hal	15.3		8.2		45.3			
Tibialis Motor Right								
Ankle - Abd hal | Abd hal	4.17		9.1				50.0	
Knee-Ankle | Abd hal	12.8		7.3		46.3			

Sensory Nerve Conduction Studies

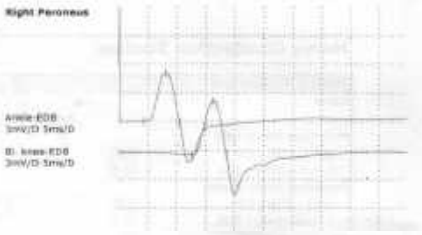
SNCS						
Nerve	Peak Lat		Amp		CV	
	ms	Ref.Dev	uV	Ref.Dev	m/s	Ref.Dev
Suralis Sensory Left						
Mid. lower leg - Lat. Malleolus	3.56		7.7		42.7	
Suralis Sensory Right						
Mid. lower leg - Lat. Malleolus	3.31		6.6		50.6	

Motor Nerve Conduction Studies

Left Peroneus Motor	Lat	Amp	CV
	ms	mV	m/s
Ankle - EDB	4.92	4.2	
Bl. knee-Ankle	13.5	4.1	42.0

Right Peroneus Motor	Lat	Amp	CV
	ms	mV	m/s
Ankle - EDB	4.31	5.0	
Bl. knee-Ankle	12.6	5.6	41.0

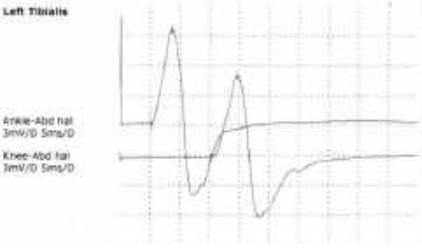


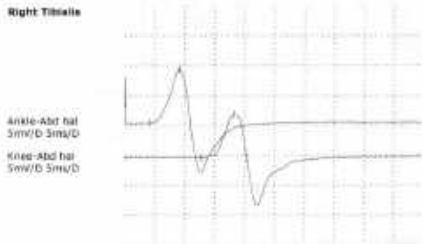


ID: 7506024063 15/04/2025

Left Tibialis Motor	Lat	Amp	CV
	ms	mV	m/s
Ankle - Abd hal	5.14	9.5	
Knee-Ankle	15.3	8.2	45.3

Right Tibialis Motor	Lat	Amp	CV
	ms	mV	m/s
Ankle - Abd hal	4.17	9.1	
Knee-Ankle	12.8	7.3	46.3





TEST 2

Neurosoft company

Протокол на изследването

Пациент: **Георги Тодоров Илийчовски , 50 години**
Дата: **Tuesday, August 26, 2025**
Лекар провел изследването:

ЕМГ данни за предно-коренчеви промени за Л4,Л5, S1 двустранно, по-тежко изразени за Л5 коренче в дясно и задно-коренчеви промени за S1 двустранно.

Общи данни от ЕМГ изследването

Моторна СП

Тест	Точка на стимулация	Лат., ms	Ампл., mV	Дълж., ms	Площ, mV×ms	Стим., mA	Стим., ms	Раст., mm	Време, ms	Скор., m/s	Скор. норм, m/s	Откл. скор., %
десен, Abductor hallucis, Tibialis, I4 L5 S1												
5	медиален малеол	4.1	9.3	7.93	25.3	26	0.2	400				
	задколянна ямка	14.5	7.9	8.54	26.5	26	0.2	430	10.4	41.2	50.0	(N)
ляв, Abductor hallucis, Tibialis, I4 L5 S1												
9	медиален малеол	5.2	10.7	6.56	26.6	26	0.2	70				
	задколянна ямка	15.9	8.2	8.25	22.2	39	0.3	450	10.7	42.2	50.0	(N)
десен, Extensor digitorum brevis, Peroneus, I4 L5 S1												
3	стъпало	3.8	7.4	6.2	21.4	65	0.2	100				
	head of fibula	11.6	6.7	7.06	21.6	59	0.2	340	7.84	43.4	50.0	(N)
ляв, Extensor digitorum brevis, Peroneus, I4 L5 S1												
1	стъпало	4.2	6.2	6.9	21.0	71	0.2					
	head of fibula	12.2	5.3	7.7	19.4	71	0.2	350	8.0	43.8	50.0	(N)

Сетивна СП

Тест	Точка на стимулацията (отвеждането)	Лат., ms	Ампл., µV	Дълж., ms	Площ, mV×s	Стим., mA	Стим., ms	Раст., mm	Време, ms	Скор., m/s	Скор. норм, m/s	Откл. скор., %
ляв, n.Suralis, S1-S2												
7	1	3.1	5.7	3.4	4.7	29	0.1	150	3.11	48.2	50.0	(N)

Параметри на F-вълната

Тест	Лат. Fmin, ms	М лат., ms	Fmin-M лат., ms	Макс Vпрокс, m/s
десен, Abductor hallucis, Tibialis, I4 L5 S1				
6	58.6	6.6	52.1	
ляв, Abductor hallucis, Tibialis, I4 L5 S1				
10	58.0	6.85	51.2	
десен, Extensor digitorum brevis, Peroneus, I4 L5 S1				
4	55.5	5.15	50.3	
ляв, Extensor digitorum brevis, Peroneus, I4 L5 S1				
2	54.7	5.0	49.7	

H-рефлекс

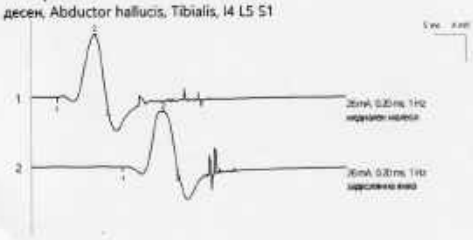
Тест		Праг. стим., mA	Стим. макс. отговор, mA	Лат. макс. отговор, ms	Max ampl., mV	Макс. площ, mV×ms	Макс. H/M, %	Индекс H, cm²/ms²
десен, Soleus, Tibialis, L5-S2								
8	H-рефлекс	13.0	30.0	37.5	0.419	3.0	1.5	

	М-отговор	13.0	34.0	4.95	28.5	85.9		
лев, Soleus, Tibialis, L5-S2								
12	Н-рефлекс	17.0	26.0	29.1	1.26	13.0	7.3	
	М-отговор	14.0	34.0	5.65	17.3	53.1		

Изследване на нервната проводимост

Моторна СП

десен, Abductor hallucis, Tibialis, I4 L5 S1



Резидуална латентност и PDF

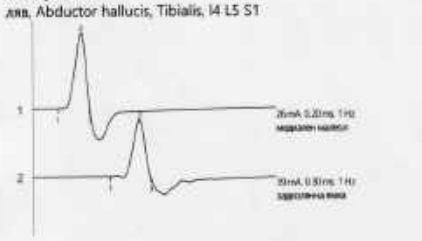
Рез. лат., ms	Норма РЛ, ms	Откл. РЛ, %	Индекс терм. лат.	Прокс.-дист. фактор
-5.65	2.0	**-382**	2.39	

Параметри на М-вълната (амплитуда: негативен пик)

N	Точка на стимулация	Раст., mm	Лат., ms	Ампл., mV	Ампл. норм, mV	Ампл. откл., %	Дълж., ms	Скор., m/s	Скор. норм, m/s	Откл. скор., %
десен, Abductor hallucis, Tibialis, I4 L5 S1										
1	медиален малеол	400	4.1	9.3	5.0	(N)	7.9			
2	задколянна ямка	430	14.5	7.9	5.0	(N)	8.5	41.2	50.0	(N)

Моторна СП

лев, Abductor hallucis, Tibialis, I4 L5 S1



Резидуална латентност и PDF

Рез. лат., ms	Норма РЛ, ms	Откл. РЛ, %	Индекс терм. лат.	Прокс.-дист. фактор
3.58	2.0	**+79.2**	0.316	

Параметри на М-вълната (амплитуда: негативен пик)

N	Точка на стимулация	Раст., mm	Лат., ms	Ампл., mV	Ампл. норм, mV	Ампл. откл., %	Дълж., ms	Скор., m/s	Скор. норм, m/s	Откл. скор., %
лев, Abductor hallucis, Tibialis, I4 L5 S1										
1	медиален малеол	70	5.2	10.7	5.0	(N)	6.6			
2	задколянна ямка	450	15.9	8.2	5.0	(N)	8.2	42.2	50.0	(N)

Моторна СП

десен, Extensor digitorum brevis, Peroneus, I4 L5 S1

TEST 3

Neurosoft company

Протокол на изследването

Пациент: **Георги Тодоров Илийчовски, 50 години**
Дата: **Monday, November 17, 2025**
Насочваща диагноза: **Увреждане на лумбосакралните коренчета**
Лекар провел изследването:

Скоростта на провеждане по двигателните и сетивните влакна на изследваните нерви е в норма, с нормални характеристики на СМАП и СНАП. F-вълните за L4,5,S1 коренчета двустранно се получават с нормални параметри. H-рефлексът от m. soleus се получава с удължено латентно време и намалена амплитуда двустранно.

Налице са ЕНГ данни за лекостепенна заднокоренчева увреда S1,2 двустранно. Не се регистрират ЕМГ данни за периферно-стволова увреда на изследваните нерви на долните крайници. Липсват проводни блокове на типични места.

Общи данни от ЕМГ изследването

Моторна СП

Тест	Точка на стимулация	Лат., ms	Ампл., mV	Дълж., ms	Площ, mV×ms	Стим., mA	Стим., ms	Раст., mm	Време, ms	Скор., m/s	Скор. норм, m/s	Откл. скор., %
десен, Abductor hallucis, Tibialis, l4 L5 S1												
3	медиален малеол	5.1	11.1	6.8	26.8	10	0.5	70				
	задколянна ямка	14.9	9.2	8.1	27.6	23	0.5	440	9.75	45.1	50.0	(N)
ляв, Abductor hallucis, Tibialis, l4 L5 S1												
9	медиален малеол	5.0	10.9	6.5	28.1	18	0.5	70				
	задколянна ямка	15.3	9.8	7.85	24.8	20	0.5	440	10.3	42.7	50.0	(N)
десен, Extensor digitorum brevis, Peroneus, l4 L5 S1												
1	стъпало	5.1	7.1	5.35	18.7	24	0.5	70				
	head of fibula	12.7	7.5	6.15	22.5	24	0.5	340	7.6	44.7	50.0	(N)
	задколянна ямка	14.6	7.6	5.92	22.4	24	0.5	90	1.98	45.4	50.0	(N)
ляв, Extensor digitorum brevis, Peroneus, l4 L5 S1												
7	стъпало	4.1	6.0	7.1	21.5	24	0.5	70				
	head of fibula	12.7	6.1	8.15	23.9	24	0.5	360	8.55	42.1	50.0	(N)

Сетивна СП

Тест	Точка на стимулацията (отвеждането)	Лат., ms	Ампл., µV	Дълж., ms	Площ, nV×s	Стим., mA	Стим., ms	Раст., mm	Време, ms	Скор., m/s	Скор. норм, m/s	Откл. скор., %
десен, n.Suralis, S1-S2												
6	1	2.6	10.9	3.3	1.3	13	0.2	140	2.64	53.0	50.0	(N)

Параметри на F-вълната

Тест	Лат. Fmin, ms	М лат., ms	Fmin-M лат., ms	Макс Vпрокс, m/s
десен, Abductor hallucis, Tibialis, l4 L5 S1				
4	56.5	5.35	51.1	
ляв, Abductor hallucis, Tibialis, l4 L5 S1				
10	58.7	4.9	53.9	
десен, Extensor digitorum brevis, Peroneus, l4 L5 S1				
2	59.3	4.75	54.5	

ляв, Extensor digitorum brevis, Peroneus, I4 L5 S1				
8	52.9	3.95	49.0	

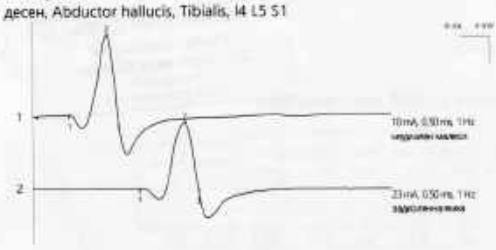
H-рефлекс

Тест		Праг. стим., mA	Стим. макс. отговор, mA	Лат. макс. отговор, ms	Max ampl., mV	Макс. площ, mV×ms	Макс. H/M, %	Индекс H, cm²/ms²
десен, Soleus, Tibialis, L5-S2								
5	H-рефлекс	9.0	14.0	19.0	0.867	2.3	4.9	
	M-отговор	9.0	14.0	5.61	17.8	41.3		
ляв, Soleus, Tibialis, L5-S2								
11	H-рефлекс	24.0	24.0	17.2	0.707	1.7	4.4	
	M-отговор	9.0	24.0	5.5	16.2	32.4		

Изследване на нервната проводимост

Моторна СП

десен, Abductor hallucis, Tibialis, I4 L5 S1

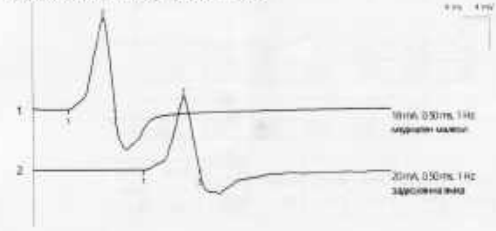


Резидуална латентност и PDF

Рез. лат., ms	Норма РЛ, ms	Откл. РЛ, %	Индекс терм. лат.	Прокс.-дист. фактор
3.55	2.0	**+77.4**	0.304	

Моторна СП

ляв, Abductor hallucis, Tibialis, I4 L5 S1

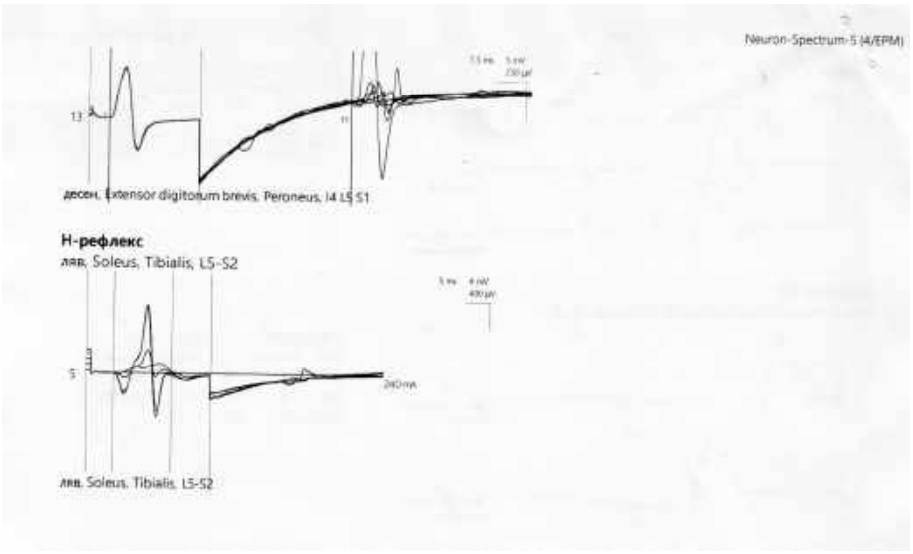


Резидуална латентност и PDF

Рез. лат., ms	Норма РЛ, ms	Откл. РЛ, %	Индекс терм. лат.	Прокс.-дист. фактор
3.31	2.0	**+65.6**	0.331	

Моторна СП

десен, Extensor digitorum brevis, Peroneus, I4 L5 S1



In my opinion, examinations such as EMG, aura, and adrenaline (I have not had the last one done) are not objective or reliable, because depending on the momentary emotional state, they can change quickly, and the results are not objective and cannot be used to determine any diagnosis. Still, I am including whatever I have.

This book is a first attempt, and there is much to be desired, since I have answers to many questions that will certainly arise while reading, but I am not motivated to do so yet for a number of reasons that I hope you all sense.

Let me again confirm what has been said, that I am available at any moment to undergo the new tests that the doctors recommend, in order to confirm one hundred percent the data in this book. As of now, I have done everything possible, taking into account the available equipment and the possible types of examination, in order to prove what I have done. Please let the doctors point out what I have missed as an option.

Although medicine knows the structure of the brain, even if only two to three percent more of its capacity begins to be used (which would put strain on the body), this is absolutely insuffi-

cient. Therefore, it is not possible to reach the correct diagnosis and, accordingly, treatment of the brain, and of neurological and any other diseases overall.

This book includes one MRI report (for the cyst), plus a few emails. I repeat that this book does not include any MRI reports related to radiologists' opinions on comparing the images before and after the displacement of the autonomic nervous system (ANS), or, in general, how they describe or interpret the MRI images. My categorical opinion is that no one will put their neck on the line and confirm something that medicine has not proven to date and only even considers as a possible variant, even in isolated cases, regarding the structure of the autonomic nervous system. I have unofficial oral opinions that the autonomic nervous system truly is not present after its displacement, but I cannot state this officially or use it as any basis for evidence.

These two leading industries on a global scale will have to answer several fundamental questions, if not to me, then to the patients they treat (or rather relieve), according to the advertisements we constantly see on television, in one way or another.

Do you really think I am foolish enough to present all this evidence to some doctor, whether a professor or an academic, and have him step forward and solemnly declare that he has discovered everything I describe in this book? I am not a suicide, first of all. Moreover, everything is becoming clearer and clearer, and every person without medical education can see and determine that what I show and prove is an indisputable and unconditional fact.

Another very important detail about this process or practice of treatment is that it is so powerful that anyone who manages to begin it must be one hundred percent certain that they can also complete it to the end, as the only way to achieve full healing of the whole body. Everything else is a matter of patience and time, and God can determine when and how it will be completed. The load is balanced because everything happens gradually, in moderation, and within the limits of a normal load for each organism.

I have only just pushed off from the bottom (July 2025), and I am only now expecting results that are visible to the naked eye, without the medical use of MRI and similar imaging methods.

I have specific things that are happening to me, but before I have evidence, I do not want to comment on them.

Will medicine and pharmacy again claim that I may be using Photoshop on the images that I show here in the book? I have no intention of doing that, and I have never even thought about it.

With this book, the gauntlet has been thrown to medicine and pharmacy.

And to clarify, I am not denying anything regarding the practices of these two leading industries; on the contrary, their representatives, at least for the moment, refuse to acknowledge evidence that is visible to the naked eye and absolutely obvious, distinguishable even by a five-year-old child.