



MISSION TO CURE

**Electroacupunctural Diagnostic  
Medical Device**

**“DETA-D”**

**with VRT device (model 104)**

**Passport**

**Operating manual and guidelines**



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and guidelines  
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## Description of operation

### *Purpose*

**Electroacupunctural diagnostic medical device “DETA-D” model 104 TY 9444-001 -27970873-2006 (hereinafter referred to as the device) allows you to:**

- measure electrical parameters of biologically active points (BAP) using the method of R. Voll (including corporal, head, and auricular points);
- conduct topical, syndromic, nosological and local (assessment of the damage level to the spine, sinuses, teeth) diagnosis;
- conduct pharmacological testing (assessment of various pharmacological and non-pharmacological drugs for the human body);
- diagnosis by vegetative resonance test (VRT) method;
- carry out energy information transfer (reprinting) of medicinal properties of various drugs (homeopathic remedies, nosodes, organ drugs, toxins, etc.) on various carriers (water, alcohol, homeopathic grain, etc.) with the possibility of preparing autosodes.

### *Field of application*

Field of application: centers for homeopathy, reflexology and health care institutions for specialists working in specialization “040132 Regenerative medicine”.

Climatic category type moderately cool, 4.2 category according to state standard GOST R 50444.

By mechanical stress, the device is category group 2 according to state standard GOST 50444, failure effect the class B of GOST R 50444.

**Certificate of compliance**..... POCC RU.IM24.B03110

**Registration certificate**..... No ФСР 2009/05640

**Designation of device in order:**.....device “DETA-D” model 104



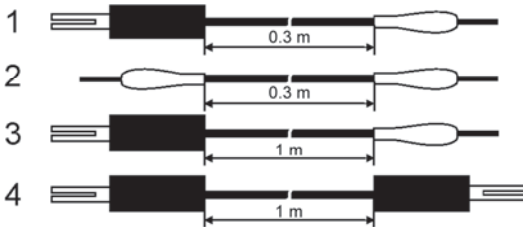
## Specifications

Measurement method .....	R. Voll, H. Schimmel
Range of variation in conductivity readings, cu .....	from 0 to 100
Accuracy of measurement, % .....	$\pm 1$
Voltage on the diagnostic probe relative to hand electrode V .....	$1,25 \pm 1\%$
Short-circuit current, uA .....	$12,5 \pm 1\%$
Sound in diagnostic mode .....	tone change
Sound control .....	on/off
Intensifying active reprinter	
units .....	30
ampules, pcs. ....	4
“Extension” of VRT scale, units .....	80
Low battery indicator .....	LED
Power:	
AC adapter .....	220V/50Hz 12V/0.1A
batteries .....	AA (R6) 1.5V x 2
rechargeable batteries .....	AA (R6) 1.2V x 2
Material of hand electrode and the tip	
of universal probe .....	brass LS59-1 mark
	State Standard GOST 931, GOST494
PC connection .....	assembly interface BS-7
(not included)	
Continuous operating time on battery power, rechargeable	
batteries (capacity not less 1000mah), not less than .....	30 hours
Average service life, not less than .....	5 years
Dimensions (without packaging), mm .....	160 x 10 5x 110
Weight:	
without accessories and spare parts, not more than .....	0.8 kg
as a whole unit, not more than .....	2.4 kg
Working conditions during use:	
ambient temperature .....	from 10 to 35 °C
relative humidity .....	80% at 25 °C

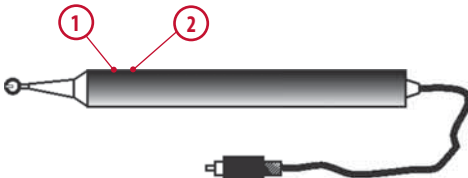


## Package contents

1. Device "DETA-D" model 104..... 1 pc.
2. Hand electrode..... 2 pcs.
3. Universal probe..... 1 pc.
4. Stand-dish..... 2 pcs.
5. Honeycomb cell..... 1 pc.
6. Cable set..... 1 pc.
7. Batteries AA (R6) 1.5V..... 2 pcs.
8. AC adapter..... 2 pc.
9. Operating manual and guidelines..... 1 pc.



**Fig.1 Cable set**



- 1 - button without function (reserve)
- 2 - button for VRT mode or switching active points in the EAVPRO program

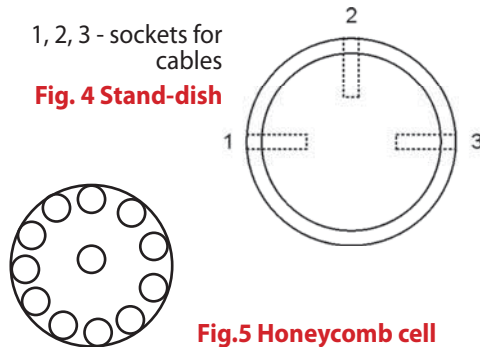
**Fig.2 Universal probe**



**Fig.3 Hand electrodes**

1, 2, 3 - sockets for cables

**Fig. 4 Stand-dish**



**Fig.5 Honeycomb cell**

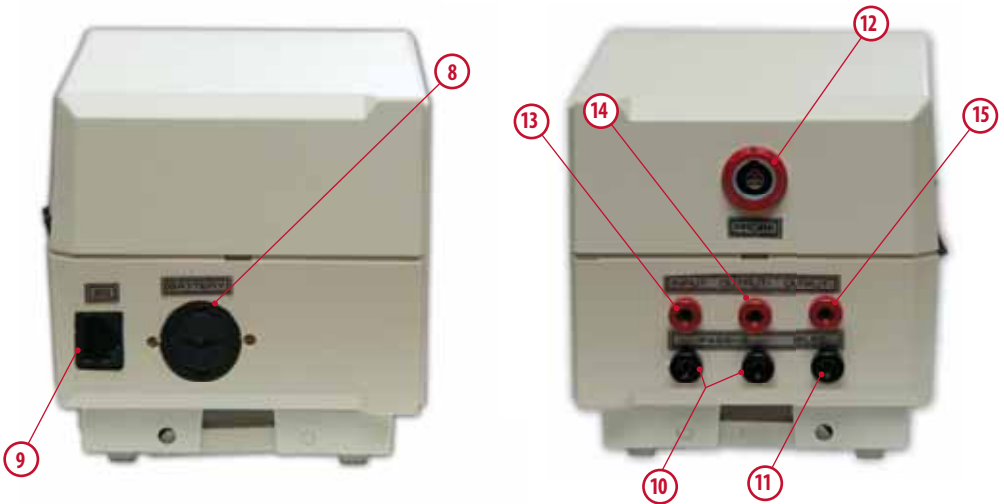


## Device and controls

### Device controls



Figure 6.1 - External front and rear view



**Figure 6.2 - External left and right side view**

### ***Control elements***

**1 – “POWER”** - “Power” switch

to switch the device on/off. The device is switched on when the “I” symbol on the switch is in the down and off when the “O” symbol is down;

**2 – “SOUND”** - “Sound” switch

to switch the sound on/off. The sound is switched on when the “I” symbol on the switch is in the down and off when the “O” symbol is down.

### ***Indication elementsu***

**3 – indicator display**

to display the measured values of conductivity at biologically active points (BAP) and zones (BAZ);

**4 – “LOW BATTERY”** - red “Low Battery”

LED illuminates when the battery is low

**5 – “POWER”** - green “Power” LED illuminates

when the device is on

**6 – “VRT”** - green LED “Vegetative resonance test”

transfer to VRT mode.





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## **Switching elements**

**7 - "12V"** - Power socket

to connect the AC adapter

**8 - "BATTERY"** - battery compartment

to install 2 batteries or 2 rechargeable batteries of type AA (R6)

**9 - "BS"** - "INTERFACE BLOCK" socket

to connect the device via the BS-7 interface block to a computer

**10 - "PASSIVE"** - "Passive electrode" socket to connect a hand electrode

**11 - "SELECT"** - "Selector" socket

to connect the electronic pharmacological selector

**12 - "PROBE"** - "Probe" socket

to connect a universal probe

**13 - "INPUT"** - "Input" socket

to connect to the input of the active reprinter

**14 - "OUTPUT+"** - "Output+" socket

to connect to the "+" output of the active reprinter

**15 - "OUTPUT-"** - "Output-" socket ("Inversion")

to connect to the "-" output of the active reprinter.



## Operating conditions

### *Requirements for working conditions*

1. Floor coverings in the workplace should not accumulate static charge. In bare feet, the patient receives the static electricity, which leads to incorrect results of diagnostic measurements.

2. If the room is covered with carpets of artificial material, to eliminate the static charge, they must be processed at least twice a week with antistatic agent.



**ATTENTION! Static electricity!**

**ATTENTION! Cover floor with antistatic agent!**

3. The chair should be wood and coated with cotton fabric. The use of synthetic materials is not permitted.

4. Other high-frequency or X-ray installations must not be located in adjoining rooms.

5. The patient must be at least 1.5 m from the television and radio equipment, lighting and electrical appliances.

Otherwise, patients with sensitive brains immediately record higher values acupuncture points.

### *Requirements for the patient*

1. Three days before seeing the doctor, the patient should:

- stop taking drugs, herbal infusions (except for hormone-dependent patients and patients receiving hypotension and cardiac drugs);
- discontinue physiotherapy;
- exclude mud therapy and vitamin therapy, radiographic and fluoroscopic examinations, invasive investigative methods and ultrasound.

2. Good personal hygiene should be maintained:

- the day before visiting the doctor, do not use cosmetics, perfume and ideally do not wear synthetic clothes.

Hands and feet should be clean and nails trimmed.

3. When the patient is with the doctor:

- he/she removes all clothes, and put on a clean white cotton dressing gown, not starched;
- he/she removes all jewelry, watches, sunglasses, hair clips, dentures, etc.;



- he/she sits on a wooden stool, not varnished or painted, and puts his/her feet on a wooden rest (an ordinary chair covered with a white cotton sheet can be used, and instead of a rest, thick white cardboard).

### ***Requirements for the device***

1. Do not wipe the surface of the device with alcohol or other organic solvents to remove dirt: gently use a soft brush or cotton wool moistened with water.

2. Do not place the device near any very warm, dusty, or humid places.

3. After storage of the device in a cold room or after transportation in cold temperatures, allow the device to remain at room temperature for at least 1 hour before switching on.

## **Getting started**

### ***Battery power***

1. Check the batteries in the battery compartment of the device, by doing the following:

- place the device left side facing you;
- use a screwdriver (coin) in the slot on the battery cover and turn the cover counter-clockwise;
- remove the battery cover and ensure you have two batteries.

2. Close the battery compartment, by doing the following:

- if necessary, insert two batteries into the battery compartment, "+" nearest the cover;
- place the cover on the "+" contact of the top battery and while pressing on top with a screwdriver (coin) in the slot on the battery cover, and insert the projecting contacts into the grooves of the battery compartment cover;
- secure the battery compartment cover by turning it as far as possible clockwise.

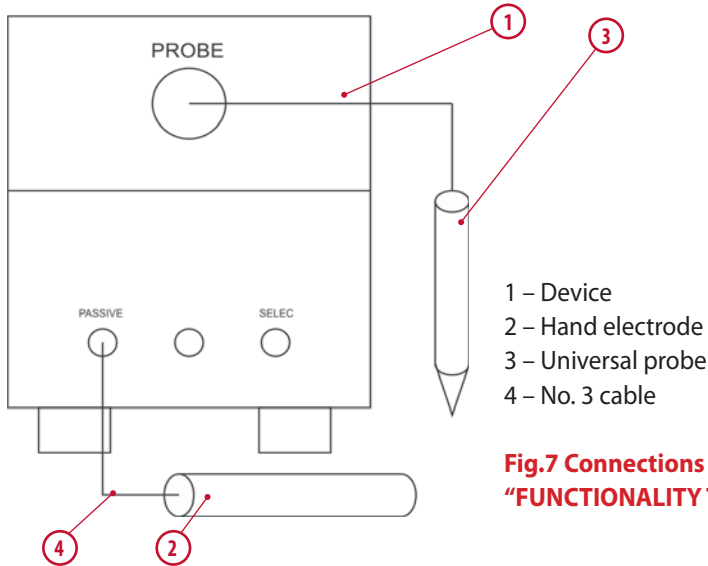
3. Turn on the device with the "POWER" switch.

4. On the front panel, the green "POWER" LED should illuminate.



## AC power

1. Connect the AC adapter to the 12V socket on the device. The polarity of the voltage does not matter.
2. Insert the AC adapter into an wall socket with 220V voltage.
3. Turn on the device with the "POWER" switch.
4. On the front of the device, the green "POWER" LED should illuminate.



**Fig.7 Connections in the "FUNCTIONALITY TEST" mode**

## Device functionality test

1. Turn on the power and sound on the device with the corresponding "POWER" and "SOUND" switches.
2. Close the circuit with the hand electrode and universal probe. The reading on the indicator display should be "100" points and the sound tone - high.



**The "LOW BATTERY" LED signals low battery power. The parameters of the device are not guaranteed in this state.**

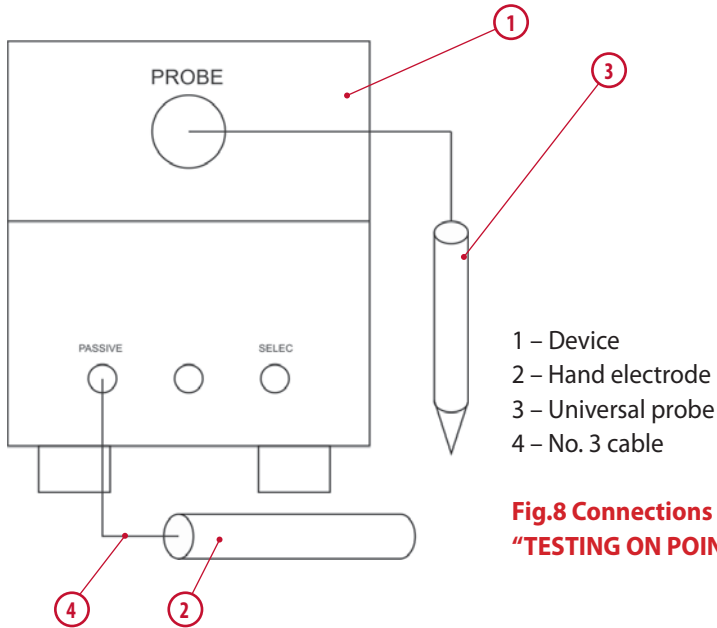
3. Open the circuit between the hand electrode and universal probe. The reading on the indicator display should be "0" points and the sound tone - absent. It is acceptable if the indicator needle does not quite coincide with "0" points (by 1 point).
4. Turn off the power with the "POWER" switch.



## Operation

### *Electroacupuncture diagnosis*

#### 1. Testing on points



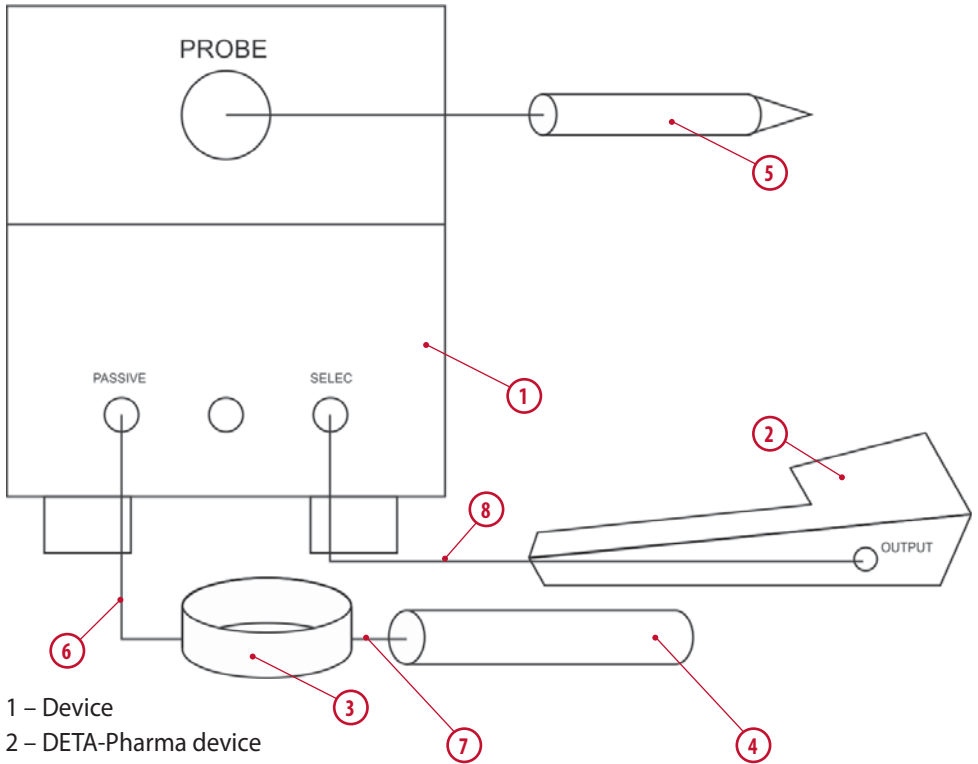
**Fig.8 Connections in the "TESTING ON POINTS" mode**

Diagnosis is carried out with a universal probe with a standard 3 mm ball cut tip:

- turn on the power and sound on the device with the corresponding "POWER" and "SOUND" switches;
- take measurements using the guidelines;
- after taking the measurements, turn off the power with the "POWER" switch.



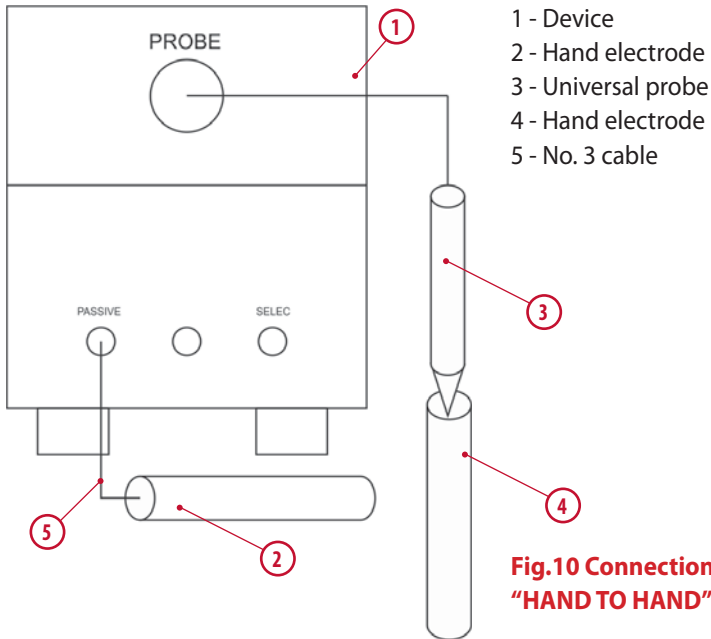
## 2. Testing on points using a “DETA-Pharma” electronic pharmacological selector



**Fig.9 Connections in “TESTING ON POINTS WITH THE DETA-PHARMA DEVICE” mode**

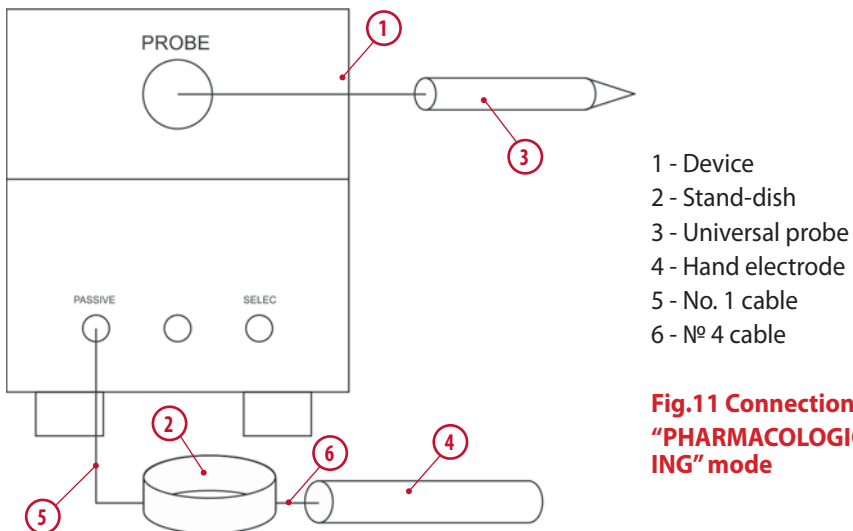


## Hand to hand measurement



**Fig.10 Connections in the "HAND TO HAND" mode**

## Pharmacological testing



**Fig.11 Connections in "PHARMACOLOGICAL TESTING" mode**



## ***Diagnosis using VRT***

1. To switch on the vegetative resonance “VRT” test mode, it is necessary to place the probe on the point to be measured, and then press and hold (approximately 1 sec) button “2” (item 2, figure 2) on the universal probe until the “VRT” LED (item 6, fig. b.1) on the device illuminates. Button “2” does not work until the probe is placed on the point to be measured.



**“Extension” of the scale is 80 units. Not adjustable.**

2. Diagnosis is carried out in accordance with traditional method developed by Dr H. Schimmel.

3. To turn off the vegetative resonance “VRT” test mode, it is necessary to remove the probe from the point being measured, press again and hold (approximately 1 sec) button “2” until the “VRT” LED turns off. The device will transfer to diagnostic mode of the method by R. Voll.

## ***“Active reprinter” mode***

Substances used for recording the properties of original medicines may include distilled water, saline, 40% alcohol, 20% glycerol solution, human blood or plasma, lactose, wax, metals such as aluminum, colloid solution and other materials.

Water is the ideal environment for storing information.



**To record onto a medium, contact is required.**

1. Place selected drugs into the stand-dish or honeycomb cell connected to the “INPUT” socket (item 13, fig. 6.2).

2. The substance for recording is placed in the recording stand-dish, connected to the “OUTPUT+” socket (paragraph 14, fig. 6.2).

3. To obtain inverse information, the substance for copying must be placed in the recording stand-dish, connected to the “OUTPUT-” socket (paragraph 15, fig. 6.2).

4. Deletion of information takes place by connecting the “INPUT” and “OUTPUT-” simultaneously to the cup with the substance for recording.

5. The reprinter for recording automatically switches on when the vessel with the original medication and substance for recording is connected.

The transfer process takes 2-8 minutes, depending on the type of medium and its volume.





After recording, disconnect the vessel with the substance for recording from the socket "OUTPUT+" or "OUTPUT-". After that, disconnect the tank with the original medication.

The device uses three sockets for a pharmacological test: two sockets, "PASSIVE" (item 10, fig. 6.2) and "SELECT" (item 11, fig. 6.2). These sockets are interchangeable. The passive electrode can be connected to either of them.



**1. Recording is carried out with intensification 30. Not adjustable. Permits recording of 4 ampules simultaneously.**

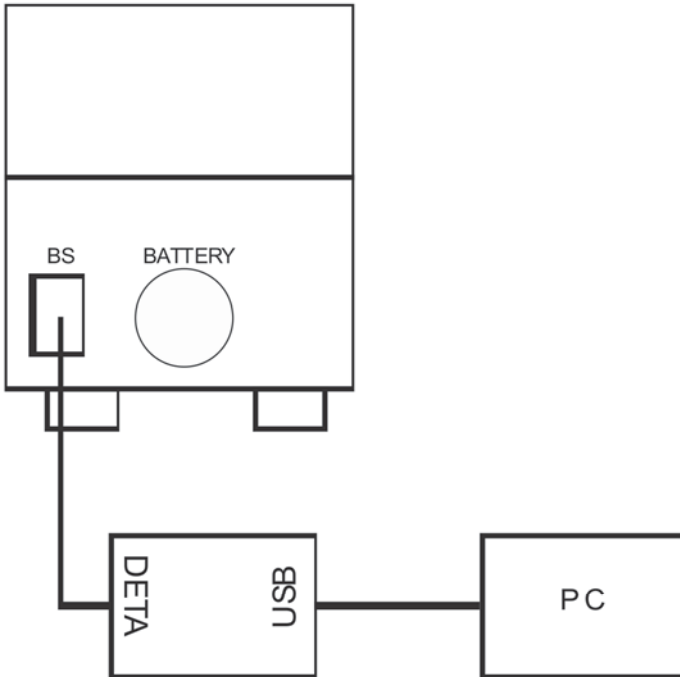
**2. "OUTPUT +" and "OUTPUT-" sockets must not be connected to "PASSIVE" and "SELECT" sockets.**

**3. The device overwrites information without changing potency and, therefore permits the copying of complex drugs.**



## **Working with a computer**

The device can work with computer program EAVPRO with a BS-7 interface block. Not included, sold separately.



- 1 – Device
- 2 – Interface block (BS)
- 3 – Computer (PC)
- 4 – BS-device cable
- 5 – BS-computer cable

**Fig.12 Connections in the “WORKING WITH A COMPUTER” mode**

Briefly pressing button 2 (approximately 0.5 seconds) on the universal probe controls the program (transfer of active switching points to the EAVPRO computer program diagram).



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## Guidelines

### *Search technique and BAP measurement*

To determine the BAP topography, the device contains device arrangement combined with acoustic and indicator display systems.

When using the acoustic indication system, the location of the center of the BAP is determined by the nature of change in tone.

If when determining the measurement result the indicator display is used, you can turn on the sound source built into the device, and focus on finding the points by moving the electrode in the area surrounding the points (use of the "lines" method): the point position is determined by the highest sound tone. Then read the maximum value from the indicator display.

There are various methods for finding and measuring points:

1. Vertically and at an angle of  $45^\circ$ .
2. At a tangent.
3. By lines.
4. A combination of lines and tones.

1. The vertical method means point measurement with a point electrode, held perpendicular or slightly angled to the skin. Before this, the point and corresponding topographical position of certain bones or certain muscles is probed with a moistened fingertip. The method is best used after a preliminary examination by touch.

The angle method is most often used for measurements. Between the bones on the phalanges, the bones of the fingers and toes, this is at a  $45^\circ$  angle, almost horizontal.

Another point search method: it is possible to move along the surface in the region of the point. A value of 40-60 is attained, then localization of the point, and then adequate pressure must be applied to achieve the maximum value. If the area is around the meridian, the values generally vary between 30 and 40. If the maximum value is then found over a point, set the maximum immediately and strengthen it further. Then the same maximum value will be attained. Note that a slow increase of pressure on the point does not give the maximum value, but 80-90% of this value, and a decrease in the indicator section decline or an absence of indicator decline.

2. The "at a tangent" method is only required in the initial and final points of the meridian of the hand (not on the foot) and at the hypothalamus. At



the start and end points of the meridian on the hand, this method is used because after spreading the fingers there are no short-circuit or transversal links between the two meridians, as in principle, the device is used externally when “at a tangent”.

This technique, as compared to the vertical method has the advantage of no slippage. “At a tangent” confidently finds a point.

The “at a tangent” method should be used near the hypothalamus to avoid contact with the ear, where there is energy enrichment.

3. The lines method helps find a measurement point by certain lines tracing with a point electrode and observing on this site where the maximum value is obtained. The largest measured and sometimes drop of the indicator is only found at a point. The area before this point provides lower readings which increase at the point.

4. A combination of lines and tones. If contact with the point is found and a maximum value attained, when re-measuring the same maximum value will be obtained with much less pressure. Therefore, it is recommended to reduce the pressure when repeating a measurement so as not to cause an additional point of mechanical irritation which the vegetative system reacts to, i.e. attracts measurement of the size of the sample. This does not however, affect the criteria for the indicator drop. If multiple measurement causes increased irritation of points, some time to calm down is required. At this time, it is expedient to measure different points.

Sensitivity increases with repeated pressure of those measurement points which are located in areas with an accumulation of energy, such as around the mouth, i.e. measurement points of the jaw. Here, only slight pressure is required to attain the maximum value during repeat measurement. A reduction in pressure during repeat measurement is also expedient with good conductivity of the skin, such as when it is wet, and in babies and infants.

### ***Sequence of BAP parameter measurements***

The sequence of measuring EP EAP of the skin may be different depending on the purpose of diagnosis, and different authors recommend different point measurement sequences.

During electropuncture diagnostics in EAV, the following sequence of measuring EP BAP of the skin is used. Examination begins with the measurement of EP BAP lymphatic system vessel to the BAP of the small intestine meridian with the right hand by placing a “passive” electrode in the left hand. After this, the “passive” electrode is placed in the right hand of the patient



and measuring of the EP with BAP of the meridian of the spleen and pancreas consecutively to the BAP of the bladder meridian. In the same way, measuring of EP BAP takes place with the left hand and left foot.

In contrast to EAV, BFD uses a different methodological approach. When measuring the EP BAP, the right (left) hand, right (left) foot, the patient is placed on a “passive” electrode plate, and when measuring BAP, the right (left) foot to right (left) hand of the patient is placed on a “passive” cylindrical electrode. According to H. Pflaum and G. Janke, use of the latter methodological approach provides more reliable information about the state of organisms and tissue systems related to BAP since the path of the “diagnostic” electric current runs along the flux of the electric field of a person and does not cross them as in EAV.

### ***Interpretation of BAP measurement results***

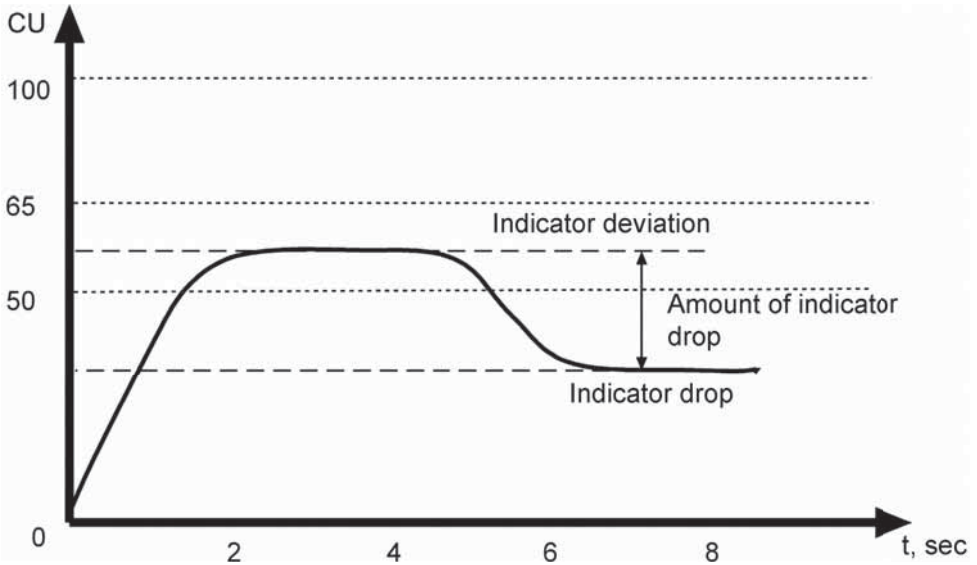
One of the characteristic features of EAV diagnosis is that it is based on a unified system for assessing EP measurement results of all organs, tissues and the interrelated biological active points.

Development of this system was preceded by a long period of experimental research aimed at finding statistically significant relationships between the values of individual EP BAP in patients with known forms of disease, its stages, and detectable morphofunctional and pathoanatomical changes in the corresponding organs and tissues.

The result of this work was the development of a special graded diagnostic scale on which to evaluate the nature of the damage to various organs and tissue systems.

Among the main diagnostic criteria used to interpret the results of electrical parameters of BAT measurements are three indicators (see fig. 13).

The first of them characterizes the type of reaction related to BAP of organs and tissue systems in response to an applied electric current, which shows the position of the indicator of the electrodiagnostic device. The maximum indicator deviation from zero (“0”) of the electrodiagnostic device achieved when measuring EP BAP is conditionally denoted in EAV as the testing level (TL) of BAP.



**Fig. 13 Measurement indicators of BAP electrical parameters**

For conditions characterized by the development of an organ with acute (purulent) inflammation interconnected with a specific BAP, the total TL is 100 cu.

Acute catarrhal or inflammatory process: 99-90 cu.

Sub-acute, local or limited inflammatory process: 89-82 cu.

In pre-pathological damage to the function of an organ or tissue system without an inflammatory response, the TL BAP is in the 81-66 cu range.

The condition of physiological tension correspond to the values of TL in the 65-51 cu interval, and at an "ideal" rate is 50 cu.

In the initial stages of a dystrophic process, the value is 49-42 TL BAP cu, and during its progression: 41-32 cu.

During the development of destructive processes with partial atrophy of cellular structures of an organ, the TL EAP reaches an interval of 31-22 cu, and during complete atrophy and malignant degeneration: 21-0 cu.

The second indicator used in interpreting the measurement results of the EAP electrical parameters is the so-called effect of "indicator drop" (ID), which manifests itself by the electrodiagnostic device indicator moving in the opposite direction from the maximum established TL value towards zero and a change in the pitch of a sound indicator.



This result shows the development of functional or organic damage associated with the processes of parabiosis or cellular destruction in related organs and tissue systems related to specific BAP.

In the absence of cellular destruction processes, the ID amount, calculated as the difference between the maximum TL and the established electrical parameters of a specific BAP over the whole time of measurement is equal to zero (i.e. the ID effect is not observed).

In pathological conditions, the ID value is over 5 cu and correlates to the severity of their course.

For example:

in acute inflammatory processes with severe cellular destruction, the ID may be more than 20 cu, and with moderate cellular destruction: 10-20 cu;

in damage to the vegetative balance or neurohumoral regulation, and also latent inflammatory processes: 5-10 cu;

in assessing the ID value, attention should be paid to the final position of the indicator on the diagnostic tool, when the drop ends below 50 cu. (e.g. from 80 to 40 cu), which indicates that the developing disease process is accompanied by irreversible cell damage, leading to scarring or other fatty degeneration of the organ.

An indicator drop not lower than 50 cu indicates retained reparative functions of the organs and tissue systems related to the BAP.

Some specialists recommend assessing not only the amount, but also the speed of the ID, indirectly characterizing compensatory abilities and adaptive reactions of the body.

For example, a rapid or very rapid effect of ID (1-2 sec.), expressed by fast movement of the electrodiagnostic device from the original TL towards zero, is characteristic of acute intoxication, accompanied by rapid depletion of compensatory abilities of the body and pronounced cell destruction.

At the same time, a slow ID, observed over 10 seconds or more, is most often found in chronic, slow-moving inflammation processes.

In addition to these diagnostic criteria, quantitative indicators should be taken into consideration in the practice of electroacupunctural diagnosis. For example, the observation ID for over 20 BAP in different meridians, and especially on the points of the meridian circulation, heart, endocrine system of the spleen, pancreas, liver and kidneys, as well as vessels, allergies and degeneration of nerve tissue, may indicate the following conditions:

- the prodromal stage of acute infection;



- thrombophlebitis or phlebothrombosis;
- hemorrhagic syndrome;
- acute infectious or chemical intoxication (e.g. food poisoning, salmonellosis, alcohol intoxication, etc.);
- allergic processes (pathophysical or pathochemical stage);
- premenstrual tension syndrome or pre-menopause conditions (especially in women with menstruation complications);
- expressed pain syndromes (colic) in gallstones, kidney stones, pancreatitis, sciatica, trigeminal neuralgia etc.;
- strong and long-term electromagnetic interference in the patient's workplace or sleep, chronic infectious processes occurring in several organs simultaneously and usually localized in the ENT organs or teeth.

It should be noted that the ID registration process requires the acquisition of certain skills to work with the "active" electrode-probe. To simplify the ID registration process, it is possible to use a special technique consisting of weakening the pressure force with the "active" electrode probe, without its breaking contact from the EAP until the indicator of the electrodiagnostic device reaches 0-20 cu.

After this, increasing the pressure force of the "active" electrode probe for BAP is repeated, finishing on the "measurement plateau" and then the TL BAP is established.

The method described above, which consists of successive strengthening and weakening of the pressure force of the "active" electrode probe to BAP, is repeated several times until the position of the electrodiagnostic device indicator is stable.

If there is no ID effect, then the TL value determined during the first, second and subsequent measurements does not change.

If there is an ID effect, then the TL value determined during the subsequent measurement of EP BAP is smaller than the first.

Use of this technical method significantly reduces electroacupunctural diagnosis time and is useful in cases where TL BAP is below 42 cu i.e. in the interval where the ID registration effect can take quite a long time (up to 30 seconds or more).

The third indicator used in the interpretation of diagnostic results is the asymmetry of TL of paired BAP, the difference between which constitutes more than 10-15 cu: this is considered as a sign of dysregulation of the function of the body or tissue system.





From the diagnostic point of view, registration of this indicator deserves most attention, especially in cases where the TL value of all BAP are within 75-50 cu and there is no ID effect.

Along with this, an indirect conclusion that there is dysregulation of organ functions related to BAP may be obtained by evaluating the speed of the electrodiagnostic device indicator.

For example, a fast, abrupt rise of the indicator moving to the “measurement plateau” in 1 sec., indicates hyperfunction related to the BAP organ, and a slow drop moving to the “measurement plateau” in 5 sec. or more indicates hypofunction.

It should be noted however, that the clinical language terms used to describe the results of electroacupuncture diagnostics are generalized and essentially indicate the type of reactions to a pathogenic cause or damage (inflammation, tumors, allergies, autoallergy disorders of autoimmunity, damage to neurohumoral regulation, etc.) which could be designated using other terms used to describe the specific (pathological or morphofunctional) changes occurring in a particular organ or tissue system.

For example, measurement results of EP BAP vessel degeneration (disorganization) of the connective tissue can be interpreted as follows:

- mucoid swelling of connective tissue with superficial disorganization of the interstitial tissue and collagen system: TL 100-82 cu TL is absent or is in the interval 100-50 cu on the electrodiagnostic device scale;
- fibrinoid changes with advanced disorganization of connective tissue, with formation of various granulomas: TL 100-42 cu; ID below 50 cu;
- sclerotic changes in connective tissue with scarring at the location of fibrinoid changes, or granulomas, calcinomas etc.; ID below 50 cu.

The device permits diagnostics on both corporal acupuncture points as well as auricular acupuncture points.

### ***Diagnosis using VRT***

VRT was developed by Dr H. Schimmel. It is based on electroacupuncture diagnostics according to R. Voll.

The VRT method allows you to:

- identify organs with various disorders;
- determine the effectiveness of and tolerance to medications;
- determine indications for nosode therapy and find the key nosode;
- diagnose patients with immunodeficiency;



- identify an allergic burden and select effective medication;
- determine the presence of malignant and benign tumors;
- diagnose patients burdened by antibiotics and hormonal drugs;
- identify cystic processes.

To carry out VRT, it is necessary to select a reproducible BAP. After this, the passive electrode is connected to the chain of required “Vegetative Resonance Test” drugs in accordance with the traditional method.





## Safety measures



**Do not switch on a device with a damaged power cord**

Do not attempt to repair the device yourself. If a fault occurs, please contact a service center.

## Troubleshooting

Description of	Possible causes	Instructions to eliminate the fault
When switching on the device, the "POWER" LED does not illuminate	No power to the device	Check the presence of batteries (page 11)
"LOW BATTERY" LED lights up	Low Battery	Replace battery
When using the device, on closing the circuit of the hand electrode and diagnostic probe the indicator does not move and there is no sound (SOUND switch is on)	Connection cable breakage from the "Cable set"	Repair the breakage
	Broken diagnostic probe cable	Repair the breakage

## Storage

The device without packing must be kept indoors at temperatures between 10 to 35 °C and a relative humidity of not more than 80%.

To protect the device from damage, it is recommended that the adapter is disconnected from the device when not in use.

It is recommended that packing materials are retained during the warranty period.



## Transportation

Since the device has a high-precision needle indicator which is sensitive to external mechanical influences, during transportation it is recommended:

- to protect the device from the jolting and knocks;
- not to drop the device;
- not to drop other objects on the device.

The device must be protected from condensation and the effect of chemicals.

## Certificate of Acceptance

Device "**DETA-D**" model **104** Serial No. \_\_\_\_\_  
is produced and accepted in accordance with mandatory requirements of state standards and technical documentation in effect, and established as fit for use

Technical control mark

seal \_\_\_\_\_

(signature)

\_\_\_\_\_

(name)

\_\_\_\_\_ 201 \_\_\_\_\_

(date of issue)



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## Manufacturer's warranty

The manufacturer guarantees that medical device "DETA-D" model 104 conforms to the specifications during observation of rules of consumer use, transportation and storage.

*The warranty period of the device is 12 months from the date of retail sale.*

In the absence of the date of sale and stamp of the trading organization on the coupon for warranty repairs, the warranty period is calculated from the date of issue of the device from the manufacturer.

During the warranty period, the owner is entitled to free repairs on presentation of a warranty repair coupon.

Warranty repairs are performed on the territory of the manufacturer. Transportation of the faulty device is at the buyer's expense.

Without presentation of a warranty repair coupon and test certificate and/or damage to the security seals of the device, no claims are admitted and repair is not performed under warranty.

The warranty does not apply to the following faults:

- defects as a result of improper use;
- defects caused by natural disasters;
- damage to the security seals;
- the presence of external defects (cracks, chips, etc.).

The purchaser has the right to have the faulty unit replaced for a new one in the following cases:

- the device was repaired three times during the warranty period;
- the device is beyond repair.

*Warranty coupons are enclosed.*



**ELIS Research & Development Enterprise**  
**124482 Russia, Moscow, Zelenograd,**  
**Savelkinskiy Proezd, 4, office 2408**  
**Tel./Fax: +7(495) 981-91-60/62**

**COUNTERFOIL No. 1**

for warranty repairs to device **“DETA-D” model 104**

Serial No. \_\_\_\_\_

Sale shop \_\_\_\_\_

(name of trading organization)

Shop seal \_\_\_\_\_

(signature)

Owner’s name and address \_\_\_\_\_

Signature \_\_\_\_\_

Works carried out to eliminate the fault:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Repairs carried out by \_\_\_\_\_

(date)

(signature)

Owner \_\_\_\_\_

(signature)

Repair company \_\_\_\_\_

Company seal \_\_\_\_\_ 201\_\_

Authorized individual \_\_\_\_\_

(signature)

**COUNTERFOIL No. 1**  
 for warranty repairs to device **“DETA-D” model 104**

Withdrawn \_\_\_\_\_ 201\_\_ ,

Repairs undertaken by \_\_\_\_\_

(name, signature)

cut line



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**COUNTERFOIL No. 2**

for warranty repairs to device **“DETA-D” model 104**

Serial No. \_\_\_\_\_

Sale shop \_\_\_\_\_

(name of trading organization)

Shop seal \_\_\_\_\_

(signature)

Owner’s name and address \_\_\_\_\_

Signature \_\_\_\_\_

Works carried out to eliminate the fault:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Repairs carried out by \_\_\_\_\_

(date)

(signature)

Owner \_\_\_\_\_

(signature)

Repair company \_\_\_\_\_

Company seal \_\_\_\_\_ 201\_\_

Authorized individual \_\_\_\_\_

(signature)

**COUNTERFOIL No.2**  
 for warranty repairs to device **“DETA-D” model 104**

Withdrawn \_\_\_\_\_

\_\_\_\_\_ 201\_\_ ,

Repairs undertaken by \_\_\_\_\_

(name, signature)

cut line



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**COUNTERFOIL No. 3**

for warranty repairs to device **“DETA-D” model 104**

Serial No. \_\_\_\_\_

Sale shop \_\_\_\_\_

(name of trading organization)

Shop seal \_\_\_\_\_

(signature)

Owner’s name and address \_\_\_\_\_

Signature \_\_\_\_\_

Works carried out to eliminate the fault:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Repairs carried out by \_\_\_\_\_

(date)

(signature)

Owner \_\_\_\_\_

(signature)

Repair company \_\_\_\_\_

Company seal \_\_\_\_\_ 201\_\_

Authorized individual \_\_\_\_\_

(signature)

**COUNTERFOIL No. 3**  
 for warranty repairs to device **“DETA-D” model 104**

Withdrawn \_\_\_\_\_ 201\_\_, Repairs undertaken by \_\_\_\_\_

(name, signature)

cut line





## *Notes*





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