



INFRARED REGULATION THERMOMETRY REPORT

PATIENT INFORMATION

Report Number: R-000002299

Algorithm Version: 1

Patient Name: Female Age 57

Practitioner: Jackie Bell

CRT Date Performed: 05-Oct-2012 01:41 PM

Report Generation Date: 05-Oct-2012 12:42 PM

Chief Complaints and Objective Findings: L breast calcifications; R SI joint; L scapula; abscess tooth #18; chest cold; headaches

I. THERMOGRAPHIC BIO-REGULATION RESULTS

General identifier patterns	There appears to be a minimal deficit in detoxification capability (There are hints to metabolically challenged hepatic, renal filtration or other metabolic functions). There appears to be a severe signature for heavy metal toxicity. The adrenal function is moderately stressed. There is a severe global immune stress apparent. There is a minimal suspicion of a circulatory or cardiovascular (hypo/hyper tension) signature.
Head	The disorder decreased. There is a minimal cerebrovascular/carotid circulatory deficit pattern identified. A minimal temporomandibular joint or neck disorder pattern identified. There is a minimal degree of viral hint signature identified.
Neck	The disorder increased. There is a minimal lymph block apparent. Investigate major source in the head region.
Chest	The disorder increased. The sternum moderately appears blocked, -see chest and breast sections. There appears a moderate chest block indication.
Upper Abdomen	The disorder decreased. There is a minimal level of apparent enzyme dysfunction/deficiency present. There appears a severe indication for an insulin-resistance pattern.
Lower Abdomen	The disorder decreased. There appears a severe food intolerance or allergy. There appears a severe general dysbiosis (mycosis, bacterial imbalance) indication.
Kidney/Back	The disorder increased. There appears a moderate degree of stress vertebral column.
Cubital Fossae	The disorder increased. There appears identified a problem residing on the right side of the body. Investigate further.
Dental	The disorder increased in left upper jaw and decreased in right upper jaw, right lower jaw, and left lower jaw. There appears to be a dental focus. There is a severe indication for the right upper jaw quadrant(s). Recommend dental examination for hidden focal infection. There appears to be a moderate degree of dental toxicity in the left lower jaw quadrant(s). A minimal temporomandibular joint or neck disorder pattern identified.
Breast	The disorder decreased in right breast. The disorder remained high in left breast. There appears 15 blocked spot(s) in the R/L breast. this may be benign. There appears a severe side-to-side difference (R-L).
Prognostic Index (PI)	1.

II. PRIORITY FOR TREATMENT

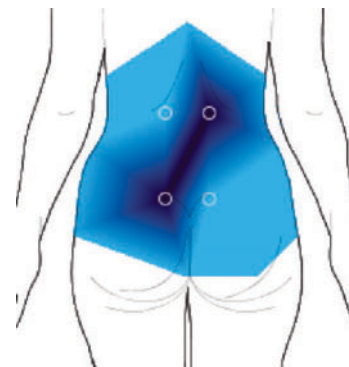
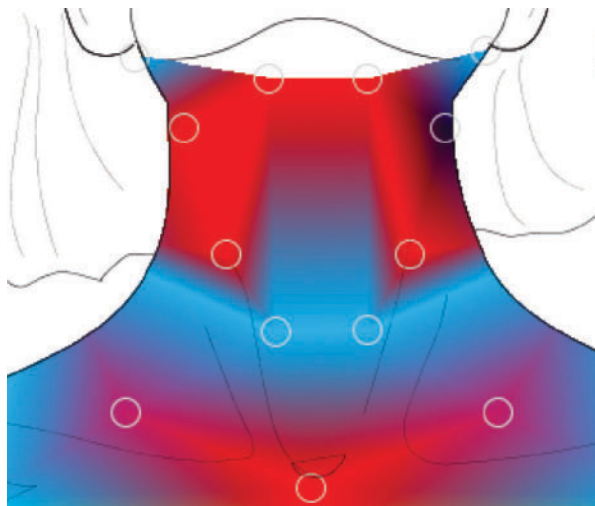
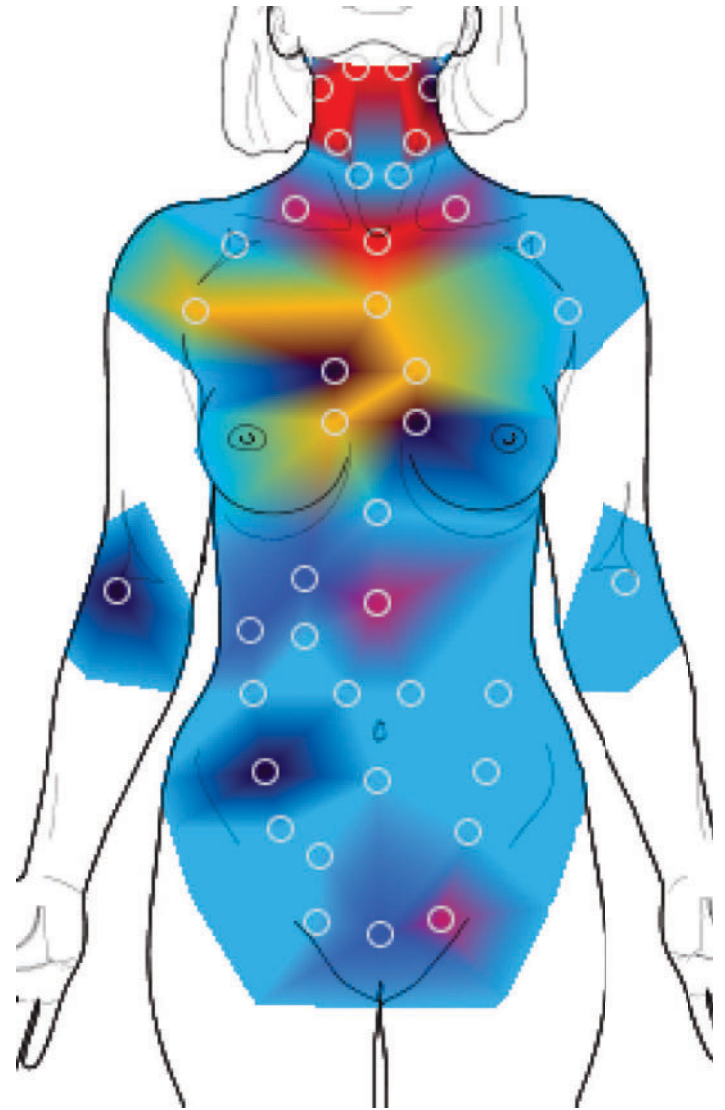
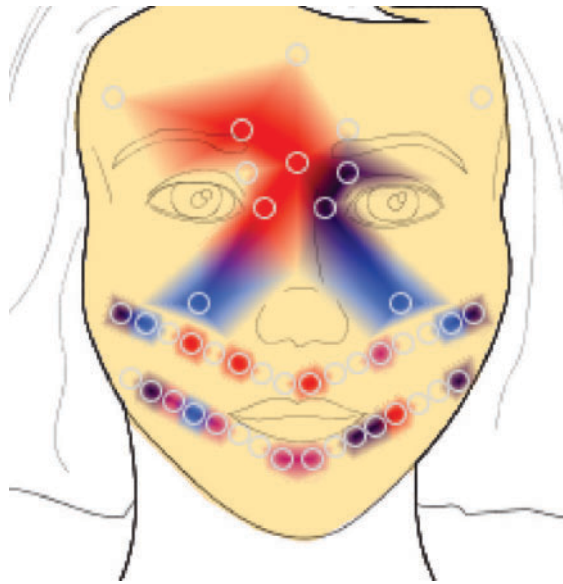
By placing disorder highest priority, blocked regulation second, and proximal radical differences (within the same region) third, priority for treatment can be established with providing the best strategies and patient benefits.

1. Heavy Metal Signature
2. Dental Focus
3. Insulin Resistance Apparent
4. Food Intolerance, Sensitivity
5. Dysbiosis (Mycosis or Bacterial Infection)
6. Side Alert

RECOMMENDATIONS

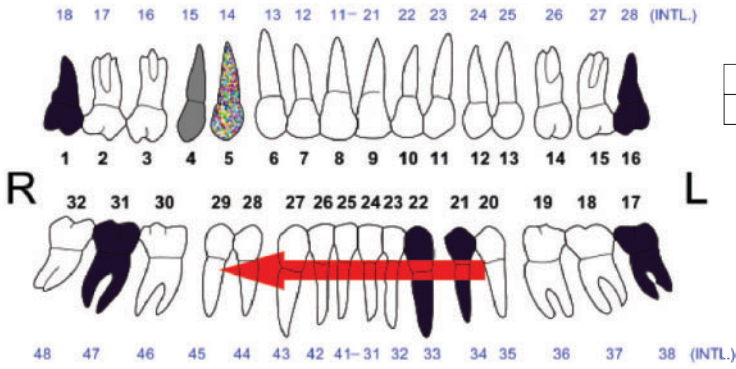
1. Consider chronic toxic metal or environmental chemical exposures such as mercury poisoning (long term); Consider chelation therapy, dietary restriction, Urinary challenge or hair element testing.
2. Investigate for occult infection; X-Ray, root canal assessment; Additionally panoramic x-Ray, assessment of dental metals, interactivity, correlation to stressed organs, galvanism.
3. Consider A1-c, glucose and further pre diabetes as well as diabetes II testing; Supplements may include bitter melon, chromium. In addition, exercise, sugar restriction, raw food diet.
4. Refer to test for celiac and other food sensitivities; Consider l-glutamine, probiotics, elimination diet.
5. Stool analysis for yeast, bacterial, parasitic infection; Alkalization, antifungals, probiotics, dietary restriction of carbohydrates.
6. Investigate problems e.g. teeth, tonsil, sinus, organ on applicable side.

III. GENERALIZED OVERVIEW OF SUSPICIOUS REGIONS



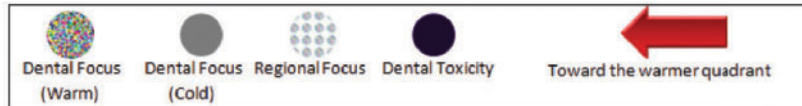
IV. DENTAL RELATIONSHIPS

Blocked teeth indicate possible origins of disturbance fields affecting various organ systems. The teeth listed below are a) blocked and b) located in quadrants of maximum dysfunction. They may be cause to consider their relationship to organs and tissues involved in the case. Any tooth identified is meant to represent the mini-region one tooth on either side of the tooth identified and is not always referring to the exact location of the tooth identified.



QUADRANT STRESS CHART	
UPPER RIGHT	UPPER LEFT
LOWER RIGHT	LOWER LEFT

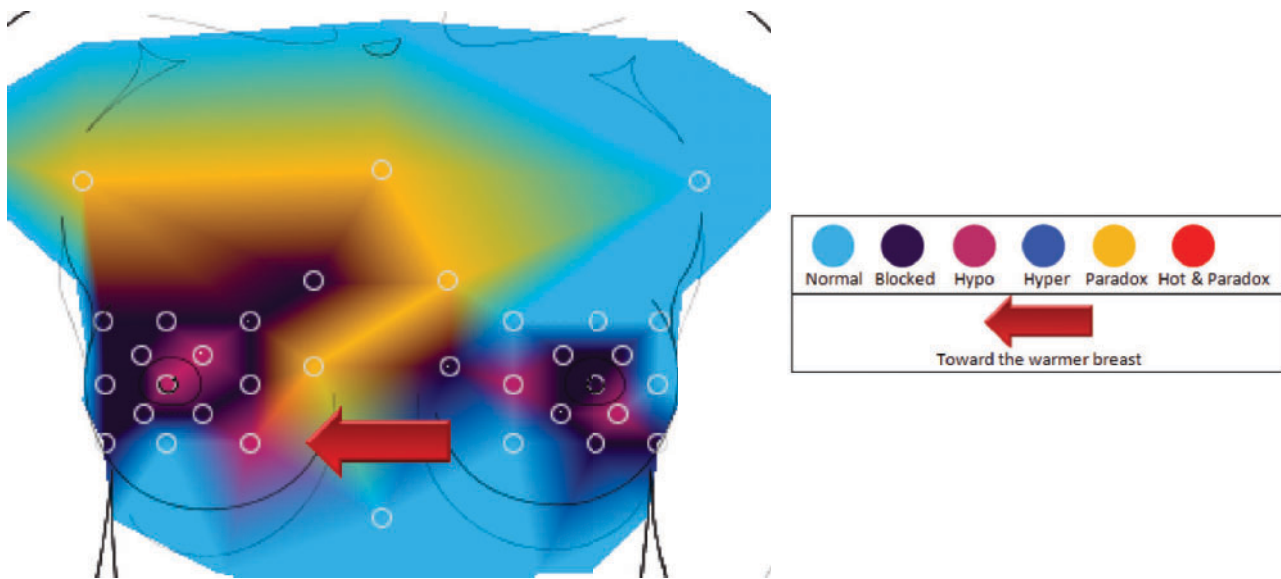
Bold indicate quadrant stress



IDENTIFICATION FOR FOCAL CONNECTIONS TOOTH-TO-ORGAN/MERIDIAN EVIDENCE

Tooth Number	Organ Correspondence	Meridian Connects to
Tooth 1	Heart, Small Intestine, Circulation/Sex, Triple Warmer	Right: Shoulder, Elbow, Hand (ulnar), Sacroiliac, Foot, Toes, Middle Ear. Right Heart, Right Duodenum, Terminal Ileum. CNS. Anterior Pituitary.
Tooth 5	Lung, Large Intestine	Right: Shoulder, Elbow, Hand (radial), Foot, Big Toe. Sinus: Paranasal and Ethmoid. Bronchi. Nose. Right Lung. Right side of Large Intestine.
Tooth 16	Heart, Small Intestine, Circulation/Sex, Triple Warmer	Left: Shoulder, Elbow, Hand (ulnar), Sacroiliac, Foot, Toes, Middle Ear. Left Heart. Jejunum. Ileum. CNS. Anterior Pituitary.
Tooth 17	Heart, Small Intestine, Circulation/Sex, Triple Warmer	Left: Shoulder, Elbow, Hand (ulnar), Sacroiliac, Foot, Toes, Middle Ear. Left Heart. Jejunum. Ileum. CNS. Anterior Pituitary.
Tooth 21	Spleen, Stomach	Left: TMJ, Anterior Hip/Knee, Medial Ankle. Sinus: Maxillary. Oropharynx. Larynx. Esophagus. Left Side of Stomach. Ovaries. Left Breast.
Tooth 22	Liver, Gallbladder	Left: Posterior Knee, Hip, Lateral Ankle. Sinus: Sphenoid. Palatine Tonsil. Eye. Ovaries. Left Liver. Biliary Ducts.
Tooth 31	Lung, Large Intestine	Right: Shoulder, Elbow, Hand (radial). Sinus: Paranasal and Ethmoid. Bronchi. Nose. Right lung. Right side of Large Intestine.

V. BREAST ANALYSIS



Breast Suspicion Criteria

Sternum Block	X	Breast blocked spot	X	Breast R-L asymmetry	X (RWarm)
Liver warm/block		Opp. Ovary Dysregulation		Lyl and Terrain Index high	
Tonsil/lymph block	X	Chest disorder elevated	X	2nd Molar possible	X
Lymphatic Index high	X	Breast disorder elevated		Stomach cold/blocked	X

Result: 8/12 criteria met for suspicion (X) (0-5 normal)

Signature & Gradings for Breast Dysfunction

Mastopathy/Inflammatory

Fibrocystic/Cystic

Physiologically Degenerative Signature Pattern

Lymphatic Load

Endocrine Influence

Organ/Tissue Influence

Heavy Metal Toxicity

Distant/Related Focal

Breast Blocked Spot

Breast Side Difference



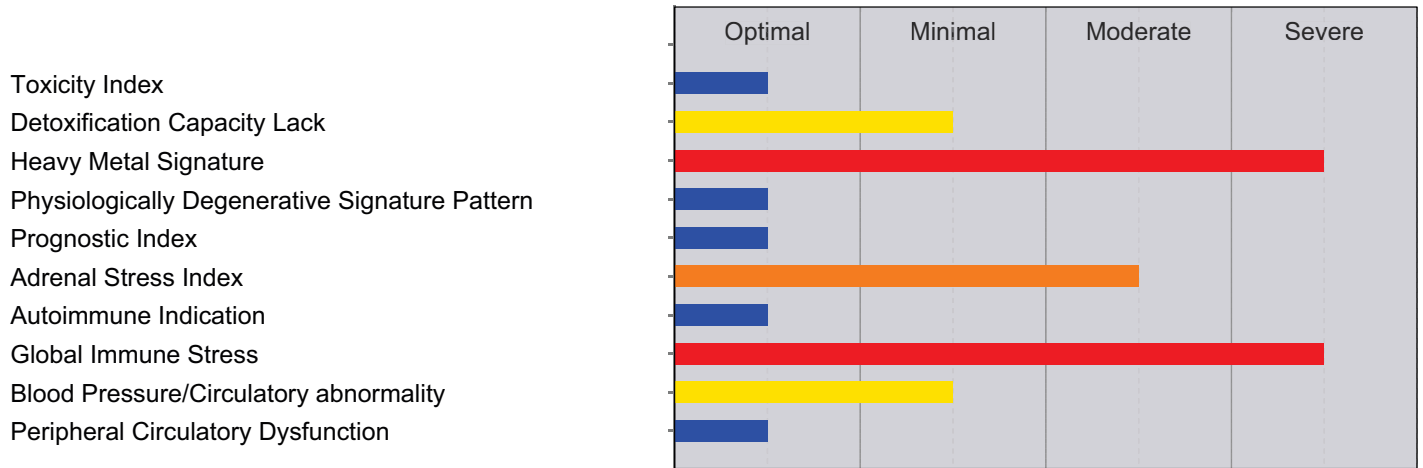
NOTE: Signatures for breast dysfunction can be summarized from a series of 34 criteria based on confirmed case studies. Although Computerized Regulation Thermometry is an adjunct diagnostic device, thousands of patients' lives have been saved by its surveillance of the terrain, possible causal infections distantly involved, and local immune events such as lymphatic influences or hormone receptor abnormalities. The three main categories pertaining to breast diseases and conditions are mastopathy, fibrocystic, and suspicion for a neoplastic tendency

Breast Analysis Summary

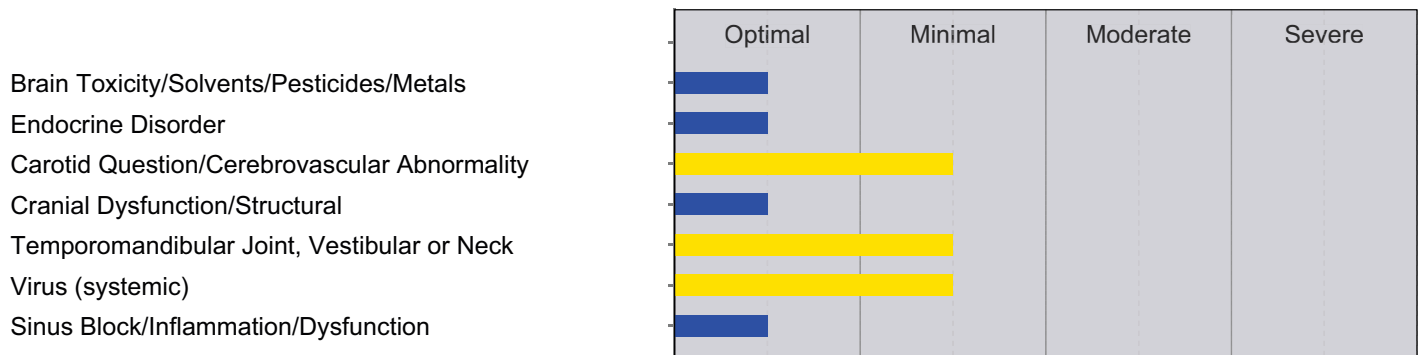
- This 57 year old woman was referred to Jackie Bell. The overview appears as a/an Mastopathy/Inflammatory, Fibrocystic/Cystic, and Organ/Tissue Influence stress patient.
- There is Breast blocked spot and Breast R-L asymmetry apparent.
- According to the established 12 breast criteria 8/12 were indicated. This leaves moderate concerns for breast problems.
- Another thermogram should follow within 3 months in regards to the status after appropriate treatment and investigation. There is also a possibility an elevated suspicion may be due to hormonal cycles and therefore should be repeated at another phase of the menstrual cycle.
- These contributing organs and tissues are given in priority of severity of stress and form the basis for treatment or further tests:
 1. Breast blocked spot
 2. Breast R-L asymmetry
 3. Tonsil/lymph block

VI. DYSREGULATIVE PATTERN SIGNATURES AND RECOGNITION

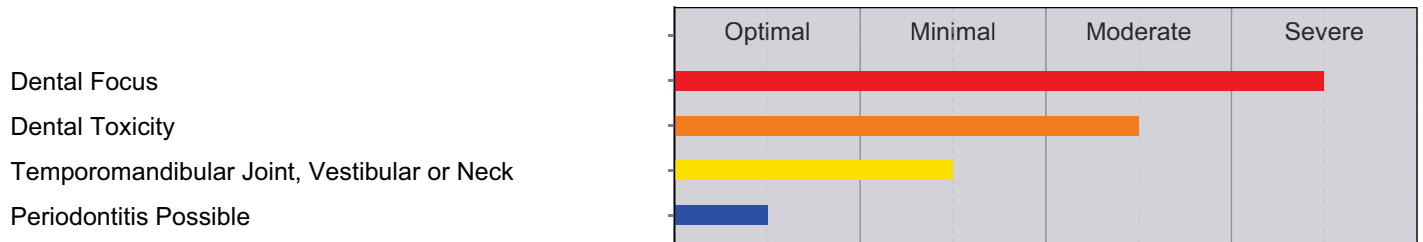
Whole Body Identifier Patterns



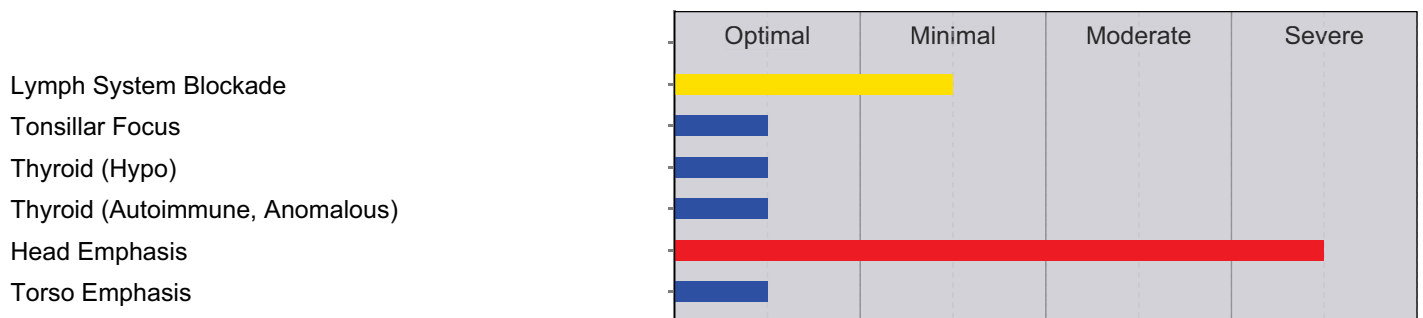
Head/Cranial Disturbances



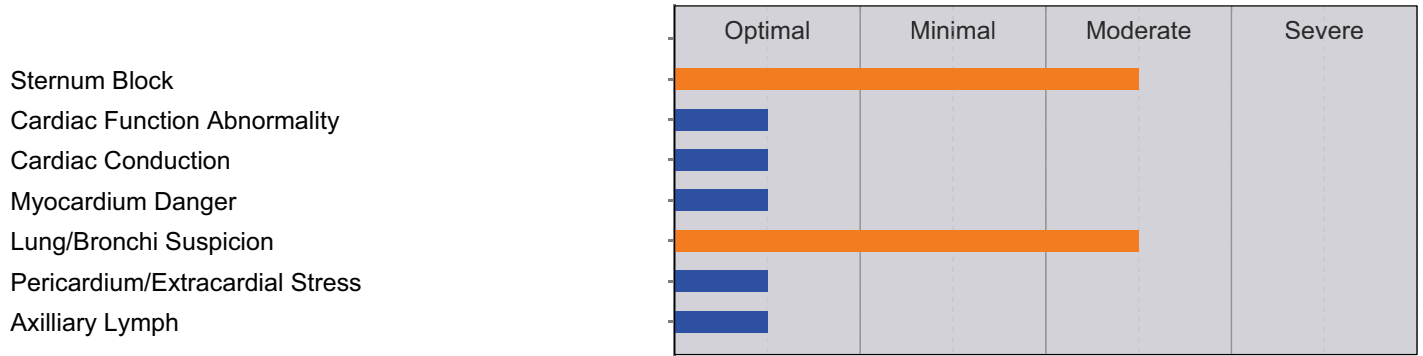
Dental



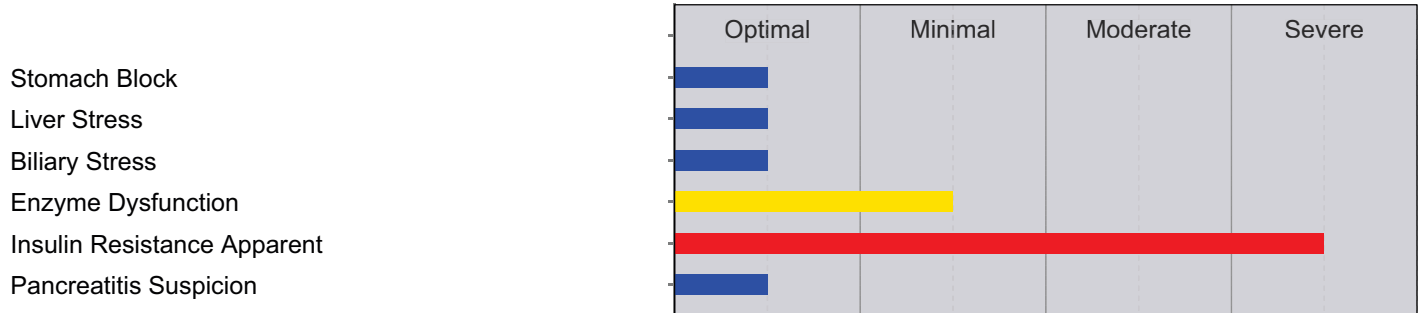
Neck Region



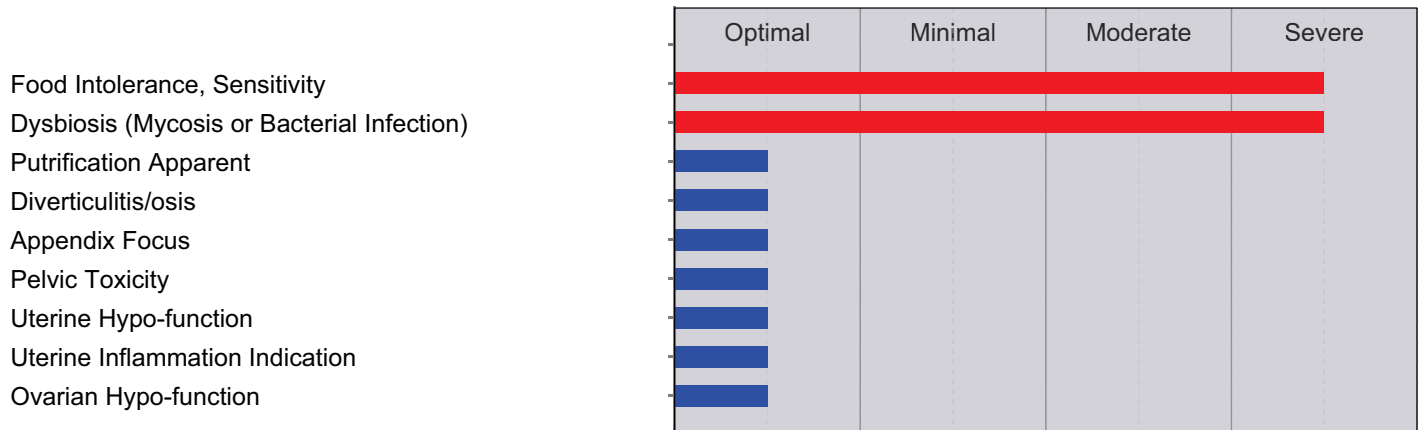
Chest Region



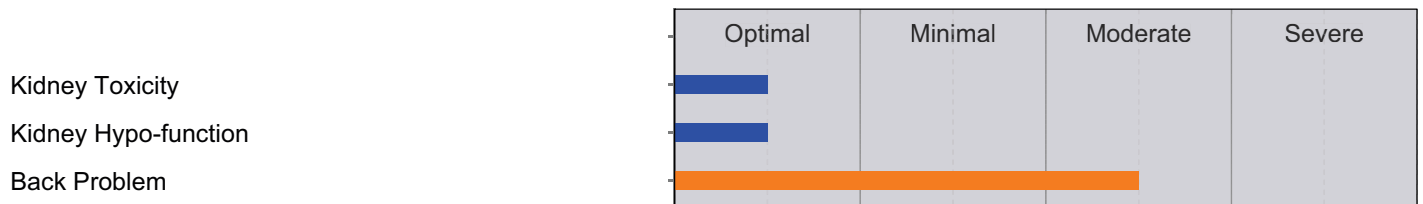
Upper Abdomen



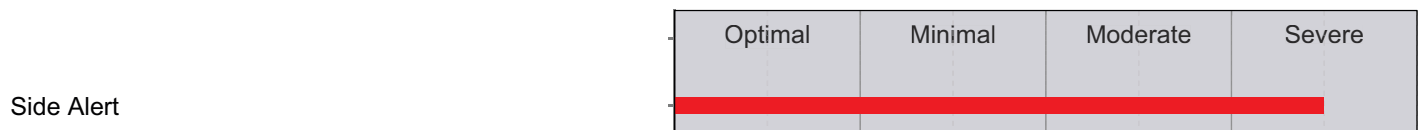
Lower Abdomen



Kidney/Back



Cubital Fossae



Approved by Dr. Daniel Beilin, O.M.D., Certified IMAT Thermographic Interpreter

Note: Medical opinions expressed in this report in no way replace the level of pertinence met by the patient's physician when clinical examination and investigation may reveal permutations or reframing of the outcomes and results, leading to variance of conclusion. Thermometry reporting is intended as future and present guidance that reveals trends and suspicions, rather than being an 'absolute' diagnostic test. It functions best when corroborated with laboratory findings and normal imaging methods.

Dental/Breast

Area	T-xA	DI-A	DI-B	Hyper	Normal	Hypo	Rigid	Paradox	T-Rb	T-Lb	T-xB
7	33.0°	8.0	7.8	25.0%	50.0%	0.0%	12.5%	12.5%	N/A	N/A	33.7°
8	33.3°	5.5	6.2	12.5%	50.0%	12.5%	12.5%	12.5%	N/A	N/A	33.8°
9	34.4°	8.2	7.8	0.0%	37.5%	37.5%	12.5%	12.5%	N/A	N/A	34.6°
10	33.9°	7.5	7.3	12.5%	37.5%	12.5%	37.5%	0.0%	N/A	N/A	34.3°
11	30.1°	7.5	6.6	0.0%	7.7%	23.1%	69.2%	0.0%	N/A	N/A	29.8°
12	29.3°	9.7	9.1	0.0%	38.5%	15.4%	46.2%	0.0%	N/A	N/A	28.8°

Body

Area	T-xA	DI-A	DI-B	Hyper	Normal	Hypo	Rigid	Paradox	T-Rb	T-Lb	T-xB
1	34.7°	6.1	5.5	16.7%	50.0%	0.0%	16.7%	16.7%	35.2°	35.1°	35.2°
2	34.3°	5.5	8.2	0.0%	30.8%	15.4%	7.7%	46.2%	34.4°	34.4°	34.4°
3	31.7°	5.0	5.7	0.0%	14.3%	0.0%	28.6%	57.1%	32.1°	31.4°	31.9°
4	32.6°	8.2	6.6	28.6%	57.1%	14.3%	0.0%	0.0%	32.1°	30.5°	31.7°
5	32.2°	8.9	5.9	9.1%	72.7%	9.1%	9.1%	0.0%	31.0°	31.5°	31.2°
6	32.2°	5.7	8.0	0.0%	50.0%	0.0%	50.0%	0.0%	31.6°	31.8°	31.7°
1-6	33.0°	6.6	6.7	9.1%	45.8%	6.5%	18.7%	20.0%	32.7°	32.5°	32.7°
CF	35.1°	1.0	2.9	0.0%	75.0%	0.0%	25.0%	0.0%	34.8°	34.7°	34.7°

