Review Article ISSN 2689-1069

Clinical Reviews & Cases

An Evaluation of COVID-19 Infected Patients Using the Strannik Virtual Scanning Test

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Received: 08 Dec 2021; **Accepted:** 30 Dec 2021; **Published:** 04 Jan 2022

Citation: Ewing GW, Ewing EN. An Evaluation of COVID-19 Infected Patients Using the Strannik Virtual Scanning Test. Clin Rev Cases. 2022; 4(1): 1-4.

ABSTRACT

The medical profession lacks a screening modality which can provide a rapid and inexpensive screen of the patient's health.

The Strannik technology – which is based upon a mathematical model of the digital relationship between sense perception, brain function, the stable and coherent function of the autonomic nervous system and/or physiological systems, and cellular and molecular biology – has been proposed for this task.

An opportunity arose to evaluate how the Strannik Virtual Scanning (SVS) test was able to determine the pathological correlates of two patients who had recently been diagnosed, using a lateral flow test, with COVID-19.

This report illustrates how, in the hands of trained and competent practitioners, this test was able to precisely determine the complex range of pathological correlates which had evolved in these patients over many years including the pathological correlates or comorbidities arising from the infection.

It reports the many and various medical conditions known to be of concern to the two patients, which were correctly determined by the SVS test, and also indicates how COVID-19 influences the function of the nose, brain, and conceivably also the heart, lungs, kidneys and liver. Nevertheless, it should be noted that the two patients are not severely affected or inconvenienced by the COVID-19 viral infection and hence that the scale of the medical conditions in these patients are evident but are not especially pronounced.

It presents to the NHS an excellent and inexpensive way to screen the health of most patients e.g. it could be possible to screen the complex genetic and phenotypic profile in >50M of the UK's ca 65+M population for ca £3BN pa and it solves the problem identified by McShane that the NHS does not currently have the technological capacity to inexpensively screen and treat patients who have complex multi-systemic and multi-pathological conditions.

Abbreviations: SVS: Strannik Virtual Scanning.

Keywords
COVID-19, Infections, Virus,

Introduction

On Monday 13th September 2021 the Strannik Virtual Scanning test [1] was used to test two patients who had contacted COVID-19. The lateral flow tests had proven to be positive and PCR tests had been requested to be sent in order to confirm, or otherwise, the test result. The test results in these patients (the 'organ' reports from an SVS test report) are listed as follows:

Note 1: The full list of systems, organs and pathological indications which can be detected by an SVS scan is available in the operating manual [2]. The above report (Figure 1) indicates the onset of type 1 diabetes (2 units/blue/genetic) and type 2 diabetes (7 units/red/phenotype) although both are below the presymptomatic/symptomatic interface of 10 units.

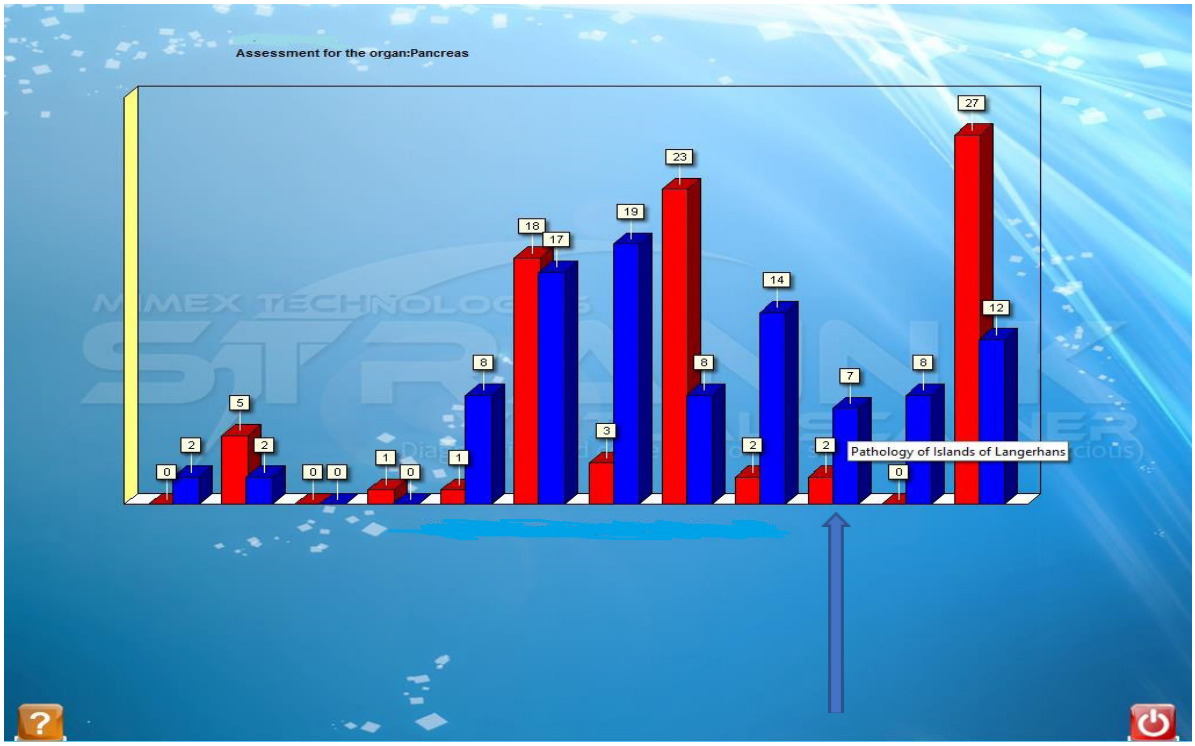

Figure 1/A: Typical Strannik Virtual Scanning (SVS) test report/pancreas.

Summary of Patient Health

The 69 yrs male patient has a history of playing sports throughout his life and has a steady weight of ca 75kgs+/- 1kg. He has suffered some sports injuries including a subdural haematoma whilst playing playing rugby, and has dislocated, at different times, the Anterior Clavicle (AC) joint in both shoulders whilst playing hockey. At present he walks his pet dogs for typically 2-5 miles each day. Apart from that he is pre-diabetic; has low blood pressure (since childhood); various aches; has previously suffered from an irritable bowel type of condition which is believed to be linked to his intestinal acidity which, if not managed adequately (probiotics appear to be partially effective), results in excess wind/farting and adversely influences the function of the colon; has a form of eczema on his neck arising from an insect bite from 25 years ago; and when under stress has oesophagitis and lack of sleep.

Note 2: the Strannik Virtual Scanning test identifies the physiological stability of the physiological systems. This includes 'sleep' which is a physiological system comprising the brain, endocrines, spinal cord, ears and nose. Although not reported in the patients test report (Figure 1) it is reported in two other parts of an SVS test report which are not reported in this brief paper. The male patient often experiences lack of sleep and/or loss of good quality sleep when stressed.

His results often include low levels of encephalitis and encephalopathy which could be pre-indicators for the future emergence of Alzheimer's Disease [3].

The 55 yrs female patient is clinically obese, has a history of stomach ulcer for which she occasionally takes Omeprazole, various aches and pains, discomfort in her urethra. Like her brother she suffers from phlebitis, and/or thrombophlebitis, and/or haemorrhagic diathesis.

Strannik Virtual Scanning test report/COVID-19 patients

Numbers according to genotype vs phenotype.

Organ	**Male, 69 years 74.5 kgs**	**Female, 54 kgs 75 kgs**
	Medical Condition/Result	**Medical Condition/Result**
Brain	Encephalopathy 4/4	Migraine 10/0
	Encephalitis 1/1	
Spinal Cord		Myelitis 10/1
Peripheral Nervous System	**Neuritis 24/22**	**Neuritis 6/6**
	Ganglioradiculitis 9/9	
Nose	Frontitis 6/6	Frontitis 13/1
	Rhinitis 6/5	
	Maxillary Sinusitis 4/4	Maxillary Sinusitis 12/3
Ears		
Pituitary		
Thyroid:	Hyperthyroidism 11/11	
	Hypoparathyrosis 8/7	
Adrenal		Adrenal Insufficiency 4/3
Ovaries		Growth of New Cells 10/0
Mammary Gland		
Prostate	Prostatitis 5/5	
Liver	Hepatitis 5/5	
	Portal Hypertension 5/4	Portal Hypertension 12/12
Gall Bladder		Cholecystitis 10/7
		Cholelithiasis 10/0
Pancreas	Pathology of the Islets of Langerhans 11/10	Sclerotic Pancreatitis 14/5
		Growth of New Cells 19/3

Heart	Myocardial Dystrophy 6/6	Myocarditis 15/0
		Ischaemic Heart Disease 6/7
		Angina Pectoris 9/5
		Cardiac Myopathy 20/3
Blood and Peripheral Blood Vessels	Leukopenia 11/12	
	Hypertonia 5/5	Hypertonia 9/0
		Haemorrhagic Diathesis 6/5
		Phlebitis/Thrombophlebitis 8/4
Spleen	Hypersplenism 5/5	
Lungs and Bronchi	Bronchial Asthma 10/11	Bronchial Asthma 3/1
	Pleurisy 3/4	
Skin	Eczema 10/10	
	Dermatomyositis 6/6	Dermatomyositis 16/6
Oesophagus	Oesophagitis 8/9	
	Neurosis of Oesophagus 3/9	
Stomach	Enteritis 10/14	Ulcerative Disease 13/12
Duodenum		
Small Intestine		Dyskinesia 10/2
		Diverticulae 11/2
Large Intestine	Sigmoiditis 8/8	
Kidneys	Glomerulonephritis 5/5	
	Renal Insufficiency 4/4	Renovascular Insufficiency 25/20
Urinary Bladder		Urinary Bladder Polyposis 7/4
		Urethral Infection 11/5
Womb and appendages		Cervical Erosion 7/0
		Kraurosis 9/0
Musculoskeletal System	Radiculitis 12/12	Arthrosis 8/1
		Polyarthritis 4/2

Discussion of the Results

The Strannik Virtual Scanning is offered as a screening modality which can aid the GP to make a rapid diagnosis, especially so if the patient has/had been tested prior to meeting the GP. It is not offered as a diagnostic technology although it is recognised that the precision and sophistication of the test conceivably far exceeds that of contemporary diagnostic tests. Moreover, it addresses a significant problem in the NHS, outlined by Dr Martin McShane, former National Clinical Director, Long-term Conditions, NHS England when he commented as follows:

"The NHS in its current form is not well set up to look after patients who are medically complicated, especially if they have several long-term conditions, such as arthritis, heart failure and the early signs of dementia while the total number of people with long-term conditions is expected to stay at around 15 million, the number with three or more conditions is expected to rise from 1.9 million to 2.9 million by 2018".

COVID-19 has just made the problem so much worse yet COVID-19 is not, in general, a problem for the vast majority of the population. It is only, and in general, a problem for those in the 'at-risk' groups therefore the challenge for the NHS is to have a precise way of screening patient health in order to assess whether the patients are in the 'at-risk' groups i.e. diabetic, diabetic comorbidities, obese, nephrotic insufficiency, pulmonary insufficiency, immuno-suppressed, and have a sedentary lifestyle.

In order to assess whether patients are in the 'at-risk' groups AI techniques which are based upon the patients known medical health could be deployed however as outlined in this, and other previous, reports such techniques fail to address the complex nature of the patient's health which are based upon the existing state of knowledge whereas the Strannik technology offers a significantly advanced state of knowledge.

The terminology used when making a test report should be explained further. In general, a genotype signal is only indicative of lesser levels of protein expression. This is significant if too little of the protein is expressed relative to the demand for the protein i.e. a low level of insulin is only significant if demand for insulin exceeds the available levels of insulin. It doesn't matter if there are low levels of a protein just as long as the prevailing levels of the protein are able to support the body's activity. In the elderly this is commonly experienced and managed by having small snacks throughout the day. Accordingly, a high level of the genotype signal is only a significant genetic condition if there is a significant long-term shortage/expression of insulin (or other protein). In many cases the genetic predisposition only becomes an actual disposition if the phenotype starts to increase e.g. above 9 units. In this case the shortage of insulin (or other protein) is accompanied by lesser levels of protein reactivity.

The Strannik Virtual Scanning test report indicates the presence of a number of medical indications which are consistent with COVID-19 infection e.g. neuritis; frontitis, maxilliary sinusitis and rhinitis; and bronchial asthma (highlighted in dark type).

The patients are relatively fit and active and despite being infected by COVID-19 they have not developed a severe complication and this is confirmed by the SVS test report.

It provides an overall patient health report which is entirely consistent with the known health of the patient.

In the female patient it highlights a number of issues of concern e.g. portal hypertension in the liver, cardiac myopathy in the heart, ulcerative disease in the stomach, renovascular insufficiency in the kidneys, and urethral infection.

In the male patient it highlights several known medical indications of concern including diabetes (a combination of type 1 and type 2 diabetes); the need to manage the patient's diet to prevent bouts of enteritis and/or sigmoiditis i.e. as a form of irritable bowel complaint; low white blood cell count (leukopenia); and to monitor the development of Alzheimer's Disease markers (encephalitis, encephalopathy and diabetes) which were conceivably the consequence of brain injury/subdural haematoma encountered when the patient was 27 yo which the patient seeks to control through exercise and diet.

The SVS test has determined 6 medical conditions in the male patient which exceeded the pre-symptomatic/symptomatic threshold and ca 5-10 medical conditions which were of concern at the presymptomatic level. In the female patient 3 medical conditions exceeded the presymptomatic/symptomatic threshold, and a further ca 10-20 medical conditions at the presymptomatic level.

Please note that the detected medical conditions may rise from the presymptomatic level to become symptomatic and vice-versa.

This report the crude evaluation of cost-savings, which could be achieved through the introduction of the SVS test, in an earlier proof-of-concept study [4].

Summary

The methodology outlined in this paper is based upon a precise mathematical model of the relationship between sense perception, brain function, the autonomic nervous system and physiological systems, and cellular and molecular biology. It links in a precise way changes of sense perception, perhaps arising from stress, to pathological onset and progression.

In essence it links the function of two dynamic matrices: the neural and visceral matrices; and leads to a precise understanding of pathological onset and progression. This compares with the many biomarker tests which are based upon determining the levels of a single biomarker – which is often a commercial compromise and not an accurate determinant of pathological progression e.g. in diabetes the glycated protein haemoglobin HbA1c is used as a determinant yet there are many glycated proteins which vary according to circumstances; and which influence the significance of the test conclusions; including levels of haemoglobin, exposure to sunlight, levels of essential minerals and pH, etc.

It presents a significantly better, quicker, safer and more sophisticated method of determining patient health and making vast savings re the provision of primary care. Initial proof-of-concept studies have illustrated that it performs 2-23% more accurately than the entire range of diagnostic tests against which it was compared and which were in routine use in the various test clinics [5] i.e. ca 40-50% more accurate. It is a far more precise way of screening the patient's health than genetic screening – because genetic screening ignores the influence of the environment i.e. the phenotype; and it is far more accurate than the eHealth screening techniques which offer an APP and/or an online consultation with a GP and which are believed to be ca 70% and 82% accurate respectively [6]. The benefits of such a technology are as follows:

The results are immediately available; there is little or no need to take fluid or tissue samples; there is less/no likelihood of misdemeanors as a result of using syringes or placing an endoscope down the patient's throat, or taking a tissue sample to determine whether the lump is cancerous; it reduces the number of health-related journeys and CO2 emissions; the per test cost is ca 10-25% of current costs and comparable to that of AI techniques; and finally the Strannik Virtual Scanning screening test is supported by the Strannik Neuromodulation therapy which initial proof of concept studies have illustrated is ca 75-96% effective depending upon the nature of the conditions to be treated [5].

Finally the technology can be provided to practitioners in a USB and/or online and current estimates of cost-savings to the NHS are >£10BN pa [7].

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