Differences from other methods

We are often asked, "What is the difference between the ROFES method and the other existing methods of electropuncture diagnostics and therapy devices?"

I think that as I am at the head of the ROFES system research and development, I might be not quite unbiased when judging about the other express diagnostics methods.

The most famous diagnostics methods (Voll, VRT, Nakatani-RIKTA, AMCAT, D.D.F.A.O., Oberon, Strannik) are similar by the final clinical result. They are different in the way of measuring and visualizing the process, but the final result is almost the same.

Here come the differences:

There are no correction, i.e. therapeutic modules in some of the devices. Usually it is low frequency treatment or there is not biofeedback during the treatment process.

Some of the devices have these modules, but they cannot test and select remedies.

Or there are no electronic selectors.

Some of them do not have colour therapy.

The possibility of detecting backbone functional state and its monitoring may be not available, which is especially useful because X-radiation is lower, etc.

In our system there are such possibilities to a greater or lesser extent.

Then comes the price police - well, this is up to you to decide.

The main difference from the existing diagnostics express methods is that the ROFES method gives, together with the clinical interpretation, the psycho emotional portrait according to the electropuncture diagnostics results.

So if you are interested in psychosomatic problems and a possibility to correct these states, the ROFES meets this demand completely, and in addition contains the above mentioned advantages.

With best regards,
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The following information is about the working principles of classic electropuncture methods in comparison with the ROFES method. You can find more information about ROFES device and diagnostics method on the website in section downloads for ROFES MONICOR.

The Methods of Hardware Acupuncture Reflexodiagnostics

Most of the hardware acupuncture methods are the methods of electropuncture diagnostics, i.e. they are the active projective diagnostics methods. It means that in order to obtain data

about the state of a meridian and, consequently, of an organ or a system controlled by it, it is necessary to make a provoking treatment by the electric current onto a certain point of body's skin which by reflex corresponds to the system that is being diagnosed. Thus, the body's organs and systems functional state is diagnosed by the indirect electroconductivity data of skin zones, that correspond to meridians' acupuncture points. This is carried out by means of experiment research regularity analysis obtained as in Eastern medicine schools as well as in clinic and laboratory research in the time of electropuncture methods introduction into western medicine practice.

Nowadays in electropuncture diagnostics there are several relatively independent methods that differ by points examined, working parameters of the measuring devices and the analysis system of data obtained. Each method has its advantages and disadvantages and is applied depending on specific purpose. Among these methods are the Voll method (R. Voll, 1953), the Nakatani (Y.Nakatani, 1956) method and auriculodiagnostics.

Japanese scientist Nakatani's method uses topology of measured biologically active points. This method is based on the theory Riodoraku developed by Nakatani. According to this theory there exists a close connection between the inner organs' functional state and electrical conductivity of the skin points situated on the lines of corresponding meridians. Nakatani called these lines, which change their conductivity when the functioning of the corresponding organs changes, Riodoraku and divided them into two groups of six points in each one: on hands and feet.

The way of body's state assessment according to Nakatani method in general is the following: on each Riodoraku the measurement of electric conductivity at a certain point is taken. The value of this point shows the average value of the whole meridian's conductivity when being treated by electric current of negative polarity. Nakatani's progressive method has, in our opinion, one defect that the parameters of provoking impact on the point being assessed are too high (I=200mkA; U=10V). Thus, the power of impact on the point in order to determine its response to the provoking impact is 2 mWatt.

Doctor Voll's method is known as clinically highly reliable screening diagnostics. Electric impact of positive polarity on the point being assessed is I=20mkA; U=2V, i.e. its power is 0.04 mWatt. Consequently, in comparison to Nakatani's method, the power of provoking impact is 50 times lower. The meridian system load is lower too, because any provoking treatment will have a response in the body systems' functioning and thus, it will create interference into the diagnostics results. The disadvantage, in our opinion, is the duration of the diagnostics procedure. In order to obtain the detailed picture of all organs' functional state using Voll's method, from one to two hours are needed.

Auriculodiagnostics. Dr. P. Nojier, French scientist, is considered to be the founder of auriculodiagnostics. He created a theory that would later become fundamental for the most of the auriculopuncture systems. The theory ran that human body is projected to the auricle in the form of embryo, its head corresponds to the lobule, the internal corresponds to the auricle, extremities - to the upper part of the ear, above the arch of antihelix. The time when Nojier has been working at this idea was the time when the first electropuncture devices appeared. Using one of such devices he discovered that healthy body's auricle usually does not have points with low resistance corresponding to BAPs. However, when there is a disease, the points with high conductivity appear and they coincide with the earlier discovered points of higher pain sensitivity, these points correspond to a certain organ or system of human body.

Consequently, auriculodiagnostics is the projective diagnostics method using microsystem corresponding to projection of human body to its auricle.

The disadvantage of this method, in our opinion, is high density of biologically active points corresponding to certain organs and systems in the auricle. It requires a great experience in practical use of this method.

We would also like to describe shortly the method and device of Ivan A. Lednev, Russian scientist. In 1973, he offered to use bipolar method for biopoints diagnostics and for treatment of organs and systems corresponding to these points, in case their index deviates from norm. What is the normal index in Lednev's method? If the conductivity of the points measured when impacted by provoking electric current of positive polarity was equal to the conductivity when impacted by provoking electric current of negative polarity, then this point and organ or system corresponding to it is in normal functional state. He called this electric conductivity "absence of asymmetry". He created "I.A. Lednev's atlas" used for treatment of more than 200 diseases. The device's electric characteristics are similar to Nakatani's method (I=200mkA; U=8V).

The Principle of the ROFES diagnostics method

In the ROFES diagnostics method we use biologically active points similar by topology to BAPs in Nakatani's method, also we use skin zones above spinous processes of vertebra (Corporal method). In addition, there is a measurement by Su Jok system using the projection of points measured by corporal method. Electric current for diagnostics is similar to Voll's method by the power of provoking impact (U=4В ; I=60 мкА ; P=0,24мВт). **The main difference from both of these methods is bipolar testing of each point, similar to Lednev's method, which we can call our prototype. Also, our method fixes frequency changes during point's adaptation to the provoking electric current.** (Patent for invention # 2202278 of 24.11.1988)

In order to visualise the picture of functional state, to analyse the inner processes in dynamics and the environment impact upon human body the software builds a circle diagram. In this diagram the results of bioresonance reaction for every measured meridian to the microcurrents' sounding impact and also frequency characterisctics are recorded. Bipolar measurement of the biologically active points' reaction, mathematical processing of amplitude currents oscillation in the floating time interval increased self-descriptiveness of data obtained when examining the patient, in contrast to the traditional Nakatani method and, consequently, diagnosis reliability.

The minimum of time needed for the process of measurement (3-5 minutes) and much information obtain from each point through spectrum characteristics analysis (75 frequencies from 24 points = 1800 frequency characitcs) allows to compete with the Voll method (time of measurement - from 30 up to 50 minutes) which is known for its high clinical reliability of the results. Besides, **other methods do not have innovations concerning patient's psychological characteristics on the basis of electropuncture diagnostics**.

Meridional system's spectrum analysis is based on the spectrum analysis of frequency characteristics BAP measured as a result of current provocation. The analysis is conducted with the use of mathematical methods, i.e. measured BAP's signal (oscillation) expansion in Furye series and further formalized analysis of characteristics obtained.
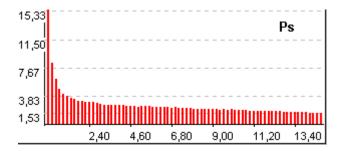
Fig. 1

In the picture the frequency spectrum of lungs meridian's BAP is shown (**Fig. 1**). Every column (oscillation) in the diagram represents a certain frequency which is a part of point's oscillation signal generating as a result of assessing current provocation (assessed point's signal oscillation can be seen in the process of assessment on the indicator which shows this process). Along the axis of abscissae (horizontal axis) there are frequency's rates (in this case low frequencies from 0.2 up to 14 hertz) represented. Along the vertical axis the rates of these freqiencies' energetic manifestation (column's height) are represented.

For normal functioning of living object or system the reaction on current provocation, i.e., normal adaptation to current, must look on the spectral diagram as gradual decrease in columns (oscillations) from the beginning of the diagram up to its end (from 0 up to 14 on the axis of abscissae), i.e., fading process. This decrease looks like a kind of exponential curve if all the peaks are joined. Every next column is lower than the previous one from left to right on a certain rate, i.e., negative increase (- - Delta).

Frequency spectrum's change is peculiar to the oscillating signal of the point that characterises different abnormalities in organs for which this meridian is responsible to. In the diagram there can appear some "peaks", i.e., the rule of columns' gradual decrease (exponential rule) will be broken.

Any oscillation that characterizes energetic manifestation of a certain frequency will have the rate higher than the previous oscillation, i.e., positive increase (+ - Delta).
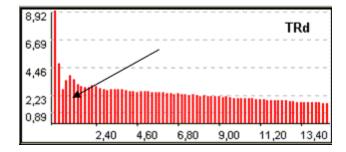

Fig. 2

In the picture, we can see a clear tendency of exponential rule's breaking in the beginning of the diagram (**Fig. 2**).