



CORPORATE UNIVERSITY EUROAMERICAN FOUNDATION OF AID HUMANITARIAN, COMPLEMENTATION AND TRAINING ECUADOR “FAHCE” AGREEMENT MINISTERIAL NO.- 0054

Resolution Advice Superior University International from Brazil, USA, United Kingdom, Spain and Ecuador of date: 06 of December of the 2025

**CSU Resolution N0.-1,097
CUDAP: EXPE-CTH: 1,807**

**COMMISSION OF THE ADVICE SUPERIOR UNIVERSITY STUDENT INTERNATIONAL,
TEACHING DOCTORAL FACULTY AND ACADEMIC AMBASSADORS OF THE UNIVERSITY
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**Norwegian Stortings Nobel
Committee Drammensvei 19
Oslo – Norway**

Honorable sirs:

The Universidade Corporativa Euroamericana has the honor of adhering to the proposal of the Foundation for Humanitarian Aid, Complementation and Training Ecuador "FAHCE" with Agreement Ministerial No.- 0054 of Ecuador in favor of Professor Dr. Luis Antonio Almeida Vera. Ph D, eminent teacher who has dedicated most of his life to university teaching and to the investigation scientific in the health in the scope of the Medicine Quantum and has consecrated the noblest garments of its singular honesty and profound authentic humanism to the cult of the TRUE, medicine and of justice.

The University Corporate Euro-American has had, besides, in consideration that Dr. Luis Antonio Almeida Vera. Ph D has been and is a noted promoter of universal harmony and mutual understanding between European and American peoples, and has left a clear and clean path in the performance of their successive charges in the most high honors academics and of the medicine quantum internationally, and that presents a wide literature inside of that same line in pro of the ideals of health, the peace and union of the peoples to the margin of all distinction and contrast of races, classes and religions.

A worthy reward would be to grant the high honor that the Nobel Prize implies. Medicine to a figure of so flagship renown, so much by his essential and encouraged work, such as for his hardworking life and for his work of content universalist.

With our further attentive greetings

Jean Carlos Dal Bianco

PROF. JEAN CARLOS LIME DAL WHITE. Ph D
RECTOR OF THE UNIVERSITY CORPORATE EURO-AMERICAN COUNTRY (BRAZIL)



Firmado electrónicamente por:
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REPRESENTATIVE LEGAL And PRESIDENT OF THE FOUNDATION FOR HELP
HUMANITARIAN, COMPLEMENTATION AND TRAINING ECUADOR "FAHCE" WITH
AGREEMENT MINISTERIAL NO.- 0054 AND AMBASSADOR ACADEMIC FROM THE
UNIVERSITY CORPORATE EURO-AMERICAN COUNTRY (ECUADOR)

(Is literal copy, the paper carry letterhead of the University Corporate Euro-American and the Foundation of Aid Humanitarian, Complementation and Training Ecuador "FAHCE" with Ministerial Agreement No.- 0054)

P.S.: Dr. Luis Antonio Almeida Vera, Ph.D. , as a Researcher of the Foundation for Humanitarian Aid, Complementation and Training Ecuador "FAHCE" with Ministerial Agreement No.- 0054 of our country Ecuador - city of Guayaquil, if we win the Nobel Prize in Physiology or Medicine, we will donate 50% to the Nobel Foundation for CONFERENCES AND RESEARCH SCHOLARSHIPS.

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ECUADORIAN NATUROPATHY MANUAL:

ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE

AUTHOR: Dr. Luis Almeida Vera P. D

From my considerations:

I would like to present to you the “MANUAL OF ECUADORIAN NATUROPATHY: ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE”

Text prepared in accordance with the guidelines of the Comprehensive Health Care Model with a family, community and intercultural approach as a cross-cutting axis to achieve Sumak Kawsay in the Ecuadorian population.

1. BACKGROUND:

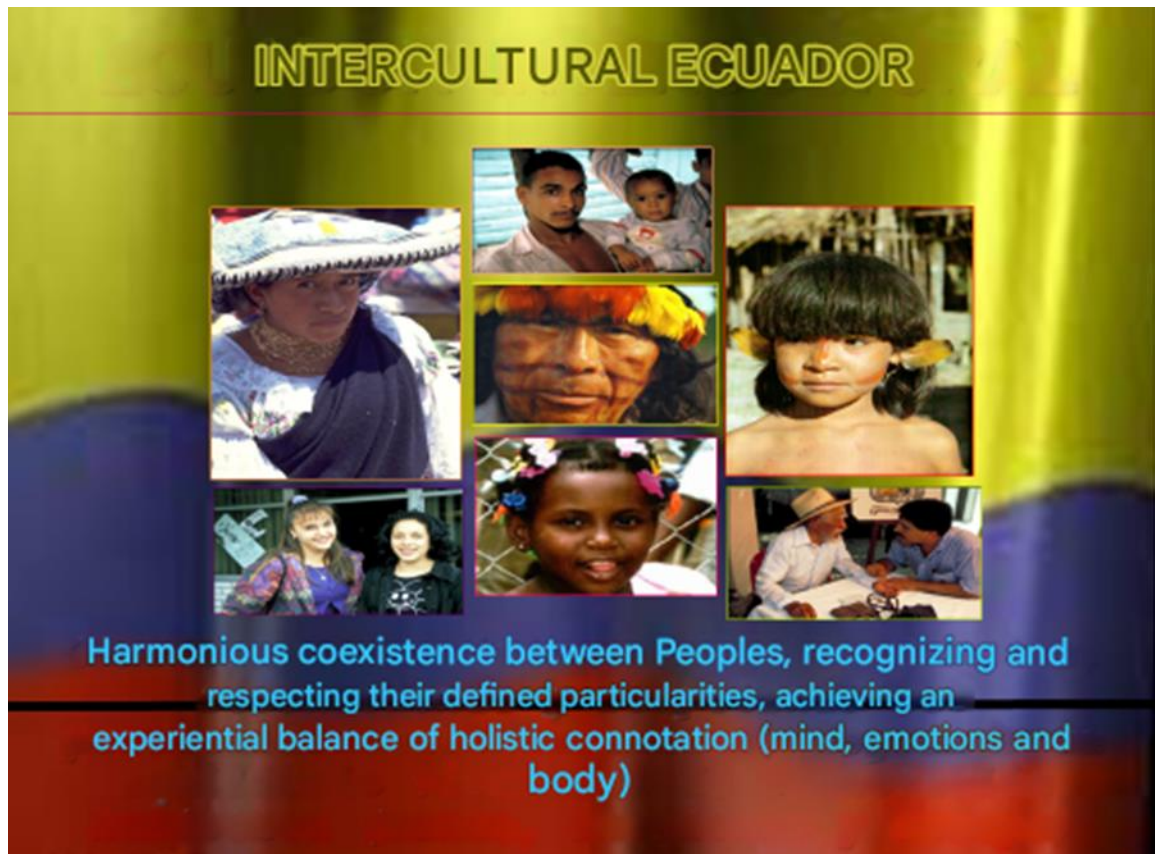
Ecuador, due to its multiethnic cultural diversity and a notable influx of multiethnic population, according to article 360 of the Constitution, comprehensive and intercultural health care is provided within the framework of rights and social participation, with a gender and equity focus on health management, achieving good living or Sumak Kawsay, allowing the development of research strategies on the knowledge and application of ancestral, alternative, complementary techniques and phytotherapeutic resources by Ecuadorian and Latin American health professionals , allowing the implementation of policies and instruments that strengthen and develop the articulation between Ancestral, Alternative and Complementary Systems with the official Biomedical System, together with the Social Actors of the different social sectors through the permanent and frequent exchange of knowledge and experiences, as a cross-cutting axis at the different levels of Prevention and promotion of Health and Equality.

2. PROBLEMATIZATION:

The Ecuadorian Political Constitution of 2008 (Art. 360, 361, 362) recognizes the country in its social and cultural diversity, plurinational (18 peoples and 14 nationalities) and multiethnic (mestizo population, indigenous, Afro-Ecuadorian, Montubios) accepting and promoting the practice and articulated development of Ancestral, Alternative and Complementary Medicine with the official Biomedical System, systematized, disseminating and implementing it in Comprehensive Health Care in Ecuador and Latin America.

3. ID:

In Ecuador, the System of Traditional Ancestral Medicines corresponds to the cultural peculiarities of its Nationalities and Peoples (Indigenous, Montubios, Afro-descendants and Mestizos). Seen from a formal perspective, this system has made it possible to obtain relatively common gnoseographic, etiological and therapeutic components. But, likewise, there are entities of own conviction. Among the ancestral cultures of the inter-Andean alley (Indigenous of the sierra), for example, we appreciate country diseases such as “Evil Eye”, “Spook”, “Bad Air”, “Bad Low”, “Evil of the Rainbow”, “Evil of Damage” or “Maleficio”; the diseases of God, that is, those of known origin and that are determined by affecting an organ or part of the body.



4. DELIMITATION:

The worldviews, knowledge and practices, the diagnostic, therapeutic and healing resources of Ancestral, Alternative and Complementary Medicine form a Health System that within the communities constitutes Popular Medicine. These informal medicines, recreated and reproduced on a daily basis, have generated holistic practices in which their specialists have imprinted their own vision of the world, their own identity.

5. DEFINITION:

Western medicine (official, allopathic, scientific, orthodox) is based on scientific evidence, while ancestral, alternative and complementary medicine is based on spirituality. Science assumes that human beings emerged from matter, the spiritual approach proposes that human beings

emerged from universal divinity. Of course, true spirituality takes into account the discoveries of science. Science is based on the intellect; spirituality is based on the heart. The intellect uses the rational (logical) mind, while the heart is based on the intuitive mind. The rational mind wants to be objective, the intuitive mind is necessarily subjective. Objectivity is the basis of science, subjectivity is the basis of spirituality. Scientists recognize and investigate (only) matter, mystics investigate science, and apprehend different levels of the human being: spiritual (free will, unconditional love and universal intelligence), psychic (mental and emotional), and physical. Western medicine views humans as biochemical machines; traditional therapy, on the other hand, views humans as conscious beings governed by multiple laws, of which the physical body is only one dimension.

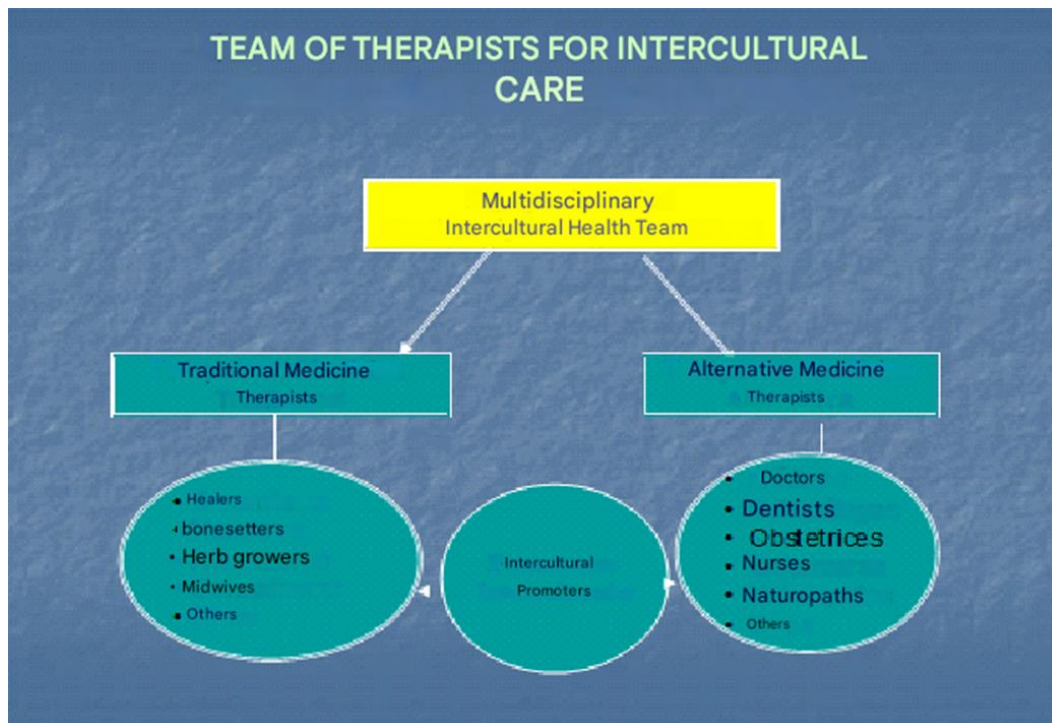
6. DESCRIPTION:

The intercultural perspective of the health-disease relationship is based on the criteria of diversity, reciprocity, complementarity and correspondence, both from the Ancestral, Alternative and Complementary Medicine System, whose millenary concepts have been part of the evolution of humanity at all times, based on the balance between Mind, Emotions and Body as an integrating factor of the human being in his microcosm in relation to his macrocosm, and from those coming from the Biomedical health system based on diagnostic, therapeutic and prognostic criteria. The worldviews, knowledge and practices, the diagnostic, therapeutic and healing resources of Ancestral, Alternative and Complementary Medicine constitute the informal health system, generating holistic practices in which Ancestral Healers and Naturopaths of Alternative Medicine, specialized in the knowledge of nature, have imprinted their own vision of the world, their own identity.

7. EXPLANATION:

Different cultures specialized Men and Women of wisdom (Ancestral Healers), who through systematic observation, correlating the plant, the organ and the disease; predicting through omens, ecstasy and illumination; considering the mandates of the original deities (but also of the new gods and saints of Western origin), explained and explain the disease, while treating it in its relationship with temporal conditions, with the natural, social and cultural environment. Likewise, the presence of many sacred or master plants ("entheogens": plants with psychoactive properties) allowed and allows the ancestral wise men to follow the vibrant and luminous movement of the disease, that is, to see and hear the remedies in the ecstasies provoked on the tables of offering, purification and healing.

The responsibility of the Men and Women of wisdom is not only of a curative nature, but of social, political and spiritual leadership. They promoted the struggle and resistance to the colonizers, and maintained intact (under syncretic conditions) the respect and veneration towards their gods incarnated forever in living nature. This fact, added to the suspicion that formal Western medicine manifested towards the Ancestral Wise Men, and the campaigns of extirpation of idolatries undertaken by the church, supported the repeated persecution of these healers, a phenomenon present to this day. The Ministry of Public Health in Ecuador, under the context of the globalization of the economy and culture, is legalizing and legitimizing the Actors of ancestral medicine (Men and Women of Ancestral Wisdom), carrying out processes of formalizing the informal, offering to the cosmovisions, practices and knowledge of Ancestral, Alternative and Complementary Medicine the respective institutionality that the times demand, offering service subject to the free will of their cults and beliefs.



8. GENERAL OBJECTIVE:

Implement the articulation of the Ancestral, Alternative and Complementary Medicine System with an intercultural approach in primary health care in official biomedical health services through the application of ancestral techniques and phytotherapeutic resources by Ecuadorian Health Professionals and the permanent exchange with Social Actors (Men and Women of Ancestral Wisdom) as a strategy for the Promotion and Encouragement of Health and equality according to the Comprehensive Health Care Model with a Family, Community and Intercultural approach in Ecuador.

9. SPECIFIC OBJECTIVES:

-To make Ecuadorian health professionals aware of the benefits of Intercultural Medicine in Comprehensive Health Care as a cross-cutting axis in Comprehensive Health Care in Ecuador and Latin America.

-Correctly apply the different Ancestral and Alternative Techniques articulated with the official Biomedical System, within the new Comprehensive and Intercultural Health Care Model promulgated by the Constitution of the Republic of 2008 in its article 360.

-Encourage Ecuadorian and Latin American health professionals to promote comprehensive health system users as an intercultural strategy in accordance with the proposed holistic care.

10. METHODOLOGICAL STRATEGIES:

- Ongoing theoretical and practical training on the Application of various Ancestral, Alternative and Complementary Techniques for Ecuadorian and Latin American Health Professionals as part of the Intercultural Multidisciplinary Health Team.

-Use of the “ *MANUAL OF ECUADORIAN NATUROPATHY: ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE* ”, as a Reference Text and Guide for the training of Ecuadorian and Latin American Health Professionals, prepared in accordance with the guidelines of the Comprehensive Health Care Model with a family, community and intercultural approach as a cross-cutting axis to achieve Sumak Kawsay in the Ecuadorian population.

11. THEORETICAL FRAMEWORK:

METHODOLOGY FOR IMPLEMENTING THE ARTICULATED STRATEGY OF ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE WITH THE OFFICIAL BIOMEDICAL SYSTEM AS A DIDACTIC PROPOSAL FOR THE “MANUAL OF

ECUADORIAN NATUROPATHY: ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE”

A) BIOENERGETIC DIAGNOSIS:

Once the patient has been approached by the professional, a mutual empathy or acceptance should flow between the service provider and the user, achieving a psychic connection (mind-emotions-body), causing security, harmony and balance, the same that will lead the therapeutic process along the path of true healing of the sufferer, ceasing to be considered a patient, to be considered a human being, a substantial friend of his therapist, who will be his counselor in directing his *modus vivendi*. For this, using the Bioenergetic Clinical History Annex, we begin the investigation of the bioenergetic imbalance with:

CLINICAL HISTORY INTERCULTURAL MEDICINE

Affiliation Data:

Ethnicity _____ Religion _____

1. Reason for Consultation: _____

2. Personal Background:

Allergies to medications, food: _____

Habits: _____

Sleep disorder: _____ How many times do you go to the bathroom? _____

You have the habit of consuming alcohol: _____

When was your last visit to the Dentist? _____

Has a family member or friend passed away recently? _____

Do you hold any resentment, anger, grudge, or have problems with someone? _____

3. Socio-laboral background: _____

4. Gynecological-Obstetric History:

FOR: Tradic.: _____ Occ.: _____

5. Others:

Accident _____

Bang _____

Falls _____

dog bite _____

What fear worries you? _____

What aspect makes you feel insecure? _____

Why do you prefer solitude? _____

How do you hide your grief from others? _____

To what causes do you attribute the despair that over whelms you? _____

6. Presumptive Diagnosis: _____

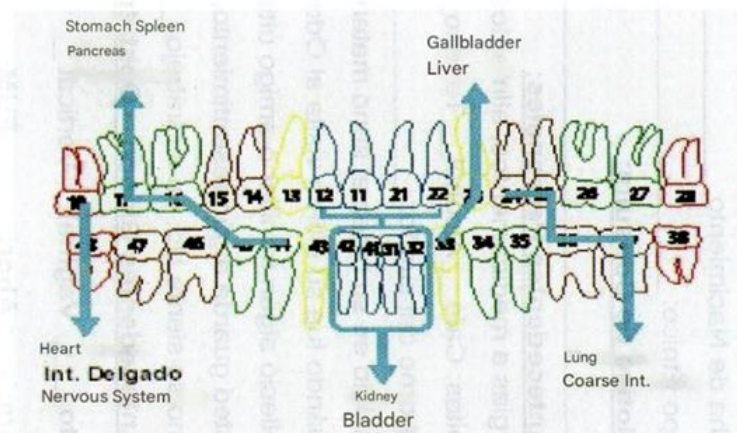
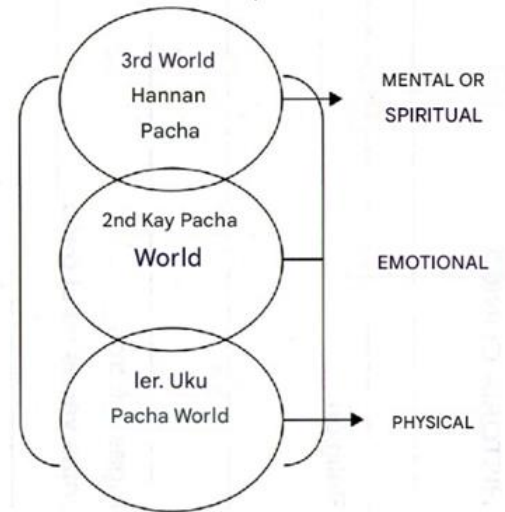
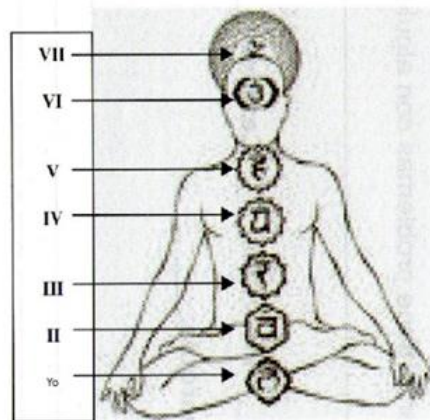
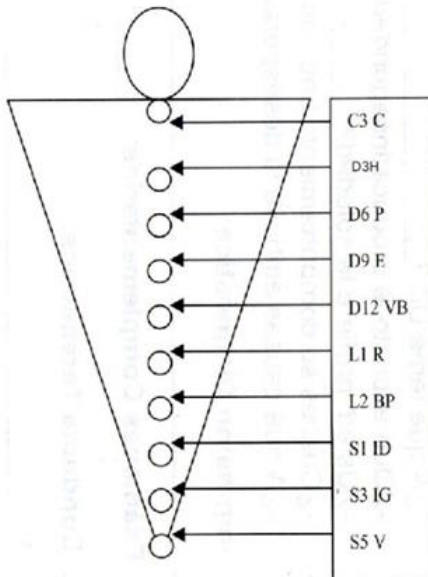
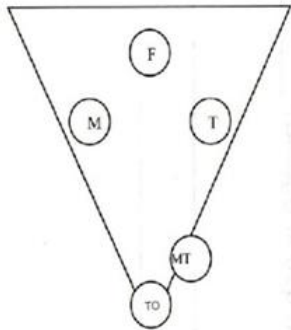
7. Complementary Examinations: _____

8. Therapeutic Behavior:

1. _____

23. _____

TRADITIONAL BIOENERGETIC DIAGNOSIS - ALTERNATIVE





1.- BIOENERGETIC SEMIOLOGICAL OBSERVATION: The patient is observed, determining his bioenergetic sign-symptoms, following the classic semiological precepts, according to the Universal Clinical History, determining the following:

Signs and Symptoms of the Skin

Musculoskeletal,

Nervous system,

Respiratory,

Cardiac,

Nutritional digestives,

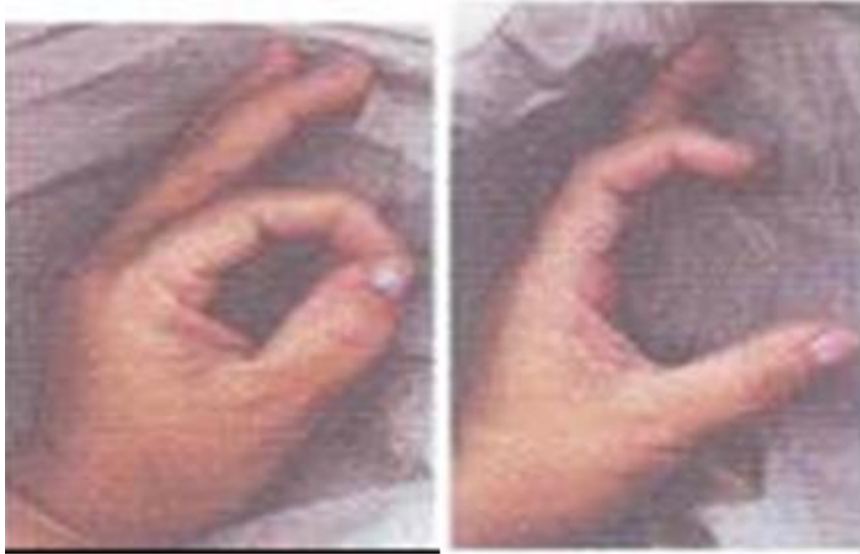
Renal and excretory,

Sexually transmitted diseases,

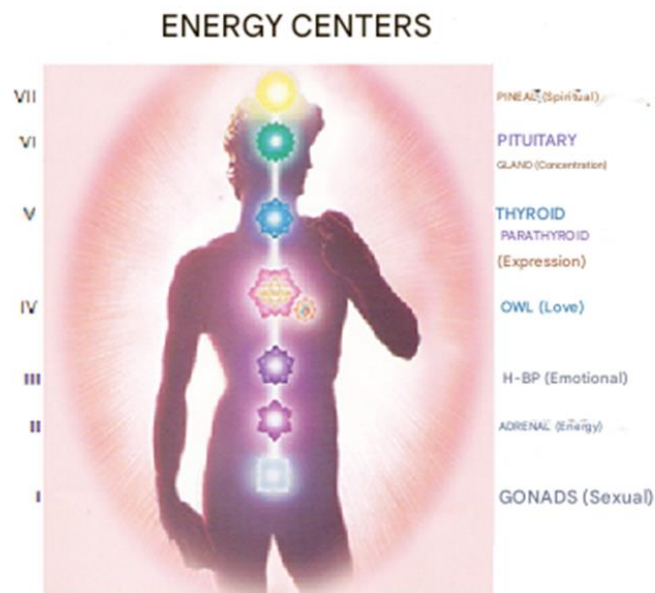
Pregnancy and childbirth.

ACID	0	HC:
	0.5	Acid de bazein
	1	Acid sulfidic
	2	gastric juice
	3.4	Urine de femme
	3.5	Urine
	4	Urine de homme
	5	Cela
	5.6	Liquide de
	5.5 - 6.5	Urine
	6.5	Taille
NEUTRAL	7	Agua pura
	8.5 - 9.5	Soluto humano
	7.35-7.45	Sangue
	8	Agua de mar
	9 - 10	Lactate de lactose
	11.5	Ammonia
	12.5	Talco
	13.5	Pipe cleaner
ALCO	14 NO	LI

2.- MUSCLE TONE: According to the Bioenergetic Therapy Work of Martin Keymer "A global concept of diagnosis and treatment", this is a technique that allows to bioenergetically identify imbalances according to the 5 natural elements, it is determined in the ambidextrous hand of the patient, forming a circle by joining the pulps of the index fingers and thumb, the therapist will open this circle with the index fingers, previously the patient will place the other hand on the specific energy centers. In this way, energy deficiencies (OSIS) are determined when the patient loses strength in his tone by loosening the index fingers and thumb in the circle, if this closed circle remains it indicates that this energy center is normal .



3.- IDENTIFICATION OF ENERGY CENTERS: Using the method of Radiesthesia and using the Pendulum as an energetic instrument, which according to Jacob Most in the text “The power of the Pendulum, discovering what is hidden”, allows us to identify the energy centers that are unbalanced.



Each of the 7 main Ayurvedic Energy Centers or Chakras govern the functioning of an Endocrine Gland in the body:

1st Center: Root or Sexual Chakra. Located in the Perineum (descending direction); governs the functioning of the Gonads (Ovaries – Testicles).

2nd Center: Umbilical Chakra: Located at the level of the umbilical scar (antero-posterior direction); governs the functioning of the adrenal glands.

3rd Center: Solar Plexus Chakra. Located in the Angle of Treitz or pit of the stomach (antero-posterior direction); governs the functioning of the Liver, Pancreas and Spleen.

4th Center: Cardiac Plexus Chakra. Located in the center of the chest (antero-posterior); governs the functioning of the Thymus gland (vital for our immune system)

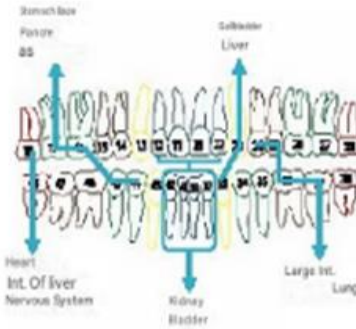
5th Center: Laryngeal Chakra. Located in the throat (antero-posterior direction); governs the functioning of the thyroid and parathyroid glands.

6th Center: Third Eye Chakra . Located between the eyebrows (antero-posterior direction); it governs the functioning of the pituitary gland.

7th Center: Crown Chakra. Located at the crown (upward direction); governs the functioning of the pineal gland.

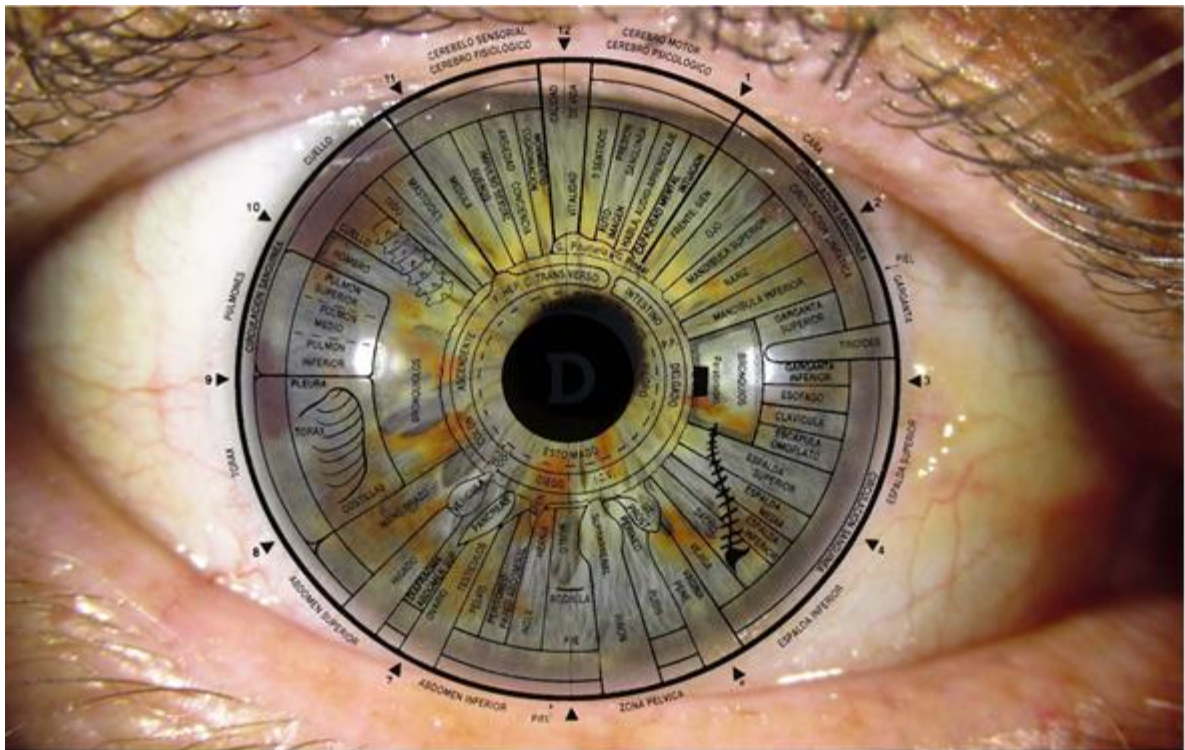
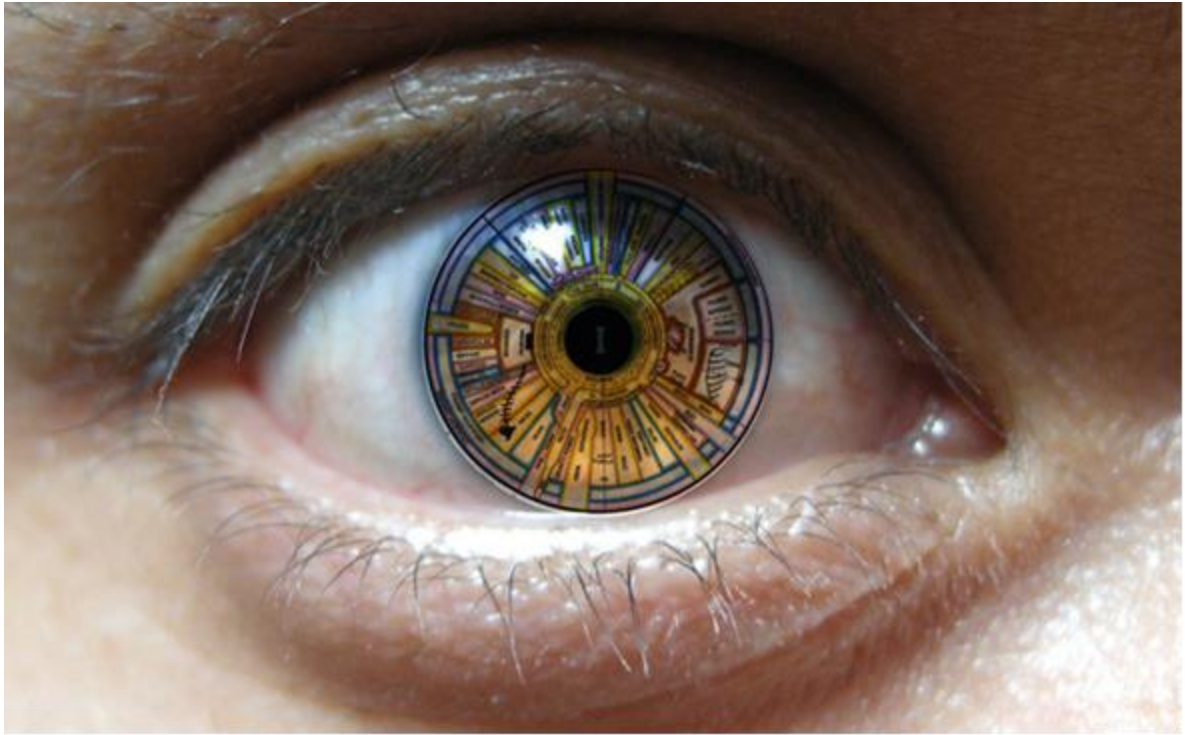
4.- IDENTIFICATION OF ENERGY BLOCKS BY MEANS OF NEUROFOCAL POINTS: According to Ernesto Adler in his work “Diseases Caused by Interference Fields” and in the work “Dialogues with Huneke on Neural Therapy” it is indicated that the odontones are organs that if they are energetically blocked can cause imbalances in the organism. The teeth have a direct relationship with the health of the individual since all the organs, systems and the psyche are closely related through the energy meridians; that is why it

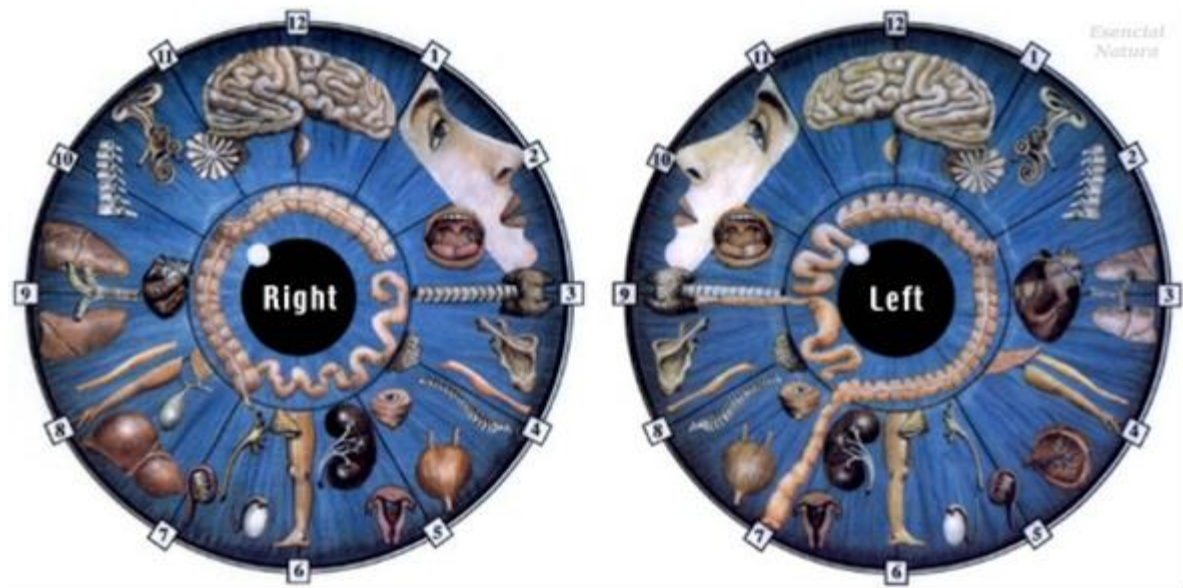
is recommended to keep the teeth in good condition, hence some problems have been solved by carrying out a dental treatment.



The Adler Odontogram is a useful microsystem in bioenergetic diagnosis based on the identification of dental caries, root canal treatments, poorly positioned teeth, third molars or supernumerary teeth, as well as the presence of amalgam fillings. It allows to strengthen the data to achieve the traditional ancestral bioenergetic diagnostic impression in each patient.

5.- IRIDOLOGY: Through this microsystem we define the presence of signs and symptoms of the organism, reflected in the Iris through grooves or lines indicating an acute or chronic process in each of the patient's organs, since the Iris is the door to the brain and the eyes are considered the "mirror of the soul."

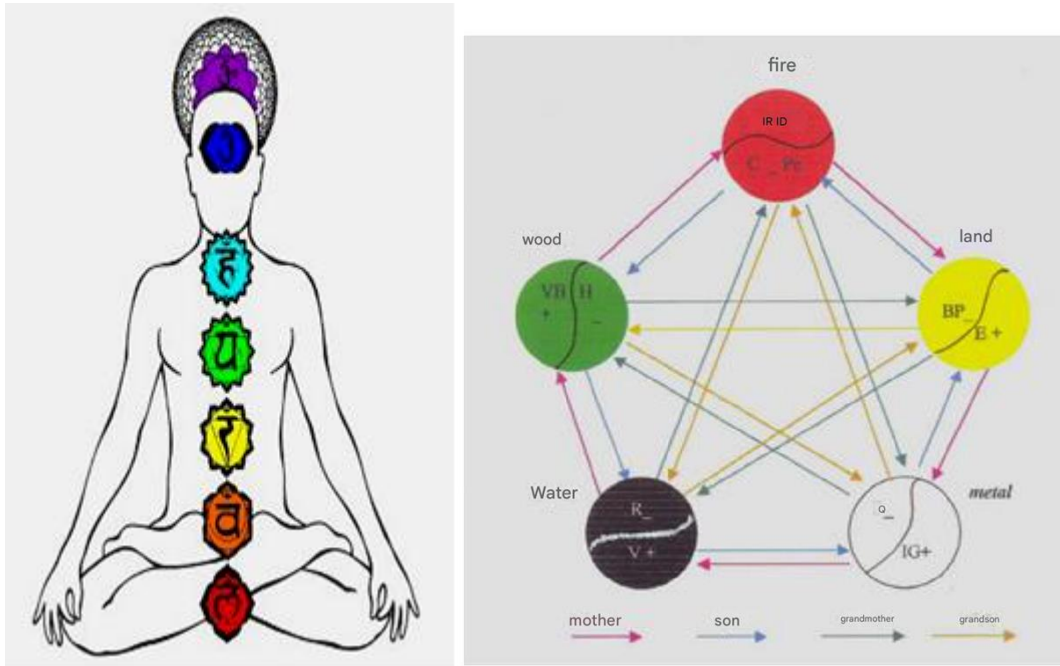




6.- RADIESTHESIA: Energetic imbalances are detected through the flow of energy emitted by the bodies and captured by a vibrational instrument called a pendulum. This instrument, used for centuries by different cultures around the world, measures the vibrations of each energy center of the patient.



DIAGNOSTIC PRINT: It is the result of the Interpretation of the Different bioenergetic imbalances on the Seven Energy Centers, which are designated with Roman numerals: Center I (Root), Center II (Umbilical), Center III (Solar Plexus), Center IV (Coronary), Center V (Laryngeal), Center VI (Between the eyebrows), Center VII (Coronal).



B) BASIS OF THERAPEUTIC CONDUCT

1.- HARMONIZATION OF THE AURA:

The aura is a luminous vibration, a coloured emanation or a magnetic fluid that is situated around the body. The human aura is oval-shaped, taking on different colours and multiple shades. Man has three systems that guarantee and regulate all the functions of the organism (digestive system, respiratory system, nervous system, etc.). a) The nervous system is made up of a series of specialised cells that are situated throughout the body and communicate with each other, that is to

say that intercellular communication is carried out by physical contact. b) The hormonal system, whose substances circulate through the blood and act at the level of all the organs, exercising control over the different functions of the organism, communication being carried out by chemical means. c) A third system, whose communication is carried out by means of electromagnetic waves, demonstrated on 31 October 1972 by the Russian scientists Kasneceev, Sciurin and Michailiva. These ultraviolet electromagnetic waves, with varying degrees of luminosity depending on the impression received, and, in addition to communicating the cells inside the body, which are transmitted to the outside as vital energy and luminous information from these cells is the Aura, its existence possibly known since the origins of man through different cultures called magnetic energy that emanates from all living beings, highly connoted by the eastern world.

Dr. Walter Kilner in England, member of the Royal College of Physicians in 1912 in his book "The Human Atmosphere" explains how it is possible to see the aura through a glass case, filled with diacanine, (alcoholic solution), which is sensitive to ultraviolet rays, capable of exalting retinal sensitivity. Through this system only a halo of grayish blue can be seen that follows the contour of the body up to a distance of 60 cm. Outside of it, the phenomenon differs with the age, sex, mental faculties and state of health of the person examined, a method adapted as a clinical diagnosis. Engineer Simeon Davidovich Kirlian and his wife Valentina in the laboratory of the Alma-Ata Hospital, in the Soviet Union in Russia in 1939 When observing the demonstration of a machine that performed electrocardiograms, he noticed that between the electrode covered with glass and the patient's skin there was a certain luminescence, due to the electricity that flowed between the skin and the instrument. By capturing this luminescence on photographic paper, they gave rise to the Kirlian camera.

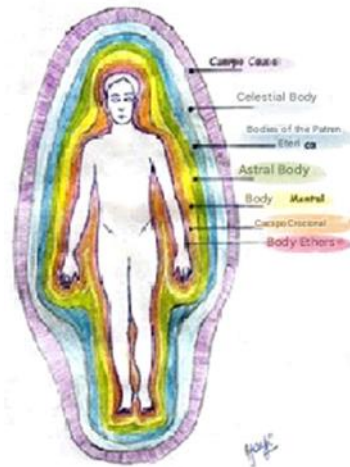
The human halo or aura is composed of several layers of basic colors, each one superimposed on the previous one, and which, starting from the contour of the physical body, extends outwards, reaching up to three of these layers to be perceived with total clarity:

First layer or Double Ethereal: In this layer you can see a small dark strip of a light grey colour, extending throughout the body, adjusting exactly to the body shape.

The second or Inner Aura: In this second layer it can be seen that its width is about six centimeters, and like the first it also adjusts to the contour of the body, presenting more color or not, depending on the state of health of the person, both physically and psychologically or emotionally.

The third or Outer Aura: This layer begins where the second layer or Inner Aura ends, and its width ranges from eight to fifteen centimeters.

These layers are attached to the physical body in the form of fluff, which will be combed using vibrating fields obtained by hitting two magnetic lingans of 1500 gauss, Tibetan bells or the dry blow of seeds, with the purpose of mobilizing the positrons that are entangled between their bristles, preparing the body for the second phase of bioenergetic diagnosis, which is energy cleansing.



2.- ENERGY CLEANSING : Professor Alberto Villoldo in his work “Shaman, Healer, Wise Man”, explains how energy cleansing is performed, using as instruments Minerals (stones, gems, quartz, magnetic bars of magnets), Vegetables (medicinal plants, sacred plants, fruits) or Animals (egg, guinea pig, rabbit, birds) to cleanse the body of free radicals or positrons that have been impregnated on the anterior surface of the body.

These positrons are of positive electrical charge as a result of the indiscriminate use of electronic devices (televisions, computers, air conditioners, microwaves, cell phones), which when impacting on the human body cause blockages in the energy channels, interrupting the flow of vital energy, the path of advancement of stimuli (nervous system) body response.

This mind-emotions-body interaction causes acid-base changes in the body's biochemistry (biological terrain) and when it becomes unbalanced due to a lack of homeostasis, we have as a

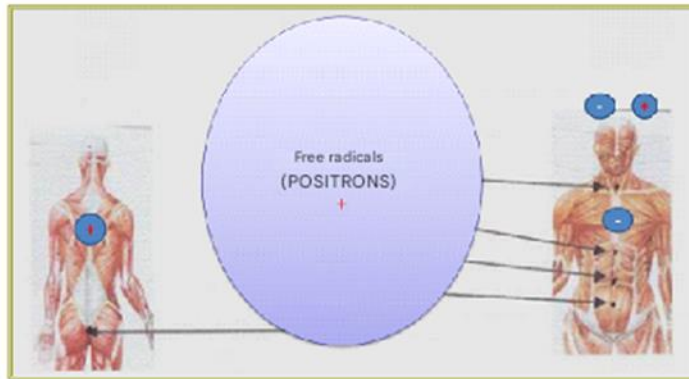
response (the disease) due to the nesting of pathogenic microorganisms (Viruses, fungi, parasites and bacteria).

The process begins by placing the patient comfortably in a supine position.

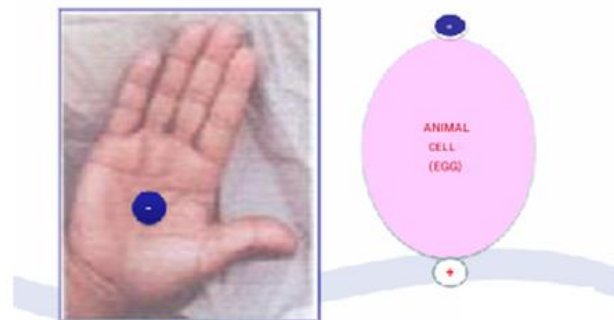
All metals must be removed from both the patient and the therapist. The Naturopath will stand on the right side of the patient following the Galen position and with the bipolar magnet bar, vertically, proceed to clean the anterior half of the patient's body, from the seventh chakra to the first, through which the free radicals will be collected; using the imagery method (Egg, gem) a green flame will be visualized on the floor, the magnetic bar will be shaken three times over it, with the purpose of making the free radicals fall and burn. Then the magnetic bar is passed over the sixth chakra and shaken again over the imaginary green flame.

In the Energy Cleaning Technique that is performed ancestrally in South America, the Egg is used, preferably from a rooster or a hen and from the day, proceeding to clean each energy center making the sign of the cross, from the head, chest, left side, arms, back, legs and then down, passing three times through the whole body; then, it is allowed to cool to proceed to break it over a glass with water, where the following will be observed: the "white" represents the physical part of the body and the yolk the psyche, you can see in the white accumulations of blood that represent hematomas, the eye that appears in newborns indicates the evil eye, the air that appears green fright, swamp water indicates fear. In cases of colic the white swells. Brain problems appear as bombs. Likewise, in the yolk you can see bad air in the form of shiny stones, kidney disease as eyes

Anatomical Energy Plans



BIOENERGETIC CLEANSE



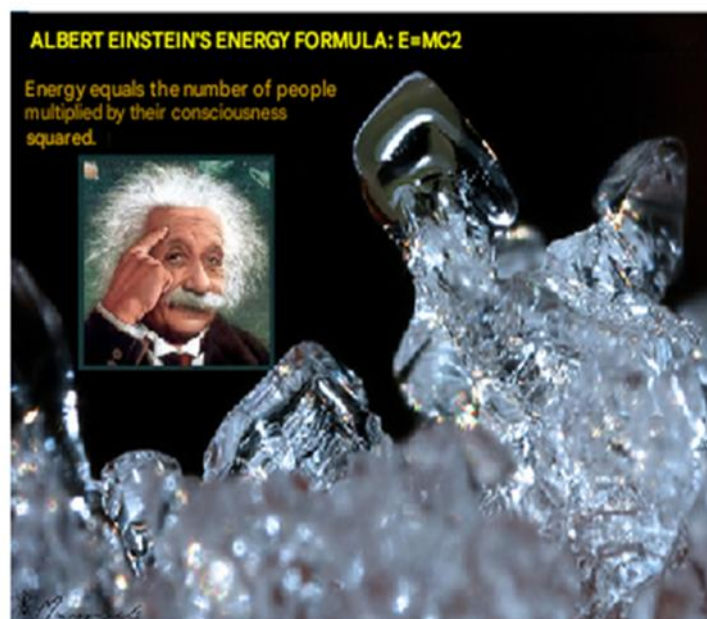


3.- BALANCE OF ENERGY CENTERS: Each energy center is measured using the pendulum (Dowesthesia Method) or the muscle tone test, checking the imbalance of any of them. It begins by placing the negative pole of a magnet on the fourth chakra (Heart Center). If the patient's diagnosis results in an emotional imbalance, the magnets are placed towards the upper chakras (Fifth, Sixth and Seventh) or emotional chakras, and then on the lower or physical chakras (Third, Second and First); if the result obtained indicates that the problem is physical, it begins from the third chakra towards the lower chakras (Third, Second and First) culminating in the upper chakras (Fifth, Sixth and Seventh). Each chakra is tracked again with the help of the pendulum

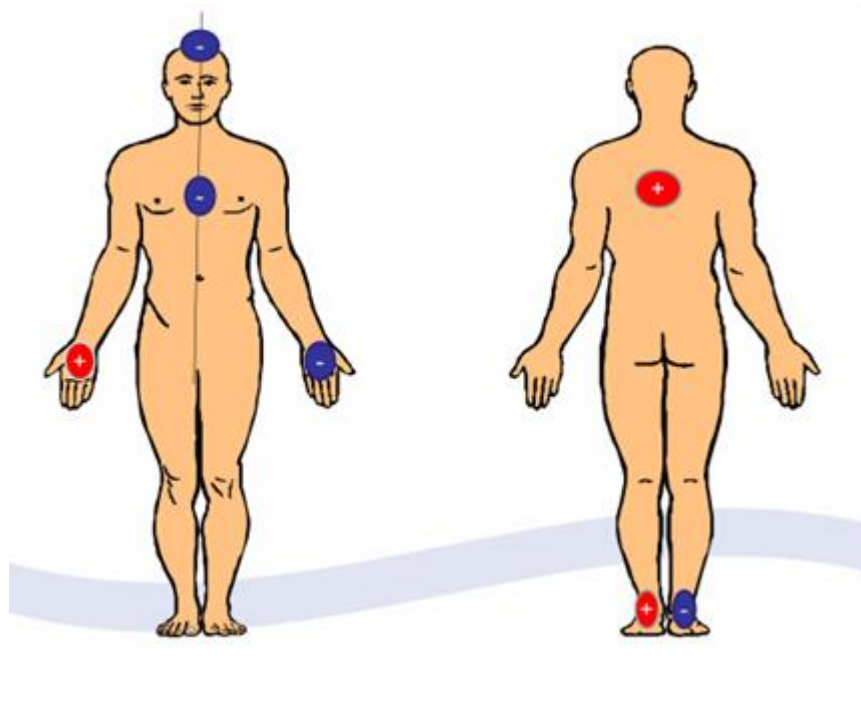
from the first to the seventh, proceeding to gradually remove the magnets from the chakras that are being balanced.

Magnets are instruments of energy balance according to bioenergetic researcher Héctor Roa Morales in his work Homeosinitría "From the consciousness of Tao to the memory of water", which is why naturopaths must always keep in mind the intention and purpose of healing their patients, to achieve the desired success.

BALANCE OF ENERGY CENTERS



4.- SOUTHERN ALIGNMENT: According to researcher Fabio Budris in his work Traditional Chinese Medicine "Body and Soul" indicates that the southern alignment is performed so that energy flows from the yin points to the yang points of the body, the vasoconception , vasogovernor and dumay meridians are activated .



5.- GENESIS OF CONFLICTS: We have a pH that is close to neutral. However, there are phenomena that alter this pH and lead the organs towards acidity or alkalinity. An alteration that can lead to illness. As in the entire universe, duality is also present in the body. In this case, it is not the magnetic field that cures, but the correction of the altered pH through the use of magnets. Therefore, we can say that medical biomagnetism is the study of the bioenergetic phenomena produced by microorganisms inside the human being. Magnetic fields between 1,000 and 50,000 Gauss are not toxic to humans. Specialties have appeared, such as magnetotherapy , which use magnets between 100 and 400 Gauss in procedures of traumatic origin associated with pain and inflammation, but with few results. 700 Gauss fields have also been used for magnetic plates in

acupuncture . All these methods help, they are palliative measures, but they only cause improvement in the processes, not their disappearance.

We define the NEN (normal energy level) as the point at which each organ must be established independently. There is a constant and balanced biomagnetic resonance at the limits of health and in the deviations that cause diseases. The presence of one determines that of its opposite, their magnitude is also similar and the elementary particles in the first correspond to that of the second.

The biomagnetic pair discovered in 1988 by Dr. Isaac Goiz Durán in Mexico City, is able to define the empirical proof that the organism responds in a dual way and the verification that the laws of physics also apply to the individual: the electron is to the atom what the ion is to the molecule and the protein nucleus to the cell. There are two biomagnetic charges in resonance, that is, a “biomagnetic pair” that identifies each pathology of living beings.

Thanks to this knowledge, we now understand that viral and bacterial diseases are closely related, the former mutually influencing the latter simultaneously. And they do so both in their genesis, in their pathogenic presence and in their final consequences in degenerative processes that until now we considered irreversible.

The biomagnetic pair takes us to the origin of the phenomenon and defines the organ that generates it, its polarity and the virus or bacteria that identifies it, and also the interaction between two or more microorganisms.

This recognition alone deserves the greatest respect from the health sciences, since it allows us to bring all therapeutic resources to the root of the cause, which will give them a precision that is difficult to match.

But the biomagnetic pair also cures pathologies, which makes medical biomagnetism the best and most effective diagnostic tool and the most valid technique for resolving pathologies. In itself, it is a code that detects and corrects diseases and dysfunctions, and represents the best, most valid and definitive “pathogenic code”.

Healing is achieved by restoring the energy balance of the altered area to the optimal pH for health, the alteration of which is due to the presence of pathogenic microorganisms that distort the pH in the organ that sustains the morbid phenomenon.

Medical biomagnetism is the relationship in energetic and vibrational resonance supported by the fundamental distortion of the pH of two specific points that can vary in intensity, but not in location. And which in turn identify the presence of pathogenic microorganisms - be they bacteria, fungi, parasites and/or viruses - and even organic functional dysfunctions and the impact achieved by induction of two magnetic charges that neither increase nor decrease the organ's energy, but neutralize it without causing any damage or injury.

We can say that the same microorganism can produce different symptoms, and the same symptom can be produced by different microorganisms. The biomagnetic pair ignores the symptom and refers us to its etiology, so it can be associated with any medical system.

A review with medical biomagnetism involves a complete analysis of the patient. Medical bioenergetics allows us to carry out a comprehensive examination of the patient, which, according to the binary or bipolar system and the location of the pH alterations, helps to discover the pathology and its etiology, in addition to simultaneously correcting said alterations, balances the pH, that is, brings it to its normal and natural values that condition cellular and organic health, that is, causing the pathology to be cured energetically.

The discovery of the Biomagnetic Pair provides a working tool that allows the doctor to quickly know the etiology of the disease, microorganisms, functional or glandular alterations, or the presence of active reservoirs of pathogenic microorganisms that has allowed to understand complex, chronic, degenerative, syndromic and tumor diseases in a simple way, thanks to the dual bioenergetic concept that appears even before the clinical symptoms that are recovered by neutralizing or polarizing it.

The theoretical foundation of medical biomagnetism or biomagnetic pair is based on the following five concepts:

Magnetism

pH

Magnetic Resonance Imaging

Entropy

Symbiosis

These concepts lead us to an understanding of how the Biomagnetic Pair works:

Magnetism: The characteristics of a magnetic material are the magnetic hysteresis (permanence) and the remaining polarization after the polarization field is removed. Iwao In 1957, Yasuda and Ei ichi Fukuda demonstrated the appearance of a new bone formation in the vicinity of an active electrode. They also showed how a bone subjected to compression appears on the concave side with a negative charge and on the convex side with a positive charge. The biomagnetic pair does not require the presence of pulsating fields, but rather simple non-coiled magnets with a power greater than 1000 Gauss, and also shows how better results are obtained

with specific biomagnetic pairs oriented to re-formation through bone cell regeneration understood under the concept of the Biomagnetic Pair, and again shows a simple and revolutionary response under the protection of energetic duality. My current field of work is tissue regeneration, not only bone, but of any part of the body that requires cell regeneration.

pH: Electrolysis is the decomposition of a substance (electrolyte) by means of an electric current.

The human body is a pulsating electrical machine, which produces current through all the internal organs and communicates through electrical signals. The conductive material in the human body is electrolytes, therefore, a variation in their composition generates a variation in the direction of the magnetic field, producing a polarization (+) or (-) of the organ where the anomaly occurs.

Magnetic Resonance: Magnetic phenomena have their origin in the movement of electric charges. Ampere said: "Magnetism is an electric current that moves in circles." In the magnet, the current occurs in each of the molecules that make it up.

Entropy: It is the amount of heat that a body loses or gains with respect to its normal temperature. When a body releases a greater amount of heat energy, it means that the molecules are moving at a higher speed, colliding with each other and each collision produces (releases) a quantity of energy. A high entropy releases more heat than a low entropy and for the biomagnetic pair this represents an indicative measure of the extent of disorder in the system (of the human body).

Symbiosis: It is the association of microorganisms of different species that benefit from each other. For medical biomagnetism, pathogenic viruses resonate with non-pathogenic bacteria for their maturation and energetic activation, but when it is a pathogenic bacteria, the virus

becomes structural or metabolic. There are other associations of pathogenic microorganisms that complicate and distort clinical manifestations in patients, giving rise to false diagnoses.

Microorganisms coexist harmoniously, taking advantage of spaces and resources for their metabolism. The biomagnetic pair places them in the place and time in which the microorganism is established, regardless of its clinical manifestations, allowing the study of the initial physiopathology of diseases and the symbiosis of pathogenic living elements and their interrelation within the tissues that support them.



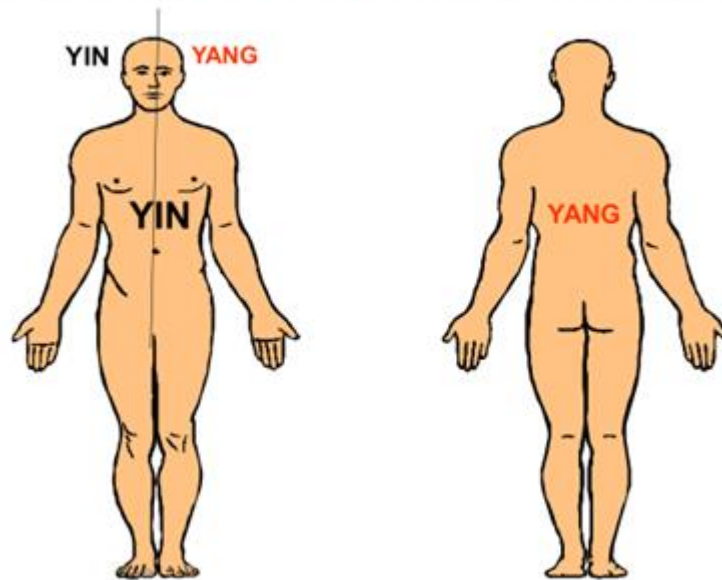
Shortening of the right leg.

Biomagnetism therapy, when the therapist asks the patient coherent questions without ambiguity, the patient's right leg is raised (more frequently) or extended (less frequently) to intelligently give an affirmative answer, or remains motionless to give a negative answer. These shortenings or lengthenings of the right limb are observed and can range from approximately 5

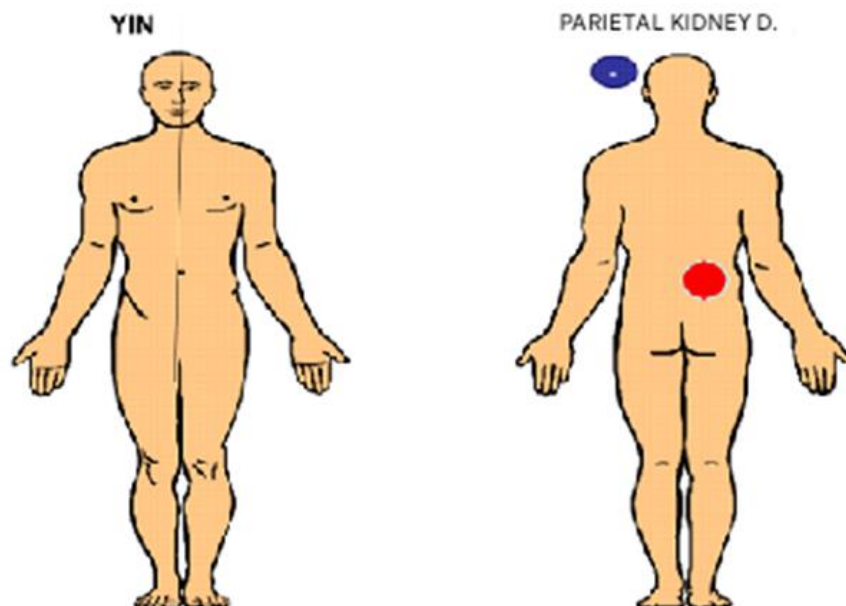
mm to 5 cm. This response occurs quickly and automatically without the therapist exerting any traction on the patient's limbs and without the patient trying to do so. Through this intelligent muscle response test, the professional will be able to discover illnesses that his patient has not mentioned, since associated with each of these tracking points equivalent to biomagnetic poles in imbalance, Dr. Goiz verified the frequent presence of some microbe or dysfunction that generates a certain number of symptoms, related in turn to some particular illness.

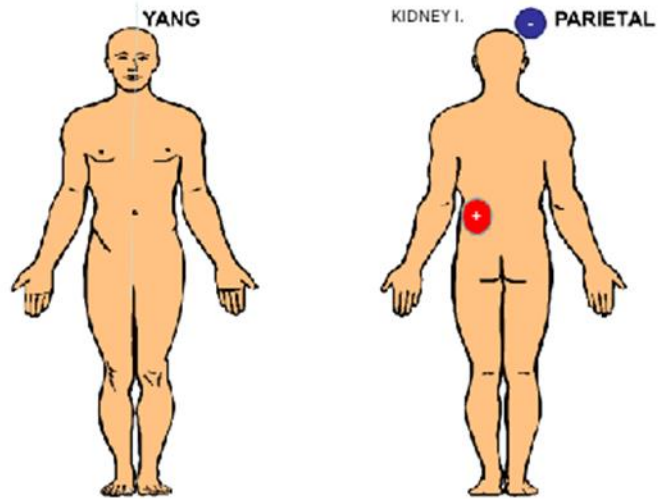
Treatment with therapeutic magnets, being an external, essentially non-invasive procedure, does not produce side or adverse effects, however its limitations are those diseases in which irreversible structural damage has occurred, to bones, organs or tissues, and in which the possibilities of regeneration are diminished by age, by surgery or by accumulation of side effects of medications over a long period of time. Consequently, the probability of better results applying Biomagnetism increases the less time has passed since the onset of the disease. In cases of cerebrovascular accidents, which often have a long recovery time, Biomagnetism will help to shorten this period without presenting the same speed of improvement as in other diseases, but it will help in other concomitant discomforts, improving the quality of life and also contributing to preventing future accidents.

POLARIDADES ENERGÉTICAS CORPORALES



EMOTIONAL CONFLICTS





CONTRAINDICATIONS FOR THE USE OF MAGNETS

PATIENTS WITH PACEMAKER

PREGNANT WOMEN

DEVITALIZED TERMINAL CANCER PATIENTS

Properties of the positive pole YANG

- 1.- Increases pain and inflammation
- 2.- Decreases cellular oxygenation
- 3.- Promotes Acidity
- 4.- Promotes infections
- 5.- Excites organic functions
- 6.- Vasodilator

7.- Promotes tumor formation

Properties of the negative pole YIN

1.- Reduces pain and inflammation

2.- Increases cellular oxygenation

3.- Promotes alkalinity of the body

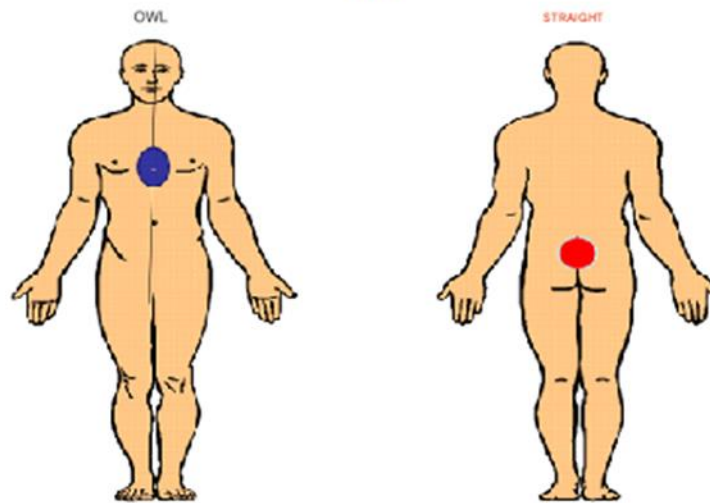
4.- Fight infections

5.- Balances organic functions

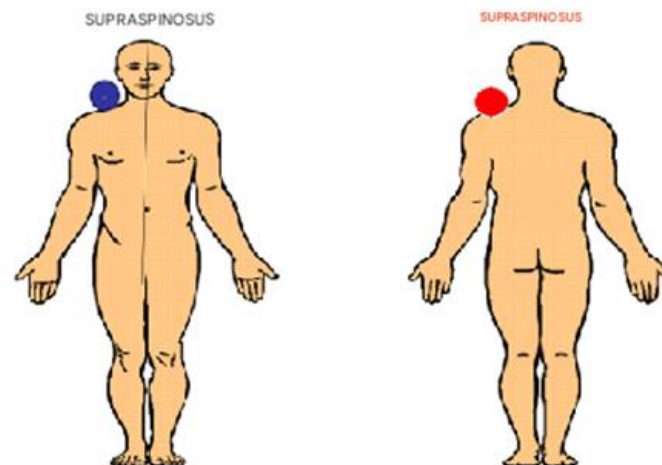
6.- Vasoconstrictor

7.- Antitumor

HIV

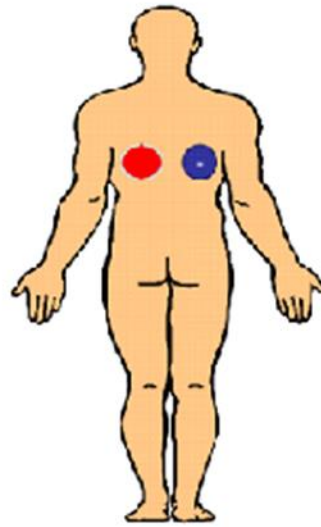
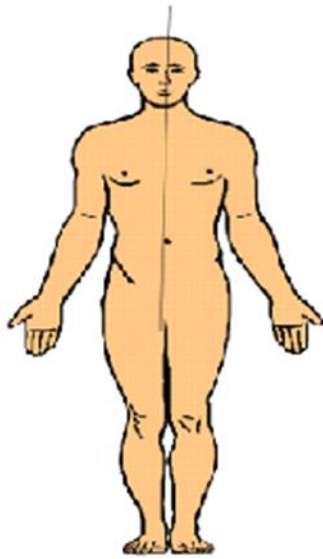


TUBERCULOSIS



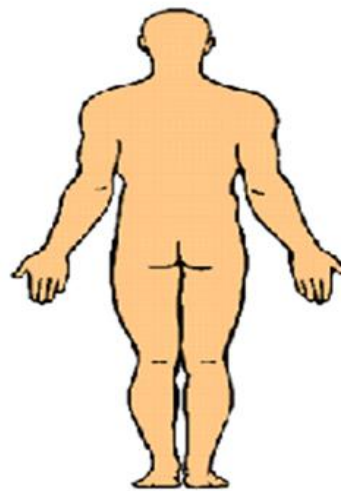
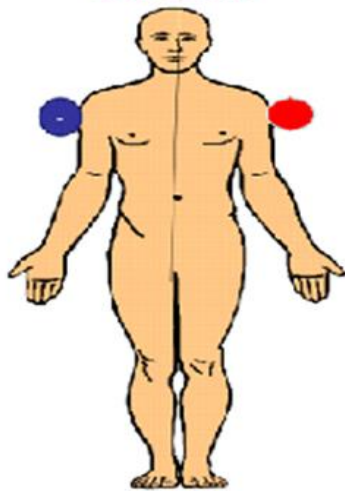
LEPROSY

SCAPULA-SCAPULA



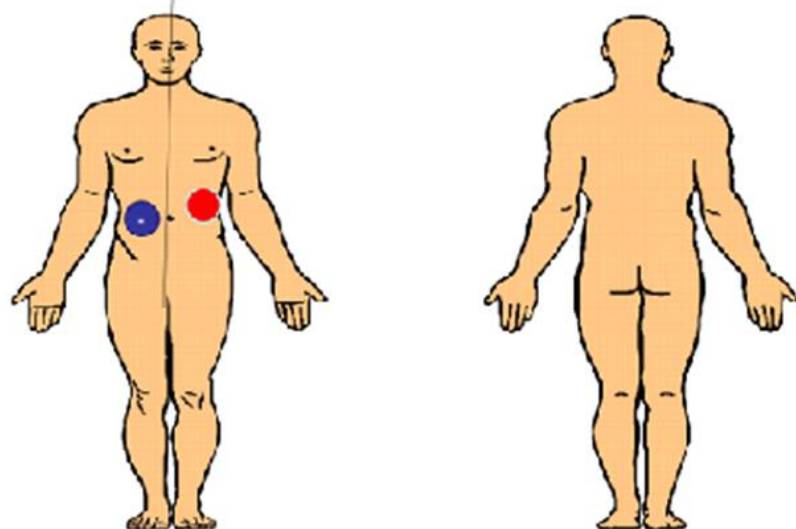
SYPHILIS

DELTOID-DELTOID



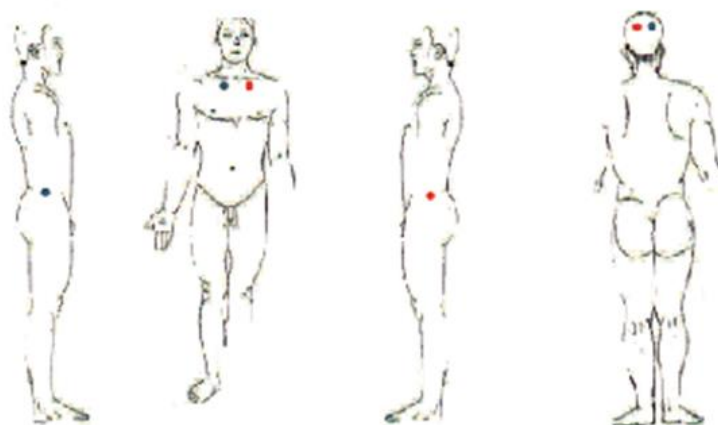
LEUKEMIA

DUODENUM-SPLEEN



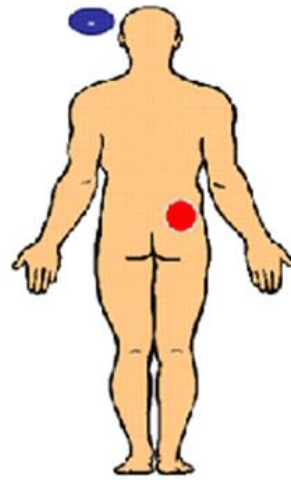
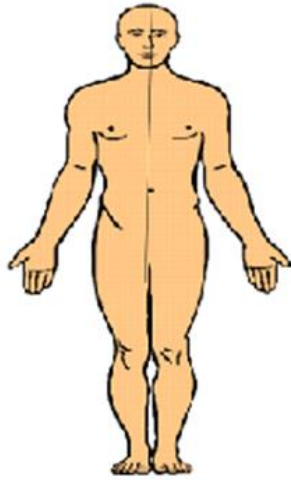
INFLUENZA/AH1N1

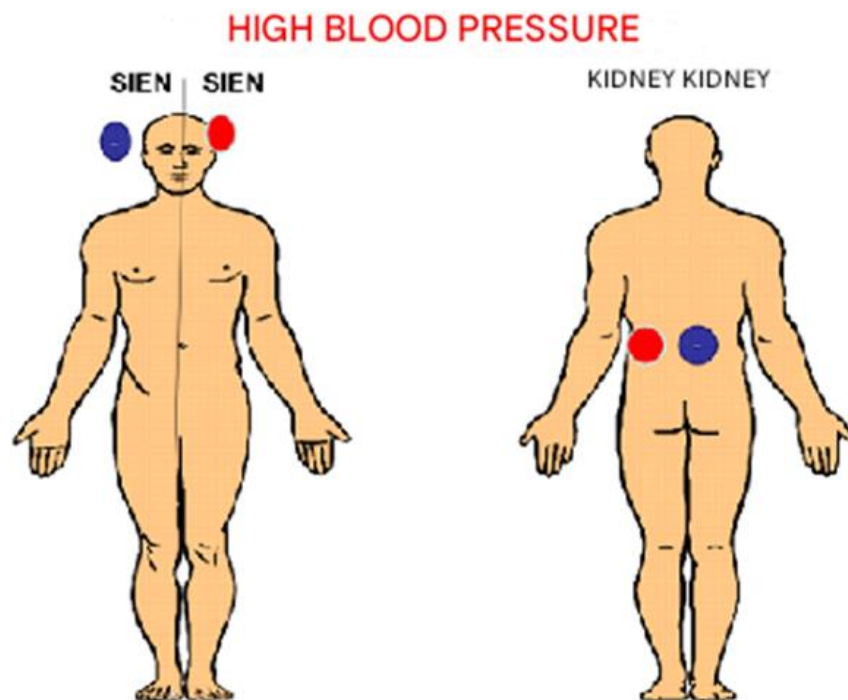
MEDICINAL BIOMAGNETISM



OBESITY/DYSLIPIDEMIAS

YIN





12. MICROSYSTEMS

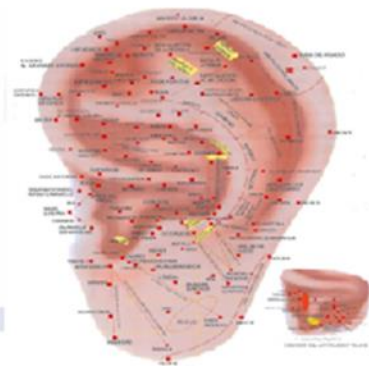
a) AURICULOTHERAPY: It is a microsystem known for millennia, and used with exceptional results by the different researchers of Ancestral and Alternative Medicine, based on the fact that the Auricular Pavilion anatomically resembles an inverted fetus with all the organic constituents of the human being, which are represented in detail in said pavilion, giving it the significance that the right auricle represents the feminine side of the person, while the left side corresponds to the masculine side of the human being, for its diagnosis it is proceeded to detect pain points on the simplified anatomy of said pavilion.

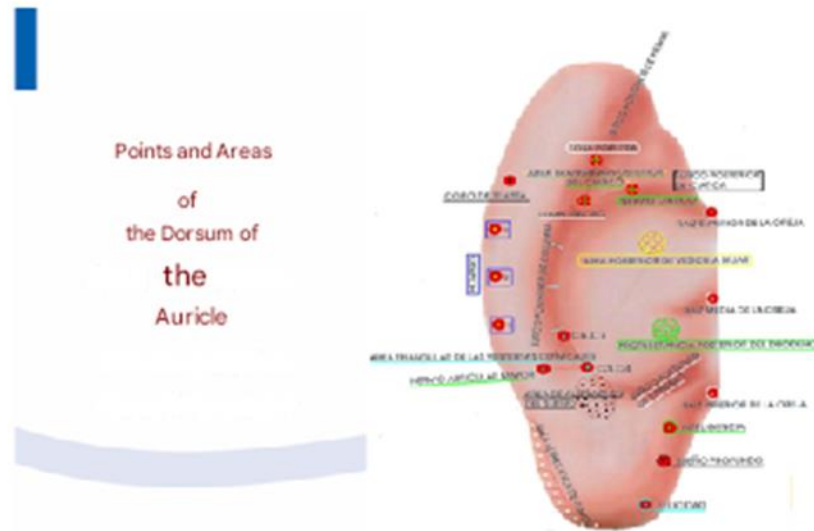
proceeding to press in a clockwise direction to achieve its energetic balance.

General Diagram
of the Points and
Zones of the
Auricle

Source: www.auricle.com

(Previous Face)





b) SU-JOK (DIGITOPUNCTURE): It is a microsystem in which the palm and back of the hand resemble the anatomical representation of the human body, for this a blunt-tipped clamp is used and the holographic body represented in said anatomical place is explored, identifying the pain points, which will be the indicators of the organic disorder, which when pressed clockwise will resolve the imbalance, restoring the patient's health. This is a simple and useful method in intra- and extra-hospital medical emergencies in Primary Health Care.

The Principle of Similarity



Healthy
Person



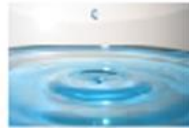
Homeopathic
medicine
(undiluted)



Sick Person



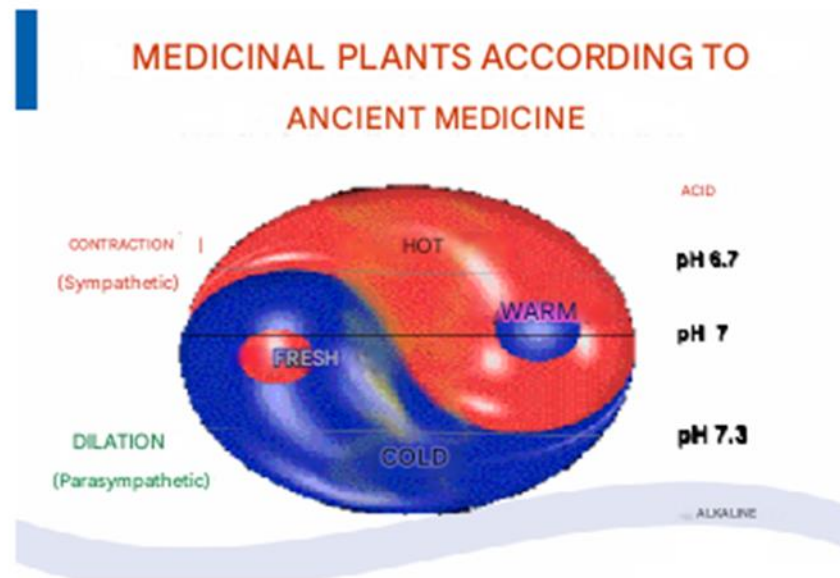
Sick Person



Homeopathic
medicine (diluted)



Healthy
Person



a) FRESH PLANTS :

These are those that refresh and heal internally kidney, stomach, fever, and fever conditions, among them we find:

Achochilla	Escan	White
Achogcha	Grana	Papaya
Achupilla	Huam	Corn
Carob tree	Jicam	Black
Ayaviru	Dairy	Taraxaco
Watercress	Langu	Prickly
Horse sucks	Cow	Yukon
Calendula	Flax	Baboon
Chalmura	Planta	

b) WARM PLANTS.

They are used in cold illnesses, such as cough, flu, headache, body pain, bone pain. These plants are:

Oregano	Mint	Melissa
Kidron	Nettle	Anise
Lemon	Chamomile	Habili
verbena		
Matico	Myrtle	Royal sage
Borage	Button	Cashamaruch
a		
Red onion	Congolese	Shaman
Eucalyptus	Avocado	Touch
Orange	Fig	Itzo
Laurel	Pumamaqui	Frame
Mosquera	Nettle	Paico
Black donkey	Parsley	Coriander
Black Chilca	Zumfo	Pigala

Paint	Rosemary	White carrot
Garlic	White	Ginger
	chicory	
Allpa Tzitzira	Holy thistle	Outsider

c) TEMPERATE PLANTS

Mustard	Nightshade	Plantain
Pea	Anguyuyu (grinder)	Allpaquinua
Bledos	Female Calahuala	Canayuyu
Chilca	Escubillo	Row
Cerotes	Ayahuasca	Broad bean
Atucpuc	White castor oil plant	Cuyanguilla
Lutuyuy	Mashua	Molloco
Naboyuy	Machasisa	Rue
Pilchi	Pilis quinoa	Pishcu court
Radish	Delicious Quichua	Taxo
Aloe	Clover	Valerian
Wheat	Trinitarian	Rooster's
Grape	Uvilla	Barbary
Pumpkin	Chalmura	Tacu

The basis of phytotherapeutic medicines are plant drugs and the different types of products obtained from medicinal plants that can be presented in different forms depending on the ailment to be treated or according to what is most comfortable or pleasant for each patient. As well as the products obtained from minerals or organic fluids for the preparation of homeopathic products, which will also be diluted to the tenth, hundredth or thousandth expression and then will be dynamized (Hanneman Succulent Method).

COLD	WARM	WARM	COLD
<p>GREEN ANISE (<i>Pimpinella anisum</i>)</p> <p>GINGER (<i>Zingiber officinale</i>)</p> <p>ROSMARIN (<i>Rosmarinus officinalis</i>)</p> <p>PEPPERMINT (<i>Mentha piperita</i>)</p> <p>BORRHAJA (<i>Borago officinalis</i>)</p> <p>CHAMOMILE (<i>Chamaemelum nobile</i>)</p>	<p>GARLIC (<i>Allium sativum</i>)</p> <p>HOLY THISTLE (<i>Cirsium benedictus</i>)</p> <p>M.A. STANILLA (<i>Marrubium vulgare</i>)</p> <p>EUCALYPTUS (<i>Eucalyptus globulus</i>)</p> <p>MENTH (<i>Mentha piperita</i>)</p> <p>VALERIAN (<i>Valeriana officinalis</i>)</p> <p>YARZAPARRILLA (<i>Smilax aspera</i>)</p> <p>ORANGE (<i>Citrus aurantium</i>)</p>	<p>CHICORY (<i>Cichorium intibus</i>)</p> <p>DANDELION (<i>Taraxacum officinale</i>)</p> <p>ECHINACEA (<i>Equinacroma angustifolium</i>)</p> <p>ALOE VERA GEL (<i>Aloe vera</i>)</p> <p>CORN COB (<i>May</i>)</p> <p>NETTLE (<i>Urtica dioica</i>)</p> <p>MELISSA (<i>Melissa officinalis</i>)</p> <p>VERBENA (<i>Verbena officinalis</i>)</p>	<p>HORSETAIL (<i>Equisetum arvense</i>)</p> <p>PLANTAIN (<i>Plantago major</i>)</p> <p>AGUA (<i>Pertusca officinalis</i>)</p> <p>WITCHAMASS (<i>Nasturtium officinale</i>)</p>

The main forms of preparation of plants are the following:

Infusion. Boil the water, add the leaves of the medicinal plants for three minutes. Remove from heat, let it sit and drink.

Decoction: Boil the water with the bark, roots and stems for more than 20 minutes, cover, strain and drink.

Tinctures. Macerate the parts of the medicinal plant (leaves, roots and stem) in 90-degree alcohol for more than 15 days. Take a few drops of the preparation dissolved in water.

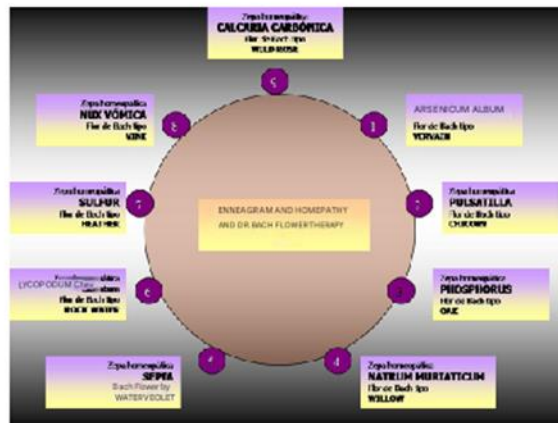
External remedies: Plants can also be applied in the form of compresses and poultices, which are useful for wounds, burns or sprains. They are suppurative, anti-inflammatory and healing.

Compresses or Cloths: It consists of soaking a towel or cloth with the infusion or decoction of a plant and applying it directly to the affected part.

Poultices. A paste is made from parts of the plant and water and is applied to the affected part of the patient's skin, securing it with gauze or a bandage.

d) BACH FLOWER SYSTEM

This phytotherapeutic system is based on the use of 39 floral groups according to the classification of 7 characters found in a vibrational way by the English doctor Dr. Edward Bach in 1930, once he was diagnosed with malignant cancer, and after his research in the field of Vibrational Medicine he managed to recover from this pathology through the oral administration of the flowers of the system that this prestigious exponent of alternative medicine managed to identify, research and establish, preventing his health from deteriorating due to the catastrophic presence of this disorder, whose origin is based in the psycho-emotional sphere.



5.- HYDROTHERAPY AND HELIOTHERAPY

In Ecuador, over the years, hydrographic sources rich in minerals have been identified that since ancient times were considered sacred places for their therapeutic miracles in the cure of different diseases, beginning to be appreciated as healing agents.

Meanwhile, the oldest sources remain abandoned or are only the object of curiosity or a restricted application, which sometimes touches on the limits of distrust, or its opposite extreme, miracle. The names of some sources come from the aboriginal Quechua "yacu" giving the name according to its meaning:

Name of the Sources	Meaning
Yana -yacu	Dirty water or water that makes it dirty
Conun-yacu	Hot water

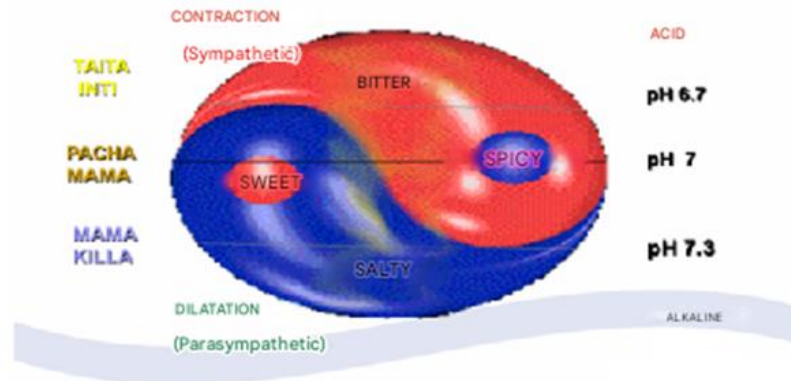
Hatung-yacu	Heavy water
Cochi-yacu	Salt water
Puca-yacu	Red water
Rumi Yacu	Water from the stone
Chiri-yacu	Cold water





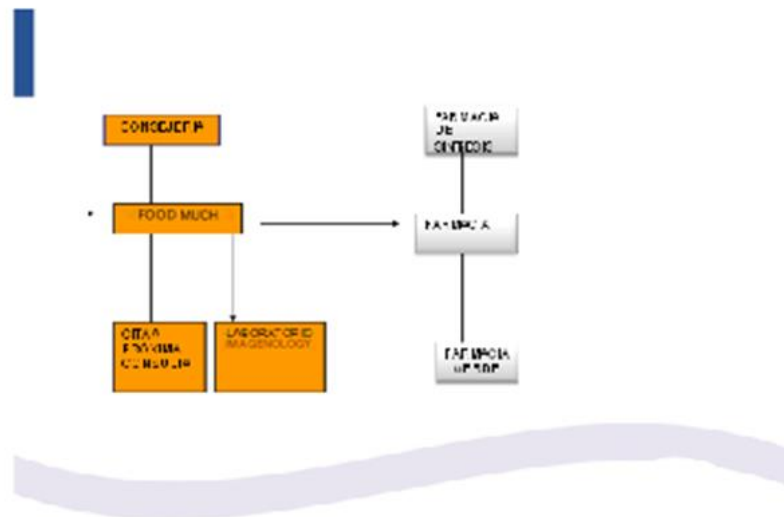
6.- TROPHOTHERAPY.- Natural nutrition is the fundamental basis for achieving good health, practiced and instituted by Hippocrates 400 BC who maintained the following Prefix "Let your food be your medicine and your Medicine be your food", since the Hippocratic foundation maintains that "We are what we eat"; The official Biomedical System today in the 21st century determines that longevity is the product of good nutrition and that foods in their nutritional content cause energy deficiencies or excesses that influence the psyche of the person reflecting in their emotional behavior and then evidenced in the different pathological conditions conceptualized as organic disorders, such as obesity, a consequence of bulimia that causes states of anguish or depression, this disorder is the main cause of pathological conditions such as heart attacks, strokes, diabetes, high blood pressure, polyarticular damage among others. For this reason, nutritional advice through knowledge of the nutrients that cause the correct intake of natural food is carried out to promote comprehensive and holistic health, also rescuing products from the area corresponding to District 09D03 CZS 8-MSP and times of the year respectively.

FLAVORS OF NUTRIENTS ACCORDING TO ANCESTRAL MEDICINE



III - Ph 5 PURIFIED WATER DISTILLED WATER/COFFEE FRUIT JUICE SWEETENED PEANUTS RES WHITE BREAD WALNUTS WHEAT PEANUT -Ph 6 DRIED GRAIN FRUIT JUICE EGGS/FISH TEA/BEANS PLUMB/RAISIN BROWN RICE COCONUTS LIVER/OYSTERS SALMON/COCONUT COOKED BEANS COOKED SPINACH IN SOY SAUCE	IV - Ph 7 TAP WATER WATER SPRING SEAWATER RIVER WATER	V - Ph 8 APPLE/GRAPE ALMOND/TOMATO CORN/MUSHROOM GRAPEFRUIT/TURNIP OLIVE/SOY PEACH/HAVANO PEPPER/PINEAPPLE CHERRY/RICE STRAWBERRY/BANANA VI - Ph 9 AVOCADO/GREEN TEA LETTUCE/WATER FREJOLAS/PAPA EGGPLANT/GRN BEET/PEAR GRAPE/CRANBERRY KIWI/MANDARIN MELON/FIG ALMOND MANGO PAPAYA	VII - Ph 10 SPINACH BROCCOLI ARTICHOK COL BRUSSELS SPROUTS CAULIFLOWER CARROT PEPINO LIME LEMON ALGAE ASPARAGUS RADISH ONION
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[illegible]



METHODS, TECHNIQUES AND INSTRUMENTS FOR COLLECTING INFORMATION:

1.- IDENTIFICATION OF SOCIAL ACTORS: Identification of Professionals who know and apply Ancestral, Alternative and Complementary Techniques in the Sector where the Research will be carried out

2.- DAILY RECORD OF CONSULTATIONS AND OUTPATIENT CARE FOR INTEGRAL HEALTH

3.- MEDICAL HISTORY ANNEX: Document that allows the Ancestral and Alternative Bioenergetic Diagnosis to be carried out to achieve articulation with the Biomedical system within the New Model of Comprehensive and Intercultural Health Care in Ecuador and Latin America.

13. PROCEDURE:

To carry out the Implementation Process of Ancestral, Alternative and Complementary Medicine within the official Biomedical system in Comprehensive Health Care in Ecuador and Latin America, the following Work Schedule has been designed:

- Preparation of guidelines for the development of the Implementation Project of Ancestral, Alternative and Complementary Medicine articulated with the Official Biomedical System in Ecuador

- Bibliographic search to support the theoretical framework of the Project.

- Preparation of project draft.

- Project Presentation to Ecuadorian Health Professionals

- Visit and Observation to the various sectors for Updated Situational Analysis:

- a) Identification of Professionals who know and apply Ancestral, Alternative and

- Complementary in the Area of Influence

- b) Identification of Social Actors knowledgeable about Ancestral, Alternative and Complementary Medicine in the chosen Sector

- Promotion of Ancestral, Alternative and Complementary Medicine to users-Outpatient consultation at the chosen care center.

- Promotion of Ancestral, Alternative and Complementary Medicine to users-Outpatient consultation of the chosen care center (Diabetics Group)

- Raising awareness about Ancestral, Alternative and Complementary Medicine for Users
- Outpatient consultation at the chosen care center (Group of Senior Citizens)
- Raising awareness among directors of hospitals on the subject of Ancestral, Alternative and Complementary Medicine
- Promotion of the Ancestral, Alternative and Complementary Medicine to Users - External consultation of the chosen care center (Group of Pregnant Mothers)
- Promotion of the Ancestral, Alternative and Complementary Medicine to Users- External consultation of the chosen care center (Hypertensive Group)
- Promotion of the Ancestral, Alternative and Complementary Medicine to Users-Outpatient consultation of the chosen care center (Group of patients with overweight and obesity)
- Meeting of Men and Women of Ancestral Wisdom from the chosen Sector.
- Raising awareness about Ancestral, Alternative and Complementary Medicine for the Members of the Non-Communicable Diseases Group of the chosen Care Center
- Raising awareness about Ancestral, Alternative and Complementary Medicine for Health Personnel in the selected Sector
- Raising awareness about Ancestral, Alternative and Complementary Medicine to the Members of the Health Committee of the selected Sector
- Promotion of natural food to patients of the TB Program of the chosen care center
- Training on intercultural and equality guidelines at the chosen care center.
- Promotion of natural nutrition to diabetic patients at the chosen care center

- Raising awareness among users of the Senior Citizens' Association of the chosen Care Center about alternative and complementary ancestral medicine

-Training of the student population of secondary educational institutions on Alternative and Complementary Ancestral Medicine

-Promotion of phytotherapy to diabetic patients at the chosen care center

-Raising awareness among users of the Senior Citizens' Association of the chosen Care Center about alternative and complementary ancestral medicine

-Technical meeting with Health Professionals to raise awareness about Interculturality

-Open house at the chosen care center aimed at diabetic patients”

-Raising awareness among members of the senior citizen group at the chosen care center about alternative and complementary ancestral medicine

-Training on “Intercultural Research Protocols” for Health Professionals at the selected care center.

-Raising awareness among members of the Senior Citizens' Group of the chosen care center about ancestral, alternative and complementary medicine

-Promotion of phytotherapy to diabetic patients at the chosen Care Center

-Raising awareness among members of the Senior Citizens' Group of the chosen Care Center, about alternative and complementary ancestral medicine

- Promotion of natural nutrition to patients of the TB Program of the Selected Care Center

-Raising awareness among health professionals at the chosen center about alternative and complementary ancestral medicine

-Raising awareness among members of the Senior Citizens' Association of the chosen Care Center on alternative and complementary ancestral medicine

-Technical meeting on guidelines for the Promotion and Encouragement of Comprehensive Health and Interculturality with Health Professionals from the multidisciplinary Health Team.

-Raising awareness among health professionals about psychoprophylaxis in childbirth care and birth in free position with ethnic relevance

-Participation in voluntary, altruistic and unpaid blood donation campaigns carried out in the Sector.

-Raising awareness among members of the Senior Citizens' Association of Health Center #4 “Dr. Julio Mata Martínez” on alternative and complementary ancestral medicine

-Raising awareness among health professionals about ancestral, alternative and complementary medicine

-Participation in the Caravans “Here I am, planning is your right” (ENIPLA) with the theme “intercultural health”

-Promotion of phytotherapy (Cashew Leaf) to diabetic patients at the selected care center

- Training of health professionals on blood transfusion and its components with an intercultural approach

-Promotion of phytotherapy (Granadilla) to diabetic patients at the chosen care center

-Raising awareness among rural professionals on interculturality, rights and social participation

-Raising awareness among health professionals about ancestral, alternative and complementary medicine

-Raising awareness among health professionals in District 09D03 CZS 8-MSP on ancestral, alternative and complementary medicine

-Raising awareness among health professionals about ancestral, alternative and complementary medicine

-Raising awareness among health professionals about ancestral, alternative and complementary medicine

- Preparation of a Visit Schedule for each of the care centers chosen for the formation of the Intercultural Multidisciplinary Health Teams.

-Training on Ancestral, Alternative and Complementary Medicine for Health Professionals who are members of the Multidisciplinary Health Team.

-Set dates to begin the implementation of integrated Ancestral, Alternative and Complementary Medicine in each of the selected care centers.

- Schedule for the Exchange of Experiences with the Social Actors (Men and Women of Ancestral Wisdom) of the Jurisdiction of the chosen Care Centers.

-The Validation of the Men and Women of Ancestral Wisdom surveyed, socialized and trained in Interculturality who act in the exchange of knowledge with the members of the

multidisciplinary health team of the Care Centers chosen for the development of Comprehensive Intercultural Health Care will be carried out.

AMARGO	DULCE	PICANTE	SALADO
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PRESTACIONES DE SALUD INTEGRAL INTERCULTURAL



- TERAPIAS TRADICIONALES**
 - Limpiezas energéticas (Eliminación de radicales libres)
 - Herbolaria (Uso de Plantas medicinales)
 - Alimentación Tradicional (Consumo de alimentos naturales)
 - Consejería tradicional
- TERAPIAS ALTERNATIVAS**
 - Equilibrio bioenergético (mente, emociones y cuerpo)
 - Microsistemas
 - Magnetoterapia.
 - Masajes terapéuticos
 - Quiropraxia
 - Fitoterapia
 - Trofoterapia.

IMPLEMENTACIÓN DE HUERTOS DE PLANTAS MEDICINALES.



14. CONCLUSIONS AND RECOMMENDATIONS:

That the Intercultural Multidisciplinary Health Team of the Circuits of District 09D03 CZS 8-MSP implement the MAIS-FCI in the care of users as a strategy of the Health Promotion and Equality Process.

Achieve the participation of the Social Actors of District 09D03 CZS 8-MSP in the problem of community, family and intercultural health within the Health Promotion and Equality Process according to the MAIS-FCI-MSP

That the hospital infrastructure of the Health Services of the Circuits of District 09D03 CZS 8-MSP will be adapted according to the intercultural approach in accordance with the cultural reality of the population groups in the sector.

Breaking with Western schemes and paradigms of the biomedical system in relation to the issue of interculturality as a cross-cutting axis in comprehensive health care with a family, community and intercultural approach in District 09D03 CZS 8-MSP within the Health Promotion and Equality Process according to what is stated in the Ecuadorian Constitution of 2008.



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Very sincerely

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LEVEL 1.- BIOENERGETIC DIAGNOSIS

1.- HARMONIZATION OF THE AURA

2.- ENERGY CLEANING

3.- BALANCE OF ENERGY CENTERS

4.- SOUTHERN ALIGNMENT

5.-GENESIS OF CONFLICTS

LEVEL 2.- BIOMAGNETISM

a) ESSENTIAL PAIRS:

-HIV

-TUBERCULOSIS

-SYPHILIS

-LEGIONELLA

-LEPROSY

-MYCOPLASMA

-CLAMYDIA

-TETANUS

b) RESERVOIRS:

-UNIVERSAL

-VIRUS

-HIV

-FUNGUS

-BACTERIAS

c) GENERAL:

-HELMINTHS

-PROTOZOANS

-TOXOPLASMOSIS

-CLASSIC DENGUE

-MALARIA

-SCABIOSIS

-NEISSERIA GONORREAE

-MEASLES

-RAGE

-ELICOBACTER PILORY

-HTA

-DIABETES MELLITUS

-FALSE DIABETES

-HERPES ZOSTER

-OBESITY

-BRONCHIAL ASTHMA

-LIVER CIRRHOSIS

-PAROTITIS

-PANCREATITIS

-TRICHOMONAS

-COMMON WART

-STREPTOCOCCUS B

- STREPTOCOCCUS A

-HEPATITIS A

-HEPATITIS B

-HEPATITIS C

-AMEBIA LIVER ABSCESS

-TRYPANOSOMA CRUZY

-LEUKEMIA

-DENTISTRY

-SEIZURES

-MENSTRUAL PROBLEMS

-ALOPECIA

LEVEL 3.- REMOTE HEALING:

a) MAGNETIZED WATER (THE CLOSTERS)

b) - RESPONSES OF THE RIGHT HEMIBODY (Yin)

-RESPONSES OF THE LEFT HEMIBODY (Yang)

-NEUTRAL RESPONSE

c) ENERGY TUNING

-POSITIVE RESPONSE

-NEGATIVE RESPONSE

d) GLOBALIZED REMOTE SCANNING OF THE PATIENT

“COSMETOLOGY AND COSMIATRIC TRAINING INSTITUTE IN THE CITY OF
GUAYAQUIL”

ISSUE: Study Center that will train people interested in the knowledge of Naturopathy in the field of Cosmiatry and Cosmetology, promoting the articulation of alternative and complementary ancestral medicine with the official biomedical system according to article 360 of the Political Constitution of the Ecuadorian State of 2008.

AUTHOR: DR. LUIS ALMEIDA VERA Ph . d

TUTOR: ENG. RICHARD BARRERA

DATE: GUAYAQUIL, JUNE 30, 2023

DEDICATION: I dedicate this Project to the Artisans of the Country, who in their daily life apply their MIND-EMOTIONS and BODY in each Work they make, creating innovations that magnify our Country, taking it to projective places of prosperity towards today's 21st century.

GRATITUDE: gratitude is a virtue that human beings must cultivate!

Thank you to the Almighty for choosing me and allowing me to go in search of the truth of his divine creation: nature!

Thanks to my parents who with kindness and example planted in my being the love for the search for truth in cosmiatry and cosmetology. Today from heaven they continue to guide me in that infinite journey: research!

Thanks to my family: they strengthen me with their understanding and help me to continue in the process of investigating nature!

Thank you to my students, who encourage me to continue researching the existential self in the present, awakening in them the abilities and skills to unlearn, achieving a comprehensive permanent relearning of cosmiatry and cosmetology!

Thanks to the directors of the National Board of Craftsmen, who in their desire to strengthen the knowledge of cosmiatry and cosmetology developed this qualification seminar, allowing the effective results of the Ecuadorian artisan profession to become a reality!

A special chapter deserves the Ing. Richard Barrera, teacher of the graduation seminar, and all the professors who with their friendship, patience and people skills have provided their knowledge and skills in the teaching-learning process of the topics addressed with a realistic vision of mind-emotions and body from the Ecuadorian point of view!

INTRODUCTION :

This Project is based on the creation of a Study Center that will train the population interested in the knowledge of Naturopathy within the field of Cosmiatry and Cosmetology, promoting the articulation of alternative and complementary ancestral medicine with the official biomedical system according to article 360 of the Political Constitution of the Ecuadorian State of 2008.

I have prepared this work as a student of the Graduation Course, who with responsibility, effort and enthusiasm has managed to demonstrate the axiological process of learning Cosmetology and Cosmetry as a discipline recognized by the National Board of Craftsmen in the country.

The academic and social needs that the learning of Cosmetology and Cosmiatry as a discipline of the Artisanal Branch responds to, following the objectives of the Academic Area of Health, are developed around the areas of individual health in the collective, with a critical transdisciplinary and intercultural vision, in relation to the knowledge of integrative therapies, keeping a relationship with the objectives of teaching, research and relationship with the community of Cosmetology and Cosmiatry framed within Latin American critical thinking in health, individual health in the collective and integrative therapies within the Ecuadorian Artisanal field.

1. PROJECT TITLE : “COSMIATRY AND COSMETOLOGY TRAINING INSTITUTE IN THE CITY OF GUAYAQUIL”

2. OBJECTIVES

2.1 GENERAL OBJECTIVE:

Promote the development and training of Ecuadorian artisans in the branches of cosmetology and cosmetology, as well as the knowledge, study, progress, development, research, dissemination, defense, teaching and dignification of NATUROPATHY in all its manifestations, as well as all naturopathic , psychological, pharmacological, philosophical theories and techniques or any branch of knowledge that derive or come from NATUROPATHY or complement it.

2.2 SPECIFIC OBJECTIVES:

Promote the recognition of Naturopathy and its articulation with conventional Official Medicine in the country's public health structures, as well as the promotion of Ecuadorian Craftsmen.

Organize and order the exercise of the Naturopathic Profession , and the Ecuadorian Craftsman,

promoting by all means at its disposal the constant improvement of the scientific, cultural, economic and social levels of artisans.

Promote and participate in the development of study plans and courses for artisanal and professional training that ensure proper naturopathic training for those interested in developing skills and abilities in the artisanal sector.

3. INSTITUTIONAL SWOT

1. STRENGTHS.

1. Own physical space located in a functional real estate property with physical, pedagogical and functional infrastructure in accordance with the number of participants necessary for learning Cosmetology and Cosmetology.

2. Ergonomic furniture in line with the learning of Cosmetology and Cosmetology

3. Instructors trained in Cosmetology and Cosmetology

2. WEAKNESSES.

1.- The lack of adherence in Western medical treatments and practices to ancestral and traditional cosmiatric and cosmetological medical cultural systems.

2.- Limitations in the promotion and prevention of Cosmiatry and Cosmetology in primary health care in sociocultural contexts.

3.- Difficulties in exchanging information with patients belonging to various ethnicities and diverse social groups regarding Cosmiatry and Cosmetology .

3. OPPORTUNITIES.

1. Society's interest in Cosmiatry and Cosmetology

2. Current careers for training students in Cosmetology and Cosmiatry

3. Permanent updating of instructors in Cosmiatry and Cosmetology

4. THREATS.

1. Lack of a systematizing relational vision that argues the projection of professional practice in Cosmiatry and Cosmetology, from the biomedical point of view with ancestral traditions in health.

2. Epistemological biases that reveal the contradiction between different health systems and the hegemony of biomedicine in the formation of Cosmiatry and Cosmetology .

3- Limitations and praxiological deficiencies in the ongoing training of Health Professionals in Cosmiatry and Cosmetology, in which the biomedical nature prevails.

3. THEORETICAL FRAMEWORK

The INSTITUTE FOR TRAINING IN COSMETOLOGY AND COSMETIC SCIENCE domiciled in the Canton of Guayaquil, Province of Guayas, Republic of Ecuador, will promote research, traditional practices, respect for ethnic and ecosystem biodiversity, training, propose national policies and regulations on naturopathy, ancestral and complementary medicine, articulating it with the official medicine system in accordance with article 360 of the Political Constitution of the Ecuadorian State of 2008. The INSTITUTE FOR TRAINING IN COSMETOLOGY AND COSMETIC SCIENCE will be alien to any act or activity that does not attend to the achievement of its purposes and will refrain from all activities of a religious, discriminatory, racial, union and political nature.

Within the Methodology to be applied by the Therapists are: Determination of Bioenergetic Diagnoses (OSIS, ITIS) Odontoneurofocal detection of ADLER.

Harmonization, Balance of energy centers, Southern alignment, Genesis of psycho-emotional conflicts, Biomagnetism in Primary Health Care diseases, Auriculotherapy , Reflexology, Bach Flower Therapy, Radiesthesia and Radionics . Raising the defenses of the patients treated, causing well-being and improving the student and work potential of the Guayaquil population. , according to the Comprehensive Health Care Model with a family, community and intercultural approach that is developed in the country as a transversal axis, inserted in the Constitution of the Republic of Ecuador in article 360: **ARTICULATION OF ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE WITH THE OFFICIAL BIOMEDICAL SYSTEM.**

This care will be provided in the different neighborhoods of the City of Guayaquil and Province, applying the different alternative techniques in order to achieve PSYCHO-NEURO ENDOCRINE BALANCE in the people who are cared for by the Therapists in the different Open Houses , solving the stress problems caused by the post-pandemic that the world is currently experiencing in general.

The Open Houses with NATUROPATHIC CARE will be directed by Dr. Luis Almeida Vera Ph. Accredited Medical Epidemiologist and Sociologist, Author of scientific papers and works on Natural Medicine and Interculturality, who also has a very advanced knowledge endorsement in the different branches of conventional medicine, as well as Ecuadorian Ancestral, Alternative and Complementary Medicine, Member of the College of Physicians of Guayas and Winner of the Contest of Merit of the Ministry of Public Health, being also Honorary Professor of the University of Oriente of the Sister Republic of Cuba and Member of the Research Team of the CENEA Applied Electromagnetism Center of Santiago de Cuba. And Mentalizer of the Project "INSTITUTE OF TRAINING IN COSMIATRY AND COSMETOLOGY IN THE CITY OF GUAYAQUIL.

In order to achieve the IMPLEMENTATION OF ANCESTRAL, ALTERNATIVE AND COMPLEMENTARY MEDICINE CARE, ARTICULATED WITH THE OFFICIAL BIOMEDICAL SYSTEM in the Guayaquil Population, the "Clinical History Annex" Instrument will be used, which is included in the guide text "Manual of Ecuadorian Naturopathy: Ancestral, Alternative and Ecuadorian Medicine" that determines the "Diagnosis and the Ancestral-Alternative Bioenergetic Treatment" as part of the official Document of the conventional Clinical History, in which reference is made to psycho-emotional aspects with physical emergency of the patient, the bioenergetic diagnostic impression is made, based on the energetic search for man-

nature imbalances reflected in the energy centers of the attending population who will also receive Master Talks on the subject and practices of eating correctly using foods rich in nutrients that benefit the population. This training in COSMIATRY and COSMETOLOGY is based on the following Theme:

1.- BIOENERGETIC SEMIOLOGICAL OBSERVATION: English: The patient is observed, determining their bioenergetic sign-symptoms, skin/Osteomuscular/Nervous System/Respiratory/Cardiac/Digestive/nutritional/Renal and excretory/Sexual diseases/Pregnancy and childbirth. **2.- MUSCLE TONE :** Technique that allows to identify energy deficiencies (OSIS) when the patient loses strength in their tone by loosening the index finger and thumb in the circle, if this circle remains closed it indicates that this energy center is normal. **3.- IDENTIFICATION OF ENERGY CENTERS:** Using the Radiesthesia method and using the Pendulum as an energetic instrument, "we identify each of the 7 Energy Centers or Ayurvedic Chakras that govern the functioning of an Endocrine Gland in the body:

1st Center: Root or Sexual Chakra . Located in the Perineum (descending direction); governs the functioning of the Gonads (Ovaries – Testicles).

2nd Center: Umbilical Chakra : Located at the level of the umbilical scar (antero-posterior direction); governs the functioning of the adrenal glands.

3rd Center: Solar Plexus Chakra . Located in the Angle of Treitz or pit of the stomach (antero-posterior direction); governs the functioning of the Liver, Pancreas and Spleen.

4th Center: Cardiac Plexus Chakra . Located in the center of the chest (antero-posterior); governs the functioning of the Thymus gland (vital for our immune system)

5th Center: Laryngeal Chakra . Located in the throat (antero-posterior direction); governs the functioning of the thyroid and parathyroid glands.

6th Center: Third Eye Chakra . Located between the eyebrows (antero-posterior direction); it governs the functioning of the pituitary gland.

7th Center: Crown Chakra . Located at the crown (upward direction); governs the functioning of the pineal gland.

4.- IDENTIFICATION OF ENERGY BLOCKS USING NEUROPOCAL POINTS:

The Adler Odontogram is a useful microsystem in bioenergetic diagnosis based on the identification of dental caries, root canal treatments, badly positioned teeth , third molars or supernumerary teeth , as well as the presence of amalgam fillings. Teeth or Odontons have a direct relationship with all organs, systems and the psyche are closely related through the energy meridians.

5.- IRIDOLOGY: Microsystem that allows us to identify the presence of signs and symptoms of the body, reflected in the Iris through grooves or lines indicating an acute or chronic process in each of the patient's organs, since the Iris is the door to the brain and the eyes are considered the "mirror of the soul."

6.- RADIESTHESIA: Energetic imbalances are detected through the flow of energy emitted by the bodies and captured by a vibrational instrument called a pendulum. This instrument, used for centuries by different cultures around the world, measures the vibrations of each energy center of the patient.

DIAGNOSTIC PRINT: It is the result of the Interpretation of the Different bioenergetic imbalances on the Seven Energy Centers, which are designated with Roman numerals: Center I

(Root), Center II (Umbilical), Center III (Solar Plexus), Center IV (Coronary), Center V (Laryngeal), Center VI (Between the eyebrows), Center VII (Coronal). B) **BASIS OF THE THERAPEUTIC CONDUCT**

1.- HARMONIZATION OF THE AURA: The aura is a luminous vibration resulting from the emanation of photons from our organism outwards, determined through the Kirlian machine . The human halo or aura is composed of several layers of basic colors, each one superimposed on the previous one, which, starting from the outline of the physical body, extends outwards, reaching to be perceived with total clarity up to three of these layers:

2.- ENERGY CLEANING : Using mineral instruments (stones, gems, quartz, magnetic bars of magnets), vegetables (medicinal plants, sacred plants, fruits) or animals (egg, guinea pig, rabbit, birds) the energetic body is cleaned of free radicals or positrons that have been impregnated on the anterior surface of the body. These positrons that are of positive electrical charge as a product of the indiscriminate use of electronic devices (televisions, computers, air conditioners, microwaves, cell phones), which when impacting on the human body cause blockages in the energy channels, interrupting the flow of vital energy, the path of advancement of stimuli (nervous system) body response.

3.- BALANCE OF ENERGY CENTERS: Each energy center is measured using the pendulum (Dieesthesia Method) or the muscle tone test, checking the imbalance of any of them.

4.- SOUTHERN ALIGNMENT: It is performed so that energy flows from the yin points to the yang points of the body, the vasoconception , vasogovernor and dumay meridians are activated .

5.- GENESIS OF CONFLICTS: We become unbalanced when we expose ourselves to an unprocessed emotion, (Female) right side, (Male) Left side, this affects our kidneys which leads to ARTERIAL HYPERTENSION or kidney failure if it is not corrected psycho-emotionally.

CONTRAINDICATIONS FOR THE USE OF MAGNETS

PATIENTS WITH PACEMAKER

PREGNANT WOMEN

DEVITALIZED TERMINAL CANCER PATIENTS

Properties of the positive pole YANG

- 1.- Increases pain and inflammation
- 2.- Decreases cellular oxygenation
- 3.- Promotes Acidity
- 4.- Promotes infections
- 5.- Excites organic functions
- 6.- Vasodilator
- 7.- Promotes tumor formation

Properties of the negative pole YIN

- 1.- Reduces pain and inflammation
- 2.- Increases cellular oxygenation
- 3.- Promotes alkalinity of the body

4.- Fight infections

5.- Balances organic functions

6.- Vasoconstrictor

7.- Antitumor

MICROSYSTEMS a) AURICULOTHERAPY /b) SU-JOK (DIGITOPUNCTURE)

4.- HOMEOPATHY AND PHYTOTHERAPY: In Ecuador, Ancestral, Alternative and Complementary Medicine is based on the use of medicinal plants, a natural therapeutic arsenal based on a herbal classification that, according to the principle of opposites, is used for a specific ailment, which are classified as:

a) FRESH PLANTS: These are those that refresh and internally heal kidney, stomach, fever, and fever conditions.

b) WARM PLANTS: They are used in cold illnesses, such as cough, flu, headache, body pain, bone pain. These plants are:

c) TEMPERATE PLANTS

The main forms of preparation of plants are the following:

Infusion. Boil the water, add the leaves of the medicinal plants for three minutes. Remove from heat, let it sit and drink.

Decoction: Boil the water with the bark, roots and stems for more than 20 minutes, cover, strain and drink.

Tinctures. Macerate the parts of the medicinal plant (leaves, roots and stem) in 90-degree alcohol for more than 15 days. Take a few drops of the preparation dissolved in water.

External remedies: Plants can also be applied in the form of compresses and poultices, which are useful for wounds, burns or sprains. They are suppurative, anti-inflammatory and healing.

Compresses or Cloths: It consists of soaking a towel or cloth with the infusion or decoction of a plant and applying it directly to the affected part.

Poultices. A paste is made from parts of the plant and water and is applied to the affected part of the patient's skin, securing it with gauze or a bandage.

d) BACH FLOWER SYSTEM: Phytotherapeutic system based on the use of 39 Floral Groups according to the classification of 7 Characters found in a Vibrational way by the English Doctor Dr. Edward Bach in 1930 who managed to identify, investigate and establish imbalances in the psycho-emotional sphere.

5.- HYDROTHERAPY AND HELIOTHERAPY In Ecuador we find hydrographic sources rich in minerals that since ancient times were considered sacred places for their therapeutic miracles in the cure of different diseases, beginning to be appreciated as healing agents.

6.- TROPHOTHERAPY.- Food is the fundamental basis for achieving good health, practiced and instituted by Hippocrates 400 BC who maintained "Let your food be your medicine and your medicine be your food", since "We are what we eat"; The official Biomedical System today in the 21st century determines that longevity is a product of good nutrition and that foods in their nutritional content cause energy deficiencies or excesses that influence the psyche of the person, reflecting in their emotional behavior and then becoming evident in the different

pathological conditions conceptualized as organic disorders, such as obesity, a consequence of bulimia that causes states of anxiety or depression, this disorder is the main cause of pathological conditions such as heart attacks, strokes, diabetes, high blood pressure, polyarticular damage among others.

FLOWCHART OF ALTERNATIVE AND COMPLEMENTARY ANCESTRAL MEDICINE CARE ARTICULATED WITH THE OFFICIAL BIOMEDICAL SYSTEM IN THE ECUADORIAN AND LATIN AMERICAN INTEGRAL HEALTH CARE SYSTEM

4. PREPARATION OF RESULTS

4.1 PREPARATION PROCESS: *METHODS, TECHNIQUES AND INSTRUMENTS* FOR COLLECTING INFORMATION:

1.- IDENTIFICATION OF SOCIAL ACTORS

2.- DAILY RECORD OF CONSULTATIONS AND OUTPATIENT CARE FOR INTEGRAL HEALTH

3.- MEDICAL HISTORY ANNEX: Document that allows the Ancestral and Alternative Bioenergetic Diagnosis to be carried out to achieve articulation with the Biomedical system within the New Model of Comprehensive and Intercultural Health Care in Ecuador and Latin America.

PROCEDURE:

-Survey of guidelines for the development of the Cosmetology and Cosmiatry Implementation Project linked to the Official Biomedical System in Ecuador

- Bibliographic search to support the theoretical framework of the Project.

- Preparation of project draft.

- Project Presentation to the National Board of Craftsmen

-Visit and Observation to the various sectors for Updated Situational Analysis:

a) Identification of Professionals who know and apply Cosmiatric and Cosmetological Techniques in the Area of Influence

b) Identification of Social Actors knowledgeable about Cosmiatry and Cosmetology in the chosen Sector

COMPREHENSIVE HEALTH BENEFITS

4.2 RESOURCES USED: Order /Resources: Supplies or Materials, Technological or Tools, Human, Others/ Quantity

4.3 SCHEDULE

4.4 BUDGET: Order/Description: Quantity of Resources: Supplies or Materials, Technological or Tools, Humans, Others/Price 7 TOTAL \$45,009.50

CONCLUSIONS : From the critical analysis of the different concepts of intercultural health it is perceived that they lack the integrative character that facilitates the interrelation of the patient's culture, the doctor's culture and the institution's culture, in a situation of inter and intraculturality , ignoring that the macrostructures have imposed their positions throughout history, thus conditioning daily life at a microsocial level and that power relations condition the individual's knowledge process, conditioning a differentiation of individuals based on this, highlighting the following aspects:

.- Disdain and undervaluation of the knowledge and practices of ancestral and traditional therapies

- The lack of adherence in Western treatments and therapeutic practices to ancestral and traditional cultural systems.

- Limitations in promotion and prevention in primary health care in sociocultural contexts.

- Difficulties in communicating with patients belonging to various ethnicities and diverse social groups.

- Insufficient skills in interpreting the health/disease relationship in the face of cultural diversity .

- Lack of a systematizing relational vision that argues the projection of professional health practice from the biomedical perspective with ancestral health traditions.

- Epistemological biases that reveal the contradiction between different health systems and the hegemony of biomedicine.

- Power conflicts between traditional agents and biomedical practices.

Their considerations have not clearly revealed the interconnections between the mechanisms of power and economic and political institutions, observing a type of social relationship, expression of the mastery of knowledge, interpreting the concept of intercultural health as a process mediated by power relations, expression of the relationship established between knowledge/power that supports the concept of subjugated knowledge.

The study of the Ecuadorian context reflects the difficulties that limit intercultural dialogue, determined by a series of factors arising from the political, institutional and cultural context. The relational approach contributes to understanding the dialectic between the three components of the

process: the political, the structural or institutional and the formative, as a guarantee for the future medical performance of the role of intercultural mediator.

RECOMMENDATIONS: The empirical research process confirmed that in the political and social context of Ecuador, there are conditions that allow the development of a new form of relationship specifically in the artisanal field, making feasible the implementation of a pedagogical strategy for training in Cosmetology and Cosmeatry as Complementary Therapies in the Ecuadorian context, supported by a model of intercultural axiological dynamics in health, allowing entrepreneurs to implement Projects in the field of Preventive Health in Ecuador and Latin America.

LITERATURE

**“INTERCULTURALITY WITHIN THE LATIN AMERICAN SOCIO-
PEDAGOGICAL CONTEXT IN THE 21ST CENTURY”**

Author: Dr. Luis Almeida Vera Ph.D.

The Ecuadorian Political Constitution of 2008 (Art. 360, 361, 362) recognizes the country in its social and cultural diversity, plurinational (18 peoples and 14 nationalities) and multiethnic (mestizo, indigenous, Afro-Ecuadorian, Montubio population) accepting and promoting the practice and articulated development of Ancestral, Alternative and Complementary Medicine with the official Biomedical System, systematized, disseminated and implemented in comprehensive health care in the country and in Latin America, since in Ecuador, the System of Traditional Ancestral Medicines corresponds to the cultural peculiarities of its Nationalities and Peoples (Indigenous, Montubio, Afro-descendants and Mestizos). Seen from the formal perspective, this system has made it possible to obtain relatively common gnoseographic, etiological and therapeutic components. But, likewise, there are entities of own conviction. Among the ancestral cultures of the inter-Andean alley (Indigenous people of the sierra), for example, we appreciate country diseases such as “Evil Eye”, “Spook”, “Bad Air”, “Bad Low”, “Evil Rainbow”, “Evil Damage” or “Maleficio”; the diseases of God, that is, those of known origin and which are determined to affect an organ or part of the body. Within this context, Western medicine (official, allopathic, scientific, orthodox) is based on scientific verification, while ancestral, alternative and complementary medicine is based on spirituality. Science assumes that human beings emerged from matter, the spiritual approach proposes that human beings emerged from universal divinity. Of course, true spirituality takes into account the discoveries of science. Science is based on the intellect; spirituality is based on the heart. The analysis of the Ecuadorian context reflects the difficulties that limit intercultural dialogue, determined by a series of factors emanating from the political, institutional and cultural context. The relational approach contributes to understanding the dialectic between the three components of the process: the political, the structural or institutional and the formative, as a guarantee for the future medical performance of the role of

intercultural mediator, reaching the conclusion that in Ecuador, there are conditions that allow the development of a new form of articulated relationship between the Ancestral, Alternative and Complementary Medicine Systems with the Official Medical System, making feasible the implementation of a pedagogical strategy for the permanent training of health professionals in the context of Ecuadorian and Latin American Interculturality, supported by a model of intercultural axiological dynamics in health.

TRADITIONAL HERBAL MEDICINE, GREEN MEDICINE OR PHYTOTHERAPY:

Concept:

It is that branch of traditional medicine that uses plants or parts of them, either in their natural form or prepared in different ways with the intention of curing or alleviating different symptoms or diseases.

History:

The beginnings of traditional herbal medicine date back to the very beginning of Humanity. There is no written documentation to determine when man began using plants for medicinal purposes, but it is clear that it was from the very early stages of evolution and long before the appearance of writing or even language. This statement is based on the fact that even many species of completely carnivorous animals, such as canines and felines, when they feel digestive disorders of various kinds, ingest herbs in order to induce vomiting and thus resolve their symptoms. We must also remember that hominids were initially vegetarians and only later did they begin to eat meat, which resulted, according to well-documented scientific opinions, in the development of their full faculties and becoming *Homo sapiens*. The need for food was one of the primary motivations of man, so experimentation on his own or imitating what other animals ate led to the knowledge of a large number of plant substances and thus through experimentation to learn about their properties, whether they were nutritional, medicinal or toxic, integrating them into their customs and culture and passing them on through generations.

Examples of the use of plants and preparations made from them can be found in the study of any of the cultures that have existed, frequently associated with mythical-magical rituals; some of these plants continue to be used today, and even the way of preparing them and their forms of use remain unchanged.

At the beginning of the 20th century, the development of chemistry and the discovery of complex organic synthesis processes led to the pharmaceutical industry launching medicines manufactured in laboratories using synthetic processes, which reduced the use of natural medicinal plants. The synthesis of medicines from the active ingredients of medicinal plants led to a strong push in the study of these plants by large pharmaceutical laboratories, but their discoveries were often kept hidden by strong economic interests. With the launch of more and more synthetic medicines on the market and with the deployment of huge propaganda campaigns for their use, phytotherapy lost ground. In addition to all this, most of the medical schools in the leading countries in the development of science and research abandoned the teaching of phytotherapy and only taught pharmacology, which created the false concept on the part of most doctors that the use of medicinal plants and their derivatives was anachronistic, mystical and retrograde.

With the passage of time and the experience gained in the growing problem of complications and adverse effects of synthetic drugs, a resurgence of the use of natural medicines has begun. Many researchers, breaking the barriers of taboos, have turned to the study of medicinal plants, and with the rise of the media, it is now impossible to hide their benefits and properties.

Characteristics of traditional herbal medicine:

Every people, ethnic group or nation has its traditional medicine, as well as its culinary tradition, clothing tradition, etc. It does not matter the level of development it has, or the region in which it operates, traditional herbal medicine is inherent to each population and culture, which gives it its own characteristics, which are:

- Worldwide distribution.
- Practices based on beliefs.

- Current use in force.
- Oral and written cultural tradition.
- Transfer from generation to generation.
- Difficult transfer between different cultures.
- Reliable and safe remedies.
- Low cost.

2nd

Medicinal plants. Concept:

These are plants that contain biochemical compounds that, when they come into contact with the human body, are capable of acting on certain morbid processes, producing a therapeutic effect or are used as raw material for the production of medicines.

Ways to use:

- Plant in its entirety.
- Aerial parts (excluding roots).
- Flowering tops (flowers with their accompanying petioles).
- Flowers or inflorescences.
- Leaves.
- Stems: Aerial: Complete or the bark, or the wood.

Underground: Bulbs.

Rhizomes.

Tubers.

—Fruits: Complete.

Bark (peel).

Pulp.

—Seeds.

—Roots: Filamentous or turnips.

Presentation forms:

- Fresh or dried plant material.

- Galenic or magistral preparations: Those that are indicated by the doctor: Infusions, decoctions, syrups, tinctures, extracts, etc.

Phytherapeutic specialties : Consisting of tablets, capsules, dragees, pills, pearls, balms, ointments, salves, creams, powders, talcum powders, elixirs, inhalations, etc. that must be produced in specialized centers.

- Chemical extraction of active ingredients for research or experimental uses or to produce medicines from them using genetic engineering or other procedures. Examples:

- Sapogenin steroidal Echogenic (3 β -hydroxy-5 α spirostan-12 one) is used as a precursor in the synthesis of corticosteroids and is found and obtained mainly from the juice of Agave foureroydes Lemaire (henequen).

→ From the root of the vicarage (*Catharanthus roseus* G.Don .) 10-hydroxy and 10-methoxy-ajmaline (alkaloids) are obtained which are used for the semi-synthesis of drugs on the cardiovascular system (vasodilators and hypotensives).

→ PPG, whose active ingredients are different alcohols extracted from the wax of the sugar cane husk.

3rd

Herbal medicine. Concept:

The WHO considers a herbal medicine to be one that contains only fresh or dried plant material in its composition and is used in its complete form or with part of it, or by means of techniques to obtain solutions or extracts of it.

Excluded from this concept are those that incorporate additives such as sweeteners, colorants or any other substance of synthetic origin in their formulation, even if these do not contribute to their therapeutic properties.

Current trends in traditional medicine:

- Parallel use: There is a health system that uses traditional medicine separate from the Western (orthodox) medicine system, both with their own independent professionals and premises as in Germany, India, and others.

- Integration: The validation of traditional techniques and products is required by the state for their use on patients and is carried out by the same health professionals and technicians who use Western medicine. An example of this is Cuba.

MINSAP Policy. Objectives: (1)

- Scientifically evaluate their effectiveness and safety to validate them.
- Incorporate its therapeutic properties into the national health system.
- Develop herbal medicines or their active ingredients.
- Create therapeutic alternatives in primary health care.
- Determine the therapeutic potential of our country's flora.
- Protect flora and fauna.
- Discourage the indiscriminate use of synthetic drugs.
- Rescue the Cuban cultural heritage.
- Have therapeutic resources available in case of war.

4th

BOTANICAL CLASSIFICATION: (12)

This classification, like many others, is not complete or perfect, and as it is not the objective of our work, it will only be outlined.

- By roots: They can be classified

- o According to their location in the plant: normal or adventitious. Normal roots are underground, like those of mango and avocado, among others, while adventitious roots can sprout from stems, as in sugar cane, or from branches, as in jagüey, and finally they can come out of the leaves themselves, as is the case of the everlasting plant.

- o Depending on the environment where the roots develop, they can be terrestrial, aquatic (in mangroves) and aerial like those of orchids.

- o Depending on their shape, they can be typical, where there is a predominant main root, fasciculated, which are those that do not have a main root, but rather secondary roots predominate, as in the case of plantain, and finally, napiform roots such as those of carrots and beets.

- By stems: They can be classified as aerial, underground and acaules (they do not have stems, a typical example is the plantain).

Aerial stems can be vertical or erect, climbing and creeping. Vertical stems are classified as woody, which can have a branched trunk as in the mango or woody stipitate or shaft as is the case of palm trees. Climbing stems can be of the tendril type, here are the cucumber, pumpkin and the vine, of the thorny type, these have strong thorns like the bougainvillea, and climbing stems are twining like the bean that coil. Creeping stems are classified as stoloniferous and non-stoloniferous; the first ones give shoots in sections as in the pumpkin stem and the non-stoloniferous ones produce roots continuously like the sweet potato.

- o Underground stems can be of three types: bulbs or onions, rhizomes and tubers. Bulbs or onions can be tunicates like onions and scaly ones (which have teeth) like garlic. Rhizomes are long, shallow stems that grow parallel to the ground like the stems of butterfly vines, ginger and banana. Tubers are short stems that thicken by accumulating nutrients like potatoes.

- By the leaves: They are classified according to the leaf blade, which is the widest part of the leaf, according to the petiole, which is the stem that connects it to the branch, and according to its position to the stem. The leaves also have the base, which is where it continues with the petiole, the apex or terminal part, the upper surface or upper part, and the underside or lower part.

o According to the limbus it is classified according to its thickness, its shape, its surface, the edge and the nerves that run through it.

—Depending on its thickness, the limbus can be thin or parchment-like, and fleshy or thick.

—Depending on its shape, the leaf blade may be linear (long and narrow), lanceolate (shaped like a Roman lance), sagittate (arrow-shaped), auriculate (also arrow-shaped, but with a lobed base), oblong (elliptical with parallel edges like an ice cream stick), elliptical (widest part in the center), ovate (widest part near the petiole), cordate (heart-shaped), spatulate (like a spatula), ablancheolate (like an inverted lance), oval, orbicular (circular), etc.

—According to its surface, the blade can be classified as hairless, pubescent (with short hairs), pilose (long hairs), downy (abundant and small hairs), silky (numerous, very fine, short and soft hairs), hispid (hard and thick hairs).

—According to the edge of the blade, they are classified as entire (continuous edge), serrated (with small, sharp teeth directed towards the apex), toothed (teeth perpendicular to the edge), crenate (small lobes instead of teeth), lobed (has lobes separated by notches), sinuate (edge with a sinuous line, not straight), cleft (deep and very separated lobes).

—According to the presence of nerves and their characteristics, they can be classified as uninervia (single, unbranched nerve), penninervia (secondary nerves perpendicular to the main one, just like in a comb), palminervia, which has several main nerves that arise from the base and are distributed over the surface, and parallelinervia (several main nerves parallel to each other).

o According to the petiole: They can be sessile, which means they do not have one, as in the case of tobacco, and simple or compound petiolate (they have several limbs supported by a common petiole).

They are first-degree compound if they have a single petiole, as is the case with the rose bush, bicomposite if several collaterals emerge from the central petiole, as in the case of the macaw, and tricomposite when more come out from the lateral petioles, as is the case with the paradise plant.

- o Depending on the arrangement of the leaves on the stem they can be:

- Alternate (one leaf at each node and alternate).

- Opposite (two leaves at the same node, one on each side of the stem, as in guava).

- Crossed or decussated if, being opposite, they overlap regularly, leaving four in a cross, as in the cupey.

- Whorled, in which three or more are born, as in the case of the oleander.

- For the flowers:

There are many classifications depending on whether their various structures are taken into consideration, according to their sex, whether they appear alone or together, symmetry, etc.

The flower is attached to the stem by means of a peduncle, and if it does not have one, it is called sessile flowers. The widened end of the peduncle where the flower organs are inserted is called the receptacle or thalamus.

If the flowers have all the structures they will be:

- Complete, in this case they have:

- Calyx (made up of the set of green leaflets called sepals).

- Corolla (made up of the set of colored leaflets called petals) and both reproductive organs:

Androecium (set of male organs with stamens).

Gynoecium (set of female organs with pistils).

—Incomplete when they lack some structure, for example, apetalous (without corolla), naked (without calyx or corolla); unisexual feminine or masculine.

In relation to sex, they are classified as:

—Monoecious (the flowers are unisexual, but both sexes are present on the same plant, such as corn and squash)

—Dioecious when all the flowers of a plant belong to a single sex, as in the mamoncillo and the date palm and finally,

—Polygamous when they have hermaphrodite flowers mixed with male flowers, or with female flowers, or with both kinds of flowers as in the yellow mamey or Santo Domingo.

Depending on the number of flowers that are produced, they can be:

—Simple.

—Inflorescences, which may be defined or indefinite. Indefinite inflorescences that do not have a peduncle, their flowers can be in the form of spikes (seated flowers placed along an axis as in the plantain), catkin (seated unisexual flowers with intermediate bracts, for example the hazelnut; spadix: unisexual flowers, seated, along a thick axis as in the malanga; head or capitulum: seated flowers, placed on a wide receptacle like the sunflower, but if they are inflorescences of flowers with a peduncle they are classified as a raceme: all the peduncles are the same length and along an axis as in the macaw; corymb: the lower peduncles are elongated, placed along an axis,

as in the case of the flamboyant; umbel: the peduncles placed at the end of an axis like the wax flower and panicle: flowers in a raceme along an axis, so the whole It has a pyramidal shape.

According to their symmetry the flowers are:

—Radiate or actinomorphic if they can be divided symmetrically by more than two planes of symmetry.

—Bilateral if they only have one plane of symmetry.

—Asymmetrical if they lack symmetry.

•For the fruits:

The fruit is the ovary of the flower, already fertilized and developed. It consists of the base or point where the peduncle is attached; the vertex or opposite end and the axis or imaginary line that joins the base with the vertex. The fruit is composed of two parts:

oPericarp , which covers the seeds and consists of three layers:

—Epicarp or shell. It is the layer that puts it in contact with the outside environment and gives it its color and appearance. It can be smooth, with protrusions, spines, etc.

—Mesocarp, mass or also pulp, which develops to a greater or lesser degree in all fruits.

—Endocarp, hard part that encloses the seed.

oSeed . It is the essential part of the fruit. It consists of:

—Episperm, composed of two envelopes.

—Almond, is formed by the embryo and the albumen or nutrient reserve.

There are different classifications for fruits from different points of view:

—Depending on the pericarp when ripe, which can be dry as in the case of coconut, or fleshy, generally thick and soft like avocado and mango.

—According to the seeds they may have, they will be monospermous (only one like the avocado), dispermous (two) and polyspermous (many like in the orange).

—Depending on whether the fruits open spontaneously when they reach maturity, they are called dehiscent, or indehiscent if they do not.

5th

On this occasion we will address a very important topic to take into account when using some plants for medicinal purposes, that of general care for their indication. These topics will be presented below:

-Proper botanical identification:

Many plants can have different common names depending on the area or region of the country in which we live, for example:

Plantain – Banana

Custard apple – Mamón

Papaya – Papaya

This is very important because sometimes people express themselves in relation to them according to their area of origin and whoever receives the information, who does not know this, can make a wrong identification.

Another aspect related to this same topic is that of common names, with similar sounds for different plants, examples:

Aloe Vera – Sage

Plantain – Little Plantain

Finally, the aspect that we consider fundamental is that of plants that the population has given a name that does not belong to them, but that, due to their continuity, are known throughout the nation and that the mass media have disseminated without knowing the difference between them.

To cite a few examples:

-Linden (*Tilia europaea* L) tree of Europe for the linden (*Justicia pectoralis* Jacq .) which is a herbaceous plant of our climate, spread throughout the country and with sedative properties, similar, but also with other effects that must be taken into account such as that of anticoagulant due to the presence of coumarins.

-Chamomile (*Matricaria recutita* L.) is a plant native to Europe, rarely cultivated in Cuba, with widely publicized therapeutic effects, compared to other totally different plants of various types that have not yet been fully studied, with wide distribution throughout the country and to which the population indiscriminately gives this name.

-Sage (*Salvia Officinalis* L.) herbaceous plant from the Mediterranean that is not cultivated in Cuba because of the country's sage or *Salvia Cimarrona* (*Pluchea Carolinesis* Jacq .) which has no officially recognized therapeutic properties.

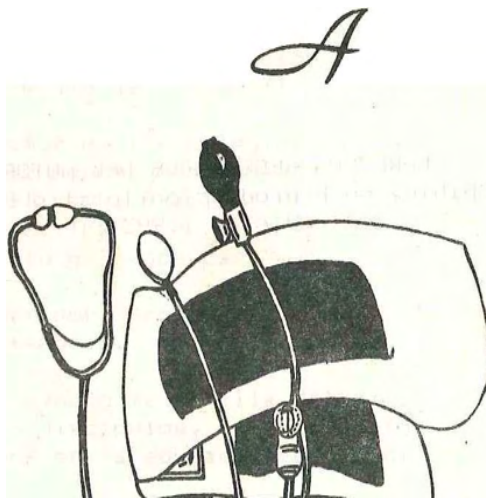
-Passionflower (*Passiflora incarnata* L.) with sedative properties, from another plant of the same family of passionflowers, such as passion fruit (*Passiflora edulis* L.) which only its fruit is usable, not other parts of the plant, which can cause liver damage.

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1.993

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PREFACE

The scientific and technological multi-dynamics of the globalized world exposes us to a number of dangers in our living, occupational and study places; therefore, we must have a preventive conduct against any accident . With this simple knowledge put into practice, the life of a person can be saved. some person. However, it should not be forgotten that the most important thing is to call medical services immediately to avoid any type of complication.

The authors of this work hope that, by reading the text and putting it into practice, after awakening the ability in them, they will be able to act in the moment of emergency.

The Basic Compendium of Medical Emergencies is written in a simple manner and with concepts that are easy to understand, and can be read by anyone with a general culture, without having much medical knowledge, only the willingness to read them, understand them, be skilled in them and then put them into practice during emergencies that may arise.

THE AUTHORS

MEDICAL EMERGENCIES

First aid They are the basic and necessary help that is given to a person who has suffered some type of accident **or** illness. until the arrival of a doctor or paramedical professional who takes charge of the situation, in order to preserve the patient's life.

The main cases requiring first aid assistance:

Asphyxia, fractures, burns, trauma and hemorrhages.

In these situations we must follow the following measures:

1. Control yourself : You must remain calm; this way you can act quickly and effectively to help the injured person. The extent of the damage, the prognosis for survival and the after-effects depend on this.

2. Personal safety: To provide good assistance, it is essential to be free of risks. Therefore, it is important to assess the scene where the accident occurred . This way you guarantee your own physical safety and that of others.

3. Evaluate the injured person: The patient's general condition, state of consciousness, respiratory and circulatory condition must be checked. Then, take the patient by the shoulders, shake him/her gently and ask if he/she is okay. With this first evaluation we identify whether the injuries put the patient's **life at risk**.

4. Vital signs : These are the signs that indicate the presence of **life** . Counting heartbeats, pulses and respirations in one minute of time.

5. In case of suffocation : it can occur due to ingestion of food or a foreign object, as well as due to bronchoaspiration or allergies .

6. Rescue breathing: used in the absence of breathing with an unobstructed **airway** . Its purpose is to reestablish the normal breathing pattern. **Insufflation should be performed** every 5 seconds, 12 times for one minute. A rhythm should be found, for example, counting 1, 2, 3, **1** (this is the number at which **insufflation should be applied**), 1, 2, 3, **2 breath** , etc.

7. Cardiopulmonary resuscitation (CPR): in case of cardiorespiratory arrest CPR should be applied , which consists of a combination of breathing and chest compressions that give external cardiac massage . You should position yourself perpendicular to the patient. Place your hands near the costal margin, hug them and press firmly with straight arms. You should do 30 compressions for 2 ventilations until signs of breathing appear .

In any first aid procedure , you as a rescuer must do the following:

Determine potential hazards at the accident scene and place the victim in a safe location .

Communicate continuously with the victim, his/her family or neighbors.

Loosen the casualty's clothing and check that the airways are free of foreign bodies.

When performing a general assessment of the victim, avoid unnecessary movements; **DO NOT** try to dress the victim.

If the victim is conscious, ask him or her to move each of his or her four extremities to determine sensation and movement .

Place the victim in a lateral position to avoid the accumulation of secretions that obstruct the airways (vomiting and mucus).

Cover the injured person to maintain body temperature .

Provide emotional and physical security .

Do not force the injured person to get up or move, especially if a fracture is suspected. Immobilization is necessary first. See the chapter on osteoarticular injuries.

Do not administer medications, except pain relievers, if necessary.

Do not give liquids by mouth to people with altered consciousness.

Do not give alcohol under any circumstances.

Do not comment on the injured person's health , especially if he or she is unconscious.

EMERGENCIES VS MEDICAL EMERGENCIES

A situation or event that occurs without warning, which sometimes represents a dangerous threat if not attended to promptly or with the corresponding measures, is known as an Emergency.

This situation can have different origins and causes such as natural (*understood as those such as Hurricanes, Earthquakes, Tsunamis, Tornados, Floods*) and those caused by humans (*Terrorism, Chemical Spills, Motor Vehicle Collisions, Assaults or Violence*).

This is when you may be experiencing one of the following very common but confused situations on a daily basis.

What is considered more serious, a medical urgency or a medical emergency?

A Medical Emergency is the need or lack of medical help for a condition that does not threaten the immediate life or health of the person. Examples of this are minor infections such as throat and ear infections, sinusitis, muscle pain, etc.

A Medical Emergency is the need or lack of medical help for a condition that occurs without warning, in which life or health is threatened immediately, causing death if not treated. Examples of these would be: marked respiratory difficulty with inability to perform tasks, hemorrhage, falls greater than 3 times the person's height, chest pain, allergic reactions, among others...

What to do in case of one of these two situations

The best thing is to be prepared to lend a helping hand and provide first aid to that person in need, through education, by making resources available and using them correctly.

An emergency includes specialized and rapid attention in situations that involve risk to life.

These are health problems in which the patient's life is at imminent risk. Immediate assistance is essential, if possible within a period of no more than ten minutes. In these cases, our vehicles circulate with sirens and beacons, at the highest possible speed.

We must all be prepared to detect the symptoms of an emergency; the most frequent ones are:

Difficulty breathing.

Severe multiple injuries.

Loss of consciousness without recovery.

Immersion asphyxia – drowning.

Electrocution followed by loss of consciousness.

Significant bleeding accompanied by loss of consciousness or dizziness and sweating.

Loss of strength or paralysis of a limb, or difficulty speaking.

Pain in the center of the chest that lasts more than 2 or 3 minutes and spreads to the neck, arms or back, accompanied or not by nausea, vomiting, sweating and paleness, in people over 35 years of age.

When identifying the accident, it will be classified as urgent or an emergency, which will help us determine the severity of the emergency and the emergency measures to follow.

VITAL SIGNS

Vital signs are indicators that reflect the physiological state of vital organs (brain, heart, lungs). They immediately express the functional changes that occur in the body, changes that otherwise could not be qualified or quantified. Normal vital signs vary according to age, sex, weight, exercise tolerance and disease. The four main vital signs are:

1. Heart rate, which is measured by pulse, in beats/minute.
2. Respiratory rate.

3. Temperature.
4. Blood pressure
5. Pupillary reflex

1.- HEART RATE

It is the sensation perceived when an artery resting on a hard or resistant surface is compressed. This is a pulsating wave, originating from the contraction of the left ventricle of the heart and resulting in the regular expansion and contraction of the caliber of the arteries .

The pulsatile wave mentioned above represents the performance of the heartbeat, which is the amount of blood entering the arteries with each ventricular contraction and the adaptation of the arteries, that is, their ability to contract and dilate.

Pulse rate (beats per minute) corresponds to heart rate, which varies with age, sex, physical activity, emotional state, fever, medications and bleeding.

During HR measurement, the patient will remain supine or sitting.

Do not use your thumb to take your pulse, as it has its own pulse and can be confused with the patient's pulse.

Do not compress the bone plane strongly to avoid erroneous results.

Arteries located on bony surfaces or firm tissues that may be palpable are:

- a. Internal maxillary artery
- b. Temporal artery
- c. Subclavian artery
- d. External carotid artery
- e. Facial artery
- f. Humeral artery
- g. Radial artery
- h. Femoral artery
- i. Popliteal artery

NORMAL VALUES ACCORDING TO AGE RANGE

AGE RANGE	BEATS PER MINUTE
Newborn	120 – 170
Young Infant	120 – 160
Older Infant	110 – 130

Children from 2 to 4 years old	100 – 120
Children from 6 to 8 years old	100 – 115
Adult	60 – 80

PULSE ALTERATIONS

Tachycardia: heart rate that exceeds 80 beats per minute.

Bradycardia: heart rate ranges from 40 to 60 beats/minute.

2.- Respiratory Rate :

It is the measurement of the process by which O₂ is taken from ambient air and CO₂ (carbon dioxide) is expelled from the body. This process is carried out through respiratory cycles comprising an inspiration phase and an expiration phase.

Prevent the patient from being aware of the technique being performed, since the rhythm may be altered.

Assess the rhythm and characteristics of breathing.

Observe any variation in respiratory rate

Observe for signs of respiratory distress.

NORMAL VALUES ACCORDING TO AGE RANGE

AGE RANGE	BREATHES PER MINUTE
Newborn	30 – 80
Young Infant	20 – 40

Older Infant	20 – 30
Children from 2 to 4 years old	20 – 30
Children from 6 to 8 years old	20 – 25
Adult	15 – 20

ALTERATIONS IN RESPIRATORY RATE

Bradypnea: slow respiratory rate with a frequency of less than 12 breaths per minute. It is found in patients with neurological or electrolyte disorders, respiratory infection or pleurisy.

Tachypnea: persistent respiratory rate greater than 20 breaths per minute; shallow and rapid breathing. It is seen in patients with pain from rib fracture or pleurisy.

3.- Temperature :

It is the balance between the production of heat by the body and its loss. The thermoregulatory centre is located in the hypothalamus. When the temperature exceeds the normal level, mechanisms such as vasodilation, hyperventilation and sweating are activated, which promote heat loss. If, on the other hand, the temperature falls below the normal level, mechanisms such as increased metabolism and spasmodic contractions are activated, which produce shivering.

Before inserting the thermometer , make sure it is below 35° C.

Always take the thermometer by the area opposite the mercury

When placing the thermometer, check that the bulb is in contact with the skin.

Avoid letting the mercury touch hard surfaces when lowering, which could cause it to break.

If the temperature reading is significantly abnormal, at either end of the scale , take the temperature with another thermometer.

Always use properly cleaned and dry thermometers.

Never clean thermometers with hot water .

Disinfect thermometers before and after use by dipping them in antiseptic liquid.

TECHNIQUE:

AXILLARY TEMPERATURE

1. Place the thermometer in the correct position.
2. Verify that the patient rests his arm on his chest when taking his temperature.
3. Remove the thermometer.
4. Read it.
5. Place the thermometer in the kidney.

RECTAL TEMPERATURE

Place the patient in a lateral decubitus position with the legs bent.

Put on procedure gloves

Lubricate the thermometer.

Gently insert into the mercury deposit area.

Keep it in place for 2 minutes.

Remove the thermometer.

Clean its end with gauze.

Please read it.

Place the thermometer on the kidney

procedure gloves and dispose.

NORMAL VALUES ACCORDING TO AGE RANGE

AGE RANGE	DEGREES CENTIGRADE (°C)
Newborn	36.1 – 37.7
Infant	37.2
Children from 2 to 8 years old	37.0
Adult	36.0 – 37.0

TEMPERATURE CHANGES

Pyrexia or hyperthermia: temperature above the upper limit of normal. Increased heart rate, chills, pale and cold skin and cyanotic nail beds are present due to vasoconstriction.

Hypothermia: body temperature below the lower limit of normal. Drowsiness and even coma may occur, which favors inadequate heat production and the appearance of hypotension, decreased diuresis, disorientation, feeling of cold and pale skin.

4.-Blood Pressure

It is the pressure created by the contraction of the left ventricle, maintained by the elasticity of the arteries and regulated by the resistance of the peripheral vessels to blood flow. There are two types of pressure measurements: systolic pressure, which is the blood pressure due to the contraction of the ventricles, i.e. the maximum pressure; and diastolic pressure, which is the pressure remaining when the ventricles relax; this is the minimum pressure.

Blood pressure is determined by cardiac output and peripheral vascular resistance; therefore, BP reflects both the volume of blood ejection and the elasticity of arterial walls.

Considerations:

Adjust the size of the sphygmomanometer to the patient's anatomical structure .

Check that the pressure gauge indicator is at zero

Remove any clothing that may compress the arm.

Place the cuff on top of the skin

Do not hold and/or squeeze the cuff with your hands while taking blood pressure.

In the case of amputation or burns, the measurement will be taken in the muscle using the popliteal artery. The technique will be the same as that used to take blood pressure in the arm.

In case of skin infection, protect the forearm with gauze before applying the cuff.

Check beforehand that there are no leaks in either the sphygmomanometer or the stethoscope.

P/A should not be assessed after an effort.

If the measurement needs to be repeated, wait at least 1 minute.

TECHNIQUE:

Hygienic hand washing

1. Explain to the patient the care that will be provided.
2. Place the patient in a supine or sitting position.
3. Place the patient's arm extended, resting on a hard surface.
4. Place the cuff, firmly fastened, around the arm.
5. Palpate the humeral artery in the antecubital fossa
6. Place the membrane of the stethoscope over the humeral artery.

7. Close the air valve.
8. Rapidly inflate the cuff to 180 mm Hg.
9. Open the valve, gradually letting the air out until you hear the first beat.
10. Look at the number on the column or clock; the first beat indicates the systolic pressure.
11. Continue to let the air out until the sounds stop; the reading indicates the diastolic pressure.
12. Remove any remaining air.
13. Remove the sleeve.

NORMAL VALUES ACCORDING TO AGE RANGE

AGE RANGE	SYS- TOLIC PRES- SURE	DIASTOLIC PRESSURE		
Infant	60-90	30-60		
2 years	78-112	48-78		
8 years	85-114	52-85		
15 years	95-135	58-88		
Adult			CATE- GORY	Sys- tolic mm Hg. Di- astolic mm Hg.

OP-TIMA	< 120	< 80
NORMAL	< 130	< 85
HIGH NORMAL	130 - 139	85 - 89
HYPERTENSION		
MILD	140 - 159	90 - 99
MODERATE	160 - 179	100 - 109
SEVERE	180 - 209	110 - 119
VERY SEVERE	>= 210	>= 120
After age 65, pathological P/A has been established at over		

159 and/or 94 mm Hg	
------------------------	--

BLOOD PRESSURE CHANGES

High blood pressure: fleeting increases in blood pressure may occur as a result of various circumstances such as physical exercise and states of pain and anxiety. Hypertension is generally defined based on diastolic pressure, since it is more stable than systolic pressure, which responds to a wide variety of stimuli. The diagnosis of hypertension should be made after finding high blood pressure levels (diastolic >90 mm Hg) in repeated examinations of the patient.

Arterial hypotension: systolic blood pressure levels range from 90 to 110 mmHg ; decreased cardiac output is considered in patients with hypovolemia, malnutrition and some neurological diseases . Some signs and symptoms are asthenia, drowsiness, dizziness and fainting.

5.-Pupillary reflex

Normally the pupils constrict to light stimulation in a similar manner (ISOCORIC) and (REACTIVE). If both pupils are larger than normal (dilated) MYDRIASIS, injury or disease may indicate shock, severe hemorrhage, heat exhaustion _or drugs such as cocaine or amphetamines .

If both pupils are smaller than normal (constricted)MIOSIS, the cause may be heat stroke or drug use such as narcotics. If the pupils are not of equal size (ANISOCORIC), suspect a head injury or paralysis.

TECHNIQUE

If you have a small flashlight, shine the beam into your eye and watch the pupil contract. If you do not have a flashlight, suddenly open your upper eyelid and watch for the same reaction in each eye .

If there is no constriction of one or both pupils, suspect severe neurological damage .

emergency kit

A good first aid kit, stored in an easily accessible place, is a necessity in every home. Having everything prepared in advance will help you deal with any medical emergency without wasting time.

An emergency kit should be kept at home, in the office, at school and in every vehicle. Make sure you also take it with you when you go on vacation with your family.

Choose a bag or case to carry your sanitary supplies that is roomy, sturdy, easy to carry, and easy to open. Hard plastic boxes with handles or containers used to store art supplies are ideal, because they are lightweight, have handles, and are very roomy.

Materials that make up the Emergency Kit:

Sterile gauze

adhesive tape

Adhesive bandages of different sizes

Elastic bandages

Antiseptic wipes

Glycerin soap

Antibiotic cream (triple antibiotic ointment)

Antiseptic solution (such as hydrogen peroxide)

Hydrocortisone cream (1%)

Acetaminophen (such as Tylenol) and ibuprofen (such as Advil or Motrin)

Common prescription medications (if you are going on vacation with your family)

Anatomical forceps

May scissors

Safety pins (safety pins)

Disposable instant cold packs

Calamine Lotion

Alcohol-soaked wipes

Thermometer

Plastic gloves (at least 2 pairs)

Flashlight with spare batteries

Cardiopulmonary resuscitation mask

List of emergency telephone numbers

Sheet (kept near the first aid kit)

Emergency Kit Care:

Read the Basic Compendium of Medical Emergencies so you know how to use the contents of the kit. (If your children are old enough to understand, review the Text with them.)

Store the emergency kit in a place that is out of the reach and sight of children but easily accessible to an adult.

Check your medicine cabinet regularly and replenish any used or expired items or medications.

CLEANING METHODS AND DISINFECTION AND STERILIZATION TECHNIQUES

Before applying an Emergency Procedure, it is necessary to have clean and sterilized equipment, which ensures emergency care. Any microorganism or pathogen can enter the emergency care at the time of providing emergency care and cause the action to fail. In the case of hospitals, they have a central supply department where all the equipment is cleaned and prepared for use. The availability of disposable equipment has greatly contributed to the safety of care for the patient.

STERILIZATION: The process by which the death of all microbial life forms is achieved, including bacteria and their highly resistant spore-forms, fungi and their spores, and viruses. Death is understood as the irreversible loss of the reproductive capacity of the microorganism. (Should the elimination of structures such as prions be included in this definition?)

This is an absolute term, where an object is either sterile or not, with no intermediate ranges.

DISINFECTION: It is the process by which recognized pathogens are eliminated, but not necessarily all microbial life forms.

It is a relative term, where there are various levels of disinfection, from chemical sterilization to a minimal reduction in the number of contaminating microorganisms. These procedures are only applied to inanimate objects.

ANTISEPSY: This is a process that, due to its low toxicity, is used to destroy microorganisms present on the cutaneous-mucosal surface. This term does not imply the destruction of all life forms.

There are agents such as alcohols that are antiseptics and disinfectants at the same time.

Since the topic being addressed is: methods to control or destroy different bacterial populations; it is necessary to know beforehand the kinetics of said destruction, that is, how a bacterial population dies.

An article is clean when it is free of all types of (disease-producing microorganisms). Dirty and contaminated materials are home to pathogenic microorganisms.

A utensil is **STERILE** when it is free of all types of microorganisms and **NOT STERILE** when there are live microorganisms in it.

Disinfection and antisepsis are procedures by which pathogenic microorganisms are destroyed or at least **THEIR MULTIPLICATION** is prevented .

DISINFECTANT . - It is usually an agent of a chemical nature that eliminates many forms of pathogenic microorganisms, although sometimes it leaves the most resistant forms undestroyed: such as spores.

ANTISEPTIC - They prevent the growth and activity of microorganisms without necessarily destroying them. Disinfectants are generally used to destroy pathogenic elements in inanimate objects, e.g. (scalpel, scissors), while antiseptics are applied to wounds or human skin.

A substance is **BACTERICIDAL** if it destroys bacteria .

A substance is **BACTERIOSTATIC** if it only prevents its multiplication.

STERILIZATION : It is the destruction of all types of bacteria, spores, fungi and viruses, it is limited with heat or chemical compounds.

The autoclave method is the most important procedure for sterilizing materials in hospitals.

ASEPSIS - It is the absence of all pathogenic germs .

MEDICAL ASEPSIS - These are practices used to exclude microorganisms from a limited organic area.

SURGICAL ASEPSIS - Refers to the practice of destroying organisms present in an organic area . The difference is that in surgical asepsis it is the place that is freed from bacteria. Eg : a patient's wound is considered aseptic .

HAND WASHING . - Before giving emergency care, such as in the case of a wound, etc., it is necessary for the person giving first aid to remove pathogenic microorganisms from the palm surfaces. This is an important measure to avoid the spread of microorganisms. Good aseptic technique involves limiting the transfer of microorganisms as much as possible . Running water mechanically removes microscopic elements, while soap emulsifies foreign substances and reduces surface tension, which facilitates the removal of oils, grease and dirt.

A washing time of 2 minutes with a bar of soap is recommended.

It is advantageous to wash your hands in running water rather than stagnant water.

The hand washing technique consists of folding the clothes up to the elbow bend, lathering them up, soaping the key, rinsing the soap bar and putting it back in its place; making circular movements on the fingers one by one and then the palmar and dorsal region, lathering one hand with the other, trying to clean the nails , rinsing the hands and the keys, drying the hands starting with the fingers, palmar and dorsal region. If they are disposable towels, put them in a trash can after using them.

In this way we will be ready to provide our emergency care, avoiding contamination with microorganisms added to those already present in the patient.

INJECTOLOGY

INJECTION An injection in the introduction of medication or biological products to the site of action by pressure puncture in different body tissues using a syringe and a hypodermic or

injection needle. The most common injections are: ×Intravenous injection ×Intramuscular ×Intradermal ×Subcutaneous Serums and vaccines can also be injected **TYPES OF INJECTION:** Subcutaneous: The needle penetrates very little space under the skin, for which the angle with respect to the skin must be 90 or 45 degrees, the liquid passes and is deposited in that area, where it is absorbed very slowly by the entire body, The subcutaneous injection can be administered in: The external surface of the forearm, abdomen but should not be injected around the navel and in the thighs. —Intravenous: This injection is the one that is introduced through the skin into a vein, thus allowing immediate access to the bloodstream to supply fluids and medication throughout the body system. INTRAMUSCULAR: The needle penetrates into a muscle tissue where it deposits the liquid, through which the body slowly absorbs it until it reaches the capillary blood vessels. There are three types of intramuscular injections:

- *Intramuscular arm

- * Intramuscular gluteus

- * Intramuscular in the legs—

Intradermal: the needle should only penetrate the skin (dermis) at an angle of 10°, which should be parallel to the longitudinal axis of the forearm; therefore, the injection must be slow. If the injection is applied correctly, a small papule will appear at the injection site, which will disappear in 10 to 30 minutes, and therefore the medication will be absorbed slowly and locally. Intradermal injection is one of four existing routes for administering medications, which is why they are generally local anesthetics.

ADVANTAGES DISADVANTAGES INTRAMUSCULAR ROUTE

- It offers faster absorption than the subcutaneous or oral route.

—Since deep muscle tissue has few nerve endings, they can become viscous, oily and irritating to other tissues.

—There is a minor risk of causing tissue injury by entering deep into the muscle.

—Medications that are irritating to the subcutaneous route can be applied to this area.

—It creates anxiety in the patient, so psychological support is essential.

—Failure to take aseptic precautions can result in a large infectious abscess in the area.

—There is a greater chance of damaging nerves and causing unnecessary pain or paralysis, damaging blood vessels and causing bleeding.

—Applying the medication through an inappropriate route; some substances are very irritating to muscle tissue and therefore cause greater pain.

INTRAVENOUS ROUTE: It is the fastest method to introduce a drug into the circulation. It allows for an immediate onset of action. Its administration can be suspended if an undesirable effect appears because the dosage is precise. It allows for monitoring of the drug's blood levels. Very rapid administration can cause undesirable effects. It can cause anxiety in patients. Potential damage to internal tissue. It can cause bleeding. It requires aseptic conditions. It is more expensive.

ADVANTAGES DISADVANTAGES ENDOVENOUS ROUTE

—It is the fastest method to introduce a drug into the circulation. —It allows for an immediate onset of action.

—It can be discontinued if undesirable effects appear, because the dosage is precise.

—Allows monitoring of blood levels of drugs.

—Large volumes can be delivered at constant speed.

—It is useful for medications that are very painful, irritating, or erratically absorbed by the intramuscular route.

—Very rapid administration may cause undesirable effects. —If fluid extravasation occurs, it is irritating and pain or necrosis may appear.

—It cannot be used in oily solutions and suspensions because it can cause embolism.

—Diseases such as AIDS, Hepatitis and others can be transmitted.

—Requires aseptic conditions

—It is expensive

SUBCUTANEOUS ROUTE: Avoids the first hepatic pass. Avoids fluctuations in plasma concentrations. Long duration of action. Less painful than the intramuscular route. Absorption dependent on multiple factors (regional flow). Fluctuations in the level of analgesia obtained. Difficulty in adjusting dosage due to the delay in the onset of action. It is not possible to administer volumes greater than 2 ml/h. Painful administration

DISPOSABLE SYRINGES AND DISPOSABLE NEEDLES:

SYRINGES: These are made of plastic, packed in a hermetically sealed silicone bag, are sterile and are used only once, in order to avoid the risk of infection between several patients. There are various sizes of syringes. From the smallest, with a capacity of one milliliter or cubic centimeter, which are used mainly for the administration of insulin to diabetic patients, to the largest, with a capacity of 60 milliliters. The most common are those of 3 and 5 milliliters.

NEEDLES: These have a metal tube and a plastic adapter. This adapter is used to attach the needle to the lower end of the syringe. Like syringes, needles are also supplied individually

packaged and sterile, and are used only once to prevent infection. Needles are made in various sizes, which are used depending on the injection method.

PARTS OF A SYRINGE The parts of an injection are:

- ♣Plunger: Expels the medication from the syringe so that it can be injected.
- ♣Cylinder: This is the one that contains the medicine. ♣Needle: It penetrates the muscle to apply the medicine.

TECHNIQUE FOR GIVING AN INJECTION:

- Wash your hands properly.
- Clean the area where the injection will be applied.
- Place the medicine into the syringe.
- Determine the injection site.
- Insert the needle. →Pull the plunger.
- Inject the medicine.
- Remove the needle

SERUM THERAPY

The intravenous route is used to administer medications by liters or their equivalents:

- 0-5% saline solution,
- Glucose Solution: 5% 10% -20% Dextrose
- Saline solution and 5% - 10% glucose. -Ringer's solution or Ringer's lactate -Plasma or whole blood.

CALCULATION OF DROPS PER MINUTE (X') IN , 1000 cc (1Lt) ACCORDING TO THE DURATION TIME :

12 drops per minute X' will last 20 hours

20 drops per minute X will last 12 hours

30 drops per minute X will last for 8 hours

40 drops per minute X will last 6 hours

60 drops per minute X will last 4 hours

80 drops per minute X will last 3 hours.

W ounds

A **wound** is a lack of continuity of the skin that can be caused by different reasons, such as a blow, a cut with a sharp object or a bite. It is important to know its origin, since the treatment will be largely conditioned by the agent that caused it. If, for example, the wound has been caused by an animal bite , the person will have to be vaccinated, or for a cut, it may be necessary to suture.

Most of the time, wounds do not pose an immediate risk, but they can become so if we do not act correctly from the start. In order to avoid complications, there are a series of signs that we should be aware of and some behaviours that we should adopt that will provide us with peace of mind and help the wound to recover.

Complications of a wound:

The most important complications that can arise from a wound are:

Hemorrhage: It is important to know how to treat it immediately because it can lead to shock.

Infection: If it is mild, it slows down the healing process and causes fever and intense pain. If it becomes severe, it can lead to the loss of the affected limb or even shock and death.

CLASSIFICATION OF WOUNDS :

1.-SUPERFICIAL WOUNDS : This is an injury only to the skin, but not to adjacent tissues. It is also known as ESCORIAS.

2.- DEEP WOUNDS : When it damages the skin, muscles and blood vessels; if there is damage to a hollow viscus, it is a PENETRATING wound, constituting a hospital emergency.

3.- PUNCTURE WOUNDS : These are caused by a sharp or thin instrument such as pins, needles, nails, splinters. They produce little bleeding and are almost always very painful and can easily become infected.

4.- SHARP WOUNDS : They are caused by sharp and cutting objects such as: knives, razor blades, pieces of glass, scissors edges, they have the characteristics of being linear, with sharp edges and give rise to considerable bleeding.

5.-LACERATED WOUNDS : They are caused by irregular instruments such as saws, stones, etc. They have irregular and jagged edges.

6.- CONTUSOUS WOUNDS : They are caused by the fall or blow of blunt or hard objects such as stones, hammers, or sticks, causing bruises, ulcerations, but little bleeding.

7.- LACEROCONTUSOUS WOUNDS : Due to their characteristics
It is a combination of lacerated and bruised wounds, caused by the crushing of machine gears, transmission wheels , etc.

8.- WOUNDS DUE TO LOSS OF SUBSTANCE: When in addition to the tearing of the skin there is loss of adjacent tissue.

9.-FIREARM WOUNDS : These appear differently depending on the calibre and projectile, and their severity depends on the depth of the injury to the affected organs. They have an entry hole and in many cases an exit hole.

HEALING A SIMPLE WOUND :

- 1.-Shave hair around the wound, on the head, armpit, abdomen, chin, etc.
- 2.-Wash the wound with plenty of soapy water (CETABLON), cleaning with gauze attached to dissecting forceps .
- 3.- Dry with sterile gauze.

4.-Apply 10 vol. hydrogen peroxide, rubbing with sterile gauze, removing all debris and foreign bodies from the wound.

5.-Wash the wound with physiological solution or sterile water.

6.- We check the area to ensure that no foreign body remains or any broken artery or vein remains.

7.-We apply povidyne around the wound (to form a sterile field).

8.-We apply a sterile cloth field over the wound area.

9.-Finally, proceed to the Suture.

10.-Once the suture is made, it is covered with sterile gauze and adhesive tape to secure it and protect the injured area.

HEALING A SERIOUS WOUND

If the wound has damaged blood vessels, this will cause a lot of bleeding and there may even be tissue loss, so the following procedure is followed:

1.-Stop the bleeding: if the blood is light red and comes out in a pulsating jet, there is a broken artery or arteriole. In this case, pressure should be applied above the wound with the tips of the fingers. If the bleeding cannot be stopped, a tourniquet should be applied.

If the blood is dark red and comes out in a continuous stream, it is caused by damage to a vein, so pressure will be applied below the wound or between the wound and the upper part of the neck or face when the wound is on the neck or head.

, for which the patient is laid down with the head lower than the feet. If the bleeding is serious and severe, the patient may begin to feel signs of acute anemia (pale, cold skin, weak and rapid pulse, rapid breathing and sweating and finally collapse. In this case, moving the injured person should be avoided).

3-Avoid bringing more germs to the wound by using sterilized material.

wound is cleaned and disinfected and if the case warrants it and the assistant has practiced the techniques of his/her profession, open wounds will be sutured.

THE TOURNIQUET . - It is a compression band that is applied to a limb in such a way that it can be tightened to the point of stopping the flow of arterial blood.

The tourniquet consists of a rubber band or also a strip of cloth or rope to which a stick is tied and it is twisted on its own axis until it is tightened tightly enough so that no blood comes out.

The tourniquet, garrote or clamp can be applied for a maximum of 30 minutes and loosened every 5 minutes to prevent gangrene of the limb. ⁴¹ If the bleeding has stopped, it will be enough to apply a compressive dressing to the wound.

-The tourniquet is for exclusive use on the extremities.

-It is always applied above the wounds, between the bleeding wound and the heart.

APPLICATION OF TOURNIQUET :

1.-Place a handkerchief or towel under the tourniquet and surround the limb in that location.

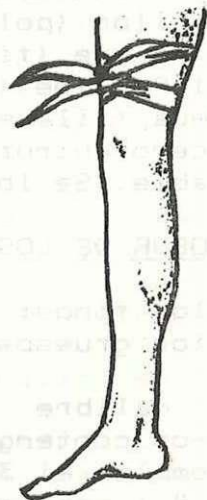
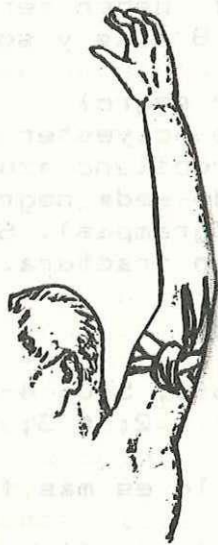
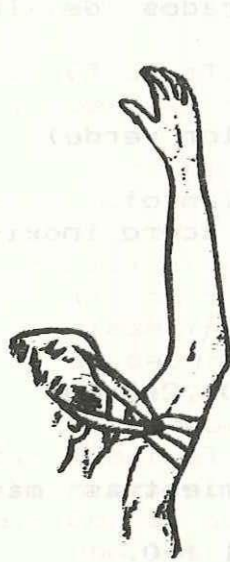
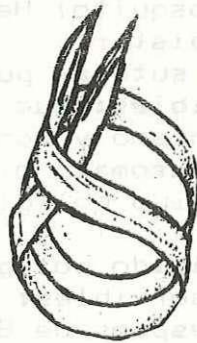
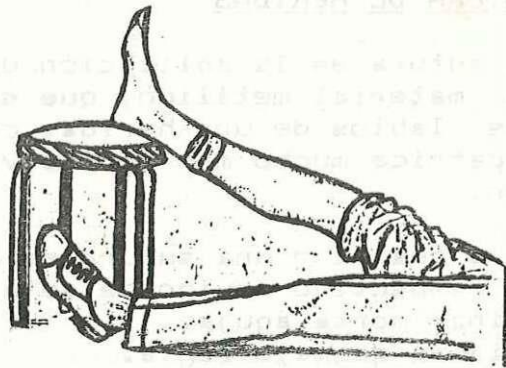
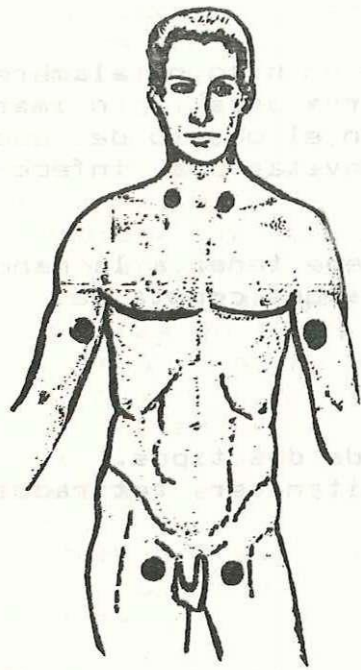
If you know where the main artery is, place a pad over it, which can be a roll of bandage or can be made by folding a handkerchief or towel.

tight turn is made around the limb, and a second turn is tied.

3.- Below this second turn, a ruler, pencil , etc. is passed and twisted so that the tourniquet surrounds the bleeding limb. Care must be taken not to catch the skin when twisting the tourniquet.

-The elective sites for placing a tourniquet are below the armpit and below the groin .

-The tourniquet will not be applied where the limb has two bones (forearm and leg), since often the arteries cannot be compressed to stop the bleeding .



WOUND SUTURING

Suturing is the application of a metallic thread or wire, which serves to bring the lips of a wound together, in order to heal much faster and prevent infection .

To perform a suture you must have on hand

the respective suture kit consisting of:

- Needle holder forceps.

- Straight May scissors.

- Hemostatic (mosquito) clamp.

- Scalpel blade.

- Suture threads: they can be of two types:

- Absorbable : they do not need to be removed

of the body and are:

- Catgut (chrome or plain).

- Dexon (polyglycolic acid).

- Vicryl (polyglactin acid).

- Non-reactive: they must be removed from **the**

suture after 8 days and are: - Ethilon (nylon) - Ethilon (black polyester)

- Miralene (green polyester fiber)

- Prolene (blue polypropylene)

- Silk (black or white silk filaments)

- Surgical steel (staples). They are made of stainless steel . They are used in fractures .

THREAD THICKNESS:

Fine threads: 7-0; 6-0; 5-0; 3-0; 2-0; 0

;

Thick threads: # 1 ; # 2 ; # 4.

The gauge of the thread is fine the more

more

contains zeros.

Examples 3-0 will be more fi that 1-0.

o

1 will be thicker than 1-0.

To choose a suture thread according to the

location of this we have:

-Suture on the anterior side of the arm and forearm: Silk (Miralene or Ethilon 4-0)

-Suture on the back of the arm and forearm: Silk or Miralene 3-0.

-Suture of wrist and back of hands Silk or Ethilon : 3-0; 4-0.

-Suture in anterior thorax (breasts): Ethilon or White seed: 3-0; 4-0.

—Neck suture: Ethilon or Silk 4-0; 5-0.

- Surtures in lip or mouth: Simple gut 3—0.

—Sutures in the palm of the hand or sole of the foot: Silk or Ethilon # 0; 2-0.

—Sutures on elbow or knee: Silk or Ethilon ⁴⁴2-0; 3-0.

—Sutures on face or forehead: Silk or Miralene 5-0; 6-0.

-Vaginal suture (Episiotomy) and subcutaneous suture (internal stitches) Catgut 2-0.

-Tendon sutures: 2-0 silk.

SUTURING TECHNIQUE

1.-The assistant will put on sterile gloves.

2.-The wound will be cleaned by debriding it of necrotic tissue or foreign bodies.

3.-Place a perforated field around the wound.

4.-Apply anesthetic around the wound (Xi locaine without epinephrine). It should be noted that when the anesthesia is infiltrated, the needle should be removed from the syringe , so that the liquid is distributed around the entire wound,

5.-Take the suture thread and place it in the needle-holder clamp.

6.- Using the hemostatic forceps, the lips of the wound will be taken one by one and the **suture thread needle will be passed**

The suture thread is tied by bringing the edges of the wound together (the knot must be tied three times) and then the suture thread is cut slightly above the knot; always remembering that the approximation knot must be located on the same side.

When the suturing is finished, the wound is covered with sterile gauze and secured **with adhesive** tape. If the suture is placed **on** the head, where it cannot be simply covered with gauze, a few longer thread ends are left in order to tie a gauze dressing at the end of the suture.

BURNS EMERGENCY

Burns are classified as an injury to the skin or deeper tissues of the human body that can be caused by the sun, hot liquids, fire, electricity or chemicals.

From children washing themselves under a tap that is too hot to accidentally spilling a cup of coffee, burns can be a potential hazard in all homes, offices and schools. In fact, burns, especially those caused by hot water and liquids, are some of the most frequent accidents that occur in the community.

Babies and young children are particularly susceptible: they are curious, small and have sensitive skin that requires extra protection.

While some minor burns are not a cause for concern and can be safely treated at home, more serious burns require medical attention. Many burns can be prevented by taking a few simple precautions to make your home or work environment safer.

Causes:

Hot water steam from the bathroom, dropped coffee cups, hot food, cooking liquids, etc.)

Contact with flames or hot objects (such as stoves, burners, curling irons, etc.)

Chemical burns (from ingesting products such as unclogging drains or swallowing watch batteries, or spilling chemicals on the skin, such as bleach)

Electrical burns (from touching electrical wires or putting fingers or objects into electrical outlets)

overexposure to the sun

Types of burns

All burns should be treated quickly to lower the temperature of the burned area and reduce damage to the skin and underlying tissue (if the burn is severe).

The severity of the burns will be determined more by their extent than by their depth.

If the burn affects 18 to 54% of the total body area, the prognosis will be serious.

If the burn affects less than 18% of the total body surface, the prognosis is good.

If the burn affects more than 54% of the total body surface, they are fatal.

Burns, depending on the depth and severity of skin damage, are classified as first, second or third degree:

First degree burns

First degree burns, the mildest of the three, are limited to the upper layer of the skin, that is, the epidermis:

Signs and symptoms: These burns cause redness, pain and mild swelling. The skin becomes dry without blistering.

Healing time: Healing time is approximately 3 to 6 days; the surface layer of skin over the burn may fall off within 1 to 2 days.

Second degree burns

Second-degree burns are more severe and affect the layers of skin below the upper layer of the dermis and subcutaneous tissue:

Signs and symptoms: These burns cause blisters, severe pain, and redness. Sometimes the blisters burst, and the area has a moist, bright pink to cherry red appearance.

Healing time: Healing time varies depending on the severity of the burn. It can take up to 3 weeks or more.

Third degree burns:

Third-degree burns are the most serious and affect all layers of the skin and underlying tissue, adipose tissue, muscles, arterial and venous vessels, nerves and in some cases bone:

Signs and symptoms: The surface appears dry and may look yellow, rough, brown, or charred. There may be mild or no pain, or the area may be numb at first due to nerve damage.

Healing time: Healing time depends on the severity of the burn. Treatment for deep second- and third-degree burns (called full-thickness burns) is likely to be skin grafts, in which healthy skin is taken from another part of the body and surgically placed over the burn wound to help the area heal.

Emergency treatment:

Seek medical help immediately in the following cases:

When the burn area is large (2 to 3 inches in diameter), even if it appears to be minor. For **any** burn that appears to cover more than 10% of the body, call for medical help. And don't apply wet compresses or ice, which can lower a child's body temperature. Instead, cover the area with a clean, soft cloth or towel.

When the burn is caused by flames during a fire, an electrical cable or outlet, or chemicals.

When the burn has occurred on the face, scalp, hands, joint surfaces or genitals.

When the burn appears to be infected (there is swelling, pus, increased redness, or red streaks on the skin near the wound).

For first degree burns:

Move the affected person away from the heat source.

Remove clothing from the burn area immediately.

Run cool (**not** cold) water over the burn area (if water is not available, any cool drinkable liquid may be used) **or** apply a clean, cold compress to the burn for about 3 to 5 minutes (**do not** apply ice, as this can further destroy the injured skin).

Do not apply butter, grease, talcum powder or any other remedy to the burn), as these products can increase the depth of the burn and the risk of infection.

Apply aloe gel or cream to the affected area. This can be done a few times during the day.

Give the affected person some painkiller (acetaminophen) to relieve the pain. If the affected area is small (about the size of a quarter), keep it clean. You can protect it with a sterile gauze pad or a Jelonet- type petroleum jelly bandage for the next 24 hours (but do not use adhesive bandages).

For second and third degree burns:

Seek emergency medical attention, then follow these steps until medical personnel arrive:

Keep the affected person lying down with the burned area elevated.

Follow directions for first-degree burns.

Remove all metal objects and clothing from around the burn (in case swelling occurs after the injury), except for clothing that is stuck to the skin. If you have difficulty removing clothing, you may need to cut it off or wait until medical help arrives.

Do not burst the blisters.

Apply cool water to the area for at least 3 to 5 minutes, then cover it with a clean, dry cloth or sheet until help arrives.

For flame burns:

To extinguish the flames, roll the rescuer on the floor.

Cover it with a blanket or jacket.

Remove burning clothing and metal clothing around the burn area.

Seek professional medical attention and then follow the instructions for second- and third-degree burns.

For burns of electrical or chemical origin:

Make sure that the affected person is not in contact with the source of electricity before touching him or her, otherwise you may also receive an electric shock.

For chemical burns, wash the area with large amounts of running water for at least 5 minutes. If the burn area is large, use a bathtub, shower, buckets of water, or a garden hose.

Do not remove any clothing from the victim before you have started washing the burn with water. As you continue washing, you can remove clothing from the burn area.

If the burn area is caused by a chemical and is small, wash for another 10 to 20 minutes, apply a sterile gauze or bandage, and call your doctor.

Chemical burns to the mouth or eyes require immediate medical evaluation after thorough washing with water.

Although chemical and electrical burns may not always be visible, they can be serious due to the potential damage to internal organs. Symptoms can vary, depending on the type and severity of the burn and what caused it, and may include abdominal pain.

If your child may have swallowed a chemical or object that could be harmful (such as a watch battery), call the poison control center first, then the Health Care Center.

It is helpful to know what chemical your child has swallowed or been exposed to. You may need to take this chemical with you to the hospital. Always keep the poison control center's phone number handy, in an easy-to-reach place, such as on the refrigerator.

How to prevent burns

In general

Keep matches, lighters, chemicals and candles out of the reach of children.

Put child safety covers on all electrical outlets.

Get rid of appliances and devices with old or worn cords, and extension cords that appear damaged.

If you must use a humidifier or vaporizer, opt for a cool mist model rather than a warm mist one.

For children, use flame-retardant sleepwear (made of treated polyester or cotton). Generally, sweatshirts or pants that are not classified as sleepwear are not flame-retardant.

Make sure older children and teenagers are especially careful when using flat irons, hair straighteners or curling irons.

To prevent home fires, make sure you have a smoke alarm on every level and in every room of your home. Check alarms every month and change batteries twice a year.

Replace smoke alarms that are more than 10 years old.

Do not smoke indoors, especially when you are tired, taking medications that may make you drowsy, or in bed.

Do not light fireworks or flares.

Bathroom

Set your hot water thermostat to 120°F (49°C) or keep it on a "low-medium" setting. A child can be scalded in 5 seconds by water temperatures of 140°F (60°C). If you can't control the water temperature (for example, if you live in an apartment), install an anti-scald device , which is relatively inexpensive and can be installed by you or a plumber.

For infants and children under 1 year of age, always test the bath water with your elbow before placing the child in the tub.

Always turn on the cold water first and turn it off last when running water in the tub or sink.

Place children with their backs to faucets or fixtures so they are less likely to play with them and turn on the hot water.

Kitchen and dining room

Place pot handles toward the back of the stove whenever cooking.

Block access to the kitchen as much as possible to prevent children from easily entering and causing accidents.

Never allow a child to use a walker in the kitchen.

Don't use large tablecloths or placemats. Young people can pull them off and knock over a hot drink or plate of food.

Keep hot drinks and food out of the reach of children.

Never drink hot drinks or soup with a child sitting on your lap, and never walk around carrying hot liquids or dishes around children. If you must walk around with a hot liquid in the kitchen (such as a pot of soup or a cup of coffee), make sure you know where the children are so you don't trip over them.

Never hold a baby or small child in your arms while cooking.

Never heat baby bottles in the microwave. The liquid may heat unevenly, causing bubbles in breast milk or formula that can cause burns in a baby's mouth.

Examine fireplaces and wood stoves. Radiators and electric radiant baseboards may also need to be examined.

Make sure children know that glass doors in the home can get very hot and cause a burn.

Outside and inside the vehicle

Use children's play equipment with caution. If it is very hot outside, use equipment only in the morning after it has had a chance to cool down overnight.

child 's car seat or stroller from the vehicle when not in use to prevent it from being heated by the sun's rays, as children can suffer burns from hot vinyl and metal. If you must leave the car seat or stroller in the sun, cover it with a sheet or towel.

Before leaving your car parked on a hot day, cover the metal seat belt buckles to prevent direct sunlight from heating them.

Don't forget to apply sunscreen when you're going outdoors. Use a product with an SPF of 15 or higher. Apply sunscreen 20 to 30 minutes before going outside and reapply every 2 hours or more often if you're in the water. Don't use sunscreen on babies who are younger than 6 months old since these little ones should not be in the sun.

CONTUSIONS

Trauma is any organic injury caused by mechanical, **physical** or chemical agents. The most characteristic injuries are bruises and wounds. affecting or compromising the joints and soft parts (SPRAINS and DISLOCATIONS) or damage to the hard or bony parts (FRACTURES).

CONTUSIONS: A contusion is a traumatic injury that occurs due to a blow, compression or shock without any loss of continuity of the skin or mucous membranes (these give way without breaking, due to their elasticity).

The severity of the contusion will depend on the intensity of the trauma or blow that caused it. In general, except for cranial injuries, which are the most serious because they cause a state of shock, they are usually of little importance and their most characteristic sign is the rupture of the vessels of the dermis, which results in small hemorrhagic lesions.

Classification

A classification of bruises is as follows:

Minimal bruises . These occur as a result of a small blow and result in redness of the affected area (due to vasodilation), i.e. there is a small injury to the blood vessels. There is no tearing or alteration of deep planes.

First degree contusions . They result in what is known as ecchymosis or bruise. These cause the rupture of small vessels, which spill blood through the cellular tissue of the skin, mucous or serous. At first, the affected skin tone is bluish, changing in later stages to a greenish color and finally to a yellowish tone.

Bruises can also be caused by more serious or deeper injuries than a mild contusion, such as fractures, and are generally the result of muscle or joint injuries.

Bruising is not serious or dangerous in itself, but it can be a sign of a bigger problem. When spontaneous, it is a sign of purpura and reflects weakness in the vascular endothelium or abnormal platelets.

Second-degree bruises . The result is what is known as a hematoma or bump (characterized by a fluid accumulation that produces relief).

Hematoma is the extravasation of blood collected inside the body, in the interstitium of tissues or in an organic cavity.

A bump is a swelling that forms on the head as a result of a blow. Under normal conditions, it is caused by trauma and its severity will depend on the intensity and location.

Third-degree bruises. These are those in which, although the skin may have a normal appearance, it later takes on a greyish tone due to the crushing of fat and muscle, which may be reduced to a mass.

Nerves, bones, etc. may also be affected, in which case they should be referred to the doctor.

TREATMENT

The type of bruises that we are going to treat in the pharmacy are the minor ones and a series of general measures can be adopted for them:

Local application of ice. This reduces inflammation and blood extravasation.

Take an oral painkiller only if there is inflammation or pain. The best painkillers are paracetamol, ibuprofen and acetylsalicylic acid.

Application of an anti-varicose ointment , usually based on heparin or heparinoids (Table II). This type of ointment will be applied when there is a rupture of blood vessels and, therefore, an extravasation of blood that gives rise to a hematoma. It is advisable not to puncture the hematomas since they are reabsorbed by themselves.

SPRAINS:

A sprain is the twisting or stretching of a ligament. Ligaments are tissues that connect the bones of a joint. Falls, twists, or blows can cause a sprain. Ankle and wrist sprains are common. Symptoms include pain, swelling, bruising, and an inability to move the joint. You may feel a pop or tear when the injury occurs.

Strains are stretched or torn muscles or tendons. Tendons are tissues that connect muscles to bones. Twisting or stretching these tissues can cause a strain. Strains can happen suddenly or develop over time. Strains of the back muscles and hamstrings are common. Many people get strains when playing sports. Symptoms include pain, muscle spasms, inflammation, and difficulty moving the muscle.

TREATMENT : Place the ankle on a pillow in an elevated position and apply ice or cold water to the site of pain. After 24 hours, apply alternating cold and hot cloths.

A local anti-inflammatory (Diclofenac gel) can be applied and the joint can be covered with an elastic bandage when starting to walk. Later, at the Medical Center, the Professional will prescribe exercises and physiotherapy.

DISLOCATIONS : It is the displacement of two articular surfaces that have lost their normal function.

It can be difficult to tell the difference between a dislocated bone and a fractured bone . Both are emergencies that require first aid.

Most dislocations can be treated in a doctor's office or emergency room. You may be given medicine to make you sleepy and numb the area. Sometimes, general anesthesia is needed to put you into a deep sleep.

When treated promptly, most dislocations do not cause permanent injury.

Injuries to surrounding tissues usually take 6 to 12 weeks to heal. Sometimes, surgery is needed to repair a ligament that is torn when a joint is dislocated.

Injuries to nerves and blood vessels can cause permanent or longer-lasting problems.

Once a joint has dislocated, it is more likely to happen again. After being treated in an emergency, you should have a follow-up with an orthopedic surgeon (a bone and joint doctor).

TREATMENT: Cold cloths or an ice bag are applied to the joint and then it is immobilized with a bandage or splint. You should immediately receive medical attention so that a reduction can be performed, since medical treatment is more urgent than a fracture , since the more time passes, the more difficult the reduction becomes .

FRACTURES : It is the break or crack in a bone, which occurs when the force exerted against a bone is greater than the force that it can structurally withstand.

The most common sites for fractures are the wrist, ankle, and hip.

Treatment for a fracture includes immobilizing the bone with a cast or surgically inserting metal rods or plates to hold the pieces of bone together.

Some complicated fractures may require surgery and surgical traction.

In most cases, the cast is removed after a few weeks, but the patient must move his or her limb carefully for at least the next month.

A bone fracture disrupts its structure and strength, leads to pain, loss of function, and sometimes causes bleeding and injury around the affected site.

Symptoms of a fracture depend on the particular injury and its severity, but may include:

Pain

Swelling

Bruises

Deformity

Inability to use the limb

TYPES OF FRACTURE

Different types of fracture include:

Closed (simple) fracture , the broken bone has not broken through the skin.

Open (compound) fracture - the broken bone is sticking out through the skin or a wound leads to the fracture site. Infection and external bleeding are more likely in these cases.

Greenstick fracture , this incomplete fracture resembles a broken branch and is more common in children because their bones are more flexible than those of an adult.

Stress fracture , often occurs in the foot or leg as a result of repeated strain in sports activities, jogging or running.

Complicated fracture - the structures surrounding the fracture are injured. There may be damage to the veins, arteries or nerves and there may also be an injury to the mucosa of the bone (periosteum).

Comminuted fracture - the bone is broken into small pieces. This type of complicated fracture tends to heal more slowly.

Avulsion fracture - Muscles are normally anchored to bone by tendons, a type of connective tissue. Powerful muscle contractions can tear off a tendon and pull out pieces of bone with it. This type of fracture is most common in the knee and shoulder joints.

Compression fracture occurs when two bones are forced against each other. The bones of the spine, called vertebrae, most commonly cause this type of fracture. Older people, particularly those with osteoporosis, are at higher risk.

TREATMENT:

Moving a broken bone can increase pain, bleeding, and may damage the tissues around the injury. This can lead to complications in repair and subsequent healing.

First aid for fractures is based on immobilizing (limiting the movement of) the injured area. Splints can be used for this. It is also important to control any external bleeding and realign any deformities before splinting. Only paramedics or medical personnel should do this part.

Fractures to the head and certain body parts, such as the skull, ribs and pelvis, are serious and should be handled by paramedics.

If a fracture is suspected, you should:

Keep the person still; do not move unless there is immediate danger, especially if a fracture of the skull, spine, ribs, pelvis or upper leg is suspected.

Treat bleeding wounds. Stop bleeding by applying firm pressure to the site with a clean bandage. If a bone is sticking out, apply pressure around the edges of the wound.

If the bleeding is controlled, you should keep the wound covered with a clean dressing.

Never try to straighten broken bones.

For a limb fracture, it is important to provide care and comfort, possibly with a pillow under the leg or forearm. However, this should not cause further pain or unnecessary movement of the broken bone.

Apply a splint to support the limb. Splints do not have to be professionally made. Items such as wooden boards and folded magazines may work for some fractures. The limb should be immobilized above and below the fracture.

Using a sling to support a broken arm or collarbone.

Elevate the fractured area if possible and apply a cold compress to reduce swelling and pain.

Prevent the injured person from eating or drinking until he or she is examined by a doctor, in case emergency surgery is needed.

In case of emergency, call for an ambulance.

Fainting

Fainting (or fainting) is a temporary loss of consciousness. If you are about to faint, you will feel dizzy, light-headed, or nauseous. You may see "all white" or "all black." Your skin may feel cold and clammy. You may lose muscle control and fall.

Fainting usually occurs when blood pressure suddenly drops and causes blood flow to the brain to decrease. This is more common in older people. Causes of fainting include:

Heat or dehydration

Distress

Standing up too quickly

Some medicine

Low blood sugar level

Heart problems

If someone faints, make sure their airway is clear so they can breathe easily. The person should stay lying down for 10 to 15 minutes. Most people make a full recovery. Fainting is usually nothing to worry about, but sometimes it can be a sign of a serious problem. If someone fainted, it's important to see a doctor and find out why it happened.

Causes that can lead to fainting include:

Heart problems.

Sudden changes in posture (going from lying down or sitting to standing), which can cause orthostatic hypotension, which is a sudden drop in blood pressure.

Low blood sugar.

Consumption of certain medications, alcohol or drugs.

Pain.

Stress .

Anxiety and fear.

Straining when using the toilet (defecation and urination).

High intensity physical exercise.

Forceful coughing and sneezing.

They can also occur during digestion.

TREATMENT

- Lay the injured person down with his head lowered

that the feet (TRENDELEMBURG POSITION)

-Prevent the victim from cooling down by covering him or her only with sheets, and even placing hot water bottles . If the patient is conscious , give him or her hot liquids (strong coffee).

—If the shock is due to hemorrhage, a dressing or tourniquet should be applied, depending on the emergency, to stop the hemorrhage .

—Loosen any clothing that may be obstructing the victim 's circulation and breathing .

-Place the injured person in a ventilated area, taking care not to worsen the condition according to the injury.

-Shock, being a medical emergency, must be handled immediately by a doctor in a hospital, so action must be taken promptly and effectively.

CARDIOPULMONARY RESUSCITATION

It consists of performing a cardiac massage with a closed chest and simultaneously assisted artificial respiration, which can be mouth to mouth or with Ambu .

MASSAGE WITH CLOSED CHEST

1.— Lay the person on a flat, rigid surface (board, floor) and uncover the chest.

2.- The mid-clavicular line and the 5th left intercostal space are located, and the palm of the right hand is placed on this point over the left, pressing with both hands the middle part of the chest, and for every 6 cardiac massages or stimulations, assisted ventilation . This massage is performed until the heart starts beating again or death occurs . security .

3.- If another person is present, simultaneously perform mouth-to-mouth artificial respiration .

ARTIFICIAL RESPIRATORY MOUTH TO MOUTH

- Extend the asphyxiated person's head back as far as possible , lifting the nape of the neck with one hand, while with the other hand extending it back as far as possible.

-Keep the chin up with one hand and the head extended backwards with the other. Place a gauze or handkerchief over the patient's mouth and blow once until the chest is raised. Then stop blowing so that the air can escape from the chest. Repeat this process 12 to 20 times per minute, alternating with the six cardiac massages.

DROWNING BY IMMERSION

Drowning is caused by the victim's inability to swim or by a decreased level of consciousness. In most cases, both circumstances are combined, produced by "panic" and the subsequent "exhaustion" of the person involved in a risky situation in the water. "Panic", which is understood as the inability of a person to help himself or others, as well as "exhaustion", which is defined as a general lack of strength that results from having become fatigued by performing intense work or effort, are the main causes associated with most drownings in open water on any given day.

The scenario here could be that a person whose water was waist-deep or a little higher was lifted by a wave and deposited a few meters deeper, or someone who fell into a pool with a slope where they suddenly find themselves in the shallows and fall down the slope, where they no longer touch the bottom, gets scared and starts to struggle to stay afloat, gets tired and sinks because they have lost their strength. By trying to keep their face out as much as possible to breathe, it is not obvious that they are in trouble and they are unable to call for help, it is even possible that they inhale a little water.

There are numerous situations that can precipitate drowning and that must be taken into account when finding these victims:

Head and Neck Trauma: When people jump into shallow water or dive without knowing the proper location or technique, in surfing practices, in which a brain or spinal injury could prevent the victim from staying afloat.

Pre-existing illnesses: In which the victim suddenly loses consciousness, such as epilepsy, diabetic accidents, heart attack, etc.

Substance use: Alcohol and drugs do not mix with anything, especially swimming, since they limit your abilities, altering your senses and decreasing your ability to respond to an emergency.

Not knowing how to swim properly: People who do not have a proper, rhythmic, almost competitive swimming style are prone to exhaustion more quickly.

Overestimation of capabilities: This is said of those who dive deeper into the water than their physical capacity can really withstand.

Inadequate supervision of children: Since they are the most vulnerable and prone to drowning, this is not considered and they are almost always neglected or left with people who cannot assist them in an emergency situation.

Boating accidents: A significant percentage of victims occur on boats. Not knowing how to swim and the lack of life jackets contribute to death by drowning.

Not following instructions: It has been proven that most people who have accidents did not follow safety rules, did not respect warning signs and even ignored the instructions of lifeguards.

Like many other events, it has mechanisms of action, in this case two:

Immersion: This is when only the face of a person is inside the liquid medium; that is, only the mouth and/or nose.

Immersion: is when a person's entire body is inside the liquid medium.

The following can be considered contributing factors to drowning:

General lack of public awareness of water safety as a way to behave appropriately and safely in the aquatic environment

Facility failures due to the lack of trained personnel available to monitor, prevent or respond to dangerous situations.

Absence or distraction on the part of responsible adults in supervising children.

Failure to implement protective mechanisms, such as fences or limited access to pools, to prevent children from accessing them.

Do not leave children alone in places with water such as swimming pools, in the bathtub, etc.

Teaching children to swim.

Teach them not to get too close to the water if they are alone and don't know how to swim.

- After active exercise, such as a game of tennis, or a long walk, a bath is pleasant, but do not dive into cold water. Cool down first. and take a few strokes of rest. Remember that you are already physically tired.

You should swim parallel to the shore where you can stand and try to be accompanied by at least two people in a boat.

8 „ If you do not know how to swim, use an ecossa l vavidas shawl whenever you are in or near the water.

9. Inflatable toys are dangerous for those who do not know how to swim or are poor swimmers, as they give false confidence that can lead them into deep water before they realize it .

MUSCLE CRAMPS

These are sudden, involuntary contractions or spasms in one or more muscles. They usually occur after exercise or at night and last from a few seconds to several minutes.

Prolonged periods of exercise or physical labor, especially in hot weather, can cause muscle cramps. Some medications and medical conditions can also cause muscle cramps. You can usually treat muscle cramps at home with self-care measures.

Symptoms:

Most muscle cramps occur in the muscles of your legs, particularly your calf. In addition to the sudden, sharp pain, you may also feel or see a hard lump of muscle tissue under your skin.

CAUSES:

Overuse of a muscle, dehydration, muscle tension, or simply holding a position for a long period of time can cause a muscle cramp. However, in many cases the cause is unknown.

While most muscle cramps are harmless, some may be related to undiagnosed conditions, such as:

Inadequate blood supply. Narrowing of the arteries that supply blood to the legs (arteriosclerosis of the extremities) can cause cramp-like pain in the legs and feet when exercising. These cramps often go away soon after you stop exercising.

Nerve compression. Compression of nerves in the spine (lumbar spinal stenosis) can also cause cramp-like pain in the legs. The pain usually gets worse the more you walk. Walking in a slightly bent position (such as when pushing a shopping cart) may improve or delay the onset of symptoms.

Deficiency in minerals. Not enough potassium, calcium, or magnesium in your diet can contribute to leg cramps. Diuretics (medications often prescribed for high blood pressure) can also deplete these minerals.

Risk factors

Some of the factors that increase the risk of muscle cramps are:

Age. Older people lose muscle mass, so the remaining muscle can become overworked more easily.

Dehydration. Athletes who become fatigued and dehydrated while playing sports in hot weather often experience muscle cramps.

Pregnancy. Muscle cramps are also common during pregnancy.

Conditions. You may be at higher risk for muscle cramps if you have diabetes or nerve, liver, or thyroid disorders.

Prevention

These measures can help prevent cramps:

Avoid dehydration. Drink plenty of fluids every day. The amount depends on what you eat, your sex, your activity level, the weather, your health, your age, and any medications you take. Fluids help muscles contract and relax and keep muscle cells hydrated and less irritable. Replenish fluids at regular intervals during activity, and continue drinking water or other fluids after you finish.

Stretch your muscles. Stretch before and after using any muscle for an extended period of time. If you tend to get leg cramps at night, stretch before bed. Light exercise, such as riding a stationary bike for a few minutes before bed, can also help prevent cramps while you sleep.

TREATMENT;

-Compress the muscle or muscle groups that affect the limb, placing it in a different position than the one that causes the cramp.

massage on the affected area may also help .

-If the cramps last longer, apply hot compresses to the affected area for approximately 20 minutes.

-Eat foods rich in potassium such as tomatoes, oranges, and drinks like Coca Cola.

VONCULSIVE CRISIS

A seizure or "convulsive attack" is a sudden or sudden brain dysfunction that causes a person to collapse, have convulsions, or have other temporary abnormalities in brain function, often accompanied by changes in the level of consciousness or loss of consciousness.

Most seizures are caused by abnormal electrical discharges in the brain or by blackouts (reduced blood flow to the brain). Symptoms can vary depending on the part of the brain involved, but often include unusual sensations, uncontrollable muscle spasms, and loss of consciousness.

Some of these seizures may be caused by another medical condition, such as low blood sugar, an infection, a head injury, accidental poisoning, or a drug overdose. They may also be caused by a brain tumor or other problem affecting the brain. And anything that causes a sudden lack of oxygen to the brain or a reduction in blood flow to the brain can also cause seizures. In some cases, the cause of the seizure is never found.

When these types of seizures occur more than once or very often, they may indicate the presence of a condition called epilepsy.

Some children under the age of five may have febrile seizures, which occur when a child has a moderate to high fever, usually over 38°C (100.4°F). As frightening as it may be for a parent, these seizures are usually short-lived and rarely cause serious, long-term or life-threatening problems unless the fever is associated with a serious infection, such as meningitis.

In children under five, breath-holding spells (i.e. when a child "holds his or her breath" in the middle of a tantrum) can trigger seizures. These types of episodes occur in children who have an exaggerated gag reflex, so that when they are hurt or emotionally upset, they stop breathing in (not necessarily preceded by crying). They turn blue or very pale, often lose consciousness, and

may have a full-blown seizure, where their body tenses up, they lose consciousness, and they stop breathing.

In older children, about 10% or more have breath-holding spells (also known as **syncope**), which are often associated with brief seizures. The child may tense his or her body or even writhe or have a few seizures.

When a person is having a seizure, he or she should be placed on the floor in a safe area, preferably lying on his or her right side. Move nearby objects away. Loosen any clothing around the neck or head. Do not try to hold the person's mouth open or place an object between the person's teeth, or try to grab or restrain the person or prevent him or her from moving.

Once the episode is over, reassure and protect the person by calming them down. It is best for the person to remain lying down until they have fully recovered and feel like moving on their own initiative. Determine the following for the person:

has difficulty breathing

turns blue

has suffered a head injury

He seems to be sick

He has been diagnosed with a heart condition

has not had any seizures previously

may have ingested medications or other substances that could have poisoned him/her

If the crisis lasts more than five minutes

Take the victim to a medical center to receive professional medical attention.

If the person being rescued is breathing normally and the crisis lasts only a few minutes, the victim will be allowed to fully recover and then referred to the Medical Center.

Immediately after a seizure, the victim is often tired, confused, or even exhausted and may fall into a deep sleep (during the postictal or post-seizure period). Do not try to wake the victim if he or she is breathing normally. **Do not** try to feed or offer him or her anything to drink until he or she is awake and alert.

When a child has febrile seizures, the doctor may suggest giving antipyretic medication (acetaminophen), followed by a warm bath if the medication is not effective.

After a seizure, especially if it is the first or an unexplained seizure, take the victim to the emergency room for professional care.

Common causes

Any condition that results in abnormal electrical excitation of the brain can trigger a seizure, including:

Epilepsy

Head injury or trauma

Infection (brain abscesses , meningitis)

Brain tumor

Stroke

Also, any medical condition that irritates brain cells. Medical conditions that commonly trigger seizures include:

Hypoglycemia (low blood sugar)

Drug use (especially cocaine or stimulants)

high fever (febrile seizures in children)

Alcohol withdrawal

You should stay with the victim until he or she recovers or until professional medical help arrives. In the meantime, it is important to assess the pulse, respiratory rate, and blood pressure.

The victim should NOT be restrained

DO NOT place anything between the victim's teeth during an attack (such as fingers)

DO NOT move the victim unless he or she is in danger or near something dangerous.

DO NOT try to stop the victim's seizures; the person cannot control themselves during a seizure and does not realize what is happening.

DO NOT give anything by mouth to the victim until the seizures have stopped and the victim is fully conscious and alert.

Airway obstruction

When a person chokes on an object that does not allow air to pass through the airways to the lungs, the victim experiences a crisis of lack of air, causing breathing difficulties and coughing (gag). This emergency situation (choking) occurs quite frequently in small children, as they put objects in their mouth or eat while laughing or crying. The obstruction occurs due to a sudden aspiration (laughter, crying, fright, etc.) of food or a foreign body that is in the mouth at that moment. It can also happen in older people due to poor functioning of the epiglottis.

Symptoms

Respiratory distress

Cough

Agitation

The affected person usually puts his hands to his throat.

Loss of consciousness. It can lead to coma and even death.

Treatment:

The airways must be cleared as quickly as possible to facilitate the passage of the foreign body. The mechanisms of action vary depending on whether the obstruction is complete or incomplete:

a) Incomplete airway obstruction

This is the situation that occurs when the foreign body does not block the entire air inlet. The defence mechanism is activated: coughing. The person will start to cough, breathe spontaneously and make clear efforts to expel the foreign body.

Coughing should be allowed (defense mechanisms are working)

Encourage her to continue coughing (to expel the foreign body) Closely monitor her progress and wait for her to calm down; if not, some type of help will have to be considered.

b) Complete airway obstruction

If coughing and breathing efforts are ineffective, the person becomes exhausted and has difficulty breathing. He stops coughing and talking (he makes hoarse sounds), puts his hands on his neck and cannot explain what is happening to him. He is usually very excited, because he is aware that he is not breathing. He may even lose consciousness. In these cases, it is necessary to perform clearing manoeuvres or the Heimlich manoeuvre.

There are three types of unclogging maneuvers:

Pats on the back

Blows – chest compressions

Abdominal thrusts

The most appropriate maneuver depends on the age of the patient.

Unblocking in children over 1 year of age

If the person is conscious, 5 pats on the back:

We will position ourselves to one side and behind the injured person, holding his chest with one hand and leaning him forward. Then we will give him 5 strong interscapular slaps (in the area between the shoulder blades) with the heel of the other hand .

Check the mouth to see if the foreign body is present. If possible, remove it very carefully, preventing it from moving downwards: hook maneuver with the index finger of one hand, with a dragging movement from back to front.

If slapping is not effective, 5 abdominal thrusts will be performed (Heimlich maneuver)

Heimlich maneuver

The objective of the Heimlich maneuver is to push the foreign body into the trachea, upper airways and mouth by expelling the air that fills the lungs. This can be achieved by applying pressure on the stomach pit (abdomen) inwards and upwards to displace the diaphragm (muscle that separates the chest from the abdomen), which in turn will compress the lungs, increasing the pressure of the air contained in the airways (artificial cough).

Heimlich Maneuver Technique

Grab the injured person from behind and under the arms, leaning him forward.

Place your closed fist 4 fingers above your navel (or midway between your navel and the lower end of your sternum), on the midline of your abdomen. Place your other hand on top of your fist.

Perform 5 centered abdominal thrusts, inwards and upwards. This will produce an artificial cough.

It should be noted that the Heimlich maneuver is not appropriate for obese people, pregnant women, and children under one year of age. In some cases, it is ineffective and in others, due to

the risk of internal injuries. In these cases, this "artificial cough" can be achieved by applying chest pressure, similar to that prescribed for cardiac massage, but at a much slower pace.

Foreign bodies in the ear

Foreign bodies can lodge in the earlobe or in the ear canal tunnel. Generally, earrings are found in the ear, either stuck in the lobe due to an infection or too sunken due to incorrect placement. Foreign bodies in the canal in children are mainly objects that are introduced out of mischief or curiosity, among which we can find:

food

insects

toys

buttons

pieces of colored pencils

small batteries

coins

cotton swabs

Sometimes a child may place an object in another child's ear while playing. Insects can also get into the ear canal and cause potential damage. It has been observed that children with chronic outer ear infections may insert things into their ears more frequently to soothe this pain.

These foreign bodies in the ear can cause pain, redness or discharge. In addition, an object that obstructs the ear canal can affect hearing.

Treatment

Treatment for foreign bodies in the ear is limited to immediate removal of the object by a physician using one of the following materials in the hospital area:

Use of magnets, if the object is made of metal

cleaning the ear canal with water

suction with equipment to help remove the object

After the object is removed, the doctor will re-examine the ear to determine if there are any lesions in the ear canal. The doctor will prescribe ear drops containing antibiotics to prevent possible infections.

Foreign bodies in the nose

Children often put soft objects in their noses, such as tissue paper, clay, toy parts, or erasers. Sometimes a foreign object can get into the nose when a child tries to smell it. Children often put objects in their noses because they are bored, curious, or imitating other children.

The most common symptom of a foreign body in the nose is a runny nose. The discharge appears only on the side of the blocked nostril and often gives off an unpleasant odor. In some cases, the child may even develop a nosebleed.

Treatment

Treatment for foreign bodies in the nose should be performed in the medical center by a qualified , who will immediately remove the object. Sometimes, in order to do this, it is necessary to administer a sedative to the patient. Below are some of the techniques that the doctor may use to remove the object from the nose:

suction devices with probes

insertion of instruments into the ear

After removing the object, your doctor will prescribe antibiotic nose drops or ointments to treat any infections.

c) NOSE BLEEDING :

Nosebleeds or epistaxis or Nosebleeds refer to those circumstances in which blood appears spontaneously or due to minor traumas such as picking the nose.

Nosebleeds can occur for many reasons and are always a cause for concern, especially when the reason for the bleeding is unknown.

The nasal septum has a flexible part, which is the anterior part and is made up of cartilage, and the posterior part, starting from the "genilla", is formed by the nasal bones. This septum separates the right and left nostrils.

The mucosa that covers the inside of the nose is extremely thin, it is called the pituitary gland , and it has numerous small and very superficial blood vessels . There is also a point where even more accumulate, known as the Kiesselbach plexus , where the veins and arterioles are very superficial and it is fundamentally where many of the nosebleeds occur.

Nosebleeds can also originate in the back and deeper part of the nostrils . These are called posterior nosebleeds . Fortunately, they are less frequent, but their treatment will be exclusively in a hospital area.

CAUSES

The most common cause in adolescents is minor trauma such as picking the nose, especially in children and adolescents. This occurs in completely healthy people and also occurs when violent sneezes occur.

The conditions that favor them are: the beginning of puberty, violent exercises and sun-stroke (strong exposure to the sun).

The dryness of the room where one sleeps can dry out and crack the Kiesselbach plexus ; precisely because they are so superficial, the capillaries and veins also crack, and a hemorrhage occurs during the night that seems spontaneous and without cause, but that has a very clear origin

and an even easier solution: humidify the environment and follow the treatment indicated for rhinitis.

Nosebleeds in adults are the sudden rise in blood pressure, in this case the bleeding acts as a safety valve allowing hypertension to drop somewhat.

Infectious diseases of the nose and surrounding areas (rhinitis and sinusitis) can also cause epistaxis . Nasal allergies (allergic rhinitis) are probably the most common cause of nosebleeds in adults . Other rarer but also potentially fatal diseases such as leukemia and coagulation disorders such as hemophilia, purpura, cirrhosis, and others can also cause nosebleeds .

Treatment

Anterior nosebleeds , caused by the Kiesselbach plexus , are easy to stop: just squeeze the soft part of the tip of the nose for about ten minutes . By squeezing this soft part, you can compress the bleeding area, which is recommended for all bleeding, which sets in motion the natural coagulation mechanisms and consolidates the cessation of the bleeding.

Seek medical attention if any of the following occur:

- Bleeding that can't be controlled
- Weakness, dizziness, or fainting
- Fever of 38°C or higher
- Headache
- Pain in your sinuses or face -You feel short of breath or have trouble breathing

FOREIGN BODIES IN EYES:

The most common cause of a foreign body problem in the eye is the accidental entry of small particles of dust, dirt, sand, metal, fibers, or movement of contact lenses into the eye.

The most common symptoms experienced when someone has a foreign body in their eye are itching and pain in the affected eye, redness, discomfort with light, tearing, burning sensation, and difficulty keeping the eye open.

Treatment

To avoid complications when a foreign body is detected in the eye, the following steps should be followed:

Before touching the eye, it is essential to wash your hands thoroughly with plenty of soap and water.

Sit the victim with his or her head tilted back and place him or her in a well-lit area with the best visibility.

Use two fingers to open the eye and ask the affected person to move it up and down and to the sides to look for any foreign objects.

To remove the foreign body, use a syringe (without a needle) filled with water to clean the cornea, tilting the head to the side of the affected eye so that the water falls and carries away the dirt or the body.

If this does not remove the foreign body but you can see it, you can try to remove it with the tip of a clean handkerchief or sterile gauze.

You should also be aware of possible actions that are not beneficial when trying to resolve a foreign body in your eye.

Never rub the eye or allow the victim to touch it.

Do not try to remove the element by force or by pressing with your fingers, as this could scratch the cornea and cause further damage.

Avoid applying eye drops or ophthalmic ointments.

THORNS and SPLINTERS

When these foreign bodies penetrate the skin, they can be removed as an emergency, as long as they do not cause pain, functional impotence or are located in very dangerous places.

Small, painless splinters: If there are many small, superficial splinters that do not cause pain, they can be left where they are. They will eventually find a way out with normal shedding of the skin, or the body will reject them by forming a small pimple that will drain on its own.

Small, painful plant thorns: Thorns from plants (e.g., nettles), cacti, or fiberglass thorns are difficult to remove because they are fragile. They usually break off when pressure is applied with tweezers.

Tape: First, try removing small splinters or splintery by lightly taping the area with packing tape, duct tape, or another type of adhesive tape. If that doesn't work, try waxing.

Waxing: If the tape doesn't work, apply a layer of wax. Let it dry for 5 minutes or speed up the process with a hair dryer. Then, peel off the layer to remove the spicules. Most will be removed. The others will find their way out with normal skin shedding.

Needles and tweezers: Remove any large splinters or thorns with a needle and tweezers.

Before using the tweezers, check that they fit together exactly (if not, bend them to fit together). Sterilize the instruments with alcohol.

Clean the skin around the splinter with alcohol before attempting to remove it. If you don't have any, use soap and water, but don't submerge the area if the foreign body is wood (Reason: water can increase the size of the splinter).

Use the needle to fully expose the large end of the splinter. Use good lighting. A magnifying glass may help.

Then, grasp the end firmly with the tweezers and pull it out at the same angle it was inserted. Getting it right the first time is especially important with splinters that are perpendicular to the skin or those under the fingernails.

To remove splinters under your nails, you sometimes have to cut away a portion of the nail with fine scissors to expose the end of the splinter.

Superficial and horizontal splinters (those you can see completely) can usually be removed by pulling on the end. If the end breaks off, open the skin with a sterile needle along the splinter and remove it.

Antibiotic ointment: Wash the area with soap and water before and after removal. To reduce the risk of infection, apply an antibiotic ointment such as Polysporin (no prescription needed) after removal.

Proceed to transfer the victim to the doctor:

You can't remove it.

She took it off, but the pain is getting worse.

She's starting to look infected.

The patient's condition looks worse.

INSECT BITES

Insect bites can cause an immediate skin reaction. Fire ant bites and bee, wasp and hornet stings are often painful. Mosquito, flea and mite bites are more likely to itch than hurt.

Insect and spider bites cause more deaths from poisoning than snake bites.

Considerations:

In most cases, insect bites and stings can be easily treated at home.

Some people have extreme reactions that require immediate medical treatment to prevent death.

Black widow spider bites can cause serious illness or even death. Most spider bites are harmless.

Symptoms

Symptoms depend on the type of bite or sting and may include:

Pain

Redness

Swelling

Itch

Burning

Numbness

Tingle

Some people have severe, life-threatening reactions to bee or insect stings. This is called anaphylactic shock. This condition can occur quickly and lead to rapid death if not treated promptly.

Symptoms of anaphylaxis can occur quickly and affect the entire body. These include:

Chest pain

Swelling of the mouth or face

Difficulty in swallowing

Difficulty breathing

Fainting or dizziness

Abdominal pain or vomiting

Rash or redness

TREATMENT

In case of severe reactions, first examine the person's airway and breathing. Reassure the person, trying to keep him or her calm.

Remove rings and other jewelry that could get caught as the area could swell.

Use the person's epinephrine (Epi-pen) kit or other first aid kit item, if one exists (some people who have severe reactions to insects carry one with them).

If necessary, treat the person for signs of shock and stay with them until medical assistance arrives.

General measures for most bites and stings:

Remove the stinger if present by scraping it off with the back of a credit card or some other straight-edged object. Do not use tweezers, as these can squeeze the venom sac and increase the amount of venom secreted.

Wash the affected area thoroughly with soap and water. Then, follow these steps:

Apply ice (wrapped in a piece of cloth) to the bite site for 10 minutes, remove it for 10 minutes and repeat the process.

If necessary, take an antihistamine or apply creams that reduce itching.

Over the next few days, watch for signs of infection (such as increasing redness, swelling, or pain).

Take the following precautions:

DO NOT apply tourniquets.

DO NOT give the person stimulants, aspirin , or any other pain medication unless prescribed by the doctor.

The person assisted must be taken to a medical center in the following cases:

Difficulty breathing, shortness of breath, or wheezing

Swelling anywhere on your face or in your mouth

Tightness in the throat or difficulty swallowing

Feeling of weakness

Turn purple

If the victim had a severe whole-body reaction to a bee sting, he or she should be referred to an allergist for skin testing and treatment.

Prevention

You can help prevent insect bites and stings by doing the following:

Avoid quick and sudden movements near beehives or insect nests.

Avoid wearing perfumes and clothing with floral patterns or dark colors.

Use appropriate insect repellents and protective clothing.

Be cautious when eating outdoors, especially with sugary drinks or in areas around garbage collectors that often attract bees.

If you have severe allergies to insect bites or stings, you should carry an emergency kit and an EpiPen with you . Make sure friends and family know how to use them in case you have a reaction.

If possible, take the insect or spider that bit you with you when you seek medical treatment for identification.

SNAKE BITES

Snake bites occur when a snake bites the skin. They are medical emergencies if the snake is venomous.

Venomous animals account for a large number of deaths and injuries worldwide. Snake bites can be fatal if not treated quickly. Because of their small body size, children are at the highest risk of death or serious complications from snake bites.

The right antivenin can save a person's life. It is very important to go to the emergency room as soon as possible. If treated properly, many snake bites will not have serious effects.

Causes

Most snake species are harmless and their bites are not life-threatening.

Venomous snakebites include bites by any of the following species:

X

bone tail

Water Moccasin Snake

Most snakes will avoid people if possible, but all snakes will bite as a last resort when they feel threatened or surprised. If you are bitten by a snake, treat the bite seriously.

Symptoms

Symptoms depend on the type of snake, but may include:

Bleeding from the wound

Blurry vision

Burning skin

Seizures

Diarrhea

Dizziness

Excessive sweating

Fainting

Fang marks on the skin

Fever

Increased thirst

Loss of muscle coordination

Nausea and vomiting

Numbness and tingling

Rapid pulse

Tissue death

Intense pain

Skin pigmentation

Swelling at the bite site

Weakness

Snake bites hurt immediately. Symptoms usually begin right away and may include:

Bleeding

Respiratory distress

Blurry vision

Drooping eyelid

Low blood pressure

Nausea and vomiting

Numbness

Pain at the bite site

Paralysis

Rapid pulse

Changes in skin color

Swelling

Tingle

Tissue damage

Thirst

Fatigue

Weakness

Weak pulse

Bites from the water moccasin and the bonetail viper are painful immediately. Symptoms, which usually begin immediately, may include:

Bleeding

Respiratory distress

Low blood pressure

Nausea and vomiting

Numbness and tingling

Pain at the bite site

Shock

Changes in skin color

Swelling

Thirst

Fatigue

Tissue damage

Weakness

Weak pulse

Water snake bites may be painless at first, and major symptoms may not occur for hours.

Don't make the mistake of thinking you 'll be okay if the bite area looks fine and isn't very painful.

Untreated water snake bites can be fatal. Symptoms may include:

Blurry vision

Respiratory distress

Seizures

Sleepiness

Drooping eyelid

Headache

Low blood pressure

Water in the mouth (excessive salivation)

Nausea and vomiting

Numbness

Pain and swelling at the bite site

Paralysis

Shock

Mispronunciation

Difficulty swallowing

Swelling of the tongue and throat

Weakness

Changes in skin color

Damage to skin tissue

Stomach and abdominal pain

Weak pulse

TREATMENT

1. Keep the person calm. Reassure them that bites can be effectively treated in an emergency room. Restrict movement and keep the affected area below the level of the heart to slow the flow of venom.

2. Remove any constricting rings or objects as the affected area may swell. Apply a loose splint to help restrict movement in that area.

3. If the bite area begins to swell and change color, the snake is likely poisonous.

4. If possible, monitor the person's vital signs , including temperature, pulse , breathing rate, and blood pressure. If there are signs of shock (such as paleness), have the person lie down, elevate the person's feet about a foot (30 centimeters) off the ground, and cover the person with a blanket.

5. Get medical help immediately.

6. Carry the dead snake, but only if it is safe to do so. Don't waste time trying to hunt the snake down or risk getting another bite if it is not easy to kill. Be very careful with the snake's head when carrying it - a snake can actually bite for several hours after it is dead (by reflex).

PRECAUTIONS :

DO NOT allow the person to overexert themselves. If necessary, take them to a safe place.

DO NOT apply tourniquets.

DO NOT apply cold compresses to the bite site.

DO NOT cut the bite area with a knife or razor blade.

DO NOT try to suck the poison out with your mouth.

DO NOT give the person stimulants or pain relievers unless directed by the doctor.

DO NOT give the person anything by mouth.

DO NOT raise the bite site above the level of the person's heart.

WARM-BLOODED ANIMAL BITE

Rabies is an infectious viral disease that is fatal in almost all cases once clinical symptoms have appeared. In up to 99% of human cases, the virus is transmitted by the bite (saliva) or scratches of domestic dogs or cats. However, the disease affects both domestic and stray animals.

In the natural biological scale, smaller warm-blooded animals (bats, rodents) have the juvenile rhabdoid virus as a habitat in their brain (Negri bodies), which is expelled through their saliva, which when contaminating larger warm-blooded animals (dogs, cats, pigs, horses) incubate and mature the rhabdoid virus in their brain, maturing it, that is, making it an adult, making the animal sick and this when coming into contact with man through a bite or lick deposits the saliva containing the adult rhabdoid virus, making the human being sick with Rabies.

Rabies is one of the epidemiological diseases that mainly affects poor and vulnerable populations living in remote rural areas.

Prevention

1.-Elimination of canine rabies

Rabies can be prevented by administering a vaccine. Vaccination of dogs and cats is the epidemiological strategy used to prevent rabies in humans.

2.- Raising awareness about the prevention of rabies from dog and cat bites.

Education about dog behaviour and bite prevention for both adults and children is essential to any rabies vaccination programme if the aim is to reduce the incidence of rabies in humans and the cost of treating bites. There is a need to improve community knowledge about rabies prevention and control, particularly about the responsibility of pet ownership, bite prevention and how to respond when bites occur. Community engagement and participation in prevention programmes helps to improve coverage and uptake of key information.

Vaccination is also recommended for travellers to remote areas where rabies is transmitted and for those who will be spending a lot of time outdoors, such as caving or mountaineering. Vaccination should also be given to foreigners living in countries where rabies is transmitted and to travellers who are forced to stay for long periods in high-risk areas if access to biological products for the prevention of rabies in humans is limited. Finally, vaccination should be considered for children who live in or visit high-risk areas, since they are at greater risk due to their frequent play with animals. Children may suffer more serious bites and may not even report being bitten.

Symptoms

The incubation period for rabies is usually 1 to 3 months, but can range from one week to one year, depending on factors such as the location of the inoculation site and the viral load. The first manifestations are fever accompanied by pain or paresthesia at the wound site. Paresthesia is a sensation of tingling, itching or burning that is unusual or cannot be explained by another cause. As the virus spreads through the central nervous system, progressive inflammation of the brain and spinal cord occurs, eventually leading to death.

The disease can take two forms:

In the first, furious rabies, patients show signs of hyperactivity, excitement, hydrophobia (fear of water) and sometimes aerophobia (fear of drafts or the open air), and death occurs within a few days due to cardiorespiratory arrest.

The other form, paralytic rabies, accounts for about 30% of human cases and has a less severe and usually longer course. The muscles gradually become paralyzed, starting with those closest to the bite or scratch. The patient slowly slips into a coma and eventually dies. The paralytic form is often not correctly diagnosed, which contributes to underreporting of the disease.

Diagnosis

Current diagnostic tools do not allow detection of rabies before the onset of the clinical phase and, unless there are specific signs of hydrophobia or aerophobia, the clinical diagnosis can be difficult to establish. Rabies in humans can be confirmed in life and post mortem by different techniques that allow detection of whole viruses, viral antigens or nucleic acids present in infected tissues (brain, skin, urine or saliva).

Transmission

Infection in humans usually occurs through a deep bite or scratch from an infected animal, and transmission by rabid dogs is the source of 99% of human cases . Asia and Africa are the regions with the highest burden of this disease, where more than 95% of rabies deaths occur.

In the Americas, bats are the main source of infection in fatal cases of rabies, as transmission to humans through the bite of rabid dogs has been almost completely interrupted. Bat rabies has recently emerged as a public health threat in Australia and Western Europe. Fatal cases in humans from contact with infected foxes, raccoons, skunks, jackals, mongooses, and other wild carnivore hosts are very rare, and there are no known cases of transmission through rodent bites.

Transmission to humans may also occur through direct contact with mucous membranes or recent skin wounds containing infectious material, usually saliva. Transmission from person to person through bites is theoretically possible, but has never been confirmed.

Although rare, the disease can also be contracted through transplantation of infected organs or inhalation of aerosols containing the virus. Ingestion of raw meat or other tissues from infected animals is not a confirmed source of human infection.

Post-exposure prophylaxis

Post-exposure prophylaxis is the immediate treatment after a bite. The goal is to prevent infection from entering the central nervous system, which would cause immediate death. This prophylaxis consists of:

Thorough cleaning and local treatment of the wound as soon as possible after exposure;
the application of a potent and effective anti-rabies vaccine in accordance with WHO standards; and
administration of rabies immunoglobulin, if indicated.

Effective treatment immediately after exposure can prevent symptoms and death.

Thorough wound cleaning

The wound should be washed and cleaned immediately for at least 15 minutes with soap and water, detergent, povidone iodine, or other substances that kill the rabies virus.

Recommended post-exposure prophylaxis

Depending on the severity of contact with the suspected rabid animal, the following prophylactic measures are recommended after exposure (Post-exposure prophylaxis is necessary in all cases where it is concluded that there is a risk of the person contracting the disease. This risk is greater in the following cases:

The attacking mammal is of a species that may be a reservoir or vector of rabies.

The exhibition took place in an area where rabies still exists;

the animal looks bad or its behavior is abnormal;

the animal's saliva has contaminated a wound or mucous membrane;

the bite did not occur in response to provocation;

the animal is not vaccinated.

Vaccination data from the suspect animal should not be taken into account to rule out post-exposure prophylaxis if there is no certainty that vaccination has been completed. This may occur when canine vaccination programmes are insufficiently regulated or not properly implemented due to lack of resources or lack of priority.

CONDUCT TO FOLLOW WITH THE AGGRESSIVE ANIMAL

If possible, veterinary services should be alerted and the offending animal should be found and quarantined for the duration of the observation period, provided that the animals are healthy dogs or cats. If this is not the case, the animal should be euthanized for immediate laboratory examination. Prophylaxis should be administered during the 10-day observation period or until the results of laboratory tests are available. If it is concluded that the animal does not have or did not have rabies, treatment should be discontinued. When the suspected animal cannot be caught or testing is not possible, full prophylaxis should be administered.

that children under 15 years of age are at higher risk of exposure to rabies and that most exposures are due to dog bites;

that the availability of biological products and the costs of post-exposure prophylaxis are factors that influence treatment adherence.

POISONINGS

Poisoning is the response to exposure to a harmful substance. This can happen by ingesting, injecting, inhaling, or otherwise. Most poisonings occur accidentally.

Immediate first aid is very important in a poisoning emergency. First aid given before getting medical help can save a person's life.

It is important to note that just because a package does not have a warning label does not mean that a substance is safe. You should consider it a case of poisoning when someone suddenly feels ill for no obvious reason. Poisoning should also be considered if the person is found near an oven, a vehicle, a fire, or in a poorly ventilated area.

Symptoms of poisoning may take time to appear. However, if you suspect someone is poisoned, do not wait until symptoms appear. Get medical help immediately.

Causes

Items that can cause poisoning include:

Carbon monoxide gas (from furnaces, gas engines, fires, heaters)

Certain foods

Chemicals in the workplace

Drugs, including prescription and over-the-counter drugs (such as aspirin overdose) and illicit drugs such as cocaine

Detergents and household cleaning products

Indoor and outdoor plants (eating toxic plants)

Insecticides

Paintings

Symptoms

Symptoms vary depending on the poison, but may include:

Abdominal pain

Purple lips

Chest pain

Confusion

Cough

Diarrhea

Difficulty breathing or shortness of breath

Vertigo

Double vision

Sleepiness

Fever

Headache

Heart palpitations

Irritability

Loss of appetite

Urinary incontinence

Muscle fasciculations

Nausea and vomiting

Numbness and tingling

Seizures

Skin rash or burns

Stupor

Loss of consciousness

Unusual breath

Weakness

Treatment

Seek medical help immediately.

For poisoning by ingestion and some inhalations:

Examine and monitor the person's airway, breathing, and pulse. Begin artificial respiration and CPR if necessary.

Try to determine if the person has actually been poisoned. It can be difficult to determine. Some signs include chemical-smelling breath, burns around the mouth, difficulty breathing, vomiting, or unusual odors on the person. If possible, identify the poison.

Do not make a person vomit unless told to do so by the Poison Control Center or a health care professional.

If the person vomits, clear the airway. Wrap a piece of cloth around your fingers before clearing the mouth and throat. If the person has been sick from ingesting part of a plant, save the vomit. This can help experts identify the type of medication that caused the poisoning.

Items that can cause poisoning include:

Carbon monoxide gas (from furnaces, gas engines, fires, heaters)

Certain foods

Chemicals in the workplace

Drugs, including prescription and over-the-counter drugs (such as aspirin overdose) and illicit drugs such as cocaine

Detergents and household cleaning products

Indoor and outdoor plants (eating toxic plants)

Insecticides

Paintings

Symptoms

Symptoms vary depending on the poison, but may include:

Abdominal pain

Purple lips

Chest pain

Confusion

Cough

Diarrhea

Difficulty breathing or shortness of breath

Vertigo

Double vision

Sleepiness

Fever

Headache

Heart palpitations

Irritability

Loss of appetite

Skin rash or burns

Stupor

Loss of consciousness

Unusual breath

Weakness

TREATMENT:

Examine and monitor the person's airway, breathing, and pulse. Begin artificial respiration and CPR if necessary.

Try to determine if the person has actually been poisoned. It can be difficult to determine. Some signs include chemical-smelling breath, burns around the mouth, difficulty breathing, vomiting, or unusual odors on the person. If possible, identify the poison.

DO NOT make a person vomit unless told to do so by the Poison Control Center or a health care professional.

If the person vomits, clear the airway. Wrap a piece of cloth around your fingers before clearing the mouth and throat. If the person has been sick from ingesting part of a plant, save the vomit. This can help experts identify the type of medicine that can be used to neutralize the poison.

If the person begins to have seizures, administer first aid for these cases .

Keep the person comfortable. Turn him or her onto his or her left side and stay there while you get or wait for medical help.

If the poison has splashed on the person's clothing, remove it and wash the skin with water.

FOR INHALATION POISONING:

Call for emergency medical help. Never attempt to rescue a person without first notifying others.

If it is safe to do so, remove the person from the danger of gases, fumes or smoke. Open windows and doors to remove fumes.

Take several deep breaths of fresh air and then hold your breath as you enter the room. Place a wet piece of cloth over your nose and mouth.

DO NOT light matches or use lighters as some gases may ignite.

After rescuing the person from danger, examine and monitor their airway, breathing, and pulse. If necessary, begin artificial respiration and CPR.

If necessary, administer first aid for eye injuries or seizures.

If the person vomits, clear their airway. Wrap a piece of cloth around your fingers before clearing the mouth and throat.

Even if the person seems perfectly fine, get medical help.

Special care

Do not give anything by mouth to an unconscious person.

Do not induce vomiting unless directed to do so by Poison Control Center personnel or a doctor. A strong poison that burns the throat on entry will also cause harm on return.

Do not attempt to neutralize the poison with lemon juice, vinegar, or any other substance unless directed to do so by Poison Control Center personnel or a doctor.

Do not use any "cure-all" type antidote.

Don't wait for symptoms to appear if you suspect someone has been poisoned.

RESPIRATORY EMERGENCIES

Respiratory emergencies are recognized first in children under 5 years of age, since, due to their age and physical constitution, they become more easily complicated than in older children, adolescents and adults.

To recognize an acute respiratory infection in a child under five years of age, it is necessary to find out data on the history of the disease (if there are relatives with tuberculosis, measles, cough, diphtheria). Evaluate the nutritional status of the child and verify whether the vaccination schedule and the information provided by the mother are complete.

The main signs and symptoms that indicate the presence of an acute respiratory infection are:

- Cough
- Nasal obstruction -Ca jar
- Sore and/or red throat. -Hoarseness
- Rapid and/or difficult breathing –Cyanosis
- stridor retraction.
- Whistle
- Nasal flaring
- Fever.

After having determined that we are facing a case of acute respiratory infection, we proceed to classify it according to its severity:

MILD	MODERATE	SERIOUS
-Cough	Resp . Freq.	Freq . Resp .
	40-60 Resp /min.	more than 60
- obstr . nasal	Throat with pus	Difficult for breathe.
-Ear pain	Discharge in ear (otorrhea)	*nasal flaring *prunting
-Pain Garg . ness	Progressive hoarse-	intercostal
-Alim rejects.		*Groan Resp .
-Hoarseness		^ - Stridor in Repose
-Boca and Farin .		* Absent Pe- riod
Reddened		to breathe . (Apnea)
- Resp . Freq .:		♦ Throat with
-40 Resp ./ min		membrane (Diphtheria)
		* Impossible Of feed oneself

With 2 or more	With 1 or more	With 1 or more
signs:	signs:	signs associated or not
INFECTION.	INFECTION.	to signals
LIGHT RESP.	MODERATE RESP.	from other columns
		INFC.
		SERIOUS
		RESP
AGGRAVATING FACTORS		

-Very pale or cyanosis

-Has not accepted liquid in the last 12 hours. -Severe dehydration.

-Severe malnutrition

-Altered state of consciousness: irritable , drowsy, restless.

-Seizures.

-Any child who presents one or more aggravating factors should be hospitalized.

TREATMENT OF MILD RESPIRATORY INFECTION

FEVER: The fever must be lowered to minimize oxygen consumption and carbon dioxide production. It is dangerous to over-wrap the child or expose him to cold air currents. The child should be dressed in light clothing.

If the temperature is higher than 38.5 degrees C, use physical measures: apply water cloths on the forehead and abdomen, Acetaminophan 50 mg/kg/day should be administered orally. given in 4 doses (every 6 hours) or, failing that, Acetylsalicylic Acid (Aspirin) in doses of 50 mg/kg/ day , orally divided into 4 doses every 6 hours with intervals of no less than 6 hours between each dose.

- Encourage the child's usual feeding, in a fractionated manner.

- Increase your fluid intake: boiled water , juices, lemonades.

- COUGH: To facilitate the mobilization of phlegm, drainage posture 1 is recommended, which consists of gently tapping the child's back with a cupped hand, placing the child in a position so that his or her head is lower than his or her hips. These maneuvers should be performed before breastfeeding or eating.

Do not administer antitussive syrups, expectorants or mucolytics , or antihistamines as they may worsen the condition.

- Nasal obstruction is avoided by cleaning the nose with cold boiled water or boiled chamomile water (3 drops) and drying with a clean, soft handkerchief, as many times as necessary.

In adults there are two pathological conditions that group the signs and symptoms of acute respiratory infections and they are:

INFLUENZA - Commonly known as the flu, it is a viral process, therefore it is very contagious, it is spread by drops of saliva (flu) that are expelled with coughing and sneezing. It is more dangerous for pregnant women, people with heart conditions and the elderly. It is characterized by chills, headache, muscle pain, fever, lack of appetite, sore throat, dry cough, and runny nose. The process has a cure of seven days, and while the clinical picture lasts the patient should rest, consume plenty of fluids and fruit rich in Vitamin C, and in case of persistent symptoms go to the doctor.

COMMON COLD: It is very common in urban populations in temperate areas, at the beginning of winter and during seasonal changes, with a frequency **OF** approximately 3 colds per year. It is a viral process and its presence is attributed to certain factors such as: cooling, emotional disorders , exposure to irritating gases that affect the nasal mucosa . It is characterized by sneezing, chills, headache, tearing, discomfort in the pharynx, hoarseness, cough and fever. The patient should rest in bed, avoid contact with other people, drink large amounts of liquids, apply Vaseline to lips and nostrils. Antipyretics are administered to relieve general discomfort, apply nasal decongestant liquids to the nose.

TREATMENT OF MODERATE RESPIRATIONAL INFECTION :

In addition to providing treatment for mild respiratory infections, the Health Professional will administer an antibiotic according to his/her criteria:

AMPICLINA: children under 2 months 50-100 mg /kg/d divided into four doses (every 6 hours), for 7 days, orally.

BENZATHINE PENICILLIN: Children under 6 months 300,000 IU by deep intramuscular injection in the uterine cavity, in a single dose.

Children from 7 months to 5 years 600,000 IU intramuscularly in the uterine cavity, in a single dose.

TREATMENT OF SEVERE RESPIRATORY INFECTION :

When the signs and symptoms indicate a serious respiratory condition, the patient should be transferred to a hospital where he or she will be admitted and receive medical attention, but if for one reason or another, it is not possible to send the serious case to the hospital, the following measures should be taken immediately :

- Antithermic treatment, according to instructions indicated for mild cases.

- If oxygen is available, administer 1 to 2 liters per minute continuously until the child is hospitalized.

- If the patient has not received treatment previously, start with procaine penicillin 500,000 IU /kg/dose, intramuscularly (after testing). Repeat every 12 hours.

- In case of bronchospasm use:

Salbutamol: - Children from 1 to 2 years old 1 mg (1/2 teaspoon) every 8 hours.

Children 3 to 5 years old 2 mg (1 teaspoon) every 8 hours.

Salbutamol should not be given to children under one year of age.

ASTHMA BRON Q UIAL

Asthma attacks are a respiratory emergency that must be controlled immediately by a doctor in a hospital. An acute asthma attack can be triggered by:

- Allergy (to dust, flower pollen, animal hair, etc.)

- Exercises.

- Irritants (cigarette smoke). -Infections (colds and flu).

- Emotions or stress conditions.

- Cold air.

Often a combination of factors is responsible. An acute asthma attack is more likely to occur if the symptoms have been gradually worsening without the person being aware of it.

Asthma can be confused or associated with acute respiratory infection. In this case, both asthma and acute respiratory infection should receive the indicated treatment, always assessed and directed by a physician.

For diagnosis, it is important to know whether there have been previous similar crises and whether there is a history of other cases in the family. Asthma is not a communicable disease.

In the event of an acute asthma attack, symptomatic treatment should be applied for cases of mild respiratory infections , oxygenating the patient and, if conditions permit, until he or she is transferred to a hospital, he or she may receive Salbutamol orally according to the instructions already given above.

When dealing with an asthma attack in a patient who is already aware of his illness, he should sit down, relax, and take one or two sprays of the inhaler he normally uses. For this reason, it is important for the family to know what medications he is using and when to call the doctor, since during an asthma attack the patient may not be able to tell them what to do.

Asthma attacks are characterized by;

- Shortness of breath.

- Cough

- ~Wheezing at the lung level similar to whistling, with each breath.

It is important for asthma sufferers to receive medical attention in:

- Your asthma condition worsens or does not improve even after

having used the usual treatment.

—If the patient feels the need to use more inhalations of the medication than those prescribed.

-If the patient wakes up for two consecutive nights due to lack of air.

DIARRHEA

Diarrhea occurs when the number of bowel movements increases and the consistency of the stool changes, becoming liquid.

The danger of diarrheal symptoms lies in the fact that the patient loses water and salts rapidly, resulting in DEHYDRATION, brain damage and malnutrition.

Diarrhea is more dangerous in children and the elderly than in young adults , since the liquid content is greater in the former, so replacement must be immediate and in greater quantities than in a young adult, who needs less liquid.

The characteristics of dehydration in the children is as follows:

- Generalized pallor
- Sunken eyes.
- Cry without tears.
- His mouth is dry and he is thirsty.
- The skin is dry, and if you pinch it , the examiner's mark is formed, which is known as the FOLD SIGN.

- The fontanelle is sunken.

The causes of diarrheal symptoms are:

- Lack of personal hygiene
- Lack of cleanliness in the home and neighborhood.
- Presence of vectors (flies and other insects).

To treat a case of diarrhea in an emergency, HYDRATION is used, which consists of giving the patient more liquids than usual using the following:

SERUM OF

ORAL REHYDRATION: - It is prepared in one liter of cold boiled water.

- The prepared Serum lasts for 24 hours, after which it should be discarded.

Do not sweeten or heat the preparation.

Give the serum slowly by spoonfuls to prevent the child from vomiting.

These Oral Rehydration Serum sachets are delivered by the Ministry of Public Health

FREE OF CHARGE

You can also use PEDIALITE, which is a pre-prepared Hydration serum.

HOMEMADE ORAL SERUM: -If for any reason, whether due to time or place, Oral Rehydration Serum is not available from the Ministry of Health or the Commercial one, a Home-made Hydration Serum can be prepared in the following way:

In a liter of boiling water add:

8 teaspoons of sugar.

teaspoon of salt

pinches of baking soda.

Take this solution frequently and abundantly.

-We can also use, according to the need and priority of the Emergency, drinks rich in sugar and salts such as Coca Cola, mineral water, coconut water, which due to their content will help hydration, temporarily replacing Oral Serum.

--It is important to explain to mothers of children who are still breastfeeding that breastfeeding should not be discontinued.

-Children over 1 year old should continue with cow's milk, puree, soups and foods from the family table (1 legumes) according to the nutritional plan of the pediatric vaccination card

It is important to take the following into account to avoid diarrheal symptoms:

- Keep the house clean, dispose of garbage properly.
- Wash your hands with soap and water before preparing food, before breastfeeding your child, and after using the bathroom.
- Use spoons instead of bottles to feed children under 5 years old.
- Boil water for drinking.
- Protect food from flies and dust

MENSTRUATION

It is the periodic flow of blood that women experience during their life of sexual maturity or fertile age that begins (MENARCHE) generally between 12 and 15 years and declines (MEN-ACMIA) at 43 to 45 years, entering the woman into what is called the CLIMATERIC that marks the beginning of MENOPAUSE or the end of the fertile age.

The menstrual cycle lasts 28 days, that is, approximately 4 weeks:

1st week.

START: The lining of the uterus thickens and an egg appears in the follicle and begins to grow.

2nd week.

OVULATION : The uterine lining becomes congested.

The egg continues to grow, until at

At the end of the second week, the ovary releases the mature egg, which in these conditions will be ready to be fertilized; the egg passes into the oviduct and crosses it in 4 days.

3rd Week: If the egg is not fertilized and pregnancy does not occur, the corpus luteum replaces the follicle, grows and stimulates the growth of the uterine lining. But the egg continues to move forward.

4th Week: The corpus luteum disintegrates, as does the uterine lining or endometrium. This and the egg are expelled and menstrual bleeding is triggered, which washes away waste. Along with the presence of menstrual flow, pain in the lower abdomen may occur, caused by the detachment of the endometrium, and in many cases this may be due to anatomical factors such as a narrow cervix, the presence of tumors (fibroids, cysts) or deviations.

Menstrual pain can be relieved with painkillers such as buscapina , Midol, apranax (1 tablet every 12

hours).

- Sistolgin 1 cc IM.

- Application of heat, rest and plenty of sleep.

- Violent exercises such as athletics are not advisable during menstrual bleeding, and swimming can cause increased bleeding.

- Bathing and personal hygiene should not be interrupted, so local cleaning with warm water twice a day and changing sanitary pads every 4 hours is recommended.

PREGNANCY

Pregnancy is one of the most important stages in a woman's life, but it is also a period of doubts, uncertainty and worries, especially for first-time mothers who are facing for the first time the changes that occur in their body month after month. Therefore, the best way to deal with this stage is to know in advance the changes that your body will undergo and how your baby is developing as the weeks go by.

▪ First month

Fertilization takes place in the first month of pregnancy, after which the cells containing the genetic information of both parents begin to multiply to form the embryo. A couple of weeks later, once the embryo has formed, it implants in the uterus, where it will continue to develop. During these first weeks, levels of progesterone and Human Chorionic Gonadotropin, a hormone whose function is to prevent the disintegration of the corpus luteum of the ovary and ensure the progress of the pregnancy, shoot up.

This is what causes the menstrual period to stop, but it is also the cause of the common morning sicknesses, such as dizziness or nausea, while **it affects the mood of the future mother**, who will be more irritable and emotionally sensitive , even before knowing that she is pregnant.

Second month

During this month, changes in the mother will begin to become more evident. Symptoms that had previously gone unnoticed will intensify, while new ones will appear. In fact, after the fifth week of pregnancy, the expectant mother will begin to experience drowsiness and will feel more tired, her breasts will grow and become more sensitive and her appetite will probably increase. Meanwhile, the embryo continues to grow: ¹⁰⁷ its main organs and systems are forming, its

heart already has four chambers and it is even possible to make out its head, slightly larger than the rest of the body, as well as its incipient arms and legs.

Third month

Starting this month, the mother's belly will begin to show a little. The nausea and vomiting that were so frequent in the previous months will begin to diminish, but the hormonal changes will make you feel more emotionally sensitive, so you are likely to cry or get irritated more easily; the most critical phase of pregnancy is coming to an end, so the risk of miscarriage and of the baby having a congenital anomaly is considerably reduced due, among other factors, to the fact that in this month the embryonic period ends and the fetal stage begins. In fact, in the third month many of the organs and systems of the fetus are already formed, it is possible to distinguish the spinal column and spinal nerves, while the cartilage begins to harden. At this time the patellar reflex also develops, an involuntary contraction of the legs that allows the fetus to move more freely.

▪ Fourth month

In the fourth month of pregnancy, the mother can be more relaxed and enjoy her pregnancy to the full . At this time, the annoying nausea and vomiting are a thing of the past and the risk of miscarriage has been greatly reduced. The mammary glands have begun to develop and the breasts begin to increase in size. By the fourth month, the belly has already grown enough to be noticeable with the naked eye, which will cause slight pain in the pelvic area.

A strange feeling of having a blocked nose, known as “pregnancy rhinitis,” is also likely to appear. Meanwhile, the fetus' bones continue to harden, its arms and legs grow, and the brain begins to gradually control its body movements. During this month, the pancreas begins to produce insulin, an essential hormone for regulating blood glucose levels after birth. In addition ,

it is already possible to define the sex of the baby, since during this period **the external genitalia are** finished forming.

- Fifth month

During these weeks, the mother's belly will continue to grow and it is likely that it will gain one more size . At this stage, the internal organs will move around to make room for the baby, while the uterus will begin to put pressure on the bladder, so the urge to urinate will be more frequent. It is also likely that the mother will suffer from constipation problems, experience some pain and swelling in the legs and the dreaded varicose veins or chloasma will appear. However , for the first time, **at some point during this month the mother will feel her little one moving inside her womb**, the greatest reward for the difficult physical changes she is going through. Meanwhile, inside your womb, your baby continues to develop: the areas of the brain specialized in the senses begin to function, so that the fetus can now hear sounds coming from outside, while its skin begins to become covered with lanugo, a very fine hair, and vernix, a greasy substance formed from the secretions of its sebaceous glands and dead cells to protect its skin.

- Sixth month

In the sixth month of pregnancy, new symptoms often appear: the dreaded stretch marks begin to form and the mother is likely to notice some discomfort in her teeth. In fact, some women experience bleeding gums when brushing their teeth, a problem caused by the increase in estrogen levels. It is also normal for the baby to have circulation problems in the legs and to start retaining a little fluid. Meanwhile, the baby's eyelids, eyebrows and nails can already be distinguished, its eyes have fully formed and its skin will begin to pigment. At this time, the liver begins to produce

different enzymes that are essential for breaking down bilirubin, its respiratory system is also maturing and the limbic system of the brain, responsible for regulating emotions and feelings, is developing.

▪ Seventh month

This month, the mother will have to deal with weight gain, mobility problems and an increased feeling of tiredness. The symptoms that she had been experiencing during the previous months will intensify, fatigue and exhaustion will increase, as well as leg pain and constant sleepiness. The urge to go to the bathroom will also continue and menstrual cramps and contractions that prepare the uterus for delivery will intensify. The baby is now in a condition to survive outside the mother's womb, although its organs are still very weak. By the end of this month, the baby's heart will already pump blood to the body, its circulatory system will work very well, its lungs will have developed a complex network of blood vessels to nourish itself and its brain will already be able to regulate body temperature. For the first time, the baby begins to open and close its eyelids and will begin to sleep.

▪ Eighth month

In the eighth month of pregnancy, the mother will feel very exhausted and more clumsy than usual, mainly due to weight gain and fluid retention. You may also notice slight changes in your pelvis and hips as they adapt to make way for the baby. In some cases, the baby may put too much pressure on your bladder, causing you to leak urine. During this month, your breasts will also have grown quite a bit and will have already started to produce milk, and you may even expel colostrum from time to time. In the meantime, your baby will be almost ready to come out: its lungs and digestive and renal systems are ready to function outside the womb, the bones of the

skull will have already formed completely, although they will not fuse until several years later, and the brain will have produced 100 billion neurons and will have about 100 trillion connections.

▪ Ninth month

By now, the pregnancy has reached full term. Back and abdominal pain will be a thing of the past as the belly will have dropped a little as a result of the baby's descent into the pelvis. On the other hand, tiredness and fatigue tend to increase, a phenomenon known as sudden exhaustion. In these last few weeks, hormonal changes also affect the joints, making them weaker than usual, then waiting for the mucus plug to come off and the cervix to begin to dilate to facilitate delivery.

DELIVERY

Childbirth is one of the most crucial and feared moments for first-time mothers , occurring at the end of 36 to 40 weeks of pregnancy . Many women receive advice from other mothers and listen to personal stories from friends and family. This contributes to generating anxiety and uneasiness about childbirth.

Childbirth consists of three phases or Periods:

1- PERIOD OF DILATATION .. - In first-time mothers , the effacement of the cervix and dilation can last for several days. During this time, the cervix has to fully widen to allow the baby to come out.

Effacement is the shortening of the cervix. Once this has happened, the dilation stage begins , which is divided into passive dilation and active dilation. You will have to dilate from 0 to 10 centimeters throughout the process, and this not only takes time, but is also accompanied by contractions. During passive dilation , in which the ¹¹¹uterus dilates from 0 to 3 centimeters, contractions occur irregularly and with medium intensity. The pain of contractions varies for each woman.

It is best to spend this stage of dilation at home or in a quiet environment outside the hospital. Try to distract yourself, take a shower, watch a movie and even sleep to gain enough strength for delivery . It is not advisable to go to the hospital until the contractions occur every 5 minutes for at least a period of one hour .

In active dilation , the cervix dilates from 3 to 10 centimeters. Contractions will be more frequent and intense . During labor, you will be given an epidural if the mother so desires.

EXPULSIVE PERIOD.- When you are fully dilated, the expulsion phase begins . The midwife or gynecologist will guide you on when to push to help the baby move down the birth canal . With each contraction you must push as hard as you can. Never push with your face and neck, the force must be in the abdominal area and genitals.

The length of the expulsive stage depends on each woman , but can range from a few minutes to an hour. When you push the baby's head out, the staff will clean the airways and check that the umbilical cord is free. There is only one push left to push the shoulders out and the rest will come out on its own. At this point, the baby will be placed on you so you can see him before taking him for the Apgar test and dressing him.

3.- BIRTH PERIOD

Once the baby is born and the umbilical cord is cut, the uterus becomes much more hollow and shrinks to accommodate its smaller contents. This reduces the area of insertion of **the placenta, facilitating its detachment and subsequent expulsion**, together with the membranes and the remains of the cord. This phase of detachment and expulsion is called "delivery".

After the baby is born, and while the first steps are being taken and the baby is placed on the mother's chest, uterine contractions return to expel the placenta, membranes and the rest of the cord, thus completing the delivery.

In this phase of childbirth, it is not necessary to specifically resort to an external help factor; you will only have to keep your body at rest, which will not be difficult after the effort and when the mother is with her baby.

The contractions, which are not painful at this stage, will do the rest, and between 5 minutes and 1 hour after the baby is born, the placenta will be expelled. It passes into the lower segment of the uterus and into the vagina, where it can be removed. Once the placenta has been expelled, the doctor will take care of suturing any tears or the episiotomy if one has been performed.

If the mother has given birth with an epidural, she will hardly notice any discomfort. Otherwise, she will feel pain similar to that of the dilation period, but less intense and longer lasting.

At this stage, **the mother's feelings** can vary greatly, but in general, tiredness and pain give way to happiness at having the baby with us. Hunger, thirst, chills, trembling, impatience, relaxation, anxiety... each mother will describe these moments in a different way, but they will probably agree on the fact that all previous suffering is forgotten.

Ideally, the mother should be allowed to establish the first bonds with the baby through direct contact and in the most intimate and relaxed environment possible.

After checking that the uterus has contracted properly and that there is no excessive bleeding, the hospital staff cleans and disinfects the mother's genital area. She is then taken to her room, or to an observation room if she has been given anesthesia.

BREASTFEEDING

During the first few hours in your arms, your baby will be ready to be fed for the first time. Whether you choose to breastfeed or not, you'll likely spend a lot of time feeding your baby in the first few weeks and months.

Breastfeeding may be the most natural thing in the world, but it's not always easy. It can take time for you and your baby to get used to it. Remember, it's the first time for both of you.

The breast milk that comes out for the first time is a special substance called colostrum. It is a yellowish fluid packed with immunity-boosting proteins and antibodies, which are the best for the baby.

Breastfeeding can be difficult at first, so don't worry. Contact a doctor or lactation consultant for help. If for whatever reason you're not going to breastfeed, there are formula milk alternatives available on the market. The most important thing is that your baby gets the nutrition he needs.

Tips for mothers

The key to the first time: Wait until your baby's mouth is wide open and then help him latch on to your breast.

The baby's mouth should cover the entire areola.

The sucking action on the areola is what causes the milk to flow.

If you don't feel like it's working properly, use your finger to break the suction and try again.

Each breastfeeding usually lasts between 20 and 45 minutes every 3 hours.

Check that your baby is eating well by monitoring how long he or she has been breastfeeding, from which breast, and counting the number of wet diapers.

The first few days, your baby should have 1 to 3 wet diapers per day.

A diaper with a urine-activated wetness indicator can help with this.

Every mother's milk is formulated exclusively for her own baby and is full of infection-fighting cells and proteins that will help keep the baby happy and healthy. Breastfeeding your baby can be enjoyable for both of you.

The first few times you feed your baby are special times. No other time can bring you closer to your little one during the first year. Helping your baby get the important nutrients he needs to grow and develop is a wonderful thing, but the time you spend together is just as important.

It may take a little practice at first, but there are many reasons to put your best effort into breastfeeding.

Breastfeeding provides specific health benefits for you and your baby. As well as being an ideal way to bond closely with your new child, breastfeeding helps stimulate hormones that shrink the uterus back to its pre-pregnancy size.

Breastfeeding also helps you lose weight after pregnancy because it uses up the special type of fat you gained during pregnancy before it becomes part of your body. Breastfeeding helps you lose that weight at a proper pace.

Breastfeeding women need to gain 5 to 10 pounds over their pre-pregnancy weight to keep their bodies healthy while nourishing their children. If you lose weight too quickly, it can decrease milk production when the baby has a growth spurt and needs more to eat. Those extra pounds will fall off naturally during the first six months.

You will start to have breast milk a few days after your baby is born. Until then, your breasts will be busy making colostrum so your baby can drink this until you have milk. This thick, yellowish substance has lots of proteins and antibodies that will help your baby fight off illnesses.

Colostrum is your baby's first food and his first "immunization" against illness. Your baby has plenty of stored water and fat to use while he's eating this all-important food. His tummy can only hold about a teaspoon of liquid at this age, so he doesn't need much to fill it up.

Before your milk comes in fully, your newborn may begin nursing as often as every hour for the first day or two of life. This will help your body build up a good milk supply that is perfectly tailored to your baby's needs. In just two to four days, your body will adjust to this "information," and your baby will need to nurse less frequently — about every two to three hours, or eight to 12 times in a 24-hour period.

When you first start having milk, it will look very different from colostrum; regular breast milk is more like skim milk, a white or bluish liquid that looks thin.

When you're breastfeeding, it's essential to get good nutrition, drink plenty of fluids, and get plenty of rest. Sleep when your baby sleeps, and drink plenty of healthy fluids. Milk, water, and natural juices are all good choices; and remember to relax.

You'll need to maintain a healthy basic diet to keep your breast milk supply up, but you don't need anything fancy. Some breastfed babies are ¹²²very sensitive to certain things in their mother's diet, but most of them do just fine no matter what you eat.

In general, your body reacts to your baby's hunger: If he doesn't eat much, you won't produce as much milk, and if your baby eats a lot, you'll produce a lot!

Feed your newborn on demand, meaning whenever he wants to eat. Your baby won't eat large amounts in the first few days because his stomach is so small, but he'll want to be nursed often. Most newborns need about 10 to 12 feedings in a 24-hour period, or one feeding every one to three hours.

Once you've established your milk supply, wake your baby for feedings if he sleeps more than three hours during the day or four hours at night. Otherwise, he'll wake up too hungry to feed properly. When things start to work well, he'll wake up when he needs to.

Like many breastfeeding mothers, you may not be sure when your baby has had enough to eat. You'll know he's getting something if you can hear him gulping while you're nursing. Another clue is whether your baby sleeps well after a meal. If his stomach is full and his diaper is clean, he'll probably fall back asleep after eating.

Other signs that your newborn is getting enough to eat:

He produces about six wet diapers each day after your milk and two to five soft, yellow stools each day until he is six weeks old. Some babies process breast milk so efficiently that they pass stools very infrequently.

Your urine is pale yellow, not dark yellow or orange.

Your breasts feel soft and "empty" after breastfeeding

The Grooming of the Newborn

Your baby's first bath is truly an achievement. But when to give it, not to mention how and where, is the big question for all new parents. ¹²³ Cleaning a slippery, and sometimes crying, baby

takes practice. So relax - it will get easier and easier and your baby will soon learn to enjoy splashing around in the water.

For a newborn, two or three times a week is probably enough, as long as you keep the diaper area clean and wash his hands, neck, and face several times a day. Unless he has spit up or soiled himself, a newborn doesn't get very dirty.

For older babies, bathing may be necessary every day as bath time becomes part of the bedtime routine. It can be a great way for your baby to relax and rest at night.

Before the umbilical cord falls off (between 10 days and 3 weeks after birth), the best option is to bathe your baby with a sponge to avoid getting the cord wet. Here's how:

Lay your baby down on a soft, smooth surface (a clean towel is fine). Have a bowl of warm water and a sponge or washcloth handy.

Keep your baby wrapped warmly and leave one limb out at a time and wash it.

Gently pat the wet area dry with a towel and start on the other limb.

If you accidentally get the umbilical cord wet, simply use a towel to gently dry it. (See our article on <> Umbilical Cord Care.)

Once the cord has fallen off, your baby is ready for a real bath in the tub, sink, or baby bath. In either case, line the bottom with a towel to make it softer and less slippery. It's also good to have another person nearby to help hold your slippery little one. Gather everything you need to use beforehand so you don't have to worry during bath time.

We give you this simple list:

A large hooded towel

A sponge or soft cloth

Cotton pompoms

Baby soap or bath soap

A baby brush or comb

You'll only need about 2 inches of warm water to give your baby an effective bath. Try placing a warm washcloth on his belly to keep him from getting cold.

These first baths should not be long or thorough, but they should be effective. Hold your baby firmly but gently as you clean away any dirt or loose skin that has accumulated. You will need to support his head and back as you wash him. While washing him, pay special attention to:

The genital and diaper areas.

Hands and feet. Also look between the toes and fingers.

The folds on the back of the knees, neck and thighs.

Face: If dirt has accumulated around the eyes, use a cotton swab to clean it.

Armpits: Lint from your clothing can accumulate here.

Behind the ears.

Not all babies are born with a full head of hair, but if your baby does have hair, wash it with a mild baby shampoo as needed. Simply apply a small amount of shampoo to the hair and gently massage it in, letting it sit for a short time while you rinse. Wash your baby's hair last so it doesn't have to come into contact with soapy water.

Your baby's skin is more sensitive than yours. As a result, bath water that feels right for you may be too hot for him. Before you put your baby near the water, test it with the back of your wrist or elbow: These areas are more sensitive to heat than your hand. The water should feel warm, but not hot.

Finally, don't be surprised if your baby cries during his first baths. He's just reacting to an unfamiliar sensation. Keep the room temperature warm, the bath water pleasant, and soothe him with cuddles and songs. He'll soon learn to enjoy bath time.

MENOPAUSE

Menopause is a normal stage of life, as is puberty. It is the stage of the last menstrual cycle, but symptoms can begin several years earlier .

After 1 full year without any menstruation, you can say that you have "gone through menopause."

Postmenopause follows after menopause and lasts for the rest of life.

The average age of a woman having her last period, menopause , is 51. But some women have their last period in their forties, and some have it later in their fifties.

Smoking can lead to early menopause, as can some types of surgery.

For example, surgery to remove the uterus (called a hysterectomy) will cause your periods to stop, which is menopause.

Symptoms such as hot flashes during this time are due to the fact that the ovaries, although they have not been removed, can still produce hormones.

Over time, when your ovaries begin to produce less estrogen, symptoms of menopause may begin.

However, sometimes both ovaries are removed (a surgery called oophorectomy), usually along with the uterus.

That's menopause, too. In this case, menopausal symptoms can start immediately, no matter how old you are, because your body has lost its ¹²⁶main source of estrogen production.

Symptoms and signs

Women may have different symptoms during menopause . This is because estrogen is used by many parts of our bodies . So as you have less estrogen, you may have a variety of symptoms. These are the most common changes you may notice during middle age . Some may be part of the aging process rather than part of menopause.

-Changes in the period:

This may be what you notice first. Your periods may not be regular. They may be shorter or last longer. You may bleed less or more than usual. These are all normal changes, but to make sure there isn't a problem, check with your doctor if:

Their periods become very close to each other.

If you have heavy flow

Light bleeding or spotting between periods

Your periods last more than a week.

-Sudden hot flashes:

Many women experience hot flashes during menopause. These may be related to changes in estrogen levels. Hot flashes may last for a few years after menopause.

A hot flash is a sudden feeling of heat in the upper part of your entire body.

Your face and neck may become flushed. Reddened areas may appear on your chest, back and arms, followed by heavy sweating and chills.

Hot flashes may be very mild or severe enough to wake you up (called night sweats).

Most hot flashes last from 30 seconds to 10 minutes.

Problems with your vagina and bladder

127

Changes in estrogen levels can cause your genital area to become dry and thin.

This could make sexual intercourse uncomfortable.

Some women find it difficult to hold their urine until they can get to a bathroom.

Sometimes urine leaks during exercise, sneezing, coughing, laughing, or running.

-Sleep disturbances:

Around middle age some women begin to have trouble getting a good night's sleep.

Maybe you can't fall asleep easily, or you wake up very early.

Night sweats can wake you up.

You may have trouble falling back asleep if you wake up during the night.

-Decreased sexual desire

You may notice that your feelings about sex are changing. Maybe you are less interested.

Or, maybe you feel liberated or sexier after menopause.

After about a full year without your period, you will no longer be able to get pregnant.

-Mood swings:

A person may find themselves more moody or irritable during the time of menopause.

Scientists don't know why this happens. It's possible that stress, family changes such as growing children or aging parents, a history of depression, or feeling tired may cause these mood swings.

- Your body feels different:

Your waist may widen, you may lose muscle mass and gain fat.

Your skin may become thin. You may have memory problems, and your joints and muscles may feel numb and sore.

Day after day your body is busy breaking down bone tissue and replacing it with new, healthy bone tissue. Estrogen helps control bone loss, and the loss of estrogen around the time of

menopause causes women to lose more bone than they regain. At the same time, bones become weak and break easily. This condition is known as osteoporosis . A bone density test should be performed. that is, to check the density of your bones and find out if you are at risk.

After menopause, women are more likely to suffer from heart disease . Changes in estrogen levels may be part of the cause. But aging may also be the cause.

As you age, you may gain weight and develop other problems, such as high blood pressure. This could put you at higher risk for heart disease.

Make sure to regularly check your blood pressure and triglyceride , glucose , LDL-Cholesterol (mg/dl) levels . also called "**bad**" cholesterol , HDL-Cholesterol (mg/dl) .“good” cholesterol and the , and the total cholesterol level .

PAPILLOMA VIRUS

Human papillomavirus (HPV) is a sexually transmitted infection. HPV is usually harmless and goes away on its own, but some types can cause genital warts or cancer.

There are more than 100 types of human papillomavirus (HPV). About 40 types can infect the female genital area (vulva, vagina, cervix, rectum, anus, penis, and scrotum) as well as the mouth and throat. These HPV types are spread during sexual contact. (Other HPV types cause common warts, such as warts on the hands and soles of the feet, but are not sexually transmitted.)

Genital HPV infections are very common. In fact, almost all sexually active people get HPV at some point in their lives. Most people with HPV have no symptoms and feel perfectly fine, so they usually don't even know they're infected.

Most genital HPV infections are harmless and go away on their own. However, some types of HPV can cause genital warts or certain types of cancer.

Two types of HPV (types 6 and 11) cause most cases of genital warts . Warts aren't pretty, but they're caused by a low-risk type of HPV that doesn't cause cancer or other serious health problems.

At least a dozen types of HPV can cause cancer, although two in particular (types 16 and 18) cause most cases. These are called high-risk HPV . Cervical cancer is most commonly associated with HPV, but HPV can also cause cancer in your vulva, vagina, penis, anus, mouth, and throat.

There is no cure for HPV infection, but there are many things you can do to prevent HPV from having negative effects on your health. Vaccines can prevent you from getting certain types of HPV forever. Your doctor or nurse can remove genital warts. High-risk cases of HPV can be easily treated before they turn into cancer, so it is very important to get regular HPV tests and Pap smears . While condoms and dental dams do not offer perfect protection, they can help lower your chances of getting HPV.

Most people who have a high-risk type of HPV don't show signs of the infection until it has already caused serious health problems. That's why regular checkups are so important. In many cases, cervical cancer can be prevented by detecting abnormal cell changes that, if left untreated, can turn into cancer.

A Pap test , commonly known as a vaginal cytology, is used to detect these abnormal cells in the cervix. This is not a test that directly detects cancer or HPV, but it can detect abnormal cell changes that are likely caused by HPV. Affected areas can be monitored by your nurse or doctor and treated before they become more serious.

Pap tests can detect abnormal cells in the ¹³⁰cervix, usually caused by HPV. Pap tests detect cell changes caused by HPV, but not the virus itself .

There is also an HPV test that can detect some high-risk types of the virus, but it is only used in certain situations. Gynecologic checkups include a Pap smear or HPV test as appropriate. How often you should be tested depends on your age, medical history, and the results of your last Pap smear or HPV test. Your doctor will tell you when you should be tested and which tests are appropriate for you.

Testing for other sexually transmitted diseases (STDs) isn't always part of a regular health or gynecological checkup; you have to ask for it. Be honest with your doctor or nurse so they can help you figure out what tests you need. Don't be embarrassed—your doctor is there to help you, not judge you.

The HPV test should be performed in the following cases:

For women aged 25 years or older instead of vaginal cytology.

For women aged 30 to 65 years, along with vaginal cytology.

As a follow-up test when abnormal cells are found on vaginal cytology or when the test results are unclear.

There is no test to detect the high-risk HPV types that cause infections of the vulva, penis, anus, or throat, and these infections do not cause symptoms themselves. If they develop into cancer, then some symptoms may appear.

Penile cancer can cause symptoms such as changes in the color or thickness of the skin on your penis, or a painful ulcer may appear on your penis.

Anal cancer may cause bleeding, pain, itching or discharge from the anus, or changes in bowel habits.

Vulvar cancer can cause symptoms such as ¹³¹changes in the color or thickness of the skin of the vulva. There may be chronic pain, itching, or a lump may appear.

Throat cancer can cause a sore throat, persistent earache, constant cough, pain or problems swallowing or breathing, weight loss, or a lump or mass in your neck.

There is no cure for HPV infection, but cancer usually takes several years to develop, allowing abnormal cervical cells to be detected and treated before they become cancerous. The vast majority of HPV infections are temporary and not serious, so regular health checks, which should include a Pap smear or HPV test, are advisable .

HPV AND GENITAL WARTS

Genital warts are harmless bumps that appear on the skin of your vulva, vagina, cervix, penis, scrotum, or anus. Most genital warts are caused by HPV types 6 and 11. Genital warts are soft, fleshy bumps that sometimes look like a miniature cauliflower. They are usually painless and can be treated and removed like warts on your hands or feet. Because genital warts look like other skin problems with bumps, only a medical professional can diagnose and treat these types of warts. These warts are not dangerous and do not cause cancer, so the HPV types that cause genital warts are called “low-risk” warts. However, they can cause irritation and discomfort, and you can pass the HPV that caused them to other people.

TREATMENT:

There is no treatment for the virus, but if you have high-risk HPV, it can cause abnormal cell changes that can lead to cancer. If your Pap smear result is abnormal, you may need further testing and/or treatment, including:

Colposcopy : A procedure to look more closely at the cervix to see if there are any precancerous cells.

Cryotherapy : Treatment to freeze and remove precancerous cells of the cervix.

LEEP or loop electrosurgical excision procedure: Treatment to remove precancerous cells from the cervix using an electric current.

PREVENTION:

The best way to avoid contracting any sexually transmitted disease is not to have sex. If you do have sex, the best way to avoid the problems that can be caused by the human papilloma-virus (HPV) is to get vaccinated against it, use condoms and/or dental dams, and have regular Pap smears and HPV tests.

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1) QUANTUM DISTANCE HEALING

Quantum vibrational frequencies can be made in the name of other people, someone you want to help. For this purpose, I verbalize: “I apply these quantum vibrational frequencies for (name and surname of the other person)” and that person will receive the vibration and do with it what suits them. The intention of another should not be from the ego, but respecting the free will of the other: for example, “not asking for your ex to come back, but to find peace.” You can also ask for the physical and spiritual health of third parties, to unblock bonds from past lives, envy and bad vibrations sent by others. Quantum vibrational frequencies cleanse.

2) LEVELS OF QUANTUM CONSCIOUSNESS

Different levels of consciousness correspond to certain emotions, certain filters of perception and certain levels of energy.

There is a scale from 0 (death) to 1000 (enlightenment) on which we can calibrate our vibrational frequency. At the highest level of the scale (1000) is enlightenment, a state of union or connection with that “something” that is indestructible and bigger than everything, but connected to everything (including yourself). You can call it God, spirit, creative energy, the power of energy, or whatever you decide to call it.

In the lowest state (0) is death.

Through kinesiological tests it has been determined that the physical body is strengthened or weakened depending on the level at which we find ourselves, so the lower we are on the scale the less energy we will have (we will be at a lower frequency) so if we experience more negative thoughts, more negative emotions, the more illness and deficiency we will have.

All levels below 200 are life-destroying in the individual and in society, and all levels above 200 are constructive expressions of power. The decisive level of 200 is the threshold that divides the general areas between strength and power.

If we operate below 200, our consciousness is destructive, negative and not whole, it is not complete or degrees of falsehood (strength) in contrast to the degrees of truth (power) which are what are above 200.

Any value below 200 weakens us, making our body more susceptible to illness; on the other hand, values greater than 200 empower us and allow us to be masters of our destiny.

85% of the population on the planet lives below the level of courage (or valor), however, the “Map of Consciousness” does not aim to establish a dualism between what is good or bad; Hawkins emphasizes again and again that no level is “better” than another, but that they are all simply a form that our consciousness can take, transforming the Growth Map into a tool through which you can ascend if you so wish.

Both vibration and frequency are vitally important pillars in our lives because literally **EVERYTHING IS ENERGY.**

If your emotions are negative (anger, fear, envy, anxiety, jealousy, attachment, addictions) your frequency will decrease and everything you attract will be around that. But if you act positively (Joy, Gratitude, Serenity, Interest, Hope, Inspiration, Love) then your frequency will be like that of a speaker turned up to full volume. Everything you attract will be in abundance, having the universe in your hands.

Even though the ultimate frequency level is 1000, there are still very few in this universe who reach that level. The neutral point on the chart is 200. Above the threshold you will vibrate so high that it will lead to self-healing and fulfillment in all aspects of your life, both spiritual and material.

Usually, humans only reach 200 because we establish certain blocks such as low self-esteem, self-doubt, suffering, repressed feelings about something that happened to you at a certain stage in your life (in this case, you need to forgive and release this harmful feeling), and eliminate the phrase that begins with 'I DON'T...', etc.

If all human beings were above level 200, the world would be much better than it is now. If we use the table to start learning, it is easy to change our minds if we just set our minds to it. Let us trust in the path of life no matter what stone stands in our way. The stone is part of the path, you just have to accept it and learn from it and in that way you will reach the leap of enlightenment.

Vibrate Always **HIGH** no matter what, how, when and where. We will always have negative thoughts, only you are the one who determines how far or long that thought can go.

The universe is infinite, there is abundance for everyone. Work in harmony with the laws of the universe and you will reach between the 500 – 1000 frequency.

Exercises to vibrate high

1. – Practice gratitude: Gratitude is an emotion that has a very high vibrational frequency . You can practice gratitude daily by writing in a journal three things that you are grateful for that day. Be grateful all the time. Be grateful for what you have and what you don't have.

2.– Avoid complaining: When you complain, you focus on the negative and on what is wrong, which can generate feelings of frustration, anger and sadness. Avoiding complaining can be beneficial for your emotional and mental well-being. In addition, constant complaining can generate a negative and limiting mentality, affecting your perception of reality.

3.– Meditation: This is a practice that helps us calm our mind and connect with our inner self. Meditation can raise our vibrational frequency by making us feel peaceful and balanced.

4.— Exercise: Exercise is an excellent way to raise our vibrational frequency. When we exercise, we release endorphins, which are hormones that make us feel good.

5.— Listen to happy music: Music is a powerful tool to elevate our emotions. Listening to happy and positive music can make us feel happier.

6. – Surround yourself with positive people: The people around us can influence our emotional frequency. Keep people around you who support you and make you feel good.

7. Laughter: When we laugh, our body releases endorphins, which are neurotransmitters that produce a feeling of pleasure and well-being. These endorphins can help reduce stress, improve mood, strengthen the immune system and reduce physical pain. Laughter is a beneficial activity for our health and well-being. In addition, laughter can also improve social connection and empathy, as it can help us connect with others and release tension.

8.— Create and visualize affirmations: I Am (verb), I Have (verb) (always say it in the present tense, it gives results).

9. Interact with nature: Interacting with nature can be beneficial for your physical, emotional and mental well-being. Nature is a space where you can connect with your senses and experience pleasant sensations. In addition, spending time in nature can reduce stress levels, improve mood and concentration, and increase creativity and problem-solving skills.

Interacting with nature can take many forms, from hiking, meditating outdoors, playing outdoor sports, or simply spending time in a park or garden. The important thing is to do it regularly to experience the benefits that nature has to offer.

10. – Start building with the words: 'Today I am happy because I deserve it'. Words have a significant power in our daily lives, and therefore, it is important to build with them. To build

means to construct and elevate something, and when we build with our words, we are building positive relationships and situations in our lives.

Words can be used to express love, compassion, encouragement and support, and they can also be used to inspire and motivate others. On the other hand, words can also be hurtful, harmful and even destructive. Therefore, it is important to be aware of our words and use them responsibly and constructively. Building up with our words can have a lasting impact on people and on our own lives.

If you feel positive, happy and at peace, you are likely vibrating at a high frequency. If you feel negative, anxious or depressed, you may be vibrating at a low frequency.

Emotional frequency can help you raise your vibration. Emotional frequency is not a fixed thing, but can be influenced and modified by our actions, thoughts, and daily practices. With practice and self-discipline, you can raise your emotional vibration and experience a fuller, more positive life.

Meditation, conscious breathing, and gratitude practice are powerful tools for raising your emotional frequency even during challenging times. It is also helpful to surround yourself with people and environments that support you in maintaining a high emotional vibration.

The vibrational frequency of emotions allows us to understand how our emotions affect our energetic vibration and how we can work to raise our emotions to a higher frequency. By doing so, we can improve our lives and attract positive situations and people to our path. Remember that raising our vibrational frequency is a daily practice that requires time and effort, but the benefits are invaluable.

3) QUANTUM SCALE OF EMOTIONS IN HZ

50 Hz shame

30 Hz remorse

50 Hz apathy

75 Hz suffering

100 Hz fear

125 Hz desire

150 Hz anger

175 Hz pride

200 Hz value

250 Hz neutrality

310 Hz will

350 Hz acceptance

400 Hz reasoning

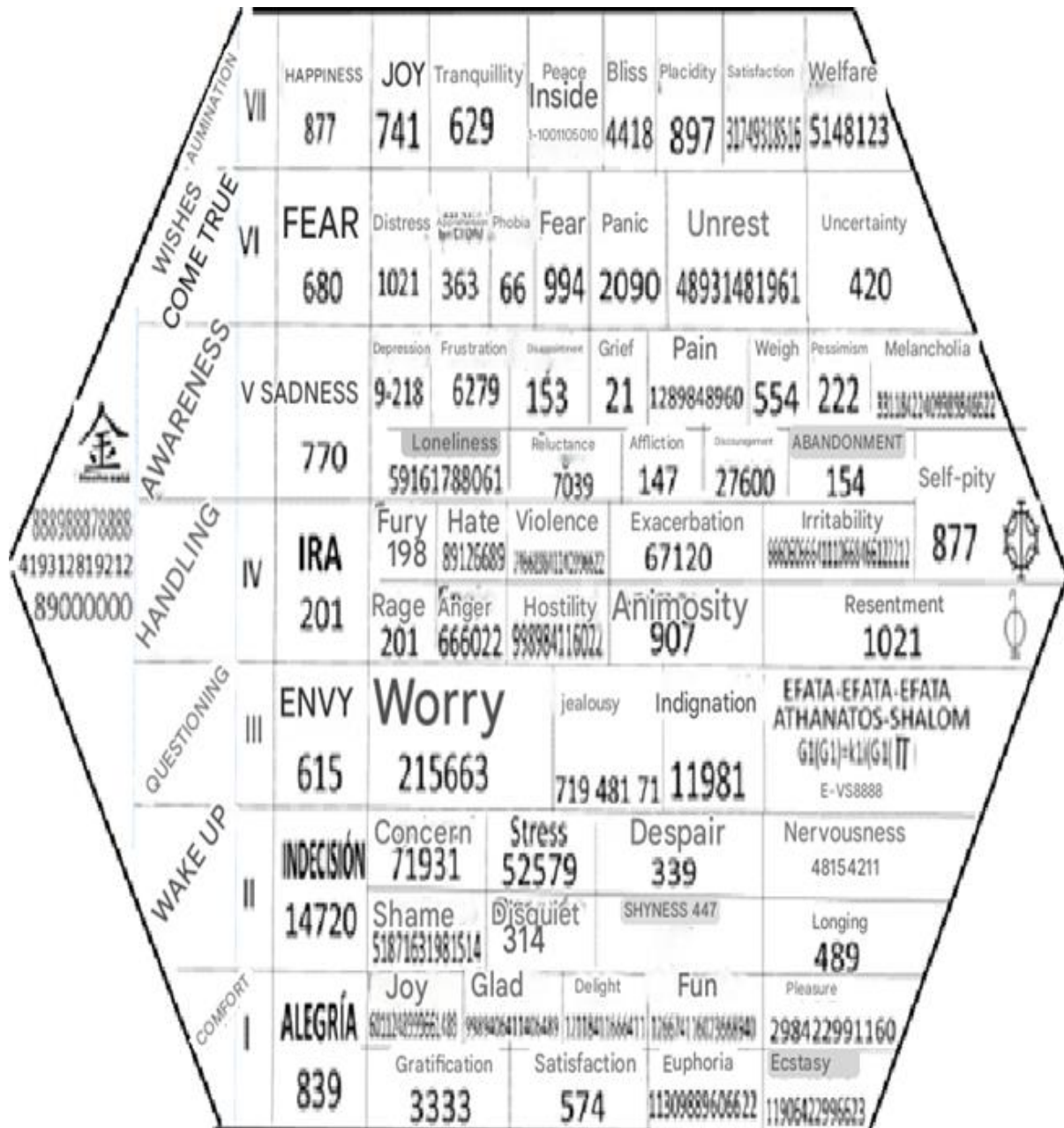
500 Hz love

540 Hz joy

600 Hz peace

700+Hz

illumination



CHAKRA	LOCATION	COLOR	EMOTIONS	STATEMENTS
1°	Coccyx, genitals	RED	In harmony: joy of life and practicality In disharmony: insecurity/aggressiveness	Feet on the ground
2°	lower belly	ORANGE	In harmony: creativity, confidence, good relationships with others. In disharmony: unbalanced sexual drive, jealousy and anger.	I allow myself to enjoy
3°	About the navel	YELLOW	In harmony: strength and courage In disharmony: low self-esteem	The power lies in me
4°	Center of the chest	GREEN	In harmony: unconditional love and compassion. In disharmony: fear of loneliness, commitment, dependence and melancholy.	I love me
5°	Throat	TURQUOISE/LIGHT BLUE	In harmony: communication, creation, responsibility for one's own existence. In disharmony: fear of expressing, lack of creativity, judgment.	I express what I feel
6°	Frown	INDIGO BLUE	In harmony: ability to discern, wisdom and intention. In disharmony: learning difficulties, hallucinations, mental disorders.	I let myself be guided by my intuition.
7°	Crown	VIOLET/WHITE/GOLD	In harmony: mental clarity, transcendence. In disharmony: mental exhaustion, irritation, depression.	I am a channel between heaven and earth

CLAN (lineage, father, surnames)

FAMILY (mother)

11 Male archetype (notion of father, man, God). The role of the father. My image towards the outside from the father's perspective.

12 Ease of expressing myself with my father as an equal.

13 Firmness in my purposes in the face of my father's project.

14 The boldness that I see and recognize in myself father.

15 My emancipation from the father. No, I stand before the authority of the father: The place that my father has assigned to me.

17 I against the rules of the clan, I move in society from what I

I have received from my father.

18 I am part of the Universe. I am a mature being. I am a free being in front of my father.

21 Feminine archetype (notion of mother, woman, Earth). The role that the mother has. My image facing outwards from the mother's perspective.

22 Ease of expressing myself with my mother as equal to equal.

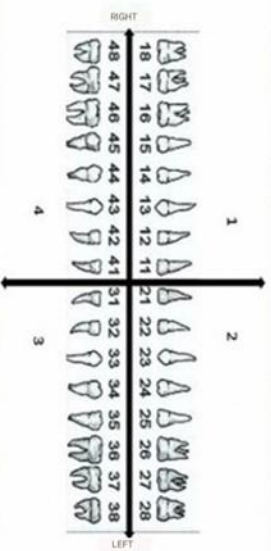
23 Firmness in my purposes regarding my mother's project.

24 The audacity that I see and recognize in myself mother.

25 My emancipation from the mother. 26 I before the authority of the mother: The place that my mother has assigned to me.

27 Me against family rules. Me I develop in society from what I have received from my mother.

28 I am part of the Universe. I am a mature being. I am a free being in front of my mother.



JOB (action, father, social position)

HOME (nest, couple)

41 Openness to life, new beginnings, reception by the father.

42 How I relate to my father.

43 Memories inherited from my clan paternal.

44 Acceptance of changes. The sexuality from my father's perspective.

45 Self-affirmation in what I want in front of the father.

46 The emotional and material security I receive from dad.

47 Trust with my father.

48 I am part of the Universe. I am a mature being. I am a free being in front of my father.

31 Openness to life, new beginnings, reception by the mother.

32 How I relate to my mother.

33 Memories inherited from my family maternal.

34 Acceptance of changes. The sexuality from my mother's perspective.

35 Self-affirmation in what I want in front of the mother.

36 The emotional and material security that mom's receipt!

37 Trust with my mother.

38 I am part of the Universe. I am a mature being. I am a free being in front of my mother.

8 INFINITY, CUT, RELEASE,

HEAL

DNA REGENERATION

641849 8989

TELOMERASE

80119



53184854961

THOUGHT, FEELING, PAIN, ILLNESS, LACK, RELATIONSHIP.

88889888878888



914 501 604 981 519 671 918 549
 549 691 718 548 11 21 22 519 671 918 549
 471 891 016 498 13 23 519 671 918 549
 614 218 598 781 14 24 614 317 219 498
 378 498 514 916 15 25 614 317 219 498
 369 481 319 478 16 26 648 517 216 318
 548 419 478 694 17 27 648 517 216 318
 498 516 318 914 18 28 648 517 216 318

541 219 016 898 48 38 986 149 318 518
 519 814 317 984 47 37 986 149 318 518
 518 495 319 816 46 36 514 712 814 312
 518 016 949 148 45 35 514 712 814 312
 514 817 316 498 44 34 514 712 814 312
 589 318 499 164 43 33 519 317 218 498
 989 718 514 601 42 32 989 718 514 601
 584 716 914 219 41 31 584 716 914 219

SPINE 304

INTERVERTEBRAL CANAL
648217398491

279

- C1 EXTREME SUSCEPTIBILITY 3333
- C2 LACK OF RECOGNITION 32
- C3 FEAR OF SAYING "NO" 888
- C4 ANGER AND GUILT 540
- C5 FEAR OF SPEAKING 344
- C6 EXCESSIVE PENALTIES 21

FEAR OF NOT BEING ABLE TO OVERCOME
THE DIFFICULTIES

- D1 FEAR OF LOSING 691
- D2 OVERWHELM/OPPRESSION 147
- D3 INJUSTICE 1523
- D4 FEAR OF NOT BEING LOVED 39119488061
- D5 FEELING OF ERRORS 194

Q D6 JEALOUSY 719 481 71

- D7 FAMILY CONFLICTS 843
- D8 FAILURE 14710

ED9 SENSE OF ABANDONMENT 14111963

- D10 FEELING OF REJECTION 9718319575148179
- D11 DEVALUATION

9718349 VB D12 PERFECTIONISM 88949

R L1 INSECURITY 71931

BP L2 HUMILIATION 11981

62731
498217218227

- L3 TREASON 1579
- L4 FRUSTRATION 4500000
- L5 FEELING OF MANIPULATION

ID S1 DIVINITY 62731

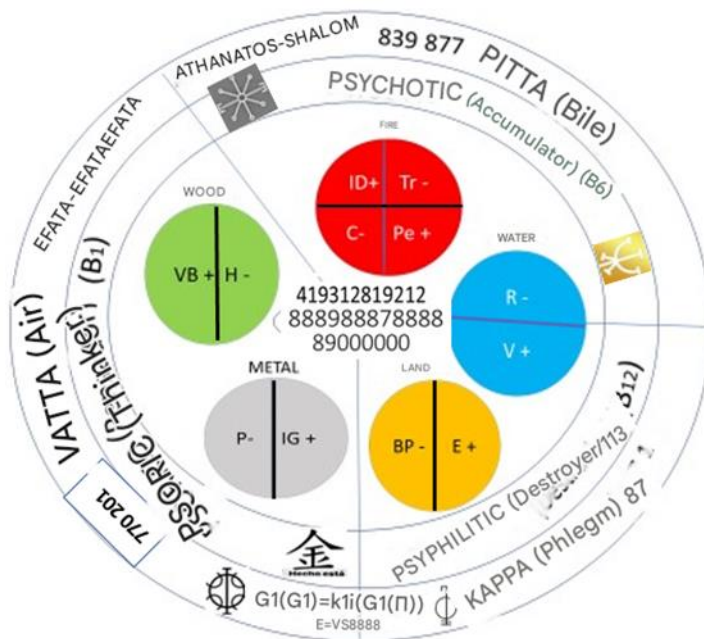
S2 VISION 147

IG S3 SACRAL EASY TO INFLUENCE 300

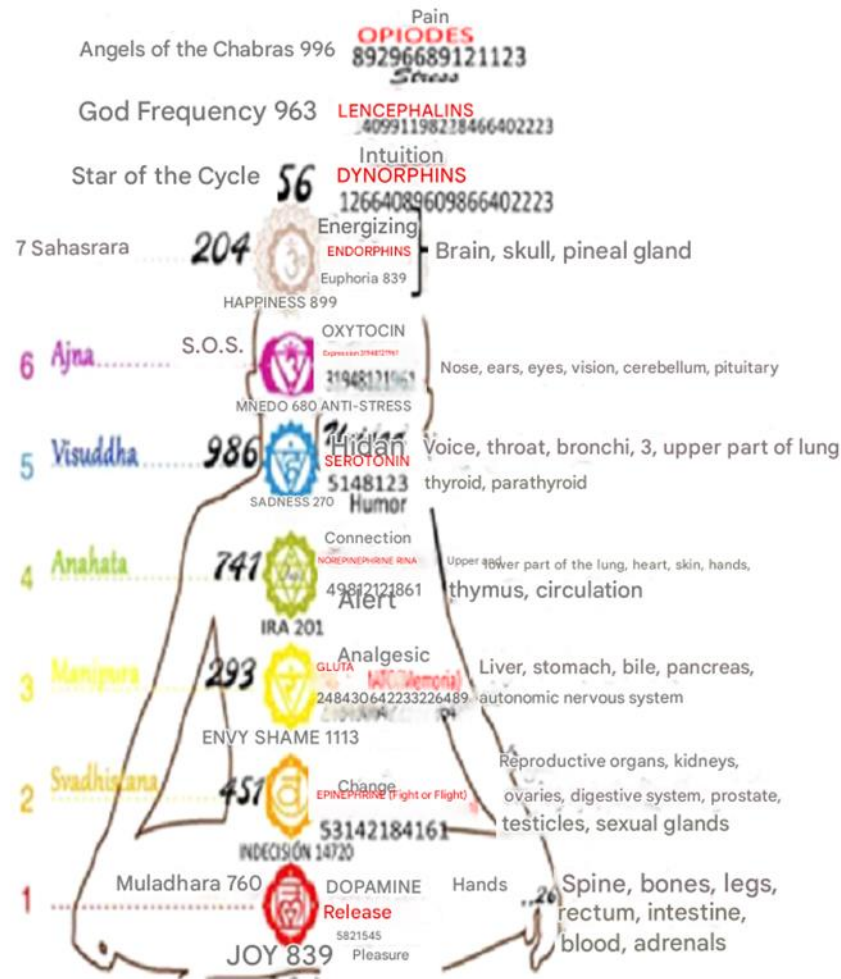
S4 DISCRIMINATION 615

VSS COCCYX INTERNAL WEIGHT 1021

| $G_1(G_1) = K_1 i(G_1(\Pi))$ **E=VS**



NEUROTRANSMITTERS



Earth Star 264

EFATA-EFATA-EFATA

ATHANATOS-SHALOM

SHALEM LESHALEM MUSHLAM LISLOM SHELEM






















419312819212
888988878888
89000000

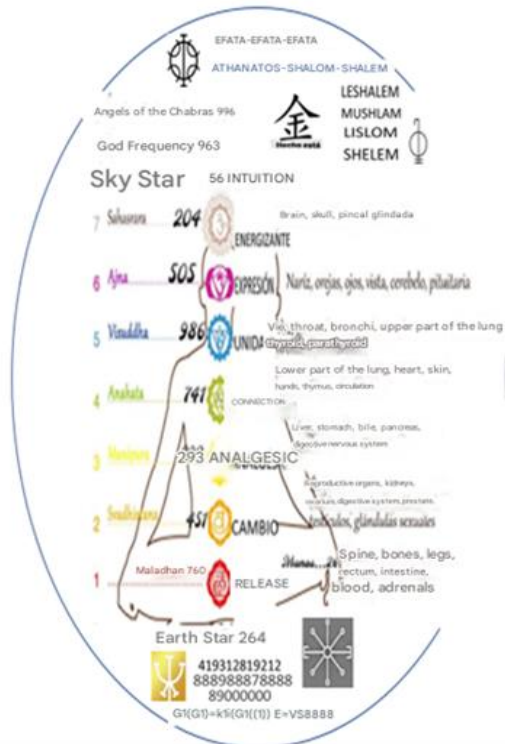


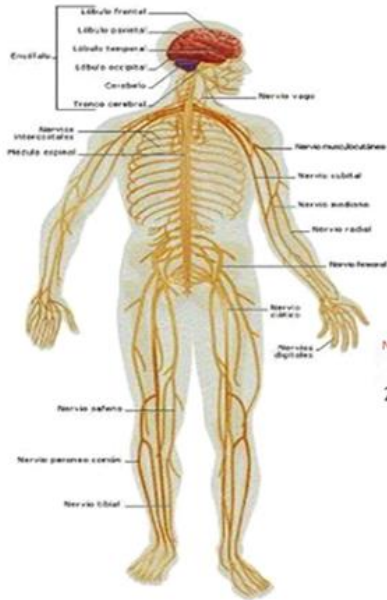
G1(G1)=k1i(G1(Π))

E=VS8888

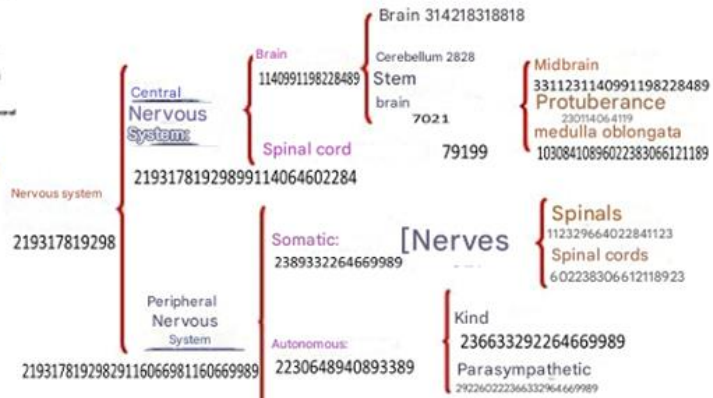
It's done

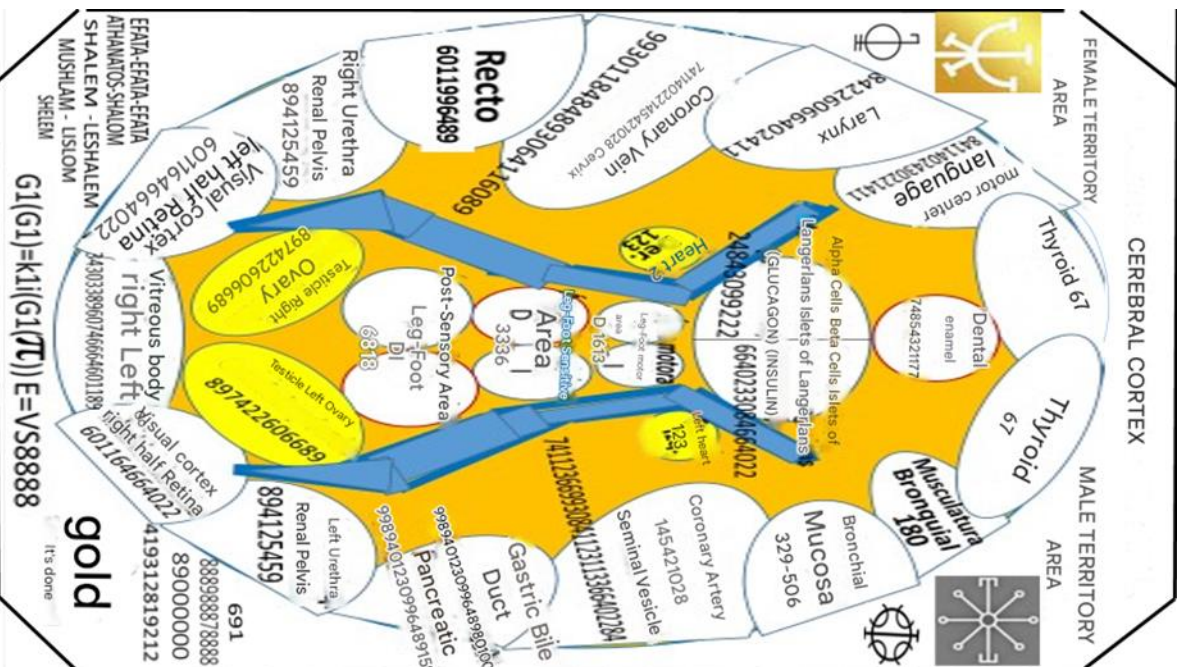
ONTOLOGY			
SEX I O M O 34893389231190302284 G E N E R O Yo	SEXUALITY	HETEROSEXUAL  341164116089231190302284	
		E-VS8888  金 Henha is G1(G1)=k1i(G1(11))	
	SEXUAL ORIENTATION	LGB	LESBIANS  841123106622402223
			GAY  242226
	SEXUAL PREFERENCES (Gender Equality)	LGB	QUEER  3830111160
			BISEXUAL  10662311903022841140
	GENDER IDENTITY (Feeling like a man or a woman)	TRANS  LGBTT LGBTI	TRANSGENDER  6460224023241140116089
			TRANSSEXUALS  646022402311903022841123
	HEALING SEXUALITY 3337-843	LGBTD	TRANSVESTITE OR INTERSEXUAL  6460227411236466
	PEROMONE ACTIVATION 801-802		DEMISEXUAL OR ASEXUAL  22231190302284
ACTIVATION OF ATTRACTION 904	LGBTA	ARROMANTIC  2260608933224064669989	
SEXUAL COMPATIBILITY 519 719 418	LGBTAS	ANDROSEXUAL  2240126089231190302284	
917 718 318	LGBTG	GINOSEXUAL  24664089231190302284	
318 717 918	LGBTB	BICURIOSO  1066003060 66892389	
DESIGNONES CONSENTUS DE	LGBTPO	POLYAMORUS  2989846622338960892389	
GENDER DIFFERENTIATION 3451432 70	LGBTS	SKOLIOSEXUAL  +23548984689231903802284	
FEAR OF SEXUAL PERFORMANCE 680	LGBTTPA	PANSEXUAL  292240231190302284	
WAVE CAPACITY SLOPE 579	LGBT	OMNISEXUAL  89334066231190302284	
INCREASE LIBIDO 11834			
HEALING CHILD SEXUAL ABUSE 378-613-111 -222-739-434			
EFATA-EFATA-EFATA			
ATHANATOS-SHALOM 419312819212 888988878888 89000000			

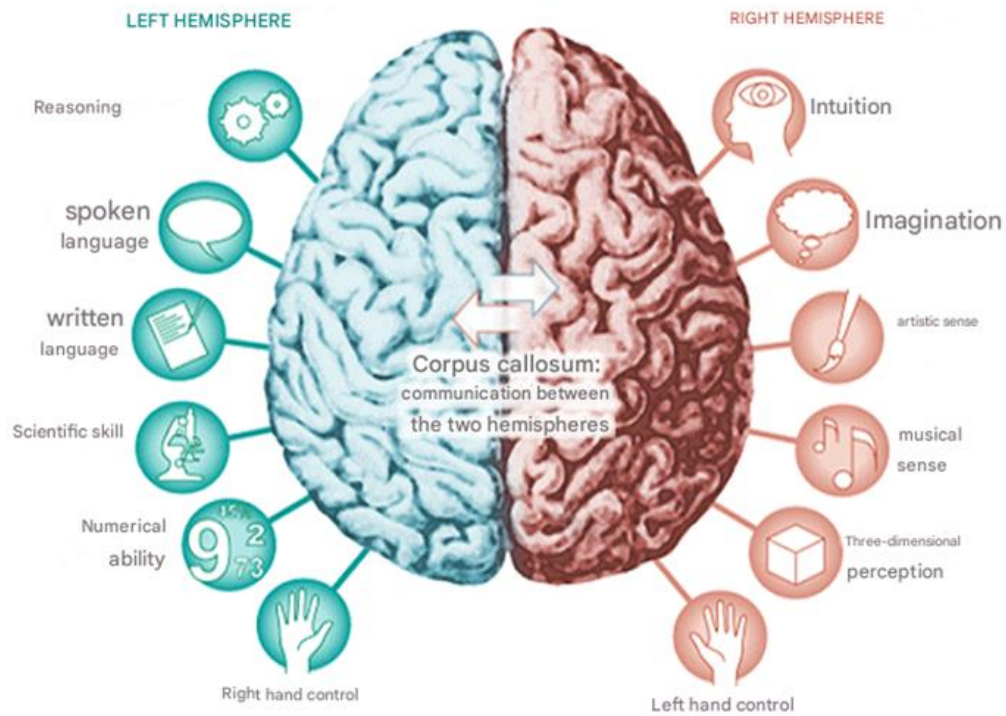




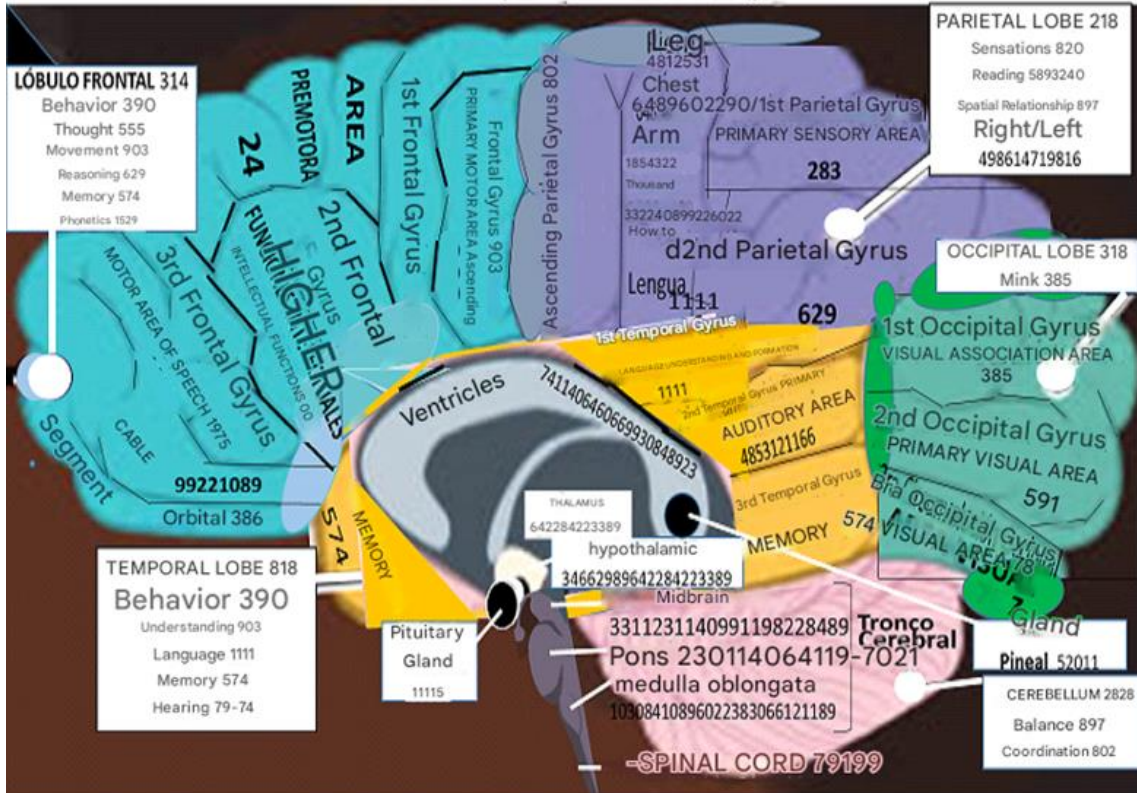
ORGANIZATION OF THE NERVOUS SYSTEM

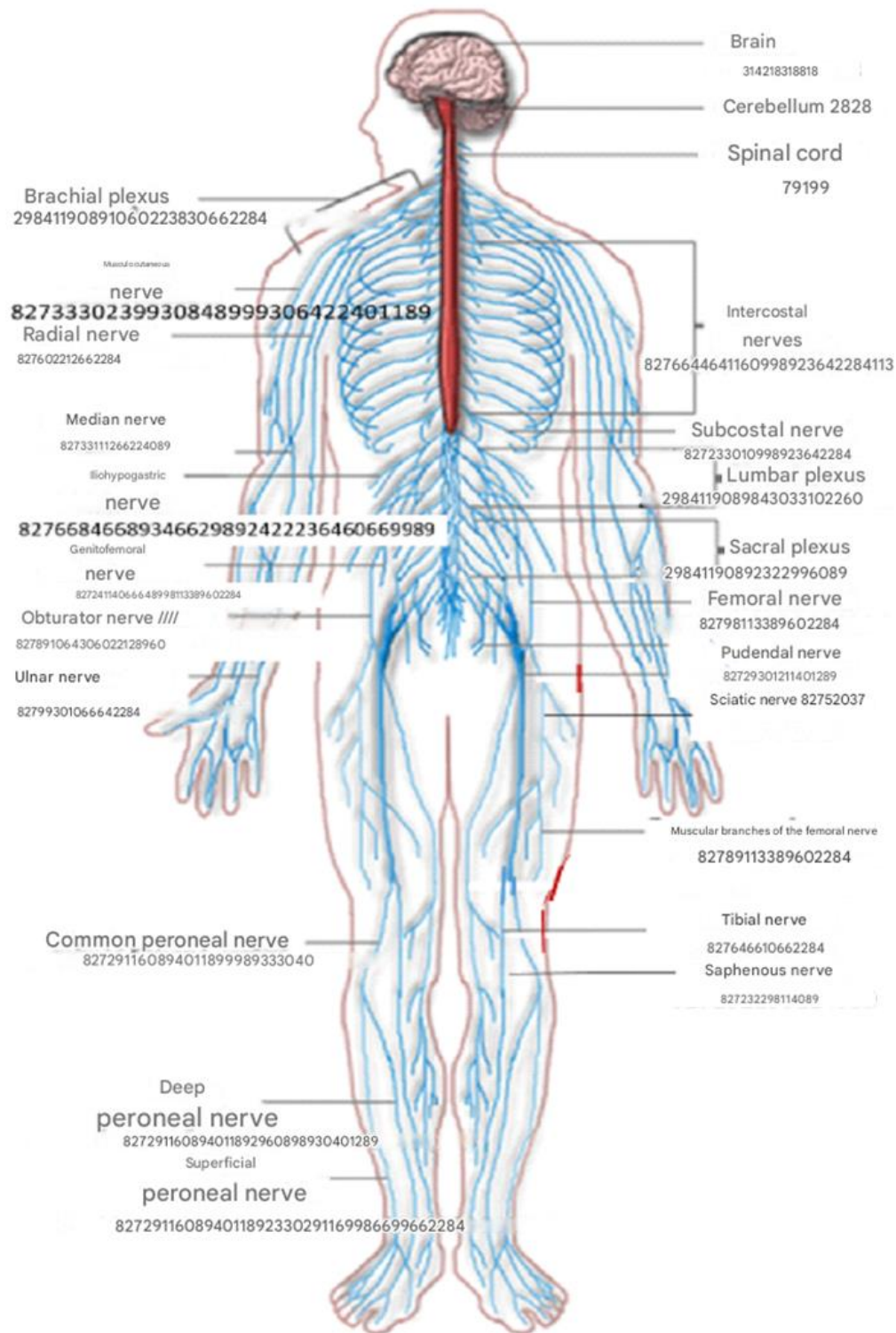




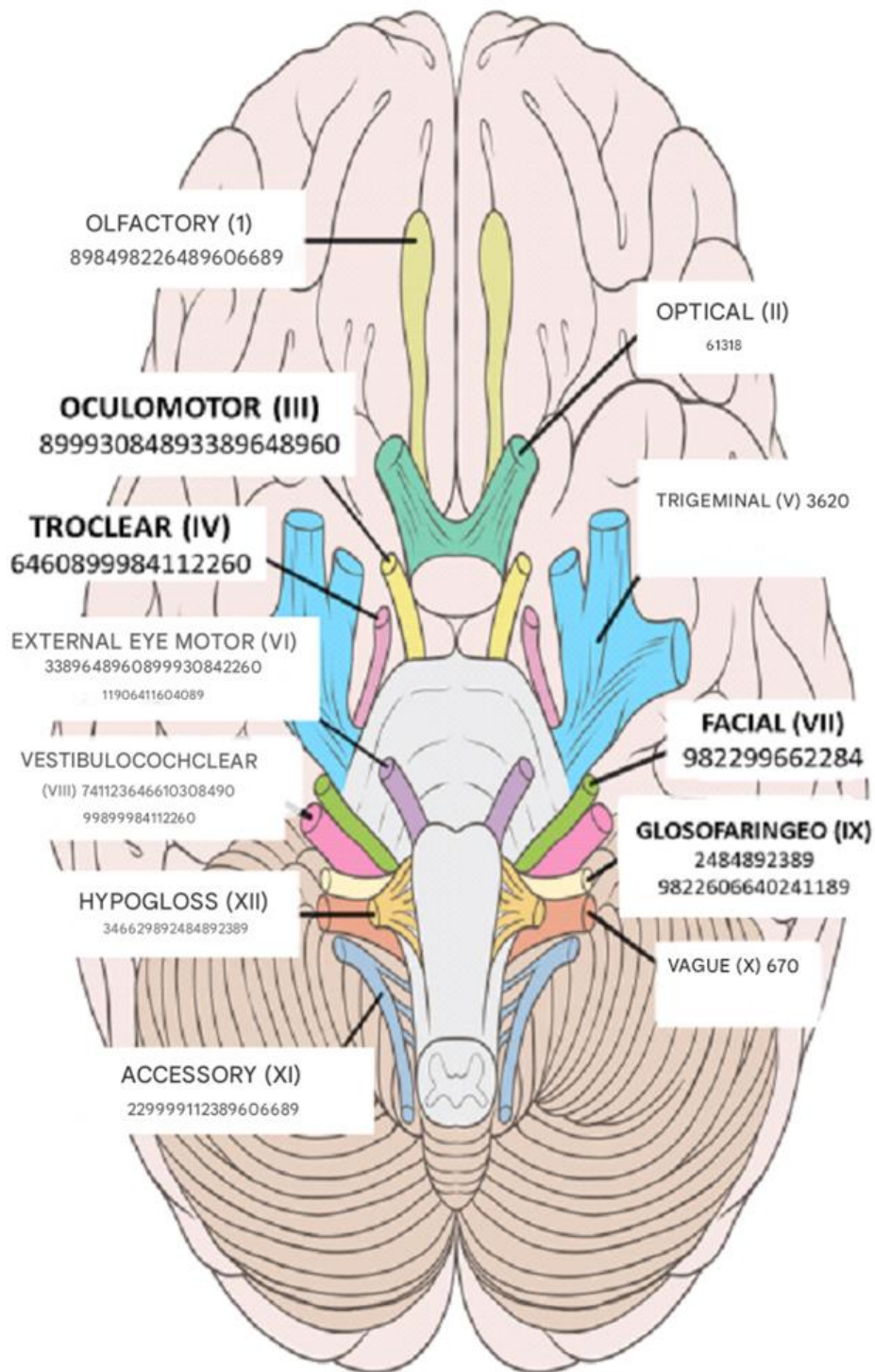


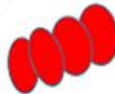






























BRAIN (ENCEPHALON)






CRANIAL PAIRS




BACTERIA 1310									
Bacterial infections 5421427-9198310927									
RESPIRATORY	 Streptococcus pyogenes 696 TONSILLITIS	 Pseudomonas aeruginosa 29231130 1289338 94022 PNEUMONIA	 Yersinia pestis 51485421288 BUBONIC PLAGUE	 Corynebacterium diphtheriae 5556679 81 DIPHTHERIA	 Haemophilus influenzae 259 INFLUENZA	 Klebsiella pneumoniae 5484111023118422 HEPATITIS E (GESTATIONAL DIABETES) PNEUMONIA	 Mycobacterium tuberculosis 29701-6772C TUBERCULOSIS PULMONARY	 Bordetella pertussis 402048 87 WHOOPING COUGH	
DIGESTIVE	 Helicobacter pylori 604-906 GASTRITIS	 Campylobacter jejuni 4815421 80 INFANT DIARRHEA	 LEPTOSPIRA 5412514 81 LEPTOSPIROSIS	 Vibrio cholerae 4891491 81 G (CHOLERA)	 Escherichia coli 1238888 80 HEPATITIS L (BLOODY DIARRHEA)	 Clostridium botulinum 5481252 80 HEPATITIS H (BOTULISM)	 Listeria monocytogenes 5812438 86 GASTROENTERITIS		
UROGENITAL	 Neisseria gonorrhoeae 401-8916 ETS	 Proteus mirabilis 1315 IVU	 Bartonella 48145421 82 BARTOLINITIS	 Escherichia coli HEPATITIS M (IVU) 3334	 Chlamydia trachomatis HEPATITIS D (ADDICTION) 554	 82976 SALMONELLOSIS	 Salmonella thypi 622 SALMONELLOSIS	 Shigella sonnei 4812148 81 SHIGUELOSIS	 Brucella Melitensis 4122222 80 HEPATITIS I (BRUCELOSIS)
FUR	 Bacillus anthrax 9998991-79 ANTHRAX	 Staphylococcus aureus 5189542 101 HEPATITIS K (CELLULITIS)	 STREPTOCOCCUS BETA HEMOLYTICUS 61578 ERYSIPELAS	 Streptococcus pyogenes 29701-6772C SCARLET FEVER	 Clostridium perfringens 41543218 150 GAS GANGRENE	 Clostridium tetani 2615 TETANUS	 Clostridium 5189499 89 EXANTHEMATICO		
EFATA-EFATA-EFATA ATHANATOS-SHALOM SHALEM-LESHALEM-MUSHLAM LUSLOM -SHELEM									
G1(G1)=k1i(G1/π) E=VS8888									


RESPIRATORY




Adenovirus
82115-5184314 170
CONJUNCTIVITIS




Virus Gripe A,B
630-4814212
INFLUENZA
(Seasonal influenza)




Enterovirus
8123456 82
OPA C16
PNEUMONIA




Rhinovirus 2710
COMMON COLD



RESPIRATORY SYNCYTIAL
8914321539
BRONCHIOLITIS




Coronavirus
9989608940227466603023
SARS COV 2




Marburg virus
556-5184599 82
EBOLA


DIGESTIVE




Paramyxovirus
3218421 87
Parotiditis-orchitis
PANCREATITIS




Picornaviridae
5124567 83
FOOT-AND-MOUTH DISEASE




Rotavirus
5148567 88
Gastroenteritis
CHILDREN



Cytomegalovirus
839-548567452
GASTROENTERITIS

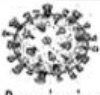


Specific DNA virus
5814243 53-82976
HEPATITIS B




FATTY LIVER
48945628 76
HEPATITIS C (TOXIC)


SYSTEMIC SKIN




Paramyxovirus
4214825 88
MEASLES




Rubivirus rubellae
4218547 88
RUBELLA




Coronavirus
4218547 88
VARICELLA ZOSTER
(Monkeypox)




VARIOLA VIRUS
4848148 90
SMALLPOX




HERPES SIMPLEX 1
2312489 45
HERPES LABIAL




HERPES SIMPLEX 2
2728
HERPES GENITAL



VIRUS EPSTEIN BARR
5142548 86
HERPES
ANGIOCARCINOMA INFECTION
MUTATION/ILLUSION



CYTOMEGALOVIRUS
MULTIPLE SCLEROSIS




HIV
41188-5148555 90
SIDA


HEMATOPOIETIC

HEMATOPOIETIC


SNC




Poliovirus
52751-3334
ROBOMYELITIS
(POLIO)




The Zika virus
8090-515720
CHUNGUYA




Arbovirus
7891010 81
ENCEPHALITIS




Rhabdovirus
201-4812543 85
HUMAN RAGE




Hantavirus
5148542 84
S.RENAL
HEMORRHAGIC



Virus of Dengue
1118
DENGUE



Flavivirus 208
HEMORRHAGIC
DENGUE















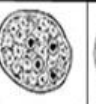






















Papillomavirus
10160-31921
CONDYLOMA ACUMINATE
CA UTERINO CUELLO
VERRUGA

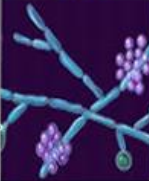







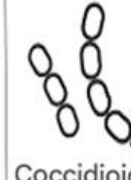

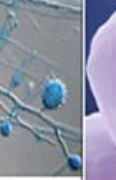



UROGENITAL

UROGENITAL

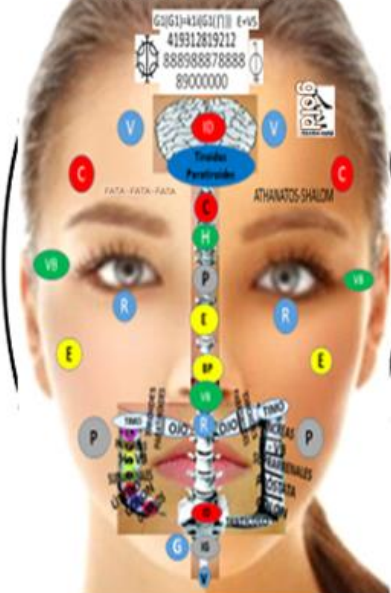
EFATA-EFATA-EFATA - ATHANATOS-SHALOM - SHALEM
LESHALEM - MUSHLAM - LISLOM - SHELAM
 $G1(G1)=k1.i(G1(\pi))$ E=VS8888
419312819212 - 88898887888
89000000 - 691

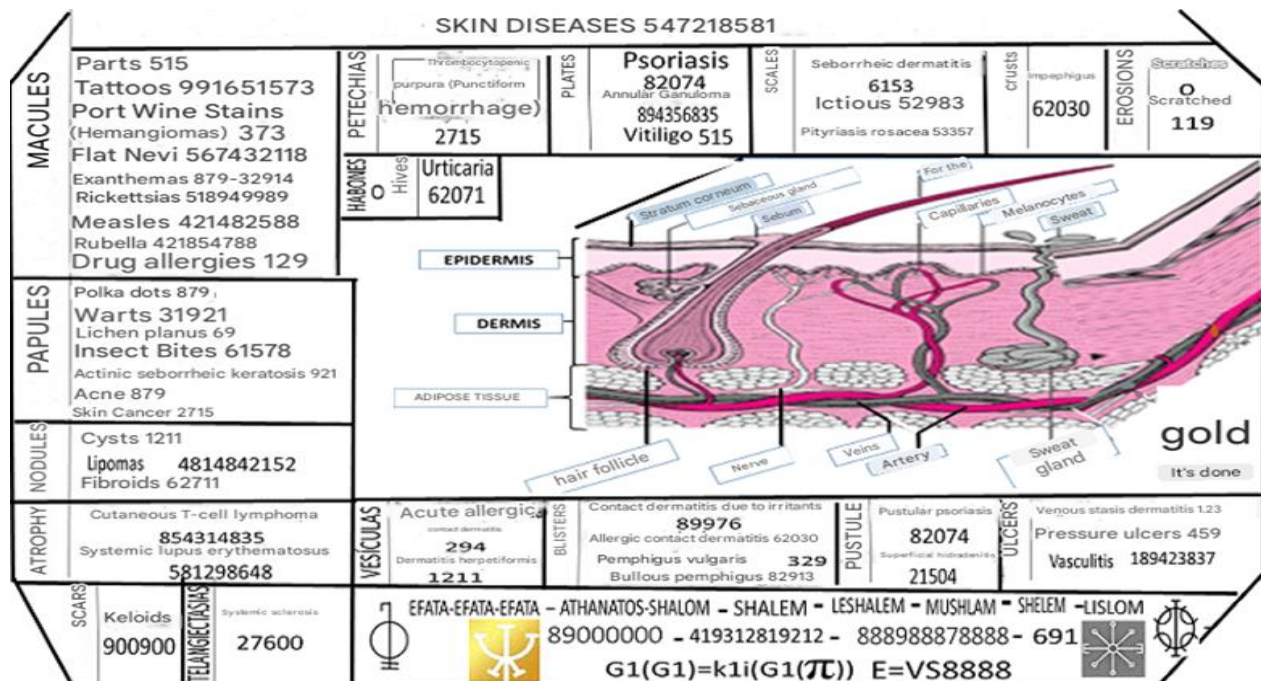


PARASITES 511	
ENTEROPARASITES PROTOZOANS HELMINTHS  ADULT Ancylostoma duodenale 4815454 79  EGG  ADULT Ascaris lumbricoides 4814812 80  ADULT Cysticercus volvulus 221-4512824 80  Enterobius vermicularis 5123542 82  Equinococcus granulosus 5481235 82  Fasciola hepatica 4812542 83  ADULT EGG Hymenolepis nana 54812548 85  ADULT Strongyloides stercoralis 54812527 83  The killer Toxocara canis 30409966 4022 606622236623	 Balantidium coli 1543218 80  Endolimax Mrs. 4022409866 6422236623  Entamoeba histolytica 24-1289145 79-1289  Entamoeba coli 694  Giardia lamblia 5189148 84  ADULT EGG Trichuris trichiura 4125432 89  Taenia saginata (VACA) 4855555 89  Tape of scoli (SCEROI) 4514444 88  Toxocara canis (Perro) 6489902299226022 2922406623  Toxocara cati (gato) 6489902299226022 99226466
 Dracunculi medinensis 126022993040 99408489236623 (Water)-Skin  Very good Onchocerca volvulus 848922236623 (Tabano)  Toxoplasma gondii 8914755-51519 (cat feces)  Trypanosoma cruzi 99342242223 (Chagas)	 Trichinella spiralis 7777778 90 (Pig)  Trichomonas vaginalis 646066993489338 940662236623 (Sexual fluids)-STDs
 Babesia microti 1022101110 (ticks)  Leishmania donovani 34-51843 (straw mosquito)  Plasmodium malaria 518999986 (mosquito anopheles)  Rickettsia prowaseki 10120-481481218720 (louse)  Sarcoptes Scabei 2322604022 (Mite)-Sarna  Tripanozoma gambiense 389336622236623 646066292240892 (Fly)-Sleep Disease	HEMOPARASITO  Shistosoma mansoni 4812542883 (Snails)  Wuchereria bancrofti 4812354 Mosquito (Culex)

FUNGI 2679				SCALP 2080			
SUPERFICIAL DERMATOMYCOSIS (DERMATOPHYTES)							
	Candida albicans 894 MONILIASIS	Epidermophyton floccosum 123 Atopic dermatitis	Trichophyton rubrum mentagrophytes 36854129871 ONICOMYCOSIS	Malassezia furfur DIPYRRAZOLE VERSICOLOR (Vitiligo)	Dermatophytes 67987 TINEA PEDIS (Athlete's Foot)	Trichophyton rubrum 77216 TINA DE LA BARBA (Dandruff)	Microsporum Canis torturans 2574 HEAD MOTH (Alopecia)
DEEP BREATHING							
	Aspergillus fumigatus 481543271 39 ASPERGILLOSIS	Coccidioides immitis 611 Respiratory disease) COCCIDIOIDOMYCOSIS	Histoplasma capsulatum HISTOPLASMOSIS 51421543 102 (Neumonía crónica)	Mycoplasma 548111185 ATYPICAL PNEUMONIA	Candida glabrata 1199 CANDIDIASIS IVU	Blastomyces dermatitidis 8423457 41 Blastomycosis LUNG DISEASE	
EFATA-EFATA-EFATA - ATHANATOS-SHALOM SHALEM - LESHALEM MUSHLAM - LISLOM - SHELEM				G1(G1)=k1i(G1(π)) E=VS8888 691 419312819212 890000000 888988878888			

FACIAL DIAGNOSIS





Quito, 22/01/2025

CERTIFICADO DE REGISTRO DE TÍTULO

La Secretaría de Educación Superior, Ciencia, Tecnología e Innovación, SENESCYT, certifica que ALMEIDA VERA LUIS ANTONIO, con documento de identificación número 0907989313, registra en el Sistema Nacional de Información de la Educación Superior del Ecuador (SNIESE), la siguiente información:

Nombre: ALMEIDA VERA LUIS ANTONIO

Número de documento de identificación: 0907989313

Nacionalidad: Ecuador

Género: MASCULINO

Título(s) de cuarto nivel o posgrado

Número de registro	1056R-09-2115
Institución de origen	UNIVERSIDAD METROPOLITANA
Institución que reconoce	COLEGIO DE MEDICOS DEL GUAYAS
Título	ESPECIALISTA EN MEDICINA NATURAL Y ALTERNATIVA EN APS
Tipo	Nacional
Fecha de registro	2009-06-24
Área o Campo de	SALUD Y BIENESTAR
Observaciones	

Título(s) de cuarto nivel o posgrado

Número de registro	1006-08-684929
Institución de origen	UNIVERSIDAD DE GUAYAQUIL
Institución que reconoce	
Título	DIPLOMA SUPERIOR EN SISTEMAS DE EDUCACION SUPERIOR MODULAR BASADOS EN CREDITOS ACUMULABLES Y TRANSFERIBLES
Tipo	Nacional
Fecha de registro	2008-12-09
Área o Campo de	EDUCACION
Observaciones	

Título(s) de cuarto nivel o posgrado

Número de registro	1006-07-660064
Institución de origen	UNIVERSIDAD DE GUAYAQUIL
Institución que reconoce	
Título	MAGISTER EN DOCENCIA UNIVERSITARIA E INVESTIGACION EDUCATIVA
Tipo	Nacional
Fecha de registro	2007-03-22
Área o Campo de	EDUCACION
Observaciones	

Título(s) de cuarto nivel o posgrado

Número de registro	1006R-07-385
Institución de origen	UNIVERSIDAD DE GUAYAQUIL
Institución que reconoce	COLEGIO DE MEDICOS DEL GUAYAS
Título	ESPECIALISTA EN EPIDEMIOLOGIA
Tipo	Nacional
Fecha de registro	2007-02-08
Área o Campo de	SALUD Y BIENESTAR
Observaciones	

Título(s) de tercer nivel de grado

Número de registro	1006-02-41251
Institución de origen	UNIVERSIDAD DE GUAYAQUIL
Institución que reconoce	
Título	DOCTOR EN MEDICINA Y CIRUGIA
Tipo	Nacional
Fecha de registro	2002-05-27
Área o Campo de	SALUD Y SERVICIOS SOCIALES
Observaciones	

Título(s) de cuarto nivel o posgrado

Número de registro	192179617
Institución de origen	UNIVERSIDAD DE ORIENTE
Institución que reconoce	
Título	DOCTOR EN CIENCIAS SOCIOLOGICAS
Tipo	Extranjero
Fecha de registro	2016-05-10
Área o Campo de	
Observaciones	"TITULO DE DOCTOR O PhD VÁLIDO PARA EL EJERCICIO DE LA DOCENCIA, INVESTIGACIÓN Y GESTIÓN EN LA EDUCACIÓN SUPERIOR"

OBSERVACIÓN:

- Los títulos de tercer nivel de grado ecuatorianos están habilitados para el ingreso a un posgrado.
- Los títulos registrados tanto nacionales como extranjero han sido otorgados por instituciones de educación superior vigentes al momento de la emisión de la titulación.
- El cambio de nivel de formación de educación superior de los títulos técnicos y tecnológicos emitidos por instituciones de educación superior nacionales se ejecutó en cumplimiento a la Disposición Transitoria Octava de la Ley Orgánica Reformatoria a la LOES, expedida el 2 de agosto de 2018.

IMPORTANTE: La información proporcionada en este documento es la que consta en el SNIIESE, que se alimenta de la información suministrada por las instituciones del sistema de educación superior, conforme lo disponen los artículos 126 y 129 de la Ley Orgánica de Educación Superior y 56 de su Reglamento. El reconocimiento/registro del título no habilita al ejercicio de las profesiones reguladas por leyes específicas, y de manera especial al ejercicio de las profesiones que pongan en riesgo de modo directo la vida, salud y seguridad ciudadana conforme el artículo 104 de la Ley Orgánica de Educación Superior. Según la Resolución RPC-SO-16-No.256-2016.

En caso de detectar inconsistencias en la información proporcionada de titulaciones nacionales, se recomienda solicitar a la institución de educación superior nacional que emitió el título, la rectificación correspondiente y de ser una titulación extranjera solicitar la rectificación a la Secretaría de Educación Superior, Ciencia, Tecnología e Innovación.

Para comprobar la veracidad de la información proporcionada, usted debe acceder a la siguiente dirección:
www.educacionsuperior.gob.ec



Ramiro Santiago Freire Cedeño
Director de Registro de Títulos

SECRETARÍA DE EDUCACIÓN SUPERIOR, CIENCIA, TECNOLOGÍA E INNOVACIÓN



GENERADO: 22/01/2025 10.22 AM



Certificaciones del Sistema Nacional de Cualificaciones y

Información provista por la Secretaría Técnica del Sistema Nacional de Cualificaciones y Capacitación Profesional (SETEC).

En el caso de detectar inconsistencias en la información proporcionada, se recomienda solicitar a la institución que emitió el certificado, la rectificación

Nombre: ALMEIDA VERA LUIS ANTONIO

Número de documento de identificación: 0907989313

Número de registro	MDT-5171-CCL-269496
Institución	INSTITUTO ASEDU ECUADOR ASEDUECUADOR S.A.
Certificado en	ACTIVIDADES DE DOCENCIA EN LA METODOLOGÍA APRENDIZAJE BASADO EN PROYECTOS ABP - ACTIVIDADES DE DOCENCIA EN METODOLOGÍA DE APRENDIZAJE BASADO EN PROYECTOS ABP
Válido desde	02/07/2021
Válido hasta	02/07/2026
Provincia	GUAYAS
Cantón	GUAYAQUIL

Número de registro	MDT-6141-CCL-383819
Institución	SIMBAÑA MENA ANGIE MISHEL
Certificado en	INSTRUCCIÓN EN ACTIVIDADES DE CAPACITACIÓN
Válido desde	14/12/2022
Válido hasta	14/12/2027
Provincia	GUAYAS
Cantón	GUAYAQUIL



REPÚBLICA DEL ECUADOR

DIRECCIÓN GENERAL DE REGISTRO CIVIL,
IDENTIFICACIÓN Y CEDULACIÓN



CÉDULA DE
CIUDADANÍA*PCD
APELLIDOS Y NOMBRES
**ALMEIDA VERA
LUIS ANTONIO**

No **090798931-3**

LUGAR DE NACIMIENTO
**GUAYAS
GUAYAQUIL
PEDRO CARBO /CONCEPCION**

FECHA DE NACIMIENTO **1961-08-29**

NACIONALIDAD **ECUATORIANA**

SEXO **M**

ESTADO CIVIL **SOLTERO**



INSTRUCCIÓN
SUPERIOR

PROFESIÓN / OCUPACIÓN
MAGIS/ENSEÑANZA/SUP.

E233312222

APELLIDOS Y NOMBRES DEL PADRE
ALMEIDA LUIS

APELLIDOS Y NOMBRES DE LA MADRE
VERA JUANA

LUGAR Y FECHA DE EXPEDICIÓN
GUAYAQUIL

2014-03-24

FECHA DE EXPIRACIÓN
2024-03-24



000675187

A circular black ink signature, likely of the Director General, is located in the bottom left area.

DIRECTOR GENERAL

A large, stylized black ink signature, likely of the graduate, is located in the bottom center area.

FIRMA DEL CEDULADO



CERTIFICADO de VOTACIÓN

5 DE FEBRERO DE 2023



N° 84051236

PROVINCIA GUAYAS

CANTON GUAYAQUIL

CIRCUNSCRIPCIÓN 3

PARROQUIA ROCA

ZONA

JUNTA No. 0001 MASCULINO



C.E.N. 0907989313

ALMEIDA VERA LUIS ANTONIO



REPUBLICA DEL ECUADOR

Código del país/ Country code

Núm. de pasap./ Passport number

ECU

A4117631

Apellidos/ Surnames

ALMEIDA VERA

Nombres/ Given names

LUIS ANTONIO

Nacionalidad/ Nationality

ECUATORIANA / ECUADORIAN

Fecha de nacimiento/ Date of birth

29 AGO / AUG 1961

Núm. personal *Personal number*

0907989313

Sexo/ Sex

Lugar de nacimiento/ Place of birth

M

GUAYAQUIL, ECU

Fecha de expedición/ Date of issue

22 MAY / MAY 2021

Authorized Authority

DIGERCIC

NAT/ CAN

131545

Fecha de caducidad/ Date of expiry

22 MAY / MAY 2031

Firma del titolare/ Holder's signature

[Signature]

A0338616

P<ECUALMEIDA<VERA<<LUIS<ANTONIO<<<<<<<<<<<<

A4117631<1ECU6108296M31052270907989313<<<<56