LESSON 3 | HUNTER • OBERON • BIOPHILIA

Microorganism Lists: What Do They Actually Tell Us?

A practical guide to reading NLS reference entries, asking better questions and avoiding unsupported infection claims.

> **The central principle:** A microorganism name appearing in an NLS library, match list, chart or coefficient is a **software-generated observation**. It is **not evidence that the organism is present** or causing infection.

By the end of this lesson, you will be able to:

- Find and describe a microorganism reference entry in your version of the software.
- Separate library terminology and software ranking from medical evidence.
- Explain the difference between a microorganism name, colonisation and infection.
- Document the observation without diagnosing or prescribing from it.
- Choose when to recommend appropriate clinical assessment.

SOFTWARE OBSERVATION	CLINICAL FINDING
An entry called “Candida albicans” is highlighted in a reference list.	An appropriate clinical assessment and validated tests establish whether a relevant condition is present.
An on-screen ranking changes between saved sessions.	Symptoms and clinician-interpreted evidence, not software ranking alone, guide clinical decisions.

Practise with: an authorised, saved training record. You do not need to run a new scan, administer any intervention or use a real client to complete the exercises.

Free educational resource | October 2026 | Device instructions vary by software edition and database.

UNDERSTAND THE LABELS

1 | What is actually in a microorganism list?

NLS packages commonly contain reference libraries of named organisms or organism groups. These are entries in a software database, not organisms physically collected from the person. The precise headings and contents depend on the supplier, software edition and installed libraries.

TERM YOU MAY SEE	WHAT IT GENERALLY NAMES	WHAT THE DISPLAY CANNOT ESTABLISH
Bacteria	A bacterial species, genus or broader label.	Bacterial infection, site, severity or need for antibiotics.
Viruses	Viral names or reference categories.	Current infection, contagiousness or viral load.
Fungi / yeasts	Fungal labels, including yeast names.	An active fungal infection or need for an antifungal.
Protozoa	Single-celled parasite names.	Intestinal or tissue infection.
Helminths	Parasitic worm groups or species.	Worm infestation, species identification or parasite burden.

A little microbiology makes the software easier to interpret

- **Name is not presence:** a label in a reference library is not a laboratory detection.
- **Presence is not always disease:** even validated tests can identify colonisation without an active infection; symptoms and clinical context matter.
- **Site matters:** a microorganism name does not tell you whether it is in the gut, skin, urinary tract or another site.
- **Species matters:** a broad or misspelled label may not map cleanly to current scientific taxonomy.

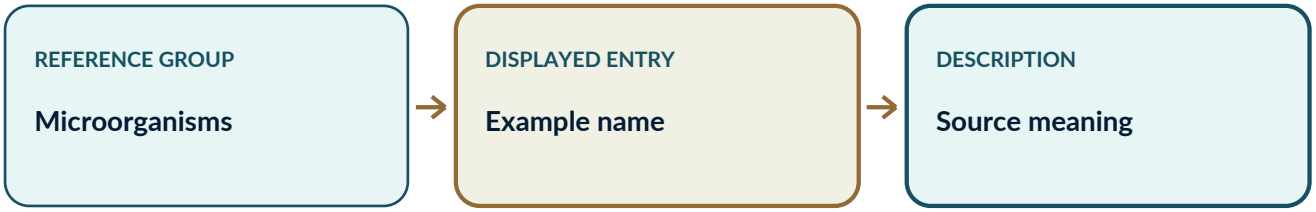
> **Pause and ask:** Is this screen displaying a selectable reference *category*, a selected *entry*, a calculated *comparison*, or a saved *report*? Those are different things.

A label may describe a real organism known to microbiology while the device's method for linking that label to a particular person remains unvalidated.

REFERENCE-LIST LITERACY

2 | Read an entry without over-interpreting it

Follow the same sequence every time you open a microorganism library. Keep separate notes on what you **saw** and what you **know independently**.



Schematic for teaching - not an image of the Hunter, Oberon or Biophilia screen.

1. **Identify the screen.** Write down the device name, software version, date and selected saved research item.
2. **Locate the category.** Does the software call it Microorganisms, Bacteria, Viruses, Helminths or something else? Record the exact menu label.
3. **Select one reference entry.** Copy the spelling exactly as displayed; do not automatically assume the list has clinically current nomenclature.
4. **Read DESCRIPTION / HELP / manual.** Is the name explained? What does the supplier actually say the graph or coefficient represents?
5. **Record the display only.** Note the exact on-screen field, any colour/rank/number, and whether it is a reference selection or a computed output.
6. **Check the boundary.** Record any independently known symptoms or conventional test results separately; refer medical concerns to an appropriate clinician.

Example: translate the statement

AVOID SAYING	SAY INSTEAD
“The scan found a parasite.”	“A parasite-labelled reference entry appeared in the software comparison list; this is not a parasite diagnosis.”
“Your score shows a severe fungal infection.”	“The program displayed a score for this entry. The score is not a validated measure of infection severity.”
“The microorganism has cleared.”	“The software output changed; that change does not establish eradication or treatment success.”

Ranking is not a lab value. Unless a specific output has been validated for a specific clinical use, colours, coefficient numbers and “entropy” ratings should not be translated into organism counts, disease severity or diagnostic confidence.

DEVICE-AWARE PRACTICE

3 | Where do I click?

Biophilia Tracker X5 Ultra: this practical route is based on the supplied *New Biophilia Tracker X5 ULTRA Training Manual - ENGLISH*, summarised in Anavrin Lesson 2. Use an existing authorised training record.

STAGE	ACTION / CONTROL	WHAT TO CHECK
Open the record	START → SELECT CARD	Choose the correct authorised record.
Find a saved observation	Select the saved S row by name/date.	Do not confuse a scan row (S) with other action types.
Reach the list	PRESENT ANALYSIS → click graph or TEST.	The route opens analysis from saved research.
Choose the group	Tick the relevant library group.	Look for the microorganism/helminth group installed in your build.
Understand the name	Highlight one entry → DESCRIPTION.	Read supplier description; capture the exact text if permitted.
Write training notes	SAVE TO REPORT → VIEW REPORT (if needed).	Review notes; do not confuse saving with PDF export or sending.

Manual cross-reference: Lesson 2 source map, particularly the saved-session and analysis sections (manual PDF pp. 77–79, 93, 98, 114 and 170–173). Screens and terms can differ by build.

Hunter 4025 / Oberon

Hunter and Oberon variants may contain similar terms such as **Etalon**, **Testing**, **Microorganisms** or **Analysis**, but their exact menus, reference databases, calculations and interface positions are **not interchangeable**. For these systems:

- Identify your precise software version and use that edition's supplier manual.
- Find the installed microorganism-related group and record the exact menu name.
- Read the supplier's definition of each displayed value before documenting it.
- Do not follow button sequences copied from Biophilia as though they were Hunter or Oberon controls.

Software-navigation exercise: Open a saved, non-sensitive training example; identify one microorganism-related group; copy a single entry name and its supplier description. Stop there. No person, diagnosis or treatment plan is needed.

FICTIONAL TRAINING CASE - LALITA'S QUESTION

4 | Case reasoning: Oberon with no history

Scenario: A practitioner using Oberon opens an old saved scan. Several microorganism-related names are visible, but the practitioner has no client history and asks, "Which microorganism should I work on first?"

> **Answer:** None can be selected for treatment on the basis of the NLS names alone. The first task is to establish context, not to rank infections using the software.

A safer sequence for a first consultation

1. **Establish the purpose:** Ask what brought the person to the appointment and what they would like help understanding.
2. **Ask about health context:** If relevant and within scope, record symptoms, onset, exposure/travel history, medicines, recent antibiotics and existing diagnoses as reported by the client.
3. **Clarify the software:** Record the version, selected area, displayed group and exact entry names. Do not label these names as "detected pathogens."
4. **Separate what is known:** Note any existing clinician reports or laboratory results separately and accurately.
5. **Safety first:** Concerning symptoms require prompt professional assessment regardless of what the software displays.
6. **Choose an appropriate next step:** If the person has symptoms suggesting possible infection, recommend evaluation by a qualified healthcare professional for suitable tests.

How the conversation might sound

> "This software includes microorganism reference names, but seeing a name here does not tell us that you have an infection. Before we discuss anything further, I'd like to understand your health concerns. If infection is suspected, a healthcare professional can decide which proper tests are appropriate."

Think: What changes if there are no symptoms? What changes if the person is very unwell? In both situations, the device label remains non-diagnostic; the clinical context changes what advice or referral is appropriate.

WORKED EXAMPLES

5 | Two very different cases

Case A: The name appears, but the person feels well

An adult without a relevant complaint notices the name **"Candida albicans"** in a Biophilia microorganism group. They ask whether they need an antifungal course.

WHAT WE KNOW	WHAT WE DO NOT KNOW
The name is visible in an NLS software group. No associated symptoms have been described.	Whether there is an infection, what body site is involved, whether treatment is indicated, or which test would be useful.

Suitable response: Explain that this is a software label, not a fungal diagnosis. Do not suggest antifungal medicines, supplements or restrictive diets from the label. If relevant symptoms emerge, suggest clinical assessment.

Case B: Symptoms point to a question worth assessing

Another adult reports persistent diarrhoea after a recent trip, and a device list displays a name resembling **"Giardia"**. They ask whether the scan confirms a parasite.

WHAT WE KNOW	WHAT WE DO NOT KNOW
There is a reported health complaint and travel history. The device displays a parasite-labelled entry.	Whether Giardia or any other infection is present; which specimen or laboratory assay is indicated.

Suitable response: Explain the NLS result is not proof. Refer for appropriate medical evaluation. A clinician may use history and validated stool tests, such as targeted antigen/PCR tests or microscopy when indicated.

> **Compare the reasoning:** In both cases, the interpretation of the software output is identical. The action differs because one person reports symptoms that merit proper assessment. The device label does not make the clinical diagnosis.

Reflect before moving on

- Would you say "the device picked up Giardia" to either person? Why not?
- Which factual details would you document, and which would you leave out of a medical claim?

All cases are hypothetical. They do not represent real clients or validated NLS testing outcomes.

6 | Writing notes that can withstand scrutiny

Well-documented sessions distinguish the person's report, the displayed software labels and external clinical information. This also makes the records more useful for later review without overstating what the technology measured.

FIELD IN NOTES	ILLUSTRATIVE WORDING
Context	"Client reports intermittent abdominal discomfort for two weeks; no laboratory report provided."
Device details	"Oberon [exact edition/build], saved research dated [date]; reference group: [name]."
Observed software output	"Entry [exact label] appeared in the software comparison list; on-screen value [exact field/value]."
Evidence boundary	"Reference match is not a validated identification of a microorganism or diagnosis."
Independent evidence	"Client reports clinician-ordered stool test pending." Avoid describing unverified verbal claims as confirmed results.
Next step	"Advised client to contact an appropriate healthcare professional about persistent symptoms."

Five phrases to remove from client-facing reports

- "We found parasites in your organs."
- "The software measured your viral load."
- "Your infection is clearing because the score went down."
- "You need antimicrobial treatment based on these results."
- "No medical tests are necessary because the scan is clear."

Replace them with a factual statement

> "The device displayed an entry from its microorganism reference library. The result does not establish infection, organism location or treatment need. Health symptoms should be assessed using appropriate clinical methods."

Scope of practice: Do not stop, start, prescribe or alter antibiotics, antifungals, antiparasitic medicines or other prescribed treatments based on NLS outputs. Protect stored records and only share reports with appropriate consent.

EVIDENCE-AWARE SIGNPOSTING

7 | When a medical question needs proper testing

Clinicians select tests using the person's history, examination and suspected illness. A test that fits one symptom pattern may be irrelevant for another. The examples below are for understanding referral pathways - not instructions for ordering or interpreting tests independently.

QUESTION / CONTEXT	POSSIBLE CLINICIAN-SELECTED TESTS	WHY CONTEXT MATTERS
Acute or persistent diarrhoea	Stool culture or appropriate molecular testing, depending on the situation.	Testing choices depend on severity, travel, exposure and other findings.
Suspected intestinal parasites	Stool microscopy/ova-and-parasite examination, or organism-specific antigen or PCR tests.	Travel, symptoms and suspected organism guide which tests are useful.
Possible C. difficile illness	Clinician-directed symptom assessment plus suitable stool testing.	A positive result can reflect colonisation; clinical symptoms matter.
Other possible infections	Site-specific samples and clinical examination as indicated.	No single test covers all organisms and body sites.

Seek urgent medical care for concerning symptoms

Examples include severe or worsening abdominal pain, blood in the stool, signs of serious dehydration, confusion, severe illness or rapidly worsening symptoms. Do not delay clinical care to repeat an NLS scan.

Evidence checkpoint: The UK Committee of Advertising Practice says it has not seen evidence supporting bioresonance devices as methods for diagnosing or treating disease. This lesson therefore treats NLS microorganism entries as software content, not diagnostic data.

Clinical sources: *South African antimicrobial-resistance guidance; US CDC Food Safety guidance; CDC parasitic-disease diagnosis guidance; CDC C. difficile clinical overview. Full sources and links are on the final page.*

APPLY THE LESSON

8 | Printable practitioner worksheet

Use a fictional example or an appropriately authorised, de-identified training record. Do not write patient-identifying information on shared learning copies.

1. Software and edition / database:

2. Saved research item and the exact microorganism-related group:

3. One selected entry and the supplier DESCRIPTION / manual wording:

4. Exact displayed coefficient, ranking or output name (if any):

5. What can I responsibly say this screen shows?

6. What does this screen NOT establish?

7. What context would be needed before deciding whether a referral is relevant?

8. How would I explain this to a client in one plain-English sentence?

Completion check: I recorded device outputs as software observations, avoided diagnosis from a label, and identified any medical concerns that warrant qualified assessment.

REVIEW AND REFERENCES

9 | Knowledge check and answer key

Before checking the answers, try these six questions.

Q1. A software entry reads “Helminths”. Does that establish worms are present?

Q2. Name two software details to record before comparing displayed entries.

Q3. In Biophilia X5 Ultra, which documented control reads more about a selected entry?

Q4. A coefficient changes on a repeat scan. Can this prove an infection is improving?

Q5. A person reports persistent diarrhoea after travel. What is a safe next step?

Q6. How are colonisation and symptomatic infection different in clinical reasoning?

Suggested answers

1. No. It is a software group or entry label. **2.** Device/software build and exact category, saved item or database version. **3.** DESCRIPTION after highlighting the entry. **4.** No. An output change is not validated evidence of organism clearance. **5.** Recommend a qualified healthcare professional’s assessment and appropriate tests. **6.** Organisms may be present without causing disease; a diagnosis of infection requires clinical interpretation, not just a name or a positive result.

Source map - further reading

1. Anavrin Wellness. *Lesson 1: Understanding Your NLS Software Libraries* (16 October 2026) and *Lesson 2: Getting Comfortable With Biophilia - updated X5 Ultra edition* (21 October 2026). Navigation based on the supplied *New Biophilia Tracker X5 ULTRA Training Manual - ENGLISH*; not independently tested in a running installation.

2. Committee of Advertising Practice. “Bioresonance Therapy” (6 January 2026). asa.org.uk/advice-online/bioresonance-therapy.html

3. South Africa Department of Health. *Guidelines for the prevention and containment of antimicrobial resistance in South African hospitals* (appropriate diagnostic tests section). National Department of Health PDF

4. US CDC. *Clinician Brief: Food Safety* (2025). cdc.gov/food-safety/hcp/clinical-overview

5. US CDC. *Diagnosis of Parasitic Diseases* (2024). cdc.gov/parasites/testing-diagnosis

6. US CDC. *C. diff: Facts for Clinicians* (clinical overview, colonisation versus infection). cdc.gov/c-diff/hcp/clinical-overview

> **Educational purpose only.** This guide teaches safe reading of NLS software terminology. It does not validate NLS diagnosis or treatment, replace medical care, or authorise antimicrobial recommendations. Your professional scope and applicable laws still apply.

More free practitioner resources: bioresonance.anavrinwellnessacademy.online