ANTHOLOGICAL COMMENTARY ON CEREBRAL GUESSTIMATES

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Abstract: Decision-making is a region of intense study in neuroscience, and cognitive neuroscience. Decisions shape lives that emerge from complexly interlinked anthropoid mind and focuses of copious chastisements. Surveys contours renewed queries, vital theoretic and conjectural feasibilities, challenging slants, stimulating outcomes and impudent allusions. Decision 'impertinence' toward problematic deciphering is used to represent the manager as facing a set of substitute passages of action from which a choice must be prepared. 'Design attitude' toward problem solving shoulders that it is problematic to project a good alternative. But, with technologically advanced propositions, decision about which alternative to select becomes inconsequential. Commentary intends to explore how decisions ae taken through the Hematological (CBC) path.

1. Introduction

Purpose of this paper is to explore how Hematological (CBC) parametric counts absorb neurobiological evidence, recognises and frames problematic situations, and chooses appropriate responses.

Objective is to reflect upon 'busitagion' management from principle - based perception while representing interdisciplinary turf of 'disruptive cerebral' guestimates.

Methodology takes account of an experiment through Hematological (CBC) apparatus to decide decisional guestimates. Approach is to address amalgamation of examining mechanisms and strategies underlying approaches within loosely coupled phenomena of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates embedded in rationale of biology in behavioural models for understanding unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision circuit.

Results indicate that near - optimal decisions can be arrived at through Hematological (CBC) calculations.

Conclusions drawn are that tactical - oriented 'actor - manager' decides, create options, address responses to cognito - 'neuronal' decision 'circuit' problems and evaluates métiers of 'circuit' using cognito - 'neuronal' medium.

Key Words: Hematological (CBC) Count, Decision Making and 'Cerebral' Guestimates.

Anthropoid organisations are at crossroads (to explain economic behaviour) with cerebral science (in what way expanses of brain may be pertinent to management and managerial behaviour) and business laying a duct ('neuronal' perception; interrelation between cerebral discipline and decision making) that seems an inconsistent guestimate with unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. Inquiry is witnessing an ever-increasing aggregate of multilevel research in organisational studies that assimilates delineated research domains and propositions novel lens for understanding business practice. A recurring phenomenon i.e. disruption, global business arena is plagued with 'non - orthodox business replicas' and 'disruptors'. There is a 'noise' for a disruptive strategy to make techno - innovation ('technology' and 'innovation') a reality via unconventional strategy. Organisations are voyaging through 'busitagion' ('business' and 'contagion') spells, with reality changing and evolving continuously. Global 'busitagion' order shifts have led to 'Homo - Psychoeconomicus' that replaces 'Homo Economicus' by reflecting how individual managers are influenced by psychological factors, biological factors and economic dynamics.

Cerebral science, with cerebral management, has made advances bringing unprecedented insights into Anthropoid brain and Anthropoid (decision making) nature. Making cogent psychosomatic decisions is a management action. Hominids share designed structural sphere and project stimulus in decision processes. Crevices amongst judiciousness - based scrutiny adopt proxies and anthropological comportment in shepherding interactive exploration in decision making. Managers ('Actors') contract high unpredictability, uncertainty, ambiguity, time pressure

and emotional stresses. Cognito - management explores decision making by using cognito - tactical monikers (CTM) to probe how brain behaves in circuit of higher cerebral functions. This has transitioned from plotting and charting from behaviourist approach to cerebral confined effects to evolving extrapolative models that focus on processes prior to response. 'Deciding to Decide', 'Preferring to Prefer', 'Deciding to Prefer' and 'Preferring to Decide' are four 'bordered boundaries' to analyse cerebral scientific rationale of neuro - biology in unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates.

Managership researchers have been open to new-fangled ways of shepherding research and enthusiastic to reconnoiter how neural themes may link to orthodox managership erudition. Managership research can dive deeper into multidisciplinary space of managerial cerebral science. Where are we at in terms of the connection of cerebral science and managership? Where might we go from here to harvest peak worth of organisational cerebral science investigation in managership? These fundamental questions are the focus of this issue. In this research, fostering fresh thinking, CTM techniques explain neural basis of rationale of biology in unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. This derives inspiration to probe, develop and contribute by conveying questions in rationale of biology and applications into perspective of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision making. What typifies notion of causation in sciences of mind and brain? Are dissimilar notions a prerequisite for different experimentation approaches? Are there variances in notions that are explicitly and implicitly presumed? What counts as causal evidence in managerial decision sciences? What role is played by neurobiological and physical mechanisms in identifying causal claims of managerial sciences of mind and brain? Through brain's cabling map, research highlights probable cause - effect linkage between biology and management in explaining how manager deal in judgement dynamics within the spectrum of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. Convective variabilities are pigeonholed by the fact that even though inclusive model of decision wave packages cultivates in time, trepidations decline at each given point in unbounded province are connected to infinitude.

Current lack of success and effort necessary for validating models are traced to weak theoretical representation of managerial decision making in current 'mosaic. Is there a prerequisite to review present theoretic archetypes? If affirmative, will that transpire with toting to current frame of understanding or by obliterating some key central constituents? Does decision management prose entail interdisciplinary philosophies to explain unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates better? Also, have business management theories instigated such disruption? Attempt is to explore nature of causality, ascertain methods to test causal relations, employ pragmatic (cerebral and logical) approach (es) to causal reasoning and establish a relation by using Hematological (CBC)data to reveal neural paths in managerial decision making. Hybrid 'disruptive mental' guestimates' are emerging as alternative to model complex systems under uncertainty. Do we have all the neurobiological data we need? Are researchers using right models? Is there new analysis (insight) that could be more effective? And, crucially, do we know what we don't know (incursion of data)?

2. Literature Survey

Research has advanced to intermittently take store and replicate on how its core theoretical philosophies are emerging to fundamental novelties in business decision making. This calls for seeking answers to some key research questions. Major finding is that tactical - oriented business actor attempts to decide, create options, address probable responses to unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision circuit problems via 'adaptation pathways approach' to support design of adaptive plan based on exploring and evaluating adaptation pathways via CTM mode. Paper concludes with a number of propositions generated from theoretical 'mosaic' and presents directions for future research. Emphasis is upon causality that best fits elucidation?

James A. Barham believed that on one hand, using perception about Anthropoid beings and their nature and explication of lucrative deportment dates back to the origin of the subject of economics itself. Implying that all lucrative and remunerative studies are based on the turn of brain in a prevailing perception. In order to elucidate the cerebral and neural foundation of resolution, probable to route manifold options and decide on an optimum arrangement of action, specifically in managerial framework via cognitophysiological source of numerous behaviours to infer the apparatus behind management undertakings from level of cerebrum science and consequently proposition conforming management trials and stratagems has gained ascendancy.

Anthropologically 'Anthropoid' beings style decisions in a framework of restricted prudence (inadequate evidence, cerebral boundaries of brain besides determinate quantum of time for a decision), subject to predispositions and clamors that lead to comport sub optimally from what neoclassical economics proposes. Behavioural economics has been displaying this portent for decades. However, disrupting convergence of cerebral cognitoscience, psychology and economics, has constructed a fusion pitch christened '*Cognito economics' ('cognitomanagement')*, which with variable approaches unlike traditional is building, at augmented stride, an integrated rationale on Anthropoid resolution (Laza; 2008).

Managership researchers have been open to new-fangled ways of shepherding research and enthusiastic to reconnoiter how neural themes may link to orthodox managership erudition. Managership research can dive deeper into multidisciplinary space of managerial cerebral science. Where are we at in terms of the connection of cerebral science and managership? Where might we go from here to harvest peak worth of organisational cerebral science investigation in managership? These fundamental questions are the focus of this issue. In this paper, fostering fresh thinking, CTM techniques explain neural basis of rationale of biology in unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. This derives inspiration to probe, develop and contribute by conveying questions in rationale of biology and applications into perspective of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision making. What typifies notion of causation in sciences of brain and cerebrum? Are dissimilar notions a prerequisite for different experimentation approaches? Are there variances in notions that are explicitly and implicitly presumed? What counts as causal evidence in managerial decision sciences? What role is played by neurobiological and physical mechanisms in identifying causal claims of managerial sciences of brain and cerebrum? Through cerebrum's cabling map, paper highlights probable cause - effect linkage between biology and management in explaining how manager deal in judgement dynamics within the spectrum of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. Convective variabilities are pigeonholed by the fact that even though inclusive model of decision wave packages cultivates in time, trepidations decline at each given point in unbounded province are connected to infinitude.

Current lack of success and effort necessary for validating models are traced to weak theoretical representation of managerial decision making in current 'mosaic. Is there a prerequisite to review present theoretic archetypes? If affirmative, will that transpire with toting to current frame of understanding or by obliterating some key central constituents? Does decision management prose entail interdisciplinary philosophies to explicate unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates better? Also, have business management theories instigated such disruption? Attempt is to explore nature of causality, ascertain methods to test causal relations employ pragmatic (cerebral and logical) approach (es) to causal reasoning and establish a relation by using Hematological (CBC) data to reveal neural paths in managerial decision making. Hybrid 'disruptive mental' guestimates' are emerging as alternative to model complex systems under uncertainty. Do we have all the information we need? Are researchers using right models? Is there new analysis (insight) that could be more effective? And, crucially, do we know what we don't know (incursion of data)?

On a contemporary view point, Daniel Kahneman (b. Mar 1934) is of the judgement that results from behaviour of individual actors lead to decisions. The oration rests on the determinants ('rationality' as well as 'instrumental rationality' are used as assumption of behaviour) of individual choices (methodological individualism) fact. These 'reference points or 'frame' have amalgamated into 'Thinking: Fast (swift, nimble, mechanized, preprogrammed, recurrent, emotional, stereotypic, insentient, inanimate) and Slow (steady, relaxed, effortful, non-recurrent, logical, calculating, rational, insightful, animate) with reference to choice under uncertainty, quantum cognition, conjoint evaluation, intertemporal choice, complex situations, constraint satisfaction, choice modelling, causal configurations, heuristics and alternatives.

With impulsiveness**,** incursion of facts, information overload, judgements and objectivity, misidentifying the problem, overconfidence in the outcome, not having enough information, it is imperative for the 'decision maker' or 'decision agent' i.e. the Manager to take a stand point on the conceptual headway and develop next-generation postulates (Gustafsson, et al., 2016; Meredith, 1993). Foremost, professional 'decision maker' or 'decision agent' has grown from physical entity to virtual and digital entity with the transformation redefining fixated boundaries of decision mechanism. This magnets consideration of management 'decision maker' or 'decision agent' to understand the alteration and plot judgments on

phenomenological vicissitudes these agents have undertaken a decision path. Changing spells with growing literature weights and challenges next generation philosophers to big renewed perceptions to prevailing neurobiology of resolution viz. explanatory, optimistic, investigational and exploratory outline, long term and continuing studies, group details and specifics, etc. to elucidate business pronouncements better.

Quantification and qualitative exposition of choosing an alternative is, in part, on account of 'Matching Law' (connection that holds between comparative rates of response and comparative rates of underpinning in simultaneous agendas of underpinning).Amalgamation between behavioural and neural science with managerial economics, neural mechanisms reveal about how cerebrum encodes specific decision factors. Are we imminent on the management decision issues and corresponding decisions with the veracious perspective? This issue has persistently cropped up leading to managerial decision intricacies perfectly perched on managers' choice behavior. Theoretical exponents' developed architectures that calibrated pre -disposition of relatively multifarious decision making mechanisms. This is paving way for lab setting architectures in Cerebrum Plotting and charting (Eye Tracking, Skin Conductance / EDA, *MRI,* MRI, *BOLD, EEG,* MEG, *ECG,* TMS, CT, PET, SNM, BOLD and DCS*).* 'neuronal' micro feasibilities of decision crafting has conservatively acknowledged significant consideration from Loewenstein (2001), Slovic (2002), Tversky and Kahneman (1975), Bechara (2004),Clark (2003), Damasio (1996), Lhermitte (1986), Shallice and Burgess (1991), Ernst (2004), Paulus (2003),Rogers (1999), Clark (2004), Glimcher (2002), Gold and Shadlen (2001), Platt and Glimcher (1999). Maidenin roads were initiated from Bechara (2004) and Damasio (1996). These exceptional arrivals registered cerebrum expanses obligatory for adaptive judgement crafting and provisioned abstract depictions of critical planes of decision carving (Damasio; 1996). Perennial and corroborative incursionary incursion of facts, figures, statistics or data has inundated the decision maker with drifts, inclinations and trends and patterns or template of behaviour that impetuses to reconnoiter prospects to alter and overhaul philosophies to suit current 'decision' needs. The imperious issue is whether there is a prerequisite to review prevailing 'theoretic models'? If in the affirmative, will that come about with toting to standing frame of neurobiological information or obliterating more or less some vital central mechanisms? Do 'decision' management transcripts necessitate interdisciplinary schemes to explain 'decision' in a better connotative framework? What then would be the general insinuations of cognito (managerial) management? Attention is on 'Bereitschaftsprobable' (German) meaning 'pre-motor probable' or 'gameness prospective'.

Purpose and Objective

Outcomes and inferences are inescapable part of the pursuits of an anthropoid being, and life every day is an arrangement of such resolutions. Conceptual elucidations propound discernible calculations. However, management had no concrete elucidations to some factual queries it could contrive in resolution techniques. Idiosyncratically, investigators are interested in suppositions, philosophies, behaviours and maneuvers to make decisions. Over the past few years, insightful management has divulged cogent and significant remedies to those queries. Investigation and monitoring has guided insightful management to arrive at irrefutable, scientifically backed elucidations, easing inferences; rather than uncorroborated suppositions. Any recapitulation of managerial effort would need elucidation of substrates, apparatuses and capricious properties of influence upon cerebral functions. Insightful resolution propositions tools for modeling behaviour. While varied functions are arriving at different indicative applications and making conclusive headway, the question of how managers map and outline resolutions via intellect support, impacts insightful managership. Some erudite studies assimilate dominions and center on incipient concerns, current deliberations besides continuing insinuations. Managers' attempt at optimal 'business' decisions through orientation and approach - based scheming till 'response threshold' is stretched. An emerging paradigm is highlighted along with probable causes and arrangements that link biology and management in explaining managerial 'accelerations'

dynamics. What are the cogent cerebrum dynamics underlying resolutions?

Purpose of this paper explores how brain absorbs neurobiological information, recognises and frames problematic situations, and chooses appropriate responses. Objective is to reflect upon 'busitagion' management from principle - based perception while representing interdisciplinary turf of 'disruptive cerebral' guestimates. With focal point on 'busitagion'; how do managers choose what action to take? What characteristics of alternatives would aid make business managers develop judgement skills? Do managers really have a choice? Research intends to explore an elucidation linked to 'busitagion' scenario via unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. Objective is to reflect upon 'busitagion' management from a principle - based perspective while representing interdisciplinary turf of 'Homo - Psychoeconomicus' sophistications vis – a – vis unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates. Attempt is to address synthesis of examining psychological mechanisms and strategies underlying theories and methodological approaches within the loosely coupled phenomena of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates embedded in macro contexts. Aim is towards awning theoretic contexts and pragmatic methods of rationale of biology in behavioural models for understanding heterogeneity of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision circuit.

Research has advanced to intermittently take store and replicate on how its core theoretical philosophies are emerging to fundamental novelties in business decision making. This calls for seeking answers to some key research questions. Major finding is that tactical - oriented business actor attempts to decide, create options, address probable responses to unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision circuit problems via 'adaptation pathways approach' to support design of adaptive plan based on exploring and evaluating adaptation pathways via CTM mode. Research concludes with a number of propositions generated from theoretical 'mosaic' and presents directions for future research. Emphasis is upon causality that best fits elucidation?

Research endeavours towards rethinking foundations of managerial unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates by providing alternative taxonomy for rational decision problems. Considerations are based on critical analysis of relevant literature and cerebral results obtained in an initial pragmatic study. This magnets responsiveness of management philosophers to comprehend renovation and plotting judgements on phenomenological vicissitudes decision making in 'disruptive cerebral' guestimates in decision circuit problems have gone through. Such an approach adds depth and richness to theoretical reasoning and improves conversations by providing details concerning how managers operate and behave in an air of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates.

3. METHODOLOGY (EMPIRICAL APPROXIMATIONS)

Empirical methodology approximations include an experiment through Hematological (CBC) apparatus to decide decisional guestimates. Approach addresses amalgamation of examining mechanisms and strategies underlying approaches within loosely coupled

phenomena of unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates embedded in rationale of biology in behavioural models for understanding unbounded 'scrolling' and 'interpolations' in 'disruptive cerebral' guestimates in decision circuit. In order to have a cognito - peep towards an inquiry into significance of assimilating cognitoscientific data transversely with an assortment of plotting and charting architectural protocols. This paper adopts the Complete Blood Count (CBC) Model. Complete Blood Count was conducted by the use of 'Hematology Analyzer' apparatus that estimated cells and assimilated data counts on size and structure. Absorption of hemoglobin was calibrated and indices were designed from red counts. Assistance of a hematology expert was sought for electrical impedance, fluorescent flow cytometry and flow cytometry aspects. CBC methodology was adopted as it aided in assisting decipher increases and / or decreases in blood cell counts.

Satpathy and Mallik (2018), in a study on 'Hematological Judgement in Entrepreneurial Decision' submitted experimentations in reconnoitering decision making behaviour via Hematological (CBC) perspicacity. Managing a 'situation reaction test' (premeditated to experimentation reactions to confront unusual circumstances with alert brain in day- to-day situations), in pragmatic part, an arrangement of quantifiable elucidations were managed to 150 subjects (n = 150; n = 80 Male subjects and n = 70 Female subjects). This architecture was favoured due to constituent of elasticity and disparities in reaction to interpolation paraphernalia. This was done to guarantee that subject serves as own mechanism. Blood samples were drawn from each blood cohort. Data have been attuned and corroborated. An inter - correlational evaluation has been shepherded. This assured and warranted unremitting valuation, orientation point valuation and unpredictability in data. Evaluation divulges that blood cohorts do have a character in managerial decision subtleties.

TABLE – 1

NORMAL OBSERVATIONS

MALE SUBJECTS (Aged : 25 - 40 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	70 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	110 mg / dl	< 140	Normal
Blood Sugar Random	179 mg / dl	< 200	Normal
Urea	27 mg / dl	15 – 40	Normal
Creatine	0.6 mg / dl	0.5 – 1.0	Normal
Sodium	141 mEq / L	130 - 145	Normal
Potassium	3.9 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	138 mg / dl	< 200	Normal
Lipid Tri - Glyceride	78 mg / dl	60 - 150	Normal
Low Density Lipo Protein	79 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	31 mg / dl	00 - 36	Normal
High Density Lipo Protein	56 mg / dl	40 - 60	Normal
S Bilirubin Total	0.9 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0. 2 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	24 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	23 IU / L	15 - 40	Normal
Creatine Phosphate K	21	M : 6 - 37	Normal
CPK - Muscular / Brain	14	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	6.3 g / dl	6 - 8	Normal
Albumin	3.9 g / dl	3.5 - 5.5	Normal
Globulin	1.9 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.9 : 1.9		

TABLE – 2

NORMAL OBSERVATIONS

MALE SUBJECTS (Aged : 40 - 55 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANG	REMARKS
Blood Sugar Fasting	71 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	87 mg / dl	< 140	Normal
Blood Sugar Random	113 mg / dl	< 200	Normal
Urea	19 mg / dl	15 – 40	Normal
Creatine	0.6 mg / dl	0.5 – 1.0	Normal
Sodium	141 mEq / L	130 - 145	Normal
Potassium	3.7 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	119 mg / dl	< 200	Normal
Lipid Tri - Glyceride	71 mg / dl	60 - 150	Normal
Low Density Lipo Protein	79 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	24 mg / dl	00 - 36	Normal
High Density Lipo Protein	48 mg / dl	40 - 60	Normal
S Bilirubin Total	0.7 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	22 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	19 IU / L	15 - 40	Normal
Creatine Phosphate K	21	M : 6 - 37	Normal
CPK - Muscular / Brain	26	F : 5 - 27	Normal
GGT	21 IU / L		
T - Protein	6.7 g / dl	6 - 8	Normal
Albumin	3.6 g / dl	3.5 - 5.5	Normal
Globulin	1.2 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.6: 1.2		

TABLE – 3

NORMAL OBSERVATIONS

MALE SUBJECTS (Aged : 55 - 70 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANG	REMARKS
Blood Sugar Fasting	74 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	113 mg / dl	< 140	Normal
Blood Sugar Random	126 mg / dl	< 200	Normal
Urea	25 mg / dl	15 – 40	Normal
Creatine	0.9 mg / dl	0.5 – 1.0	Normal
Sodium	137 mEq / L	130 - 145	Normal
Potassium	3.9 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	124 mg / dl	< 200	Normal
Lipid Tri - Glyceride	76 mg / dl	60 - 150	Normal
Low Density Lipo Protein	79 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	14 mg / dl	00 - 36	Normal
High Density Lipo Protein	43 mg / dl	40 - 60	Normal
S Bilirubin Total	0.5 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	21 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	23 IU / L	15 - 40	Normal
Creatine Phosphate K	8	M : 6 - 37	Normal
CPK - Muscular / Brain	11	F : 5 - 27	Normal
GGT	21 IU / L		
T - Protein	6.4 g / dl	6 - 8	Normal
Albumin	3.7 g / dl	3.5 - 5.5	Normal
Globulin	1.7 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.7 : 1.7		

TABLE – 4

NORMAL OBSERVATIONS

FEMALE SUBJECTS (Aged : 25 - 40 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANG	REMARKS
Blood Sugar Fasting	76 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	112 mg / dl	< 140	Normal
Blood Sugar Random	124 mg / dl	< 200	Normal
Urea	22 mg / dl	15 – 40	Normal
Creatine	0.4 mg / dl	0.5 – 1.0	Normal
Sodium	121 mEq / L	130 - 145	Normal
Potassium	3.1 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	102 mg / dl	< 200	Normal
Lipid Tri - Glyceride	62 mg / dl	60 - 150	Normal
Low Density Lipo Protein	76 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	12 mg / dl	00 - 36	Normal
High Density Lipo Protein	43 mg / dl	40 - 60	Normal
S Bilirubin Total	0.7 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	22 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	21 IU / L	15 - 40	Normal
Creatine Phosphate K	7	M : 6 - 37	Normal
CPK - Muscular / Brain	9	F : 5 - 27	Normal
GGT	23 IU / L		
T - Protein	7 g / dl	6 - 8	Normal
Albumin	3.1 g / dl	3.5 - 5.5	Normal
Globulin	1.6 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.1 : 1.6		

TABLE – 5

NORMAL OBSERVATIONS

FEMALE SUBJECTS (Aged : 40 - 55 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RAN	REMARKS
Blood Sugar Fasting	82 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	59 mg / dl	< 140	Normal
Blood Sugar Random	98 mg / dl	< 200	Normal
Urea	16 mg / dl	15 – 40	Normal
Creatine	0.6 mg / dl	0.5 – 1.0	Normal
Sodium	121 mEq / L	130 - 145	Normal
Potassium	3.2 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	79 mg / dl	< 200	Normal
Lipid Tri - Glyceride	71 mg / dl	60 - 150	Normal
Low Density Lipo Protein	65 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	12 mg / dl	00 - 36	Normal
High Density Lipo Protein	41 mg / dl	40 - 60	Normal
S Bilirubin Total	0.4 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	22 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	21 IU / L	15 - 40	Normal
Creatine Phosphate K	7	M : 6 - 37	Normal
CPK - Muscular / Brain	9	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	7 g / dl	6 - 8	Normal
Albumin	3.6 g / dl	3.5 - 5.5	Normal
Globulin	1.9 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.6 : 1.9		

TABLE – 6

NORMAL OBSERVATIONS

FEMALE SUBJECTS (Aged : 55 - 70 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	47 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	78 mg / dl	< 140	Normal
Blood Sugar Random	110 mg / dl	< 200	Normal
Urea	14 mg / dl	15 – 40	Normal
Creatine	0.4 mg / dl	0.5 – 1.0	Normal
Sodium	115 mEq / L	130 - 145	Normal
Potassium	3.1 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	78 mg / dl	< 200	Normal
Lipid Tri - Glyceride	48 mg / dl	60 - 150	Normal
Low Density Lipo Protein	56 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	24 mg / dl	00 - 36	Normal
High Density Lipo Protein	39 mg / dl	40 - 60	Normal
S Bilirubin Total	0.3 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0.1 mg / dl	< 0.3	Normal
S Bilirubin Indirect	0.3 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	14 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	13 IU / L	15 - 40	Normal
Creatine Phosphate K	5	M : 6 - 37	Normal
CPK - Muscular / Brain	4	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	4.9 g / dl	6 - 8	Normal
Albumin	3.2 g / dl	3.5 - 5.5	Normal
Globulin	1.6 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.2 : 1.6		

TABLE – 7 NORMAL OBSERVATIONS MALE SUBJECTS				
INVESTIGATION	25 - 40 Y	40 – 55 Y	55 - 70 Y	NORMAL RANGE
	RESULT	RESULT	RESULT	
Blood Sugar Fasting	70 mg / dl	71 mg / dl	74 mg / dl	60 - 100
Blood Sugar Post - Prandial	110 mg / dl	87 mg / dl	113 mg / d	< 140
Blood Sugar Random	179 mg / dl	113 mg / dl	126 mg / d	< 200
Urea	27 mg / dl	19 mg / dl	25 mg / dl	15 – 40
Creatine	0.6 mg / dl	0.6 mg / dl	0.9 mg / dl	0.5 – 1.0
Sodium	141 mEq / l	141 mEq / L	137 mEq /	130 - 145
Potassium	3.9 mEq / l	3.7 mEq / L	3.9 mEq / l	3.5 – 5.0
Lipid T - Cholesterol	138 mg / dl	119 mg / dl	124 mg / d	< 200
Lipid Tri - Glyceride	78 mg / dl	71 mg / dl	76 mg / dl	60 - 150
Low Density Lipo Protein	79 mg / dl	79 mg / dl	79 mg / dl	60 - 130
Very Low Density Lipo Protein	31 mg / dl	24 mg / dl	14 mg / dl	00 - 36
High Density Lipo Protein	56 mg / dl	48 mg / dl	43 mg / dl	40 - 60
S Bilirubin Total	0.9 mg / dl	mg / dl	0.5 mg / dl	0.1 - 1.2
S Bilirubin Direct	0.12 mg / dl	0.13 mg / dl	0.1 mg / dl	< 0.3
S Bilirubin Indirect	0.4 mg / dl	0.4 mg / dl	0.4 mg / dl	0.1 – 1.0
Aspartate Trans Amines (AST)	24 IU / L	22 IU / L	21 IU / L	15 - 40
Alanine Trans Amines (ALT)	23 IU / L	19 IU / L	23 IU / L	15 - 40
Creatine Phosphate K	21	21	8	M : 6 - 37
CPK - Muscular / Brain	14	26	11	F : 5 - 27
GGT	12 IU / L	21 IU / L	21 IU / L	
T - Protein	6.3 g / dl	6.7 g / dl	6.4 g / dl	6 - 8
Albumin	3.9 g / dl	3.6 g / dl	3.7 g / dl	3.5 - 5.5
Globulin	1.9 g / dl	1.2 g / dl	1.7 g / dl	1.7 - 3.2
A : G Ratio	3.9 : 1.9	3.6: 1.2	3.7 : 1.7	

TABLE – 8
NORMAL OBSERVATIONS
FEMALE SUBJECTS
(COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	25 – 40 Years RESULT	40 – 55 Years RESULT	55 – 70 Years RESULT	NORMAL RANGE
Blood Sugar Fasting	76 mg / dl	82 mg / dl	78 mg / dl	60 - 100
Blood Sugar Post - Prandial	112 mg / dl	59 mg / dl	110 mg / dl	< 140
Blood Sugar Random	124 mg / dl	98 mg / dl	14 mg / dl	< 200
Urea	22 mg / dl	16 mg / dl	0.4 mg / dl	15 – 40
Creatine	0.4 mg / dl	0.6 mg / dl	115 mEq / L	0.5 – 1.0
Sodium	121 mEq / L	121 mEq / L	3.1 mEq / L	130 - 145
Potassium	3.1 mEq / L	3.2 mEq / L	78 mg / dl	3.5 – 5.0
Lipid T - Cholesterol	102 mg / dl	79 mg / dl	48 mg / dl	< 200
Lipid Tri - Glyceride	62 mg / dl	71 mg / dl	56 mg / dl	60 - 150
Low Density Lipo Protein	76 mg / dl	65 mg / dl	24 mg / dl	60 - 130
Very Low Density Lipo Protein	12 mg / dl	12 mg / dl	39 mg / dl	00 - 36
High Density Lipo Protein	43 mg / dl	41 mg / dl	0.3 mg / dl	40 - 60
S Bilirubin Total	0.7 mg / dl	0.4 mg / dl	0.1 mg / dl	0.1 - 1.2
S Bilirubin Direct	0.1 mg / dl	0.1 mg / dl	0.3 mg / dl	< 0.3
S Bilirubin Indirect	0.4 mg / dl	0.4 mg / dl	14 IU / L	0.1 – 1.0
Aspartate Trans Amines (AST)	22 IU / L	22 IU / L	13 IU / L	15 - 40
Alanine Trans Amines (ALT)	21 IU / L	21 IU / L	5	15 - 40
Creatine Phosphate K	7	7	4	M : 6 - 37
CPK - Muscular / Brain	9	9	12 IU / L	F : 5 - 27
GGT	23 IU / L	12 IU / L	4.9 g / dl	
T - Protein	7 g / dl	7 g / dl	3.2 g / dl	6 - 8
Albumin	3.1 g / dl	3.6 g / dl	1.6 g / dl	3.5 - 5.5
Globulin	1.6 g / dl	1.9 g / dl	3.2 : 1.6	1.7 - 3.2
A : G Ratio	3.1 : 1.6	3.6 : 1.9		

TABLE – 9

ABNORMAL OBSERVATIONS

MALE SUBJECTS (Aged : 25 - 40 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	50 mg / dl	60 - 100	Normal
Blood Sugar Post - Prandial	150 mg / dl	< 140	Normal
Blood Sugar Random	199 mg / dl	< 200	Normal
Urea	41 mg / dl	15 – 40	Normal
Creatine	0.3 mg / dl	0.5 – 1.0	Normal
Sodium	148 mEq / L	130 - 145	Normal
Potassium	3.1 mEq / L	3.5 – 5.0	Normal
Lipid T - Cholesterol	213 mg / dl	< 200	Normal
Lipid Tri - Glyceride	154 mg / dl	60 - 150	Normal
Low Density Lipo Protein	132 mg / dl	60 - 130	Normal
Very Low Density Lipo Protein	39 mg / dl	00 - 36	Normal
High Density Lipo Protein	64 mg / dl	40 - 60	Normal
S Bilirubin Total	1.9 mg / dl	0.1 - 1.2	Normal
S Bilirubin Direct	0. 8 mg / dl	< 0.3	Normal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Normal
Aspartate Trans Amines (AST)	44 IU / L	15 - 40	Normal
Alanine Trans Amines (ALT)	43 IU / L	15 - 40	Normal
Creatine Phosphate K	31	M : 6 - 37	Normal
CPK - Muscular / Brain	27	F : 5 - 27	Normal
GGT	12 IU / L		
T - Protein	7.3 g / dl	6 - 8	Normal
Albumin	5.9 g / dl	3.5 - 5.5	Normal
Globulin	3.9 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.9 : 1.9		

TABLE – 10

ABNORMAL OBSERVATIONS

MALE SUBJECTS (Aged : 40 - 55 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANC	REMARKS
Blood Sugar Fasting	51 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	107 mg / dl	< 140	Abnormal
Blood Sugar Random	213 mg / dl	< 200	Abnormal
Urea	49 mg / dl	15 – 40	Abnormal
Creatine	1.6 mg / dl	0.5 – 1.0	Abnormal
Sodium	147 mEq / L	130 - 145	Abnormal
Potassium	5.7 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	219 mg / dl	< 200	Abnormal
Lipid Tri - Glyceride	111 mg / dl	60 - 150	Normal
Low Density Lipo Protein	139 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	44 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	68 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.7 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	0.4 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	42 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	49 IU / L	15 - 40	Abnormal
Creatine Phosphate K	41	M : 6 - 37	Abnormal
CPK - Muscular / Brain	36	F : 5 - 27	Abnormal
GGT	21 IU / L		Abnormal
T - Protein	6.9 g / dl	6 - 8	Abnormal
Albumin	5. 6 g / dl	3.5 - 5.5	Abnormal
Globulin	3.2 g / dl	1.7 - 3.2	Abnormal
A : G Ratio	3.6: 1.2		

TABLE – 11

ABNORMAL OBSERVATIONS

MALE SUBJECTS (Aged : 55 - 70 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	54 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	153 mg / dl	< 140	Abnormal
Blood Sugar Random	196 mg / dl	< 200	Abnormal
Urea	35 mg / dl	15 – 40	Normal
Creatine	1.9 mg / dl	0.5 – 1.0	Abnormal
Sodium	147 mEq / L	130 - 145	Abnormal
Potassium	5.9 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	224 mg / dl	< 200	Abnormal
Lipid Tri - Glyceride	156 mg / dl	60 - 150	Abnormal
Low Density Lipo Protein	139 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	44 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	63 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.5 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	0.4 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	41 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	43 IU / L	15 - 40	Abnormal
Creatine Phosphate K	38	M : 6 - 37	Abnormal
CPK - Muscular / Brain	31	F : 5 - 27	Abnormal
GGT	21 IU / L		Abnormal
T - Protein	8.4 g / dl	6 - 8	Abnormal
Albumin	5.7 g / dl	3.5 - 5.5	Abnormal
Globulin	3.7 g / dl	1.7 - 3.2	Abnormal
A : G Ratio	3.7 : 1.7		Abnormal

TABLE – 12

ABNORMAL OBSERVATIONS

FEMALE SUBJECTS (Aged : 25 - 40 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANG	REMARKS
Blood Sugar Fasting	56 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	132 mg / dl	< 140	Normal
Blood Sugar Random	194 mg / dl	< 200	Normal
Urea	42 mg / dl	15 – 40	Abnormal
Creatine	1.4 mg / dl	0.5 – 1.0	Abnormal
Sodium	151 mEq / L	130 - 145	Abnormal
Potassium	5.1 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	192 mg / dl	< 200	Normal
Lipid Tri - Glyceride	162 mg / dl	60 - 150	Abnormal
Low Density Lipo Protein	176 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	82 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	63 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.7 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	1.1 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	42 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	41 IU / L	15 - 40	Abnormal
Creatine Phosphate K	47	M : 6 - 37	Abnormal
CPK - Muscular / Brain	28	F : 5 - 27	Abnormal
GGT	23 IU / L		Abnormal
T - Protein	9 g / dl	6 - 8	Abnormal
Albumin	5.1 g / dl	3.5 - 5.5	Normal
Globulin	3.6 g / dl	1.7 - 3.2	Abnormal
A : G Ratio	3.1 : 1.6		

TABLE – 13

ABNORMAL OBSERVATIONS

FEMALE SUBJECTS (Aged : 40 - 55 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RAN	REMARKS
Blood Sugar Fasting	52 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	159 mg / dl	< 140	Abnormal
Blood Sugar Random	198 mg / dl	< 200	Normal
Urea	56 mg / dl	15 – 40	Abnormal
Creatine	1.6 mg / dl	0.5 – 1.0	Abnormal
Sodium	151 mEq / L	130 - 145	Abnormal
Potassium	5.2 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	179 mg / dl	< 200	Normal
Lipid Tri - Glyceride	171 mg / dl	60 - 150	Abnormal
Low Density Lipo Protein	165 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	42 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	51 mg / dl	40 - 60	Normal
S Bilirubin Total	1.4 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	0.4 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	1.4 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	42 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	41 IU / L	15 - 40	Abnormal
Creatine Phosphate K	47	M : 6 - 37	Abnormal
CPK - Muscular / Brain	29	F : 5 - 27	Abnormal
GGT	12 IU / L		Abnormal
T - Protein	9 g / dl	6 - 8	Abnormal
Albumin	5.6 g / dl	3.5 - 5.5	Abnormal
Globulin	3.9 g / dl	1.7 - 3.2	Abnormal
A : G Ratio	3.6 : 1.9		

TABLE – 14

ABNORMAL OBSERVATIONS

FEMALE SUBJECTS (Aged : 55 - 70 Years)

(ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	RESULT	NORMAL RANGE	REMARKS
Blood Sugar Fasting	47 mg / dl	60 - 100	Abnormal
Blood Sugar Post - Prandial	178 mg / dl	< 140	Abnormal
Blood Sugar Random	190 mg / dl	< 200	Normal
Urea	44 mg / dl	15 – 40	Abnormal
Creatine	1.4 mg / dl	0.5 – 1.0	Abnormal
Sodium	145 mEq / L	130 - 145	Normal
Potassium	5.1 mEq / L	3.5 – 5.0	Abnormal
Lipid T - Cholesterol	178 mg / dl	< 200	Normal
Lipid Tri - Glyceride	148 mg / dl	60 - 150	Normal
Low Density Lipo Protein	156 mg / dl	60 - 130	Abnormal
Very Low Density Lipo Protein	34 mg / dl	00 - 36	Abnormal
High Density Lipo Protein	69 mg / dl	40 - 60	Abnormal
S Bilirubin Total	1.3 mg / dl	0.1 - 1.2	Abnormal
S Bilirubin Direct	3.1 mg / dl	< 0.3	Abnormal
S Bilirubin Indirect	2.3 mg / dl	0.1 – 1.0	Abnormal
Aspartate Trans Amines (AST)	44 IU / L	15 - 40	Abnormal
Alanine Trans Amines (ALT)	43 IU / L	15 - 40	Abnormal
Creatine Phosphate K	45	M : 6 - 37	Abnormal
CPK - Muscular / Brain	34	F : 5 - 27	Abnormal
GGT	12 IU / L		
T - Protein	8.9 g / dl	6 - 8	Abnormal
Albumin	5.2 g / dl	3.5 - 5.5	Normal
Globulin	3.6 g / dl	1.7 - 3.2	Normal
A : G Ratio	3.2 : 1.6		

CUMULATIVE DATA: ABNORMAL OBSERVATIONS

TABLE – 15
ABNORMAL OBSERVATIONS
MALE SUBJECTS
(COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	25 - 40 Years RESULT	40 – 55 Years RESULT	55 - 70 Years RESULT	NORMAL RANGE
Blood Sugar Fasting	50 mg / dl	51 mg / dl	54 mg / dl	60 - 100
Blood Sugar Post - Prandial	150 mg / dl	107 mg / dl	153 mg / dl	< 140
Blood Sugar Random	199 mg / dl	213 mg / dl	196 mg / dl	< 200
Urea	41 mg / dl	49 mg / dl	35 mg / dl	15 – 40
Creatine	0.3 mg / dl	1.6 mg / dl	1.9 mg / dl	0.5 – 1.0
Sodium	148 mEq / L	147 mEq / L	147 mEq / L	130 - 145
Potassium	3.1 mEq / L	5.7 mEq / L	5.9 mEq / L	3.5 – 5.0
Lipid T - Cholesterol	213 mg / dl	219 mg / dl	224 mg / dl	< 200
Lipid Tri - Glyceride	154 mg / dl	111 mg / dl	156 mg / dl	60 - 150
Low Density Lipo Protein	132 mg / dl	139 mg / dl	139 mg / dl	60 - 130
Very Low Density Lipo Protein	39 mg / dl	44 mg / dl	44 mg / dl	00 - 36
High Density Lipo Protein	64 mg / dl	68 mg / dl	63 mg / dl	40 - 60
S Bilirubin Total	1.9 mg / dl	1.7 mg / dl	1.5 mg / dl	0.1 - 1.2
S Bilirubin Direct	0. 8 mg / dl	0.4 mg / dl	0.4 mg / dl	< 0.3
S Bilirubin Indirect	1.4 mg / dl	1.4 mg / dl	1.4 mg / dl	0.1 – 1.0
Aspartate Trans Amines (AST)	44 IU / L	42 IU / L	41 IU / L	15 - 40
Alanine Trans Amines (ALT)	43 IU / L	49 IU / L	43 IU / L	15 - 40
Creatine Phosphate K	31	41	38	M : 6 - 37
CPK - Muscular / Brain	27	36	31	F : 5 - 27
GGT	12 IU / L	21 IU / L	21 IU / L	
T - Protein	7.3 g / dl	6.9 g / dl	8.4 g / dl	6 - 8
Albumin	5.9 g / dl	5. 6 g / dl	5.7 g / dl	3.5 - 5.5
Globulin	3.9 g / dl	3.2 g / dl	3.7 g / dl	1.7 - 3.2
A : G Ratio	3.9 : 1.9	3.6: 1.2	3.7 : 1.7	

TABLE – 16
ABNORMAL OBSERVATIONS
FEMALE SUBJECTS
(COMPARATIVE ROUNDED - OFF AVERAGE RECORDINGS)

INVESTIGATION	25 – 40 Years RESULT	40 – 55 Years RESULT	55 – 70 Years RESULT	NORMAL RANGE
Blood Sugar Fasting	56 mg / dl	52 mg / dl	47 mg / dl	60 - 100
Blood Sugar Post - Prandial	132 mg / dl	159 mg / dl	178 mg / dl	< 140
Blood Sugar Random	194 mg / dl	198 mg / dl	190 mg / dl	< 200
Urea	42 mg / dl	56 mg / dl	44 mg / dl	15 – 40
Creatine	1.4 mg / dl	1.6 mg / dl	1.4 mg / dl	0.5 – 1.0
Sodium	151 mEq / L	151 mEq / L	145 mEq / L	130 - 145
Potassium	5.1 mEq / L	5.2 mEq / L	5.1 mEq / L	3.5 – 5.0
Lipid T - Cholesterol	192 mg / dl	179 mg / dl	178 mg / dl	< 200
Lipid Tri - Glyceride	162 mg / dl	171 mg / dl	148 mg / dl	60 - 150
Low Density Lipo Protein	176 mg / dl	165 mg / dl	156 mg / dl	60 - 130
Very Low Density Lipo Protein	82 mg / dl	42 mg / dl	34 mg / dl	00 - 36
High Density Lipo Protein	63 mg / dl	51 mg / dl	69 mg / dl	40 - 60
S Bilirubin Total	1.7 mg / dl	1.4 mg / dl	1.3 mg / dl	0.1 - 1.2
S Bilirubin Direct	1.1 mg / dl	0.4 mg / dl	3.1 mg / dl	< 0.3
S Bilirubin Indirect	1.4 mg / dl	1.4 mg / dl	2.3 mg / dl	0.1 – 1.0
Aspartate Trans Amines (AST)	42 IU / L	42 IU / L	44 IU / L	15 - 40
Alanine Trans Amines (ALT)	41 IU / L	41 IU / L	43 IU / L	15 - 40
Creatine Phosphate K	47	47	45	M : 6 - 37
CPK - Muscular / Brain	28	29	34	F : 5 - 27
GGT	23 IU / L	12 IU / L	12 IU / L	
T - Protein	9 g / dl	9 g / dl	8.9 g / dl	6 - 8
Albumin	5.1 g / dl	5.6 g / dl	5.2 g / dl	3.5 - 5.5
Globulin	3.6 g / dl	3.9 g / dl	3.6 g / dl	1.7 - 3.2
A : G Ratio	3.1 : 1.6	3.6 : 1.9		

4. Analysis and Discussions

Discussion attempts to observe findings, insights and knowledge by juxtaposing managerial decision with hematology. Paper intends to help managers develop judgment in decision skills. Hematologically, do they really have a choice? How do hematological 'concepts' exist and influence? How hematological observations are integrated into 'managerial activity'? How can managers change behavioural decision attitudes? Fluctuating blood glucose levels affect decision making. Studies indicate connection between blood count levels and cognitive thinking. Monitoring degree of fluctuation in blood counts offers possible inferences. There is a need to study biological underpinnings of managership about how biology and blood monikers interact to shape managerial behaviour. There are limited longitudinal, ambulatory / diary and dearth of research undertaking a neuroscientific investigation of the phenomenon. In addition, various biological factors are not mutually exclusive and it is unclear how they may interrelate. There is little work on relationship between biology and opportunity recognition, influence of biology at different phases of start-up process and how being a manager may affect biological processes. To provide a fundamental basis for understanding decision making and decision confidence, we analysed blood samples concurrently with a decision - testing questionnaire was served to each subject. The samples are of those respondents with standing history of hypertension and were selected based on previous blood pressure control. It is observed that almost all 'hematological monikers' reflect disturbing trends.

Paper submits an experiment in exploring decision making behaviour via haematological acuities. Administering a situation reaction test, in empirical part, a series of clinical observations (over a four year observation period in phases) were administered to 150 subjects (n = 150; n = 80 Male subjects and n = 70 Female subjects). This design was favoured due to element of plasticity and variations in response to intervention effects. This was done to ensure that subject serves as own control. Blood samples were drawn, calibrated and substantiated. Inter - correlational analysis has been conducted. This assured and ensured continuous assessment, reference point valuation and variability in 'inferential' data. Analysis reveals that blood groups do have a role in managerial decision dynamics. Results indicate role of 'hematological undercurrents' in managerial decision making apparatus. Conclusion is inferred to be sound and justified in that decision making of a manager are linked to (biological and) hematological aspects.

Hematological 'inferential' data presented is experiential that in a state of normalcy, hematological indices are normal within the normal range. However, in a stressful condition, there is a drastic drop in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. However, minor drops have been experiential in parameters like Creatine, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. Question is whether young male managers harbour lack of 'perfect' resilience to absorb shocks in business. Question is whether middle - aged male managers have mixed - resilience to absorb shocks in business? Question is whether aged male managers have heavy resilience to absorb shocks in business. Question is whether middle - aged female managers have heavy (surprising results!) resilience to absorb shocks in business. Question is whether aged female managers have heavy (surprising results!) resilience to absorb shocks in business.

Inference - 1: Drastic Drop is experiential in Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T – Protein and Albumin. Minor drop is experiential Creatine, CPK - Muscular / Brain, T - Protein, Globulin, Albumin and Globulin. Question is whether young male managers have lack of 'perfect' resilience to absorb shocks in business. In such a case, managers feel a state of tiredness, weariness, exhaustion, overtiredness, lethargy, sluggishness, lassitude, debility, enervation, listlessness, prostration, lack of energy, lack of vitality, tired, wear out, drain, make weary, weary, wash out, tax, overtax, overtire, jade, make sleepy. May be, race against time to achieve targets leads to stress symptoms that affect body, thoughts, feelings and behaviour.

Inference - 2: It is experiential that in a state of normalcy, hematological indices are normal within the normal range. However, in a stressful condition, there is a drastic drop, as well as minor drop, in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine

Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. Question is whether middle - aged male managers have mixed - resilience to absorb shocks in business. It is assumed that managers have put in some appreciable quantum of business - experience. They are by now well - versed with the dynamics of business in a complex but informative world. The middle - aged managers have nearly consolidated in their business and managerial activities. May be, earning profits is no longer the macro - aim but consolidation of business in the roller coaster series of profit - loss enables them to absorb the drop in glucose levels and their associated effects. Hence, minor drop, in indices.

Inference - 3: It is experiential that in a state of normalcy, hematological indices are normal within near - normal range. However, in a stressful condition, there is a drastic drop, as well as minor drop, in the indices like Blood Sugar Fasting, Blood Sugar Post - Prandial, Blood Sugar Random, Urea, Creatine, Sodium, Potassium, Lipid T - Cholesterol, Lipid Tri - Glyceride, Low Density Lipo Protein, Very Low Density Lipo Protein, S Bilirubin Total, S Bilirubin Direct, S Bilirubin Indirect, Aspartate Trans Amines (AST), Alanine Trans Amines (ALT), Creatine Phosphate K, CPK - Muscular / Brain, T - Protein, Albumin and Globulin. It is experiential that majority of the indices have registered minor drops. Question is whether aged male managers have heavy resilience to absorb shocks in business. In such a scenario, either manager is cruising in business after a long - period of seasoned business acumen, or has adopted his off - springs to his business activities. Wealth, in any form, accumulation must have been ensured or assured by now. Business shocks are no longer a deterring factor. Ethical framework becomes *no longer* a burdensome constraint. Emphasis is on ethical integrity of individual managerial - actors. A spiritual sense of satiety has perhaps been achieved.

5. CONCLUSION

The international weekly newspaper, 'The Economist' opined that behavioral management is best discernible as a set of deviations and anomalies that improves yet augments the accepted prototype of logical selection, not least as it is illogical to assume that people mostly behave illogically.

Resolutions and judgments are unavoidable part of managerial engagements within the scope of activities in routine life. While there are postulations in theory, propounding discernible neural calculations, management had no concrete elucidation to some pragmatic and factual questions it could construct and contrive in inferring solutions and making decisions. Over the last decade, insightful management has revealed cogent and significant explications and results through demonstrations, trials and monitoring. Insightful management has built up and added value to conclusive, scientific understanding facilitating inferences rather than suppositions and speculations that cannot be proved. With varied disciplines approaching symptomatically dissimilar practices and significant progresses, insightful resolution propositions tools for modeling deportment on how managers design and resolve via neural basis.

Calculated cognito - 'neuronal' decisions generally involve risk. Results, with reference to managerial cognito - 'neuronal' decision germaneness and implications, demonstrate indications for spontaneous counterfactual replication in province of high - level cognito - 'neuronal' reasoning. Key finding is that tactical - oriented 'actor' decides, create options, address responses to cognito - 'neuronal' decision 'circuit' problems and evaluates métiers of 'circuit' using cognito - 'neuronal' medium. Paper advocates outcomes and future directions to guided cognito - 'neuronal' biology in decision scholarship. Cognito - 'neuronal' complex provides graining that propositions curtains of managerial cognito - 'neuronal' 'modulator - demodulator' to answer issues in managerial decision configuration dynamics. These observations extend the outcomes of recent behavioral studies.

In an uncertain world, where decisions encompass an element of 'risk', this paper asserts that there is a 'hemato - genetic effect' to managerial decision making. New review prompts a re-think on what low sugar levels affects our thinking *(*Satpathy et. al.; 2018). Notwithstanding wide-ranging research approaches in blood glucose literature, one finding stands conveyed clearly; blood count levels affect reasoning performance. There are many gaps in knowledge and aim was to discuss ways to take this inquiry forward. Future research could incorporate evolutionary sensibility and interactive heredities. Conclusions drawn are that tactical - oriented 'actor - manager' decides, create options, address responses to cognito - 'neuronal' decision 'circuit' problems and evaluates métiers of 'circuit' using cognito - 'neuronal' medium.

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