Electropuncture diagnostics of malignant neoplasms

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Material and research methods

The study included 59 patients (51 women, 8 men). Of these: cervical cancer was in 45 patients, breast cancer - in 3, adrenal cancer - in 1, testicular cancer - in 3, kidney cancer - in 1, prostate cancer - in 1, skin melanoma was in 5 patients. All tumors were morphologically verified. Patients with cervical cancer received chemoradiation treatment and by the time of examination with electropuncture according to R. Voll (EPDF) were in the 3rd clinical group, i.e. were considered healthy. Patients with "other" tumors after examination by the EPDF method and routine clinical diagnostics (the stage of establishing the diagnosis) received an operative aid with subsequent morphological verification of the malignancy of the neoplasm.

The diagnostic complex consisted of 5 energy-informational markers: 1) native tumor homonosode of the corresponding nosology ("homonosode");

- 2) an energy-informational copy of these nosodes ("information gomonazod"), to which in the process of testing, if necessary, through the" transfer "the potency was changed;
- 3) energy-information marker of serum protein of a patient with cancer ("Oncoprotein") proposed by [2];
- 4) energy information marker of healthy person's whey protein ("Protein is the norm"), proposed [2];
- 5) Antineoplastic drug Fuzailova B.N. "MR-anti-protein blocker", proposed by [3].

Each diagnostic marker was tested for the CTE of the meridians: epithelial-parenchymal degeneration, lymphatic, nervous degeneration, blood circulation, allergy and vascular degeneration, endocrine system, and urinary bladder.

The survey results were compared in two directions:

- 1) coincidence (non-coincidence) of the EPDF technique (at least one marker) with data of clinical examination of patients (answer to the question: "tumor or not");
- 2) coincidence (mismatch) of test results between markers, included in the diagnostic complex.

For the convenience of comparing the results of the study, 5 pairs of markers were compared:

- 1) homonosode and its informational copy + oncoprotein;
- 2) homonosode and its informational copy + "MP-antiprotein-blocker";
- 3) oncoprotein + protein norm;
- 4) oncoprotein + "MP-anti-protein-blocker";
- 5) protein norm + "MR-anti-protein-blocker".

Research results

Out of 59 examined patients, only in 1 (1.7%) case, the data of the clinical examination did not coincide with the data of EPDF (in the presence of a tumor, EPDF did not recognize it). Comparison of the results of the study of pairs of diagnostic markers showed the following: pair 1 - coincidence in 51 patients (86.4%), discrepancy in 8 (13.6%) cases; pair 2 - the same data as in pair 1; in diagnostic pairs 3, 4, 5 there was 100% agreement of results. In other words, where the oncoprotein is positive, the MR-antiprotein blocker is always positive, and at the same time, the normal protein is negative.

The obtained results of the study raise questions, and the main one is: what marker to believe and take into account when deciding on the choice of a method for treating patients with suspected cancer recurrence (anxious observation or active chemotherapy?). For this, two groups of patients were formed, who were treated in accordance with the questions posed. Survival results for cancer patients are likely to answer these questions.

The study is currently ongoing. Preliminary results of treatment of patients with cervical cancer show a high informative accuracy of diagnostics of the marker "oncoprotein" and its antipode - "MR-antiprotein-blocker".

Literature

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