

Possibilities of electropuncture diagnostics by ART in express diagnostics of malignant neoplasms of the genitals in women

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Malignant tumors of the reproductive system are the most frequent in the structure of oncological morbidity in women, their total share exceeds 35%.

The absence of pathognomonic symptoms in the early stages of the disease, the breadth of the age group of sick women - all this presents significant difficulties in the timely diagnosis of malignant neoplasms of the genitals in women, so patients often go to the hospital for treatment in common stages of the process.

The development of methods for the rapid diagnosis of oncological diseases in gynecology is an urgent task of modern medicine.

In world medical practice, there is growing interest in the study of the dynamics of electrical conductivity of biologically active points (BAP) when the body is exposed to wave characteristics of pathologically altered tissues and etiological factors, as well as potentiated organopreparations, which allows for the diagnosis and differential diagnosis of various diseases.

The experience of using millimeter-wave electromagnetic radiation (EMR MD) in medical practice shows that for each patient there is an individual EMR MD frequency, the presence of which in the spectrum of frequencies generated by the device causes an acute resonant response from the patient's body, the so-called "response". The frequency of EMR MD, capable of causing a "response", has received the name of the individual characteristic frequency (IHF) in the literature. The known method for determining the IHC, based on electropuncture diagnostics of the state of BAP [1].

It is known from literary sources that the methods of electropuncture diagnostics (EPD) according to R. Voll and autonomic resonance test (ART) in combination with the determination of HCI make it possible to purposefully examine the patient with high reliability. During long-term studies on large groups of patients, regularities were established in the diagnosis of certain diseases, which consist in a combination of certain HCI of the patient and the presence of this or that pathology. Thus, the determination of HCI in sick individuals can significantly increase the diagnostic efficiency of patient examination.

Studies carried out in Belarus on the diagnosis of the EPD method according to R. Voll and ART in combination with the determination of HCI, a number of diseases of the female genital area (ovarian cysts, fibroids and adnexitis) showed a coincidence with clinical diagnoses in 96.2% of cases [2]. Conducted in 2001-2002. studies on the diagnosis of tuberculosis by the EPD method according to R. Voll in combination with the determination of HCI in the Novogrudok, Berestovitsky and Svislochsky districts of the Grodno region confirmed its high

diagnostic efficiency - 94.4% [3].

There are some indications in the literature on the use of EPD methods for the diagnosis of oncogynecological pathology - cervical cancer (Zaderin V.P., 2003), ovarian cancer, cancer of the uterine body and cervix (Ashrafyan L.A., 2002). We did not find data on the diagnosis of malignant neoplasms in gynecology using ICH, which determined the relevance of the study.

Diagnostics by the EPD method according to ART consists in the phenomenon of resonance that occurs in the organism of the investigated person upon presentation from the outside of a certain spectrum of frequencies corresponding to a certain pathological process. In the presence of a similar frequency spectrum in the patient's body, this manifests itself in a change in skin resistance, which is recorded by a device for electropuncture diagnostics. That is, if the EP indicators on the measured BAP change when exposed to the spectral-wave characteristics of diagnostic markers, then the test is considered positive. If the EP indicators do not change, the test is considered negative.

For diagnostics in ART, nosodes and organ preparations are used. The "products" of diseases (blood, lymph, secretions of glands, tissues of affected organs, etc.) and tissue of healthy organs are used as a starting material for their preparation, respectively. Today the list of nosodes and organ preparations is presented in the form of the so-called. "Information analogs of diagnostic markers" in diagnostic test cassettes. "Informational analogues of diagnostic markers" are electronic copies of the spectral-wave characteristics of organopreparations, homeopathy, nosodes, etc.

In November – January 2005–2006 in the oncogynecological department of the UOZ "Grodno Regional Clinical Hospital" a study was carried out on a group of patients in the amount of 114 people suffering from various diseases of the female genital area, for which they were planned to undergo surgical operations.

Inclusion criterion: the presence of gynecological pathology requiring surgical correction. Women who refused to undergo surgery or had contraindications from the side of concomitant somatic pathology for anesthesia during surgery were excluded from the group of subjects.

7 patients were excluded from the study, one refused surgery, 6 women were not operated, the diagnosis in five of them was established on the basis of the clinical picture, gynecological examination (bimanual and rectal), MRI data, colonoscopy, ultrasound and other methods, in one patient the diagnosis of ovarian cancer was established earlier.

Thus, the study included 107 women, aged 25 to 78 years.

Purpose of the study: to determine the diagnostic effectiveness of the method of electropunctural diagnostics using the ART method by comparing the diagnoses of oncological pathology of the genitals exposed by the EPD method with the diagnoses established as a result of operations, i.e. by comparing electrical and clinical diagnoses.

Surgical intervention was the final stage in the clinical diagnosis of malignant neoplasms of the genitals, allowing visualization of reproductive organs and histological examination of pathological material. Thus, the clinical diagnosis was established by the "gold standard" method - a pathomorphological examination of the removed tissues obtained during the operation.

Before the operation, all patients were examined by generally accepted clinical methods (history, gynecological examination, laboratory and instrumental examinations).

For EPD on ART, the SVN-1 apparatus, manufactured by the Kommunist plant, Kiev, was used. To determine the resonance to nosodes and organ preparations, microresonant contours were used, proposed by the Ukrainian scientist V.N. Sarchuk. and diagnostic cassettes produced by "IMEDIS", Moscow. The patients were examined by the EPD method according to ART before surgery. Informed voluntary consent was obtained from all patients to be tested. Women were sent to electropuncture examination in no particular order. The duration of the study of one patient takes no more than 7-10 minutes.

When diagnosing by the EPD method by ART, the examination algorithm with the determination of the HCI was used, which we proposed to detect oncogynecological pathology. According to the results of the examination, an electropunctural diagnosis was made, which, upon completion of the entire study, was verified by the history of the disease with the clinical diagnosis.

The examination determined: topical diagnosis (which organ is affected) and the nature of the pathology (benign or malignant process). All patients were examined for their gynecological status, in most cases - other organs and systems. According to the results of the examination, an electropuncture diagnosis was made, which was then verified by the medical history with the clinical diagnosis.

In order to check the diagnostic efficacy of the markers proposed by us, the first 28 patients were examined with a preliminary study of the medical history, while the research doctor got acquainted with the preoperative diagnosis and the data of histological examination. In this case, the diagnostic significance of the study was as follows: DC (diagnostic sensitivity) - 85.7%, DS (diagnostic specificity) - 95.2%, DZOR (diagnostic significance of negative results) - 95.2%, RPD (diagnostic significance of positive results) - 85.7%, OT (overall accuracy) - 92.9%.

Later, 79 patients were examined "blindly", when the doctor who performed the electropuncture study did not get acquainted with the case histories and data from other examination methods. The diagnostic significance of the study of this group of patients was: DC = 86.7%, DC = 89.8%, DZOR = 91.7%, DZPR = 83.9%, OT = 88.6%.

The final diagnostic significance of the study was: DC = 86.5%, DS = 91.4%, DZOR = 92.8%, DZPR = 84.2%, OT = 89.7%.

Conclusion:

1. Application of the method of electropunctural diagnostics according to vegetative resonance test for the diagnosis of malignant neoplasms of the genitals in women is justified, since the studies have shown its high overall accuracy - 89.7%. We believe that the EPD method according to ART is advisable to use in hospitals for express diagnostics of gynecological oncopathology, along with other examination methods.

2. The EPD method for ART is absolutely harmless and safe, it is practically has no contraindications. In this regard, the examination can be repeatedly carried out to patients at any phase of the menstrual cycle, including pregnant women. In addition, the research is carried out on domestic devices and equipment, and therefore, the apparatus and equipment are inexpensive and available to any medical facility. Testing time takes several minutes. The device for EPD is small and lightweight, therefore it can be used even at the patient's bedside. There are no consumables in the diagnostic process. The diagnostic technique does not require special training for patients.

3. It seems promising to continue further studies on the diagnosis of oncogynecological pathology by the EPD method according to ART.

Literature

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M.I. Palamarchuk, T.Yu. Egorova, M.V. Zhlobich, Zaitseva T.P. Possibilities of electropuncture diagnostics using ART in express diagnostics of malignant neoplasms of the genitals in women // XIII