

On the relevance of the drug Fuzailova "MP-anti-protein-blocker" with diagnostic and therapeutic purpose in the "IMEDIS-TEST" system
S.K. Makina, B.N. Fuzailov
(Petropavlovsk, Kazakhstan; Moscow, Russia)

For the first time at the VIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy" Fuzailov B.N. and Shraibman MM reported on the use of the anti-cancer drug Fuzailova (PF) "MP-anti-protein-blocker" for diagnostic and therapeutic purposes in cancer patients. Patent for invention No. 2293564 (method for diagnosing and treating malignant tumors) was registered by the authors in the state register of inventions of the Russian Federation on February 20, 2007.

Center "IMEDIS" (Moscow) in the medication selector was introduced
Fuzailov's potentiated drug No. 1, 2, 3, 4, 5 in the section "Oncodiagnosics". In the same section of the research by M.M. and Rapis E.G. were taken as the basis for the tests "oncoprotein" and "normal protein", which are informational copies of photographs of the structures of a healthy, normal protein and an oncological three-dimensional protein of blood serum, respectively, healthy subjects and cancer patients. In subsequent conference proceedings, information from colleagues about positive PF testing in patients with only oncological profile was traced. Studies of the Rostov Research Institute of Oncology have confirmed the "high informative accuracy of the diagnosis of the marker" oncoprotein "and its antipode" MR-antiprotein-blocker "".

PF aroused interest primarily not only as an additional diagnostic test, but also as a therapeutic drug, in connection with the hypothesis of Dr. BN Fuzailov. "About a single mechanism of the onset of a cancerous tumor."

The research was carried out on the hardware-software complex "IMEDIS-EXPERT", Center "IMEDIS" (Moscow).

In this regard, as previously reported, since November 2005, each patient, against the background of testing the main integrative indices of the IMEDIS-TEST system, through the test-index Ferrum metallicum D60, was carried out to identify the key organ and, accordingly, the dominant miasm. dominant infection, the presence of "oncoprotein" and a resonant response to PF. As a result of the studies, it was revealed that a positive resonant response to PF was obtained not only in patients with obvious oncological pathology, but also in patients with chronic diseases of internal organs and the nervous system. At the same time, we understand that the PP "MP-anti-protein blocker" is presented by the authors as an anticancer drug. The question naturally arises: what is the reason for such results, and is it necessary for the patient as a therapeutic drug?

Table 1

The results of complex testing by the ART method in patients with a positive resonant "response" to the PF

	Qty sick	Test "Oncoprotein"		Dominant miasm			Dominant infection (qty)
		"+"	%	psora	luez	sycosis	number of cases (absolute
Gynecological diseases (adnec-sieve, ovarian cyst, endometritis, endometriosis)	40	eight	twenty	23	eight	nine	number) herpesvirus - 26 parasites - 6 bacteria - 7 mushrooms - 1
Infectious diseases (hepatitis C, B, A, tuberculosis, lambli-oz, ascariasis, description torhoz, etc.)	25	4	sixteen	nineteen	4	2	hepatitis C - 9 hepatitis B - 1 herpatitis - 1 parasites - 6 herpesvirus - 4 tuberculosis - 1 bacteria - 3
Diseases of the gastrointestinal tract (DZHVP, ZhKB, ulcers. disease 12-p. kki, dysbiosis)	26	five	19.2	13	4	nine	bacteria - 12 herpesvirus - 8 dysbacteria - 3 parasites - 2 mushrooms - 1

Diseases of the urine outflow pathways (pyelonephritis, glomerulonephritis, current cystitis)	fifteen	3	twenty	10	2	3	herpesvirus - 12 dysbiosis - 1 parasites - 2
Dobrokach. sick. (BPH, fibroids uterus, images. mammary glands)	13	4	30.8	eight	2	3	herpesvirus - 5 parasites - 5 bacteria - 3
Oncological diseases (food water, ovary, thick. to-ka, milk. glands, liver, lung)	12	10	83.3	eight	2	2	herpesvirus - 4 parasites - 5 mushrooms - 2 bacteria - 1
Organ diseases new breathing (br. asthma, pneumonia)	3	one	33.3	one	0	one	herpesvirus - 2 dysbiosis - 1
Endocrine diseases rinous system (distyroidism, kushingoid, pituitary gland. disadvantage.)	fifteen	2	12.5	10	2	3	herpesvirus - 8 parasites - 3 bacteria - 2 adenovirus - 1 mushrooms - 1
Diseases nervous system (syringo-mi-eliya, races. sclerosis, hypertension. syndrome)	4	one	25	4	0	0	herpesvirus - 2 parasites - 1 industry. poisons - 1
Total %	153	38	24.8	97 63.4%	24 15.7%	32 20.9%	herpesvirus - 71 parasites - 30 bacteria - 29 hepatitis - 11 mushrooms - 5 dysbiosis - 5 adenovirus - 1 industrial poisons - 1

A total of 558 (100%) patients underwent comprehensive testing.

Of these, 153 (27.4%) patients received a positive resonance response to PF. Accordingly, in 2007 - 26.4%. In this group of patients, the range of the main integrative indices varied within: biological indices (BI) - 4-18-21, photon indices (PI) - 3-18-15-19-22, adaptation reserves (RA) - average RA (CPA), good RA (HRA) and in two cases drying up RA (IRA).

Only 38 patients, which amounted to 24.8%, revealed a positive test "oncoprotein", respectively, in 2007 - 23.4%. A positive test "oncoprotein" in most cases was observed against the background of low BI, PI, RA and a positive resonance response to PF. Mention should be made of the most subtle PI sensitivity, which always correlated with a positive test for oncoprotein, at the level of 21-22.

In Group "oncological diseases" The test for " oncoprotein " was positive in 10 cases, which is 83.3%. Similar results, for the same nosological group, were in 2007. - 85.7%. Patients of this group were or are under observation in the OOD. All patients had extremely low integral indices: BI, PI, RA and obvious clinical manifestations of diseases. This group of patients, where positive tests for PF, "oncoprotein" are clearly identified, and low integral ART indices do not raise any questions. All tests, complementing each other, indicate the severity and severity of the pathological process.

In two patients of the above group, a negative test for "oncoprotein", against the background of low PI and a positive test for PF:

1. Patient L., 50 years old, was operated on for a disease of the uterus after testing. BI - 14/20/21; FI 3/22; average RA 4 tbsp.; PF - D0-D10000.
2. Patient B., 57 years old. Left lung cancer, grade IV, central form, atelectasis. The patient was

extremely emaciated, worried about a constant cough with purulent sputum and blood, subfebrile condition, lack of appetite. BI - 3; FI - 4/21/22; good RA 1 tbsp.; PF - D0-D10000.

In cases where there is a positive response to PF, low integrative indices of ART, to a greater extent this concerns FI, but a negative response to the "oncoprotein", it is necessary first of all to be wary in terms of searching for an oncological disease. These examples indicate the subtle sensitivity of the informational PF to the oncological process.

In Group "benign diseases»Test" oncoprotein "in 4 patients was positive, which amounted to 30.8%, respectively, in 2007 - 30.3%. Integrative indices were identified in the range: BI 3, 9, 15, 18, 19; FI 3, 4, 8, 13, 15, 21; Sedny RA, good RA.

In Group "gynecological diseases»8 patients (20%) had a positive test, respectively, in 2007 - 20%. Integral indices in the range: BI 3, 17, 18, 19, 21; FI 3, 13, 17, 20, 21; average RA, good RA.

In other nosological groups, statistical data also did not have gross deviations from previous years.

When a dominant miasm is identified, "psora" is still preserved - 97 cases (63.4%), respectively, in 2007 - 65.9%.

When testing the dominant infection, the group "herpesviruses" made up a larger proportion - 71 cases (46.4%), respectively, in 2007 - 52.1%.

In the group, the dominant infection "bacteria" was 29 cases, of which 16 were H. pylori (55.2%).

The group of "herpes viruses" is mainly represented by the viruses of herpes zoster, chickenpox, Epstein-Barr, which indicates their high oncogenicity.

Laboratory confirmation of the presence of tested infections within our region is often difficult. Persistent patients undergo examination in the laboratories of Omsk and confirm the ART tests. Helicobacter verification is certainly a global problem. Academician Vladimir Trofimovich Ivashkin, President of the Russian Gastroenterological Association, noted that "if we bear in mind the diseases caused by the Helicobacter microbe, then the main problem here is diagnostics in Russia, up to 50 thousand people die from stomach cancer every year, and in 70% of cases, it is the emergence of a bacterium - Helicobacter ". Academician V.T. Ivashkin, believes that timely mass early diagnosis will help to "repel the attacks" of the insidious Helicobacter. Modern gastroenterology offers the most modern "breath test" (equipment cost 120 thousand dollars), allowing to detect Helicobacter pylori in the body. This device is in Moscow, but for those in power. The question of mass examination remains open. A revolutionary solution to this problem could be the use of the IMEDISTEST system to detect Helicobacter, early forms of diseases and timely treatment of patients.

Thus, everything is logically lined up into a system. The repeatability of statistical data allows us to come to a conclusion about the reliability of ART "IMEDIS-TEST". Depending on the combination of the obtained tests, we have the opportunity to confidently develop the tactics of therapy: the choice of therapy methods, the frequency and duration of receptions.

A positive response to PF in groups with chronic diseases of internal organs and the nervous system suggests that information PF is able to capture minimal information, minimal tendencies of oncological processes. Thus, this group of patients, as previously assumed, can be attributed to the cancer risk group. The group of cancer risk was 141 patients (25.5%), respectively, in 2007 - 84 (24.5%), out of the total number of those who applied. Consequently, the therapy of these patients can be regarded as active preventive measures for oncological diseases. PF is a successful and reliable test in the "oncology diagnostics" section, in the "IMEDIS-TEST" system.

table 2

Data of a positive resonance response to IF, depending on gender and nosological forms

	Hynek. sick.	Inf. sick.	Zabol. <small>Gastrointestinal tract</small>	Zabol. urine. sist.	Good- quality sick.	Oncol. sick.	Zabol. organ. breathing.	Endo- crin. sick.	Zabol. nervous sist.	Total Abs. number, %
Women Abs. number	40	10	17	7	7	nine	3	eleven	3	107 69,9%
Men. Abs. number	-	fifteen	nine	eight	6	3	-	4	one	46 30.1%
Total Abs. number	40	25	26	fifteen	13	12	3	fifteen	4	153 100%

Against the background of the total number of patients who have a positive response to PF, the largest number is observed in the group "gynecological diseases"- 40 (26.1%), "infectious diseases" 25 (16.3%), "gastrointestinal diseases" 26 (16.99%). Of the total number of patients, 153 (100%) female patients - 107 (69.9%), which is explained by the presence of a group of "gynecological diseases" and their predominance in the groups of "gastrointestinal diseases" "diseases of the endocrine system".

The largest number of patients in the age group of 30–39 years - 45 cases (29.4%), of which women - 32 (71.1%), men - 13 (28.9%); in the group of 40–49 years - 41 cases (26.8%), of which women - 30 (73.8%), men - 11 (26.8%). Thus, in both groups, 30–39, 40–49 years old, there were 86 cases in total, which is 56.2% of all cases of positive PF tests. It is easy to see that this is a group of patients with the most active working age.

PF against the background of comprehensive testing, data of clinical manifestations, additional laboratory tests suggests the presence of minimal and obvious trends in malignant processes. Due to the timely use of test data, timely initiated preventive and therapeutic measures can save the patient's life, restore lost ability to work or change the quality of life.

All patients who tested positive for PF received informational PF therapy, according to the method of B.N. Fuzailov (see materials of the XII conference), against the background of exogenous and endogenous bioresonance and drainage therapy. Informational PF was administered simultaneously intravenously, intramuscularly and per os in the form of granules. The course of therapy was tested mentally. Experience shows a significant change in the quality of diagnostics and therapy with the start of the use of PF.

In the case of chronic somatic diseases, 1–2 PF injections were performed. In the case of oncological diseases - 2-3 PF injections.

In the group of somatic diseases, patients where Helicobacter was the dominant infection presented a certain difficulty. This group of patients was difficult to respond to therapy. Now, since 2005, with the use of PF, it has become possible to observe a steady positive trend.

As a result of complex therapy, 138 patients (90.1%) showed a stable positive dynamics of their condition.

Of the total number of patients, therapy was interrupted in 5 (3.3%) due to relocation.

In 5 (3.3%) patients, the therapy had no effect in the following cases: chronic hepatitis C - 2, hypertensive syndrome - 1, chronic pancreatitis - 1, uterine cancer - 1. Patients of this group continue therapy with the methods of orthodox medicine. These patients required more frequent sessions. To a greater extent, material problems did not allow this condition to be met.

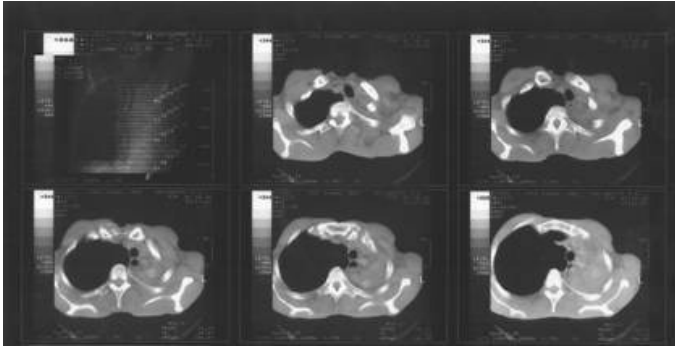
Fatal outcome in 5 (3.3%) cancer patients. These patients, after surgical interventions, were taken at their insistent request, for the purpose of supportive therapy. During the treatment of 4 patients, there was a clear regression of pain, to some extent intoxication syndromes, against the background of the progression of the pathological process. Patient K., 1982, diagnosed with primary liver cancer, therapy without effect.

Clinical example of complex testing and therapy using PF.

Patient V., born in 1950 Diagnosis: Cr pulmonum, sin IV, st IV, T4, Nx, Mx. Atelectasis of the left lung, central form. Progression. Periodic hemoptysis.

The patient underwent examination with suspected pulmonary tuberculosis, in a stationary tuberculosis dispensary. Then he was transferred to dispensary observation at the OOD. The patient refused surgical, radiation and chemotherapeutic methods of treatment.

MRI of the lungs from 10.10.07 (Omsk) - atelectasis of the left lung.



Rice. one. Before treatment

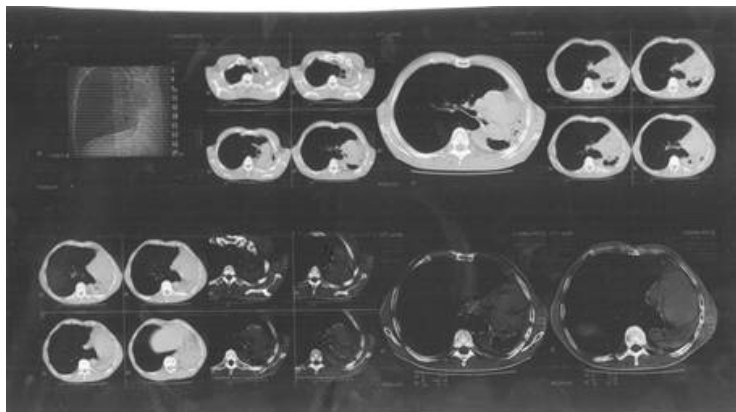
On examination, the patient is extremely emaciated, severe intoxication syndrome. Continuous cough, with purulent expectoration and blood. Body temperature 37-39 °. Constant pain in the chest, periodic - in the lower abdomen. Fungal infection of all nail plates of the fingers and toes. He walks within the room, needs care.

From the anamnesis - did not smoke, does not drink alcohol, a former athlete.

ART was performed on October 21, 2007. As a result, the following were revealed: yang state, burdening loads are not tested, BI - 8/20/21, FI - 3/20/21/22, average RA 1st stage, "oncoprotein" negative, positive frequency test 22.5 Hz, miasm - psora. The key organ, consistently in time - "prostate", "lung", "lymph". Infections - candida, aspergillus, trichophyton, mycosis fungoides, ecrinales comp, filamentous fungi, mycelium comp, hookworm, schistosome, aerobic bacterial complex and kish. sticks, proteus. The dominant infection is mycosis fungoides, during the entire course of therapy, a positive response to PF # 4 D0 - D10000, PF 5 -D0 - D10000, PF 2 D0 - D10000.

The severity of the patient's condition according to the results of ART could be assessed, taking into account the data of FI - 21/22, frequency 22.5 Hz, positive PF test 4, 5, 2; many positive tests for infections.

The patient was fitted with drainage preparations from the electronic selector "IMEDIS". Long-term sessions of endogenous BRT and HRT (only for the dominant infection - mycosis fungoides) were carried out daily for 3 weeks. The PF was introduced 3 times. Positive dynamics began to be noted from the first days of therapy: a rapid regression of symptoms of intoxication, asthenia, disappearance of cough, normalization of temperature and data from clinical and laboratory studies (sputum analysis, general blood test). After 2 weeks, the patient expanded the regimen, began to walk more, and perform minimal physical activity. A month after the start of treatment, I got up on skis and skates. Now it is already daily and many hours of training and is practically not a "former athlete".



Rice. 2. In dynamics

Conclusions:

1. Informational PF "MP-anti-protein-blocker" - a delicate sensitive test, resonating with explicit information of malignant processes.
2. PF is able to capture minimal information, minimal oncological processes.

tendencies

3. The use of PF catalyzes the process of multiresonance therapy.
4. IF restores and modulates the normal protein structure, which explains positive results of its use in oncological patients and patients with chronic somatic pathology of internal organs and nervous system.

Literature

1. Abstracts and reports of the VIII International conference "Theoretical and clinical aspects bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2001. - S. 199–206.
 2. Abstracts and reports of the X International conference "Theoretical and clinical aspects bioresonance and multiresonance therapy ". Part I. - M .: IMEDIS, 2004. - S. 287–306, 330–332.
 3. Abstracts and reports of the XIII International conference "Theoretical and clinical aspects bioresonance and multiresonance therapy ". Part II. - M .: IMEDIS, 2007. - S. 142-149.
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