

On the relevance of using the ART method
in patients with prostate cancer who have undergone brachytherapy
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Prostate cancer is an extremely dangerous cancer, and this pathology ranks second among all causes of death in men. At the end of the last century, an increase in the incidence of prostate cancer was recorded in many countries of the world. According to R. Harris and K. Lohr (2002), in the United States in 2002, 189 thousand men were diagnosed with prostate cancer and 30,200 people died from this disease. Demonstrated efforts of scientists around the world to study the problems of prostate cancer served to improve both the diagnosis and treatment of this pathology. The introduction into clinical practice of the method for determining the prostatic antigen (PSA) contributed to the improvement of the diagnosis of prostate cancer in general and, it should be emphasized, the early detection of oncopathology, in particular.

PSA has proven to be a very reliable indicator of the diagnosis of a cancerous process in the gland and the effectiveness of treatment for this disease. Its regular change makes it possible to diagnose a cancerous process in the gland at the stage of local growth, i.e. gland-limited spread, which gives a good chance of a complete cure of this disease [3].

Transrectal ultrasound (ultrasound) of the prostate can detect cancer-suspicious hypoechoic areas in the gland. With the help of magnetic resonance imaging and computed tomography, it is possible to specify in detail the localization and prevalence of the malignant process in the prostate gland. However, the defining method in the diagnosis of prostate cancer is transrectal biopsy. Histological examination of the gland tissue allows not only to diagnose prostate cancer, but also to develop therapeutic tactics, taking into account the degree of differentiation of cancer cells. Molecular biological technology makes it possible to identify molecular markers to recognize the initial stages of the latent cancerous process in the prostate. Thus, the identification of specific genes expressed exclusively in the prostate gland is the main prerequisite for the early diagnosis of a malignant process [2].

Speaking about the treatment of patients diagnosed with prostate cancer, it is necessary to emphasize the unanimous opinion of urologists on this issue - it should be strictly individual. The individuality of the approach to treatment is determined by the local characteristics of the process and the general condition of the patient. For a locally limited cancer process, treatment options include radical prostatectomy, brachytherapy, external beam radiation therapy, and hormone therapy. At present, brachytherapy is widely used in the treatment of prostate cancer, i.e. implantation of radioactive microspheres into the gland tissue. After surgery, a low PSA level is considered a reliable indicator of the effectiveness of treatment.

Therefore, a low PSA level is not an absolute test of a patient's well-being. Alertness regarding the recurrence of the disease after brachytherapy may be based on the unequal response of the entire pool of tumor tissue cells to radiation exposure. The sensitivity to radioactive effects in cells in a state of proliferation or in a state of rest is different. Non-profiling "dormant" tumor cells that are resistant to radioactive exposure can later become a source of tumor growth recurrence. What diagnostic techniques, besides the dynamic determination of the PSA level, can serve as a basis for the conclusion that the patient is cured of prostate cancer? The answer to this question can be given by a clinical case, which is given below.

Clinical example complex diagnostics and therapy of a patient who has undergone brachytherapy for prostate cancer.

Patient H., 71 years old, a doctor by profession. In 2000-2005. the patient was diagnosed with benign prostatic hyperplasia. At the beginning of 2006. an ultrasound examination in the prostate revealed a site of reduced echogenicity. The PSA level at the time of the study was: sPS - 3.88 ng / ml, and fPS = 0.318 ng / ml (fPS / sPS ratio = 13%). At the end of 2006, the patient underwent a puncture biopsy. The result of histological examination is adenocarcinoma of the prostate gland (Stage T2 7 points according to Glisson). PSA values at the time of the operation: sPS - 6.45 and fPS - 0.83 ng / ml (fPS / sPS ratio = 13%). In 2006, the patient underwent brachytherapy under the control of computed tomography. Before and after the operation, hormone therapy was performed (diferelin, zoladex, casodex). For two years after brachytherapy, the patient's condition was satisfactory. PSA values during this time were determined in the range from 0.145 to 1.06 ng / ml. Two years later, the patient underwent a preventive examination. The result of MRI and ultrasound: "Signs of prostatic hyperplasia. Condition after undergoing brachytherapy. Local cancer growth is not detected. "

In the immunograms of the patient, according to the conclusions of the immunologists, there were no sharp deviations from the norm. Attention was drawn to only a moderate increase in the concentration of circulating immune complexes (CIC).

Given the patient's low PSA values, which were determined before and after the establishment of a cancerous process in the prostate gland, he was recommended to continue monitoring the antigen level every three months in conjunction with ultrasound and CT scan. Oncology vigilance made the patient turn to energy-informational medicine and diagnose by the method of the Vegetative Resonance Test (ART).

The purpose of diagnostics is to establish whether there is evidence of a malignant process in the prostate gland, and also, taking into account the role and importance of immunity in carcinogenesis, to determine the state of the immune system and develop a program to restore homeostasis. At the same time, it was taken into account that the patient's immunity could be weakened by ionizing radiation, which he was exposed to during brachytherapy, as well as mental stress, exogenous intoxication, chronic infections and other factors leading to a decrease in adaptation reserves.

During the initial diagnosis, the tasks were:

1. Determine the presence of geopathogenic, radioactive and psychogenic loads.
2. Establish the presence of viral, mycoplasma, bacterial, mycotic and helminthic burdens.
3. Determine the presence or absence in the body of a malignant process, cysts or tumors, as well as data on acute or chronic inflammation.

4. Determine the state of the acid-base balance (RN) of the body. The general state of the body was assessed by determining such integral indicators as: biological indices (BI), adaptation reserves (RA) and photon index (PI). The state of the immune system was assessed by the presence of signs of weakening, as well as the degree of its tension or exhaustion. The presence or absence of disorders in the endocrine system was determined using the endocrine index (EI). The criterion for assessing the biochemical and biophysical state was DNA indicators.

At the time of the examination, the patient was in a depressed mood, he was worried about the recurrence of the disease and constant pain in the muscles and bones of the lower extremities. During the initial examination, a radioactive load was diagnosed, as well as a load of lead, cadmium and a high degree of intoxication (Intox I, II, III). A general weakening of the immune system, tension and depletion of the immune system were found. Integral indicators of the general state of the body: RA - depleted, the biological index (BI), expressing the depth of the body's problems and the potency of the mesenchyme, was determined within 21-17 and 5, 4, 3, which indicated a decrease in the regulatory capacity of the body, the accumulation of toxins in the mesenchyme, and also metabolic products. Biophotonic information exchange, intracellular communication and regulation of the whole organism were impaired (PI = 20/19 and 2/1).

An overt malignant process was tested in seminal vesicles, prostate, bladder and ureters. To this should be added the presence in the body of a viral, bacterial mycotic and helminthic burden. The sweat potency oncoprotein (500 and 1000), which is an informative copy of the oncological three-dimensional protein, was tested positively. It was recorded in the patient the destruction of the mesenchyme, as well as a violation of DNA, informative violation of the 4th stage.

The patient was treated in stages.

I stage. Body cleansing: cleansing blood, lymph, liver, kidney and connective tissue preparations Dr. Reckeweg, DETOX, DIS-detoxification.

II-nd stage. Liberation of the body from identified infectious weights.

III stage. Recovery normal functions organism. Restoration of adaptation reserves, the potential of the mesenchyme and intracellular communication of organs and the body as a whole. (Restoring homeostasis). On the every stage treatment big Attention was given implementation supporting recovery programs immunity and psyche sick.

Implementation of treatment measures carried out within 3 months,

contributed to the normalization of the patient's psyche (interest in life was restored), the body's defenses increased, the function of the immune system was normalized, the indicators of the general state of the body were restored (RA - high, BI and PI - normal) intoxication was not diagnosed, oncoprotein was not tested, infectious burdens were practically not detected.

Thus, the performed correction of the diagnosed functional state gave a positive result.

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"- M.:" IMEDIS ", 2009, vol. 1 - pp. 89-94