

Electro-acupuncture diagnostics of tumors (based on the materials of the International conferences "Theoretical and clinical aspects of the application adaptive bioresonance and multiresonant therapy ")

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There is no doubt that early detection of malignant tumors remains an urgent medical and social problem. It is known that a cancerous tumor the size of a pea can metastasize to organs and systems of the body without significantly manifesting itself until a certain time. This happens because tumor cells, through gene expression, get the opportunity to "connect" to the blood circulation, "settle" there and wait for their chance for further development (B. Koeller, 1999). When the immune system is weakened by various stress factors, the tumor begins to proliferate rapidly. Often such "mute" tumors are accidentally discovered during routine preventive examination of a patient or in the process of diagnosing non-neoplastic diseases. Unfortunately, visual methods for diagnosing cancer (ultrasound, endoscopy, cytological and morphological studies of the tumor substrate) can confirm already established cancer, capable of metastasis. For example, after radical removal of a kidney tumor, distant metastases are detected in 25% of patients within 12-24 months after surgery, despite the fact that before surgery metastases were not detected by the most modern diagnostic methods.

Until now, biochemical tumor markers do not have a sufficient degree of diagnostic reliability; moreover, they do not cover the entire spectrum of human tumors. Thus, the identification of the patient's precancerous state and the early stages of the cancer that has taken place and, moreover, the localization of the tumor in the body, is still an unsolved problem. Experience gained over the past 10 years

energy-informational diagnostics of tumor diseases allows to generalize the achievements in solving this problem and outline the prospects for a systemic study of cancer diagnostics. This is the topic of this literature review.

Diagnosis of a tumor using nosodes

Nosodes in the diagnosis of human tumors have been used for a long time. The material for the nosodes is the tissue of the removed and morphologically verified tumor. However, despite the obviousness of a cancer of a specific organ or system, the nosodes of a cancerous tumor do not always give a positive answer about the presence of cancer in the body, i.e. they are not universal. This indicates that one person's protein is not an identical substrate for another. In addition, it is necessary not only to diagnose the very fact of the presence of a tumor, but also to understand the pathogenetic chain that led to the development of a malignant tumor. These thoughts are supported by the facts of the studies below.

A.A. Hovsepyan and Bazikyan G.K. (1999) using mammography, ultrasound and autonomic resonance test (ART) examined 41 women with

mastopathy. The key was the meridian of the endocrine system, and in fibrous forms of mastopathy, ART was used to determine the blocks on the meridian of connective tissue regeneration. Testing was performed via Cuprum met. D400 (determination of the meridian in a suboptimal state) and Zincum met. D26 (determination of the key meridian).

Shraibman M.M. (2000) studied several patients with a morphologically verified diagnosis of cancer of various localizations using the ART method. At the same time, it was found that specific oncological nosodes did not always determine cancer in a cancer patient. The author suggests that the patient's body, defending itself, blocks information about the oncological process at the morphological, biochemical and bioenergetic levels in order to preserve the vitality of the disease system. Sanogenic blockades are built by the body at all levels, including the informational one. Therefore, it is necessary to study the regularities of the dynamics of manifestations of information parameters in the process of oncogenesis.

At the same time, G.S. Leskin et al. (2000) give a successful example of the diagnosis of maxillary sinus carcinoma (1 patient) and laryngeal papillomatosis (1 patient) by the ART "IMEDIS-TEST" method before treatment and during clinical examination, using the autonosode of the tumor.

V.P. Zaderin (2000) by the method of EPD according to R. Voll (EPDF), using tumor homonosodes, carried out preoperative diagnostics of 134 patients with kidney cancer and 59 patients with bladder cancer, followed by comparison of pre- and postoperative diagnosis. True positive results were observed in 84.3% of patients, truly negative - in 7%, false positive - in 4.7%, and false negative - in 4% of patients. The sensitivity of the method is 95-96%, the specificity is 60%. The coincidence of preoperative electropunctural diagnosis and postoperative morphological diagnosis in category "T" (tumor stage) was 90%, in category "G" (degree of differentiation) - 40%. At the stage of clinical examination, the diagnosis of recurrent bladder cancer by autonosodes of tumors was carried out in 35 patients. In 2 cases, there was a false positive diagnosis of relapse.

V.P. Zaderin et al. (2002) conducted a clinical examination of 35 patients with cervical cancer T3NX M0 one month after combined radiation therapy. In 25 (71.4%) patients, as a result of clinical examination, tumor recurrence was not found. After that, the same 25 patients underwent electropunctural diagnostics according to R. Voll. An electronic copy of the morphologically verified

biopsy material for cervical cancer (gomonazod). In 7 (28%) patients with the EPD method, metastases to regional lymph nodes were suspected, which was confirmed clinically after 12-16 months in 5 (20%) patients (false positive result - 8%). This study showed the advantage of electropuncture diagnostics of tumors over visual diagnostic methods, carried out with the aim of early detection of continued tumor growth or metastases, when the question of chemotherapy is being considered.

Ivanchenko V.A. and Kozlov E.K. (1999) to improve the diagnosis of cancer used tumor nosodes connected to the EPD apparatus through filters: Echinacea 300 or Apis 30 for inflammation in the tumor area, vincristine (determination of the synchronization of cell division), the ratio of copper / zinc (copper

a lot in cancer), Sulfur 2000 (tumor grade), Cholesterol 60 (cancer accumulates cholesterol). Analysis of the information received allows the doctor to judge some of the indirect factors of the malignancy of the tumor process.

Diagnostics of tumor-associated microbial and other complications

The authors of the publications pay great attention to testing microbial, viral and fungal diseases of the body by EPDF and ART methods, against which a tumor develops. Some authors consider a cancerous tumor to be a derivative of a viral-microbial-fungal lesion of body tissues (apparently, this has its own rational grain).

Eliseeva O.I. (1999) examined 120 patients with verified cancer (lung, breast, genitourinary system of female genital organs, liver, stomach, spleen) using the ART method. Revealed by ART: geopathogenic load was in 90%, low and medium reserves of adaptation of the organism - in 85%, a violation of the DNA index of 3-5 degrees - in 73%, a test for grade 5 carcinoma - in 100%, microorganisms: Trichomonas - in 100 %, chlamydia - in 70%, ureaplasma - in 60%; parasites: salmonella of the abdominal paratyphoid - in 80%, toxoplasmosis - in 65%, pinworms - in 57%; viruses: adenoviruses - in 77%, coxsackie - in 67%, cytomegalovirus - in 78%, herpes - in 77%; mushrooms: mucosis fungoides - at 100%. The burden of the lymphatic system with carcinoma was tested in 80% of cancer patients. Conclusion:

Eliseeva O.I. (1999) examined 30 patients with verified colon cancer using the ART method. Cancer diagnosis confirmed. In addition, these patients were found to have fungi + Trichomonas. In no case was the fungus mycosis fungoides found, which is more often determined in tumors of other localizations. Conclusion. ART can be used for early diagnosis of intestinal tumors and the fungal flora accompanying the tumor. Eliseeva O.I. (2003) points out the importance of the use of ART for the differential diagnosis between cancers of the abdominal cavity, lungs, soft tissues and helminthic invasion.

Similar information is provided by the study of G.S. Leskin. et al. (2001). A clinical example of mycotic burden detected by the ART method in a patient with cervical cancer after combined treatment is presented. Antimycotic therapy improved the patient's condition (the volume of ascitic fluid in the abdominal cavity decreased significantly during ultrasound monitoring, body weight and performance increased). According to the literature, in 80% of cancer patients with ART, mycotic burden is revealed.

Gotovsky Yu.V. et al. (2000) examined 214 patients with benign tumors and 16 patients with malignant tumors of various localizations using the ART "IMEDIS-TEST" method. The tumor diagnosis by ART was confirmed. In addition, chronic endocrine stress was established due to the impact on the anterior lobe of the pituitary gland and gonads of dental material and inflammatory processes in the oral cavity.

The authors believe that long-term dental problems can energetically burden the endocrine system, lead to endocrine disorders and be the starting point for tumor development.

In the report of T. Rivkina (2003), data are presented that 36 patients with breast cancer were examined with the use of electropuncture diagnostics by the method of R. Voll, ART and segmental diagnostics. Potential target organs and pathological segmental zones were determined in patients, which basically corresponded to the side of the breast affected by the tumor. In 92% of patients, geopathogenic

load, parasites, dysbacteriosis intestines, high photonic and biological indices. Energy disturbance of chakras was determined in 100%. in

Diagnosics of tumor-associated microbes and protein structures blood

It is quite obvious that early diagnosis of cancer is impossible without the use of energy-wave markers that copy protein and gene microstructures that characterize the stages of carcinogenesis. Therefore, studies began to appear concerning the development of pathogenetic, causal chains that contribute to the development of carcinomatous proliferation in connective tissue matrices. As well as data on microbial burdens of the body, which are associated with the occurrence of tumors.

Kasimova G.Sh. and Eremina E.L. (2003) used resonance scales for the diagnosis of malignant tumors (L.B. Makhonkina, I.M.Sazonova, 2000), homeopathic preparations Acidum fluoricum (AF) and Hecla lava (HL), which tested tumor, which made it possible to suspect the continued growth of cervical cancer 4-6 months before the clinical manifestation of the tumor.

Keisha I. (1999) recommends electropunctural diagnostics using the ART method "IMEDIS-TEST" and bioresonance therapy for dynamic observation and recording of the main indicators of the state of the body: biological and endocrine indices, levels of adaptation reserves, the presence of pathological burdens and loads that can stimulate early manifestation activity of pathological genes (p53 gene), general and particular photon indices. Using the photon index, an individual recipe can be selected that optimizes the deviations from the norm of these markers, using the autoblood nosode.

Ivanchenko V.A., Kozlov E.K. (2000) used frequency-resonance markers of glutadione peroxidase (GPO) and superoxide desmutase (SOD) in an individually selected, high potency to diagnose a malignant process (cancer, sarcoma, leukemia). It was shown that the activity of GPO in malignant growth is inhibited, and SOD sharply increases. However, with metastasis of lung cancer, SOD values decrease. The use of homeopathic doses of GPO and SOD, individually selected by the ART method, can improve the results of the treatment of malignant tumors by normalizing the parameters of GPO and SOD.

Rapis E.G. and Shraibman M.M. (2002) took serum samples from 50 patients with cancer metastases and 45 healthy donors as the object of the study.

Self-organization of blood serum protein during phase transitions from sol to gel is accompanied by gross qualitative changes in the physical properties of blood serum proteins in cancer patients in 100%. In healthy people, no pathological signs of self-assembly of blood serum were observed. Having written down information from photographs of facies of a non-equilibrium form of a protein ("oncoprotein") and a "normal protein" via a "transfer" on a crumble, the authors obtained an information-wave marker of the malignancy of a blood protein. After the oncoprotein markers were introduced into the selector of the IMEDISFOLL apparatus, work in this direction was continued.

V.P. Zaderin et al. (2000) examined 46 patients with cervical cancer (main group) who were considered cured by chemoradiation therapy. A simultaneous study was carried out in the following ways: electropuncture diagnostics according to R. Voll (EPDF), ultrasound with dopplerography and bimanual vaginal examination with cytological verification of scraping of the tumor area. Electronic copies of morphologically verified biopsy material of cervical cancer (homonosode), "oncoprotein", "normal protein" (Rapis E.G., Shraibman M.M., 2002) and "MR-anti-protein blocker" (Fuzailov BN, Shraibman MM, 2002), as the antipode of the marker" oncoprotein ". In the control group (35 patients), diagnostics included only ultrasound and bimanual vaginal examination with cytological verification of scraping. With these methods, a relapse of cervical cancer was suspected in 43% of patients in the main group, and they underwent chemotherapy. In the control group, cancer recurrence was found in 29% of cases. Further observation of the patients showed that in the next 12-24 months, relapses of cervical cancer in the control group occurred in 10% of patients who were considered cured by chemoradiation therapy. It is concluded that EPDF with the use of the above-described diagnostic complex of markers can be used as an additional, clarifying method for diagnosing relapses of clinically questionable cervical cancer.

D.G. Rozin and Rozin B.D. (2004) using the ART method "IMEDIS-TEST", spectral characteristics of the oncological protein (Fuzailov B.N., Shraibman M.M., 2002) examined 56 people with benign tumors. The marker "oncological protein" was positive in potency D3, D6, D30, D100, D200.

Fuzailov B.N. and Makina S.K. (2007) examined 355 patients with the IMEDIS-EXPERT apparatus. 94 (26.5%) had a positive resonance response to the "MR-antiprotein-blocker" (Fuzailov's drug (PF). Of these, 7 (7.4%) patients were diagnosed with cancer. Of 10 patients with benign tumors, positive PF was in 3 (30%) patients According to Fuzailov BN, a positive PF test in the group of non-oncological patients may indicate the presence of abnormal cells capable of tumor degeneration in a delayed time.

Muravyova I.L. (2004) examined 27 patients with suspected oncological diseases (data of clinical and radiological survey) and conducted testing by the ART + method based on the expanded pathogenetic chains by the method of A.A. Hovsepyan. In 2 cases, the oncological process was not confirmed, which, however, does not indicate the absence of a tumor, because diagnostic frequency oncospectra of ART + may not

correspond to the true frequencies of a particular tumor. In this situation, the load with markers carcinosinum and "oncoprotein" should be applied in all meridians (provocation) with repeated testing with the frequency spectra of native tumor tissues. This work traces the idea of the need for a comprehensive examination of the patient when it comes to such a formidable diagnosis - cancer.

It should be emphasized that various energy-informational diagnoses of human tumors should take into account their acceptability in clinical medicine. On this occasion, Bobrovskaya A.N. (2004) published the work "The concept of" diagnosis "in clinical medicine and electropuncture diagnostics, in the light of evidence-based medicine. Electro-acupuncture diagnostics, in contrast to clinical diagnostics, fixes certain changes in all meridians and organs at any localization of the disease process. But at present, there are still no adequate terms to denote such information, which are accepted in the International Classification of Diseases. Therefore, a doctor who uses EPDF and ART methods should carefully use the name of the diseases identified by these diagnostic methods and correctly identify them with the International Classification of Diseases.

Thus, electropuncture diagnostics of tumors finds more and more adherents. Diagnostic markers of tumors gradually acquire a harmonious chain: cell - interstitial tissue - organ - system. Electro-acupuncture diagnosis of a tumor finds its place in the evidence medicine and can no longer be ignored by clinical medicine.

Probably the most promising avenue development
electropuncture diagnostics of tumors will be:

1. Creation of an energy-informational model of a cancer cell, characteristic for any human tumors.

2. Creation of a bank of energy-informational morphological markers tumors (autonosode), which allows the use of these data at the stage of rehabilitation treatment and clinical examination of a particular cancer patient.

3. Continuation of research on the study of the marker "oncological protein, which could conclusively prove the effectiveness of this marker in screening studies of the population.

4. Determination of criteria that allow unifying electropuncture and the clinical diagnosis of the tumor.

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