Malignant process test results in the ART system using the GShK device

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The GShK apparatus (authors: Grinstein M.M., Shraibman M.M., Kutushov M.V.) is a polarizer combined with an ART testing unit.

As you know, all molecules and tissues of organs have birefringence, i.e. polarization (either right or left). According to the theory of Dr. Kutushov M.V., in a living organism, normal tissues are dissymmetrical (anisotropic), while cancerous tissues and their structures are symmetrical (isotropic). This is position observed and after termination the vital activity of the organism or the removal of its tissues from the in connection with the preservation torsion fields of the indicated objects in the form of holograms.

Normal protein and DNA molecules resonate with a specific frequency spectrum. Their holographic matrix also resonates with these frequencies. Depending on the quality of the torsion field of tissue structures, their potency and polarization (left-sided or right-sided) will be different. According to the theory of M.V. Kutushov, even slightly malignant tissues pass into higher (cube, sphere) systems, which determines the degree of their symmetry or isotropy. Consequently, from malignant biological objects and distant tissues, we will receive an unpolarized (isotropic, symmetric) signal and, accordingly, from healthy objects and distant healthy tissues, a polarized (anisotropic, dissymmetric) signal.

The GShK apparatus was connected to an ART apparatus and this system was, in essence, a drug testing (MT) unit. In this case, the device was an additional module to the apparatus for ART, consisting of a system of two polarizers, one of which rotates relative to the other. The platform under the lower polarizer is used to install a removable device storage medium from which information can be read and tested. Above there is a socket for recording information on a homeopathic grits or other structure. The top cover has an inlet for a connecting cable. The intensity of the received signal, which has passed through the polarizer, is estimated through the potentials of the scale resonating with it

connective fabrics (STK) on Schreibman MM. and reflect biofunctional states of organs and systems.

Research method

ART is performed, while the selected organopreparation is introduced into the circuit, which is tested on the STK scale in a drug selector. First, the obtained numbers (STK potency) are recorded when the polarizer is set to 0 degrees, then the polarizer is moved 20 degrees to the left, the STK is measured, the numbers are recorded, then the polarizer is shifted to the right by 20 degrees, the STK is measured.

The authors proposed the following formula for calculating the index of symmetry and dissymmetry:

I Art. = C D / L,

where I is the symmetry index of the information signal, st is the standard, C is the standard

connective tissue signal received at 0 degrees, D - signal level with right polarization, L - signal level with left polarization.

The doctors of our Center did not calculate according to this formula, because indicators "C" (at 0 degree polarizer) are individual for each patient, his organ, tissue and practically do not affect the delta (difference) of dissymmetry. In this regard, we measured the STC by turning the polarizer left and right, calculating their delta (difference).

Before examining patients, we preliminarily examined 20 histological sections (glass) of cancer patients who underwent surgical treatment from two to 8 years ago. When testing histological sections, we determined that accurate diagnosis is possible by finding malignant cells in the center of the polarizer.

IN the result painstaking research of each millimeter the oncological material was identified a clear symmetry at 18 histological sections. Received the results allow us to conclude that diagnostic reliability of the GShK polarizer.

Symmetry was not revealed in only two cases when examining the histological material. We came to the conclusion that it was in these two cases that the histological section from time to time either became of poor quality, or the diagnosis was erroneous. All further polarizer work on testing patients with high accuracy in GSHK showed an oncological diagnostics process.

Experience with histological sections has shown that for more accurate testing, ART should be performed according to the refined method of O.I. Eliseeva (patent No. 2166907 dated May 20, 2001).

Research methodology

At the beginning of the study, the inductor was applied to the projection of the studied organ and the area of the greatest decrease in the index during ART was determined, i.e. the most suspicious site was found out. Then, working already with the GShK polarizer, electromagnetic information was introduced into the study circuit from an inductor placed in the tested area of the organ projection. Next, the appropriate organopreparation is introduced and the medication selector is entered into the STK scale. The polarizer arrow is moved to the left by 25 degrees (the degrees are tested individually for our polarizer) and sequentially, moving the cursor over the STK, we get the maximum measurement value (the STK indicator is recorded). The same is done when moving the polarizer arrow to the right. Identical indicators indicated symmetry, i.e. about the presence of malignancy, different

- about dissymmetry, absence of malignancy process.

In total, the doctors of the Center examined 60 patients using the ART method with the GShK polarizer, which we conditionally divided into 4 groups. As a result of the research, the following indicators were identified.

1st group comprised 30 patients with a previously established oncological diagnosis. Before contacting our Center, they had already undergone operations and chemotherapy. In patients of this group, the centers of symmetry were revealed in the vertebrae, lymph nodes, liver:

in 12 patients with removed mammary glands - foci of symmetry in the area

the right lobe of the liver;
in 4 patients with operated prostate - centers of symmetry in the rectum, bladder;

in 2 patients operated on for cancer - centers of symmetry in the pancreas and duodenum 12;
in 1 patient with a removed right kidney diagnosed with cancer, there were lesions of symmetry in the vertebrae;
in 3 patients with removed female organs diagnosed with ovarian cancer - centers of symmetry in the liver;
in 1 patient with a removed thyroid gland for cancer - a focus of symmetry in the liver;
in 2 patients with a diagnosis of liver metastases (oncologists could not diagnose and identify the primary focus) - a focus of symmetry in the ovary;
in 5 patients operated on for breast cancer, no foci of symmetry were found.

Thus, in 25 patients from this group, ART with a HSC polarizer revealed areas of symmetry in the organs, which we regarded as metastases. Their further clinical examinations (ultrasound, CT, blood tests for tumor markers) confirmed the presence of metastases identified by us in 15 patients. In 10 patients under observation, clinical studies are carried out in dynamics. We believe that these 10 people have micro-areas of malignancy, not reaching a certain size, until they can be identified by the method of known clinical studies.

Group 2 8 patients came to our Center with various somatic complaints. When testing by ART with a polarizer in the patients of this group, the centers of symmetry were revealed in the following organs:

in 2 women - in the breast and axillary lymph nodes; in 2 men
- in the prostate and bladder;
in 2 patients - in the liver and gallbladder;
in 1 patient - in the stomach and duodenum; in 1
patient - in the ovary and uterus.

These indicators were regarded by us as malignancy with metastases. Clinical examinations (ultrasound, CT, blood tests for tumor markers) in all cases confirmed the diagnosis - cancer with metastases.

Thus, for the first time in 8 people, we discovered an oncological process when examining ART with a polarizer.

Group 3 was 6 people who contacted us with various somatic complaints. When testing by ART with a polarizer in patients of this group, the centers of symmetry were revealed in such organs as: stomach, ovary, liver, mammary glands. Clinically, these patients showed positive indicators only in blood tests for tumor markers.

We came to the conclusion that malignant areas in the organs of patients are still in a state of preclinical detection by ultrasound and CT.

4 group comprised 16 patients who applied to the Center with various somatic complaints. When testing ART with a polarizer, the centers of symmetry were revealed in the liver, uterus, prostate, breast, and pancreas.

Clinical research methods did not reveal the presence of oncology, which, in our opinion, was explained by the presence of malignant single cells in the organs. Naturally, such cells cannot yet be detected by clinical diagnostic methods.

Thus, these studies by one or another clinical method were confirmed in three groups, which accounted for 73% of all studied patients.

As for the results of the ART examination, in all four groups of patients in total, it is advisable to note the following.

1. All 60 people tested positively DST drugs (dissymmetric therapy of Dr. Kutushov M.V.). These drugs are tested only in oncological patients, which is an additional test in the diagnosis of oncology (we reported on DST drugs at the previous conference).

2. Conducted research on cancer tests in all cases tested positive, including: Psorinum; Carcinosin; stages of oncology and pre-oncology; oncotest; oncoprotein; protein rate; filtration of organopreparations through the revealed potency of the oncoprotein and the malignancy potential of organopreparations; definition of the primary affected organ.

Conclusions. The GSHK device is very effective and reliable in operation, being a universal tool for conducting mass surveys of the population with the aim of early detection of oncological diseases.

Its widespread use will provide fast and accurate detection of focal oncological processes, large-scale diagnostics and their prevention.

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