

Vegetative resonance test and bioresonance therapy  
as important additional criteria for the diagnosis and  
treatment of prostate neoplasms  
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Speaking about the reasons for the sharp increase and rejuvenation of prostate neoplasms in the last 20 years, one should not forget that the onset of malignancy is often promoted by the neglect of the pathological process. The anamnesis of almost all patients over the age of 35-50 years has indications of venereal diseases (trichomoniasis, gonorrhoea) and sexually transmitted diseases (chlamydia, ureaplasmosis, gardnerellosis, candidiasis, herpes, etc.). Almost all patients suffered or are suffering from prostatitis. Most treatment methods for this pathology, which is extremely serious for men, lead to a complication of the development of benign prostatic hyperplasia (BPH), i.e. benign tumor. Already from this stage, there is a transition to malignancy. Statistics show: prostatitis is getting younger,

Using the example of patients visiting the Eliseeva Medical Center, an attempt was made to analyze a number of factors that, together, can lead to structural changes in the prostate tissue.

16 patients were under observation and treatment, 4 of them were with a confirmed histological diagnosis - adenocarcinoma of the prostate; 12 patients with a diagnosis of prostate adenoma, and 8 of them turned to the Eliseeva Medical Center for help due to unsatisfactory results of treatment in urology offices at their place of residence. Complaints about frequent nocturnal urination, weak urine pressure, weakening of erection, pain and discomfort persisted. Four patients with BPH applied to the Eliseeva Medical Center for the first time. In 4 patients with prostate adenocarcinoma, PSA values ranged from 10 to 20 ng / ml. Also, during the study by the ART method, schistosomes, genitourinary infections in different potencies, oncoprotein in potency D3 - D6 - D12 - D30, psorinum D32, carcinous phenomena were identified.

Schistosomiasis was detected in 10 cases out of 12, genitourinary infections - in 12 cases (Trichomonas - in 12, that is, in all patients), oncoprotein was tested in 8 cases, psorinum D32 in 3 cases.

The index "carcinogenic phenomena" was tested in all 4 patients with prostate cancer, in the remaining patients with BPH - only in 1 case.

The fact that schistosomes and Trichomonas belonged to provocateurs of tumor growth 10 years ago, pointed out in articles and books by O.I. Eliseeva, and this was subsequently repeatedly confirmed by doctors.

Table 1

	Prostate cancer	Benign prostatic hyperplasia glands (BPH)
Number of patients	4	12
Diagnosis of adenocarcinoma not histologically confirmed	4	-
PSA above 10 ng / ml Testing	4	5 (surveyed 6)
for schistosomiasis Testing for	4	10
genitourinary infections	4	12
Oncoprotein testing	4	eight
Carcinous phenomena	4	one

When working with patients, we traced a clear correlation between a decrease in PSA levels and bioresonance effects on schistosomes and causative agents of genitourinary infections. In addition to classical BRT strategies, the method of targeting blood autonosodes was actively used. The objects of targeting were nosodes of schistosomes, causative agents of genitourinary infections, organ products, nosodes of diseases, Fuzailov's preparations, normal protein, meridian drugs, and also SDA was used in parallel, most often NP (Nikolai the Wonderworker) and ZhK (Life-giving cross).

In a number of cases, very encouraging results have been observed. It is noticed that if before the manufacture of targeted blood autonosodes, BRT was used with the inclusion of drainage and antitoxic drugs, i.e. the preliminary antihomotoxicological stage was carried out, the results of treatment were more obvious.

It has also been noted that in some patients, PSA may temporarily rise during treatment. We associate this with the classic homeopathic exacerbation, when the body tries to more actively get rid of the accumulated toxic decay products and intensively excretes them into the excretory ducts of the acini of the prostate gland.

#### Example 1

Patient B.N.P., 67 years old. Initial appeal to the Eliseeva Medical Center on June 27, 2009 with complaints of lack of ejaculation, frequent nighttime urination, feeling of incomplete emptying of the bladder.

On June 10, 2009, he was histologically diagnosed with dark and clear cell adenocarcinoma of the prostate gland, 4 points according to Gleason. An operation was proposed to remove the prostate gland, which the patient refused.

Prostate on palpation: both lobes are enlarged, the consistency is heterogeneous with the presence of areas of significant compaction in the right lobe. The median groove is poorly expressed. Palpation of the gland is painful. PSA from June 2, 2009 - 14 ng / ml.

Testing showed: protein-onco D30, Psorinum D32 - 4 cu, Fuzailov's drug 1 - D200, hemotobicum schistosome, Trichomonas discharge D5, gonococcus D8, herpes II type D6, Staphylococcus aureus D5.

At the first appointment, a circular BRT session was performed along all meridians with the introduction of the following into the therapy circuit:

1. For acquired toxic information - composite (Intox II).
2. Cancer and other serious illnesses.
3. Hepatobiliary system - composite.
4. Kidneys - composite.
5. Discusia / pre-ligation - composite.
6. Special Thuja. Lymph is a composite.
7. Special magnesia - composite.
8. The protein is normal. The sum of potencies.

08/12/2009, 08/28/2009, 09/18/2009, 10/16/2009, 11/13/2009 were sequentially targeted blood autonosodes were made according to the identified nosodes in the tested potencies. At the reception on 24.12.2009, he noted a clear improvement in the form of a decrease in nighttime urination, regularity of morning erections, good emptying of the bladder.

On palpation: the prostate gland is of normal size, the consistency of both lobes is homogeneous, soft-elastic. The median groove is well defined. Palpation of the prostate is painless.

Based on the test results: onco-protein D500; normal protein D100 - D200 - D500; Fuzailov's drug 1 D500 - D10000; Psorinum D32 \$ 2

PSA from 13.11.2009 - 4.0 ng / ml.

Patient monitoring continues.

This example shows that purposeful work with patients to eliminate schistosomes and genitourinary infections can significantly improve the condition and quality of life of patients with BPH.

Conclusions:

1. When diagnosing patients with prostate cancer or benign prostatic hyperplasia, one should not forget about the possible provoking role in their occurrence of schistosomiasis and chronic urinary infections;
2. Elevated levels of prostate-specific antigen in the blood of patients below 20 ng / ml cannot be an absolute proof of a true tumor process in the prostate gland.
3. Bioresonance therapy and autonomic resonance test are sufficient effective methods both in the diagnosis and treatment of diseases of the prostate gland, especially if they are combined with the advanced achievements of modern medical science.
4. The technique of electronic targeting of blood autonosodes is promising in treatment of neoplastic diseases of the prostate gland and deserves a deeper introduction into the practice of traditional medicine.
5. The patient's level of consciousness and his belief in a cure are directly related to the final the result of the work of doctors of bioresonance medicine.

Literature

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