

Diagnosis and therapy of pre-disease
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Despite the achievements of modern medicine, there is an increase in the number of neglected cases of oncological diseases. The reason for this is the old paradigm: in the diagnosis of oncological diseases, preference is given to visual research methods (fluorography, ultrasound, magnetic resonance imaging, biopsy, microscopy). However, if a malignant tumor has already arisen in the body, even if it is of a minimal size, it is already a cancerous disease, in which conditions have been created for the development of metastases.

As you know, oncology does not arise out of nowhere. Morphological changes in the body are preceded by a number of biophysical and then biochemical disorders.

Each person's health protection system has its own maximum, genetically determined. In the process of life, the influence of various endogenous and exogenous factors is manifested, which can lead to the accumulation of homotoxins, disruption of neuroendocrine regulation, and a decrease in the function of the immune system. In the body, dextrorotatory isomers of amino acids unusual for it appear, self-organization of proteins is disrupted. Energy blockades, generation disharmonious vibrations lead to a skew of the entire meridian system. The most important function of a living being - anisotropy [2] is disrupted, anticancer resistance decreases, and conditions for the emergence and development of a malignant tumor are created in the energetically weak meridian.

These are far from all the disorders preceding the development of cancer, which cannot be determined by the currently used examination methods aimed at identifying a tumor that has already arisen in the body, that is, a cancer disease.

For 17 years of joint work, the team of doctors of the IMEDIS school has accumulated quite a lot of experience in biofunctional diagnostics of premorbid conditions using the autonomic resonance test (ART). In particular, to identify the pre-oncological process, along with determining the degree of depletion of immunity, the degree of anticancer resistance, various potencies of onco-protein and norm-protein, the degree of pre-oncology, high potencies of carcinosin, etc. are determined.

The introduction of a highly sensitive express method for diagnostics of pre-oncology became possible due to the creation of the GSHK polarizer [3-7]. As you know, all biological objects, organic and inorganic substances, physical and chemical processes are accompanied by ultra-weak background radiation, which carries complete information about them. This radiation has a wave nature, resonates with the frequency range of the ultraviolet color and has properties similar to linearly polarized light.

Amplification of the background radiation and determination of the polarization coefficient using a polarizer made it possible to create tests for the differential diagnosis of the presence of an oncological process in the body, a tendency towards the development of oncology and the absence of oncology.

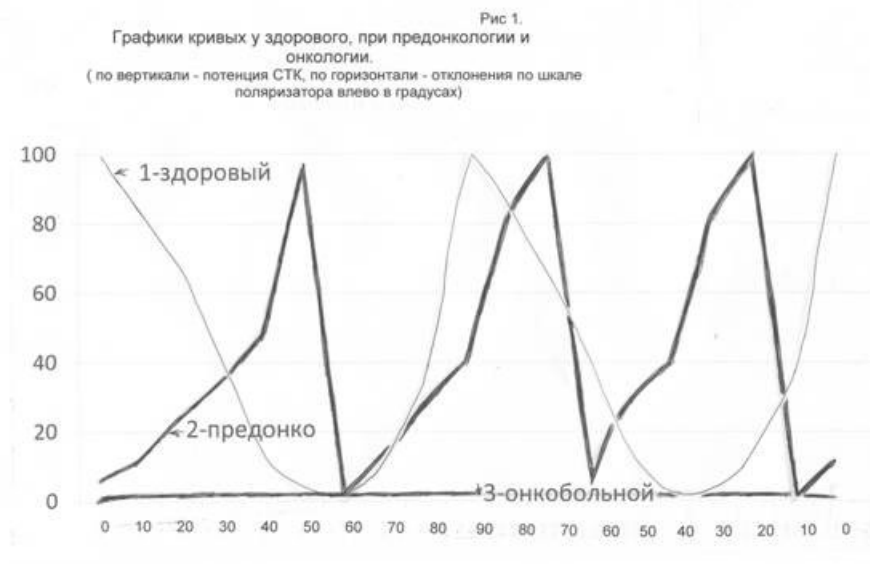
Currently, we have developed two independent methods of working with a polarizer to determine the presence of oncology and the degree of pre-malignancy.

In the first method, the information taken from the patient is placed under the polarizer and the resonating potencies of the connective tissue scale (SCC) are determined successively when the upper polaroid is rotated every 10 degrees, first to the left, then to the right.

In a healthy person (proband) at 0 degrees (fully open polarizer) the highest potency of the STK scale resonates. Then, as it shifts every 10 degrees, the resonating frequency of the STK gradually decreases, reaches a fit and begins to gradually increase. When the polaroid is rotated from 0 degrees to the right, only the high potencies of the STK are tested. A high degree of dissymmetry along the vertical between left and right rotation is noted, as well as a certain regularity in the order of the resonating frequencies of the STC, depending on the angle of rotation of the polaroid.

In the presence of a malignant tumor in the body, the picture changes dramatically. Starting from 5 degrees, only one low potency of the STK resonates stably both when turning to the left and in the right rotation of the polaroid. Absolute symmetry.

The pre-oncological state is characterized by sawtooth curves of left and right rotation, and, in contrast to the diagrams of a healthy person, where the lines begin with high potencies of STK, here both lines of left and right rotation begin with low potencies of STK, then gradually rise, but upon reaching the maximum, they sharply fall down. There is some dissymmetry between right and left vertical rotation, but it is lower than in a healthy person (Fig. 1).



Rice. one

The second method of working with a polarizer for the diagnosis of pre-oncology and oncology is as follows. The cup with the information taken from the patient is also placed under the polarizer, it is determined at what degrees of rotation of the polaroid to the left and to the right, the measurement level decreases during the study by ART. In this case, dividing the value of degrees of left polarization by the values of degrees of right polarization gives the polarization coefficient (CP).

It is possible to determine both the total CP of the whole organism and the CP of an organ, system, meridian, lymphocytes, etc.

Correction of biofunctional disorders detected using the polarization autonomic resonance test is carried out by the methods of dissimetric therapy (DST).

DST in a relatively short period restores anisotropy, normalizes the state of the immune system, increases the anticancer resistance of the body and eliminates the tendency to develop cancer [1]. Anticancer drugs commonly used in oncology have a low polarization coefficient (0.25; 0.5), while many herbal drugs and polarized information drugs have a high CP. So, for example, guanabana has a CP of 16, cranberry 18, a remedy for 88.

High KP were obtained by multiple rewriting of colors [1, 8] through a polarizer (tab.

one).

Table 1

CP values of base colors rewritten from fita through polarizer 5 times (5 degrees of polarization)

Colour	0	one	2	3	4	five
Red	12	sixteen	48	80	104	172
Orange	2	10	sixteen	32	48	84
Yellow	five	12	32	44	72	128
Green	one	24	32	48	84	164
Blue	five	nine	twenty	64	80	124
Violet	five	sixteen	twenty	thirty	80	108

Interesting data were also obtained during rewriting of an informational preparation - normal protein wave genome matrix (WGPN). Fita-lion rotation 20 degrees, right 10, CP2, 1st overwrite - $70/10 = 7$, 2nd overwrite - $130/5 = 26$, 3rd - $200 / 2.5 = 80$, 4th - $400 / 2.5 = 160$, 5th - $540 / 2.5 = 216$.

For correction, only the drug that resonates with the target marker should be used, and not seek to give the drug with the highest CP.

For example, in a patient with compensated type 2 diabetes mellitus, the initial state of the pancreas in the D3 potency according to STK 33 is optimal through Cu.met. D400 - STK - 74. KP - $30/5 = 6$. Resonates to the organopreparation of the pancreas in this case, the third re-recording after

polarizer MVGNB. The results of testing drugs with different polarization intensities are presented in table. 2

table 2

Changes in the state of the pancreas in a patient with diabetes mellitus according to CP and STK scale during loading with information drugs MVGNB from fita to 5 degrees of polarization

Intensity	STK	KP
Initial comp.	33	20/10/2
Fita	36	30/10/3
one	41	50/10/5
2	52	90/5/18
3	74	270 / 2.5 / 108
4	twenty	40/5/8
five	10	20/10/2

In KP values, the first digit means left-handed rotation of the polarizer in degrees, the second is right-handed, and the third is the polarization coefficient.

As follows from the table, in this case, only 3 rewriting results in an optimal result for both STC and CP.

Good results are obtained when carrying out bioresonance therapy in combination with a polarizer and an informational preparation MVGNB for loading (polarizing bioresonance therapy), which is demonstrated by the following observation (Table 3).

Table 3

Results of bioresonance polarization therapy of the pre-cancer process

	Original data	With the load received prep.
KP	15/10 / 1.5	120 / 2.5 / 48
State	2/1	7/4
STK	6	74
OBI	15/21	4/8
RA	low 2	very good h. five
FI	22	one
Morph. intercl.	5/26	23
Morph. cellular	5/31	23
RRP	below cf. one	very good h.
Stage	2 preclinics	---
Imm. syst	Strong nar.	0/5 Excellent
C-protein	D6	---
Norma-protein	D200	Fita
Predonko RP	D4	---
Carcinomin D60	+	---
False polarity	+	---
9 amino acids	dextrorotatory	All a \ to-you are levogyrate
Oncovirus	+	---

As follows from the above table, BRT through a polarizer with a correctly selected information polarizing drug significantly improves the quality of therapy.

Conclusions:

1. Vegetative resonance test with a polarizer is an adequate diagnostic method processes occurring in the body that precede the development of oncology.
2. The polarization coefficient reflects as the degree of anisotropy of an organism, organ, system and etc., and the medicinal properties of the drug.
3. The priority in pre-oncology therapy belongs to disseminating therapy.
4. The method of choice is polarized information drugs. Well shown polarizing preparations of the base colors, as well as the normal protein wave genome matrix.

5. An effective method of treating pre-oncology is bioresonance therapy with optimal selected informational polarizing preparation.

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