

Examination plan for patients with suspected pre-cancer and oncopathology
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One of the most significant problems of modern medicine is the early diagnosis of cancer. It is known that an oncological disease detected in the early stages has a high chance of cure with relatively low treatment costs. These are two aspects of early cancer diagnosis: medical and economic. And on the contrary, it is very difficult, often impossible, to cure a cancer patient in advanced stages, and huge funds, time, hospital bed days are spent. The quality of life of such patients is poor; care from relatives is often required, which becomes not only an economic, but also a social problem.

One of their solutions seems to be the use of an electropunctural diagnostic method - the vegetative resonance test (ART) "IMEDIS-TEST". Historically, in the arsenal of a doctor of ART diagnostics there are many test indicators for pre- and oncopathology, which, in addition to advantages, also has disadvantages - a significant amount of time spent on diagnostics.

The aim of this work is to identify the most informative and statistically reliable markers of EPD, allowing to minimize the time (15–20 minutes) with a high diagnostic value and sharply narrow instrumental examination by classical methods, which will lead to cost savings with a high detection rate of pathology.

During the initial examination by the electropunctural method, the patient is necessarily checked for symmetry or dissymmetry, when the measurement is included in the measurement circuit, amplified through the polarizer (the patient's record is in the lower part of the polarizer) information from the patient. Regardless of the measurement results, each patient is checked according to: state scale, STK scale, Adaptation reserves, OBI, Loads (em, rad, hpg), AF and HL morphological scales, anticancer resistance, the degree of malignancy of the process, malignancy potential, endocrine index, DNA -index, Blockade, psychoemotional disorders, ANS, anabolysis, catabolism, nutritional inadequacy, bactericidal action, viral burdens, interference fields, benign formations, acid-base balance, oncoprotein scale, normoprotein scale, pre-oncology scale, wrong polarity,

The resulting pointers are filtered through FeMet D60, the sum of the selected preparations is recorded per 1 sugar globule.

Using the pointers, we determine the primary affected organ, the most affected organ. In addition, having identified a set of certain test indicators according to the above method, we remove the polarizer from the measurement circuit and recheck the identified test indicators (checking the effectiveness and the need to use a polarizer).

As a result of the examination, we will receive groups of patients with a conditional norm

(we recommend them to have a regular prophylactic examination at the place of residence).

A group of patients with pre-oncopathologies (we recommend an ~~examination~~ **examination** in a polyclinic at the place of residence, with special attention to the area of the revealed pathology: fibrogastroscopy with biopsy of suspicious areas of the mucous membrane, fibrocolonoscopy with biopsy, ultrasound of the abdominal cavity, small pelvis, retroperitoneal space, zones of peripheral lymph nodes, thyroid and mammary glands, CT or MRI of a suspicious area, blood for tumor markers: CA-19-9, CEA, CA-15-3, CA-72-4, SCC, alpha-fetoprotein and chorionic gonadotropin). This group of patients will definitely be offered treatment with standard methods of classical medicine, with a mandatory follow-up examination in a year or six months, both by the methods of classical medicine and by the method of electropunctural diagnostics.

A group of patients with diagnosed oncopathology is without fail sent for special treatment to city oncological institutions, with preliminary additional examination by classical methods as in a group with pre-oncopathology, with possible enhancement of oncopathology: radioisotope scanning of bones, thyroid gland, PET, lymph node biopsy, depending on the specific situation of the given the patient. This group is necessarily checked by classical methods 4 times a year (1 year), 2 times a year (2 years). And then once a year. Patients in this group will be offered a control examination by the electropuncture method once a year or more often, depending on the situation. Survey data, both EPD and classical methods, are entered into the table by date and we can see the correlation between the data of both methods.

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