

Role of electropunctural diagnostics
in early diagnosis of cancerous and precancerous diseases

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The aim of the study was to study the relationship between some electropunctural parameters of patients and proven classical methods of oncodiagnosis in a relatively random group of patients who came to the oncologist for various skin neoplasms of benign genesis. The research is based on the works of M.M. Shraibman on the role of the polarizer in the early diagnosis of cancer. Over the age of 60, the number of cancer patients is 100 times greater than at the age of 40. Therefore, the study included mainly patients of the older age group. The research was carried out on the equipment of the IMEDIS Center.

Information from the patient was pre-recorded and placed in the lower cup under the polarizer. Further, a decrease in the measuring level along the scale of the apparatus was recorded when the polarizer scale was deviated to the right and to the left. The study was carried out on 37 electropunctural indicators at the position of the polarizer scale "0".

Purpose of the work: to identify a set of the most reliable indicators for early diagnosis of cancer and confirm them by classical diagnostic methods.

A total of 42 patients took part in the study. Revealed 3 groups of patients. Group 1 (onco) - patients with polarizer scale symmetry, 5 patients. Group 2 (conventionally healthy) - with left-right dissymmetry of the polarizer scale from 40 or more units, 22 patients. 3rd group (preonco) - 15 patients, with polarizer scale dissymmetry from 5 to 35 units to the right-left.

In the 1st oncological group, the symmetric indicators of the polarizer scale always corresponded to the oncoprotein indicators in D0, the PCHT indicators less than 10, the AF morphological scale indicators from 33 to 35, the biological indices 4 or more (if the diagnosis was carried out without a polarizer, then the indicators were always outside the oncozone of the scales!). In the 2nd - healthy - group, the oncoprotein was always absent, the indicators of the resonance scale of connective tissue (RSCT) are always more than 25, the indicators of the morphological scale AF are always less than 32, the biological indices are not more than 2. 5/10 to 5/45 always corresponded to uncertainty, a mixture of various cancer and pre-cancer indicators. In this group, cancer indicators from one scale have never been confirmed by cancer indicators from another. Moreover, it can be clearly noted that if the firm positions of the cancer and health groups can be taken as opposite poles, then the precancer group between them is very heterogeneous. By the number of different cancer indicators available in a particular patient, one can judge how close he is to cancer or, conversely (a small number of cancer indicators), how far he is from clinical cancer.

In the precancerous group, 3 more subgroups can be distinguished: weak dissymmetry 5/10, out of 4 indicators 3 with oncological indicators 1 with pre-indicators, only 5 out of 15 - 33.3% of the precancerous group or 11.9% of the total number of patients examined; ... This precancerous subgroup, one might say, stands with one foot in oncopathology; in the next 2-3 years, they should expect clinical oncopathology. 2nd subgroup of the precancerous group, with a moderate risk of developing oncopathology - moderate dissymmetry of the polarizer 5/15, out of 4 indicators, only one with cancer indicators, 4 examined, or 26.6%, from the precancerous group; the path to oncopathology in this subgroup is much longer and more difficult. And, finally, the 3rd subgroup of the precancerous group, low-risk (at the time of the survey, in fact, the subgroups, most likely, over time, smoothly flow into one another, persistently moving towards oncopathology) - 6 people or 40% of the precancerous group.

This division of patients into 3 groups is very important from a practical point of view. On the 1st group and the high-risk precancerous subgroup (23.8% of the total number of the examined, i.e. almost every fourth of the examined), it is necessary to throw all the forces and diagnostic tools to confirm the oncological diagnosis by classical methods of medicine, moreover, we can narrow the search, indicating the affected organs. The study identified 5 patients in the oncological group - 11.9% of the total number of patients studied, 15 patients in the precancerous group - 35.7%, and 22 people in the healthy group - 52.38%. Perhaps a larger number of patients studied will allow us to draw somewhat different conclusions, but, according to the data of this study, the recommendations of M.M. Shraibman on the crucial role of the polarizer in early oncological diagnosis. To reduce the diagnostic time to 15 minutes,

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