

The role of bioresonance therapy in the treatment of oncological pathology

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Introduction

In 1946, the WHO Constitution defined health as "a state of complete physical, spiritual and social well-being, and not just the absence of disease and other defects." In 1977, WHO expanded the definition of health to include the concept of "the social and economic productivity of the individual." The health of the nation is not only a goal, but also one of the conditions for modern economic growth and security of the country.

The overall mortality rate of the population of the Russian Federation has increased since 1990 (when it was 11.2 per 1000 people), to 13.31 per 1000 in 2014 [1, 2, 3]. Despite the increase in the number of medicines used for prevention and therapy. Moreover, we are witnessing a rejuvenation and an increase in the incidence [1, 2, 3].

Materials and research methods

A random sample survey was conducted. There were 24 patients with oncological pathology under observation.

Inclusion criteria for the study: cervical cancer T1N1M0, T2N0M0, T3N1M0, ovarian cancer T2N1M0. The survival period is up to 9 months from the date of the end of the specialized therapy.

Exclusion criteria: benign neoplastic processes, patients with cervical cancer T1N1M1, T2N2M1, T3N1M1, ovarian cancer T2N1M1, who refused specialized treatment, cervical cancer T1N1M1, T2N0M1, T3N1M1, non-focal ovarian cancer T2N1 patients who were refused specialized treatment for various reasons.

The main group - 5 people, the control group - 19. The average age of the observed women was 38.46 ± 3.65 years.

Instrumental and clinical research methods were used, carried out to all patients according to a single scheme for examining an oncological patient in an oncological dispensary. The study was conducted in a double-blind manner. To confirm the diagnoses, the data of histological verification, laboratory and paraclinical methods (ultrasound, SCT, RRS, cystoscopy, histological verification, ART) were taken into account. The main therapy was carried out by an oncologist according to a standard protocol, taking into account histological verification in patients of the main and control groups.

In the main group, additional therapy with exogenous BRT and endogenous BRT was carried out according to the method of A.A. Hovsepyan [4, 5, 6, 7]. Additional therapy was given during and after the specialized therapy. Exogenous BRT was performed at a frequency of at least once a week, taking into account individual morpho-functional changes and complications arising during chemotherapy and radiological therapy. BRT according to the method of A.A. Hovsepyan was directed to a more localized pathological reactions of organs and systems in

the process and after the end of specialized therapy.

Research results

After the end of specialized therapy, the survival period of up to 9 months was: in the main group 5 people (100%), in the control group 14 people (73, 6%).

There was no leukopenia in the course of specialized therapy in the main group. In the control group, leukopenia was observed in 19 people (100%).

The presence of early complications - vaginitis, tonsillitis, sinusitis, bronchitis, gastroenterocolitis, cholecystopancreatitis, colitis, pyelonephritis (with and without signs of renal failure), cystitis. In the main group, the exacerbation of inflammatory processes decreased during the day. The control group persisted for nine months. The course of these complications became continuous and progressive.

Late complications - discirculatory encephalopathy, ischemic heart disease, vasculitis, endocrine disorders, metabolic syndrome, lipid metabolism disorders, psychasthenic, astheno-neurotic, anxiety-phobic syndromes. In the main group, the degree and rate of progression of these processes decreased. In the control group, the progression of these diseases is steady.

The presence of actual labor activity in the main group - 5 people 100%, in the control group - 0 people.

The presence of an intimate life in the main group - 5 people (100%), in the control group - the absence of an intimate life in 19 patients (100%). Reasons: the presence of pain syndrome, exacerbation of cystitis, vaginitis, anxiety-phobic syndrome.

Output

Thus, the use of endogenous BRT according to the method of A.A. Hovsepyan and exogenous BRT in complex therapy in the treatment of oncological diseases allows:

- to influence the etiopathogenetic causes of oncopathology;
- timely eliminate early and late complications of specialized therapy;
- to maintain the level of leukocytes, hemoglobin in the peripheral blood and carry out a full-fledged chemotherapy;
- to preserve the function of the bone marrow after the end of chemotherapy and radiation therapy;
- to increase the survival rate of patients;
- improve the quality of life of patients;
- to increase the social and economic activity of the state.

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