ART method in prostate cancer screening G.P. Atyushev, V. V. Skvarnik (Pacific State Medical University Medical Center

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Screening for prostate cancer, which can reduce mortality in men, also has negative consequences. The solution to the problem is seen by the need to use other options for screening programs (Lopatkin N.A.).

Introduction

Prostate cancer (PC) in many countries, including Russia, is one of the most common malignant diseases. According to the research institute them. P.A. Herzen, in 2012 prostate cancer ranks second (12.1%), behind broncho-pulmonary pathology (18.7%). The increase in the incidence of prostate cancer in the Russian Federation makes it possible to predict a doubling of the number of its cases by 2030. In terms of mortality in men from malignant diseases, prostate cancer ranks third (7.1%), behind oncology of the trachea (26.8%), stomach (12.0%)). Today prostate cancer is considered one of the socially significant health problems in Russia.

Malignant neoplasm of the prostate (PC) is an extremely controversial disease. This tumor, when the clinic is more often absent with an elevated level of prostate specific antigen (PSA), is detected by the results of organ biopsy.

In 1979 M. Wang et al. isolated from prostate tissue glycoprotein. Its concentration depends on the secretory activity of the epithelium; during malignancy, it can significantly increase in the blood, which made it possible to use it in official medicine as a marker of prostate cancer.

Unfortunately, the use of the PSA test does not always allow detecting aggressive tumors. Its low specificity with an increased concentration of the marker in the serum in patients with non-malignant diseases of the prostate gland creates certain difficulties in the differential diagnosis of prostatitis, adenoma and prostate cancer. The digital rectal examination (DRE) included in the official screening, unfortunately, does not detect all forms of prostate tumors. According to B.P. Matveev. et al. (2003), about 70% of her tumors are not palpable.

A monitoring study conducted in the United States on prostate cancer (PLCO) with the participation of 77 thousand men aged 50– 74 years did not confirm the effect of screening for DRE and PSA in prostate cancer in reducing mortality. However, in the European Randomized Prostate Cancer Screening Study (ERSPC), involving 182 thousand men in the same age range, a decrease in cancerspecific mortality was noted by approximately 20% [11].

The presented results of prostate cancer screening in Europe and the USA showed conflicting results. Consequently, the conclusion that the PSA test and DRE are supposed to improve the early diagnosis of prostate cancer is not entirely correct. The percentage of early detection of prostate cancer in stages I – II in Russia is on average 44.8%.

The solution to the problem is seen by the need to use other variants of screening programs (Lopatkin N.A. et al., 2009). Therefore, the coverage of modern approaches to prostate cancer screening is relevant and useful for a wide medical community.

Screening for various diseases is widely discussed in medicine. Before deciding on its conduct, it is necessary to answer a number of questions: how great is the severity of the disease, and how effective is the test used in terms of its sensitivity, specificity, simplicity, cost and safety; What is the effectiveness of treatment if the disease is detected at screening? These criteria must be fully taken into account when screening prostate cancer (Apolikhin O.I. et al., 2011).

The purpose of this work was to analyze the effectiveness of the autonomic resonance test (ART), performed on the APK "IMEDIS", in identifying the causal factors leading to prostate disease in men.

Materials and methods

Supervised during 2005–2015 there were 1200 men with various pathological conditions of the prostate. The nosological and age characteristics of the surveyed are presented in table. 1.

Table 1

Distribution by nosological diseases of the prostate

No.	Diagnosis	Number of patients	Age
Ι	Chronic prostatitis (CP)	375 (31.3%)	45-70 years old
II	Prostate adenoma (APG)	347 (28.9%)	55–80 years old
III	Chronic prostatitis and prostatitis (CPAP)	478 (39.8%)	45-80 years old
Total		1200	45-80 years old

Patients of group I with chronic prostatitis amounted to 375 people. They are conditionally divided into 2 subgroups: in 225 people (60.1%), pathogens identified by laboratory means, and in 150 people. (39.9%) the pathogenic flora could not be identified. Patients of group III, in whom chronic prostatitis was combined with prostate adenoma, amounted to 478 people. Patients of group III were also divided into two conditional subgroups: adenoma and inflammation of the glandular tissue of the prostate were infectious in 342 people. (71.5%), in other cases - 136 people. (28.5%) - no pathogens were identified.

According to the examination standards, all patients underwent transabdominal ultrasound of the prostate and the immunological level of PSA in the blood, reflected in table. 2.

4.1-10.0

10.1-55.0

Total

table 2

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PSA level	Chronic	RDH	Chronic	Total
(N 0 –4.0	prostatitis	ып	prostatitis and APZh	Total
ng / ml)	Number of patients			
0.2-1.5	158	eleven	137	306
1.6-4.0	170	160	153	483

149

27

347

The frequency and level of PSA in patients with prostate diseases

The contingent of persons whose PSA index did not go beyond the reference values (0.2-4.0 ng / ml) in three nosological groups of prostate diseases was 789 people. (65.8%). The remaining 411 people. (34.2%) in these groups, the tumor marker increased from 4.1 to 55.0 ng / ml. Since 2005, all patients, regardless of the results obtained, have been diagnosed by the method of autonomic resonance test (VRT) and (VRT +) at the IMEDIS-EXPERT agro-industrial complex at the DV-Diagnostic clinic since 2005. The use of this method at the stage of the initial examination made it possible to determine the key causal links leading from health to illness, and also makes it possible to differentiate an increase in the PSA marker (regardless of the level) as a result of inflammatory reactions or the risk of a paraneoplastic process in the prostate.

156

32

478

339

72

1200

In the collections of reports of the conferences "IMEDIS" a lot of materials are devoted to oncology, but, however, only 4 articles were found concerning the diagnosis of prostate cancer. We have studied the criteria of ART, which can be directly or indirectly used for the diagnosis of oncological conditions (Ivanchenko V.A., 1999; Kempe N., 2011; Rogoviy Yu.E. et al., 2011).

We do not set ourselves the task of creating our own survey algorithm, but use the unusually wide capabilities of the agroindustrial complex, created by a team of talented employees of the IMEDIS Center (Gotovsky Yu.V. et al., 2002).

The scope of examination of patients who agreed to conduct ART "IMEDIS-TEST" included the criteria for the general condition of the body:

- segmental bioelectronic functional diagnostics (SRS):

34

13

375

- determination of the state of the endocrine, immune, autonomic nervous systems;
- determination of the degree of psycho-emotional tension;
- general biological and photonic indices of the organism;
- assessment of the level of health (Health level 1-3), adaptation reserves through indices (Cu D400 and VV);
- determination of the state of organs (according to potencies D3-30) of the male genital area;
- assessment of the state of the excretory organs (liver, lungs, kidneys,
- skin). Criteria characterizing the state of the organ (as a filter):

- determination of the influence of the environment - geopathogenic (GPN), radioactive (RN), electromagnetic loads (ELN) their view through the preparations "Rayex", "Medpharma";

- determination of toxic loads (Intox I, II, III);

- presence of interference fields through Causticum D60;

- the presence of inflammation through viral, bacterial and mycotic burden;
- violation of acid-base balance (LTB 1-7, CO 1-7);
- the presence of false polarity and its localization;
- determination of benign tumors through Conium D30 and cystic processes through Rhus tox. D60;
- determination of anticancer resistance (PRR);
- testing the index for precancerous tendencies through Psorinum D32;
- oncoprotein (D0-1000), Fuzailov's drug (D0-1000), normal protein (also according to individual potencies);
- presence or absence of an oncological process according to the positions of the morphological scale AF 35–32, AF 31–30;
- indication of carcinoma or carcinomatous tendency according to Carcinomin D32-200;
- determination of the degree of the malignant process.
- The time spent on diagnostics using the ART method is 30-40 minutes.

The four-level measurement scheme for VRT + opens up great opportunities in diagnostics, but, unfortunately, it lengthens the diagnostics time, which must be minimized. This problem is solved by using H. Schimmel's minimal test set (using the Fe met. D60 amplifier). At the same time, the time for diagnostics of ART + is reduced from 1.5 hours to 20 minutes.

Research results

The results of ART were assessed according to 9 diagnostic criteria, compared in each nosology of prostate disease according to four variants of PSA parameters. Thus, in 41 out of 375 patients (11%) with chronic prostatitis and in 190 out of 478 patients (39.7%) with prostatitis combined with prostate adenoma, criteria indicating an oncological process were determined with normal PSA values. In the same nosologies, in most patients, the presence of an elevated PSA level was accompanied by an infectious burden (bacteria, fungi, or viruses), while the number of positive onco tests and their sensitivity increased. This scenario will indicate clear signs of prostate cancer in the present and in the future in more than 40% of cases. In the group of patients with prostate adenoma (347 people), the age indicator is largely determined: the older,

while contributing to an increase in the level of PSA in the blood in 100 people. (28.8%).

BPH Chronic prostatitis and Chronic prostatitis APZh PSA level, ng / ml PSA level, ng / ml PSA level, ng / ml No. Diagnostic criteria 0.2 1.6 4.1 10.1 0.2 1.6 4.1 10.1 0.2 1.6 4.1 10.1 1.5 4.0 10.0 50.0 1.5 10.0 50.0 1.5 10.0 50.0 4.0 4.0 Infectious I 171 39 _ _ _ 38 19 13 twent fourteer elever inflammation Aseptic Π 52 60 ten nine 16 17 28 4 -inflammation Benign III 2 35 188 0 16 54 175 55 eight eleven process 2 13 15 6 41 38 60 40 IV 34 Onco protein ten elever twenty Pretumor V 3 5 3 4 15 1 35 ten ten thirty thirty eight tendencies Carcinomatous VI 2 5 7 7 4 15 6 21 25 ten ten eight trend Vii 5 5 _ 3 1 24 4 23 -The presence of an oncological process eight twenty VIII 13 12 4 12 Number of biopsies 6 -eigh Coincidence of ART with IΧ 6 12 Δ 12 olovon eight biopsy

Results of the study of the autonomic resonance test (ART) in men with prostate disease

Discussion

Based on the foregoing, it can be concluded that the PSA test as a standard in the diagnosis of prostate diseases in men after 40 years is not disputed. Nevertheless, literature sources and our studies have shown that PSA cannot be considered an absolute tumor marker in diagnosis, especially in the early stages of prostate cancer. Therefore, it is correct to consider PSA as a marker of serious metabolic disorders in the prostate, requiring special attention in identifying the causes of the disease and restoring male health in adulthood (Alekseeva G.N. et al., 2011).

It is generally known that a tumor is verified by examining a biopsy material. Unfortunately, today in Russia this method is limited in its capabilities for many patients. Out of 311 people. with potential cancer risk, only 55 patients (17.7%) underwent prostate biopsy. The morphological diagnosis of prostate cancer was confirmed by the Gleason scale and PSA level in 42 patients (76.6%), which corresponded to the II or III clinical stage. ART in these cases indicated a higher probability of the presence of oncology (Table 3). The confirmed morphological diagnosis of prostate cancer with ART was 76%.

conclusions

Diagnostics using the ART method and especially ART + with the help of IMEDIS devices provided undeniable opportunities for a competent diagnosis based on etiopathogenetic characteristics.

The most common malignant prostate tumors are really difficult to diagnose. We have established a high efficiency of the autonomic resonance test (ART) in the differential diagnosis of prostatitis (100%), adenoma (98.5%) and prostate cancer (76.6%). ART allows you to determine: exogenous loads, the state of the immune system, infectious burden, toxic loads, indication of oncoprotein, Fuzailov's drug for individual potencies, general and particular biological and photon indices; the presence or absence of an oncological process according to the positions of the morphoscale; indication of carcinomatous tendency on the Schimmel X scale via ART +.

It was found that the use of ART allows differentiating a malignant process from a benign one at an early stage of growth. The frequency of coincidence of ART diagnosis with conventional diagnostic methods is relatively reliable with a difference of 23.4%. First of all, this is due to the small number of morphologically examined patients.

Difficulties arising in the process of diagnosing a carcinomatous process in the prostate require the introduction of new highly sensitive diagnostic tests and an improvement in the diagnostic algorithm for oncological or pre-oncological processes.

The ART method, which is used as an effective test in terms of its sensitivity, specificity, simplicity, low cost, and safety, makes it possible to supplement high-quality diagnostics, including for prostate cancer screening.

The ART method is a new direction in uro-oncology, the use of which is necessary in practical medicine.

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