Experience in treating a brain tumor T.G. Fisun (Krasnodar, Russia)

Brain tumors are one of the most difficult problems in oncology associated with the need for early diagnosis and treatment. They rank third in the structure of statistics on cancer mortality in men and fourth in women aged 15 to 35 years. According to statistics, only 10% of patients after verification of the diagnosis of malignant brain tumors of the II – IV degrees of malignancy live for more than 5 years.

The degree of tumor malignancy according to the WHO scale:

I degree (low degree) - neoplasms with low proliferative activity, slowly growing, having cells that are very similar to normal, rarely spreading to nearby tissues.

II degree - slowly growing neoplasms with atypical cells infiltrating the adjacent medulla. Despite the low degree of mitotic activity, they recur more often than grade I tumors after treatment.

III degree - neoplasms with histological signs of malignancy in the form of nuclear atypia / anaplasia and increased mitotic activity. They are characterized by a high recurrence rate and an aggressive increase in the involvement of surrounding tissues in the process.

IV degree - neoplasms with nuclear atypia, mitosis, proliferation of vascular endothelium and / or necrosis, infiltrating surrounding tissues and prone to craniospinal spread, rapid progression in the postoperative period. Usually treated with aggressive adjuvant therapy.

The main innovation in the WHO classification in 2016 is the need to determine the molecular genetic subtype of the tumor when making a diagnosis.

Oligodendroglioma refers to grade II tumors malignancy, anaplastic oligodendroglioma - to the III degree, with a frequency of occurrence of 0.5-1.2% of all brain tumors. Given that 30% of oligodendroglioma tumors are anaplastic. Currently, genetic changes associated with an increase or decrease in the functions of various genes have been identified, which is manifested in the frequency of these changes in various types of oligodendrogliomas. Treatment - surgery, radiation and chemotherapy. Clinical symptoms: dizziness and headache, dysfunction of the cranial nerves, impaired cerebral circulation, vision, cerebral edema, intracranial hypertension, damage to the cerebral hemispheres (paresis, sensory impairment, epileptic symptoms, etc.).

Materials and research methods

The research used:

- device for adaptive bioresonance therapy (BRT) "IMEDIS-BRT-A";

- apparatus for electropunctural diagnostics "MINI-EXPERT-DT";
- drug selector;
- the author's algorithm for monotherapy of a brain tumor.

Clinical example On April 7, 2012, a male patient V.A. at the age of 57 with complaints of periodically pressing sensations in the head region on the left. The day before, on April 6, 2012, the patient underwent examination - magnetic resonance imaging (MRI) of the brain. MRI picture - parasagittally on the left is determined by a solid formation of irregular shape with clear uneven contours, dimensions 1.1 x 2 x 1.4 cm. Conclusion: a volumetric formation, a brain tumor, probably a meningioma.

Considering that the patient is a civil servant who decided not to advertise his illness at work, he persistently asked for treatment using the equipment of the IMEDIS Center, already having experience in treatment with this technique with a very high confidence in the success of treatment.

Then the patient was examined by the method of vegetative resonance test (ART). The test result is an oligodendroglioma tumor, the key nosode is electromagnetic force fields.

Treatment algorithm

The "oligodendroglioma" test was used as a filter.

With the help of a device for magnetic therapy (UMT) "inductor" zones on the head were determined for recording a particular preparation. The recording was carried out on a few grains on an apparatus for BRT with a transmission ratio of 7.

1. The patient is connected to the BRT device. The type of therapy is the "golden section". Order - active. Mode - horizontal (selected individually). Filter - "oligodendroglioma".

Slowly rotating the knob for adjusting the transmission coefficient from 7 to 0, we note all indicators that give changes in the measuring level, and we conduct BRT at each indicator for 2.5-3 minutes with a bioresonance indicator (BRP) recording for 30-40 seconds at the end of therapy at each indicator of the transmission coefficient.

2. Preparation of a private drug.

We rewrite in the "transfer" mode on each indicator of the transfer coefficient the previously recorded private drug into grains.

Treatment regimen

During the first month - daily BRT at the selected coefficients for 2-3 minutes each, plus a session of BRT with a private drug and UMT "inductor" located on certain parts of the head. Then, in the second month, the sessions were carried out less frequently - 3 times a week, 2 times a week; then in the third and subsequent months - once a week.

MRI examinations were carried out in dynamics (Fig. 1-3). 05/15/2012, the size of the brain tumor is 1 x 1.5 x 1 cm (Fig. 1).

Общество с ограниченной ответственностью «ЮГМЕДИКОМ»

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ИНН 2310086428 КПП 231001001 p/c 40702810500440000562 в ОАО «Крайинвестбанк» в г.Краснодаре, 350002, г.Краснодар, ул. Красная № 176. т/факс (8612)279-28-97 Магнитно-резонансная томография MR SIGNA LX 535 (GE)

ФИО пациента: К Дата исследования: 15.05.2012г № исследования: 516

Область исследования: головной мозг

На серии МРТ- срезов в аксиальной, сагиттальной и коронарной проекциях в режимах T1, T2, FLAIR, получены изображения суб- и супратенториальных структур головного мозга в нативном виде.

Краниовертебральный переход визуализируется не измененным. Признаков остеолитического, -пластического процессов не выявлено.

Боковые желудочки не расширены, симметричны.

3-й желудочек не расширен, 4- й желудочек расположен по срединной линии обычных размеров.

Парасагиттально слева на границе теменной и затылочной долей, прилегая к верхнему сагиттельному синусу определяется мягкотканое образование изоинтенсивного сигнала в режиме Т1 и Т2 ВИ и слабогиперинтенсивного в режиме Flair, примеривми размерами 1.0x1.5 см в аксиальной плоскости, вертикально до 1 см. Массэффект и перифокальный отек не выражены.

Субарахноидальное пространство не расширено.

Каналы внутренних слуховых проходов симметричны, не расширены. Цистерны моста и мостомозжечковые цистерны не деформированы. Турецкое седло овальной формы, гипофиз обычных размеров.

Срединные структуры головного мозга не смещены. Миндалины мозжечка на уровне БЗО.

Придаточные пазухи носа, ячейки пирамид височных костей на захваченном уровне без патологии. Глазницы без особенностей.

Заключение: парасагиттальное образование теменно-затылочной области слева в проекции верхнего сагиттального синуса. (более вероятно менингиома) Рекомендовано МРТ в динамике с контрастированием, консультация нейрохирурга.

Врач:

Масько Д.И.



Rice. 1



Rice. 2



Общество с ограниченной ответственностью Медицинский Центр "ЧЕРНОЗЕМЬЕ-РЕГИОН" Россия, г. Краснодар, ул. Красная, 103, на территории Городской больницы №1 Режин работы: ежедневно с 8.00 до 24.00 ч. Запись по телефонан: (861) 255-92-41, 255-92-42

МАГНИТНО-РЕЗОНАНСНАЯ ТОМОГРАФИЯ

Φ.I	4.О. пациента:
Дa	га рождения:
По	л:
06	ласть исследования:
No	исследования:

К 12.10.1955г. мужской головной мозг М 28329

Исследование проведено на аппарате MAGNETOM Impact (Siemens), напряженностью магнитного поля 1,0 Тл. Толщина среза 5 мм.

На серии МР-томограмм, взвешенных по Т1 и Т2 в трёх проекциях, визуализированы суб- и супратенториальные структуры в нативном виде.

Срединные структуры без девиации.

Желудочки не смещены, не деформированы, не расширены; боковые желудочки симметричны. Периваскулярные пространства не расширены.

В левой теменной области, парасагиттально, определяется образование округлой формы с ровными четкими контурами, изоинтенсивное паренхиме мозга, размером 21х20х22мм.

Признаков нарушения дифференцировки серого и белого вещества, в т.ч. нарушения структуры подкорковых образований не отмечается.

Селлярная область без видимых патологических изменений.

Цистерны основания мозга прослеживаются, не деформированы, не расширены. Субарахноидальное конвекситальное пространство не расширено, борозды гемисфер углублены.

Миндалины мозжечка расположены на уровне большого затылочного отверстия.

Дополнительных образований и жидкостных скоплений в воздухоносных полостях височных костей с обеих сторон, полости носа и придаточных пазухах не выявлено. Содержимое глазниц визуализируется без особенностей.

Признаков остеолитического, -пластического процессов, аномалий развития и/или травматических повреждений костей черепа исследованного уровня не выявлено.

Заключение: МР- признаки объемного образования левой теменной области, более вероятно, менингиома на фоне начальных проявлений энцефалопатии.

Дата исследования: 04.03.15

Калинко Н.И /

Rice. 3

On June 21, 2012, the size of the tumor was $1 \times 1.2 \times 0.8$ cm (Fig. 2). 20.11.2012, the size of the tumor is $1 \times 0.4 \times 0.6$ cm. In December 2012, the "oligodendroglioma" test became negative in the study using the ART method. The treatment was discontinued. In February 2013, a brain cyst was tested in the area of the former oligodendroglioma.

MRI from 03/04/2015 - in the left parietal region, the formation of a round shape with smooth, clear contours isointensive to the brain parenchyma is parasagittally determined (Fig. 3). This formation is significantly different from the first identified at this place.

In 2015, at a conference at the IMEDIS training center, she consulted with N. Kempe, the head of the Institute for Biosensorics and Bioenergetic Environmental Research (Liboch, Austria). When treating brain tumors, she gets a similar MRI picture.

Further tactics of patient management - observation or surgical treatment. Patient V.A. currently continues civil service.

I use the described algorithm in the treatment of many diseases of inflammatory genesis, with degenerative and psychoemotional problems, diseases of the cardiovascular system. Wherein:

- I select an emotion associated with the identified pathology;

- I get a test pointer: problem - problem organ - emotion;

- then I act according to the specified algorithm.

Output

The presented treatment algorithm is one of the options for bioresonance therapy, using a limited number of tests from 1 to 5, with a rather pronounced positive therapeutic effect.

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