

New approaches to the etiology, diagnosis and treatment of cancer.

Abstract: The present article reviews modern hypotheses for cancer cells division and provides author's empirical data on cancer etiology detection and the mechanism of cancer cells division from the viewpoint of the information-wave medicine.

Introduction

According to the World Health Organization (WHO), cancer is one of the top causes of death in the world. In today's medicine there are several tens of hypotheses regarding causes of oncological diseases. Oncologists annually get new treatments for cancer patients. Despite that, however, recently the number of people stricken by this horrible disease does not only become less, just the other way – it increases.

In particular, statistically, every fourth Israeli citizen is suspected to oncological diseases. As reported by the Russian researchers, approximately half-million people are diagnosed with cancer every year, and in the near future this number is expected to increase significantly.

The dynamics shows annual increase in the number of people diseased in young active age, and in 60% cases cancer is diagnosed too late, when it is already in advanced state.

The aforementioned statistics resumes in the following: all existing hypotheses for pathogenesis of cancer and its treatment do not give us true mechanism of the disease initiation. Otherwise the number of oncology diseases would decrease year by year. Should the scientists know why oncology diseases emerge and how cancer cells divide the cancer problem could be solved. Unfortunately, today's conventional medicine have no answer. The oncology disease is insidious – despite of new treatments development and advanced diagnostic techniques and methods, 50% people die during the first year after being diagnosed. The existing methods of early cancer detection require significant material inputs and time spending and, thus, are inefficient for examination of large population, not to speak of universal screening.

As is well-known, any investigations of interaction of various structures in human body are performed on animal subjects or volunteers and with the use of corresponding analytical methods of conventional medicine. In such, not only the course of biochemical reactions occurring in the human body as a result of his life activity is taken into account, but various affecting external factors, too.

In all fairness it has to be added that this radiations are poorly known. Unfortunately, conventional medicine does not avow such vibrations, as it cannot prove them by means of existing theories.

After many years of research the author discovered a concept which he called "information-wave medicine" (alternative/different/new/another medicine) suggesting us a possibility of distance diagnostic and treatment of all diseases, which is unavailable for conventional medicine.

What is the information-wave medicine?

Concept of "information-wave medicine" (IWM) created by the author discovers a new approach to the etiology and pathogenesis of various diseases. We shall briefly describe the main features of this concept, so that not to refer the reader to the background article.

The main difference between IWM and classic medicine is that it treats not the symptoms, but the cause of a disease.

According to the IWM concept, human organism, the physical body, is characterized by ultra-low radiations (emissions, vibrations) of all structures of the body, starting from the lower level and up to the cellular and molecular levels. In our opinion, these emissions are the information-wave radiations and their nature is not electromagnetic.

IWM considers human organism as a wave portrait of his physical body. Sum of all the radiations is a human bio-field.

IWM considers human body not as a sum of organs, but as an open biological system, where all the processes are connected.

IWM technologies are managed by radiesthesia (biolocation) method. Biolocation device - pendulum serves as an indicator.

Healthy organ radiation is determined by the biolocation device as its clockwise rotation. We called it dextrorotary radiation or positive polarization radiation.

Organ that has some pathology demonstrated counterclockwise rotation of the biolocation device. We named it levorotary radiation or negative polarization radiation.

Both radiations are in antiphase, i.e. they are displaced relative to one another by 180° .

Human genome consists of two parts. Genes of the first part provide normal development of human body from birth to death (ontogeny). The second part of genes is a group of disease-causing genes that vary from one person to another (pathogenesis). These genes are accumulated in the genome within years under the influence of external or internal adverse conditions. Mechanism of formation of these genes appears to us as mutations of the corresponding chromosomes and their shift to an abnormal state. Genes corresponding to abnormal chromosomes shift to the malignant group. For example, the gene responsible for normalization of intraocular pressure mutates due to internal or external adverse factors than shifts to glaucoma gene, which disrupts normal state of intraocular pressure, what leads to glaucoma.

Approximately 80% of all the diseases are of genetic and viral nature. Malignant gene affects human body through the introduction of some pathogenic dynamic structure, into a cell. We called this pathogenic structure genetic virus. Genetic virus represents two or more genetic copies of a virus (hereinafter -virus) that are enclosed in a protein shell with a positive polarization. All pathogenic genetic viruses are characterized by negative polarization.

It is important to understand that, from the IWM viewpoint, genetic viruses are not "biological agents", but only a set of information-wave structures. In other words, genetic viruses are information-wave pathological structures that cause the same pathologic focuses in a body, as the groups of corresponding live viruses.

The technologies that were created allow removing pathologic genes by breaking the genetic chain of ancestor line and eliminating the gene from the patient's genome by the means of inversion of the corresponding genetic viruses.

Radiesthesia technology allows measuring the frequency of the wave parameters of radiations in absolute terms and their intensity in conditional units.

Advanced theories of cancer development

Considering different cancer hypotheses I would like to mention two of them deserving special interest. Each of them tries to explain cancer causes and the mechanism of cancer cells division.

The first one is a mutation hypothesis suggested in 1974 by F. Burnet. The Burnet's hypothesis states that cancer originates from one parent somatic cell. In this cell some mutations occur caused by chemical and physical agents, as well as by DNA disturbing viruses. This population of mutant cells accumulates additional mutations, that causes unrestrained cells generation. The author explains slow cancer growth by the fact that accumulation of mutations requires definite time.

In our view, such hypothesis has several shortcomings, and the first one is that it does not include the description of the very process of what we mean by the term of "mutation". Hence, this hypothesis does not followed by a distinct mechanism of cancer cells division.

The second hypothesis is a viro-genetic one, which is of a higher interest. This hypothesis was developed by a Russian scientist L. A. Zilber. The hypothesis suggests that cancer is caused by oncogenic viruses integrating into cell chromosome and creating cancer phenotype.

For the long time, the theory was not accepted, for the reason that oncoviruses has RNA genome and, hence, it is not clear how it can integrate into a cell chromosome. At a later date, however, it was proved that, in certain conditions, RNA genome is able to produce a DNA provirus. And after that the viro-genetic theory has been finally recognized. Still, even this speculation did not succeed in cancer problem solution. Here we mean the practical implementation of the hypothesis resulting in high efficiency of cancer treatment. Unfortunately, there are no such hypotheses so far.

How does information-wave medicine regard cancer

I hope the reader has already understood my intention to draw my hypothesis of cancer development to the Unified Theory of Pathogenesis described above. Cancer de-

velopment definitely does not differ from any other disease determined by the pathogenic group of the human genome. As it was found after many years of research, predisposition to cancer is determined by oncology gene (oncogene) present in male or female ancestor lines.

One of information-wave medicine techniques allows tracing such gene up to 8 generations back in female and to 13 generations back in male ancestor line. If there is no mechanism to launch a disease, the oncogene can exist in the human genome throughout his life without formation of abnormal focuses. In this case, certain organs associated with certain oncogenes will contain oncogenic genoviruses (oncoviruses) in dormant state.

As it was pointed out in [3] the most common occurring mechanism of disease launch is a geopathogenic zone (GPZ). To activate oncovirus it should affect the human body for a long time. This can occur if a man's sleeping place is located in GPZ area. In such case the subject's duration of stay in this zone may last several years.

Investigations of oncovirus showed it consists of combination of two well-known viruses, one of them contains DNA, and another one contains RNA. As mentioned above, genovirus (oncovirus) is surrounded by a positively polarized protein coat. And two viruses containing in oncovirus are negatively polarized.

As a result of a long-term exposure of GPZ which has a strong field of negative polarization, the oncovirus coat may be destroyed, and the viruses containing in it become active. It is obvious that mechanism of cancer cells division requires more than just a verbal description. Thus, we decided, with the help of situation modeling method, to specify radiation intensity of all structures involved in cell division.

It was found that the organ-host's DNA cell is positively polarized with intensity of 50 conditional units (c. u.). And each of the viruses containing in oncovirus has radiation of 55 c. u. and negative polarization. So there DNA of one of the viruses with negative polarization and DNA of the host's organ cell with positive polarization.

In such way the organ-host's cell DNA will be completely neutralized and it will no longer be able to function. However the cell still contains active virus with RNA of definite chromosome set. It is obvious that the virus genome includes reproductive gene which causes unrestrained division of cell controlled by the RNA containing virus genome.

The cell division mechanism above resumes in an effective way of cancer treatment. Here we have three options:

The first one involves inactivation and termination of the RNA containing virus out of the cell. In this case the cell will lose the virus reproductive gene and the division will stop. The cell will be dead however, as it has no active DNA.

The second option includes termination of DNA containing virus off the organ-host's cell. This enables revival of the living cell infected by the RNA containing virus.

The third variant consists of termination of both viruses. If this occurs, on initial stages of disease the cell completely recovers.

This methodology for cancer treatment has been repeatedly tested on cancer patients but only with initial states of disease. So far as in case of clinical manifestation of disease oncologists are engaged in patients care, my rule is not to interfere.

A careful reader should have a justifiable question: why does some people's genome contain cancer genome, and is absent in the other's one?

Investigations of this phenomenon showed the following. Earlier, when we spoke about DNA containing virus that blocks the organ-host's DNA cells, we implied only empirical match of those radiations intensity with opposite polarizations. However, their frequency parameters should be also taken into account.

A complete organ-host's DNA cell blockage is available only if bio-resonance is reached – when information-wave radiation frequency of DNA-virus matches the organ-host's DNA-cell radiation frequency.

In investigation of large group of people we discovered that some of them have living DNA with radiation frequency (range of vibrations) of 1 MHz. In the other group the frequency is 2 MHz (here we do not mean DNA radiation frequency of some organs of reproductive system). After some measured tests of the DNA containing virus within oncovirus, we found out that the radiation frequency equals 1 MHz, too. Hence, we can resume that people may have susceptibility to oncological diseases if their DNA radiation frequency equals 1 MHz. That is why the oncology gene appeared in their genome.

Early detection of cancer

As mentioned above, none of the existing methods of early detection of cancer enables testing of large groups of population, i. e. mass screening. It is worth noting that the term 'early detection' does not specify sensitivity of methods required for detection of cancer in its earliest stage.

Well-known machine methods, such as ultrasonography (US), computed tomography, magnetic resonance tomography, positron emission tomography are efficient only in case of clinical signs of disease. Though in the earliest stages, before neoplastic processes begin, these machines use is inefficient.

Existing groups of markers used today for the earliest diagnosis do not always give unambiguous result. Besides, their detection is invasive as fulfilled by blood test.

Meanwhile, the author's technologies of information-wave medicine enable testing of even singular cancer cells in the human body. This is made with the use of two types of markers providing ever unambiguous result.

The first of them is **protein**. The history of its invention is the following. Professor Elizabeth Rapis M. D. in her investigation of protein found out that all people stricken

by oncological disease have the same 'pattern' of protein structures. She referred to this protein group as 'oncoproteins'.

A healthy man's blood protein structure is the same too, but differs from oncoproteins. To this group of oncoproteins she referred to as normoproteins/normal proteins. Testing of oncoproteins and normal proteins by means of information-wave technologies showed that the former are negative polarized and the latter are positively polarized. Thus, only one group of proteins may be detected in individual's blood.

The second marker is **kinase (ERK 1/2)**. This protein structure was pointed out by researchers at brain-related laboratory at Weizmann Institute of Science (Israel). Animal brain superlight electromagnetic irradiation equal to cell phones radiation results in formation of kinase (**ERK 1/2**). Scientists believe the given protein structure appears to be extra-cellular and always accompanies cancer cells division.

An extremely high sensitivity of the method can be demonstrated by the following experiment. For example, a harmful radiation of cellular phone, even if it is switched off, causes formation of singular cancer cells in the human blood. This fact can be proved by oncoprotein and kinase (**ERK 1/2**) formation in testee's blood.

However, there is one more method providing opportunity to detect the oncological diseases risk group. As mentioned above, cancer is a genovirus disease, so the risk group is consist of those whose ancestors' genome contains oncology gene. Testing of such gene presence in maternal and/or paternal lineage can lessen the number of people amendable to diagnostics.

It should not go unspoken that ancestors genome testing is made with the help of situation modeling method by transferring information on genomes under investigation to a temporary information medium. On this medium with the help of radiesthesia (biolocation) any gene can be detected within one minute, including oncological gene.

And finally, if in blood and/or cells of corresponding organ, there are any radiations of viruses contained in oncovirus, it definitely means that an oncological disease is detected in the body.

Localization of oncological process can be easily detected by testing of chakras condition.

Conclusion

We realize the reaction to the present article from the side of oncologists will be controversial. We expect that. Those specialists who "faithfully serves" conventional medicine cannot switch to new way of thinking.

Still we have no doubts there are some who will not wave away a new approach to the afore-mentioned etiology and treatment of oncological diseases and try to get into my speculation.

In this article we have not touched the aspect of economic efficiency, connected with the usage of diagnosis and treatment by information-wave therapy methods, as it can be a very extensive section. We can only say that non-medicinal method in general and cancer treatment in particular without using any medical drugs provides a great economic impact, although causes the resistance from some medical institutions for obvious reasons. According to the statistics, today's average cost of modern treatment for cancer patients of the 3rd stage in Germany and Israel (the world's leaders in cancer treatment) costs from 20 to 50 thousand US dollars. No country in the world fully covers the cost of cancer patients' treatment. Medical insurance, patients' and their relatives' means are used. We will not analyse all the components of economic impact, however, besides the exclusion of the medicaments, we will point out a sharp decrease in the period of patient care and treatment, exclusion of some physiotherapeutic methods and devices of low efficiency compared with methods of information-wave medicine. In our opinion, all of this will greatly reduce the cost of treatment.

In this regard I would like to address to oncologists and managers of oncological medical centers and to suggest further co-operation in testing the described method. All concerned, please, contact me by e-mail: markgrin@gmail.com.

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