5th BIENNIAL INTERNATIONAL SYMPOSIUM ON THE BI-DIGITAL O-RING TEST

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THE JAPAN BI-DIGITAL O-RING TEST MEDICAL SOCIETY

JOINTLY SPONSORED BY:

INTERNATIONAL COLLEGE OF ACUPUNCTURE & ELECTRO-THERAPEUTICS

O-RING TEST LIFE SCIENCE RESEARCH INSTITUTE
I would like to welcome all of you to the 5th Biennial International Symposium on the Bi-Digital O-Ring Test.

BDORT is an useful method for detecting various diseases such as cancer, presence of microbial infections, accumulations of heavy metals in the tissue.

However, there are many studies to be done to improve the probability for detecting diseases. At the 4th Biennial International Symposium on the BDORT, Dr. Shimotsuura reported that of 327 patients who were found to have colon cancer positive responses, only 6 patients were actual cancer of the colon by patho-histological: examination and 157 patients were polyp due to adenoma.

Therefore, the probability for detecting the cancer by O-ring Test is not so high, only 2% and even if polyp due to adenoma is considered as pre-cancer state, the detecting rate of cancer and pre-cancer is 52%. So, the sensitivity of BDORT as a detector of cancer is not better than the cancer markers used for detecting the cancer of different organs.

Though the BDORT is useful for screening the cancer and pre-cancer state, the test is facing a challenge because what is being found by BDORT may not reflect the actual pathological changes of the tissue.

We have to find more specific and high probability method for detecting cancer or pathological tissue changes. These researches must be done by using the method of evidence-based data analysis. At present if the patient is diagnosed as a cancer or pre-cancer state by BDORT, he has to take the examination of Western Medicine including endoscopy, ultrasound diagnostics, CT Scan, MRI and blood chemistry. The best method to make the exact diagnosis is the combination of BDORT and Western Medicine.

In this Symposium we can discuss all aspects of BDORT and learn the recent advances of the Test from Dr. Omura. I hope that this symposium will help the BDORT to make an important contribution to the modern medicine.
On the Special Occasion of the Opening of 5th Biennial International Symposium on The Bi-Digital O-Ring Test in Japan July 20th, 2002

Ken Hayashibara
President and CEO, Hayashibara Group
Honorary Member, Japan Bi-Digital O-Ring Test Association

I would like to extend my heartfelt congratulations on the auspicious occasion of this grand and successful opening of the 12th Annual Medical Conference and 5th Biennial Bi-Digital O-Ring Test International Symposium. It is due to Prof. Omura's unabating zeal and passion provided to this research that so many supporters have been attracted to this research and today's O-Ring Symposium could be successfully held.

The research bore fruit especially because in the very beginning it had many powerful supporters such as the late Masaru Ibuka, the founder of Sony Corporation and the late Prof. Chifuyu Takeshige, the president of Showa University and others. Personally, I am confident that in the 21st century the O-Ring Test will not only be utilized by the medical sciences but also exert its influence to many other various branches of learning. However, in order to reach that stage we will have to solve many problems and overcome many obstacles.

For example, in order to also convince and get the cooperation of people other than those who are related to the O-Ring Test Association and do not know about this technology and its potential, we will have to carry out tests in animals with reproducible results, although successful results in human beings have already been obtained. Similarly, we will have to carry out the animal tests to prove the efficacy of different medicines. All these tasks which prove the safety as well as the efficacy scientifically will have to be carried out by us, not by Professor Omura.

As before we would like Prof. Omura not only to concentrate on the technical aspects such as developments, discovery and innovations in O-Ring technology but also would like to request him to explain, guide and make people from different other scientific fields understand about O-Ring technology. As mentioned before also that we will have to get this technology acknowledged by other fields also beside medical field and for that we all should exert our full efforts by dividing the work among ourselves.

It will take a lot of effort and time to achieve such objectives. However, if we succeed, the achievement will no doubt be listed as one of the greatest of the 21st century and the names of Prof. Omura and O-Ring technology will be engraved in history.

In the end, I would like to pray for the successful proceedings of the conference and wish an everlasting and successful future for O-Ring technology.

Thank you
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ABSTRACT

Recent studies indicated that inflammation at atherosclerotic arteries of the heart contribute greatly to the rapid development of myocardial infarct. As one marker to estimate the degree of inflammation on any part of the body, including the heart, C-Reactive Protein (CRP) can be used to estimate presence of inflammation. Similarly, to estimate general cardio-vascular condition it has been well known that abnormal increase in L-homocystine can be used as a very important cardio-vascular risk marker (factor), and it is also considered to be a risk factor for Alzheimer’s disease when it's increased significantly. In addition, when there is myocardial tissue damage, both cardiac Troponin T (cTn T) and cardiac Troponin I (cTn I) are released from damaged heart tissue, but without laboratory test for clinical diagnosis of myocardial infarct, the presence of persistent chest pain of more than 15 minutes can be considered as having myocardial infarct. But in only about half of the patients, electrocardiogram will show sign of myocardial ischemia or with elevated ST segment or infarct with pathological Q wave, but about half of the patients with chest pain may not show any significant distinctive ECG abnormality indicating myocardial infarct. However, about 3 hours after the onset of myocardial infarct, cardiac Troponin T will increase significantly in blood test and about 4 hours after onset of myocardial infarct, cardiac Troponin I will increase in the blood test. Also, increase in cardiac Troponin T will last much longer than cardiac Troponin I. Because of this reason cardiac Troponin T is often used clinically more than cardiac Troponin I for a blood test as a myocardial infarct marker, in spite of the fact that cardiac Troponin I is specifically due to heart muscle damage while cardiac Troponin T can be increased not only by heart muscle damage, but also damage to the muscles other than the
heart as well as kidney disease. In order to evaluate the critical amounts above which indicates the presence of abnormal condition, these critical values were determined non-invasively for CRP, L-homocystine, cardiac Troponin T and cardiac Troponin I, using Bi-Digital O-Ring Test Resonance Phenomena between 2 identical substances, namely between Reference Control Substance with known, exact amount and between the same molecule existing inside of the body. These critical values were found to be as follows: CRP =3ng, L-homocystine =3mg, cardiac Troponin T=3ng, cardiac Troponin I=3ng. These cardiovascular and inflammatory markers are relatively proportional to each other whenever one of them is abnormal. Since with Bi-Digital O-Ring Test, we can detect any minute changes locally before significant blood changes appear, we have been using cardiac Troponin I for screening of heart disease and other markers are often used to obtain supplemental information. In order to perform a screening test, 3ng of cardiac Troponin I was used as a reference control substance, and 3rd person in the indirect Bi-Digital O-Ring Tests holds this reference control substance in the hand opposite to the hand used for Bi-Digital O-Ring Test by satisfying the 3 basic requirements which are necessary for person to perform reproducible Bi-Digital O-Ring Test. The third person, while holding both the 3ng of cardiac Troponin I, with red spectrum laser beam of about 1-5mW with wavelength of 560-670nm, projects the laser beam on patient to be examined. The patient extends his arms out to the side with the exposed hands raised above the head, bent at the elbow, with palms facing towards the examiner. The patient exposes the base of front of the neck at supra manubrium sterni (at CV22), exposes his thigh as close to the inguinal area as possible, and also exposes the Umbilicus. When O-Ring Test produces a 0-2 opening (0- -2), it is considered to be within normal limit. If 3 O-Ring opens (-3), it is considered to be borderline. When 4 or more O-Ring opens (-4, -5, -, etc), it is considered to be heart disease risk factor positive, and the higher the minus value, then the more abnormal the disease. Using this method, the author often found that when the person had a Supra-Ventricular Arrhythmia, then usually the right hand is minus 6 (-6) and supra manubrium sterni is minus 6 (-6) and left hand is minus 4 (-4) or minus 5 (-5), while the Umbilicus and thigh are minus 2 or minus 1 (-2 or -1). However, if there is an additional problem on the left ventricle, then the left arm also becomes minus 5 or 6 (-5, or 6), depending on the degree of abnormality of the left ventricle. These exact locations of the abnormality can be localized accurately by X-, Y-axis laser line screening of the upper part of the body, since cardiac Troponin I is only increased in the presence of heart muscle damage. By drawing any strong positive resonance line for the X-axis and Y-axis, some or all of the crossing points show strong abnormal areas. Thus the center of the most abnormal area can be localized. The actual abnormal area involved surrounding these positive crossing points is then localized using a metal electrode and can be directly mapped on the chest wall with non-toxic magic ink. As a treatment, using Bi-Digital O-Ring Test, one can quickly identify which infection is causing these abnormalities. So far, the most common abnormalities found on the heart include the following: 1) Chlamydia Trachomatis; 2)
Chlamydia Pneumoniae; 3) Mycobacterium Tuberculosis; 4) Cytomegalovirus; 5) Herpes Simplex Virus type 1; 6) Human Herpes Virus Type 6; 7) Helicobacter Pylori; etc. Once it is determined which virus and bacteria are present, then the amount of each virus or bacterium is measured quantitatively. Based on the degree of the strongest infection, priority is given for the strongest infection first. In treating a multiple infection, if the most effective medications are compatible with other effective anti-viral and anti bacterial agents, and then all of the compatible antibacterial and antiviral agents can be given simultaneously. If inhibition exists because of drug interaction, the most strong infection is treated first. But just giving effective medication cannot treat these infections in the heart effectively. With the application of the Selective Drug Uptake Enhancement Method (which was originally discovered by Omura Y. in 1990), it is possible to deliver the drug selectively to the pathological area most effectively, while drastically reducing drug uptake to the normal part of the body, by stimulating accurate organ representation area of the hands, corresponding to the pathological area of the heart (palm side of the 3rd segment of the middle finger) at same side as diseased area, using the organ representation map made by the author in the 1990s (published by Ido-No-Nippon Sha Tokyo, Japan, as well as by more updated revised edition by the author).

(This research is supported by Heart Disease Research Foundation of U.S.A. and ORT Life Science Research Institute of Japan).
I would like to introduce my personal experience of BDORT as a patient.

On January this year, I was admitted to the Tokyo University Hospital due to the acute C-type Hepatitis. During my stay in the hospital, I was suffering from abdominal pain. I have received endoscopic examination using optic fiber of my stomach and colon, and ultrasound diagnosis, CT Scan and MRI of my liver and pancreas. I was informed that besides hepatitis, there is microcystic adenoma in the pancreatic body. Then I have examined by MRCP (MR cholangiapancreatography) to find whether pancreatic duct is dilated or not. If there is dilatation, cancer is suspected, but there was no dilatation of pancreatic duct. I was told that my microcystic adenoma is benign.

On April 22, I have been examined with BDORT by Dr. Omura and there were markedly increased Integrin $\alpha_5\beta_1$ positive area at 4 different areas of abdomen and all of them were found to be adenocarcinoma of pancreas positive. Among them, the strongest positive response area for adenocarcinoma of pancreas was found in my epigastric area where there were a marked increase in Integrin $\alpha_5\beta_1$; a marked increase in Oncogene C-fos Ab2, a marked increase in Hg; a marked decrease in Ach, a marked increase in Telomere. From this results Dr. Omura informed me that there is high probability of adenocarcinoma in the body of pancreas and other 3 small positive areas (one is at Liver and one is at descending colon and other one is at low center of the chest, and all these area corresponded to the same area where recurrent mild pain existed) is probably early metastasis of pancreatic cancer which may not be picked up by standard imaging method but as preventive measure he advised to take the mixture of EPA and DHA and Cilantro as these are safe natural substances and to use stimulation of pancreas representing area of the hand as well as True Zusanli (True St 36) acupoint stimulation with a small press needle on bandaid. He also suggested to measure 3 relatively sensitive cancer markers for pancreatic cancer by blood examination and repeat CT & ultrasound imaging.

The results of the blood cancer marker examination such as CA19-9, Elastase 1 and SLX were within normal and only DUPAN-2 was high positive value. I have consulted with the Dr. of Tokyo University Hospital on this matter. He again examined my pancreas by ultrasound diagnostics but there was no abnormality. Then he told me that though your DUPAN-2 is high value your microcystic adenoma is thought to be benign you do not need so worry about. Probably some amount of mucus is secreted by the adenoma. But you had better check your pancreas every 6 months by CT Scan and MRI.

Now I am at a loss of which diagnosis should I follow BDORT or Western Medicine. I took the EPA and DHA and Cilantro for two months but now I am stopping the drugs. Because I did not find any effect of this treatment. I still have abdominal pain but this seems to be originated from the colon not the pancreas. The value of DUPAN-2 was decreased from 3870 U/ml to 1400 U/ml after stopping the drug although it is still very high compared with normal value of < 150 U/ml. If it is true, I have to take the drugs though still high Dr. Omura blamed me for stopping the taking the drugs and persuade me to continue the drugs and stimulation of True Zusanli acupoint at the same time. He said by continuing this method the development of cancer can be suppressed. If it is true, I have to take the drugs to the end of my life. However if the adenoma is benign it is not necessary to take drugs. This is my situation at present time and I am in a dilemma as to whether to follow the results of BDORT or follow the Western Medicine.
Non-Invasive 6-Minute Screening of Pre-Alzheimer's Disease By Estimating Amount of Acetylcholine, β-Amyloid (1-42), Al, Hg & Pb of the Brain, and the Safe & Effective Treatment of Pre-Alzheimer's Disease Using the “Selective Drug Uptake Enhancement Method”

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ABSTRACT
In pre-Alzheimer and Alzheimer's disease it is well known that among characteristic abnormal findings in the brain, the following factors are included: 1) Marked decrease in Acetylcholine, 2) Excessive deposit of Al, 3) Excessive deposit of β-Amyloid (1-42). Using the Bi-Digital O-Ring Test Resonance Phenomena between 2 identical substances it has been possible to non-invasively study abnormal changes in Neurotransmitters such as Acetylcholine, Serotonin, Dopamine as well as β-Amyloids, Al, Hg, and Pb since 1990. According to our clinical study in the majority of normal individuals Acetylcholine in most parts of the brain including the Hippocampus area is at least 1,500 µg but most individuals develop recognizable symptoms when Acetylcholine is reduced to less than 500 µg. But in pre-Alzheimer’s patients amount of Acetylcholine often goes down below 300 µg. In all the pre-Alzheimer’s patients wherever Acetylcholine reduces in the brain, corresponding deficiencies show up as a recognizable symptoms, characterized by the dysfunction of the anatomically specific location in the brain. Metals, particularly Al and Hg, is often increased significantly anywhere between 350mg to 550mg with or without significant increase in Pb deposit, when excessive metal deposit exist Acetylcholine is almost always reduced. When β-Amyloid (1-42) increases beyond 3 or 4 ng with decreased Acetylcholine often the patient shows various degrees of short term memory deficiency. When β-Amyloid (1-42) increases over 8 ng the patient often shows a recognizable deficit of short term memory. Based on these findings the author established criteria to screen pre-Alzheimer disease quickly and non-invasively by measuring the amount of Acetylcholine, β-Amyloid (1-42), Al and Hg. As Reference Control Substances the author has been using slides of 500 µg Acetylcholine, 3ng β-Amyloid (1-42), 350mg Al and 350mg Hg for initial screening. Those who have a significantly reduced Acetylcholine can often be reversed by giving 100 mg of Cilantro tablet with the "Selective Drug Uptake Enhancement Method" (originally discovered by the author in 1990) deliver medication selectively to the brain by stimulating organ representation area of the entire brain on first segment of the middle finger of both hands, continuously stimulating at least 20 or 30 minutes to deliver Cilantro selectively to the brain. When the first segment (which represents the entire brain and
face) of the middle finger of both hands is stimulated continuously and effectively more than 20-30 minutes, the amount of the Al, Hg, or Pb reduces to about 10% or even lower of the original excessive amount, which was anywhere between 350mg to 550mg. However, Selective Drug Uptake Enhancement Method becomes effective only when the ipsolateral side of the accurate organ representation area corresponding to the pathological area is stimulated effectively, can the drug be selectively delivered to the pathological area to be treated. When this happens Acetylcholine often increases anywhere from about 20% to 100%, but β-Amyloid (1-42) usually did not decrease significantly by removing excessive metal deposit. Even when Acetylcholine increases over 500 μg and goes up close to 1500 μg, if β-Amyloid (1-42) remains high usually very little improvement of short term memory can be observed. In these patients often multiple bacterial and viral subclinical infection co-exist. Among the most commonly seen causes of the infection include Cytomegalovirus, Human Herpes Virus Type 6, Chlamydia Trachomatis, Mycobacterium Tuberculosis, and Pseudomonis Aeruginosa and α-Streptococcus. While we are treating these infections in the brain, after removal of excessive metal deposit is essential before treating infections effectively, as an excessive deposit of metal often inhibits effectiveness of anti-bacterial and anti-viral agents. While studying the effect of the treatment of these multiple subclinical mixed infections of the brain in 2001, the author discovered that when strong Chlamydia Trachomatis infection in the brain is significantly reduced, β-Amyloid (1-42) also markedly reduced, which resulted in significant improvement in short term memory deficiency provided that Acetylcholine has also been sufficiently increased after removing excessive metals. It is also interesting to note that those people with increased β-Amyloid (1-42) in the brain often develop so-called brownish age spots around the side of the face. The author found in this darkened pigmented area, both β-Amyloid (1-42) and Chlamydia Trachomatis are markedly increased as in the brain. In conclusion, our study indicates that the major cause of increased insoluble β-Amyloid (1-42) peptide in pre-Alzheimer's patient is due to extensive Chlamydia Trachomatis infection of the brain, particularly in Hippocampus area. Therefore once pre-Alzheimer's disease is detected by this method, increased β-Amyloid (1-42) peptide can be reduced significantly by treating Chlamydia Trachomatis with Doxycycline along with EPA & DHA as an effective anti-viral agent, as most of the patients have simultaneous viral infections. In order for the treatment to be effective, you first have to remove the excessive metal deposit using the Selective Drug Uptake Enhancement Method with Ci1antro, and then treat with EPA & DHA and Trimox if there is additional viral and bacterial infection this treatment often increases Acetylcholine and then follow up the treatment of Chlamydia Trachomatis by Doxycycline and other compatible medications since Doxycycline is the effective antibiotics against Chlamydia Trachomatis, but it is compatible with EPA & DHA and Trimox, while other antibiotics such as Erythromycin or Azithromycine is not compatible with EPA & DHA and Trimox.
Successful Treatment of a Patient with Dystonia and Gastric Cancer Metastasis to Hilum of Left Lung Treated Using Bi-Digital O-Ring Test

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ABSTRACT

Dystonia, an intractable and cryptogenic disease, causes tortile involuntary movements of neck, trunk or extremities. Results of electrophysiological study indicate that dystonia is caused by disorders of basal ganglia.

Patient: A 41-year-old male.

Chief complaints: Involuntary movement of right upper extremity & hiccups.

Case report: Involuntary movement of the right upper extremity and lassitude of the right lower extremity suddenly appeared in August, 1999. The involuntary movement happened 4 or 5 times a day in fits, and it was sometimes prolonged. The patient could write with his right hand by pressing on it with his left hand. He consulted a neurologist and an orthopedist, and was administered the following medicines: arotinolol hydrochloride, clonazepam, trihexyphenidyl hydrochloride and tizanidine hydrochloride. However, these medicines were not effective. On November 18, patient consulted our hospital. The first Bi-Digital O-Ring Test (BDORT) was performed, and 200 ng of herpes simplex virus type-1 (HSV-1) and 150 mg of mercury were detected in the left parietal lobe of his cerebrum. Amalgams containing mercury in 4 of the patient’s teeth were also detected by BDORT. The patient’s viral antibody values, as determined by EIA, were as follows: VZV IgM (-), VZV IgG (+) 58.5 (under reference values of 2), HSV IgM (-), HSV IgG (-), CMV IgM (-), CMV IgG (+) 30 (under reference values of 4). White blood cell count was 5300/µl, and differential white blood count was within normal range. Erythrocyte sedimentation rate was 16 mm/hour. The patient was started on EPA+DHA (EPA ³; Yamanouchi Pharmacy, Tokyo, Japan) 3 capsules and cilantro 500 mg per dose. Also, the patient stopped drinking alcohol, in accordance with our advice. After one week, the patient was started on Omura’s “Selective Drug Uptake Enhancement Method” and therapeutic electrical stimulation of his head. After a month, the patient could run and the involuntary movement of his right hand had almost remitted. On March 16, 2000, odontotherapy was concluded.

The involuntary movement of the patient’s right hand remained near remission. The second Bi-Digital O-Ring Test was performed on April 13, 2000, and 100 ng of cytomegalovirus (CMV), 50 mg of mercury, 50 mg of lead and 50 mg of aluminum were detected in the patient’s head. One dose of EPA + DHA (EPA ³ ) 1 capsule and cilantro 150 mg was effective in relieving the patient’s symptoms. On July 27, 2000, the involuntary movement of the patient’s hand finally disappeared, but the lassitude of the right hand remained. On August 10, 2000, the patient drank some beer, and the involuntary movement of his right hand
subsequently reappeared and continued for about 30 minutes. The patient was then started on EPA + DHA (Fish oil, Ootsuka Pharmacy, Japan) 3 capsules and cilantro 200 mg 4 times per day. On December 11, 2000, after the patient drank some beer, the involuntary movement of his right hand improved. Hiccups and hyperpnea appeared. Beginning on December 20, 2000, hiccups and involuntary movement of the rectus abdominis muscle occurred 3 times per day. The patient was then started on EPA + DHA (EPA $\omega_3$) 3 capsules and cilantro 100 mg 4 times per day. Hiccups and involuntary movement decreased, and all symptoms had disappeared by January 11, 2001. However, on February 9, pectoralgia appeared. The third Bi-Digital O-Ring Test was then performed. We detected 300 ng of Chlamydia trachomatis in the patient’s diaphragm and thymus. The patient was treated with the antibiotic levofloxacin for a month, but pectoralgia continued. Moreover, involuntary movement, swelling and numbness of the right hand, and hiccups appeared. On March 9, 2001, the fourth Bi-Digital O-Ring Test was performed. We found 60 ng of Integrin $\alpha_5 \beta_1$, 1 ng of acetylcholine, 300 mg of mercury and 20 µg of Mycobacterium tuberculosis in the patient’s head, lungs and stomach. The patient was started on EPA + DHA (EPA $\omega_3$) 3 capsules, cilantro 300 mg and Saiko-Keishi-To (TJ-10) 1.25 g 4 times per day. On April 6, 2001, the hiccups had disappeared and the frequency of involuntary movement of the right hand was once per week. No Integrin $\alpha_5 \beta_1$ was detected in the head or lungs. On April 27, 2001, no Integrin $\alpha_5 \beta_1$ was detected anywhere and the frequency of involuntary movement of the right hand was only once per month. The patient required 33 seconds to complete Gibson’s maze test, whereas he required 71 seconds the first time he tried it. Three months later, the patient exhibited no symptoms. Discussion: BDORT revealed infection of HSV-1 and CMV in the head and infection of Chlamydia trachomatis in the diaphragm and thymus. However, results of the fourth BDORT indicated that the symptoms were due to metastasis of gastric cancer to the head and to the hilum of the left lung, the latter of which pressed against the left phrenic nerve. The administration of cilantro and EPA + DHA started soon after the first consultation. The involuntary movement was slow to disappear, because cancer growth was gradually intensified by the patient’s consumption of alcohol. After treatment of cancer based on results of BDORT, the patient regained the ability to write because his dystonia disappeared. The possibility of cancer should be considered when diagnosing dystonic patients, because cancer can cause dystonia, as seen in the present case.

Conclusion: In the present case, the patient suffered from dystonia caused by metastasis to the head.
Effects of Mycobacterium Tuberculosis (Avium) Infection on Intractable Pain in Bone and Joint Disease Patients: Bi-Digital O-Ring Test

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The use of Bi-Digital O-Ring Test (BDORT; Omura Y, 1997-2002) can often verify Mycobacterium tuberculosis or avium infection in instances of acute or chronic bone and joint disease. Rapid improvement in pain or symptoms can thus also be achieved by treating these. Prof. Y. Omura has already published this information.

I have performed follow-up studies on a large number of cases with excellent clinical results. In the present study, however, the results of 10 typical cases are presented.

I. Methods
1. Concentration samples
   a. Mycobacterium tuberculosis and Mycobacterium avium
   b. Insulin like growth factor (IGF – I, II)
   c. Prostaglandin (PG – I2, H2)
2. Therapies
   1) INH 0.3-0.4 g
   2) RFP 0.45 g

II. Results
Subjects: Table 1
When pain persists in bone/joint disease patients, elevations in the following such molecular resonance values are seen.
1) M. tbc (av) elevation
2) Prostaglandin (I2, H2) elevation
3) IGF (I, II) elevation
   When antituberculous drugs are used in such patients:
1) Pain relief and rapid improvement in symptoms are seen.
2) When treatment is suspended early, the resonance value can sometimes increase again.

III. Discussion
As shown in the present group of subjects, there was often an increase in the molecular resonance value for tubercle bacillus in bone disease patients. Simultaneously, increases in IGF or PG were verified at the particular site. This suggests the presence of a close causal
relationship between the two. In this instance, the resonance response quickly disappeared with the administration of antituberculous drugs, and an improvement in pain and clinical symptoms were seen. It is thought that observation of a tubercle bacillus response at the site of the bone/joint disease in patients with lesions indicates damage to the healing mechanism itself, and as a result triggers chronic pain.

When suitable treatment was given based on this, it was judged to be very effective for improving intractable pain and the course of the disease.

### Table 1

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>M. ng Tbc/Av</th>
<th>IGF ng I/II</th>
<th>PG ng I2/H2</th>
<th>Name of Disease</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>S,S</td>
<td>87</td>
<td>F</td>
<td>220/0</td>
<td>0/470</td>
<td>0/220</td>
<td>Osteoarthritis of the hip and knee/Cerebral infarction</td>
<td>4+5+</td>
</tr>
<tr>
<td>2</td>
<td>M,N</td>
<td>53</td>
<td>F</td>
<td>620/0</td>
<td>0/460</td>
<td>0/140</td>
<td>Osteoarthritis of the hip and knee/Cerebral infarction</td>
<td>4-4+</td>
</tr>
<tr>
<td>3</td>
<td>H,F</td>
<td>75</td>
<td>F</td>
<td>250/0</td>
<td>0/340</td>
<td>0/310</td>
<td>RA (hip, knee, and hand joint)</td>
<td>4+4+</td>
</tr>
<tr>
<td>4</td>
<td>G,M</td>
<td>67</td>
<td>F</td>
<td>250/0</td>
<td>0/260</td>
<td>350/0</td>
<td>Osteoarthritis of the lumbar spine (L5/S1, L3/4)</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>K,M</td>
<td>60</td>
<td>M</td>
<td>440/0</td>
<td>0/260</td>
<td>60/0</td>
<td>Pancreatic cancer, dorsolumbar back muscle pain</td>
<td>3-3-</td>
</tr>
<tr>
<td>6</td>
<td>K,H</td>
<td>68</td>
<td>M</td>
<td>250/0</td>
<td>0/340</td>
<td>0/340</td>
<td>Cervical and lumbar spondylitis</td>
<td>3+3+</td>
</tr>
<tr>
<td>7</td>
<td>T,K</td>
<td>68</td>
<td>F</td>
<td>244/0</td>
<td>0/250</td>
<td>0/670</td>
<td>Cervical and lumbar spondylitis</td>
<td>3+3+</td>
</tr>
<tr>
<td>8</td>
<td>K,M</td>
<td>62</td>
<td>F</td>
<td>300/0</td>
<td>4/350</td>
<td>0/300</td>
<td>Elbow arthritis (chronic) cervico-omo-brachial pain/Insomnia</td>
<td>3+3+</td>
</tr>
<tr>
<td>9</td>
<td>A,R</td>
<td>64</td>
<td>F</td>
<td>240/0</td>
<td>0/360</td>
<td>0/220</td>
<td>RA</td>
<td>3+3+</td>
</tr>
<tr>
<td>10</td>
<td>Y,T</td>
<td>69</td>
<td>M</td>
<td>153/0</td>
<td>0/140</td>
<td>0/120</td>
<td>Intervertebral disc hernia (L3/4, L5/S1) post surgery</td>
<td>3+3+</td>
</tr>
</tbody>
</table>

M. tbc. Av. : Mycobacterium tuberculosis, avium. IGF $\cdot$, $\cdot$ : Insulin like growth factor PG I2, H2 : Prostaglandin I2, H2
Case Report of a Head Injured Child who Complained Prolonged Headache, Vomiting and Lethargy, Treated by Using BDORT

Tokuo Taketani, M.D.
Kurobe City Hospital, Department of Pediatrics, Toyama

[Purpose] A case of head injured child who complained prolonged severe headache, vomiting and lethargy will be presented. But there is no evidence of fracture of scull and intracranial bleeding, so no effective treatment was available. The author examined the patient and X-ray film by BDORT as shown by Omura, and treatment based on the findings could get effective treatment.

[Case, Course] A two-year-old boy, who injured frontal head by falling from 1 meter high cart at 2002/1/3. He cried immediately and then became drowsy and slept for 3 hours. He awoke and complained headache, and vomited 3 times, so visited to emergency hospital at midnight. There was no abnormal X-ray finding. After that he had complained headache, and re-vomited at 1/9, and then visited to near by private hospital. He was suspected of having meningitis and was admitted for 1/12~1/16 (fever, for only 1 Day). But he did not improve and severe headache continued and he struggled when he was changed diaper and clothes, and then became lethargy and drowsy. He revisited to emergency hospital for not doing well and pale at 1/21. He was suspected to have chronic subdural hemorrhage and brain CT was repeated, but it was not found in CT. Therefore Azithromycin (A.Z.M.) was given for 3 days according to BDORT findings at 1/24 (at rear neck rather than frontal head, Chlamydia trachomatis:<2510 ng, Herpes virus group (HSV-Type 1, HSV-Type 2, HHV-6, CMV, EBV):<1 ng, Thromboxane B2:>1510 ng, Substance P:>1110 ng) . At 1/26, headache was worsened and he was brought to Toyama Central Hospital and examined, but no abnormal finding were found. However, he improved and got well at 1/27.

Since then, his complains had been fluctuated, and severe headache occurred when he played cheerfully and drove long time. As he vomited after taking a first bath since this accident episode at 1/30. The patient and X-ray film were examined by BDORT on 2/4. Previously abnormal response area was reduced compared with first film, but values of Chlamydia trachomatis, TxB2, and Substance P returned to the first ones in spite of the reduction of the pathological area after treatment with AZM. AZM did not reach at the affected area, 40 min after taking AZM:130mg. The author applied the Omura's Qi Gong energy stored paper directly above the pathological area of the patient head and the author recognized markedly increased the drug uptake into diseased area, and reduced abnormal response area and pathological values after 1 minute. The author suggested to the patient's parent, to give the child AZM for 3 days and apply the Qi Gong energy stored paper every 4 hours. Afterward he didn't complain headache despite of involvement of influenza A with high fever for 4 days (2/18-2/21). Final examination at 3/1, there was no abnormal finding on patient with disappearance of all the symptoms and corresponding new X-ray film.

[Discussion] Sub-clinical infections on the affected areas by accident may become very significant due to micro tissue damage not identified by X-ray film. But with standard medical examination, we could not find causative organisms exactly. Therefore, the author examined patient complaining severe headache and X-ray films by BDORT by using Omura’s procedure. Using the BDORT, we were able to determine and localize the pathological area and pathogenesis. Application of Omura’s Qi Gong energy stored paper enhanced drug uptake of effective medication into diseased area are very successful for treatment of intractable diseases due to head trauma.

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Case Report of a Head Injured Child who Complained Prolonged Headache, Vomiting and Lethargy, Treated by Using BDORT

<table>
<thead>
<tr>
<th>Laborato r y Test</th>
<th>1/4 Normal Response Area</th>
<th>1/4 Abnormal Response Area</th>
<th>1/4 Hippocampus</th>
<th>1/4 Rear Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ach; 4900 μg</td>
<td>130</td>
<td>5050</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ser; 600 μg</td>
<td>700</td>
<td>700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dop; 1 μg</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nor; &gt;860 μg</td>
<td>2000</td>
<td>2300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GABA; &gt;710 μg</td>
<td>1000</td>
<td>1900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV-1; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
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<tr>
<td>HSV-2; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
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<tr>
<td>HHV-6; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>CMV; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>EBV; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>Chlam. tr.; &lt;1 ng</td>
<td>bone2380</td>
<td>&lt;1</td>
<td>2390</td>
<td></td>
</tr>
<tr>
<td>Chlam. pn.; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
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<tr>
<td>H. pylori; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>M. tubers; &lt;1 μg</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>TxB2; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&gt;1510</td>
<td></td>
</tr>
<tr>
<td>Sub P; &lt;1 ng</td>
<td>&gt;1110</td>
<td>&lt;1</td>
<td>&gt;1110</td>
<td></td>
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<tr>
<td>Glucose; 90 mg</td>
<td>350</td>
<td>90</td>
<td>&gt;455</td>
<td></td>
</tr>
<tr>
<td>Oncogen; &lt;1 ng</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&gt;1460</td>
<td></td>
</tr>
</tbody>
</table>

1/28

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>1/28 Normal Response Area</th>
<th>1/28 Abnormal Response Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlam. tr. &gt;2510 ng</td>
<td>&lt;1</td>
<td>&gt;2510</td>
</tr>
<tr>
<td>Chlam. pn.; &lt;1 ng</td>
<td>&lt;1</td>
<td>(on line)</td>
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<tr>
<td>TxB2; &gt;1510 ng</td>
<td>100</td>
<td>&gt;1510</td>
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<tr>
<td>Sub P; &gt;1110 ng</td>
<td>&lt;1</td>
<td>&gt;1110</td>
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<tr>
<td>Glucose; &gt;555 mg</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Onc. &gt;1460 ng</td>
<td>&lt;1</td>
<td></td>
</tr>
</tbody>
</table>
Preventive Effect of Chinese Parsley (*Coriandrum sativum, Cilantro*) on Aluminum Deposition in ICR Mice

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¹Amase Institute and ²Fujisaki Institute, Hayashibara Biochemical Laboratories Inc., Okayama City ³ Shimotsuura Clinic, Kurume City ⁴ Heart Disease Research Foundation, New York

**Purpose**
The preventive effect of Chinese parsley on aluminum (Al) deposition was investigated in male ICR mice exposed to Al.

**Materials and Methods**
Seven weeks old ICR male mice were exposed to 1000 ppm Al as Al chloride in drinking water for 39 days. Administration of Chinese parsley to mice by gastric intubation was performed for 25 days from 14 days after beginning of Al exposure to the end of experiment. After 39 days, the mice were sacrificed for the comparison of Al distribution. The localized Al in various tissues was analyzed by kinetic differentiation mode of HPLC.

**Results**
After Al exposure, Al was found to accumulate in the brain, kidney and femur. Localized Al deposition in brain was significantly decreased by the administration of 2.4mg/body of Chinese parsley as shown in Fig.1. The similar results were obtained in femur (Fig.2). Surprisingly, Al levels in femur on Chinese parsley administered group were lower than that on control.

**Conclusion**
Orally administered Chinese parsley is effective at reducing the deposition of Al in the tissues. These findings suggest the possibility that Chinese parsley may be useful as a natural antidote for Al intoxication.

![Fig.1](image1.png)  
**Fig.1** Effect of Chinese parsley on Al concentration in the brain. *P < 0.01

![Fig.2](image2.png)  
**Fig.2** Effect of Chinese parsley on Al concentration in the femur. *P < 0.01

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Lemon Myrtle 1 (Anti-Cytomegalovirus Effect)

Chieko Hirobe, Ph.D.*, Mitsuhiro Nishimura M.D., Ph.D.*, Rikimaru Kawabata M.D., Ph.D.*, and Yasuhiro Shimotusura M.D., F.I.C.A.E, Cert. ORT-MD(5 Dan)**,***

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**ORT Life Science Research Institute, Kurume City, Fukuoka
***Shimotsuura Clinic, Kurume City, Fukuoka

Abstract

As for Anti-Herpes Viral effect of Lemon myrtle, we have already reported. This time clinical tests for Cytomegalovirus Viral are to be reported. As mentioned before, Lemon myrtle (*Backhousia citriodora*) is an Australian bush and used as a condiment for several foods. We have noticed effects of Lemon myrtle on Tuberculosis and Helicobacter pylori. However; we need some more time for additional tests.

(Method) We gave patients carrying Cytomegalovirus and/or Herpes Virus a small amount of Lemon myrtle leaves in the form of tablets prescribed according to Bi-Digital O-Ring Test. Although, some patients also took different medicine or health foods, we have noticed a remarkable effect on them after being given the Lemon myrtle.

(Results) In patients who feel functional difficulties in their brain, Herpes Virus and/or Cytomegalovirus Virus were detected. Cytomegalovirus Virus was also detected by Bi-Digital O-Ring Test in patients at initial stages of diabetes. On the area where Herpes Virus and/or Cytomegalovirus were detected, the amount of Lemon myrtle to be administered was decided according to Bi-Digital O-Ring Test. At the next check-up, one month later, those Viruses were not detected, or found at least to have reduced to some extent in the patients.

An Australian bush food, Lemon myrtle has a wonderful smell and effect on some Virus and Bacteria. Especially it is proved to be desirable for patients having mental problems or some trouble inside their brain.


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T.M. Woman, 36 years old, with depression and auditory hallucination
Cytomegalovirus was detected in the dotted area by Bi-Digital O-Ring Test. To this patient, Lemon myrtle (3 tablets) was administered together with Tsumura 23.
At the check-up time, 3 months later, this area reduced to the area within encircled by the lines. An amount of Lemon myrtle then reduced to 1 tablet, 3 times a day. After 10 months, the count of CMV in the blood, reduced from 32 to 16. Now, she is able to concentrate on her work.

Y.K. Woman, 27 years old with endometritis, irregular and difficult menstruation.
According to O-Ring Test, CMV and Chlamydia were detected. Lemon myrtle 3 tablets together with Tsumura 23 and 15. After 1 month, CMV was not found.

T.M. Man, 29 years old
He had problem in peripheral nervous systems (Bi-Digital O-Ring Test showed the existence of CMV and Chlamydia. Lemon myrtle was administered together with T.J.53(Tsumura Sokei Kakketsu-To), Epadel, Methycobal and Chinese parsley. The detected CMV area was found to have reduced from the dotted area to the lined area in 15 days.
Study on the Prevention of Electro-Magnetic Fields Using a Bi-Digital O-Ring Test (Mk-IV) Hauling Machine

T. Matsubara D.V.M., Ph.D. (Assoc. Prof., Veterenian, Azabu University, School of Veterinary Medicine, Internal Medicine I), K. Katoh (Kic Co), M. Okada (Bios), Y. Hashimoto (Champ), M. Takizawa (Meiko Trading)

Abstract

Objective: In this study, we examine the conditions that prevent electromagnetic fields in the measurement environment and the fingers forming the O-Ring during the Bi-Digital O-Ring (BDOR) test.

Subjects: The BDOR-test can detect normal or abnormal functions through an O-Ring formed by two selected fingers. However, the assistance of an alternate examiner is required for diagnosis without a third person or an animal in the field.

Materials & Methods: 1) Hauling machine functions are concerned with linear changes at a speed of 90-180mm/s and force of 5-27.5kg, when the O-Ring is towed. 2) A Shaheild screen chamber, mesh knitting, was positioned to protect the measurement environment from exposure to the electromagnetic field. 3) A rubber sheet was spread over the hexahedral mesh floor. 4) The electromagnetic field from the Mk-IV BROR-Test machine was checked during operation using a visual display unit (5Hz-2KHz) (KEC), in accordance with the Sweden Standards (MPR-1990.8). 5) Laboratories were inspected using a Fauser FM-6 (made in Germany).

Results: 1.Changes in the electromagnetic field during cycles of turning on/off the shield function of BDOR-test machine were detected in the Shaheild screen chamber (upon turn-off: n=6, X=60.166v/m; upon turn-on: n=6, X=0.333v/m). These changes translated into a protection rate of 99.5%. 2. The results of the BDOR-test, which was conducted in KEC in accordance with the Sweden Standards, showed a very stable progress of the noise levels (0.05v/m) during cycles of turning on/off the personal computer and foot switch.

Discussion: The silver screened chamber, with covered hexahedron, and the electromagnetic wave hauling machine were simultaneously connected to keep the measurement environment away from exposure to the electromagnetic field. The effects of this positioning were remarkable. A rubber plate was placed on the floor to prevent the examiner from contacting to the floor earth. The printer, without an earth terminal was maintained outside the screen chamber (8.5-10.5v/m). Differences between the individual measurements and the standard values were compared for the evaluation of data.

References

2. Diagnosis of humans & animals patients without any direct contact in the BDORT-Test. T. Matsubara, Acupuncture & Electrotherapeutics Research, the Int. J. 1996.

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Light and Life Science

Hitoshi Ohzu Dr. Techn., T. H. Wien
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Abstract

1) Light and Environment: The beautiful rainbow itself is physical phenomena, i.e., distribution of small water drips, where the man sees all kinds of color through the visual functions. Green woods, lakes and houses are well percepted by vision with help of light. During several hundred million years, human being is created gradually on the earth harmonizing with the environment. All kinds of living body as well as the earth itself consists under favour of the electro-magnetic radiation energy from the sun. In large extent of the electro-magnetic waves, the light is most important for the living body.

2) Progress in Optics: Last several centuries, geometrical optics constructed by many scientists, and today we know the light as the solution of Maxwell's equation, i.e. electro-magnetic waves of round 10^{15} Hz, and also the quantum particles. In 1960, the coherent laser light had been invented which developed many useful technologies, not only for industrial but also for medicine and biology.

3) Laser Medicine: Coherent light is able to focus into a tiny point with high Energy. The first medical use was the eye fundus coagulation, then the operation of the brain diseases because of the effect of quick stopping blood. On the other hands, the coherent laser light is useful for the precision measurements. Many sophisticated technology applications of interference, diffraction and so on, has been made a great progress in technologies, which are also applicable to the research of human beings. For example, optical computer tomography, near fields microscopy, 3-dimentional holographic observation of the eye, etc. Some of them will be briefly reviewed in this lecture.

4) Light (Optical) Physiology: For the study of brain system, and further the minds and the spirits, from being to becoming, new optical approaches are expected in this century. As well known, the brain neurons are complicated like purkinje cells, which have many branches. In order to study the signal transmission in such spatially and temporally extended network, a new type of optical physiological method complementary to the electro-physiology should be developed.

5) Laser and Living Body: The BDORT uses laser to get some signals from the skin. The mechanism how the coherent light does conduct in a living body is unfortunately unknown. The molecular or some cells near skin may perhaps be affected by the coherent light, their phase and wavelength, but more researches will be needed.

(References)
Construction of a New Medicine System for Aged Society
and Bi-Digital O-Ring Test Medicine

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Yasuhiro Shimotsuura M.D., F. I. C. A. E., Cert. ORT-MD (5 Dan)³,⁴)
Bruce Darling, Ph.D.¹)
Yi Syuu Ph.D.¹), Mitsuhiro Nishimura M.D., Ph.D.⁴)

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The remarkable developments of western scientific technology, and medicine achieved in
20th century will continue space in the new century with advances in bio-medical research,
DNA research, regeneration medicine (clone¹), medical treatment ²). However, not only are
the benefits of these most recently advanced medical treatment services not matched to the
needs of the patients, but we are seeing rather harmful effects due to medical treatment
accidents and the side effects of drugs. Moreover, the complicated morbid states due to new
infection problem ³) and so-called silent killers, lifestyle diseases⁴) are difficult to treat. On
the other hand, we see a tendency for the death rate due to malignant organisms such as cancer⁵)
to increase remarkably within half a century. How can we explain this paradox of our modern
medical treatment?

One commonly given explanation states that in the case of Japan it is due to none other
than the increase of an unhealthy aged population brought about by the rapid and remarkable
progress of western medicine. In other words, dazzled by the miracles of the most advanced
developments of western medicine, physicians in Japan are enabling elderly people to remain
active with a healthy co-morbidity by administering plural doses of western medicine. The
future of such Japanese medical practice, however, has a limit and Japan should therefore
develop a new system for medical treatment that can cope with the present era of advanced
age and declining birth rates. The Japan Medical Association⁶) and other groups have already
begun examining this. However, the present situation of the Japanese system is such that it is
not able to reform the rigid infrastructure at all and has made little headway in with respect to
matching medical treatment to the needs of the patients. We hope that the introduction of
BDORT medicine, which has achieved firm advances since 1977, and planning the
development of medical treatment that matches the needs of the patients will contribute to a
revolution in the medical care system in Japan, resulting in a new modern age medicine and
medical treatment that integrates modern western and traditional eastern.

In our clinical presentation for this international session, we would like to report about
cases of earlier cancer discovery in the elderly of new morbid states using BDORT diagnosis
⁷),⁸) We note especially that our diagnosis was conducted under a symbolic system of western
and eastern approaches to medical treatment.

References :


Abstract

Intractable medical problems such as cardiovascular disease, cancer, chronic pain syndrome etc. are common in modern "aging" society and lead to a disabled condition in most cases. Disablement has been conceptualized by the World Health Organization in terms of impairment (organ dysfunction), disability (difficulty with tasks), and handicap (social disadvantage). Rehabilitation medicine is a restorative and learning system which seeks to hasten and maximize recovery from certain pathologies. Its basic medical approach consists in adequate stimulation of sanogenesis which includes four principal components: restitution, regeneration, compensation, and immunity. Hence, the individual rehabilitation program can be defined as a set of measures for hastening the restitution, activation of the reparative and regenerative processes, revealing and intensification of the compensatory mechanisms, correction of the natural resistance and immunity. For practical purpose, it is reasonable to distinguish three therapeutic circles for stimulation of sanogenetic processes: physical (acupuncture, electrotherapy and other modalities, therapeutic exercise, massage), chemical (nutrition, phototherapy, probiotics, and efferent therapy), and information (psychotherapy, chronotherapy, bioresonance therapy, and homeopathy).

Obligatory elements in organization of the individual rehabilitation program should be assessment of rehabilitation potential according to current diagnosis, determination of rehabilitation prognosis and monitoring progress under rehabilitation interventions. A thorough baseline rehabilitation evaluation can be expanded with the Bi-Digital O-Ring Test (Y.Omura, 1977-2002). By its combination with the conventional diagnostic tests more detailed diagnosis may become possible. For example, it is confirmed that major cause of intractable pain is due to Herpes Simplex Type I virus or Herpes Simplex Type II virus infection with or without bacterial association. Most patients with chronic pain syndromes can be relieved by a mixture of EPA (Eicosa Pentaenoic Acid) and DHA (Docosa Hexanoic Acid) as an effective anti-viral agent which application has been proposed by Y.Omura from 1980s.

Depression is common for most cases when rehabilitation interventions are indicated. Its diagnosis requires a high level of suspicion and thorough clinical examination. The choice of
treatment (medication, psychotherapy, or their combination) depends on the cause of depression, the severity of symptoms, and responses to treatment. In this direction the Bi-Digital O-Ring Test can be useful for screening and for monitoring responses to treatment. Along with the administration of effective medication selected by the Bi-Digital O-Ring Test, the Selective Drug Uptake Enhancement Method, by the above mentioned various stimulation (acupuncture, acupressure, moxibustion, low frequency electrical stimulation, magnetotherapy) of the brain representation areas, ensures that the medications will be delivered to the necessary parts of the central nervous system.

The patient's progress should be monitored regularly during rehabilitation. Clinical examination and standardized instruments (tests, scales, and indexes) give more precise and objective description when they are verified with the application of the Bi-Digital O-Ring Test. The information obtained in such a way is valuable in measuring progress, identifying the need for changes to treatment regimens.

So in the temporary conditions, the Bi-Digital O-Ring Test is suitable for integration in rehabilitation medicine as a multipurpose method which apparently will improve the outcome of the individual rehabilitation program. The Bi-Digital O-Ring Test would be implemented more easily if affordable O-Ring device (tester) and test-sets of microscope slides (reference control substances) were available.
STUDY OF KINETIC DISTURBANCES OF THE FACIAL NERVE THROUGH BI-DIGITAL O-RING TEST

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Summary: Bi-Digital O-Ring Test, a technique developed by Omura Y., has been used for investigating diseases of unknown etiology and/or of difficult treatment. Many kinetic disturbances of the facial nerve like facial spasm and blepharospasm do not have known cause. Proposed treatments are palliatives or divergents among specialists on the subject, mainly for the ones in which the causing factor is not identified. Material and Method: Four (4) patients with facial nerve kinetic disturbances without defined etiology were submitted to Bi-Digital O-Ring Test. Examined patients were aged above 50 y.o., both sexes, with evolution history varying between 3 to 7 years, in which subsidiary exams did not reveal any relevant organic implications. Investigated topography included cephalic segment, neck and torso. Common resonance (findings) among patients were: presence of Heavy metals like Hg, Al, Pb; Herpes simplex virus Type I, II and III; bacterias like Borrelia burgdorferii, Chlamydia trachomatis, Mycobacterium tuberculosis; quantitative reduction of neurotransmitters like acetylcholine and serotonine; quantitative increase of Substance P; significant change in the electromagnetic field at the heart region and quantitative increase of L-Homocystein and Troponin-T on the same area. By locating the dorsal Iu point of the heart with heart histologic tissue slide at the left interscapular region of the dorso, we detected multiple resonance points with the same slide going upwards on the dorso, by the left side of the neck, left retroauricular region, the face and in some, until the left frontal region, on the borderline of the scalp. We obtained a pathway in the form of a “bead necklace”. There were increased resonance of P substance at those “extra” points of the heart. (In young patients without this pathology, the same finding did not repeat). All findings were on the left side of the patients.

Treatment: Treatment was conducted according to findings of Bi-Digital O-Ring Test: EPA+DHA, cilantro, antibiotics, homeopathic anti-inflammatory, local infiltrations at points of higher resonance with P substance, that coincided with resonance points of the heart tissue; Drug Uptake Enhancement Method employed and use of Qi Gong energy stored paper.

Results: No symptoms in one patient 4 months after the last infiltration; 3 patients have had good improvement.

Discussion: 1. The Bi-Digital O-Ring Test has suggested the role of sub-clinical viral and bacterial infection, as well as heavy metal deposits at the facial nerve region, on occurrence of kinetic disturbance of studied facial nerves and changes in the heart meridian (distinct meridian) 2. The Bi-Digital O-Ring Test made possible to direct the treatment, choose medication and find location of infiltration points.

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THE IMPORTANCE OF BI-DIGITAL O-RING TEST IN THE TREATMENT OF MULTIPLE HEPATIC ABSCESSES – A CASE REPORT

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INTRODUCTION: Bi-Digital O-Ring Test, technique developed by Omura, Y., has been useful in the identification of infectious processes, mainly bacterian, as well as in the characterization of the etiologic agent.

OBJECTIVES: to report a case of multiple hepatic abscesses, of which etiological agent was suggested by BDORT, with excellent clinical evolution after various anti-microbials without satisfactory results.

CASE REPORT: Female patient, 45 y.o., 15 days with continuous pain at right hypochondrium, without irradiation, showing no improvement or deterioration. She was submitted to clinical exam, without conclusion. She has been 7 days oscillating fever, shiver, and pain condition deterioration. She referred being allergic to tetracycline and similars. She has been used contraceptives, omeprazol, domperidone and analgesics. At physical examination she presented thinned (bm: 22.2), regular general state, discolored +/-++, icteric +/-+++, liver at 6 cm from right coastal brim at the hemiclavicular line, side split, painful at palpation, smooth surface; spleen able to be percussed, without signs of ascites nor peritoneal irritation. Interned with multiple hepatic abscesses, being necessary differential diagnosis with hepatic metastases. Subsidiary exams showed leukocytosis with left granulocytosis, cholestatic hepatic enzymes and bilirubin, without coagulation’s disorders, markers tumor negatives. Computerized tomography of abdomen showed liver with increased dimensions, regular contours, multiple hypoattenuating nodules (35-40UH), without post-contrast enhancement, measuring up to 2.0cm diameter, diffusely distributed by parenchyma. In ceco-apendicular topography, there was nodular, thick liquid content, thick and irregular walls, measuring 4.0-3.0 cm diameter, discrete fatty tissue infiltration and small satellite lymphnodes. Apendicectomy and drainage of intracavitary abscesses was done. Metronizadol; cefazidine and amicacine sulfate was started. As there were no improvements, Bi-Digital O-Ring Test was applied, using several (85) bacterial agent slides. There was positive resonance for Enterobacter aerogenes bacterium. Therapeutic test with metronidazol, ciprofloxacine and amicacine sulfate, tetracycline, cefadroxil imipenen, among others was done. Compatibility test of anti-microbians was favorable to metronidazol, imipenen, cefadroxil and cilantro association. Based on Bi-Digital O-Ring Test, the above antimicrobial scheme and the Drug Uptake Enhancement Method was started, with excellent clinical, laboratory, tomographic evolution, and complete cure of patient.

DISCUSSION: The patient had necrosis appendicitis with dissemination through superior mesenteric vein; and the abscess of the liver was treated with imipenen, cefadroxil, metronizadol as showed by Bi-Digital O-Ring Test. Fundamented on the principles of Bi-Digital O-Ring Test and results obtained with patient, various research fields were open for a number of clinical researches, that certainly will confirm its importance in medical practice, establishing thus, an interface with conventional medicine.

CONCLUSION: Bi-Digital O-Ring Test suggested the etiologic agent, characterized inhibitory antimicrobial medicine interaction and suggested therapeutics scheme, confirmed by clinical evolution.

KEYWORDS: Bi-Digital O-Ring Test; liver; hepatic abscesses; antibiotics.

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Pre-Testing For the Proper Sedative Agents and Dosages to Prevent Untoward Complications During Sedation

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Abstract

About half of the population avoid any dental treatment because of dental phobia and fear. This resulted in a large dental crippled population. The shaking and trembling due to fear makes the patient unable to sit still for the dental treatment to be rendered. To ease their fear, sedation or general anesthesia are used to perform dentistry. Usually general anesthesia is done at the hospital and sometimes at an outpatient clinic of the hospital, although some, occasionally, done in the office.

With limited monitoring device that was available in the first half of the century, the mortality rate was a major concern, even in the last quarter of the last century with modern monitoring devices for the patient’s vital signs, the mortality rate in the dental chair still took place. Major media networks in the U.S. such as NBC and CBS had broadcasted in their programs to express major concern of death in the dental chair. In the U.S. the death due to sedation or anesthesia is about 1 per 300,000 anesthetic’s, the British surveys also showed that there is not much difference in their ambulatory centers. Lately in the U.S. and the United kingdom there is more legislation and debate to regulate anesthesia and sedation in the office. The driving force for such an endeavor appears to be the office death. Despite the development of pulse oximetry in the early 1980’s which was a major advancement over cyanosis as an early diagnostic acid for hypoxemia, there is still about 2 deaths in the U.S., a number comparable to the British data.

Dating back to 1980’s-95, in the Journal of Pediatrics, it showed that sixty pediatric patients, in death or severe neurological impairment that 32 were dental cases. The other 28 cases were divided among several medical specialties in hospital facilities and the office. The data was collected when pulse oximetry was just beginning to become standard, and capnography was unavailable. With full monitoring devices in place, it would otherwise prevent the office deaths. The oximetry seems to be well established and capnography is becoming more accepted for deep sedation and non-intubated general anesthesia. It gives immediate alert if apnea occurs, and is more life saving. Nevertheless, hospital stay is costly and the monitoring equipments are expensive.

Financial pressures that are placed on the health care industry is considerable. Therefore sedation must be available and affordable. Bi-Digital O-Ring Test (BDORT) for sedation purpose may be both cost effective and complication reducible.

Recently there is much discussion of the controversial practice of “oral sleep dentistry” (cocktail style sedation). The practice involves repeated large doses of oral sedatives over a period of several hours involving several different drugs to induce deep sedation and amnesia. Advertised to the public as “sleep dentistry”, it is being taught at weekend seminars across the
U.S. There are concerns about the safety of the technique. Using an oral agent to achieve anxiolysis and relaxation is accepted to be safe, effective, and important to the administration of routine dentistry to anxious patients. However, using oral agents alone to achieve deep sedation is unreliable and a dangerous technique.

Oral agents are not readily titratable nor reversible and, not therefore indicated for deep sedation. They are less safe than IV (intravenous) sedation or combination of oral and nitrous oxide sedation due to titratability, besides, IV benzodiazepines and narcotics are reversible.

The most concerned untoward and adverse reaction in sedation are drug overdose and allergic reaction (including anaphylactic shock). Allergic reaction, though rare, could have deadly consequence if not corrected soon after it occurs. The allergy test for sedatives is tedious and, even after the test, one might still not be sure if the patient is truly allergic. If one wishes to verify cases in doubt, one can use a simple non-invasive method of BDORT as an adjunct diagnostic aid. This test, developed in late 1970, has been used for various diagnostic purposes as well as selecting proper medication and dosage. The two testing methods, direct and indirect testing, are based on criteria determining the compatibility of patient and doctor for the purposes of conducting the O-Ring Test. For compatible patients and doctors, the direct method is applied, while the indirect method is used for incompatible doctors and patients such as very young children, or the debilitated, or the handicapped. If the indirect test is used, then a nurse or assistant can serve as an intermediary during the test. The test result can reveal the sensitivity of the patient to the drug for the patient. Briefly, the direct method involves the patient making a circle (O-ring) with the thumb and another finger of one hand, and holding it tightly together. If the indirect method is being used, the intermediary should form the O-ring. In the other hand would be a viral of the properly selected sedative drug. A compatible clinician would then attempt to separate the patient’s finger and thumb with both fingers of his own hands.

The end of a thin brass rod should gently rest on the skin over the trachea area of the patient if testing for potential allergies or anaphylactic reaction. The other hand of the intermediary person or patient not forming the o-ring would hold the other end of the brass rod. If the patient is allergic to the drug it will be easy for the clinician to separate the patient’s fingers indicating the patient is not allergic to the drug. The strength of the fingers forming the O-ring can be quantified to evaluate the quality of the drug after satisfying certain testing criteria, based on which a clinical impression is made.

A clinician can select the proper dosage with O-ring test by pointing brass rod or finger of the tester to the frontal lobes of both right and left hemisphere of the patients brain. The dosage of the sedation can be properly adjusted when the fingers of the O-ring remain closed. Same method is applying to the kidney, liver or heart by pointing to the respective organ individually. For practical purpose, if the drug is compatible with the patient, the recommend manufacturer’s dosage can be given and titrated whenever possible. When and if the second dosage maybe needed later during the dental procedure, the O-ring test with finger or brass rod pointing to myocardium is performed to determine the proper second dosage. For medically compromised patient, O-ring test with the sedative drug pointing to the kidney, liver or brain with finger or brass rod is/are performed to the determine the proper second dose, depending on what medical condition involving that particular organ. Such a practice can even help prevent complications with sleep dentistry that is gaining some popularity. The O-Ring test could be used as a guide to determine the proper dosage, instead of blindly guessing the dosage when patients already being rendered in semi-conscious state. It could potentially reduce complication.
EFFECTIVE TREATMENT OF HEADACHES WHICH FAIL TO IMPROVE BY ALL PREVIOUS TREATMENT AND IMPROVE BY USING THE BI-DIGITAL O-RING TEST AND OMURA'S SELECTIVE DRUG UPTAKE ENHANCEMENT METHOD

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Twenty-five consecutive patients were seen in a dental office with a chief complaint of facial pain, headaches, and jaw dysfunction. Each patient had been seen by their primary care physician and at least one medical specialist. These specialists included neurologists; psychiatrists; ear; nose and throat specialists; allergists; pulmonologists; rheumatologists; and orthopedic specialists. Each patient had been under treatment for a minimum of 6 months prior to being seen in a dental office. Their treatment consisted of over-the-counter medications; prescription medications; surgical procedures; physical therapy; chiropractic treatment; and osteopathic cranium manipulations. Each patient had some form of imaging of the head and neck area including MRI’s, CT scans, head and neck X-rays. The study consisted of 18 females and 7 males. The age group was from 14 years of age to 72 years of age.

A routine dental examination, as well as a range of motion of jaw movement, was done on each patient. Muscle palpations of the head and neck muscles were performed on each individual. When indicated, an MRI was performed of the right and left temporomandibular joint. The purpose of the MRI was to determine the position of the disc in relation to the surrounding tissues. Of the 25 patients in the study, 21 had either a unilateral or bilateral disc displacement.

All patients were fitted with a mandibular oral dental appliance and were instructed on wearing the appliance on a full-time basis. Patients who did not respond to oral appliance therapy within 7 days were given the option of continuing treatment with the oral appliance and physical therapy or use of the Bi-Digital O-Ring examination and testing for bacterial or viral involvement. All headache patients responded with significant elevations of viral component HSV-I which was unilateral on each patient. Some patients presented with HSV-II on the opposite side.

Patients were given EPA/DHA for the viral component and selective Drug Uptake Enhancement for the side of the head involved. In some instances, Cilantro was also given simultaneously because of heavy metal involvement. They were instructed in the Selective Drug Uptake Enhancement Method taught by Dr. Omura for that particular organ representation.

All patients with unilateral or bilateral headaches had a 90 percent reduction of headache symptoms within 72 hours.

CONCLUSION:
The use of the Bi-Digital O-Ring Test for diagnosis and the Selective Drug Uptake Enhancement method taught by Dr. Omura is a cost effective, non-surgical, reliable treatment for headaches and facial pain.

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THE USE OF THE BI-DIGITAL O-RING TEST IN A DENTAL PRACTICE FOR THE DIAGNOSIS, TREATMENT, AND EVALUATION OF DENTAL MATERIALS

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Dental materials have frequently been associated with health problems in some patients. It has been written by some dental practitioners that the dental materials used in some patients can cause extreme health problems such as Multiple Sclerosis, Headaches and Facial Pain, Cancer, Neuralgia, and other debilitating health problems.

In an effort to maintain a high level of biocompatibility between the patient and the dental materials used, the materials used on 10 consecutively treated dental patients were checked for biocompatibility using the Bi-Digital O-Ring Test. The materials tested included the local anesthetic, topical anesthetic, the restorative material used, and any post-operative or pre-operative medication for the particular patient.

Using the patient’s panoramic X-ray or individual periapical X-rays, as well as the patient themselves, the dental materials were tested for positive and negative influences on the patient using the Bi-Digital O-Ring Test.

Utilizing this method, no patient experienced any post-operative sensitivity nor did they experience any sensitivity to the local anesthetic being injected.

CONCLUSION:
If you eliminate the dental materials being used containing heavy metals, as well as other chemicals, it may be in the patient’s best interest to have the materials tested using the Bi-Digital O-Ring Test. This is an effective, as well as economical, approach to dental materials for patients.
It may also be the difference between the patient having no post-operative problems as opposed to health problems which could be significantly contributed by the dental materials.

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Complete Recovery in Cases of Difficult Dental Symptoms Using Bi-Digital O-Ring Test (B.D. ORT) Applied in Combination with Dental Measures and Alternative Therapies

A Case of Reflex Sympathetic Nerve Atrophy and Complications in Transition from Long-Term Idiopathic Trigeminal Neuralgia

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Objective
We have examined many cases of complete recovery using Bi-Digital O-Ring Test (hereafter B.D. ORT) applied in combination with dental measures, alternative therapies and supplements in cases of difficult dental symptoms in which the cause was difficult to determine using only western medical examination methods and where deciding on a treatment plan was difficult. Here, we would like to report about one case of reflex sympathetic dystrophy (RSD) in transition from long-term idiopathic trigeminal neuralgia which could not be treated using only western medical therapies but in which the treatment plan was determined using B.D. ORT and complete recovery was achieved using a combination of supplements and contact acupuncture using two rods of pure gold.

Case
T.S., 60-years-old Housewife
Twelve years ago the patient extracted an aching tooth but the pain continued. She received a consultation at a certain medical university department of oral surgery but did not achieve complete recovery. Another specialist diagnosed it as idiopathic trigeminal neuralgia. The patient took Tegretol for a long period of time but suffered side effects. At another hospital’s department of oral surgery she underwent nerve block and, at yet another department of neurosurgery underwent a microvascular decompression but the pain returned after ten days. Nerve blocks were repeated (over 100 times). During this ten year battle against pain, she suffered depression and received many treatments by recommendation from psychodiagnosis medical departments and psychiatry departments to Qi Gong Therapy. Her pain was exacerbated and she said that she even considered death. In 1999, she came to our clinic for B.D. ORT. We observed viral and heavy metal resonance in the right, the second branch of the trigeminal nerve and the patient was given supplements selected using B.D. ORT. Good progress was reached but the patient was admitted to the department of anesthesiology in a dental college related to our clinic where she was diagnosed with reflex sympathetic dystrophy. She hoped that western medical treatment could remove her pain but was told that ‘the treatment she received to date was the best available in modern medicine’ so she received alternative ‘Goshinjo Therapy’ recommended by our clinic. From the first session the pain was removed and she said that for the first time in 15 years she was able to enjoy a delicious meal. After continuing the therapy twice a day for 14 days, the pain has completely disappeared and today physical condition has returned to normal.

Conclusion
Recently, through changes in social structure, living environment, etc. and the diversification of disease structure, in a daily dental clinic, there is an increase in intractable dental disorders that cannot be diagnosed and treated using conventional western medical examination methods. As in this case, we recognize the usefulness of integrative medical treatment combining conventional dental treatment with supplementary diagnostic methods such as B.D. ORT, alternative therapies and supplements to achieve complete recovery early. Keywords: Reflex Sympathetic Dystropy, B.D. ORT, Supplement, Goshinjo Contact Acupuncture Therapy
The Effect of Oral Daily Life Activity on the Body
Part Ⅱ The Effect of Oral Physiotherapy by Tooth Brush on the Body

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Introduction: For the advanced periodontal patients plaque control such as brushing is not sufficient. Massaging the gum for long time, one of the oral physiotherapy = brushing as a form of treatment, is one of the essential home care methods. For those patients who followed this method faithfully, not only do their oral condition, but also the condition of their body had improved significantly.

Purpose: The purpose of this experiment was to investigate the effect of Oral Physiotherapy using tooth brushing on the oral cavity and other parts of the body in both the edentulous patients and the subjects with dentition.

Method: 1. Using the fixed quantity specimens prepared by ORT Life Science Research Institute, heavy metals, viruses, bacteria and substances (Thromboxane B2, Integrin αβ, Acetylcoline etc.) contained in the symptom areas, uncomfortable areas and urine discharge organs of the patients were measured.
2. For edentulous patients the measurements were performed after 15 minutes of rigorous brushing and massaging the residual ridge and the palate. Similarly for the patients with dentition the measurements were performed after 15 minutes of rigorous brushing and massaging the gum in general, especially around the cervical area, and the palate.
3. After urination, the urine, the kidney and the urinary bladder were measured for the substances.

Results: After performing the oral physiotherapy by using toothbrushes, for both the edentulous patients and the patients with dentition, the heavy metals, bacteria and harmful biological substances had decreased to 1/10 of the original value even in the symptom areas remote from the oral cavity. The disappeared 9/10 amount were accumulated in the kidney and the urinary bladder and gross weight was confirmed in the urine sample. Also a 2 to 10 times increase of the physiologically beneficial substance, Acetylcholine, at the symptom areas was observed. But a decrease of the same substance in the kidney and the urinary bladder, and after urination an increase of the substance level of the symptom area was also observed.

Discussion: At present there is no one who will not brush his or her teeth. Brushing as a form of plaque control has been widely employed in prevention of dental diseases such as dental caries and periodontal diseases. However it was clear now that the benefit of brushing as a form of oral physiotherapy did not remain in the field of dental prevention but extended to and played an important role in improving the physiology of the body. And even if the bite of the patient was not physiologically sound, the damage created by chewing was range that could be redeemed by the oral physiotherapy.

Conclusion: From the above results it was concluded that in order to retrieve and promote daily health, performing religiously and faithfully one of the oral physiotherapy by brushing, which is massaging the gum for a long time, is essential for everyone.

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A Case Report of Severe Osteoarthritis Affecting the Temporo-Mandibular Joint (TMJ) Improved with Dental Occlusal Management by Means of the Bi-Digital O-Ring Test

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Abstract

**Purpose** Osteoarthritis is a degenerative joint disease. In severe case, this disease sometimes leads to significant loss of subarticular bone in the condyle of the TMJ. Once serious bone loss occurs in the condyle, the occlusion becomes extremely unstable and tends to change significantly. The jaw and chin will be distorted and the teeth will not fit properly. The occlusion becomes uneven. The unstable occlusion will cause an increase in muscle activity and will cause more force to travel through the teeth and TMJ. This will put more force and torque on the already damaged joint causing more breakdown. For this reason, the occlusal management of severe osteoarthritis affecting the TMJ is considered to be one of the most difficult dental treatments.

We would like to report a case of our conservative therapy for a TMJ osteoarthritis patient, with dental occlusal approach by means of the Bi-Digital O-Ring Test (OMURA, Y.1977-2002; BDORT).

**Case** A 64-year-old female, who was working at a children’s sporting school came to our dental office with severe pain in her right TMJ. The pain had been lasting for 6 months and seemed to be getting worse. She was aware of a single click and grinding sound in her right TMJ. Especially opening motion accentuated her pain. She could open her mouth about 33mm. Interincisally, and had been taking liquid diet and little bit of soft food because of the pain.

In her past dental history, 4 upper front teeth were restored with porcelain crown 30 years ago. Since then, she felt quite uncomfortable all the time. Because these front teeth were over retracted and the anterior tooth contact became narrow and tight.

We found, by MRI-Examination, anterior disc displacement without reduction in the Both sides of TMJ. In the left condyle hi-level bone deformity was found, and in the right condyle there were Osteitis and bone absorption.

![Fig.1 Clinical Characteristics and MRI View](image)

Right TMJ: **Painfull**
Left TMJ: **Painless**
Treatment and Results

Anti-inflammatory medications were prescribed for 2 weeks. The patient was instructed to restrict the movement of her mouth within painless limits and to take only soft diet. At first, a piece of anterior positioning appliance was worn (4 weeks), and then stabilization type was also worn.

The first purpose of anterior positioning appliance was to decrease overloading of the joint structures. The purpose of stabilization mould was to search the patient’s own acceptable treatment position of mandible. For 5 months, she was treated only by appliance therapy and some equilibration. Dr. Yoshiro Fujii’s occlusal adjustment by means of BDORT was done every other week throughout the treatment.

Around 4 or 5 months later, she said the pain of TMJ decreased, and she could open her mouth about 40mm interincisally, which enabled her to eat same rice as the other member of the family ate. When she visited our office one year later, she reported that most of the TMJ pain had resolved and she could eat toast, beef steak and “sushi” with both side molar teeth.

Conclusion

In order to decide “The Adapted centric posture” of intractable T.M. Disorders, BDORT are the indispensable guiding principle for dentists.

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**ABSTRACT**

Our research on the cancer and cancer cells indicated that following abnormal parameters co-exist: 1) marked increase in Oncogene C-fos Ab2; 2) marked increase in Integrin $\alpha_5\beta_1$; 3) marked increase in Hg; 4) marked decrease in Acetylcholine., 5) marked increase in viral infection; 6) marked decrease in NO (change is similar and proportional to the change in Acetylcholine); 7) increase in Glucose (maximum about 2 times the blood glucose level); 8) increase in Telomere (amount of increase in cancer cell is about 2 to 4 times the normal cell of the same organ); etc. For screening of the cancer and pre-cancer as Oncogene C-fos Ab2 increases temporarily even in the individual without cancer, by his being exposed to an strong electro-magnetic field (EMF) emitted from both 60 Hz and higher frequency electrical devices, it increases more significantly than Integrin $\alpha_5\beta_1$; therefore for the past several years, this author has been using 60ng of Integrin $\alpha_5\beta_1$ instead of Oncogene C-fos Ab2 60 ng as a reference control substance for more accurate screening although EMF from very high frequency can also increase Integrins. To screen cancer, the subject would stand back from examiner anywhere between a few meters to 20 meters and such examination was performed by the author since early 1990s at exposed skin of both hands and thighs near inguinal area. However, to increase the accuracy of diagnosis, for the past 2 years location of the examination has been expanded to an total 6 locations: 1) right hand palm; 2)Supra Manubrium Notch corresponding to acupuncture point CV22 (tian tu); 3) left hand palm; 4) Umbilicus; 5) right thigh; 6) left thigh. In order to perform a screening of cancer or pre-cancer, 60 ng of Integrin $\alpha_5\beta_1$ was used as a reference control substance, and 3rd person in the indirect Bi-Digital O-Ring Test held this reference control substance in the hand, opposite to the hand used to satisfy the 3 basic requirements that are necessary to perform the
reproducible Bi-Digital O-Ring Test. The 3rd person, while holding both the 60ng of Integrin α5β1 and red spectral laser beam pointer of about 1-5mW with wavelength of 560-670m, projects the red laser beam on the patient’s 6 exposed parts of body to be examined. The patient holds his hands stretched upward, above the head level, and bent at the elbow with the palm facing towards the examiner as he measures the degree of resonance by examining how many O-Rings it will open and estimate the amount of Integrin α5β1 that exists in the part of the body that is examined. At each location where laser beam is projected when Bi-Digital O-Ring Test of the 3rd person in this indirect Bi-Digital O-Ring Test Method produces anywhere from 0 to 2 openings (0, -1, -2), it is considered to be within normal limit. If 3 O-Ring open (-3) it is considered to be borderline between normal and abnormal. When 4 or more O-Ring open (-4, -5, -6 etc.) it is considered to be positive indication of the presence of significant amount of Integrin α5β1. The more O-Rings open, the more Integrin α5β1 exists which indicates the presence of pre-cancer or cancer. Cancer exists in the body nearest to the area which produced strong positive; for instance when O-rings open more than 3 or more at CV22, possible cancer & pre-cancer at either chest area or head & neck must be evaluated. In the case of presence of brain tumor, when testing is performed at ear lobules the test should show the opening of more than 3 O-Rings. (-4, -5, -6 or -7) should open. Exact location of the cancer or pre-cancer can be localized accurately by X-, Y-axis red spectral laser line screening of the whole body. By drawing a straight line on the body surface of the patient along the area producing strong positive resonance with Integrin α5β1 for X-axis and Y-axis. Some or all of the crossing points between positive X-axis laser line and positive Y-axis laser line show the center of the cancer or pre-cancer positive area. The actual area of the cancer or pre-cancer positive area surrounding these cancer positive crossing points is then localized using 60 ng of Integrin α5β1 and a metal electrode at cancer marker strong area, and boundary between normal area and cancer or pre-cancer positive area can be directly mapped on the body surface with non-toxic magic ink, such as red or blue color. Any cancer positive points outside this area can later be mapped to define other cancer positive areas. Once outline of the exact location is mapped on the body surface maximum amount of Integrin α5β1, Oncogene C-fos Ab2, Hg, and minimum amount of Acetylcholine will be quantitatively measured using various quantitative amounts of Reference Control Substance to find maximum resonance which produce opening of every O-Ring between reference control substance of body. Then the degree of the maximum opening will be examined; if it is (-6) and if testing by holding EPA/DHA (which is one of the most efficient anti-viral agents) can make O-Ring no longer open, even with all the fingers pulling still O-Ring will not open, than it is denoted as a viral infection (-6). Then Telomere at the center of the cancer as well as surrounding normal tissues will be measured using different amount of one of the basic units of human Telomere, TTAGGG. Our safe cancer treatment frequently consists of Cilantro to remove excessive Hg from cancer cell and mixture of EPA/DHA as antiviral agent, with Selective Drug Uptake Enhancement Method to deliver medication specifically to cancer
positive area (with or without standard treatment). These methods often stopped further development of the cancer tissue and often reduced the size as long as this treatment is given 3 or 4 times a day with the Selective Drug Uptake Enhancement Method (originally developed by the author in early 1990's) which can effectively deliver medications selectively to the pathological area, while markedly reducing drug uptake to normal parts of the patient’s body, by continuously 15 or 20 minutes stimulation of organ representation area, after taking each medication. But when cancer exists at more than 4 or 5 locations, in order to maintain effective Selective Drug Uptake Enhancement Method to deliver medication to each of the cancer positive areas, one not only has to stimulate almost all the time; but still if there is any unrecognized cancer positive area, the drug will not reach sufficiently. However, to solve this problem, the author obtained a possible clue in the late 1990s. When he applied acupuncture on True St.36, cancer cell telomere reduced and normal cell telomere increased, while for acupuncture given on traditional St. 36 no such change was observed. The True St. 36 has a round shaped area with diameter of 1cm-1.3cm, and one end of its circular boundary is touching Anterior Tibial Crest at the beginning of the tibial tuberosity, so that when a horizontal line is extended laterally towards the soft tissue that line will go above the center of the acupuncture point True St. 36. At traditional St. 36 which is supposed to be located at 1 cun (which is anywhere between 1.5 cm to 2cm depending upon the size of the adult body) on the lateral side from the beginning boundary of the tibial tuberosity, but there is no acupuncture point there, but since it is close to the True St.36, by mistake it is quite possible to stimulate the True St. 36. When the author discovered this phenomena of decrease in cancer telomere and increase in normal cell telomere by inserting a needle in True St. 36 and after removing needle following needle manipulation, the decrease of cancer telomere was not enough to inhibit division of cancer cell as it reduced to about 1/10 of original cancer telomere. However, since 2001 it becomes possible to reduce cancer telomere to less than 1/200th-1/1000th and telomere becomes so low it becomes possible to inhibit cell division of cancer cell, as the lowest normal cell telomere by our method was found to be about 100ng in the living human. In addition, the author also found that the drug enters every cancer cell even in the patients with the metastasis of more than 20 or even more than 40 locations, and the telomere at the various cancer positive areas all reduced very significantly, and the effective cancer drug entered selective to all the cancer positive areas. These significant results become possible by inserting tiny needle (1-2 mm length) with round base which was set in bandaid. This type of Press Needle was inserted in True St. 36 and the patient was trained how to stimulate by pressing and releasing of the bandaid with a mess needle above True St. 36 for about 2-4 minutes (time duration indetermined by individual conditions & response), while always keeping finger over the bandaid. This was done 4 times a day, each time immediately after taking cancer medication. Initially, when the author found this striking reduction of the cancer telomere to his early stage of squamous cell carcinoma of the lung and adenocarcinoma of the colon, he wanted to find out whether he could maintain the cancer
telomere at this extremely low level by continuing to stimulate about 2-3 weeks without taking any anti-cancer drug or mixture of EPA & DHA, and Cilantro; when this stimulation was continued about 2 weeks without taking any medication at a rate of 10 times a day to see whether it will induce cancer cell apoptosis., we were able to keep reducing original cancer telomere of 900-1200 ng to less than 5-1 ng while increasing normal cell telomere of 300 ng up to 2000-2600 ng. After continuing this study for about 2 weeks the author noticed there was a new tumor in his elbow, and it was found to be basal cell carcinoma of the skin. In the presence of extremely increased level of normal cell telomere, additional strong stimulation such as strong sunlight in Arizona might have contributed to the genesis of skin cancer. Since our previous study indicated exposure to strong sun often increase viral infection like Herpes Virus such as Herpes Simplex Virus Type 1 with marked increase in cancer parameters including Integrin α5β1, Oncogene C-fos Ab2, and Hg. At that point, when the author stopped stimulation by removing Press Needles, and tried to find out whether lung and colon cancer telomere remained very low or will come back to the original high telomere level. Within 4 days after removal of True St.36 stimulation, these cancer cell telomere went back to the original high telomere of about 1200ng and normal cell telomere went down close to original 300ng. Thus it appears that just keeping cancer telomere extremely low for 2 weeks without any effective medication will not induce apoptosis of the cancer cell or reduction of the size. Because of this experience using himself as a research subject, the author evaluated what is the optimal time of stimulation of True St. 36 for the treatment of cancer without increasing normal cell telomere beyond 1800ng. To treat newly developed basal cell carcinoma of the skin of the author's elbow, by taking a gelatin capsule of 180mg EPA and 120 of DHA, and 100ng of Cilantro tablet made by Hayashibara, Biochem Lab of Japan, 4 times a day, and when stimulation of the semi-permanently placed Press Needle is stimulated anywhere between 2 to 4 minutes without increasing normal telomere beyond 1800ng, the cancer cell in the elbow disappeared in about 2 weeks. Therefore, a similar method was repeated with terminal cancer patients with adenocarcinoma of the lung, small cell carcinoma of lung, as well as patients with adenocarcinoma of the colon, prostate cancer, breast cancer, uterine cancer and anaplastic astrocytoma of brain. While giving mixture of EPA and DHA and Cilantro, most of the patients’ cancer telomere went down below 1 ng from anywhere between 900ng to 1200 ng and all the above described cancer parameters improved very significantly with reduction in the tumor size and improvement of symptom. We tried this method on more than 1 dozen of the patients on whom prognosis made by their oncologist was thought to be extremely poor, due to multiple cancer metastasis. Among them 2 patients who stopped the treatment after continuing our treatment more than 2 months and then discontinued, both died within six months after discontinuing our treatment, but still lived much longer than predicted, while others who
continued our treatment continually improved with reduction of tumor. Thus, it is concluded that this method will not kill cancer cells but it is a safe method to co-exist with cancer cell while suppressing cancer cell activity as long as the treatment is continued. Therefore, it is concluded that this method will not kill cancer cells but it is a safe method to co-exist with cancer cell while suppressing cancer cell activity as long as the treatment is continued.

The author enumerated some of the limitations and problems existing in the present Western Medical Diagnosis and treatment of cancer using so-called "Evidence Based Medicine". Even when our cancer screening shows a strong positive, once cancer strong positive area is localized, cancer cell type will be determined by using various known cancer slides of the same internal organ, or suspected primary cancer slide of different organ; the one which produces a strong resonance diagnosis is almost always correct. However, often histological diagnosis of for example lung tumor biopsy are performed in one location of the cancer, and it happened to show adenocarcinoma of the lung, but the author often found with non-invasive Bi-Digital O-Ring Test different part of the same tumor has small cell carcinoma. Often oncologist is treating one cancer type which they confirmed histologically through biopsy, but often missed the presence of other type of cancer co-existing unit may be growing. In case of breast cancer, or other type of cancer often surgeon removes the cancer tissue based on the mammography or CT Scans, as well as size & location of the palpable tumor. But often, Bi-Digital O-Ring Test indicates cellular level metastasis far beyond the boundary of the detectable tumor, but such finding cannot be detected by standard laboratory test, and therefore it will be highly desirable to do pre-surgery evaluation of the cancer positive area to minimize postoperative cancer metastasis. Once exact location of cancer and its pathological cell type is determined non-invasively using Bi-Digital O-Ring Test, every patient is requested to have a laboratory confirmation consisting of at least 2 cancer markers which are known to be most sensitive for specific cancer, and also X-Ray, CT Scan and MRI of cancer positive area of body. If Anti-Malignin Antibody (AMA) is truly most sensitive as claimed (more than 90% positive in early stage of cancer), it should be included among the blood test of cancer markers, but it is not accessible in many hospitals and clinical laboratories in U.S.A. For the laboratory confirmation of colon cancer or stomach cancer, colonoscopy and gastro copy is requested with at least 4 endoscopic photographs corresponding to each cancer positive area found by Bi-Digital O-Ring Test, regardless of the endoscope’s diagnosis, even when endoscope diagnosis indicates there is no cancer or pre-cancer. Usually about 90% of the colonoscopy results come back as within normal limit, but the author found that in majority of suspected cancer positive areas which were interpreted by gastro-entrologist as within normal limit by visual inspection alone were actually cancer positive areas according to Bi-Digital O-Ring Tests of the endoscopic photographs. In such cases, author suggests repeated laboratory examination every 6 months. Among those who did not follow our advice, within 3 years...
some of them died of stomach cancer or colon cancer with metastasis. Often some oncologists examine the cancer marker which is not so sensitive for specific cancer, but simply because certain cancer marker such as CEA is routinely examined in majority of the cancer patients, and when it is negative the patient is often erroneously informed that blood cancer marker test is negative. This is often observed in the patient who has early stage of small cell carcinoma of the lung with almost normal chest X-Ray or CT Scan for which the author, using Bi-Digital O-Ring Test found cancer marker strong positive areas, and additional blood test for small cell carcinoma of the lung sensitive cancer marker, Neuron Specific Enolase in the blood showed marked abnormal increase, while CEA was normal. Similarly, in the presence of adenocarcinoma of the pancreas with only symptom of mild abdominal pain or tenderness, CEA is often normal, but DUPAN-2 (Duke Pancreas- 2 Antigen) often shows very strong positive. In order to test most sensitive cancer markers for each specific cancer, the author made a clinically useful chart listing 45 cancer markers, in the order of sensitivity. And this becomes clinically very important. Also, in surrounding cancer tissue there often exists mycobacterium tuberculosis infection. For example, if lung cancer as a primary or metastatic tumor is being treated, and even cancer itself shrinks, and the tumor is reduced or inactive by treatment, often because of the Mycobacterium Tuberculosis infection surrounding cancer tissue, X-Ray will show no change or sometime increase in the shadow of the tumor, which is due to increased Mycobacterium Tuberculosis infection often with coughing. When coughing became severe and cough out sputums with blood, often Mycobacterium Tuberculosis with or without Mycobacterium Avium is strong positive without cancer cells in this sputum and blood. Sometimes it may be necessary to treat both cancer and Mycobacterium Tuberculosis, although in some cases the presence of the Mycobacterium Tuberculosis may contain the spread of the cancer.
ACUPUNCTURE ANALGESIA: ITS ELECTROPHYSILIGICAL CORRELATES AND THE BI-DIGITAL O-RING TEST

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Abstract

Creation of effective technologies in the field of acupuncture analgesia requires the clinical neurophysiologic models when it could be measured and estimated objectively. Basic schemes for acupuncture analgesia were investigated by means of different clinico-electrophysiological methods including evoked somatosensory potentials of brain and registration of the nociceptive flexion reflex, in 39 volunteers. The phasic pattern in development of acupuncture analgesia was revealed. The inhibition phase developed after the 5-10 minute mechanical stimulation of appropriate acupoints and was the most significant at the 20-30 minute interval. A short facilitation phase appeared before the inhibition one in the very beginning of the session. Acupuncture analgesia was not displayed after laseropuncture (\(\lambda=632.8\) nm) as well as after blocking the acupoints with local anesthetic. According to data obtained, acupuncture analgesia has certain electrographic manifestations.

However, applying these electrophysiological methods in investigations of different stimulation schemes and parameters for electroacupuncture turned out to be too difficult because there was no possibility for real-time measurements. In this direction, a special interest represented the Bi-Digital O-Ring Test (discovered and developed by Y. Omura from 1977) as a method for monitoring the level of pain thresholds. Nowadays the details how the Bi-Digital O-Ring Test works are not completely investigated but many experiments have shown that its basic mechanism includes the muscle force changes through a brain response.

The gigantocellular nucleus of reticular formation plays a central role in the realization of the Bi-Digital O-Ring Test. Recently C. Takeshige (2000) based on some experimental evidences has risen a concept of the association of the pineal gland in the Bi-Digital O-Ring Test.

In the first series, the Bi-Digital O-Ring Test was performed in comparison with the nociceptive flexion reflex expression under the influence of the mechanical stimulation of acupoints. Data were registered several times during the 30 minute session, then 30 minutes and 60 minutes after session. Principally, results obtained showed possibility to use the Bi-Digital O-Ring Test for measurement of pain sensation thresholds.

In the second series, the electroacupuncture effect on pain sensation was studied by means of the Bi-Digital O-Ring Test. The optimum stimulation frequency for the local and
segmental acupoints was about 100 Hz, because it provided the most pronounced inhibition phase. For the remote acupoints, the optimum frequency was essentially lower, 10 Hz and less, which induced a more stable residual inhibition effect.

This study indicates that application of the Bi-Digital O-Ring Test allows not only to determine possibilities and physiological conditions in achievement of the purposive acupuncture analgesia but also can provide the necessary individualization of regimens and parameters for stimulation modalities.

**BI-DIGITAL O-RING TEST FOR DETECTING FALSE STATEMENT IN CLINICAL PRACTICE**

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**Abstract**

The most widely used device used in lie detection at the present time is the polygraph lie detector which relies on physiological change such as heart rate, blood pressure, breathing pattern etc. to detect the lie. It is not completely accurate and is sometimes not admissible in the court proceedings.

The Bi-Digital O-Ring Test (BDORT) could be potentially useful to supplement the polygraph and the new computer program known as FACS (Facial Action Coding Systems) for lie detection. Polygraph results are not 100% foolproof and its results are influenced by the tester (operator of machine) and how questions are asked. FACS was developed in mid 1970’s, its monitors objectively the facial muscle expression as there are 46 muscles in the face that move when there is expression of emotions such as fear, surprise, sadness and disgust. Research in the field of deception has discovered a method to chart the facial expressions with such a FACS. Most liars give themselves away by split second facial expressions known as micro expressions in 1/15 or 1/10 th of a second portray the lies with the facial muscle movement when they lie. This clinical study focused on using BDORT to detect false claim.
The Bi-Digital O-Ring Test developed by Y. Omura, MD, Sc.D. is often used for the identification of pathological conditions including the loci of pain, cancer and pre-cancerous lesions, and for selecting the most suitable medication(s) for a given disease entity. Though it could also be applied to other situations that could affect life, Omura and D.K.Klinghardt demonstrated that the BDORT can be used to monitor changes in the autonomic nervous system (ANS) similar to the way in which electronic biofeedback equipment is used. The polygraph-test or lie-detector test is a common application of the physiological principles involved in biofeedback psychotherapy. Arousal or stress in an autonomic ganglion or organ can also be accurately monitored in the same way. Research by E. Rossi PhD and others demonstrated that the active, and unresolved psycho-emotional conflicts, that the client is often not aware of, can create arousal in the hypo-thalamus. This, in turn, stimulates the related pathways of the ANS, leading to the detectable changes (by BDORT) in the peripheral autonomic pathways and ganglia (both parasympathetic and sympathetic) and in the organs regulated by them. Stress in the ANS always caused weakening of the Bi-Digital O-Ring.

MATERIAL AND METHODS
In cooperation with the internists and family physicians in a medical centre, we selected the patients who claimed to have medical conditions that made them unable to go to work regularly, or claimed the medication they received from their physicians was not effective enough for them to report to work place. They were, after consent, to be tested with BDORT to find out if they were telling the truth. None of them were familiar with BDORT. Of those patients, 13 were known to have memory problems such as short memory, memory lapse, or forgetfulness or initial stage of Alzheimer’s disease. Sometime they could not keep tract of the medication that they took or if the proper dosage was taken. Those patients were grouped into one group, whereas those with no memory problem (24 of them) were grouped to form the 2nd group for testing. For the purpose of this experiment, those patients who met the criteria of being for the test. Also for the 1st group, only those who lived with relative(s) who could verify accuracy of their statements were selected for the experiment. The truthfulness of their claims were to be confirmed by their physicians or the resident doctors during their physical examination. To exclude possible false positive during Bi-Digital O-Ring from the prelude tests and questions Test, some prelude questions, proceeded to ensure relative accuracy of the tests, were imposed upon the test subjects*. Any one found inconsistent from the prelude tests and questions were excluded for further testing. Some prelude questions were posed on those subjects. Both groups were asked: (1) Are you the President of the U.S.? (2) Did you attack the World Trade Center on September 11, 2001? Those who were found compatible with any one of the four resident doctors and consistent with the O-Ring Test would be further questioned about their alleged medical conditions such
as:
1) Your pain was so severe that you were unable to come to work.
2) You have taken the medications faithfully as instructed but found little effect or not much beneficial for your medical condition.
3) Your injury occurred at the work place that justified your application for Workman’s Compensation (eligible applications only).
4) Identify your pain loci (patient who use index finger of one hand formed the O-Ring to be tested)
5) You have exercised daily and have avoided high cholesterol diet such as shrimp, lobster, as well as other shellfish and red meat as instructed by your cardiologist (heart problem patient).

The person being tested will repeat the statement of question after saying “yes, I did “or “I am”, ; or saying, “no, I did not”, or “I am not”, depending on the question asked. The tester will then check if the O-Ring of the person being tested would remain closed or open if lied. The same was done with all questions. The results from the data were calculated into percentage of how many with O-Ring closed if being honest, and how many with O-Ring open when lied.

RESULTS
We found 8 of the first group (those with memory difficulty) that during the test, their O-Ring were either only half, partially, or almost but not quite open and it was difficult to decide if it could be considered valid. Subsequently, we found, when we questioned them to verify their medical condition during O-Ring Test, most of them with history of forgetfulness or memory lapse often seemed confused or disoriented. We believe the patients wanted to tell the truth during the test but their memory problem became a serious factor that they were not quite sure themselves of the answers were correct. We depend on the family member or relative who lived with the patient to tell us the accuracy of the medical condition and the proper dose medication the patients had taken. The reliability of using O-Ring Test was only 62% with this group of patients, due to suitability issue of using O-Ring Test on these patients. Since the number of this category was small, we believe a further study is needed in future.
We also found, that the physical pain in two known cases of hypochondriasis (one in each group) could not be located consistently during physical findings or BDORT. The pain was at one spot at one time, and another time it was somewhere else. The pain loci shifted from one area to another not always located at the same area as the patient originally claimed. The patients were not consistent with their claim, and we could not conclude if they were truthful or lying. Those questionable cases were not complied into statistic calculations.
For the second group, we found 79% accuracy (19 out of 24) when they either lied or told the truth to their physician.
DISCUSSION
We have found that, in general, when people lied, their O-Ring would open, and when telling the truth their O-Rings opened or O-Ring remained closed or half closed when they told the truth or lied.
During the BDORT Testing, we found that some pain loci the patients claimed did not coincide with the O-Ring Test and the physical examination. On those cases, we concluded that the patients were not telling the truth, especially those who were malingerers. So far as the patients with Munchausen’s syndrome were concerned, the O-Ring Test did confirm their pain loci.** Since the O-Ring Test is not yet recognized by the law enforcement, by the American medical establishment, the result of O-Ring Test would be better served when it is interpreted with FACS and polygraph detectors. Furthermore, we found, whereas the O-Ring Test was not suitable for the patients with memory problem and the patients who were hypochondriac, it was relatively more reliable when it was used on the normal patients and the patients with Munchausen’s Syndrome and the malingerers.
The disadvantage of using BDORT for lie detection is that the person who is testing the liar must be O-Ring compatible with the person being tested, and one has to be sure that the liar is not familiar with the method so he would not manipulate the test by opening the O-Ring when it is supposed to be closed.

CONCLUSION
We considered the O-Ring Test has a potential use for lie detection as a complimental to other lie detection devices.
* Sometime we found that the result of false positive was due to the fact the patient did not remove all jewelry or electronic gadgets from his or her pockets. If and after those said items were removed, and was the subject retested, we frequently found the false positive results could be avoided.
** One Munchausen’s Syndrome patient had, on several occasions, intentionally dug our the blood clots from the dental extraction sockets to create hemorrhage and to prevent proper healing so as to gain attention and sympathy. Another patient intentionally induced abscess was by self-injection on the arms and legs with waste materials. Once an abscess was treated and cured, the patient injected another area to cause abscess and so on. The laboratory test revealed the abscess and so on. The laboratory test revealed the abscess were of different bacteria strains each time the abscess was found. Such an act was eventually detected by monitoring camera in the patient’s room at a hospital when the patient was hospitalized.
Since 1977, Dr Yoshiaki Omura has used the Oring to identify pathogens and substances and has suggested a role for these in the development of chronic disease and cancer. These include the heavy metals; lead, mercury, and aluminum and the herb Cilantro as the remover of these metals. Viruses such the herpes family HSV1, HSV2, HHSV6, CMV, and the bacteria and spirochete e.g. Borriela bergdorferi, Helicobactor jejuni and the mycobacteria; M.Tuberculosis and M.Avium and chlamydia trachomatis are implicated by BDORT in pathogenesis of chronic disease . BDORT research has suggested the important role of infection and cholinergic neuron damage in Alzheimers. There have been reports medical literature that appear to support the above hypotheses. In 7/2000 a review of these articles was presented. A subsequent review of journal articles is now presented with further discussion of discoveries suggested by Dr.Y Omura's research since the 2000 International Conference in Tokyo.

A clinical case of memory loss is presented as an example with discussion of application and comparison of standard western medicine and BDORT technique.

Examples of corroboration of Discoveries Using the Bi-Digital O-ring Test, with Current Research from Western Scientific Journals:

1-Bi-Digital O-ring Test (BDORT)-Chronic Subclinical Infection is a pathogen in chronic illness such a prostate cancer alzheimers and stroke with suggested treatment with long term antibiotics and enhanced drug uptake (EDU)

Scientific Journal-suggests mechanism for chronic chlamydia effects.

After more than 50 years of searching, scientists have discovered a key gene that enables certain bacteria to cause blindness and debilitating genital tract infections. Using the recently completed genetic blueprint of the bacterium "Chlamydia trachomatis", researchers from the National Institute of Allergy and Infectious Diseases (NIAID) have found a gene that encodes a cell-destroying toxin. Long suspected but never identified, the toxin helps explain why only some chlamydial strains cause chronic illness. The discovery, described in the "Proceedings of the National Academy of Sciences" November 13 online early edition,
Relapses of symptoms after treatment with BDORT are observed after treatment of diagnosed infection—new infection emerges (e.g., in Cystitis Chlamydia is treated and then M. Aviarm emerges.) One infection inhibits another.

Human herpesvirus 6 (HHV-6), a common virus that is apparently harmless in adults, appears to prevent a form of the AIDS virus from reproducing in laboratory cultures of human tissue, according to a study published in the November 2001 issue of "Nature Medicine".

Cilantro is an effective remover of heavy metals (essential for successful treatment of chronic infection)

Cilantro (Coriandum sativum) is shown to prevent heavy metal deposition. Preventive effect of Coriandrum sativum (Chinese parsley) on localized lead deposition in ICR mice.

Lead and Mercury are implicated in the etiology and treatment resistance of cancer

Lead and Mercury are mutagenic.

Multiple Sclerosis is an example of a chronic disease with a suggested chronic infectious etiology such as Herpes Virus 6 (HSV6)

HSV6 plays an important role in Multiple Sclerosis development. The multiple sclerosis seems to be the junction between genetics alteration and an unknown environmental factor, Detection of viral genomes of the Herpesviridae family in multiple sclerosis patients by means of the polymerase chain reaction (PCR)
Our results suggest us that HHV-6 can play an important role in the multiple sclerosis development. The beta-interferon treatment doesn't affect to DNA prevalence of none of studied viruses.

6-BDORT-CMV is implicated in brain infections present in schizophrenic patients.

Scientific Journal-CMV may decrease inhibition in rat brains with implications for the thought disorders of schizophrenia.

Rothschild DM; O'Grady M; Wecker L
Rollins College, Winter Park, Florida, USA.
Neonatal cytomegalovirus exposure decreases prepulse inhibition in adult rats: implications for schizophrenia. Findings demonstrate that rats infected neonatally with rat cytomegalovirus exhibit a deficit in sensorimotor gating upon dopamine stimulation, supporting a possible link between viral infection and schizophrenia.

7-BDORT-Chronic chlamydia and herpes are pathogen in alzheimers disease.
Scientific Journal-Chronic inflammation in Alzheimer's is associated with Chlamydia Pneumonia and HSV Role of infection in Alzheimer's disease.
J Am Osteopath Assoc 2001 Dec;101(12 Suppl Pt 1):S1-6 (ISSN: 0098-6151)
Balin BJ; Appelt DM
Department of Pathology/Microbiology, Philadelphia College of Osteopathic Medicine, Pennsylvania 19131, USA. brianba@pcom.edu.
Alzheimer's disease (AD) is a chronic condition in which inflammation has been shown to contribute to neurodegeneration. Current thinking suggests that deposition of beta-amyloid in the brain promotes inflammation resulting in neuronal damage/death. Alternatively, our data suggest that chronic inflammation observed in late-onset sporadic AD may be stimulated by infection with the obligate, intracellular bacterium, Chlamydia pneumoniae.

Drugs Aging 1998 Sep;13(3):193-8 (ISSN: 1170-229X)
Leissring MA; Sugarman MC; La Ferla FM
Department of Psychobiology, University of California, Irvine, USA.
Interest in the possible role of herpes simplex virus type 1 (HSV1) as a cofactor in the pathogenesis of Alzheimer's disease (AD) has re-emerged following the detection of viral DNA sequences in the central nervous system (CNS).

It is concluded that there is increasing support in the scientific literature that would justify the Bi-Digital Oring Test as a valid tool for medical research.

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Abstract:
Breast Cancer is a major cancer incident in women and 1/8 of women are diagnosed in USA. The major treatments of breast cancer are surgery, mastectomy or radiation therapy. Systemic adjuvant therapies include hormone therapy, chemotherapy, and immune therapy.

In 1993 the author proposed "Golden Tri-angle theory: Cancer Stagnation, Deficiency" in New York. In 1999 the author published the relationship between “101” Ganderma mycelium and metabolites” and “Yin energy” in Los Angeles. In 2000 I revealed the “light energy” and “Yan energy” in Vancouver. In 2001 the author have combined both traditional Chinese medicine and modern medicine to develop “Cancer SEED treatment” to compensate these advanced medical measurements in Annual Meeting of TCM Practitioner and Acupuncturist Society Vancouver, BC Canada May 24-26, 2002. SEED is from an abbreviation of “Stagnation”, “Energy”, “Emotion”, and “Deficiency” that are defined as a four “principles” to treat cancer patients.

Unfortunately, there is still very high percentage of recurrent rate for breast cancer patients after the treatment of surgery, chemotherapy within 5 years. The major explanations are the unknown of disease origin and prognostic markers; tumor size, tumor metastasis, cancer differentiation, estrogen receptor, progesterone receptor, HER/neu-2 genes, and p53 are still under investigations.

Since early 1990s. Omura reported excessive deposit of metal particularly Hg, Pb, Al can inhibit therapeutic effect of Antiviral & Antibacterial effect. He founded Hg is markedly increased in every cancer cell nucleus. In mid-1990 Omura discovered Cilantro with his Selective Drug Uptake Enhancement Method can safely remove most of the abnormal excessive metal deposit from various cancer cells and other tissues. Normally these metals can be found in food, medicines, cosmetics, and mercury (Hg) in tooth fill-amalgam especially. Several metals (Hg, As, Pb, Cd, and Al) possibly involve in cyto-toxicity effects and can be deposited in human organs e.g., brain, kidney, bone, liver, spleen and lung. The deposited trace metals have a profound effect on the breast cancer chemotherapy. Scientific reports have suggested that the high expression of multi-drug
resistance gene (MDR) and ATP-binding cassette (ABC) transporter super-family can contribute to the drug resistance of chemotherapy and be induced by these metals.

We suggest that these metals should be removed from patient’s body by detoxification treatment before any anti-cancer therapy. The complete of detoxification treatment should increase the success of therapy and decrease the recurrence of breast cancer. The standard detoxification treatment is the cocktail of Ganoderma (101) “probiotics” and traditional Chinese medicines in Natural Detoxified Metal Center and should be continuous for at least 30 days.

There are four levels for treatment facilities for breast cancer patients from prevention to terminal stage. They are listed as follow:

Level 1: Natural Detoxified Metal health Center: Prevention purpose for normal people; it will provide the useful information of diseases, detection of trace metals in food and cosmetics, introduction of detoxification methods, and provision of healthy food and related book for prevention purpose.

Level 2: Natural Detoxified Medical Clinic: Diagnosis purpose for suspicious breast cancer patient; it provides the diagnosis of biochemistry, cancer index, and immune system; ultrasonic mammogram; Pan Procedure™.

Level 3: Natural Detoxified Medical Center: Treatment for confirmed breast cancer patient; it provides surgery, radiation therapy, chemotherapy, hormone therapy, immune therapy and Pan Procedure™.

Level 4: Natural Detoxified Medical Club: Exchange information and care for terminal case of breast cancer and recurrence (there are only 20% survive rate for this stages of breast cancer patients). This is also the most influential medical care from the combination of western medicines and Chinese medicines.

Here the author will present and discuss both natural detoxified medical cure (N.D.M.C.) and non-N.D.M.C. cases of breast cancer patients following these procedures. And I hope that it will provide the first look of trace metals especially Hg play an important role in other cancers, degeneration diseases, and viral diseases.
CARBOHYDRATE INTOLERANCE DIAGNOSED BY BI-DIGITAL O-RING TEST (BDORT)

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OBJECTIVE: In this prospective study, we wanted to compare our diagnosis of damage of endocrine pancreas of patients made by BDORT and standard laboratory 3 hour glucose tolerant test (GTT) with 100 gr glucose.

MATERIAL AND METHOD: We made conditions to make diagnosis of Carbohydrate intolerance by indirect BDORT according to Prof Y. Omura.

1. BDORT is -4 to -6 ; over the endocrine pancreas representation area on the stomach. 2. Presence of CMV infection; 3. Acetyl Colin $\leq 1$ng (most often 100 pg); 4. Deficiency of Chrome over the body (as a reference substance we use tablet Chrome picolinat; Pro-life Germany); 5. Presence of heavy metal in the pancreas. 61 patients (17-55 year) are inspected by indirect BDORT. 41 patients had all conditions we mentioned above. 10 had infection of pancreas, but higher levels of AcH and enough Chrome in the body. According to indirect BDORT 10 patients had healthy pancreas. All of them tested by 3h GTT with 100 gr glucose.

RESULTS: 10 patients from group of 41 had Diabetes Mellitus (24.39%); 29 patients had intolerant glucose (70.7%); 2 patients had normal GTT (4.87%). 10 patients with infection of pancreas had normal GTT (100%) as a control group of 10 healthy patients (100%) Indirect BDORT showed presence of CMV in all infected pancreases 10-100ng (slides ORT life research laboratory). There were mixed infections: Chlamydia trachomatis in 43 patients
Aerobic bacterium in 47 p (92.15%); anaerobic bacterium in 46 p (90.19%); Candida Albicans in 49 p (96%); Epstein Bar Virus in 28 p (54.9%); HSV 1 in 13 p (25.49%); HSV 2 in 11 p. (21.56%), HPV 18 in 8 p (15.68%); HSV 6 in 8 p (15.68%); HSV 7 in 5 p. (9.8%); Chlamydia pneumoniae in 14 p (27.45%); Borrelia Burdgoferi in 6 p (11.76%); Ascaris in 42 p (82.3%).

Levels of IgG antibody for CMV tested 48 Patients. 37p had positive test (77.11%); 11p had no antibodies (22.9%); IgG for Chlamydia trachomatis tested 39p: positive in 22 (56.4%), negative in 17p (43.6%)

**DISCUSSION AND CONCLUSION:** According to our investigation and conditions, GTT was positive in 95.09%, confirming carbohydrate intolerance. Deficiency of Chrome is associate with increasing Insulin resistance. Using our conditions, indirect BDORT can use as a screening method for early diagnosis of carbohydrate intolerance.

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At the beginning of the 20th century, strange inclusion-bearing cells were recognized by pathologists in tissues of stillborn infants. The typical intranuclear inclusions with surrounding halo have been called "owl eyes". In 1950s, three groups of virologists isolated the causative virus with cultured cells and Weller, one of the three investigators, named the virus "cytomegalovirus". Cytomegalovirus (CMV) is a ubiquitous herpesvirus and CMV infection is prevalent throughout the world. Thus, CMV is "Common Man's Virus". Species-specific CMV has survived in the human hosts by infecting both vertically and horizontally. CMV can be transmitted by either route during primary infection, reinfection or reactivation of latent infection. Although CMV infection is common, CMV disease is rare. So, from an ecological standpoint, opportunistic CMV may be called "Commensal Man's Virus".

Most CMV infections are asymptomatic in immunocompetent hosts. In immunocompromised hosts, however, CMV infection produces severe diseases. These include cytomegalic inclusion disease in infants born to mothers who got primary CMV infection during pregnancy. CMV infection is occasionally life-threatening or sight-threatening in transplant recipients or AIDS patients. Therefore, strategies should be focused on control of CMV disease rather than on prevention of infection. Efficacy of antiviral therapy depends on early and rapid diagnosis of the CMV disease. For this purpose, we have developed direct immunoperoxidase method to detect CMV infection and CMV (p65) antigenemia, using F(ab')2 fraction of human monoclonal antibody labeled with horseradish peroxidase (HRP-C7).

Significance of CMV is quite paradoxical: namely, it increases either with improvement of living condition or with advance of medical technology. For instance, lack of exposure to CMV during the childhood may reduce the seropositivity of women at the childbearing age and subsequently this increases the risk of congenital cytomegalic inclusion disease following primary CMV infection of the seronegative mothers during pregnancy. Breast-feeding may play a "double-edged" role in the epidemiology of CMV infection. With our data, merits and demerits of milk-borne CMV infection will be discussed. Vertical transmission of CMV via birth canal and breast milk occurs in the presence of maternal IgG antibody and produces no disease. This may perpetuate CMV in the world.

"CMV is forever; Let us survive together"
Study of Muscle Regions Using the Bi-Digital O-Ring Test: Report 1
Course of the Muscle Region of Hand-Taiyin (1)

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【Objectives】Over the past several years, We have attempted to visualize meridians using
the Bi-Digital O-Ring Test (BDORT invented by Omura Y., M.D.) 1)-4), and studied meridians
and acupuncture points based on the thus obtained images5)-10). A muscle region (meridian) is
a concept in meridian theories, but its existence has not yet been demonstrated. The present
study examined the muscle region of Hand-Taiyin using the BDORT.

【Methods】 1. Subject: The subject was a 31-year-old male who had no history of
intrathoracic disorders. He had no abnormalities in the tested areas (the left thoracic area and
the medial and lateral sides of the left arm). He had no scars, caused by trauma or surgery,
on his body surface. 2. Site of injection: Anterior radial side of the left brachium (left LU6,
Kangzui) 3. Local anesthetic: Xylocaine (2% lidocaine cartridge for dental use, 0.05 ml)
4. Pain test: Pin prick test using a safety pin. 5. Procedure: The local anesthetic was injected
intramuscularly to a depth of about 1 cm below the left LU6 point. The subject then held
the local anesthetic cartridge in his palm. At that time, an assistant compressed the test skin area
with an insulated bar to perform BDORT. If the O-Ring formed by the subject's fingers
opened (BDORT <->), the site was judged as being related to the local anesthetic. The
BDORT<-> points and lines were photographed.

【Results】 1. The following BDORT <-> lines or areas were observed on the skin:
Palm: A belt-shaped area (1 cm) on the left wrist joint, which became gradually linear towards
the radial side of the thumb's nail. Forearm: A belt-shaped area (1-3 cm) continuous from the
left wrist joint to the elbow joint (radial side). Brachium: A belt-shaped area (2-3 cm)
continuous from the left elbow joint to the deltoid muscle (radial side). Precordia: Extending
from the left clavicle to the 5th rib (Including the breast). Longitudinally, the area extended
from the midline to the left middle axillary line. From a point below the axilla to the 9th rib.
2. Pain test: Pain sensation was normal in the BDORT<-> epidermal area. Reduced pain
sensation was noted in the BDORT<-> epidermal area. When BDORT was done again on
the lateral chest area 70 minutes after the pain test, the associated area had decreased in size
by about 2 cm at maximum. When the left Shaoshang (LU1) was stimulated by collateral
pricking, the previously BDORT<-> area became BDORT<->, accompanied by recovery
from reduced pain sensation.

【Discussion / Conclusions】The course of the Muscle Region of Hand-Taiyin observed in
this study was basically the same as that described in the TCM literature11)-14). It is
noteworthy that BDORT imaging seemed to reflect the infiltration of the local anesthetic
along the meridian following an injection of the agent to the muscular layer immediately
below the brachial epidermis. Kurokawa et al. found that an injection of small amounts of
Xylocaine into the buccogingival transition area of the mandible resulted in a linear
Xylocaine reactive line, resembling the large intestine meridian15). It has also been shown
that an injection of a local anesthetic to the muscular layer immediately below the Shousanli
(LI10) resulted in a linear BDORT<-> pattern approximately identical with the large intestine
meridian. As compared to these previously reported patterns, the BDORT<-> area in the
present study was more extensive. Thus, reduced pain sensation was seen along the
BDORT<-> area, and the BDORT<-> area decreased in size with time. These results
suggest that there is an anatomical component in the body distributed along the Muscle
Region of Hand-Taiyin, and that pain reduction due to the pharmacological action of a local anesthetic is reflected into this component.

Keywords: Bi-Digital O-Ring Test, acupuncture meridian, muscle region (muscle meridian), muscle region of hand-Taiyin, acupuncture medicine, collateral prick ing

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Influence of Pathological Biological Information on Diagnosis and Drug Selection by the Bi-Digital O-Ring Test (BDORT). A Preliminary Report.

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Abstract

Purpose: We had been reported a phenomenon that some pathological biological information of subject was transmitted to and shared among family members and also intermediary and examiner performing BDORT at 3rd international symposium1) and the 8th/9th annual meeting2,3) on the Bi-Digital O-ring Test (OMURA, Y. 1997-2002; BDORT). We studied the influence by the phenomenon on diagnosis and drug selection using BDORT.

Subject and Method: Patients and their X Ray films whose BDORT diagnoses did not accord with final diagnoses were enrolled; (1) A family with chronic cough consisting of two brothers of 26 and 24 y.o., their father of 58 y.o. and their mother of 57 y.o., (2-a) 81 y. o. lung TB male who had been diagnosed as lung cancer by BDORT. (2-b) 75 y.o. lung cancer male who was diagnosed as lung TB by BDORT on X ray films. We performed BDORT resonant test and drug compatibility test after Omura’s original method4).

Result: (1) The younger brother and the elder brother originally showed compatibility with Bakumondo-to (TJ-29) and Mao-bushi-saishin-to (TJ127), respectively. As these drugs were not effective, we re-evaluated them using BDORT considering a possibility of error reaction by transmitting and sharing of the pathological biological information among their family members. To eliminate the influence of the information from their family members, we tried to approach magnet to them though, we obtained the same results as before. We also tried to select sugar, water and salts as sample, subsequently. When we used sample salt with these kampo medicine, the drug compatibility changed; from Bakumon-do-to to Sho-seiryu-to (TJ19) in the younger brother, and from Mao-bushi-saishin-to to Bakumon-do-to in the elder brother. The resonant reaction changed from Mycoplasma pneumoniae to RS virus in the younger brother and from unknown pathogen to Mycoplasma pneumoniae in the elder brother. They improved by changing drugs as following the results. The results of BDORT were not changed by adding sample salt in their parents. Although the father had compatibility with Mao-bushi-saishin-to, pathogen was not clear by resonant reaction tests. The mother had compatibility with clarithromycin, and had resonant reaction to Chlamydia pneumoniae. These results suggest that the pathological biological information of the father was transmitted to and shared by the elder brother whose original one was transmitted to and shared by the younger brother. (2) After establishing final diagnoses in patients 2-a and 2-b, we re-evaluated using BDORT but we obtained the same results as before. Both of drug compatibility test and resonant test changed to accord with the final diagnoses by the use of sample salt. The source of the former pathological biological information was unclear because we could not test for their family members.

Discussion: It is possible that we evaluate the pathological biological information different from his own person, when BDORT diagnosis does not accord with the final diagnosis. The information may be transmitted through biological communication to and shared by the subject and maintained in some time. Therefore, we need some treatment in performing BDORT to obtain proper diagnosis.

Cancer Metabolites Syndrome and Treatment for it.

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Abstract

Concomitant with disappearance of reactions to Oncogene C-fos Ab2 and Integrin $\alpha_5\beta_1$ as detected by BDORT during treatment of patients with carcinoma, the general state of patients improves markedly. Approximately six months thereafter, however, many of such patients suddenly complain of poor appetite, malaise, myalgia, stenosis in the digestive canal, ascites, hydrothorax, gynecological hemorrhage and hypogastric discomfort. In patients with carcinoma, tumor formation and its enlargement, erosion, ulcer, adhesion, perforation and destruction progress continuously. To provide the best chance of cure in patients with carcinoma, therefore, it is necessary to suppress the potency of cancer and to correct the pathological changes listed above. In patients having carcinoma, all area reflecting the carcinoma can be delineated over the skin by BDORT. After such a, cancer-reflecting area disappeared as a result of treatment, an abnormal area of a certain size is still detected in the same region if the region is explored with a non-conductive probe by means of BDORT. Results of palpation and CT examination indicate that this abnormal area reflects remnants of carcinoma. If patients take a papaya enzyme, a proteinase, orally on a fasting stomach to decompose and excrete the remnants, the size of the remnants, as reflected on the surface of the skin, found to get reduced. In fact there were cases in which the abnormal area disappeared after excretion of necrotized tissues. We have noticed often that a tuberculosis reaction is positive in the abnormal reflecting the remnants of carcinoma or areas around the abnormal area. This finding suggests that remnants of macrophages, clasmatoocytes, are infected by tubercle bacilli after death of cancer cells, and thereby cause a series of symptoms described above. Even if tuberculosis infection is demonstrated by BDORT, however, the administration of anticancer drugs is not approved in the modern medical system, unless tuberculosis infection is proved physically on laboratory examinations. It is very deplorable that a series of symptoms described above is understood, in the modern medical system, to represent the recurrence of carcinoma or to be one of symptoms caused by carcinoma, and accordingly futile treatments, such as administration of anticancer drugs and radiation therapy, are being given to patients. It is urgently required to discredit the dogma "carcinoma and tuberculosis do not coexist together" and to spread widely accurate information concerning diagnosis and therapy of sequelae following carcinoma by means of BDOT.
On the occasion of a life birth, a fertilized egg wears to the womb and do a floor and make it a placenta to a mother side of the body and new life grows to an embryo on the other hand. The transmission of the blood, hormone and information are carried out through a navel string.

**Purpose** The authors have researched not only the relation between a normal navel, internal organ and meridian system, but also the abnormal network such as cancer and other diseases (abnormal internal organs) with a navel by using Bi-Digital O-Ring Test (Omura, Y. 1977-2002; BDORT).

**Subjects** 126 Patients who visited since January, 2000 to July 12, 2002 were checked up.

**Methods**

1. Firstly organ representation area of the navel of healthy person was mapped with normal tissue slides by using BDORT.
2. As a second step, the abnormal organs around the navel of the patients with certain diseases were mapped by using BDORT.
3. Thirdly, Oncogene C-fos Ab2 reaction network (specially relation between the navel and the disease) of the cancer reaction (Oncogene C-fos Ab2) positive person were checked up all over the whole body.
4. Relation between various meridians and organ representation area at the navel was further researched.

**Results**

1. **Mapping Chart of the Organ Representation Area of the Navel**

![Mapping Chart of the Organ Representation Area of the Navel](Fig.1)
2. In many cases the radiation ditch and organ representation area of abnormal organs at the navel of abnormal person mapped by using BDORT were highly correlated.

Example)

![Fig.2](image1.png)  ![Fig.3](image2.png)

3. Reactions of the Oncogene C-fos Ab2 observed in cases of cancer and benign tumor were connected with other reaction area and the abnormal network was connected to the navel.

![Fig.4](image3.png)

**S.M 54**
Renal Cancer
Metastasis of Lymph Node

4. Organ Reaction observed in BDORT meridian network is connected to the traditional meridian network and BDORT abnormal network was connected to the navel.
Discussion

The exchange of the substance and also information of the mother’s body and embryo look as if be carried out through a navel string and a role ends at the same time as a delivery. However, the navel is closely related to the organs of the whole body, so it is said “The navel is the window of the whole body.” Besides the navel network is related to the whole body and traditional meridian and specially abnormal state (reaction of clinical or pre-clinical cancer) is connected to the navel. From this point of view, the navel is a most suitable point for whole body screening of cancer, infectious diseases and other diseases. Also, the radiation state ditch is confirmed well with the navel of abnormal condition and correlate well with the position of the morbid internal organ. However, the case without a radiation state ditch were sometimes observed, so the further research work concerning between the quality of the sickness and the period of the sickness should be necessary. In this report, the authors mapped organ representation area surrounding the navel by using BDORT, and discovered the head located in upper side and doing the internal organ representative range to the navel surroundings the neck, the breast were located in the upper part of the abdomen, and the diaphragm representation area is located in the horizontal line and followed lower abdomen and lower side of the body. It seemed to be possible of the screening of the abnormalities of the whole body by using BDORT imaging method at the navel radiation state ditch. Diagnosis of the navel by using BDORT is seemed to be very useful for checking up the abnormalities of the whole body.

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