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Japan Bi-Digital O-Ring
Test Medical Society

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Tokyo, Japan
Research of Reference Control Substances Related to Increase or Decrease of Tumor Markers
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【Purpose】In Bi-Digital O-Ring Test (OMURA, Y. 1977-2003; following BDORT), resonance phenomenon between 2 identical substances found by Prof. Omura Y. is applied to clinical diagnoses. When third person holds the same amount of Reference Control Substances (following RCS) as the amounts of the substances in a patient’s body, the O-Ring made by his thumb and index finger was easily opened by pulling straight direction by the weakest O-Rings made by the examiner, because of resonance phenomena. So the resonance phenomena is clinically applied in the diagnosis and follow-up of various diseases. In cases of increase or decrease of tumor markers by followed BDORT treatment and cases of discovered cancer by endoscopy were examined about the effective parameters.

【Subjects & Methods】Among the patients of Shimotsuura Clinic, the patients checked by BDORT imaging method and tumor markers by blood test were examined. RCS was prepared by ORT Life Science Research Institute. Such RCS as Oncogene C-fos Ab2, Integrin α5β1, Acetylcholine, Mercury (Hg), Telomere (TTAGGG), Ki-67, VEGF, asialo-glycolyl GM2, Cyclin E were examined.

【Cases & Results】
Case 1) Patient: a 53 years old woman Diseases: a mammary gland tumor, bronchial asthma, chronic hepatitis, fatty liver

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Baseline</th>
<th>3 Months</th>
<th>6 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncogene C-fos Ab2</td>
<td>72</td>
<td>130</td>
<td>350</td>
</tr>
<tr>
<td>Integrin α5β1</td>
<td>71</td>
<td>130</td>
<td>350</td>
</tr>
<tr>
<td>Acetylcholine</td>
<td>3</td>
<td>0.85</td>
<td>1 pg</td>
</tr>
<tr>
<td>Mercury (Hg)</td>
<td>320</td>
<td>400</td>
<td>500</td>
</tr>
<tr>
<td>Telomere (TTAGGG)</td>
<td>900</td>
<td>1800</td>
<td>2300</td>
</tr>
<tr>
<td>Ki-67</td>
<td>110</td>
<td>150</td>
<td>400</td>
</tr>
<tr>
<td>VEGF</td>
<td>220</td>
<td>370</td>
<td>670</td>
</tr>
<tr>
<td>anti-N-glycolyl GM2</td>
<td>170</td>
<td>210</td>
<td>1000</td>
</tr>
<tr>
<td>Cyclin E</td>
<td>130</td>
<td>180</td>
<td>670</td>
</tr>
<tr>
<td>CEA</td>
<td>5.1</td>
<td></td>
<td>12.4</td>
</tr>
</tbody>
</table>

In this case, the patient was pointed out the abnormality of right breast by BDORT diagnosis and her breast cancer was founded after 6 years. Three months after her first medical examined, Acetylcholine was decreased and Telomere was increased at the part of pre-cancer. After 6 years past, Acetylcholine was declined to 1 pg and even other parameters were rise up all together. On October 29, 2002, her right breast cancer was discovered confirmedly.

Table 1 Changes of parameters in Case 1

Case 2) Patient: a 71 years old man Diseases: hypertension, mitral annuloplasty, arrhythmia and stomach ulcer

In this case, stomach cancer was diagnosed 1 year later, since he was pointed out the abnormality in his stomach by BDORT diagnosis. Endoscopy test was repeated until the diagnosis of his stomach cancer. Acetylcholine was markedly decreased from 2µg to 1ng and Telomere was increased 3 months before his diagnosis of stomach cancer. In this time the result of endoscopy test was Group II or IV and re-examination was needed.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Baseline</th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
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<tr>
<td>Oncogene C-fos Ab2</td>
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<td>350</td>
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<tr>
<td>Integrin α5β1</td>
<td>71</td>
<td>130</td>
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<tr>
<td>Acetylcholine</td>
<td>3</td>
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<td>1 pg</td>
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<tr>
<td>Mercury (Hg)</td>
<td>320</td>
<td>400</td>
<td>500</td>
</tr>
<tr>
<td>Telomere (TTAGGG)</td>
<td>900</td>
<td>1800</td>
<td>2300</td>
</tr>
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<td>Ki-67</td>
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<td>anti-N-glycolyl GM2</td>
<td>170</td>
<td>210</td>
<td>1000</td>
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<tr>
<td>Cyclin E</td>
<td>130</td>
<td>180</td>
<td>670</td>
</tr>
<tr>
<td>CEA</td>
<td>5.1</td>
<td></td>
<td>12.4</td>
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</table>
Table 2  Changes of parameters in Case 2

<table>
<thead>
<tr>
<th>Parameter</th>
<th>H13.2.21</th>
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<tbody>
<tr>
<td>Oncogene C-fos Ab2</td>
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<td>170</td>
</tr>
<tr>
<td>Integrin α5β1</td>
<td>140</td>
<td>170</td>
</tr>
<tr>
<td>Acetylcholine (µg)</td>
<td>2</td>
<td>1ng</td>
</tr>
<tr>
<td>Mercury(Hg) (mg)</td>
<td>310</td>
<td>350</td>
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<tr>
<td>Telomere(TTAGGG)</td>
<td>1100</td>
<td>1600</td>
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<tr>
<td>Ki-67</td>
<td>170</td>
<td>220</td>
</tr>
<tr>
<td>VEGF</td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td>anti-N-glycolyl GM2</td>
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<td>220</td>
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<tr>
<td>cyclin E</td>
<td>140</td>
<td>200</td>
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</table>

Table 3 Changes of parameters in Case 3

Although this case is the case of recurrence prevention, Acetylcholine and Telomere reacted sharply according to, the increase and decrease of CA546 as a main tumor marker. And other parameters were also correlated to CA546.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>H14.7.13</th>
<th>H14.9.18</th>
<th>H14.11.21</th>
<th>H15.1.11</th>
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<tbody>
<tr>
<td>Oncogene C-fos Ab2</td>
<td>70</td>
<td>130</td>
<td>170</td>
<td>230</td>
<td>140</td>
</tr>
<tr>
<td>Integrin α5β1</td>
<td>70</td>
<td>140</td>
<td>180</td>
<td>230</td>
<td>140</td>
</tr>
<tr>
<td>Acetylcholine (µg)</td>
<td>2.1</td>
<td>1.5</td>
<td>0.7</td>
<td>0.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Mercury(Hg) (mg)</td>
<td>10</td>
<td>40</td>
<td>80</td>
<td>120</td>
<td>60</td>
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<tr>
<td>Telomere(TTAGGG)</td>
<td>610</td>
<td>900</td>
<td>1250</td>
<td>1620</td>
<td>820</td>
</tr>
<tr>
<td>Ki-67</td>
<td>80</td>
<td>90</td>
<td>120</td>
<td>180</td>
<td>100</td>
</tr>
<tr>
<td>VEGF</td>
<td>80</td>
<td>90</td>
<td>120</td>
<td>220</td>
<td>110</td>
</tr>
<tr>
<td>anti-N-glycolyl GM2</td>
<td>70</td>
<td>90</td>
<td>160</td>
<td>240</td>
<td>110</td>
</tr>
<tr>
<td>cyclin E</td>
<td>80</td>
<td>100</td>
<td>140</td>
<td>220</td>
<td>90</td>
</tr>
<tr>
<td>CA546</td>
<td>13.6</td>
<td>7.2</td>
<td>23.9</td>
<td>55.9</td>
<td>20.3</td>
</tr>
</tbody>
</table>

Case 4 ) Patient : a 79 years old man  
Diseases : Liver cancer & metastasis cancer in the lung
In this case the patient did not visit our clinic for one year and the value of AFP (tumor marker of liver cancer) was increased 30 times before his re-visit to our clinic. Namely the value of AFP was increased from 163.7 to 4960 (ng/ml) and this case was deteriorated case. In this case also the decrease of Acetylcholine and increase of Telomere were remarkable and even other parameters were correlated to the tumor marker AFP.

Table 4 Changes of parameters in Case 4

<table>
<thead>
<tr>
<th>Parameter</th>
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<tbody>
<tr>
<td>Oncogene C-fos Ab2</td>
<td>160</td>
<td>650</td>
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<tr>
<td>Integrin α5β1</td>
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<tr>
<td>Acetylcholine (µg)</td>
<td>6.2</td>
<td>2pg</td>
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<tr>
<td>Mercury(Hg) (mg)</td>
<td>370</td>
<td>480</td>
</tr>
<tr>
<td>Telomere(TTAGGG)</td>
<td>1150</td>
<td>1820</td>
</tr>
<tr>
<td>Ki-67</td>
<td>170</td>
<td>520</td>
</tr>
<tr>
<td>VEGF</td>
<td>170</td>
<td>620</td>
</tr>
<tr>
<td>anti-N-glycolyl GM2</td>
<td>170</td>
<td>620</td>
</tr>
<tr>
<td>cyclin E</td>
<td>140</td>
<td>370</td>
</tr>
<tr>
<td>AFP (ng)</td>
<td>163.7</td>
<td>4960</td>
</tr>
</tbody>
</table>

**Discussion** In all of 4 cases remarkable decrease of Acetylcholine and increase of Telomere at cancer or pre-cancerous area were commonly observed. Other parameters of cancer were correlated to the changes of tumor markers. Each parameter was correlated to the tumor marker, because BDORT was able to response so sharply to the changes in human body. Remarkable decrease of Acetylcholine seemed to relate with the multiplication of cancer cells. The importance of 6 parameters of cancer which Prof. Omura founded and taught was reconfirmed. From the experience of author, cyclin E and anti-N-glycolyl GM2 are important parameter in check of beast cancer to prevent the misdiagnosis. Further research work should be necessary.
The Performance of an Improved Pulling Machine (Model V) Used in Bi-Digital O-Ring Tests, and Its Application to Biomedical Diagnoses

Toshimitsu Matsubara, B.S., Agr, D.V.M., Cert. ORT-DVM (1 Dan), Kanji Kato (Kic), Masahiro Okada (Biosu)

Purpose: To investigate the performance of the improved pulling machine (Model V) and to apply it to biomedical diagnoses (humans, animals, foods, and drugs).

Materials: Our reports on improvements to the pulling machine were presented several times at the conferences of the Bi-Digital O-Ring Test (BDORT) Society. Our report at the most recent BDORT conference reviewed a diagnostic study using Model V. Shaheild (silver mesh, hexahedron) was used in the study to shield the electromagnetic fields (EMF) that were created in the pulling machine and the surroundings. Zone (a comprehensive grounding device) was used to suppress the EMF related with instruments. In order to ground the four limbs of test animals, the animals were placed on a rubber carpet 6 mm thick that had been laid on the floor. The pulling machine was checked for EMF by KEC (Kansai Electronics Company) so as to control the electromagnetic waves at a level of 2.0 V/m or less.

Method: The performance of the improved BDORT pulling machine (Model V) was determined by obtaining the pulling force, in kg, and the width (in millimeters) of the finger opening. The measured values thus obtained were treated stochastically and analyzed on a personal computer to ensure that the two factors were in a proportional relation along the standard linear line.

Results: The Model V pulling machine was shown to achieve higher precision of diagnoses, and was found to be useful for examining the adequacy of various drugs for human bodies. It was also found that the machine could be used for diagnoses based on animal organ imaging and X-Y axis scanning using a new laser beam. It has also become obvious that the machine could be used to check the adequacy of foods, especially meat.


Sources of Harmful Domestic Electromagnetic Waves and Countermeasures Against Them - Vol. 2 -

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Introduction: It is known that abnormal linear marks are often observed on the surface of patients’ bodies with intractable diseases using the Bi-Digital O-Ring Test (OMURA, Y., 1977-2003; hereafter referred to as BDORT), originally invented and developed by Professor Omura of New York. Prof. Omura has already reported that these marks may be caused by domestic electric appliances, electric cords, and electric wiring under floors or in walls. Furthermore, there are a number of sources of harmful electromagnetic waves at home, so effective countermeasures were sought and investigated using BDORT.

Subjects & Method: Indirect BDORT was conducted in homes to confirm which appliances opened it. Once the source of the harmful electromagnetic waves has been identified, the following measures can be taken: 1) ground them 2) keep them at a distance or turn them around, if they are movable, and 3) unplug them from the outlet when not in use or before going to bed. In actual fact, however, it is difficult to ground the many electric appliances used in our daily lives. If we diligently ground everything, it would look strange and invite misunderstanding among surrounding people. Thus, we tested another method in which a variety of diodes were attached to the source of the waves. Before and after the placement of the diodes patients were examined for drug-uptake to the diseased areas using BDORT.

Results: Some intractable symptoms can be alleviated or cured by the removal or unplugging of electric appliances around beds, where patients remain for many hours and are exposed to the influence of harmful electromagnetic waves. Unexpectedly, bedside alarm clocks, window frames, tin roofs of both the patients’ houses and those nearby, videocassette recorders in the next room, some metal parts on beds, and wall outlets have been identified as sources. Grounding, when possible, proves the most effective measure. Where grounding was not possible, two diodes (10 to 20 yen per unit) were fixed with vinyl tape to the center of the source in a parallel formation 5 mm apart. This measure hindered the opening of the O-Ring indicating, which the intensity of electromagnetic field had been reduced. Diodes of varying capacity and cost were sufficiently effective in shielding the patient from electromagnetic waves in most situations. Even after placement of the diodes, something made of metal near the source disrupted the electromagnetic waves. Shielding with aluminum only seemed to diffuse the waves and aggravate the electromagnetic fields in some cases.

Discussion: When a disease is of a refractory nature, it is considered important to check if the patient is exposed to harmful electromagnetic waves, and if found to be so, to remove the source. Susceptibility toward electromagnetic waves, however, varies from person to person. It is very difficult to be perfectly sheltered from the influence of such waves in one’s daily life. Therefore further investigation is necessary to find curative means and measures to alleviate the irritability of patients toward electromagnetic waves.
Direction of two diode bars and how to attach the electric instruments
1- MeTIQ Used as a Marker of Bi-Digital O-Ring Test for Parkinsonian Disease

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ABSTRACT

It has been reported by M. Hirobe, S. Ohta et al. that 1-MeTIQ (1-Methyl- Tetrahyroisoquinoline ) was markedly reduced in the brain of Parkinsonian patients and that the TIQ content was not significantly less than in the normal brain.

We have made specimens of MeTIQ and TIQ in the concentration from $10^{-30}$ g. With these specimens, the concentration of 1-MeTIQ and TIQ was detected by Bi-Digital-O-Ring Test. This time, 1-MeTIQ was used as specimen for Parkinsonian patients.

**Method**

The Checking of the concentration of 1-MeTIQ was made with the use of the specimens of various concentration in the area of the brain shown in the picture. The checking was made with Parkinsonian patients as well as with a normal person. In the case of a normal one, the concentration of 1-MeTIQ was around 100ng - 200ng, whereas in the Partinsonian patients it was from $10^{-24}$ g to 1pg by Bi-Digital-O-Ring Test Method. With the use of Bi-Digital-O-Ring Method, the same results reported by M. Hirobe, S. Ohta et.al. have been obtained.

We then used the specimen of 100ng concentration and checked many kinds of medicine and health foods. Among them a pillow made of a mixture of palm charcoal and a very small amount of Amazonian Torumarin, and Sucupira showed desirable results. We decided to use them in addition to the medicine already prescribed. (Grapefruits, Mint, Lemon myrtle, Micromeria fruiticosa showed also good results by Bi-Digital-O-Ring Test, but desirable results did not appeared in 4 months)

**Results**

With the odor of Grapefruits and Mint pillow, the concentration of 1-MeTIQ improved only up to $10^{-14}$ g, whereas the use of the pillow(Amazonian palm charcoal with a very small amount of Amazonian Torumarin) showed a remarkable result in the concentration of 1-MeTIQ in the brain. In addition, taking Sucupira from Brazil, Parkinsonian patients recovered almost to the normal concentration of 1-MeTIQ. Parkinsonian symptoms have almost disappeared.

Yoshikazu Tasaki, Yukiko Makino, Shigeru Ohta and Masaaki Hirobe: 1-Metyl-1,2,3,4-Tetrahyroisoquinoline, Decreasing in 1-Methyl-4-Phenyl-1,2,3,6- Tetrahydropyridine-Treated Mouse, Prevents Parkinsonism-Like Behavior Abnormalities (Journal of Neurochemistry, 1991)
Shigeru Ohota, Masaaki Hirobe et al. Tetrahyrosoquinoline and 1-Methyl- Tetrahyrosoquinoline are Present in The Human Brain: Relation to Parkinson’s Disease (Biomedical Research 8 (6) 453-456, 1987)
Sucupira (*Bowdichia nitida*)
Sucupira belongs to Leguminosae and grows along the lower reaches of the Amazon and in the forest of the Rio-Negro. The color of the center of the wood is dark chocolate to reddish brown. The bark, root and seeds are medicinal. They use root for the chronic rheumatism, bleeding, edema, stomach trouble, tonic and diabetes. The barks are used for blood purification. The decoction of seeds is used as a febrifuge, rheumatism, gout, neuralgia, syphilis, skin ulcer and herpes.

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Etiological Study of Enuresis by using the Bi-Digital O-Ring Test

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[Purpose] Main factors of enuresis are depth of sleep (too deeply to arouse) and frequency of urination (due to large nocturnal urine output or/and storage failure), and each factor has various underlying causes. Enuresis may be multifactorial and no specific therapy has been derived. We studied the abnormalities of central nervous system related to deep sleep and nocturnal polyuria by using the Bi-Digital O-Ring Test (BDORT).

[Subjects] Three boys who have primary nocturnal enuresis.

[Method] Pineal gland, pituitary, hippocampus, pons, medulla oblongata and cerebellum are localized and imaged by the BDORT imaging technique on the patient’s head wall and brain CT scan. We measured the degree of the maximum opening (+4 - -6) on them, and then investigated if each organ is infected with any pathogens by using the control substances of HSV-Type1 & 2, HHV-6, CMV, EBV, Chlamydia trachomatis & pneumoniae, Mycobacterium tuberculosis and Helicobacter pylori.

[Result] Case 1 (7 y-o) : Enlarged pineal gland representation area was imaged on his forehead, and pituitary was imaged in it. Grade of the BDORT was + 4 on pineal gland, and -6 on pituitary. Besides, hippocampus was -2, pons, medulla oblongata and cerebellum were + 4. Pituitary and left cerebellum were positive with H. pylori; 799ng on his CT scan. So, we suspected the infection to his stomach, and which was also positive and could be mapped by using pituitary tissue slide. Case 2 (9 y-o) : Similar findings were obtained on his forehead, and CMV was positive on pituitary and left medulla oblongata with 100ng and 10ng, respectively. Case 3 (12y-o) : Enlarged pituitary was similar to former cases and -6 by grading, and positive with HHV-6; 2300ng on his CT scan.

[Conclusion] Our study indicates pituitary is more affected than pons and medulla oblongata, and the affected pituitary could influence on pineal gland function, and so, induce nocturnal polyuria and deep sleep. If pituitary dysfunction is a most important cause of enuresis, we need more etiological approach to treat the patient in addition to a routine treatment.
he Role of BDORT Medicine in Social Medical Care
From EBM to NBM.

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ABSTRACT

Japan’s rapidly aging society has thrown into relief problems in many different fields. Organic,
functional, and psychogenic factors have become entangled in pathogenic backgrounds of various
illnesses such as life-style disease; terms of the comorbidity from Eastern medicine such as 合病 and
併病 describe this situation. With western medicine many chronic diseases that are so difficult to cure
are mistreated due to therapeutic mistakes and/or pharmacological abuse. One approach to remedying
this situation is to adopt the eastern medical approach which involves holistic care that emphasizes
close communication between doctor and patient. In other words, practical medical treatment needs to
move from strictly EBM toward NBM. However, when chronic health problems are not solved in this
way, the number of patients who harbor distrust and uneasiness over medical treatment increase still
more and, furthermore, they often tend to abuse themselves with self-medication or by turning to a
variety of health foods. This results in the relationship between doctor and patient becoming still more
estranged.

At a time when people have lost faith in traditional western medical treatment, BDORT medicine is
striving to the modernize Eastern diagnostic methods and has achieved superb clinical results.

In order to obtain scientific evidence with respect to BDORT medicine, the electrical resistance value
of the 12 true meridian route determined by the three-point system equipment devised for an electric
physiological research of a meridian flow system was investigated by a quantitative measurement of
BDORT.

The measured value of the meridian flow resistance of the true 12 meridians was displayed on the
meridian flow style radar chart, and an Eastern medical diagnosis was conducted based on the changes
in values on the radar chart; in addition, we investigated the clinical effect of the treatment of a
chronic pain patient with acupuncture and Chinese herbal medicine with the diagnosis due to the radar
chart values. Using this method we found a close correlation between the electrical resistance value of
the meridian flow and the quantitative measurement value of BDORT.

In addition, we present the clinical findings about the patient with intractable low back pain and the
lung cancer patient who were treated by BDORT medicine in the Shimotsuura clinic and discuss
BDORT diagnostic treatment, which promotes development of the medical treatment from EBM to
NBM, in terms of BDORT’s overall role in medicine for our modern society.
New Finding of Anti-Cancer Substance Release from Small Intestine & Quick, Safe and Effective Selective Drug Uptake Enhancement Method By the Application of Red Spectrum Laser or LED Light on Tongue as a New Aid for Cancer Treatment and Other Intractable Medical Problems

Yoshiaki Omura, M.D., Sc.D., FACA, FICAE, FAAIM, FRSM
Director of Medical Research, Heart Disease Research Foundation; President, Int'l College of Acupuncture & Electro-Therapeutics; President, Japan Bi-Digital O-Ring Test Medical Society; Adjunct Prof., Dept. of Community & Preventive Medicine, New York Medical College; Prof., Dept. of Non-Orthodox Medicine, Ukrainian National Kiev Medical Univ.
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ABSTRACT

Since it is very rare for the small intestine to have cancer with occasional exception of Carcinoid tumor which secretes Serotonin and arise from cells of neuroendocrine system of appendix and Ileum, the author speculated that normal functioning small intestine may release anti-cancer substances. To test this hypothesis, accurate small intestine representation areas were mapped on both palms and upper surface of tongue (using microscope slides of different parts of normal small intestine tissue), and the effect of stimulation of the small intestine representation areas on the cancer markers in various cancer patients was examined (including Adenocarcinoma of colon, prostate gland, uterus, ovary, breast, lung and Anaplastic Astrocytoma of brain). In 2001, the author found that 5-minute mechanical stimulation of accurate small intestine representation areas (corresponding to Jejunum and Ileum) of both hands resulted in a very significant several hours of improvement to practically 0 of abnormally increased cancer markers of Integrin $\alpha_5\beta_1$, Oncogene C-fos Ab2, Hg, viral infection and cancer Telomere. Also there was a marked improvement of increase in extremely abnormally reduced Acetylcholine. The author confirmed this anti-cancer substance(s) are concentrated at Peyer's Patches of Jejunum and Ileum and this anti-cancer substance(s) is named by the author as “Small Intestinal Anti-Cancer Substance(s)”. In some patients, additional stimulation of gall bladder representation area in hand or tongue further reduced the abnormal cancer markers. This indicates gall bladder may also release additional anti-cancer substance but not as powerful as the one from small intestine and it is also named as “Gall Bladder Anti-Cancer Substance(s)”. Further study with red spectrum laser beam or line as well as red light from light emitting diode (LED), or near infrared light, red light from small pen light covered with O-Ring Test positive red filter directed on the small intestine representation areas of the hands or tongue, resulted in similar desirable reduction of abnormal cancer markers. However, at the underside of the tongue, on which the author in late 1980's discovered existence of representation area of the head and face, if the red light from LED or other sources is projected on the right half of the underside of the tongue, significant reduction in the abnormal cancer markers was observed in the left part of the body below the base of the neck. If the left underside of the tongue is exposed to the red LED light or other red light source, in the right part of the body below the neck, cancer markers are significantly reduced, and similar changes were observed on the same side of the neck, face, and head as the irradiated part of the tongue. It was also found that if there is an infection in the brain, effectiveness of Selective Drug Uptake Enhancement Method will be reduced; but if the infection in the brain is eliminated, then the effectiveness of the Selective Drug Uptake Enhancement Method to the cancer tissue in any part of the body was found to be improved. Best anti-cancer effect was obtained, when accurate organ...
representation areas on hand, ear or tongue is stimulated as a mean of Selective Drug Uptake Enhancement Method, after enough Small Intestinal Anticancer Substance is released by stimulation of accurate Jejunum and Ileum representation areas.

In addition, Bi-Digital O-Ring Test negative necklace, earring, eyeglasses, hair coloring dye, underwear, pillow case are common source of inhibiting drug uptake to brain and interfering with brain circulation. One of the characteristics of the exposure of the tongue by red spectral light is that not only does the effect appear very quickly, but exposure of even 1 or 2 minutes of red light results in the Selective Drug Uptake Enhancement duration of anywhere between 4-8 hours. Therefore, recently the author has incorporated this method as a routine part of cancer treatment.

After extraction of wisdom teeth or other dental treatments, brain infection often develops, and also in autism patients, multiple mixed bacterial and viral infections exist in the most parts of the brain, with markedly reduced Acetylcholine and GABA and markedly increased β-Amyloid (1-42) and with markedly increased metal deposits of Al, Hg, or Pb. In these patients, when the effective and mutually compatible medications are given to the patient, usually most of the drug goes to the normal parts of the body, and very little goes to the brain. However, our previous study demonstrated that if first segment of the middle finger, which represents head and face, is stimulated for more than 5 or 10 minutes, significant drug uptake to brain takes place, but when red spectrum light is projected on the underside of the tongue for just 1 to 2 minutes, the drug uptake to the brain is significantly increased and therapeutic effect also stays for 4-8 hours.

As we discussed earlier, when the upper surface of the tongue is irradiated by red light for 1 or 2 minutes the anti-cancer effect often lasts 6-8 hours, partly due to the light stimulation of the areas corresponding to Jejunum and Ileum. Also, non-invasive stimulation of underside of the tongue for problems in the brain, including severe brain infections, severe motor dysfunction, mental retardation, Autism, and Alzheimer's patients can be improved significantly. In general red light stimulation of the both under and upper sides of the tongue can induce rapid drug uptake enhancement to the pathological internal organs.

Other Important approach to cancer treatment is 2-3min Stimulation of the True ST.36 (1/2cun closer to anterior tibial crests than from Traditional ST.36 where no acupuncture point exist) 4 times day after taking each effective medication, through Press needle which was inserted semi-permanently on the True ST.36. This method was originally discovered by the author in late 1990s. Stimulation of the True ST.36 through the press needle result in the following desirable effects within 10min after stimulation:

1) Effective Anti-cancer Drugs including naturally generated Small Intestinal Anti-Cancer Substance can selectively enter every cancer positive areas including multiple metastases, while reducing drug uptake to normal tissue very significantly and can reduce toxicity to normal tissue.
2) Abnormally increased cancer cell Telomere reduces much less than 1/1000 and make cancer cells impossible to divide and multiply while increasing normal all Telomere.
3) Abnormally increased Integrin α5β1, Oncogene C-fosAb2, Hg, Virus, and Telomeres in cancer cells reduces much less than 1/1000, while increasing abnormally reduced Acetylcholine more than 1000 times.

These beneficial effects by 2min stimulation usually last 6-8 hours. The similar result can be obtained at True L.I.4 for cancer of upper part of the body.
2-Minute Non-Invasive Laser Beam Screening of Cardiovascular Diseases Comparing the Sensitivity and Reliability of the C-Reactive Protein with L-Homocystine as a Reference Control Substance

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ABSTRACT

Although in the past few years the importance of C-Reactive Protein (CRP) has been promoted by the cardiologists at Harvard Medical School, there is not enough data to demonstrate that C-Reactive Protein is superior and more sensitive than L-Homocysteine measurements through blood test. The author has been evaluating the usefulness of C-Reactive Protein, L-Homocysteine and L-Homocystine (consists of 2 molecules of L-Homocysteine via disulfide bond -S-S-) as a risk marker for inflammation as well as cardiovascular risk factors. In measurements of these markers for the detection of inflammation as well as cardiovascular diseases in a patient with early stages of diseases, a blood sample may not reveal some of the significant changes taking place in the heart or blood vessels, since any risk marker which is released from pathological area will be diluted by the large amount of circulating blood and blood chemistry measurement may not show significant abnormality. But if our non-invasive laser beam 2-minute cardiovascular disease screening method is used, not only sensitivity for detection of early stage of pathology is increased, but also abnormal location can be approximately localized. To test this concept and also to test which cardiovascular risk factor among L-Homocysteine, L-Homocystine and C-Reactive Protein is superior for the purpose of early diagnosis, for the past few years the author has been studying people who already have myocardial infarct and individuals without any symptoms. The most sensitive amount for L-Homocysteine as a reference control substance is 0.5mg and for CRP is 0.5ng. Our study indicated that when 0.5mg of L-Homocysteine is used it is most sensitive as a reference control substance, but 0.5ng of CRP often failed to detect the presence of significant infection due to bacteria or viruses. Basic measurement is performed by projecting the laser beam from laser pointer placed next to the reference control substance for cardiovascular risk factor which is projected to 6 locations of the body, including palm of both hands, suprasternal notch, umbilicus, both thighs near the inguinal area. From this, one can estimate general location of the abnormal area. In order to localize exact abnormal area and its extent, X-axis and Y-axis laser line scannings are performed and from the crossing point of abnormal X-axis and Y-axis line, one can often find the center of pathological area. Once the outline of the pathological area is marked, at the center of the
pathological area, pathogenic factor will be identified and then effective medication will be delivered by Selective Drug Uptake Enhancement Method.

However, C-Reactive Protein often failed to detect infections and inflammation due to various bacterial and viral infections which we often detect in cardiovascular diseases. As a result, contrary to the general belief that C-Reactive Protein is very sensitive, we examined more than 30 individuals with various infections due to either Cytomegalovirus, Herpes Simplex Virus Type 1, Human Herpes Virus Type 6, Chlamydia Trachomatis, Chalmydia Pneumoniae or Mycobacterium tuberculosis in cardiovascular systems. In the majority of the people with one or more of these infections (even when significant infections exist, C-Reactive Protein often fails to detect any significant abnormalities, while L-Homocystine was able to detect most of the abnormalities. One of the major reasons for this problem of low sensitivity of C-Reactive Protein may be related to the fact that C-Reactive Protein is produced when Interleukin 6 combines with receptors on the liver cell surface, but if the liver cell is abnormal, C-Reactive Protein production will be markedly inhibited. Therefore it is essential to measure both liver function test, Interleukin6 and C-Reactive Protein at the same time to properly evaluate the measured value of CRP for our concept. Further clinical studies may provide more supporting evidence for our conclusion.

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Research and Development on EBM in Integrative Medicine through Bio-Medical Engineering

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Integrative Medicine to integrative modern western medicine and complementary and alternative medicine (CAM) will be the future main stream of health & medical cares in the World.

This trend has been expending from Europe and US to Asian countries and recently, also to WHO countries. Japan is closing for the trend of outside, because of the Japanese medical system is oriented only on western medicine.

Future health & medical trends are as follows;
1) From Therapeutic Medicine to Health Maintenance and Prevention
2) From Local organs care to Holistic care
3) From Temporary treatment to Comprehensive care

In order to meet the change, the political action plan on revolutional improvement on medical system and education is indispensably necessary.

For this purpose, the most important action will be the armaments on CAM theoretically and experimentally, and the methods of biomedical engineering will be considered as the appropriate tools.

The following research & development should be promoted.
1) New approach towards EBM, not based on statistical method but on individuality
2) Utilization of biomedical engineering to create new technologies and industries for health promotion and protection
3) New scientific research to clarify on energy heeling, Qi-gong, etc.
4) Feasibly study on the parts of Integrative Medicine in the regional health care model

Bi-Digital O-Ring Test will be the important research target by bio-medical engineering.
Dental treatment and the Rest of the Body

Why Do Body Lesions Improve Following Adjustment to the Physiologically Normal Bite Relation Using the Bi-Digital O-Ring Test?
-Apparent Changes to the Neck Following Adjustment to the Physiologically Normal Bite Relation Using the Bi-Digital O-Ring Test -

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Introduction: At the 18th International Symposium on Acupuncture and Electro-therapeutics, held at Columbia University in New York in October 2002, I gave a presentation on “Adjusting to the Physiologically normal bite relation using the Bi-Digital O-Ring Test and its Effects on the rest of the body”.

When the resonance effect of the Bi-Digital O-Ring Test (Omura, Y., 1977-2003; hereinafter called BDORT) was applied to physiological adjustment of the bite relation, the increase in physiologically useful substances and the decrease in harmful substances were confirmed quantitatively at pathological sites in the body.

The reason why this phenomenon occurs, however, has not been clearly explained.

Purpose: To investigate one possible explanation for this phenomenon, changes to the neck were examined after patients whose bite relations were physiologically abnormal according to BDORT were given therapy to achieve a physiologically normal bite relation.

Methods: Photographs of the neck before and after BDORT bite relation therapy were compared and examined.

Results: Comparing photographs of the neck before and after therapy in cases in which the height of the bite relation was raised, lowered or the mandibular position altered by orthodontical procedure or prosthesis, there was an obvious relaxation of tension in the neck after therapy.

Discussion: Therapy to achieve physiologically normal bite relations in patients with abnormal bite relations as diagnosed by BDORT alters the position of the mandible with respect to the head and neck, and it is through the application of a physiological investigation possible only with BDORT (the muscles strengthen when the physiology is plus and weaken when it is minus) that the mandible can be guided into the physiologically proper position with respect to the head and neck.

Even if the change is only a matter of microns, it effects a direct, physiological improvement in the tissues of the neck, thus increasing the physiology of the over-tense muscles and tissues of the neck or in other words relieving excessive tension. As a result, it is considered that the effect appears in the photographs as an apparent relaxation of the neck.

Effecting a direct, physiological improvement in the tissues of the neck means that there is a direct effect on the skeletal, circulatory and nervous systems of the cervix. In particular, effecting a direct, physiological improvement in the superior cervical vertebrae, which play an important role in the physiology of the body as a whole, will also serve to physiologically restore the condition of blood vessels and nerves which have been blocked in this area. In this way, physiological metabolism is improved even at pathological sites remote from the oral cavity, thus explaining the biological changes of increase in useful substances and decrease in harmful substances occurring at sites with symptoms.

It appears that just as water gushes forth suddenly from a blocked tap when a stopper is removed, the restored blood flow and neural transmission produce a sudden improvement in physiology.

Conclusion: BDORT therapy for bite relation produces a physiological improvement in the cervical vertebrae, resulting in a physiological improvement in the circulatory and nervous systems in the cervical vertebrae. This serves to improve the physiological metabolism of pathological tissues in the body, thus improving and promoting overall health.

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The Phenomenon of Seeming the Phantom Effect and Resonance Phenomenon in the Biocompatibility Test using Equilibrium

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ABSTRACT

(Purpose) If we use Bi-Digital O-Ring Test, we will be able to judge the substance is inferior or superior for living body. In many cases, the sense of equilibrium disorder i.e. a feeling of giddiness or unsteady, occurred with the inferior materials in oral area. As one of the biocompatibility test using sense of equilibrium was advocated as Fujii test. In this test, the substance will be judged inferior if the subject’s trunk separates from it or subject’s body is unsteady and it will be judged excellent if subject’s trunk approaches it. The judgment of this test has corresponded to that of BDORT as yet. However, although biocompatibility can be researched to all subjects in BDORT, this test can judge only around 30% among all subjects. It was known that the phantom effect and resonance phenomenon exist in BDORT and they might be observed also in this test.

(Method) The change of the sense of equilibrium by which metal for dental, Chinese medicine etc is made to approach the thymus or near the object internal organs was investigated. And it makes a comparison between that results and biocompatibility by BDORT. Furthermore, the research was performed with the diode stick to remove the resonance phenomenon, and comparison examination with BDORT was also performed.

(Results and discussion) In a case that the reaction for which a trunk separates from a substance which was judged excellent in biocompatibility by BDORT may be seen, one side point of a diode stick whose another side point is attached in a substance was made to approaches a subject. Subjects are sometimes doubtful about BDORT because researcher’s finger power to open the subject’s O-Ring can be controlled. On the other hands, while this test has the advantage that those worries do not exist, this reaction has the fault of not appearing to around 70% of the whole subject instead. In some cases, the phenomenon seeming phantom effect appeared. Although the next examination has started, the reaction of the previous examination remains for a while.

(Conclusion) Also in the biocompatible examination using the sense of equilibrium (Fujii test), it was thought that the phantom effect and resonance phenomenon exist as same as BDORT.

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Vascular Dementia (AD) and Alzheimer Disease (AD) are two main causes of dementia in the aged. Recent epidemiological studies in Japan indicate that the incidence of AD is becoming slightly higher than that of VD.

AD is morphologically characterized by abundant accumulation of β-Amyloid in the form of senile plaques and abnormally phosphorylated tau in the form of neurofibrillary tangles, resulting in a loss of neurons and diffuse brain atrophy.

As regards the pathogenesis of AD, "Aβ amyloid cascade theory" (the hypothesis that deposition of β-Amyloid followed by the accumulation of hyperphosphorylated tau may be the common process specific to AD) has been generally supported by investigators in this field.

From clinical viewpoints, AD is characterized by gradual and progressive deterioration of cognitive functions without focal neurological symptoms such as motor palsy, motor ataxia, sensory disturbances and others, and most of current diagnostic criteria for AD are based on these clinical characteristics. However, because AD imposes a major burden on society, the advent of earlier diagnostic methods and more effective therapeutic agents are ardently desired. At present, the index of Aβ40 / of Aβ43 × tau calculated from Aβ and tau levels in CSF is the best biological diagnostic marker.

On the basis of various approaches for clarifying the etiology of AD, many therapeutic agents for AD have been produced. To date, however, only a few acetylcholine esterase inhibitors have shown clear evidence for therapeutic benefits and been licensed as anti-dementia drugs for AD.

Only recently, Aβ amyloid cascade theory has led to production of new promising anti-dementia drugs including oral Aβ vaccine and β or γ-secretase inhibitors.

This lecture will briefly review such current topics concerning AD.
Early Diagnosis of Alzheimer's Disease and Autism by Non-Invasively Measuring Acetylcholine, β-Amyloid (1-42), Al, Hg, and Viral and Bacterial Infection Particularly CMV, Chlamydia Trachomatis, and Mycobacterium Tuberculosis: Safe and Effective Treatment With Compatible and Effective Medication (Including "Substance Z"), and Selective Drug Uptake Enhancement Method

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ABSTRACT

Even when one can prevent or survive major causes of death, cardio-vascular diseases and cancer, once individual manages to reach 80 years old, more than 20% of the people over 80 develop Alzheimer's Disease. Although there are some medications which can slow down the progress of Alzheimer's disease there is no reliable method of reversing Alzheimer's disease. Since old age population is increasing every year in developed countries expenses and burden of taking care of Alzheimer's disease will become astronomical. Similarly population of autism patients among children is also increasing every year and there is no reliable treatment for autism available. As a result these people become an additional burden for the families and society. During the past 5 years the author has been evaluating both Alzheimer's patient and Autism patient and found that they have a significantly similar abnormal findings in the brain. The author often found the following common findings among Alzheimer's and Autism patients:

1) Excessive deposit of metal such as Al and Hg with or without Pb in Hippocampus & rest of brain, particularly motor cortex
2) Acetylcholine is markedly reduced in Hippocampus & rest of brain, particularly motor cortex
3) β-Amyloid (1-42) is markedly increased in Hippocampus & rest of brain, particularly motor cortex
4) Strong Viral infection exist often due to CMV and HHV-6 in Hippocampus & rest of brain, particularly motor cortex.
5) Bacterial Infection exist often due to Chlamydia Trachomatis and Mycobacterium Tuberculosis in Hippocampus & rest of brain, particularly motor cortex.

To remove excessive metals, Cilantro, originally discovered for its chelating effects on metals such as Al, Hg, Pb, etc.(made by Hayashibara Biochemical Lab of Okayama, Japan) is used. As safe, natural, effective antiviral agent, mixture of EPA 180mg and 120mg DHA 4 times/day was used for adults; however for autistic children optimal dose is measured individually using Bi-Digital O-Ring Test. Selective Drug Uptake Method to the brain is performed either by stimulation of the brain representation area at the 1st segment of the middle finger, either mechanically or by red spectral light from LED. More than 95% of the excess metal deposit in hippocampus and rest of brain can be removed with Cilantro and Selective Drug Uptake Enhancement to selectively deliver the Cilantro to the brain within several hours. Once major part of excessive deposit of metal is removed from brain, Acetylcholine often increases 2 or 3X of the original abnormally reduced amount without any other treatment. Within the past 2 years,
the author discovered that the 2 major causes of the increase in water insoluble β-Amyloid (1-42) is due to brain infection (particularly hippocampus) of Chlamydia Trachomatis and Mycobacterium Tuberculosis. The author also succeeded in reducing in a majority of the patients β-Amyloid (1-42) to normal level and in more than 70% of the patients not only stop the progress of Alzheimer's disease and Autism patient but also often able to successfully revert to normal condition by treating Chlamydia Trachomatis and Mycobacterium Tuberculosis successfully if the patient was diagnosed within 2 or 3 years.

Two years ago the author found that the most common major cause of increase in β-Amyloid (1-42) in brain is Chlamydia Trachomatis infection of the brain. In 2002, the author found in a woman patient, he was able to reduce the amount of β-Amyloid (1-42) from 12ng to 6ng by treating her Chlamydia Trachomatis infection of more than 1500ng , but he could not reduce it any further. Upon further evaluation of the brain the author found extensive Mycobacterium Tuberculosis infection of 40 µg and short term memory deficiency could not completely be eliminated in this 30 year old young woman. In addition she had CMV infection and HHV-6 both of which were sensitive to mixture of 180mg of EPA and 120mg of DHA, and she had a bacterial infection sensitive to Trimox (Amoxicillin made by Bristol Meyers). When multiple mixed infections co-exist, ideally, all the infections should be treated at the same time as it is often observed when only one infection is treated, other bacterial or viral infections are often increased; however, in the past it was often not possible due to the drug interactions, when multiple drugs are given at the same time. For example, for Chlamydia Trachomatis infection, Azithromycin is among the most effective antibiotics for Chlamydia Trachomatis, but it is not compatible with a mixture of EPA+ DHA as well as Trimox, and therefore due to canceling effect Azithromycin cannot be used with these medications to treat multiple infections. However, Doxycycline which is also effective for Chlamydia Trachomatis is compatible with a mixture of EPA+ DHA as well as Trimox. On the other hand the most commonly used medication for the treatment of Mycobacterium Tuberculosis is Isoniazide often with additional Rifampin, but Isoniazide is not compatible with a mixture of EPA+ DHA which we use as a safe and effective anti-viral agent, and also not compatible with Trimox which is one of the broadest spectrum anti-bacterial agent. In addition, in order to get a good result one has to continually use Isoniazide 2 times a day, at least 1 or 2 years; but it often produces liver toxicity, and many people can not continue treatment full term. Even a small amount of alcohol, such as a 1/2 cup of beer produces liver damage and the patient often feels completely exhausted. To solve this problem the author evaluated about 150 different traditional Chinese and Japanese herb medicines made by Tsumura Pharmaceutical Company of Japan, and found one herb medicine called Saikokeishito (Tsumura Product No. 10) was found to have a more efficient anti-Mycobacterium Tuberculosis effect, and up to now has shown no significant side effects. Saikokeishito was found to be compatible with a mixture of EPA+ DHA and also compatible with Trimox, but it is not compatible with Doxycycline used to treat Chlamydia Trachomatis; because of this limitation we could not simultaneously treat all the viruses and bacteria including Chlamydia Trachomatis, and Mycobacterium Tuberculosis at the same time.

Indigo plant is known empirically to have beneficial effect on some of Diabetic patients. According to the author's clinical research most common cause of Diabetes is either CMV infection, Chlamydia Trachomatis infection, or mixed infection of the CMV and Chlamydia Trachomatis. Since the author found that Indigo Plant is beneficial for Diabetes only due to Chlamydia Trachomatis infection while it is not effective for Diabetes due to CMV alone. Hayashibara Biochemical Laboratory extracted 9 major components of Indigo Plant for the author to evaluate. All of the originally 9 extracts were toxic, and had no beneficial effects.
However, after the author diluted all of 9 extracts 2X, 3X, and 4X and then the author found only one of 9 to be beneficial for Chlamydia Trachomatis infection.

This substance Indigo 9-1 which is an effective form of one of the 9 major components of Indigo plant which the author found to have an anti-Chlamydia Trachomatis effect. Originally, when components was isolated by Dr. Fukuda and his associates of Hayashibara Biochemical Laboratory of Okayama City, Japan, the author found that it has a definite anti-Chlamydia Trachomatis effect, but unfortunately its effective duration was an average of one hour and therefore we could not treat the patient effectively, as no patient wants to take medicine 12 times a day. To solve this problem, when the author and Hayashibara Biochemical researchers slightly modified original natural preparation of effective component to prolong the duration, its effective duration was enhanced to an average of 6-8 hours; as a result the author found it had not only most powerful anti-Chlamydia effect, but also with no known side effect, and we named this natural substance as "Substance Z". "Substance Z" has additional advantages, namely it is compatible with mixture of EPA+ DHA, it is compatible with Trimox, and it is compatible with Saikokeishito. Thus since 2002, it becomes possible to treat Mycobacterium tuberculosis and Chlamydia Trachomatis at the same time, along with other bacterial infections sensitive to Trimox, and viral infection sensitive to the mixture of EPA+ DHA as an anti-viral agent. In treating a patient with all these multiple infections including viral infection sensitive to mixture of EPA + DHA, bacterial infection sensitive to Trimox, Chlamydia Trachomatis sensitive to "Substance Z" and Mycobacterium Tuberculosis sensitive to Saikokeishito (once optimal dose of each medication is determined for each individual patient) all at the same time without mutually canceling effect of drug interactions. In addition, use selective drug uptake enhancement method by delivering drugs selectively to the pathological area of the brain, by stimulating organ representation area of the brain on the first segment of the middle fingers, or the brain representation area of the underside of the tongue or ear lobules by either mechanical stimulation or red spectral light stimulation. As a result we are now able to eliminate most of the infections significantly within a few days, and elimination of the above listed abnormal findings in the brain.

In the normal brain, β-Amyloid (1-42) is less than 3ng, but when it increases above 4 or 5 ng often people develop short term memory deficiency, and when its increases between 7 and 12ng it is considered to be early stage of Alzheimer's disease. And Acetylcholine normally should have at least 1500µg, but when it is reduced below 500µg brain dysfunction began to appear but it becomes noticeable by others when its reduced below 500µg; in early stage of Alzheimer's disease it goes down between 200 and 100µg, and in most of the advanced Alzheimer's patients Acetylcholine is below 150 – 100µg. With the latest effective safe treatment described above, when we eliminate most of the infections to practically 0 such as Chlamydia Trachomatis and Mycobacterium Tuberculosis are <1 zg (=10^{-21}g), short term memory deficiency will disappear particularly when β-Amyloid (1-42) become less than 2 or 3 ng. However, in the advanced old Alzheimer's patient, when the β-Amyloid is increased to 12 or 20ng for a period of more than 3 or 4 years, often neurons are already damaged irreversibly, as a result even when we succeed in lowering β-Amyloid (1-42) to less than 2 or 3 ng short term memory cannot be reversed and therefore it is most important to make early diagnosis and treat them as quickly as possible. Similarly, in Autism patient the problem usually started at the time of birth, but most of the parents and physicians only recognize when children reaches 1 1/2 or 2 years old, and thus it is important to detect non-invasively above described abnormal biochemical changes and infections. Ideally, they should be examined shortly after birth. In the case of Autism (unlike advanced Alzheimer's patient) often it is possible to reverse partially and sometimes even significantly with more than 3 or 4 year history.
Study on Factors Influence on Diagnosis and Drug Selection by the Bi-Digital O-Ring Test (BDORT)

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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 BDORT1) (OMURA, Y. 1997-2002) at 3rd/5th international symposium2),3) and the 8th/9th annual meeting4),5). It might be the evaluation of the pathological biological information different from one's own person. We conducted this study to clarify factors such as the phenomenon to interfere on BDORT diagnosis and to investigate effective solutions.

Subject and Method: Sixty-six patients and their X-ray films who had respiratory diseases including 50 pulmonary tuberculosis (TB) and 12 nontuberculous mycobacterial (NTM) infections were enrolled. One of the TB patients was accompanied by lung cancer. In 30 of the 66 patients we evaluated X-ray films only. We performed BDORT resonant test and drug compatibility test after Omura's original method1). After performing usual BDORT, we did again using sample salt together with each reference sample and drug. We also evaluated influences of mistletoe (Steiner's anthroposophic medicine) and moxa to the patients' diagnoses whose responses of BDORT changed markedly by salt.

Result: (1) Correct diagnosis was obtained by usual BDORT in 49/65 patients, including in TB group 39/49 and in NTM group 11/13 respectively. One patient was excluded because of failing to perform direct BDORT. (2) BDORT diagnoses did not accord with final diagnoses in 16 patients, who were broken down into the following 5 categories: (a) In 11 patients who had compatibility with a moxa ("Tsubokyu NEO"), responses of BDORT were dramatically changed to accord with final diagnoses by attaching the moxa to the patients' body. In eight of them responses changed to TB from other diseases, while in three of them changed to other diseases from TB. (b) Among TB patients, in one patient with lung cancer and another patient presumed to have lung cancer on BDORT, TB compatible responses changed from (+) to (-) using sample salt. As a result it was difficult to diagnose accurately in two patients. (c) In one patient with lung cancer, responses of cancer emerged for the first time by performing BDORT using AMPC (Sawacillin®) with each reference sample and drug. The same responses were obtained on her film X-rayed 4 years ago, and also in patients of category (b). (d) In one TB patient we could not obtain TB compatible responses on BDORT until using Propolis with each reference sample and drug. (e) In one NTM patient whose foci spread over bilateral lung, we obtained TB compatible responses on the right Zong Fu point, and NTM compatible responses on foci and left Zong Fu point.

Discussion: We experienced many cases whose BDORT diagnoses did not accord with the proper diagnoses by usually performed BDORT unexpectedly. It suggests that the presence of factors interfere on BDORT diagnosis other than electromagnetic fields and technical problems pointed out so far. In these cases, the BDORT diagnoses were dramatically changed in responses into final diagnoses by using salt, some of moxa and Sawacillin®. The interference of pathological biological information, influence of co-existing with other diseases and so on, were suggested to mask proper diagnosis. These phenomena must be responsible factors when BDORT diagnosis does not accord with final diagnosis.


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INFECTION DISEASES LIKELY TO BE DIAGNOSED AS CANCER RECURRENCE AND THEIR TREATMENT

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Objectives: Even if resonance of cancer disappears in response to a variety of treatments and patients look cured, their symptoms sometimes aggravate in several months to several years. One of the causes is cancer recurrence and the other is found in a case in which although there is no resonance of cancer by BDORT, cancer recurrence may be suspected for the symptoms such as tumor marker elevation, an increase in tumor size, and infiltration of a tumor. In an attempt to elucidate the cause of the latter, it was investigated by BDORT whether \textit{Chlamydia trachomatis}, Tuberculosis (Tbc), Hg, Cytomegalovirus (CMV), existed.

Subjects: We investigated patients with ovarian, gastric, hepatic, lung, or breast cancer, and more than 30 photos of the cases in which BDORT showed no resonance of cancer but tumor growth resulted in surgery or death.

Methods: The regions where resonance of cancer disappeared were examined by BDORT quantitatively for \textit{Chlamydia trachomatis}, Tbc, Hg, CMV. In cases with elevated values, appropriate drugs were administered, and the Selective Drug Uptake Enhancement Method by Dr. Omura was instructed. For evaluation, the Imaging method, visual inspection, physical examination, computed tomography (CT) and magnetic resonance image (MRI) were employed.

Results: In most of the cases in which resonance of cancer disappeared but tumors increased in size, the amount of \textit{Chlamydia trachomatis} increased 10 to 20 times higher than the normal, followed by an increase of CMV. In most of these cases, furthermore, after appropriate drugs were selected by BDORT and the Selective Drug Uptake Enhancement Method was subsequently instructed, about two weeks of intake decreased tumors in size and the amount of \textit{Chlamydia trachomatis} (1-2 times more than the normal). Even if a similar tumor existed, as long as there was no resonance of cancer and the amount of \textit{Chlamydia trachomatis} was within the normal range, it did not increase in size and a relatively good clinical course was observed. In addition, there was a close relationship among \textit{Chlamydia trachomatis}, larvae of \textit{Ascaris} in dogs and cats, and corona virus causing Severe Acute Respiratory Syndrome (SARS). There was no case in which only Hg elevated. In cases with concurrently increased \textit{Chlamydia trachomatis} and CMV, the association was observed at a ratio of 18 to 16. Even in cases with Tbc infection, drugs for Tbc did not significantly reduce tumors in size. As immune system was strengthened, the degree of these infections decreased, and to get rid of these infections, especially \textit{Chlamydia trachomatis} and CMV, was presumed to be advantageous for macrophage activation.

Conclusion: After resonance to cancer is eliminated by BDORT, quantization of Chlamydia trachomatis and its treatment are considered a critical factor for prognosis.