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Inhibitory effect of Chinese parsley (*Coriandrum sativum, Cilantro*) on Drug-metabolizing Enzyme Induced by Endocrine Disrupters (Environmental Hormone)

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**[Purpose]** Omura discovered that the accumulation of mercury in tissues, particularly in cell nucleus, may be one of the main causes of cancer and he found that these metal deposits can be removed by using Chinese parsley and Omura's Selective Drug Uptake Enhancement Method (1-4). In this report, the inhibitory effect of Chinese parsley on drug-metabolizing enzyme induced by endocrine disruptors (environmental hormone) and the identification of active components in Chinese parsley are described.

**[Materials and Methods]** It is known that Dioxins taken in body bind to aryl hydrocarbon receptor (AhR) and cause the toxicity, carcinogenicity and teratogenicity by inducing the cytochrome P450 1A1 (CYP1A1), a kind of drug-metabolizing enzyme. We investigated for the inhibitory effects of Chinese parsley extract on the 7-ethoxyresorufin O-dealkylase (EROD) activity in rat liver cell induced by 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD).

**[Results]** The fresh aerial parts of Chinese parsley was minced and extracted with ethylacetate. The active components were fractionated with acetonitrile and purified by C-4 and C-18 reversed phase liquid chromatography. Two components were isolated. Component I was identified as 7,8-dihydrocoriandrin(5) by LC-MS, 1H-NMR and 13C-NMR analyses (Fig. 1). Component I inhibited the EROD activity at low concentration (IC50 = 71.2nM) as shown in Fig. 2. On the other hand, the analysis of component II is now progressing.

**[Conclusion]** It was found that the inhibitory components against endocrine disruptors exist in Chinese parsley.

**References**

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![Fig.1 7,8-dihydrocoriandrin](image1)

![Fig.2 EROD Induction control action of 7,8-dihydrocoriandrin](image2)
Sucupira (*Bowdichia nitida*) Useful for Treating Parkinsonia Disease, Neurotic Disorder, Depression etc. and Useful for Removing Cytomegalovirus

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ABSTRACT

Sucupira (*Bowdichia nitida*) was extracted from a plant grown in the Amazon valley. The decoction of the seed is used in Brazil for alleviation of fevers, rheumatism, gout, neuralgia, syphilis, a skin ulcer, herpes, etc. Its seeds were extracted under reflux in absolute alcohol. The extract was sprinkled on maltose and used as health food for patients. Patients with neurosis, as well as Parkinsonian patients were medicated by using this health food. Those who suffer from neurosis may be infected with Cytomegalovirus. Sucupira has an anti-Cytomegalovirus effect.

*Case* In the last congress, the effect of Sucupira on Parkinsonian disease was reported. One person recovered her movement and stopped visiting the hospital. However, another, although he has recovered to some extent, has still some inconvenience with his movement. Another new patient has recovered to some extent also by using Sucupira and a pillow made from the shell of Amazon palms. In this congress, the effect of Sucupira on other patients with mental problem is also discussed.

*Results* To two Parkinsonian patients as well as several patients with neurotic disorder were given the powdered Sucupira together with other medicine prescribed by other hospitals. For Parkinsonian patients, an amount of Sucupira to be given was decided according to the Bi-Digital O-Ring Test Method with 1-Methyl Tetrahydroquinoline as an index (reported at the last congress) checked at the points of substantia nigra. With Sucupira, an amount of 1-MeTIQ was increased from less than 1 pg to 100 to 200 pg. Dopamine was also increased from less than 1 pg to from 60 to 120 pg. When Sucupira powder was medicated to patients showing neurotic disorder, the neurological symptom disappeared or drastically decreased in a month or so. Some were shown in the next page. As for Parkinsonian disease, please refer to Acupunct. Electro-ther. Res. Vol 28, Number3/4.
Female age: 19
Autonomic imbalance, vertebrobasilar insufficiency
Feb.5/2004 Physiology has stopped since June/2003
Toki-Syakuyakusan(TJ-23)3P ɺ Kakkon-To(TJ-1) 3P3 ɺ
Laxoberon, Interferon ɺ Sucupira
Balley green 3P3 ɺ CMV in the blood sixteend-fold
Feb.21/2004  CMV $10^{-6}$ ɺ $10^{-11}$ The symptom is being alleviated
March 13/2004
Keishi-Bukuryogan-Ka-yokuinin(TJ-125) 3P 3 ɺ IFN- ɺ

Male, age: 27
**Dystonia, Polyneuritis**
**May 2/2003  CMV  400ng**
Sucupira(one instant small spoon)
September 26/2003  CMV(in blood)  36.8
November 21/2003  CMV  10ag (O-Ring test)
December 17/2003  CMV  100zg (O-Ring Test)
CMV(in blood)25.2
His symptom was seen to disappeared.

Female, age: 27, Schizophrenia, CMV infection 130ng
March 28/2003  CMV  70ng
Tsumura Keihi-To(TJ-128)3P3 ɺ
Tsumura Hange-Byakujutsutenma-To(TJ-37) 3P3 ɺ
Sucupira
April 28/2003  CMV  1ng
May 20/2003
Her auditory and optical hallucinations disappeared.
November 7/2003  CMV  1pg
December 24/2003  CMV  1zg(O-Ring Test)

The Bi-Digital O-Ring Test (OMURA, Y., 1977-2004; BDORT) has greatly changed my ideas. The cause of illnesses became apparent and showed marked improvement in treatment. Here are 4 of my clinical case studies.

1. Chronic Fatigue syndrome (29-year-old, ♂)
   The effect of different visual stimuli created a variety of illnesses. When shown something that the subject disliked, the chain reaction of his illness reoccurred. But when the stimulus was pleasant to the subject all symptoms disappear.

2. Experiments of computer fatigue syndrome
   We analyzed the TXB2 before and after the experiment of these 4 areas. 1. Both eyes were measured for eye fatigue by laser line. 2. Transverse process of C2. 3. Angulus superior scapulae (upper shoulder blade). 4. The line of the median nerve was measured by laser line.

3. Facial nerve palsy (Ramsay Hunts syndrome) (60-year-old, ♂)
   The patient's symptom was not improved by 1. Zovirax 2. Injection of adrenal cortex hormone 3. Stellate block injection. Treatment by the O-ring method uses a totally different approach. 1. We stopped the intake of vitamin E. 2. Simultaneous intake of fruits and medication was stopped 3. Removal of electrical appliances from the bedroom. Also the death of her daughter had caused her stomach pain.

4. Underlying causes of lower back pain
   When treating many patients of lower back pain, the cause of the pain can often be elsewhere. We have often treated other areas of the body, which in turn was affecting the lower back.

The BDORT enabled us to easily find the precise method of treatment. In the case of Ramsay Hunts syndrome medication has no effect when the underlying cause is environmental. Had it not been for the The Bi-Digital O-Ring Test this case would have been in the 30 percentile of untreatable cases.
About the Difference in a Result of Screening by Bi-Digital O-Ring Test with Different Finger Strength and That Consideration

Kazuhisa Iwamoto Cert. ORT (1DAN)
Osaka Study Group of Bi-Digital O-Ring Test about Oriental Medicine

Introduction

The Bi-Digital O-Ring Test (the following BDORT) was discovered by Dr. Omura, and he have piled up the various researches for it. A phenomenon that BDORT opens surely in the normal thymus area exists as a fundamental phenomenon of BDORT. When we have proceeded with treatment using BDORT, we experienced that the strength of fingers making o-ring did not fix since too much power went into the fingers unconsciously. So we did the screening of the strength of fingers which makes o-ring open and which doesn't make it open at all when thymus area was stimulated. And we tried to make an observation on the result.

Method

A case of 26 years old man, who was diagnosed as the existence of gastric Helicobacter pylori (H.pylori) and the ulcer by standard laboratory tests. At first, we mapped thymus area on the surface of the subject’s body using the indirect Bi-Digital O-Ring Test method with a microscope slide tissue of thymus. While an assistant gave it stimulus at subject’s thymus area, we examined the subject by an X-Y scanning with Integrin α5 β1 300ng using BDORT which the o-ring opened. And we drew the lines of X-Y (A X-Y). Similarly, while an assistant gave it stimulus at subject’s thymus area, we examined the subject by an X-Y scanning with Integrin α5 β1 300ng using BDORT which the o-ring did not open. And we drew the lines of X-Y (B X-Y). Then, we did two kinds of X-Y scanning with the similar method to measure the depth of the detection points on the right side of the subject’s body, and we drew the lines of X-Y. We graded the crossing points of A and B X-Y scanning by BDORT with Integrin α5 β1 300ng. And we took up the high negative grade points of them as the investigation object.

Result

1. Both (A X-Y) and B (X-Y) detected each three X lines and three Y lines.
2. The crossing points of (A X-Y) and (B X-Y) also detected each three points.
   (A X-Y)=A,B,C (B X-Y)=E,F,G
3. Temporarily we named the crossing points of the subject’s body “ point A, B, C, D, E and F ”, and also named the six points on the right side of the subject’s body “ point A’, B’, C’, D’, E’ and F’ ”. And point A, B, C, D, E and F were resonant with point A’, B’, C’, D’, E’ and F’, respectively.
4. A & A’ points, B & B’ points and C & C’ points were resonant with the thymus, the Heart and the pancreas, respectively. These crossing points were detected by (A X-Y) scanning
5. D & D’ points, E & E’ points and F & F’ points were resonant with the lung, the stomach and with the ureter, respectively. These points were detected by (B X-Y) scanning and were resonant with Helicobacter pylori (H.pylori).
6. (A X-Y) scanning points were detected relatively at shallow part of the body, and (B X-Y) scanning points were detected relatively at deep part of the body.

Observation

1. The detection points of (A X-Y) scanning which the o-ring didn’t open when thymus area was stimulated were abnormal points and were not cause. Since these points were not resonant with Helicobacter pylori (H.pylori). However the detection points of (B X-Y) scanning which the o-ring opened when thymus area was stimulated were resonant with Helicobacter pylori (H.pylori). As a result, it is considered that (B X-Y) scanning is the right means of Bi-Digital O-Ring Test.

2. It is considered that strength of fingers which the o-ring opens when Thymus area is stimulated could decide the standard strength of fingers of Bi-Digital O-Ring Test in the phenomenon which a detection point is moved by changing the strength of fingers.

Conclusion

In this study, we have the resulted that BDORT performed confirming the phenomenon that the o-ring opened when thymus area was stimulated was resonant with Helicobacter pylori (H. pylori) that detected by the standard laboratory tests. Therefore, it is considered the phenomenon that the o-ring opens if thymus area is stimulated is an important phenomenon to do BDORT and to know a thymus function. This result is only one example. Therefore we will be going to proceed to research the cases confirmed by the standard laboratory tests.
Treating, diagnosing, and prognosing various diseases and discomfort by scrapping the skin surface to induce petechiae rash (Gua-sha) has a long history in China. It had been mentioned in the “Text of Yellow Emperors Classic of Internal Medicine” first published in 100 B.C., though the practice existed long before it was recorded. Not considered as effective and pin-point accurate as acupuncture, the method, nevertheless, brought impressive clinical results and resolution of many illness. The wide-spread practice of such a popular procedure among the lay people may be due to little adverse side much larger surface than acupuncture although it follows the acupuncture meridian system. Therefore, the Ah-Shi point or the exact acupuncture points used for treating certain diseases would hardly be missed by the scrapping procedure, whereas, during acupuncture treatment, if a point is completely missed, the acupuncture may not render desirable clinical outcome.

Before the Gua-Sha treatment, the pain points must be located first, and the meridian system the pain points located has to be identified. The scraping procedure is started along the meridian until rash petechiae appear. “Sha” translated as “cholera” by Mathews [1] is generally defined as “Sha syndrome” with reddish, blue, or purple millet-like skin rash [2] retained in the body. Sha is intentionally brought out to the body surface by three methods: Gua (scraping the skin), pak (slapping the skin), or tsien (pinching the skin). The most popular method is Gua. Sha syndrome is considered as a disease caused by exposure of wind, cold, heat, or wetness leading to blockage to meridians manifested as chillness, fever, distention, rigidity, numbness and pain of the body. [2]

According to Chinese medical theory, the body’s protective force Wei Qi (defensive energy) is a circulating flow of warm energy that protect human body from harmful penetration of external excess. Wei Qi circulate outside the blood vessel and exhibits its characteristics as being vigorous but smooth, and is not subjected to control of blood vessel. [3] Wei Qi become weaken by lack of rest, improper diet, or by stress of illness, as a result, outside harmful agents penetrate and invade the body manifested with signs recognizable as Sha syndrome as a whole. The Sha often appears concentrated at the loci of pain.

Qua Sha scraping treatment is done by using ant round edge tool. In China, the tool could be a spoon, slice of water buffalo horn made for the purpose [4]. In Vietnam, a coin is used [5]. Scrapping dissolves the stagnation of blood at the surface. The scrapping is not intended to cause any bleeding on the surface of the skin, instead, it makes it appear as a small petechiae rash or an
ecchymotic patches verifying stagnation of blood at the surface. If there is no stagnation of blood, the surface will appear only as a pink blush after treatment. When the Sha reveal as a dark, elevated, millet-like rash on the surface of skin, the stagnation of blood and stuck Qi is revealed from deeper level of the body to the surface from which it is supposed to dissolved. The dissolution of blood stasis by Gua Sha move the blood and Qi stasis tha is considered imperative to the functioning of Wei Qi and San Jiao meridian system [4]. Rash scraping, so is it called in China, is a form of medical treatment by creating rash along the meridian system. Its purpose is to bring out the toxic substance to the skin surface by rubbing the diseased part of the body so that the toxic substance and/or metabolic toxic waste by-products that is harmful to the body could be dispersed and made to disappear. The rubbing action will also promote circulation and hasten the metabolic process. It also causes inflammation that promotes healing.

It also unblocks stagnation of Chi (Qi), enabling free flow of energy (Qi) along the meridian channel for healing. unlike acupuncture and maxibusture that are ordinarily for treatment purpose, the rash scraping could be served as a diagnostic aid as well, in addition to treatment purpose. According to the practice, rubbing on the diseased part of the body will make that part much redder in color than if rubbing on non-diseased part, and the meridian channel to which the disease part of the body belonged will also appear redder and show more petechiae than the non-affected meridian on the opposite counterpart of the body when same amount of rubbing force are applied. This kind of practice can be used to treat the muscle pain, internal infection, or any disorder of internal organs. It can be also used for the prevention of disease. Rash scraping, acupuncture, and moxibusture are like a tripod of non-harbal treatment in china applying into practice the theory of meridian energy flow. Due to its simplicity and ease, rash scraping when compared with acupuncture and moxibusture is much more popular among lay people in China, especially in rural areas where the health practioners are hard to find.

The purpose of this research is to make a blind stuffy by rash scraping along the meridian channel on the affected side where unilateral muscle pain appeared on the soulder and the upper back. It is to be compared its pain relief effect with rubbing on the non-diseased counterpart of the body that received same treatment. Their effects were also compared when both affected side and non-affected side were scraped along their respective meridian channels nearby.

MATERIALS AND METHOD

Twenty-four patients with unilateral pain on the shoulder or upper back were selected for this study. They were divided into 3 groups. The first group (10 patients) were treated by bilateral scraping on both sides of the body, namely, the pain site and non-pain site. The second group (8 patients) were rubbed unilaterally on the pain site of the body only. The third group were rubbed on non-pain part of the body to serve as a controlled placebo. All three groups were told that such treatment would give them pain relief. None of those selected patients were taking any medication before, they were told to stop for at least 2-3 days before initiation of treatment. About 15 minutes of rubbing were rendered to each patient. The first group a bilateral rubbing of the body was rendered for 15 minutes on each side of the body. Post-operative pain relief effects of all three groups were evaluated, and compared. After pain loci were checked out for Ah-Shi point by palpation (Fig. 1) and confirmed by indirect method of Bu-Digital O-Ring Test, the patients were ready to receive Gua Sha treatment after identifying the meridian system at which the Ah-Shi point is located. Before the scraping procedure along the meridian is started, Mineral Ice containing 2% menthol is applied to the patient’s skin surface for lubrication to avoid causing cutaneous bleeding or injury from the
friction by scraping tool. Various thick oils, or creams containing medicament capable of penetrating the deep tissue could also be used. (Fig. 2)

Figure 1 Palpation to locate the Ah-Shi point(s)

Figure 2 Lubricant that can be chosen to apply to the skin surface before scraping procedure

Figure 3 Various tools for scraping purpose
Although any blunt object could be used (Fig. 3), a tea cup for scraping procedure was used for the purpose of this study. After treatment, the unilateral painful site revealed Sha as dark red rash petechiae (Fig. 4). It was compared with that of control group receiving the same treatment on the painless site of the body, but only pink blush was noticed. (Fig.5).

**RESULTS**

Of the first group of 10 patients who had bilateral rubbing, 8 patients (80%) had pain greatly relieved, 1 patient (10%) had moderate relief, and 1 patient (10%) were somewhat relieved. The second group (8 patients) that received unilateral rubbing on the pain part of the body, 5 patients (63%) felt greatly relieved, 2 patients (25%) felt moderate relieved, and 1 patient (13%) no relief at all. Of the third group (6 patients) who were rubbed on the non-pain part of the body, no patient felt great relief, and no patients felt moderate relief, and about 2 patients (33%) felt somewhat relieve, and 4 patients (67%) had no relief at all. In many cases, the patients who felt greatly relieved or moderately relieved and yet the post-operative BDORT were open. In those
cases it might signify there were possible pathosis in the deeper tissue or in the internal organs beneath the muscle.

**DISCUSSION**

It is evident that patients, who were rubbed on the pain part of the body, got a better pain relief by either bi-lateral or unilateral scraping. The first group showed somewhat more effective than that of unilateral scraping, perhaps due to better circulation by rubbing both sides. It is interesting, although the patients of the first group undergoing rubbing bi-laterally on equal time basis, the pain side were found more redder, with more petechiae appeared at the pain site than the non-affected side. The non-affected side was less inflamed and not as red, but instead, show uniformly pink in color. The second group who got unilateral rubbing at the pain site, the color and the petechiae rash were not much different than that of the bilateral scraping group. The third group who got rubbed on the non-affected part of the body, the rash color was not as red as that of the unilateral group that got rubbed at the pain site, nor was its color as red as that of the bilateral group rubbed at the pain site, in fact, its color and inflammation were about the same as noticed on the non-pain scraped side of the bilateral group. From our data, it is evident that rubbing at the non-affected side procedure no therapeutic value. There were no side effects in any group.

Those whose condition that improved little or not at all and their BDORT showed negative and being suspected for having disease in the deeper tissue or organ were sent back to their refereeing doctors for re-examination, though all of those patients have already been examined by their doctors prior to their Gua-Sha treatment. We also employed organ representation areas on the health and tongue to see if any organ disease corresponding to their representing areas. For teeth, we try to find any corelationship between the patients’ teeth and their organs. Our primary impression of this study was rather inconclusive, because many of the patients wore full or partial dentures and the corresponding teeth to their particular internal organs was missing due to extraction many years ago. Those who did have corresponding teeth, we found a few of their teeth had decay or some periodontal disease, but we were doubtful that some of very small damage of their teeth played any significant role with their diseased organs. Some of the patients were found later that they had internal organ disease had had healthy teeth and gingival corresponding to their specific disease organ. Consequently we felt organ representation of the teeth was less indicative of their disease state of internal organs.

So far as organ representation of tongue is concerned, we found it is more indicative and significant than that of teeth. There were four patients who had discoloration or red at the border of their tongue indicating liver disease, two had been found having some liver anomaly from the laboratory tests of liver function and consequently and were treated by their doctors. There were three patients who had discoloration near the tip of tongue, only one showed abnormal EKG. One patient who had discoloration on the tongue corresponding to their lung were found by the doctors that there was no evidence of disease in their lung either from radiograph or CAT scan. Some patients’ tongue discoloration was due to recent accidental biting of burning when consuming hot foods.

Many of the patients who were found with no evidence of disease in their internal organ were nevertheless, complained of their discomfort. We felt that it might be explained from the traditional Chinese medical theory that Yang (陽氣) and Yin (陰氣) Qi that circulate in the human body as an indispensable energy and force to vitalize and sustain life through activity and function of internal organs. The blood and body fluid depend on Qi to circulate and transport,
when Qi flows freely, the blood and other essential fluid will circulate freely. When Qi is blocked, the circulation will be stagnated. Acupuncture and other treatments can be used to direct stimulate, and strengthen Qi in meridian system to facilitate the proper physiological function of the body. When the essential Qi circulate in human body, it will reflect healthy or diseased state of the body, depending on the harmonious relations of Yin and Yang. When the essential Qi is distributed in internal organs, it becomes the heart Qi, lung Qi, spleen Qi and liver Qi, etc. When the Qi begin to be stagnated and blocked, it causes imbalance circulation between Yin and Yang, and then the Qi becomes known as sickening Qi in Chinese Medicine which would precede and pre-existent before any organic change. Patient will feel discomfort, tenderness on the part of their organ shown at the corresponding acupuncture points or at the trigger points. The discomfort makes the patient seek medical treatment but often time the physicians or dentists cannot find the abnormality from MRI, CAT scan or radiographs to make a proper diagnosis, therefore, those patients are often not rendered proper treatment because no radiographic abnormality is found and many doctors overlook the signs which doctors of traditional Chinese medicine will attend to. Those patients could be treated with acupuncture or by Qi Gung masters, or other medicine to rid of the sickening Qi. Many Qi the organic change of the organ or tissue structure. Only when the organic change takes place, then the abnormality would be noticeable in radiographs, MRI, or CAT scans, etc. BDORT can also detect tissue anomaly before organic change.

CONCLUSIONS

It is apparent from our study that rubbing on the affect side is beneficial to the patients in pain relief. For less experienced clinicians who like to practice acupuncture on their patients but are afraid of inserting the acupuncture needless that may cause injury to the internal organs, the rash scraping could be potentially the initial treatment of choice. After gaining experience, they may try the acupuncture. Rash scraping along the meridian system will make the clinician more familiar with the meridian channel. Since there is no side effect about this practice except for those who have a skin disease, a cut, laceration, or mole and melanoma, one should feel comfortable in such a practice. As for those patients with aforementioned conditions, one should not scrap those areas or should avoid those areas totally. The simplicity and few side effects explain why such a practice remains popular among the lay people in China. As far as detecting tissue anomaly before organic change, the use of BDORT, detection of sickening Qi and tenderness at acupuncture points corresponding to its respective organ and its reflective trigger points could all be helpful. It would be much better to compare and coordinate the findings from all the available methods before forming a clinical judgment.

REFERENCE

One Interesting Case in which B.D.ORT Helped Hastening Full Recovery from Alveolus Neuroparalysis after Difficult Extraction of the Mandibular Wisdom-Tooth

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Purpose
Up to the present, we have been applying the Bi-Digital O-ring Test (OMURA.Y. 1977-2004, hereafter called B.D.ORT) to difficult dental symptoms, and have been disclosing its usability. This time, we will report about a case in which B.D.ORT was applied to an obstinate alveolus neuroparalysis to result in earlier recovery.

Case
T.A – 35 years old, female, office worker; inferior alveolus neuroparalysis
After extraction of the impacted wisdom tooth of 8 at a certain university hospital, left-side alveolus neuroparalysis occurred, which is assumed to be due to compression stimuli to the mandibular canal during the extraction procedure. Although she was given steroid and vitamin at the hospital concerned and the symptom was somewhat relieved, she suffered obstinate hyperesthesia and numb feelings in the left-side lip and in the gums and malar affected by mental nerve. For this reason, she visited our hospital hoping to receive diagnostic treatment by means of B.D.ORT.

The Day of First Visit (18th day after Surgery)
She said she had been taking Adetphos (KOWA) 60mg 1T x 3 times and Methycobal (Eisai) 500mg 1T x 3 times so far. Our findings showed spontaneous pain of (±), angular aperture of (two finger widths), and lymph swelling of (-). Through the B.D.ORT resonance examination along the left-side mandibular canal, the affected area was drawn with the Reference Control Substances (hereafter called RCS) TXB2 70ng, SubP 100ng. (Figure 1)
Since improvement reaction was indicated as (+6) with EPAα (Yamanouchi) 1T, EPAα1cap was given three times a day. In addition, leaving needle was performed in the paralyzed area with three 3.0mm needles (#1). Thermotherapy and kiatsu therapy using the Mitui thermotherapy equipment and tourmaline sheet on the cervicobrachial area were performed to remove stiffness and myotonus in an attempt to achieve relaxation of the whole body.

The Second Time – 22nd day after first visit
When palpation of the left lip was performed, she complained of strong tingle and said it felt as if cold water was thrown. Spontaneous pain was (-), and B.D.ORT showed smaller paralyzed part area and resonance with RCS TXB2 24ng, SubP 50ng. The amount had been decreased. (Figure 2)
Subsequently, we asked her to take Adetphos 1T, Methycobal 1T, and EPAα 1cap three times a day. Leaving needle was performed locally ten minutes with 3.0mm needles (#3), kiatsu therapy was performed on the cervicobrachial area with tourmaline sheet, and the Goshinjo therapy which is the touch-acupunctures by two gold sticks was performed, in an attempt to achieve relaxation of the whole body. Since the Pericardium Meridian Daling (PC7) indicated (-2) with B.D.ORT, we spent about 30 minutes counseling as a psychological approach, while performing kiatsu therapy.

The Third Time – 39th day after first visit
She said she felt pain when the affected area is pressed hard or tapped with a finger, and that the sense of touch is becoming clearer against various stimuli. Discrimination of cold food was still weak. The hyperesthesia and chill that existed in the affected area were remarkably being relieved.

With B.D.ORT, resonance was shown only with RCS TXB2 7ng, SubP 15ng, mental foramen applicable area. (Figure 3)

The patient recognized that the symptom was being relieved via comparing the Polaroid photographs showing that the paralyzed area is gradually being reduced with B.D.ORT. She gained volition of fight against disease and also became thoughtful of her everyday life. We asked her to continue with taking the same dosages as the last time, and performed Kiatu, acupuncture, thermotherapy, and Goshinjo therapy as needed.

**The Fourth Time – 68th day after first visit**

Now the condition was at such a level that she only felt a twitch when the affected area is hit by the toothbrush, and the numb feeling and hyperesthesia were mitigated remarkably. B.D.ORT showed a decrease to RCS TXB2 1ng, SubP 5ng, and the therapies and dosages similar to the last time were continued. (Figure 4)

**The Fifth Time – 95th day after first visit**

The numb feeling was almost removed, her anxiety was dispelled in psychological aspect, and her everyday life became stable. B.D.ORT showed RCS TXB2 < 1ng, SubP < 1ng, and we asked her to take EPAα1cap x1 and Methycobal 1T x1 time each day. Kiatu therapy and Goshinjo therapy were performed on the cervicobrachial area.

Subsequent to that, we received a joyful phone call from her saying all the symptoms had been completely eliminated.

**Conclusion**

Up to the present, we have proven that the application of B.D.ORT as the tailored medicine against difficult dental symptoms is very effective. This example shows the proof of drug therapy and other CAM’s in which the adaptabilities and dosages of drugs and supplements are determined by means of B.D.ORT, and proof of psychotherapy via improvements in the examination figures and the reduced area through imaging technique for the affected area. The complex approach including promoting patient’s self-control resulted in earlier recovery from an obstinate alveolus neuroparalysis, and the effectiveness of this test was realized again.
Correlation between the Bi-Digital O-Ring Test & the PCR Method on the Quantitative Analysis of Periodontopathic Bacteria in Saliva

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[Purpose] Actinobacillus actinomycetemcomitans (A.a) and Porphyromonas gingivalis (P.g) are the causal Periodontopathic bacteria. The number of these bacteria is taken an accurate measurement by the PCR method. In this study, we tried to verify that the Bi-Digital O-Ring Test (OMURA, Y. 1977-2004; BDORT) possessed higher scientific reliability, as compared the measurement between the number of these bacteria in saliva by the PCR method and the concentration of them by the BDORT method.

[Subject] The subjects were 37 patients. They were 18 male patients (mean age 61.6 ± 9.58) and 19 female patients (mean age 58.1 ± 18.2), with periodontitis who came to our dental clinic from July, 2003 to April, 2004.

[Method] 1) The saliva was collected more than 2 hours later, after tooth brushing from each patient. It was collected for 5 minutes during having chew of gum. Samples to detect two bacteria were 0.5ml from these saliva.
2) Screening test by the BDORT method: By using the fixed quantity specimen prepared by ORT Life Science Research Institute, the concentration of two bacteria in saliva of the sample were measured immediately.
3) Assessment by PCR method: The same sample were mailed to BML, Inc. and the assessment of the those bacteria in the sample, was done by BCL, Inc.
Statistics: We examined the correlation by plotting the number of bacteria by the PCR method on the Y-axis and the concentration of bacteria by the BDORT method on X-axis, and making regression lines.

[Result] Fig-1 showed the result of A.a. (it is significant of 1% risk rate) and the result of P.g. (it is significant of 5% risk rate). This study gave a scientific grounds for the BDORT method.

[Discussion] This study showed a scientific grounds for the BDORT method, according to compare the evaluation of the BDORT method with the assessment by the PCR method for periodontopathic bacteria.
1) This examination is very effective self-evaluation method for dentists like us who has few experience, and wish to upgrade in BDORT technique.
2) Recently, many researchers made clear those facts that the periodontopathic bacteria, such as P.gingivalis break into blood vessel and cause the sclerotic arterial disease of the heart and aorta, lead to infection in other organs.
The screening test of periodontopathic bacterial infection by the BDORT, not only in oral but also in other internal organs, is essential to prevent diseases of other organs.
Fig. 1  Correlation between the Bi-Digital O-Ring Test & the PCR method on the quantitative analysis of periodontopathic bacteria in saliva

**A.a.**

\[ n = 37 \]

**P.g.**

\[ N = 37 \]

\[ r = 0.557 \text{ (significant of 1\% risk rate)} \]

\[ r = 0.328 \text{ (significant of 5\% risk rate)} \]
Achieving a Normal Bite Using Thymic Physiology as the Indicator

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Abstract

Introduction: One important issue in dentistry is achieving the optimal bite. However, construction of such an optimal bite can be achieved only if the physiological position of the mandible is determined in advance. Consequently, the status of the jaw bones in which the teeth are embedded is naturally an issue for bite of the lower and upper teeth. Positioning of the mandible bone signifies not only its position as suspended by muscles relative to the cranium, but also encompasses the hyoid bone, cervical vertebrae and clavicle, and is closely involved in the function of the thymus, which plays a central role in immune function.

Object: The Bi-Digital O-Ring Test (Omura, Y., 1977-2004, hereunder "BDORT") is applied to find a method of most accurately determining the position of the mandible.

Methods: 1. Applying a basic application of BDORT, namely the fact that muscle strength increases when the physiology of the body is increased, the position of the mandible is guided and determined at the position at which muscle strength according to BDORT is strongest both horizontally and vertically.
2. Applying an exceptional application of BDORT, namely the fact that unlike other organs, when the thymus is indicated and its physiology increases muscle strength is reduced to a minimum, the position of the mandible is guided while indicating the thymus and determined at the position at which muscle strength according to BDORT is weakest both horizontally and vertically.

Results: When mandible position was determined using a basic application of BDORT (muscle strength increase) in Method 1, the results were favorable during examination or on the same day, but upon re-examination on the same day or during a subsequent visit re-adjustment was often required.

However, when mandible position was determined using an exceptional application of BDORT (muscle strength decrease) in Method 2, accuracy was much greater than in Method 1, and re-adjustment was required in very few cases upon re-examination on the same day or during a subsequent visit.

Moreover, reports from patients also revealed a reduced rate of stomatitis and fewer incidents of everyday infection (such as colds), so there were not only changes in immune function but also improvements in physical condition.

Discussion: Various devices are employed in the testing methods used in constructing accurate bite and determining the physiological position of the mandible, but all these devices are large, elaborate and expensive and take time to operate. Today, BDORT has become essential in dentistry as a method of achieving the optimal bite, which is a critical issue in dental treatment, and as a method which can test accurately, immediately and in a short period of time at the chair side.

Even if BDORT is used, however, it is likely that the basic application of Method 1 is applied in the present situation. Under these circumstances, there are cases in which the
weakest finger (finger 1-5) cannot be opened even when pulled with the strongest finger group (fingers 1-234) if the position of the mandible is simply shifted from the wrong position to a physiologically compatible position. If this is accepted as satisfactory, it simply means that the situation is better than before and does not mean the finally determined position has been achieved. To improve the accuracy, reliability is achieved by pulling the fingers after first applying a load of a substance harmful to the body (such as 100 g of Hg or 10-20 units of local anesthetic, which are available in dental offices), but this does not always produce satisfactory results upon examination during a subsequent visit.

However, this presenter has been reporting that in patients whose muscle strength does not decline even when the thymus is indicated because thymic function is reduced, the physiology of thymic function can be increased and muscle strength reliably reduced simply by guiding the mandible into the proper position. By applying this fact using the exceptional application of Method 2, in which mandible position is tested using the optimal physiology of the thymus as the indicator, it was possible to achieve favorable clinical results such as those described above.

However, trying to find the correct mandible position using only the exceptional application of Method 2 from the beginning is complicated and time-consuming, making it difficult to obtain the cooperation and acceptance of the patient. My recommendation is therefore that a physiologically sound mandible position can be achieved in a short amount of time by first using the basic application of Method 1 to position the mandible in the proper direction, and then using the exceptional application of Method 2 as a method of checking and improving accuracy.

Since one difficulty of the exceptional application of Method 2 is measuring the weakest point of muscle strength, it is important not only to pull open the strongest finger (finger 1-2) with the weakest finger (1-5), but also to pull the strongest finger group (fingers 1-234) with the weakest finger (1-5) as a confirmation.

At present, although favorable results can probably be obtained in most cases in clinical dentistry by a combination of these two methods, the basic application (muscle strength increase) and the exceptional application (muscle strength decrease), nonetheless the body is a strange thing, and as the living conditions of patients become more and more complicated, stable clinical results cannot be achieved for patients in all circumstances. I believe that further creative efforts will be needed in the future to achieve a more physiologically accurate position of the mandible.

I must also report that through combined use of an exceptional application (muscle strength decrease) as well as a basic application (muscle strength increase) of BDORT during the same time period for the same purpose, not only did the patients' understanding and acceptance of BDORT increase dramatically, but so did their faith in BDORT.

**Conclusion:** It is still difficult to get all patients visiting the clinic to understand BDORT, which employs changes in muscle strength to investigate the physiology of the body. Under these circumstances, through combined use of an exceptional application of BDORT (muscle strength decrease) which uses the physiology of the thymus as the indicator in addition to a basic application of BDORT (muscle strength increase) during the same time period as a method of achieving optimal bite, which is an important issue in dentistry, we were able not only to achieve favorable clinical results but also to improve patients' faith in BDORT.

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ABSTRACT

During the last decades, scientific evidence supporting application of the millimeter-wave electromagnetic therapy (MWEMT) as a method of regulation treatment and improvement of the body resistance has accumulated. Systematic analysis of its basic mechanisms has been made in animal models [1-3]. Experimental data obtained confirmed the numerous clinical observations concerning effectiveness of MWEMT in case of various hypersensitive conditions including pain syndrome. The aim of this study was to evaluate the efficacy and general safety of electromagnetic millimetre waves, applied to acupuncture points in patients with rheumatoid arthritis (RA).

12 patients with RA were enrolled in the randomised double-blind clinical trial according to following inclusion criteria: 1) RA history ranged 1-10 years; 2) patients without extra-articular features of RA; 3) only non-steroid anti-inflammatory drugs (NSAID) medication on demand. RA diagnosis was made according to the revised classification by American College of Rheumatology [4]. After the admission to the in-patient rheumatological department and initial evaluation including clinical and laboratory tests, the patients were randomized to receive MWEMT. All patients had previously been treated with oral NSAIDs and continued their pain relief medication on demand at the time of MWEMT.

Acupuncture points, painful on palpation and situated around the affected joints, were exposed to the low-intensity millimeter-wavelength electromagnetic radiation. As the source of electromagnetic millimeter waves we used serial generator DD 21-10, manufactured by MMT Ltd. in Kiev/Ukraine for medical purposes. This device produces electromagnetic waves with frequency 54-64 GHz and power 2.5 mW. 4 acupoints (2 symmetrical pairs) were consecutively exposed to electromagnetic radiation during one session. The exposure time for each acupoint consisted of 10 minutes (thus the total exposure time of 4 acupoints during one session consisted of 40 minutes). The total number of sessions ranged from 5 to 9 (median 7) during 2 weeks. According to the study design, group 1 received only real MWEMT sessions, group 2 only sham MWEMT procedure. Group 3 was exposed to electromagnetic radiation in a random cross-over manner. Following records were made before, during and immediately after the treatment:
1. Pain intensity according to a numerical rating scale from 0 to 10 (NRS-11), ranged from 0=no pain to 10=worst imaginable pain.
2. Duration of joint stiffness on waking up in the morning according to 5-point numerical rating scale (NRS-5): 0=no stiffness, 1=stiffness till 09:00, 2=till 12:00, 3=till 16:00 and 4=joint stiffness through the whole day.
3. Laboratory findings, including complete blood cell count (with white blood cell differential and platelet counts), erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP).

Patients from group 1, who received only real MWEMT sessions, reported pain relief and reduced joint stiffness during and after the course of therapy. They showed pain relief and reduction of joint stiffness already after the first session. All of them also reported slight paresthesia at acupuncture points and respective limbs along the meridians, exposed to electromagnetic radiation during the sessions.

Patients of group 2 received only sham procedure and revealed no improvement during and after the study. No patient reported paresthesia at sham exposed acupuncture points. Group 3 (also 4 patients) was exposed to electromagnetic radiation in a random cross-over manner and reported pain and joint stiffness reduction in direct dependence with real MWEMT sessions. Monitored laboratory parameters: blood cell count, ESR and CRP did not change significantly after the treatment course in comparison to baseline.

Our randomized double blind study showed impressive therapeutic responses with decreased pain intensity as well as reduced joint stiffness. The most common therapeutic property of MWEMT reported in previous studies for treatment of various conditions was the relief of concomitant pain [5, 6]. Our observation, that pain intensity decreased already after the 1st session of MWEMT, overall confirms that statement. We used wide band of MW frequency 54-64 GHz, since all non-thermal biomedical effects of MW were obtained within this band [7]. According to results of our experimental investigations, a frequency optimum lies around 61 GHz and analgesic action is more prominent in 10 minutes of acupoint stimulation [2]. Most beneficial effects have been observed when minimal intensity of electromagnetic stimulation was applied. The modern device for MWEMT works at the very low-energy level to avoid undesirable electromagnetic influences (in the former Soviet Union the most strict standard of 0.01mW/cm² for 8 hours or 0.1mW/cm² or 1mW/cm² for 20 minutes a day was established). As regards, power of the low-energy electromagnetic stimulation is of no particular significance from the information point of view. However, results obtained with the aid of the Bi-Digital O-Ring Test (Y. Omura, 1977–2004) showed an existence of the individual energy thresholds for bioresonant state which can fluctuate considerably: from $10^{-4}$ to $10^{-8}$mW/cm² for different individuals and different days of investigation for the same patient. Its magnitude under circumstances of the synchronizing information signal may depend on the specific molecular mechanisms of interaction between an external field and cellular oscillators, the modulation and time parameters of electromagnetic fields, the noise level in the biological system as well as difference in frequencies between the synchronizing and synchronized oscillators. Energy thresholds tend to diminish in case of the favorable combination for these factors. Besides, energy thresholds are influenced by the space parameters of electromagnetic stimulation that is now understood as precise coordinates of acupoints. The slight displacement of electromagnetic stimulation from the necessary acupoint facilitates a sharp rise of the threshold for each patient.

This study indicates that MWEMT applied to acupoints in patients with RA is effective in the short-term pain and joint stiffness reduction. Application of the BDORT provides the necessary individualization of regimes and parameters for MWEMT with objective evaluation of its effects. After further large-scale clinical investigations, MWEMT may become a non-invasive adjunct in therapy of patients with RA.
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DETECTION OF ENVIRONMENTAL PATHOGENIC
ELECTROMAGNETIC FIELDS BY BI-DIGITAL O-RING TEST (BDORT).
INFLUENCE ON HEALTH AND PROTECTION-OUR EXPERIENCE

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ABSTRACT

OBJECTIVE: Environmental Electromagnetic Fields is very important factor in beginning the disturbance and diseases of human body as in results of treatment the diseases. Beginning of disease and disturbance of the certain organ is associated to exposure of certain part of the body, over this organ to pathological electromagnetic field radiation. They are due to long time exposure to standing waves of low intensity electromagnetic fields, day after day on same place, mostly in the bedroom. These electromagnetic waves induce resonance and uptake phenomena in our body. We can distinguish carrier waves (produced by: networks all over the earth, water veins, electric power lines, TV stations etc.), and carried waves. Our civilization creates tremendous overload of electromagnetic fields, polluting the natural lines and networks (radar, radio, TV, satellites, cellular phones, microwave devices and other devices). Detection of pathological electromagnetic fields in the house, on the bed and outside of house is possible with the Bi-Digital O-Ring Test (according to Y.Omura) as well as lecher antenna or expensive electronic devices. Electromagnetic field levels vary with frequency in a complex way. The International Commission on Non-Ionizing Radiation Protection (ICNIPR), formally recognized by WHO, produces guidelines recommending limits on public exposure.

Effects at “non-thermal” shown RF and EMF on cell cultures animals and people:
1-Increased cell growth of brain cancer cell
2-A doubling of the rate of lymphoma in mice
3-Changes in tumor growth in rats
4-An increased number of tumors in rats
5-Increased breaks in double and single stranded DNA, our genetic material
6-More childhood leukemia (acute lymphoblastic leukemia is most commonly) in children, two to six years of age exposed to RF
7-Changes in sleep patterns and REM type sleep
8-Headaches caused by RF exposure
9-Neurologic changes including
- Changes in the blood-brain-barrier
- Changes in cellular morphology (including cell death)
- Changes in neural electrophysiology (EEG)
- Changes in neurotransmitters (which affect motivation and pain perception)
- Metabolic changes (of calcium ions, for instance)
- Cytopogenesis effect (which can affect cancer, Alzheimer’s, neurodegenerative diseases)

10- Decreased memory, attention, and slower reaction time in school children
11-Retarded learning in rats indicating a deficit in spatial “working memory”
12-Increased blood pressure in healthy men
13-Damage to eye cells when combined with commonly used glaucoma medication

MATERIAL AND METHOD: 670 patients were inspected by indirect Bi-digital O-ring Test (according to Y. Omura). Except by drugs and different slides of viruses, bacterias and parasites, every patient was inspected by slides of Integrin alpha 5 beta 1. Due to electromagnetic radiations in the human cells increase integrins, and we can detect different levels. Then we inspected patient’s apartments. The most often cause of increasing level of integrins were bed radiations and then cellular phones, computers, pillows and pillowcases, covers, paints of wall, synthetic bedclothes or washed with some washing powder, African masks and displays in the car. To protect our patients from low frequency radiations, we used GUARD PLUS, Em’s protection devices (made by SALUBRIS) to protect cellular phones, other different electrical devices as bed radiations and patient's cars.

RESULTS: From 670 patients with some chronical problems inspected by indirect BDORT, 576 patients (85.97%) had different levels of Integrin, which point on electromagnetic exposure. We inspected apartments and offices of our patients by indirect BDORT and in 100%, confirmed existing of radiations, finding the sources of radiations and recommended how to protect. After protection many symptoms caused by electromagnetic stress like a morning fatigue disappeared, and levels of integrands decreased. Using cellular phone without protection and slipping on the bed with electromagnetic radiation, disturb circulation, and inhibit drug uptake (according to Y. Omura) to treat chronic infections.

CONCLUSIONS: Exposure to environmental electromagnetic fields is a one of the most important factors in beginning the chronical and intractable diseases. Because we have to know how to live with electromagnetic pollutions and how to protect us and our patients, to protect our health and longevity.

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Abnormal Electromagnetic Fields in Home Environments and Abnormal Metal Deposits in the Brain and Mixed Bacterial & Viral Infections as Major Contributing Factors to the Genesis of Intractable Medical Problems Including Electromagnetic Field Hypersensitivity Syndrome, Alzheimer’s Disease, Autism & Stroke: Early Non-Invasive Detection and Safe & Effective Treatment of Alzheimer’s Disease

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ABSTRACT
While studying patients with Electromagnetic Field Hypersensitivity, Pre-Alzheimer’s Disease, Alzheimer’s Disease, as well as Autism and abnormal mental & motor dysfunction in children, the author found that the following findings are common among these patients:
1. A marked increase in metal deposits such as Al, Hg and Pb in the brain, particularly, the Hippocampus area or motor cortex (if abnormal motor function exists), or Pons (if the abnormality is depression and irritability with markedly decreased Serotonin).
2. A marked decrease in Acetylcholine often reaching less than one 5th of normal concentration and often reduced to less than 350 µg compared with the normal range of 1500 µg – 5000 µg); when Acetylcholine in Hippocampus decreases to below 350 µg, most of the patients develop various short-term memory deficits. If a similar decrease happens at the motor cortex, often abnormal motor functions including Dystonia and sometimes convulsions occurs.
3. Viral infection with or without bacterial infection.
4. A strong negative (-) Qi from both hands.
When excessive metal deposit of Al, Hg, & Pb exist in the brain, they may function as multiple micro-antenna and absorb the environmental Electro-Magnetic Field and create a micro-inflammation and reduce Acetylcholine in the surrounding nervous system. In the presence of infection, Acetylcholine further diminishes with localized circulatory disturbances with increased Thromboxane B2.
The most common infections found in these patients were Cytomegalovirus, Human Herpes Virus Type 6, Chlamydia Trachomatis and Mycobacterium Tuberculosis. In addition, if the patient also has a headache in one side of the head, then the most common cause is Herpes Simplex Virus Type 1, and occasionally Mycobacterium Tuberculosis can also create a headache in one side of the head. If a headache exists in both sides of the head, then usually one side of the head has a Herpes Simplex Virus Type 1 infection and the other side of the head has a Herpes Simplex Virus Type 2 infection. Less frequently, both sides of the head will have a Mycobacterium Tuberculosis infection which causes a headache in both sides of the head.
For all of these viruses, mixture of EPA and DHA in a gelatin capsule made from Omega-3 fish oil is natural and very effective. For Chlamydia Trachomatis, Erythromycin, Azithromycin, Doxycycline & Substance Z are very effective, but only Doxycycline & Substance Z are
When these viral infections are treated 4 times a day with a mixture of EPA & DHA as effective, safe, anti-viral agents, and excessive deposits of metals are removed from the brain by giving Cilantro using "Selective Drug Uptake Enhancement Method" (developed by Omura, Y in early 1990s to selectively deliver the effective medications to the pathological area, by stimulating accurate brain organ representation area with acupuncture or other means at the 1st distal segment of the middle fingers, corresponding to the pathologic area of the brain), Acetylcholine often markedly increased in the brain with decreased (-) Qi, and significant improvements in memory and other brain functions and behavior occurred within 1-2 days. If additional bacterial infection such as Chlamydia Trachomatis co-exist, to get further improvement, Doxycycline or more effective Substance Z (Hayashibara Biochemical Lab., Okayama, Japan) was given together with mixture of EPA & DHA using "Selective Drug Uptake Enhancement Method" with various stimulation including application of (+) Qi-Gong energy stored paper without Cilantro because Doxycycline and Cilantro cancel each other's effects. But if additional Mycobacterium Tuberculosis infections co-exists, both Isoniazid and Rifampin, which are effective for Mycobacterium Tuberculosis, cancel the effects of EPA & DHA, as well as the effect of Doxycycline and Cilantro, and therefore these medications cannot be given together. However, in the early 1990s, the author found that Saiko-Keishito (Tsumura Japanese Pharmaceutical Company, product No. 10) is compatible with EPA & DHA as well as Doxycycline. Therefore, this combination of EPA & DHA and Saiko-Keishito is also successfully used for simultaneous treatment of cancer with coexisting Mycobacterium Tuberculosis with alternative use of a combination of EPA & DHA, Cilantro and Selective Drug Uptake Enhancement Method by applying (+) Qi-Gong energy stored paper.

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 300 µg. But in pre-Alzheimer's & Alzheimer's patients amount of Acetylcholine often goes down below 200-100 µg. In these patients, wherever Acetylcholine reduces in the brain, corresponding deficiencies show up as recognizable symptoms, characterized by the dysfunction of the anatomically specific location in the brain. Metals, particularly Al and Hg, are often increased significantly anywhere between 350mg to 550mg with or without significant increase in Pb deposit. When excessive metal deposits exists, Acetylcholine almost always reduces. When β-Amyloid(1-42) increases beyond 4 or 5 ng with decreased Acetylcholine, often the patient shows various degrees of short term memory deficiency. When β-Amyloid (1-42) increases over 7 ng, the patient often shows a recognizable deficit of short term memory. Based on these findings the author established criteria to screen pre-Alzheimer’s disease and Alzheimer’s disease quickly and non-invasively by measuring the amount of Acetylcholine, β-Amyloid(1-42), Al, Hg & Pb. 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" to selectively deliver medication to the brain by stimulating organ representation area of the entire brain on first segment of the middle finger of
both hands. When the first segment of the middle finger of both hands (which represents the entire brain and face) 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, and the drug can be selectively delivered to the pathological area to be treated. Similar result can be obtained by the stimulation of organ representation areas of tongue by Red spectral irradiation from L.E.D. 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 500µg and goes up close to 1500µg, 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 virus, Human Herpes Virus Type 6, Chlamydia Trachomatis, Mycobacterium Tuberculosis, Pseudomonas Aeruginosa and α−Streptococcus. While we are treating these infections in the brain after removal of excessive metal deposit, which is essential before treating infections, as an excessive deposit of metal often inhibits 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 metal. 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) protein in pre-Alzheimer's patient and Alzheimer’s patients is due to extensive Chlamydia Trachomatis infection of the brain, particularly in Hippocampus area. Therefore once these disease is detected by this method, increased β-Amyloid (1-42) protein can be reduced significantly by treating Chlamydia Trachomatis with Doxycycline or Substance Z 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, one first have to remove the excessive metal deposit using the Selective Drug Uptake Enhancement Method with Cilantro, and EPA & DHA and Trimox, if there is additional viral and bacterial infection; this treatment often increases Acetylcholine and then follow with the treatment of Chlamydia Trachomatis by Doxycycline or Substance Z and other compatible medications, since Doxycycline is the commonly available effective antibiotics against Chlamydia Trachomatis, but it is also compatible with EPA & DHA and Trimox. Since 2001, with our method, we have been very successful in reducing or almost completely eliminating excessive Al, Hg & Pb and reduce water insoluble β-Amyloid (1-42) to normal value and increase Acetylcholine. However, when treatment is given within 1 or 2 years from the first diagnosis, we were often able to reverse most of the symptom, but if it has past more than 2 or 3 years we often could not reverse the short term memory deficit due to permanent irreversible damage to some of neurons, although we were able to reverse or improve many other abnormalities with significant improvement in other defective functions. Since time factor is very crucial, it is very important to non-invasively screen and detect Alzheimer’s disease in their early stage and treat as soon as possible.
Quick and Non-Invasive Screening & Diagnosis of Cancer by Measuring Telomere, 8-OH-dG, Integrin $\alpha_5\beta_1$, Acetylcholine, Hg etc. and Safe & Effective Treatment of Cancer: Marked Decrease of the Telomere of Cancer Cell & Increase of the Normal Cell Telomere by Stimulating the Press Needle Inserted at True St .36 and Effective Treatment & Longevity Effect of Selective Drug Uptake Enhancement Method.

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ABSTRACT

Our research on cancer tissue indicates that the following abnormal parameters coexist:

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 Telomere is about 5 to 10 times the normal cell of the same organ); 9) increase in Cycline E; 10) increase in KI 67; 11) increase in 8-OH-dG (8-hydroxy-2'-deoxyGuanosine); and 12) marked decrease in Folic Acid. Since 1990; for non-invasive screening of cancer, the author used either 60ng of Oncogene C-fos Ab2 or 60ng of Integrin $\alpha_5\beta_1$ as reference control substance for non-invasive quick laser beam screening of the cancer, the author only used 4 extremities, but since 2000, the following 6 locations are routinely used for the initial basic cancer screening which require 2-3 minutes: 1) right hand palm; 2) Suprasternal Notch corresponding to acupuncture point CV22, tian tu; 3) left hand palm; 4) Umbilicus; 5) right upper thigh; 6) left upper thigh. Red spectrum laser beam with wavelength of 560-670nm with 1-5mW output is projected from the hand of the intermediary to these 6 locations one-by-one to find whether there is strong resonance or not. If CV22 is cancer positive, to rule out cancer in the brain, R- & L-ear lobules should also be examined. If the umbilicus or upper thigh is cancer positive, anus, the back of the upper thigh, and vertebrae L1 & L5 areas will be examined by projecting laser beam. If any area shows a cancer-positive response using the same or similar red spectrum laser line, the whole body is scanned using X-Axis Laser Line Scanning and Y-Axis Laser Line Scanning, and a red line is drawn on the positive area. The crossing points of the X-axis and Y-axis Integrin $\alpha_5\beta_1$ strong positive area is often the center of the cancer positive area. Once the center of the cancer positive areas are localized, the actual boundary of each cancer is mapped using a metal electrode by detecting resonance using 60ng Integrin $\alpha_5\beta_1$. Once the exact location & outline of the cancer is identified, the cell type of each cancer can be identified non-invasively using microscope slide of different cancers, and then laboratory confirmation for sensitive cancer markers for specific cancer will be ordered along with standard imaging studies using most suitable method among X-ray, CT Scan, MRI, PET
Scan or Ultrasonic imaging techniques. For cancer markers, the author made a convenient chart of a list of about 45 sensitive cancer markers for different kinds of cancers. Since 2003 the author checks the Telomere at first. Instead of 60ng Integrin $\alpha_5\beta_1$, we use 110ng Telomere (TTAGGG) with red spectrum laser pointer. If normal cell Telomere is lower than 110ng, presence of cancer should be suspected and the amount of 8-OH-dG (a marker of DNA mutation) should be checked. According to our experience, if 8-OH-dG is more than 70ng, cancer is suspected. Then X-, Y-axis laser scanning method with 60ng Integrin $\alpha_5\beta_1$ is performed. Also we measure the level of Folic acid. Role of Folic acid is to prevent the DNA mutation. Therefore cancer treatment is not sufficient without sufficient Folic Acid in the patients’ body. Our recent study on the substances known to increase longevity revealed mixture of about 100-75 mg of Acetyl-L-Carnitine and about 50 mg of Lipoic Acid also was found to reduce cancer Telomere and increase normal cell Telomere. Further study indicated that addition of 100-75 mg of Acetyl-L-Carnitine (which is known to enhance mitochondrial lipid metabolism) to our EPA 180mg + DHA 120mg, 100mg of Cilantro Tablet + 100$\mu$g of Folic Acid also significantly enhance anti-cancer effect. Once cancer is identified, either standard cancer therapy (such as surgery, chemotherapy, radiation therapy) or the following more safe & natural alternative methods of treatment, or a modified standard treatment combined with our safe alternative method, are used after the patient obtains a 2nd or 3rd opinion and discusses treatment with their regular physician. Regardless of the treatment method, if any medication is used, the degree of potential beneficial effects of each medication as well as compatibility, drug ineffectiveness or toxicity, and drug interactions with other medications can be detected using the Bi-Digital O-Ring Test before giving multiple medications to a specific cancer patient. The author found that many patients are taking many substances well known to be effective for cancer but, often, no anti-cancer effect exists due to the canceling effect of drug interactions among multiple effective medications, and the cancer spreads more quickly than if the patient were taking just one effective anti-cancer drug.

If the number of the tumors is few and the location of the tumor is clearly identifiable, the Selective Drug Uptake Enhancement Method (which was originally discovered by this author in 1990 after successfully mapping the accurate organ representation areas on the hands and other different parts of the body) is used to deliver effective medication selectively to the pathological area while markedly reducing drug uptake to normal parts of the body by stimulating accurate organ representation areas on the hands or other parts of the body, including feet and ears. However, when there are multiple metastases and the number of the cancer positive areas are more than 15 or 20, the Selective Drug Uptake Enhancement Method requires more than full-time attention because each organ representation area requires 15-30 minutes stimulation every 4-6 hours to maintain drug uptake. Our non-toxic, safe, natural approach to cancer treatment uses, for the average adult, a gelatin capsule of 180 mg EPA with 120 mg DHA as a safe and effective anti-viral agent, and 100 mg of Cilantro compound, the effect of which was discovered in 1995 by the author, to remove localized excessive deposits of Hg in cancer cells as well as other abnormally deposited metals such as Al and Pb in non-cancerous tissue. If the drug uptake is maintained continuously and effectively, often the cancer shrinks. As a result, one can co-exist with cancer by making cancer inactive, but often with this method cancer cells are not completely destroyed. When the Selective Drug Uptake Enhancement Method is used in the presence of 2 or 3 cancer positive areas, it is possible to manage by spending 15-30 min. stimulating the organ representation areas corresponding to each cancer positive area after taking medication for cancer treatment. In the presence of multiple cancer metastases (more than 15-20 metastases), it is not possible to stimulate each one of the organ representation areas.
However, in 1998, the author succeeded in lowering the cancer telomere while increasing the normal cell telomere. The cancer cell telomere can be decreased very significantly and the normal cell telomere can be increased by giving acupuncture at True St.36, which is located next to the Tibial Tuberosity, and it usually has a round shape with a diameter 8-12mm, depending on the individual. The Traditional St.36 is located on the extension of the same Tibial Tuberosity, laterally beyond the location of the True St.36. However, since 1984, using the Bi-Digital O-Ring Test Resonance Phenomena between 2 identical substances, it became possible to localize the exact location of an acupuncture point and the 12 major meridians. According to this study, in the location described in Traditional St.36, there is no acupuncture point. The medial boundary of True St.36 is touching the Anterior Tibial Crest at the borderline of the Tibial Tuberosity of the same leg. In some individuals there are 2 (or even 3) Tibial Tuberosities on the same tibial bone, but usually the one nearest (or 2nd nearest) to the knee is the correct one. The exact location and outline of True St.36 can be accurately localized using a microscope slide of stomach tissue by detecting the boundary between strong resonance and no resonance. Since 2000, the author has refined the technique by semi-permanently inserting a tiny press needle (about 2 mm in length) attached to a small band-aid that is precut in a round or rectangular shape. When the press needle that is inserted on True St.36 was stimulated by the thumb or index finger, the author succeeded in lowering the cancer cell telomere of 1,000 - 1,400 ng to less than 1yg (10^-24 g). Since the average lowest amount of telomere found in living humans according to our study is 100ng, with rare exceptions, when the telomere becomes much less than 100ng, cancer cell may not be able to divide, and under certain conditions may end up apoptotic. Therefore, the lowering of the telomere to less than 1yg most likely inhibits cell division of the cancer cell. Our study indicates that as long as one can maintain stimulation after taking EPA & DHA and Cilantro 4 times each day, abnormal cancer cell parameters can be reduced to close to 0 (cancer cell activity is practically inhibited). In addition, the author also found that not only does cancer cell telomere go down, but also all of the anti-cancer medication selectively enters all the metastatic cancer tissue while drug uptake to normal tissue markedly diminishes. As a result, this method becomes a highly efficient treatment for improving or prolonging the life of the terminal cancer patient with multiple metastases.

In 2000, the author stimulated a small press needle semi-permanently inserted at True St.36 for 15-20 minutes as often as he could everyday for more than a few weeks, and the cancer parameters were reduced to almost zero, but new skin cancer appeared in the elbow as the result of excessive increase of normal cell telomere of about 300ng to over 2000ng-2500ng and excessive exposure of skin to strong sunlight (The extremity was exposed to strong sun at Phoenix, AZ). To avoid excessive stimulation and maintain safety, we now limit the total amount of manual stimulation to anywhere between 150-200 times after taking each dose of medication, depending on the patient. For cancer of the chest, neck, oral cavity, face, and head, stimulation of the press needle inserted on the True LI.4 of the hands can induce a similar effect as True St.36. However, it is more difficult to keep the press needle in True LI.4 for a long time, as the hand not only moves often but also is often wet when washing the hand or face, but it is possible to keep small press needle with a band-aid on True St.36 for 1 month or even longer. Stimulation of a semi-permanently inserted press needle at True St.36 or True LI.4 is often very effective for treatment of various bacterial or viral infections that cause intractable pain or muscle paralysis with administration of effective anti-viral or anti bacterial agents. In order to maintain effective drug uptake with the Selective Drug Uptake Enhancement Method, Bi-Digital O-Ring Test negative underwear contacting skin above the pathological area must be replaced by positive underwear, otherwise drug uptake will be markedly inhibited. Similarly, negative watches,
metal necklaces, metal bracelets, metal earrings, credit cards, etc., should not be worn close to the skin of the cancer patient.

In addition, the author has been evaluating the reason why cancer is almost non-existent in the heart and small intestine. To explain this, the author proposed the hypothesis that these organs may be secreting anti-cancer substances, particularly the small intestine (jejunum and ileum). This idea was first evaluated by the author himself as the cancer subject. Stimulation of the accurate organ representation areas of the small intestine on both hands each time markedly reduced all the cancer parameters. If this hypothesis is correct, then there is a possibility that stimulation of the accurate organ representation area of the small intestine may reduce existing cancer parameters of cancerous tissue in any organ. Therefore, the technique was repeated with other cancer patients, and a similar result was obtained. While repeating this study with the author himself, it was found that occasionally stimulation of the small intestine representation areas of both hands could not produce maximum reduction of cancer parameters. However, additional stimulation of the accurate organ representation area of the gall bladder on the hand produced significant reduction of cancer parameters. When both the accurate small intestine representation area and the gall bladder representation area are stimulated at the same time, reduction of cancer parameters toward normal was maximum. Usually stimulation of the small intestine representation area on the side ipsilateral to the cancer-positive area produced the strongest cancer parameter-reducing effect. In addition, stimulation of the organ representation area on the hands (or feet, tongue or ears) corresponding to the cancer-positive area enhanced drug uptake to the cancer tissue very significantly, as an application of the Selective Drug Uptake Enhancement Method. These findings may have very important clinical implications. Also the nature & role of Integrin $\alpha_5\beta_1$ rich blood vessels supplying blood for the growth of cancer as well as factors inhibiting blood vessel growth to the cancer tissue are being evaluated.

When cancer cell telomere was reduced below 1 yg, normal cell telomere increased significantly, and anti-cancer drug uptake at all the cancer tissue, including their metastasis, was selectively enhanced (Selective Drug Uptake Enhancement Method), while drug uptake to normal tissue reduces markedly. When acupuncture was given on traditional St. 36, no significant changes were observed in both cancer cell and normal cell Telomere. In order to maintain these beneficial effects of True St. 36, a small thumbtack-like indwelling needle was inserted at True St. 36 and held by a round band-aid. EPA & DHA in a gelatin capsule as a safe, natural anti-viral agents, and Cilantro to remove excessive Hg deposit from cancer cells were given 4 times daily. Patients were instructed to apply mechanical stimulation on the indwelling micro needle at True St. 36 after taking the medication.

Thus, acupuncture on True St. 36 is potentially highly beneficial as a clinically important supplement to the treatment of cancer, particularly with terminal cancer with multiple metastasis. Since he also mapped recently more accurate organ representation area of the hand and according to this new organ representation area of the hand, small intestine occupies much broader area above large intestine representation area. While mapping this, the author noticed that gall bladder representation area is very sensitive in both hands, particularly in the left hand. Further indicated that lower half of the gall bladder is mainly controlled by organ representation area in the left hand and upper half of the gall bladder in mainly represented by the right hand representation area. Because of this, the author stimulated the new accurate representation are of the colon the part above which represented the small intestine, was also accidentally stimulated. Because the author had a very busy schedule, he forgot to take Cilantro as an anti-cancer medication, but he noticed that cancer marker did not increase. As a consequence he speculated that gall bladder may be secreting some anti-cancer substance, and this should be further
investigated since small intestine is known that it is the only organ of the GI system that does not develop cancer. After stimulation of gall bladder with just two times of EPA/DHA and Cilantro, the gall bladder returned to almost normal except Acetylcholine remained very low, and Hg and Integrin and Oncogene reduced to less than 10ng and remain low in spite of not taking anti-cancer medication.

Telomere is 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 1) Cilantro to remove excessive Hg from cancer cell, 2) mixture of EPA/DHA as antiviral agent, 3) Folic acid to reduce DNA mutation & 4) Acetyl-L-Carnitine with Selective Drug Uptake Enhancement Method with or without press needle at True St. 36 to deliver medication specifically to cancer positive area (with or without standard treatment).

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 yg from anywhere between 1000ng to 1400 ng and all the above described cancer parameters improved very significantly with reduction in the tumor size and improvement of symptoms.
ELECTROPHYSIOLOGICAL PROPERTIES OF AURICULAR ACUPUNCTURE POINTS IN PATIENTS DURING SURGERY UNDER GENERAL ANESTHESIA

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ABSTRACT
There is experimental and clinical evidence that the major lesions (pain, inflammation, surgery) will be reflected on the surface of the ear and can be identified using the measurement of skin resistance, although the physical basis of these measurements is not clearly understood [1-3]. As for detection of auricular acupuncture points (AAP) by measuring the electrical skin resistance in patients before, during and after surgery, evaluation of possibilities for this simple technique still needs continuation. The aim of the present work was to study the frequency of the AAP detection using the skin resistance measurement in the external ear during surgery under general anesthesia.

The AAP were examined by means of electrical resistance measurement in 25 patients (mean age 66.3 years) scheduled for elective orthopedic surgery. Twenty of them received a hip joint replacement. A surgical Hallux valgus correction was performed in another 5 patients. 15 healthy volunteers, matched to the patient group according to age, were examined and results compared to the preoperative findings in patients. Surgery was performed under general anesthesia with endotracheal intubation and controlled mechanical ventilation. The first AAP examination was performed in the evening before surgery. The second examination took place during the most painful phase of surgery, which was the surgical manipulation on the lower extremity. The third ear examination was performed several hours after surgery in the postoperative care unit, when the patients were awake, but slightly sedated with piritramid (an opioid analgesic drug). It delivered through a patient controlled analgesia pump for postoperative pain relief.

We detected AAP that had lower skin resistance, using SVESA neural pen (Neuralstift SVESA 1070, SVESA, München, Germany). The neural pen generates maximal electric potential of 2 V. If the potential on the gate of the booster exceeds 1 V during examination, the light indicator will be activated. A referent “zero” value of resistance was adjusted for every measurement on the lateral margin of ear lobe, which is free of acupuncture points [4]. Detected points were compared to the map of AAP and classified according to WHO classification [5]. Both ears were examined. The AAP was considered to be found, if it was represented at least on one side. However, if the AAP was detected on both sides, it was included in further analysis only once. We defined the “frequently detected” AAP as those in more than 5 of patients (25%). The frequency of AAP detection was further analyzed statistically and compared to those in 15 healthy volunteers. The logistic regression model with logic link and exchangeable covariance structure was fit to analyze the dichotomous data (AAP detected or not). The analysis was performed using the SAS procedure GENMOD [6].

A single blinded observational study on the detection of AAP measuring electrical skin resistance in patients scheduled for orthopedic surgery compared with healthy volunteers was performed. The following AAP were detected in more than 50% of patients: MA-SF5 (clavicle), MA-IC1 (lung), MA-TF1 (shen-men), and AAP corresponding to the site of surgery. The point MA-SF5 (clavicle) was found in 64% of patients before, 68% during and 60% after the operative procedure and in 60% of volunteers. MA-TF1 (shen-men) was found in 60% of patients, whereas
during and after the operative procedure it was represented only in 32% and 16% (p<0.05). The area corresponding to the hip joint (mapped in the lower third of Crus anthelicis superior) was detected more frequently during the operative procedure (p<0.05) in 20 patients scheduled for total hip replacement. The patients scheduled for Hallux valgus surgery showed lower skin resistance in the corresponding ear area (upper third of Crus anthelicis superior) also only during the operative procedure (4 out of 5 patients). The point MA-TF1 (shen-men) was detected in the patient group before surgery more frequently in comparison with healthy controls (60% vs. 7%; p<0.05). The side of examination showed no significant differences throughout the study.

We did not expect that the frequency of AAP detection by means of electrical skin resistance measurement during the surgery under general anesthesia would exceed the pre- and postoperative level. Although all the patients received appropriate standard analgesia with fentanyl during surgery, the highest detection frequency of the points, corresponding to the surgery sites, was registered during the operative procedure under general anesthesia. It was probably due to acute pain in the most painful phase of the surgery, whilst the hemodynamic parameters remain constant. Moreover, it seems that the measurement of skin resistance/conductance is more sensitive to intra-operative pain than standard monitoring of the depth of anesthesia. Our findings would support a classical physiological theory on the changes of skin resistance/conductance due to the activation of sympathetic nervous system, where the activation of sudomotor sympathetic nerves leads to the changes of skin moisture.

The high incidence of the MA-TF1 (shen-men) identification in patients before surgery can be explained with the increased level of preoperative anxiety. The detection and subsequent needling of that point was effective to treat that disorder in sham controlled studies with healthy volunteers and ambulatory surgery patients [7].

In general data obtained support the theory of a somatotopic representation of the body on the human auricle [2, 8]. The frequently found AAP with lower skin resistance in patients during orthopedic surgery can be useful for treatment of preoperative anxiety (MA-TF1, shen-men) and/or postoperative pain relief (MA-IC1, lung and the AAP corresponding to the site of surgery) in addition to standard auricular acupuncture prescriptions.

References
APPROACH OF ANXIETY AND DEPRESSIVE DISTURBANCES THROUGH OF THE BI-DIGITAL O-RING TEST

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Summary: Bi-Digital O-Ring Test, it is a technique developed by Omura Y., MD, Sc.D., it had been a resource used on approach of diseases of difficult treatment. The modern age is called of Age of Anxiety. The Anxiety and depression on people whom experienced innumerable new situations of fear and insecurity are current challengers of medical science. Objective of the presentation: Approach of anxious and depressant symptoms and the disturbances of the personality by Bi-Digital O-Ring Test. Material and method: 56 patients (30 women and 26 men) of a specific group had been evaluated and diagnosed as stress and/or anxiety and/or depression with a predominance of patients in the age of 41 to 60 years (34 people). It had been searched in these patients, through Bi-Digital O-Ring Test, using reference control substances (RCS) the following substances: Heavy Metals (Al, Hg, Pb), microorganisms (HSV1, CMV, Borrelia Burgdorferi, Chlamydia Trachomatis, Mycobacterium avium and neurotransmitters (acetylcholine, serotonin). Findings of the tests: all patients presented a great alteration of electromagnetic field (EMF) on cephalic occipital and parietal region. In the examined areas we found resonance for high amount of heavy metals, microorganisms and reduction of neurotransmitters. Treatment: all the patients had been medicated with EPA+DHA 1000mg, cilantro, própolis, antidepressant drugs and to perform Drug Uptake Enhancement Method on the hands. The main antidepressant medication had been used, separately or all together: Alprazolam(18 Cases), Fluoxetine (13 Cases), Sertraline (4 Cases), Hipericum Peerforatum(48 Cases). Results: The results suggest that it had fast improvement of clinical condition, mood and emotional state in general; including change in attitude on patients from this study. The patients reported their conditions after the treatment as excellent to 11people, good to 29 people and regular to 16 people. By the result of the test: the reduction or disappearance of the anomalous EMF on cranium, quantitative reduction of resonance for heavy metals, microorganisms and the increase of neurotransmitters seemed to us to be directly related with the improvement of the patient’s emotional condition. CONCLUSION: Bi-Digital O-Ring Test show us to be a very important resource in the control of these anxious-depressant patients. Key Words: Personality Disturbances, Neurotransmitters, Drug Uptake Enhancement Method, stress, anxiety, depression, Hipericum Peerforatum.

RESULTS:
We establish 2 criteria for evaluation analysis of the results:
A) informed result by the PATIENT: the way how do they feel themselves, the time to reach well-being and self-confidence.
B) result of the TEST, by valuation of resonance levels of the heavy metal, microorganism and neurotransmitters (acetylcholine and serotonin).

a) INFORMED RESULT BY PATIENT
EXCELENT – return to normal relationships, improvement of vital force, behavior changes
GOOD- Good improvement in all the levels
REGULAR - Improvement of symptoms in general
INDIFFERENT - it did not have improvement of initial symptoms

Patients evolution, according to classification and the informed result:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Regular</th>
<th>Indifferent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Disturbance</td>
<td>3</td>
<td>11</td>
<td>4</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>Moderate Disturbance</td>
<td>3</td>
<td>13</td>
<td>6</td>
<td>-</td>
<td>22</td>
</tr>
<tr>
<td>Severe Disturbance</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>29</td>
<td>16</td>
<td>-</td>
<td>56</td>
</tr>
</tbody>
</table>

b) RESULT OF THE TEST:
Once initiated the proposed treatment, it had a great modification of the resonance from all the modified factors as high heavy metals, extreme reduction of the acetylcholine and serotonin; high resonance for the type I and V Herpes virus, Chlamydia Trachomatis, Mycobacterium avium and Borrelia Burgdorferi.

Varying from one to another test, we observe that the patients who had kept resonance for metals in low levels, had presented a better result, even when the resonance for the neurotransmitters kept below of the desirable levels.

The following table was carried out through an average of the initial examinations and of the last test from all participants of this sampling. It was not important the interval of time between them and related with the reported result.

It has been used the variation of the resonance on heavy metals and 2 neurotransmitters. (acetylcholine and serotonin):

<table>
<thead>
<tr>
<th>INFORMED RESULT</th>
<th>METALS Initial</th>
<th>Final</th>
<th>ACETYLCHOLINE Initial</th>
<th>Final</th>
<th>SEROTONIN Initial</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>700mg</td>
<td>⇐14mg</td>
<td>1.76µg</td>
<td>677µg</td>
<td>0.6µg</td>
<td>95µg</td>
</tr>
<tr>
<td>Good</td>
<td>610mg</td>
<td>⇐44mg</td>
<td>0.97µg</td>
<td>241µg</td>
<td>0.9µg</td>
<td>36µg</td>
</tr>
<tr>
<td>Regular</td>
<td>730mg</td>
<td>⇐60mg</td>
<td>0.32µg</td>
<td>311µg</td>
<td>0.5µg</td>
<td>24µg</td>
</tr>
<tr>
<td>Indifferent</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

GENERAL CONSIDERATIONS:
1) On the sampling: The sampling is from people who frequent self-knowledge courses. The distribution between men (26) and women (30) is not the standard. All had a long historical with conflicts and complaints of stress, anxiety and depression.
   The age is also high (34 patients between 41 to 60 years old), where the persistence of symptoms
as anxiety and depression extend to the majority.

2) It seemed to us that the quantitative reduction for heavy metals resonance, microorganisms and the increase of acetylcholine and serotonin are directly related with the improvement of the patient’s emotional state.

3) The long observation in some patients enable notice that the result stability is reached when the reduction of heavy metals and higher neurotransmitters indices keep the same, even when the Drug Uptake Enhancement Method is not executed as prescription of 3 times per day.

4) Many patients had complained of the execution of Drug Uptake Enhancement Method, and we have observed the tendency of reduction on frequency or intensity of the stimulus, when the first signals of improvement had been noticed. Probably the discontinuity of stimulus in the representative area of the brain (in the hands), or direct stimulus (in the head) is one of the factors of oscillation of results in the patients evolution. The variations of GABA and Dopamine neurotransmitters had not been measured on a continuously.

5) Varying from one to another test, we observe that the patients who had kept resonance for metals in low levels, had presented a better result, even when the resonance for the neurotransmitters kept below of the desirable levels. In the informed result, all the patients reported a progressive improvement, initially from physical state and of humor and gradual recovery of concentration capacity.

6) All the patients had been under some type of antidepressant. The use of Hipericum Perforatum (herbs medicine antidepressant), as the first medicament on treatment or on maintenance have been sufficient for the great majority.

7) The accompaniment of these patients under orientation of Bi-Digital The-Ring Test apparently optimized the effectiveness of psychoactive medicines.

8) The regular result can not mean a bad prognostic for the patient or inefficacy of the technique. It can involve multiple factors, since the choice of antidepressant to the intrinsic factors of illness that incapacitates the patient to follow the recommended orientation - since that the Drug Uptake Enhancement Method was considered "very laborious" for the majority of these patients.

9) All the patients are still under supervision for indeterminate time. We have contact with them through the many activities of the Foundation ACL.

10) In neurobiological terms, the anxiety and depression are provoked by biochemists dysfunctions. The most profound understanding about the neuro-biological system, will help on the continuous development of antidepressants. However the fact of being a biochemical disequilibrium does not exclude the use of medication during the treatment. These patients must be oriented in the recovery way of self-esteem and the self-confident, which are determinant factors for release of these processes.

**CONCLUSION:**

This survey is not conclusive. What has attracted our attention and justify this presentation, it was the fast improvement of clinical historic and the changes in the patients attitude and humor from this study, in the validity of therapeutical orientation through the BDORT

Bi-Digital O-Ring has been a resource of great utility in the control of these anxious-depressive patients.
Immunomodulation by the Autonomic Nervous System

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Abstract
Macrophages, constituting a host defense system, are the most fundamental leukocytes which protect the human body from bacteria and antigens. In the course of phylogenetic development, multi-cellular organisms acquired granulocytes and lymphocytes from proto-macrophages. Granulocytes are beneficial for eliminating bacteria by their phagocytosis, whereas lymphocytes are beneficial for eliminating small antigens by their immune functions. The distribution of granulocytes and lymphocytes (e.g., 60%:35% in the peripheral blood of adult humans) is known to be influenced by the size of microbes which invade our body. In this review, it is also revealed that the distribution of these leukocytes is under regulation of the autonomic nervous system.
This is due to the existence of adrenergic receptors on granulocytes and the existence of cholinergic receptors on lymphocytes. For the most part, the variety of leukocytes induced by the autonomic nervous system appears to be desirable for defense of the host. However, if our autonomic nervous system deviates too much in one direction, over-activation of granulocytes or lymphocytes appears, which results in certain diseases.

Reference
The Near Future of BSE, CJD, Prion Disease, Meat Hygiene and near future of Bi-Digital O-Ring Test

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ABSTRACT

In recent years, there have been changes in the environment surrounding our lives and invasion of pathogens across species barriers. For example, pathogenic, hemorrhagic E. coli (O-157) infection, foot-and-mouth disease (FMD), pneumonia caused by SARS, and avian influenza (type H5N2), among others, have occurred and subsided in fearful succession.

This international symposium focuses on BSE (bovine spongiform encephalopathy) as the main subject, whose various influences are inestimable in their size and damage. Mutated prion proteins are said to be the cause of the disease. There are many strains of such prion proteins, and they vary in how they infect animals and what kind of animals they may be transmitted to. In addition, there are types with long incubation periods following infection until disease onset as well as those whose symptoms manifest themselves after relatively short periods.

It has mainly been pointed out that BSE is transmitted orally, and there have been many responses in terms of meat hygiene.

In order to resolve these problems, food safety is being sought by providing traceability from production through consumption processes and by HACCP (Hazard Analysis and Critical Control Point).

It is said that the major cause of BSE’s invasion across species barriers is cross-infection, namely, failure in rendering processes, which led to the prohibition on incorporation of meat and bone meal in feed. But does this represent the entire problem?

Although research institutions in many countries are working hard on preventive measures against BSE and CJD, if these diseases spread to different domestic animal species, wild animals, fish and marine mammals, the resolution of such situation would be extremely difficult.

Currently, cattle carcasses are subject to testing by limiting target organs where the prions accumulate (the brain, spinal cord, distal ileum, eyeballs, spleen, etc.). If it is recognized that Bi-Digital O-Ring Test can diagnose BSE and CJD in vivo, it is likely that the test will greatly contribute to the eradication of these diseases and will also lead to food safety and security. For this purpose, reference materials of these diseases must be established and an appropriate environment must be created in the diagnostic setting.

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Prion diseases are fatal neurodegenerative disorders that occur in humans and other mammals. In humans, prion diseases occur in sporadic, familial and acquired forms. The commonest of these is the sporadic form of Creutzfeldt-Jakob disease (CJD), which occurs most often in late middle age as a rapidly progressive dementia with other neurological features. The first prion disease to be identified in mammals was scrapie, a disorder of sheep and goats. In 1985-6, a new form of animal prion disease, bovine spongiform encephalopathy (BSE) was identified in the UK. Since then, BSE spread as an epidemic through UK cattle, transmitted by contaminated animal feed and resulting in many thousands of BSE cases. BSE is now in decline in the UK, but it has spread to other countries and is still increasing in numbers, with cases recently identified in Japan, the USA and Canada. In the UK and Europe, the use of active surveillance, with the testing of cattle carcasses for evidence of abnormal prion protein, has resulted in increased numbers of BSE cases identified, many of which appear to represent preclinical infections.

In 1996, the National CJD Surveillance Unit in the UK reported a new form of CJD, now known as variant CJD. Unlike other forms of human prion disease, this disorder usually affects young adults (mean age 28 years) with a lengthy clinical history of average duration 13 months. Presenting features include psychiatric symptoms and sensory abnormalities, which are followed by ataxia, myoclonus, visual problems and terminal akinetic mutism. The neuropathology of
variant CJD is unique, with large numbers of florid plaques in the brain. Western blot analysis of the abnormal prion protein in variant CJD has shown a characteristic biochemical profile, which resembles the profile in BSE, but not in sporadic CJD. All cases of variant CJD so far have occurred in one genetic subgroup in the population (homozygotes for methionine at codon 129 in the prion protein gene).

Variant CJD appears to result from human exposure to the bovine spongiform encephalopathy agent, through consumption of contaminated meat products. Strain typing studies in mice have shown that the agent causing variant CJD is very similar to the BSE agent, but distinct from the agent causing sporadic CJD and scrapie. In variant CJD, the abnormal prion protein is also present in lymphoid tissues throughout the body (in addition to the nervous system), raising concerns over iatrogenic transmission by contaminated surgical instruments and there is recent evidence to indicate that variant CJD has been transmitted by blood transfusion. Although the rate of increase of variant CJD in the UK appears to be declining, there is still considerable uncertainty about likely future numbers of cases, since other genetic subgroups may also be susceptible to this infection, but with a different incubation period. Variant CJD has occurred in other countries including France, Italy, USA, Canada and Ireland, indicating that surveillance for CJD is essential in countries where BSE has been identified.
Challenges to the Mystery of Prion Diseases

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National Center of Neurology and Psychiatry,

ABSTRACT

Prion protein exists in two different isoforms, a normal cellular isoform (PrP^C) and an abnormal infectious isoform (PrP^Sc), the latter is a causative agent of prion disease such as mad cow disease and Creutzfeldt-Jakob disease. Amino acid sequences of PrP^C and PrP^Sc are identical, but their conformations are rather different; PrP^C rich in non beta-sheet vs. PrP^Sc rich in beta-sheet isoform. Since the two isoforms have quite different conformation, this host factor might be a molecular chaperone, which enables to override an energy barrier between PrP^C and PrP^Sc. Here we discuss three issues; (1) Protein conformation modifying activity working on collectly-folded proteins such as PrP^C, (2) Intracellular PrP^C trafficking, and (3) Mitochondria-mediated apoptosis in transgenic mice overexpressing PrP^C.

(1) To examine the protein unfolding activities against correctly-folded structure exist or not, we constructed an assay system and purified a novel molecular chaperone, Unfoldin, from S.cerevisiae. The purified protein formed homo-oligomer consisting of 10-12 subunits arranged in a grapple-like structure ~10 nm in diameter with a ~2 nm opening. Unfoldin adopted an “open state” in the presence of ATP and a “closed state” in its absence. Only the “open state” captured F-actin and facilitated the formation of the protease-susceptible circular form of F-actin. This property was promoted by ATP binding but not its hydrolysis. Overexpression of Unfoldin induced multiple buds in yeast cells, and its depletion interfered with cleavage furrow formation during cytokinesis. Finally, the protease susceptibility of F-actin purified from the bud neck decreased in a strain lacking Unfoldin.

(2) By utilizing double-labeled fluorescent PrP^C, we revealed that the NH2-terminal and COOH-terminal PrP^C fragments exhibit distinct distribution patterns in mouse neuroblastoma neuro2a (N2a) cells and HpL3-4, a hippocampal cell line established from prnp gene-ablated mice. The NH2-terminal PrP^C fragment, which predominantly localized in the intracellular compartments, congregated in the cytosol after the treatment with a microtubules depolymerizer (nocodazole). With a real-time imaging of fluorescent PrP^C (GFP-PrP^C) in living cells, GFP-PrP^C exhibited an anterograde movement towards the direction of plasma membranes at a speed of 140-180 nm/sec, and a retrograde movement inwardly at a speed of 1.0-1.2 µm/sec. The anterograde and retrograde movements of GFP-PrP^C were blocked by a kinesin family inhibitor (AMP-PNP) and a dynein family inhibitor (vanadate), respectively. Furthermore, anti-Kinesin antibody (α-Kinesin) blocked its anterograde motility, whereas anti-Dynein antibody (α-Dynein) blocked its retrograde motility. These data suggested the kinesin family (KIF4)-driven anterograde and the dynein-driven retrograde movement of GFP-PrP^C. Mapping of the interacting domains of PrP^C identified amino acid residues indispensable for interactions with kinesin family (KIF4): NH2-terminal mouse residues 53-91 and dynein: NH2-terminal residues 23-33, respectively.
Transgenic mice harboring a high-copy-number of wild-type mouse PrP\textsuperscript{C} are known to develop a spontaneous neurological dysfunction in an age-dependent manner, even without inoculation of PrP\textsuperscript{Sc}. Here we demonstrate mitochondria-mediated apoptosis in aged transgenic mice overexpressing wild-type PrP\textsuperscript{C}. These mice remained healthy, and no neuropathological evidence was observed in their brains when examined. The aged mice (Tg(MoPrP)4053/FVB), however, exhibited an aberrant mitochondrial localization of PrP\textsuperscript{C} concomitant with decreased proteasome activity, while younger littermates did not. Such aberrant mitochondrial localization of PrP\textsuperscript{C} was accompanied by cytochrome c release into the cytosol, caspase-3 activation, and DNA fragmentation, most predominantly in hippocampal pyramidal cells. Simultaneously, co-immunoprecipitation of PrP\textsuperscript{C} with anti-apoptotic protein, BCL-2, were observed in the mitochondria. When N2a culture cells expressing wild-type PrP\textsuperscript{C} were used in combination with proteasome inhibitors as a cell culture model, and a novel mitochondria-mediated apoptotic pathway was identified; a novel 14-3-3 isotype transports PrP\textsuperscript{C} to a mitochondrial outer membrane receptor; PrP\textsuperscript{C} thereafter binds mitochondrial BCL-2 and subsequently induces mitochondria-mediated apoptosis. The apoptosis requires PrP residues 122-139, and the same system is involved in the apoptosis of N2a cells expressing PrP residues 1-144, a heritable human prion disease model with Y145STOP.
Prion disease is a generic term of neurological diseases caused by the accumulation of “infectious” abnormal prion protein (PrPsc) in the central nervous system resulting in transmissible spongiform encephalopathy which, if once starts, progress steadily and make the patients die without exception. Prion diseases exist not only in human but also in sheep as scrapie, in cow as bovine spongiform encephalopathy (BSE) and so on. In human, it affects about one person per million annually and divided into 3 major categories with characteristic clinical features: 1) idiopathic [sporadic Creutzfeldt-Jakob disease (sCJD)], 1) infectious [kuru, variant CJD, iatrogenic CJD such as CJD after dura graft], and 3) genetic [Gerstmann-Sträussler-Scheinker disease (GSS), familial CJD, familial fatal insomnia (FFI)]. Prion disease is characterized by very unique features including 1) infectivity or transmissibility, 2) incomplete species barrier, 3) presence of genetic form and asymptomatic carrier, 4) infectious agent is PrPsc itself, and 5) normal prion protein (PrPc) is transformed into PrPsc. It is beyond the concept of conventional infectious diseases or genetic disorders.

In Japan, a nationwide epidemiologic survey was conducted in 1996, when the relationship between the variant CJD and BSE was reported from the United Kingdom. Afterward, the surveillance committee under the Research Project on Prion Disease and Slow Virus Infection, the Research Grant on Intractable Diseases, the Ministry of Health, Welfare and Labour, Japan has continued nationwide surveys using the registration system of intractable diseases. Since April 1999 until September 2003, there have been registered 440 (cumulatively 1,379) cases of prion diseases including 343 cases of sCJD (78%), 41 cases of CJD after dura graft (9%), and 52 cases of genetic prion diseases (12%) (familial CJD :31, GSS: 20, FFI 1 cases). Fortunately, there has been no case of variant CJD.

Regarding the early diagnosis, brain MRI particularly diffusion weighted images appears very useful but “PrPsc “ in urine may be an artifact. Quinacrine therapy may have some effects but is far from a satisfactory level and further efforts should be made to develop new effective treatments. We should also continue great efforts on elucidating the pathomechanism of PrP transformation and neural impairment in prion disease. Effective surveillance and prevention of the spread of the disease are of course very important as well.

Reference
3) MizusawaH ed.: The annual report of the research project on prion disease and slow virus infection in fiscal 2003, the Research Grant on Overcoming Intractable Diseases. Ministry of Health, Welfare, and Labour, Japan, 2004
The frequency of each prion disease in Japan
* familial CJD without confirmation of mutation of the prion protein gene

Table 1
Classification of human prion diseases

<table>
<thead>
<tr>
<th>Human prion diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idiopathic prion disease</td>
</tr>
<tr>
<td>sporadic Creutzfeldt-Jakob disease (sCJD)</td>
</tr>
<tr>
<td>classic form [MM1,MV1], thalamic form [MM2A]</td>
</tr>
<tr>
<td>Infectious:</td>
</tr>
<tr>
<td>Kuru</td>
</tr>
<tr>
<td>iatrogenic CJD (CJD after dura graft and so on)</td>
</tr>
<tr>
<td>variant CJD (vCJD) [MM2B]</td>
</tr>
<tr>
<td>Genetic:</td>
</tr>
<tr>
<td>familial CJD</td>
</tr>
<tr>
<td>Gerstmann-Sträussler-Scheinker disease (GSS)</td>
</tr>
<tr>
<td>Familial fatal insomnia (FFI)</td>
</tr>
</tbody>
</table>

[]: Parchi’s classification using codon 129 polymorphism (M/V) and PrPSc type (1/2)
The Relationship Between Dental Material Disease Caused by Electromagnetic Wave and How to Deal with it

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ABSTRACT

Purpose: As our society develops IT technology, such as the Internet, the number of patients with unspecific symptoms whose complaints include stiff shoulders, sore back and so on has increased. The majority of these patients who come to dental clinics expect to get better by improving their occlusal conditions. In some cases, however, the treatment does not work as well as expected or the symptoms reoccur again and again until we change dental material in the patient's oral area. It has been acknowledged that some dental materials cause an allergy when it dissolves and is absorbed. The author would like to report the possibility that some dental material also acts as an antenna receiving electromagnetic wave in the environment causing the symptoms listed above, and how to deal with these problems.

Method: First, cellular phones or computers were put close to the subjects in order to apply electromagnetic wave. Second, electromagnetic wave was again applied to the subjects who showed the symptoms such as dizziness, sense of equilibrium disorder, numbness of hands, or dyspnea while putting the same kind of dental material as the subjects had in their mouth close to them. Third, in case of the subjects, whose symptoms were worsened, Bi-Digital O-Ring Test (OMURA, Y. 1977-2004/BDORT was done with the conductive stick put on the subjects dental material. The dental materials that were found to weaken the subjects’ grip strength were removed under the protection of rubber dam and it was found that the symptoms disappeared or improved. Finally, all kinds of dental material were put close to the subjects and BDORT was performed while applying electromagnetic wave. Then the subjects’ dental material was switched to one which strengthened the subjects’ grip in the test. When an adhesive such as cement was needed in switching, the material and the adhesive were put together to do the test.

Result and Discussion: It is suspected that dental material such as metal is involved with disease caused by electromagnetic wave. It has been generally acknowledged that disease caused by dental material was triggered when it dissolves and is absorbed. It has been also reported that electromagnetic wave from dental material may cause these symptoms. The finding, however, shows that specific dental material acts like an antenna and receives electromagnetic wave, which causes unpleasant symptoms. It was also found that the disease could be avoided by taking out the material and that BDORT is very useful to find which material should be removed and which new material should be used in its place.

Conclusion: BDORT is useful in finding the dental material that receive electromagnetic wave and cause disease and which materials can be safely used as a replacement.

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Approach for Periodontal Disease by Bi-Digital O-Ring Test
~Examination of Effect of the Indigo Paste~

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[Introduction]
While indigo is known as a dye crop in Japan, it has been often used as a pharmaceutical plant
by the name of “da qing ye” in China from old times. Recently, it is being clarified that the
ingredients included in indigo have anti-oxidant, anticancerous, antiallergic, anti-inflammatory,
and antithrombotic actions.

In the past, we have performed Bi-Digital O-ring Test (OMURA.Y. 1977-2004, hereafter called
BDORT) using the panoramic roentgenograms of periodontal disease patients to ascertain that
Indigo, Maca, and Brazilian carrot are effective for the affected area.

This time, for the purpose of considering the effectiveness of indigo against periodontal
diseases, three cases in which indigo paste (made by Hayashibara Co.) including ingredients
extracted from indigo was used as tooth paste will be presented.

Also, the relevance between periodontal diseases and general diseases are being pointed out in
recent years. Although it is reported that periodontal disease patients have higher incidences of
heart disease, pneumonia, diabetes, low-weight baby parturition, etc. than those not suffering
periodontal disease, the mechanisms are still unknown. In order to seek a clue to elucidation, we
have examined the distribution of the representative periodontal disease bacteria A.A
(Actinobacillus actinomycetemcomitans) and P.G (Porphyromonas gingivalis) within the organs
of the whole body, by means of using the preparations of the respective bacteria. In addition, we
will report about the quantitative alteration of the periodontal disease bacteria after we made the
patients brush their teeth by using the indigo paste.

[Case 1] 73 years old, female, chronic marginal periodontitis
From about 7 years ago, she had been receiving maintenance of periodontal diseases at
frequency of once a month. Since she had sore shoulders and could not move her arms well, her
plaque control was very poor.

Occasionally, acute swelling occurred in the left-side mandibular second molar. Bleeding from
her gums along the entire periphery persisted. From July of 2001, she started brushing her teeth
by using indigo paste. After she started to use indigo paste, bleeding from gums began to be
reduced although there was no improvement in plaque control. Up to now, acute symptom has
never occurred in the entire circumference of the applicable teeth. What the patient thought about
using the indigo paste include; “The exhilarating feeling lasts longer than with commercial
dentifrices.”, “Bleeding during brushing was reduced.”, “Condition of the digestive system got
better.”, and “The tongue became fresh and the color of it seems to be better.”

[Case 2] 57 years old, female, chronic marginal periodontitis, diabetes
From about 5 years ago, she had been receiving maintenance of periodontal diseases. She was
suffering from diabetes (average of fasting blood sugar level (FBS) was 250mg/dl at that time), and periodontal redness-flare and swelling occurred one after another owing to her physical conditions. Bleeding was observed from the entire gums. She started brushing her teeth by using indigo paste from December of 2001. After a month, swelling of the gums was being mitigated.

After about three months, decrease in the level of blood sugar was observed (average of FBS: 150mg/dl). After that until today, the blood sugar has been stable at this level without any soaring.

[Case 3] 53 years old, female, chronic marginal periodontitis
From about 2 years ago, she had been receiving maintenance of periodontal diseases. The pocket in the mandibular anterior teeth area was deep, the initial treatment had no effect, and periodontal surgical treatment could not be performed due to esthetic solicitude. She started brushing by using indigo paste from November of 2001. After three weeks, swelling of the gums was mitigated, and also the BOP (bleeding) became ( - ).

[Distribution of Periodontal Disease Bacteria within Organs of the Whole Body and Quantitative Alteration of Periodontal Disease Bacteria with B.D.ORT]
On a subject (31 years old male) who is affected by minor periodontal disease, the periodontal disease bacteria A.A and P.G in his mouth (maxillary central incisor area and left-side mandibular first molar area), larynx, lung, heart, liver, and kidney were quantified. Experimentally, he stopped brushing in the mouth for three days and quantification was performed for each area via BDORT. Then, brushing with indigo paste was carried out strictly, and quantitative alteration of the periodontal disease bacteria was examined after one to three weeks. Decrease in periodontal disease bacteria was recognized not only in the mouth but also in the various areas of the whole body.

[Conclusion]
As described above, the results of quantitative alteration of the periodontal disease bacteria shown in the three cases and with one person being tested suggest that the indigo paste is effective against periodontal diseases.
The Improving Two Cases of Prostate Cancer through the Treatment of Bi-Digital O-Ring Test

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PURPOSE: In order to report the two cases that are making a good progress in the prostate cancer treatment by using the Bi-Digital O-Ring Test (Omura Y.1977-2004;BDORT).

METHODES: Prescribed Tsumura Jyuzen-Taiho-To (TJ48) 7.5g3×, Epadel S®2C2×, and Odain® or Protecadin® mainly. We also administered Barley Green®, ORT-Ecocci®(preparation of lactobacillus), Ipe Roxo(Taheebo Tea), and Thalidomide®, if necessary. The prescription was followed up by BDORT diagnosis, a chest X-ray inspection, CT scan, and tumor marker diagnosis.

CASE and COURSE:
(Case 1) 65-year-old male who has metastatic bone tumors and lung cancer after the prostate cancer operation.

At first, we administered TJ48 to the patient. However, after a while, the PSA level rose as shown in Fig.1. Therefore we added Epadel S®2C2×, Odain®3T3×, Barley Green®3P3×, E-cocci®6T3×, Chaga Tea(Fuscopiria Obliqua), Thalidomide®2T2×, according to the Virtual Drug Effect Test of BDORT. When the PSA level went up from 11.5ng/ml to 15.9ng/ml, the patient was having mandarins frequently. The second time when the level rose from 9.11ng/ml to 11.7ng/ml was due to the disruption of taking medicine. (because his son-in-low had a car...
accident.) After directed the proper use, the level of tumor marker went down and the patient has been in a good health.

(Case 2) 70-year-old male: Prostate cancer and Diabetes.

The progress of this case is as shown in Fig. 2. We prescribed TJ48 7.5g×3, Epadel S® 2C2×, Protecadin® 2T2×, Chinese parsley 6T3×, Barley Green® 3P3×, and Ipe Roxo(Taheebo Tea) to the patient. The tumor marker level ascended temporally because the patient was taking Fucoidan during that time. We directed him to stop using it and gave Thalidomide® as an additional prescription. At the moment, the patient has been in a very good condition.

DISCUSSION : Basically, the treatments for case 1 and 2 were conducted almost in the same way. Although there were some differences in the drug prescription for each case; Chaga Tea was used in case 1 and Taheebo Tea in case 2; ORT-Ecocci® was given or not, both of the patients have a favorable prognosis so far. It should be examined the potential effect of Chinese parsley that lowers the level of tumor marker as presented in case 2. We also need to study the effectiveness of the combination use of Thalidomide® and Odain®.

REFERENCE : 
A Case Report of 18-year-old Female with Herpes Simplex Encephalitis, Who was Infected at 1 Month Old and Relapsed After That

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【Purpose】Neonatal herpes simplex virus (HSV) infection is a severe disease. Neonates develop three types of infections according to the clinical extent of disease: disseminated infection, CNS infection and localized infection, but HSV encephalitis pathogenesis remains poorly understood. Access of virus to the temporal cortex and hippocampus by a trigeminal and/or an olfactory route has been suggested, but neither route has been shown conclusively to result in focal encephalitis in humans. I report a case of 18-year old female who had HSV encephalitis at 1 month old and relapsed later, and we studied her Hand & Mouthwriting by using the Bi-Digital O-Ring Test (OMURA,Y.1977-2004:BDORT, Handwriting Diagnosis by OMURA,Y.2002) to clear this question.

【Case Report】A 18-year-old female who was born on Nov.13,1985. She had localized skin infection on the lower abdomen and buttock at 12/20’85, and was complicated by generalized convulsion at 12/26. She was admitted and treated with acyclovir for 2 weeks for HSV encephalitis, and recovered completely. Thereafter, she had recurrent mouth HSV infections, and asthma and/or bronchitis.

At 8 year old, she complained her left hand numbness and twitching, and ultimately had generalized convolution. The diagnosis of Epilepsy post HSV encephalitis (complex partial seizure) was made, and anticonvulsant, CBZ was medicated.

At 10 year old, she complained right impaired hearing, but any abnormality caused deafness was not detected by otolaryngologist.

At 12 year old, she complained high fever, headache, and nausea. Convulsive seizure and loss of consciousness was developed. The diagnosis of recurrent HSV encephalitis was made, and the therapy with acyclovir for 4 weeks relieved her mental confusion, but the right 6th cranial nerve (abducens) palsy and short-term memory disturbance were remained. So, she could not adapt the school life and learning, and was eventually transferred to another handicapped school.

At 15 year old, she entered the public high school. Her abducens palsy was restored, but she still had troubled with the study and suffered from recurrent stomatitis.

At 17 year old, stomatitis relapsed every 2 weeks, so I prescribed Kampo (Hochu-ekki-to) and EPA supplement, and applied the Qi-Gong energy stored paper on her back neck and earlobe. She has not complained stomatitis and an epileptic fit since then, but she had chronic rhinitis and has felt her nasal abnormal smell herself. We study her right & left Handwriting, and Mouthwriting by using the BDORT to clear if the nasal lesion is associated with the HSV encephalitis.

【Result】Right Handwriting shows - 6 abnormal responses coinciding with the affected brain lesions. The resonance of the brain tissues starts from the hippocampus to the lateral olfactory stria. Mouthwriting also shows abnormal responses which resonate the medial olfactory stria, r-optic chiasm, r-optic tract and r-optic nerve. The most damaged lesion is the medial olfactory stria and r-optic nerve, and infected by the other types of Herpes viruses and Chlamydia trachomatis in addition to HSV type1 & 2.
Evaluation of Hand & Mouthwriting by using BDORT substantiated infections along the pathways and projections of the olfactory system. Because the primary neurons of the olfactory system extend out of the cranial cavity to end in the olfactory mucosa, the proposed route of HSV infection to result in focal encephalitis is possible. In this case she had not a disseminated infection to result in viremia, and the encephalitis may not be the result of hematogeneous spread.

We also notice the same pattern of spread of infection in autism, but autistic child has more sever damages in the left dominant hemisphere than right one, and the characteristic clinical symptoms of the autism may occur. We need more practical approaches to clear this assumption by treating these invasive lesions.

Acknowledgment I thank Dr. OMURA,Y. for the advice about Handwrighting Diagnosis by using the BDORT.
Study on Dose Determination of Glucocorticoid Using the Bi-Digital O-Ring Test. A Preliminary Report

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3) Ohkubo Dental Clinic, Ibaraki, Japan.

Purpose: In many diseases long-term glucocorticoid therapy is required. It is difficult to decide the time of reduction or termination of the drug by referring patients' clinical manifestations and laboratory data. We studied to clarify the efficacy of the Bi-Digital O-Ring Test (BDORT1), OMURA, Y. 1977-2004) to determine dosage of glucocorticoid, and assessed validity of the conventional BDORT drug compatibility test.

Subject and Method: Twelve patients (8 male/ 4 female, age ranged from 38 to 66) with pulmonary diseases administered prednisolone (PSL) were enrolled. They consisted of 4 interstitial pneumonia, 5 eosinophilic lung diseases, 2 bronchiolitis obliterans-organizing pneumonia (BOOP) and 1 relapsing polychondritis. We performed the BDORT drug compatibility test on the patients after Omura's original method1) using direct and indirect method in part. We evaluated optimum dosage for whole body of the patients holding oral PSL tablets on their palms, and also for lung of the patients pointing on their representing area of lung (Zong Fu (LU1) point) or the foci. We also evaluated on the representing area of thymus and pancreas. We assessed appropriateness of the dosage using indexes of clinical manifestations, laboratory data (eosinophil count, serum LDH, CPK and KL-6) and chest X-Ray.

Result: (1) PSL dosages evaluated on the LU1 point /foci were almost in accord with those of whole body. Relatively good responses were obtained by the dosage on the thymus. In some cases, additional doses were needed because of deterioration of clinical and laboratory findings. Although, in other cases, the clinical and laboratory findings revealed insufficient activity control, the dosages were less than the actual administered dosages. These differences were significant in lower doses less than 10mg/day.
(2) PSL dosages evaluated on the representing area of pancreas were several fold to those on the LU1 point /foci, and were usually closer to the actual required dosages.

Discussion: In performing BDORT, we decide dosage of drugs being held on their palms or intermediary. The BDORT dosage in case of usual drugs, including once a day regimen drugs, is not different from standard dosage markedly, and we can administrate the dosage of drugs without problem in general. But in case of glucocorticoid, the conventional BDORT drug compatibility test on the organ representing area /focus will give insufficient dose which deteriorate disease conditions. With respect to setting dosage by BDORT, we need further investigations not only for glucocorticoid but also for Kampo medicines and supplements.

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Four Cases of Breast Cancer Clinically Progressed by Using the Treatments Guided by Bi-Digital O-Ring Test

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Abstract

[Purpose] Bi-Digital O-Ring Test, originally founded and developed by Omura Y. in New York (1977-2004; as following BDORT), is used for cancer treatments in our Clinic. Regarding the treatment of breast cancer patients, the metastasis nests of a patient post-operative of breast cancer with the whole body metastasis and skin metastasis were spontaneously disappeared by following the guidance of BDORT. So the similar prescription was instructed to other patients of breast cancer and as a result some patients have shown remarkable clinical progress. So 4 cases were reported here.

[Materials & Methods] The prescription for the patients of breast cancer is basically Barley Green® (Barley Powder) 3P×3×, Cilantro Tablet® 6T3×, Ipe Roxo (Taheebo Tea), Tsumura Juyzen-Taiho-To (TJ48) 7.5g3× and Anastrozole (Arimidex®, hormone medicine) 1mg Tablet 1×. Lactobacillus Product (ORT-Ecocci®) was prescribed, if there is a necessity. Patients were followed up by BDORT diagnosis, Chest X-ray inspection, CT (Computed Tomography) inspection and tumor markers, etc.

[Case Reports]

Case No.1 54 years old woman. Post-operative of breast cancer, metastasis in the whole body Tsumura Juyzen-Taiho-To (TJ48) 7.5g3×, Barley Green® 3P3×, Ipe Roxo, EPA-α® 3P3×, Cilantro® 6T3× and Anastrozole 1T1× were prescribed. After 2 months later, the doses of EPA-α® and Cilantro® were increased to 2 capsules or tablets at one prescription time. As shown in Fig. 1 the tumor markers were decreased remarkably.

Case No.2 64 years old woman. Post-operative of breast cancer, metastasis in the whole body Tsumura Juyzen-Taiho-To (TJ48) 7.5g3×, Barley Green® 3P3×, Ipe Roxo, EPA-α® 3P3×, Epadel® 2P2×, Cilantro® 6T3× and Anastrozole 1T1× were prescribed. As shown in Fig. 2, Fig. 3, Integrin α5β1
was markedly deceased and Acetylcholine was increased normal body. Finally her whole body metastasis and skin metastasis were disappeared.  

**Case No.3** 47 years old woman. Post-operative of breast cancer, bone metastasis. Tsumura Jyuzen-Taiho-To (TJ48) 7.5g3×, Epadel® 2P2×, Barley Green® 3P3×, Cilantro® 6T3× and Ipe Roxo were prescribed. Her immunocompetence was low (IL-12; 20pg, IFN-γ; 10 pg). As shown in Fig. 4, the levels of CEA and CA15-3 were decreased and she was in an improvement trend. By the abdomen ultrasonography inspection in February, the shadows in the liver were sized Φ10 mm large and Φ13 mm large. The shadow was reduced in size to Φ8 mm large in April.

**Case No.4** 74 years old woman. Post-operative of breast cancer, strongly suspicious of lung metastasis and liver metastasis. In September 2003, lung metastasis and liver metastasis were strongly suspected with the results of chest X-ray and also abdomen CT inspection. So, ORT-Ecocci® 9T3×, Ipe Roxo, Cilantro Tablet® 6T3×, Tsumura Jyuzen-Taiho-To (TJ48) 3P3×, Barley Green® 3P3×, Anastrozole 1T1× and Epadel® 2P2× were prescribed. Her immunocompetence was checked by BDORT (IL-12;2ng, IFN-γ;2ng). Three months later, suspected shadows of lung and liver metastasis were disappeared on the chest X-rayphotograph and abdomen CT photograph in Fig. 6. Her immunocompetence was progressed in good condition (IL-12;20ng, IFN-γ;22ng).

**Discussion** The introduced prescription in this report was seemed to be effective in the treatment for the patients of breast cancer. The combination of this prescriptions seemed that elevate the immunity ability of IL-12 and IFN-γ and decrease the level of the inhibiting factors of immunocompetence as IL-10. So the synergistic effects raise the activity of Natural Killer Cells. The combination of prescriptions were seemed to be effective in totally. In some cases the levels of tumor markers were decreased in a few months. Further examination is necessary in this study, and also trials in the same protocol in other hospitals should be necessary.

**References**

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Relationship between Distortion of Cervical Vertebrae and Cephalo-Cervical Position Dependent Dysfunction Syndrome

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Abstract
Cephalo-cervical position dependent dysfunction syndrome is often observed in our daily medical examination, but it becomes a serious problem to have increased to the young people of 10 reigns. The vertebra artery of the right and left has entrance at the protrusion hole of the transverse foramen in the 6th cervical vertebra and goes up with defended in the tunnel formed by transverse foramen, ligament and surrounding tissues. And the vertebra artery of the right and left that went through the protrusion hole of transverse foramen of the 1st cervical vertebra goes through the membrana atlanto-occipitalis posterior and joins into the arteria basilaris, then roles of the blood circulation of base of brain, brain stem and posterior area of cerebrum. So 26 cases of repeating recurrence Cephalo-cervical position dependent dysfunction syndrome were checked up the mobility of the cervical vertebrae by using Bi-Digital O-Ring Test (Omura, Y. : 1977-2004; BDORT from now on) and compared with he bad condition of the cervical vertebra abnormality in the X-ray photograph. More decreasing the mobility of the cervical vertebrae and heavier distortion of the cervical vertebrae causes bigger factor of Cephalo-cervical position dependent dysfunction syndrome. Also the treatment of the disease is discussed.

22 years-old female 28 years-old female 24 years-old male 60 years-old male

< 22 year-old female >

Cephalo-cervical position dependent dysfunction syndrome and infections and heavy metals at Pons area
Discussion

As a big factor of Cephalo-cervical position dependent dysfunction syndrome, such as 'stiffen' of ligament/muscle/surrounding tissues supporting the cervical vertebra is supposed. Besides that, the load of the attitude and stress etc. decreases the mobility between the cervical vertebra and the distortion of the cervical vertebra becomes worse gradually. So the functionability contraction of the vertebra artery is easily happened at the entrance or exit of the protrusion hole of transverse foramen. Although as the functionability contraction of the vertebra artery, extension of the secondary brain circulation disorders causes the brain infection of viruses and bacteria and accumulations of the metals in the brain. Through repeating the unpleasant symptom of Cephalo-cervical position dependent dysfunction syndrome, the decline of the learning will according to the decline of concentration, the decline of the labor will, impatience with impossible to work even though getting active, depression or mental (phycosomatic)disorder in the middle age people are happened, and causes to factor of suicide plan. In the old age people, dysbasia becomes worse rapidly and bedridden cases are increased. Therefore the application of the stretch gymnastics and gymnastics expanding the vertebra artery temporarily and calm spinal column adjusting treatment is necessary, without a rapid load to the cervical vertebra surroundings. Smoothing the mobility between the spinal column, especially cervical vertebra and brain circulation is increased with keeping the distorted cervical vertebra in physiological/functional permission range possibility. Construction of the living body environment where is continued vigorously body and mind alike with keeping the social activity is necessary.
During several hundred million years, human being was created and developed gradually on earth in harmony with its environment. All kind of living creatures as well as the earth itself consist under the favorable influence of the electro-magnetic radiation (light) energy from the sun. The ultraviolet light shorter than 300nm wavelength is almost completely absorbed by the ozone layer, while light from about 280nm to 3000nm wavelength irradiates our earth where the light from 380nm to 780nm is received by the human eye receptor cells. Thus, this is called visible light. Although the human visual system and its perception mechanism are very interesting, this time, I will review here mainly laser applications to medicine and biology.

The contents of my talk will be concentrated on the following topics:
1) "Discours de la methode" of Rene Descartes (1596-1650).
2) Spectrum of the sun light on earth.
3) Differences between natural and laser light.
4) Medical diagnosis and treatment by laser light,
5) Examples from ophthalmology,
6) Influence of light on living cells,
7) Research on physiological activations,
8) Laser stimulation and BDORT.
9) Modern medicine versus oriental medicine. etc.

Distinctive features of living humans are, in the first, fundamentally nonlinear. This is shown not only by microscopic studies on living cells and/or synapses as well as their networks etc. but also by psychophysical analysis of total nonlinear action behavior of human beings. Secondly, time is non-reversible in living material contrary classical as well as especially modern quantum physics, where the transition from one state to the other occurs reversible. Dr. Ilya Prigogin, a famous Nobel price winner, called this matter “the arrow of the time”. Darwinism says, evolution cannot go back to the past. In the third place, extremely small vibrations (oscillations) in living bodies may cause often a big effect afterwards. Environmental changes, like increasing irradiance of electro-magnetic waves, bacterial and viral exposition, changes of DNA, etc. will affect, of course, living bodies in different ways.

BDORT, invented by Dr. Ohmura, shows that the human brain system can become a very sensitive detector. I hope that in near future together with brain studies, more research on BDORT will be performed and thus contribute to the recognition of BDORT as a scientific approach.
MEDICAL PROBLEMS WITH DR. OMURA THROUGH THE USE OF LONG DISTANCE TELEPHONE LINE: A CASE REPORT

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ABSTRACT

This article describes the author’s own experience with Dr. Omura about BDORT evaluation of medical condition through the long-distance phone line and the subsequent comparison of its test result to that of direct face-to-face BDORT that the author performed with three different persons. The high degree of correspondent similarity in the test results signifies that an unusual relationship probably exists, which still awaits further exploration of its yet-to-be-discovered mechanism. The article also describes under what particular circumstances Dr. Omura will use this technique.

INTRODUCTION

As a close associate of Dr. Yoshiaki Omura, originator of Bi-Digital O-Ring Test, and serving as the Co-chairman of the Continuing Education of International College of Acupuncture and Electrotherapeutics, I was privy to some of his most innovative and ingenuous methods before they were known to the public. Through the years, one of his most intriguing techniques is the Bi-Digital O-Ring Test (BDORT) through long distance telephone line, which Dr. Omura developed in 1990. He uses it only for medical emergencies of very close friends and their family members when they are very sick, standard medical treatment has failed, and they cannot meet with him in person. His opinion is used by the patient and their doctors. The technique involves having the patient hold the telephone receiver with the mouthpiece (transmitter) of the telephone touching the part of the body to be diagnosed or the object to be tested and Dr. Omura performing the BDORT over the earpiece of his telephone. The method is technically sensitive and many factors can influence the accuracy of the test results so false results can result if the person conducting the test does not have a good background in BDORT. The tester should have 15 years of experience studying with Dr. Omura and have acquired a solid foundation in advanced BDORT knowledge and skill to eliminate errors. Dr. Omura, having researched BDORT for more than 30 years before using this technique, feels it should be done only under an emergency basis and preferably under his supervision.

MATERIAL AND METHOD

In order to make a BDORT evaluation of a pathological area through the telephone, the surface of
the telephone needs to be properly cleaned with an alcohol sponge so that no residual germs or contaminants are in contact with the specific part of the patient’s body to be evaluated. The patient’s hands should also be cleansed and swabbed with an alcohol sponge before touching the telephone. The patient will use one hand to hold the telephone transmitter (mouthpiece) against the part of the body to be evaluated with BDORT, and the other hand to hold the medication in a closed palm. The doctor performing the medical evaluation will perform the BDORT over the earpiece of his telephone so that the electromagnetic field of the pathological signal(s) of the patient can transmit through the telephone line into the earpiece of the telephone over which the doctor will perform the medical evaluation. The author, due to daily contact with patients, contracted an illness when a winter flu epidemic broke out one year ago in the area where the author resides. The symptoms included cough with productive sputum, phlegm, and nasal congestion, but no fever or other discomforts. The area where the author lives is well known as the country’s allergy belt and pollen count is very high within the valley. It is known that these allergic conditions are contributing to the respiratory distress of many residents in the area. Being curious about the effectiveness of BDORT through the telephone line, the author decided to experiment with this method with Dr. Omura.

Complying with the author’s request, Dr. Omura performed the long distance BDORT diagnosis over the telephone over a distance of 120 miles between where the author lives and Dr. Omura performed the test. To test which medication would be most effective for the author to take, ten drugs were tested. The author held the drug in the closed palm of one hand and used the other hand to gently press the mouthpiece against the throat area directly below the thyroid cartilage. Sometimes two or three medications were simultaneously tested for their biocompatibility. The medications tested include Trimox (amoxicillin), Doxycycline (a derivative of tetracycline and drug of choice for Lyme disease, a Chlamydia trachomatis, pseudomonal infection and some multidrug resistant Gram negative organisms, and also for mycoplasma as well as for treatment with periodontitis associated with actinobacillus actinomycetemcomitans), Rifampin (Rimactane which is an antibiotic and antituberculosis for the management of active tuberculosis and for the prophylaxis for haemophilus influenza type B infection and the treatment of staphylococcal infection when combining with other anti-infectives drugs), and Saikokesito (also known as #10 by Tsunusa Pharmaceutical of Japan, which Dr. Omura found to be very significant for antituberculosis), and Bactrim (Trimethoprim and Sulfamethoxazole, an antibiotic of sulfonamide derivative, for acute exacerbations of chronic bronchitis and for prophaxysis of Pneumocystis carinii pneumonia and acute otitis media), and Cipro (ciprofloxacin, which is an broad spectrum antibacterial agent for pseudomonal infection, osteomyelitis, superficial ocular infection and certain type of sinusitis), Biaxi (clarithromycin which is an antibiotic for most respiratory pathogens as well as C. pneumoniae and avium infection), Zithromax (azithromycin which is against most respiratory pathogens, the azithromycin and clarithromycin are both related to rithromycin), Levaqui (levofloxacin which is an antibiotic for acute maxillary sinusitis due to S. pseudomonae, H. influenzae or M. catarrhalis), Pen VK(penicillin), EPA - DHA (Eicosapentaenoic acid and Docosahexaenoic acid, also known as omega 3 fish oil).

RESULT

After testing each medication, and sometimes the combination of two drugs, we found every drug tested was O - Ring negative for the author’s condition by Dr. Omura, with the exception of EPA - DHA, which was found to be O - Ring positive for the author, indicating that it was the drug
of choice for the illness. Among other merits of EPA - DHA, it is also shown by Dr. Omura that it has effective antiviral effect about 15 years ago. Since the author usually takes 1 capsule twice a day of EPA - DHA as a dietary supplement, Dr. Omura suggested increasing the frequency by taking 1 capsule 4 times per day for two weeks. Since EPA - DHA is known for having antiviral properties, it is believed that my illness might be viral in nature and since the other drugs tested O – Ring negative for the author’s condition, this implied the illness was probably not bacteria, tubercular, Chlamydia, Streptococcus or staphylococcus in nature. To compare the results of BDORT through the long distance telephone line with the results of direct BDORT person - to - person, the next day the author, without taking any medication used the same drugs that were tested with Dr. Omura over the phone for the direct person - to - person BDORT method with several different people who were O - Ring compatible with the author. These people were healthy and were not taking any medication themselves. The result of this test was very interesting. With the first person, we found every test result of each medication was the same as tested by Dr. Omura over the telephone. With the second person, we found that all the medications were O - Ring negative except Cipro and EPA - DHA, which tested as O - Ring positive. With the third person, we found that all medications were O - Ring negative except EPA - DHA, Biaxin, and Cipro, which tested as O - Ring positive with the author, with Cipro more strongly positive that the Biaxin. As mentioned before, all the tests were done before the author took any medication . The author decided to take EPA - DHA for two weeks using the Drug Uptake Enhancement Method, which Dr. Omura discovered in 1990 to effectively deliver medication selectively to the pathological area while reducing drug uptake to normal parts of the body. The condition did improve significantly but not to the degree that the illness completely went away, especially the sinitis. Consequently, I considered taking an antibiotic, either Biaxin and/or Cipro. But after consulting with an internist, Cipro was chosen because Biaxin, though good for bronchitis, does not effectively permeate the sinus membrane as Cipro does. The author decided to take Cipro with EPA - DHA, which were found to be compatible with each other. We also found that the grapeseed 150 mg, which a high level of oligomeric pranthocyanidins known as OPC, made the combination of Cipro and EPA - DHA very strongly positive with BDORT. The author took this combination for two weeks and the illness greatly improved .

DISCUSSION

Using the telephone for BDORT is very intriguing and considerable research on electromagnetic field transmission of medical information has been undertaken by Dr. Omura, though the exact mechanism on how it works is not completely known at the present time. The fact that the result of such a phone test had the same or almost the same result as using person - to - person direct method of BDORT was stunning. The fact that such a long distance test by an expert like Dr. Omura bears almost the same result as the direct BDORT should warrant further study to explore its application and the theory behind it. It could potentially become a useful diagnostic aid, just as when a patient is remotely diagnosed and benefits from teleconference through audio - visual devices by having MRI and radiograph, etc. discussed through electronic devices by clinicians from various parts of the world for the purpose of joint diagnosis and consultation. One cannot over emphasize that such a phone diagnosis method should be only done by the
Clinicians sufficiently versed with BDORT method. The methods should not be made known to lay people because of the potential form is use as they do not have the required clinical skills and background for such a test. Furthermore, it could undermine the reputation of such a method if it is misused. Exactly what illness or ailment could be best served by such a telephone line diagnosis warrants further study and exploration as does the type of telephone or cell phone that can be employed for this method. Cell phones with electro-magnetic fields may interfere with the accuracy of long distance phone evaluation. According to Dr. Omura, if the strong electro-magnetic field was generated from the front surface of the cell phone then the phone cannot be used. If the electro-magnetic field of the cell phone is emitted at the side instead of the front surface of the phone, then the BDORT through the cell phone can be used. Many of the precautions using the phone for diagnosis must be carefully evaluated and observed because false negative or positive results due to misuse can complicate the real nature of the disease and its diagnosis.

CONCLUSION

Long distance diagnosis over the telephone needs further research and experimentation to discover its full potential for clinical application.
(APS) BY BI-DIGITAL O-RING TEST (BDORT): SAFE AND EFFECTIVE TREATMENT WITH COMPATIBLE MEDICATIONS AND MDK-CHIPS

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ABSTRACT

OBJECTIVE: In 1957 Witebsky proposed the criteria for defining a disease as autoimmune. Subsequently, the original postulates of Witebsky and associates have been revised, and now it is accepted that three types of evidences are necessary to establish that a human disease is autoimmune in origin: 1) direct proof, such as transfer of the disease by either pathogenic autoantibody or autoreactive T cells; 2) indirect evidence based on reproduction of the autoimmune disease in experimental animals, and 3) circumstantial evidence arising from destructive clinical clues, such as lymphocyte infiltration of the affected organs, association with other autoimmune diseases, correlation with particular major histocompatibility complex genes, and benefit from immunosuppressive therapy. In 1908, Claude and Gourgerot, in their review on polyglandular insufficiencies, suggested a common pathogenesis for these diseases. In 1912, Hashimoto described a mononuclear leukocyte infiltration in some goitrous thyroid glands that was defined as "struma lymphomatosa". In 1940, similar lesions within pancreatic islets of patients with type 1 diabetes mellitus ("insulitis") were described by Von Mayenburg. In 1954, Bloodworth suggested, for the first time, that the accumulation of antibodies in the thyroid gland in patients with Schmidt’s syndrome may be related to reduced levels of adrenal cortex hormones. In 1957, Witebsky proposed the criteria for defining a disease as autoimmune. Subsequently, the original postulates of Witebsky and associates have been revised, and now it is accepted that three types of evidences are necessary to establish that a human disease is autoimmune in origin: 1) direct proof, such as transfer of the disease by either pathogenic autoantibody or autoreactive T cells; 2) indirect evidence based on reproduction of the autoimmune disease in experimental animals, and 3) circumstantial evidence arising from destructive clinical clues, such as lymphocyte infiltration of the affected organs, association with other autoimmune diseases, correlation with particular major histocompatibility complex genes, and benefit from immunosuppressive therapy. In 1908, Claude and Gourgerot, in their review on polyglandular insufficiencies, suggested a common pathogenesis for these diseases. In 1912, Hashimoto described a mononuclear leukocyte infiltration in some goitrous thyroid glands that was defined as "struma lymphomatosa". In 1940, similar lesions within pancreatic islets of patients with type 1 diabetes mellitus ("insulitis") were described by Von Mayenburg. In 1954, Bloodworth suggested, for the first time, that the accumulation of antibodies in the thyroid gland in patients with Schmidt’s syndrome may be related to reduced levels of adrenal cortex hormones. These key observations heralded the rapid development of scientific interest and a continuous progress in studies on autoimmunity, including organ-specific autoimmune diseases. Autoimmune diseases can be due, in genetically susceptible individuals, to release of sequestered antigens, virus-induced alterations of host membrane proteins, cross-reactivity between environmental agents and host antigens, T cell bypass, or alteration of lymphoid cells and immune regulatory cells. All these theories, however, fail to explain the cascade of autoimmune aggression toward multiple organs in one individual, as in APS. The gene responsible for this condition has been isolated, cloned, and defined as AIRE (autoimmune regulator) gene associated with Autoimmune polyglandular syndrome - APS type 1 (Addison’s disease AD, hyperparathyroidism, mucocutaneous candidacies and hepatitis).

APS type 2, also known as Schmidt’s syndrome is characterized by the presence of autoimmune AD in association with either autoimmune thyroid diseases and/or type 1 diabetes mellitus. AD is
present in 100% of the patients, autoimmune thyroid diseases in 69–82%, and type 1 diabetes mellitus in 30–52% of the patients. **APS type 3: autoimmune thyroid diseases and other autoimmune diseases excluding AD** (Hashimoto’s thyroiditis, idiopathic myxedema, symptomless autoimmune thyroiditis, Graves’ disease, endocrine ophthalmopathy) and one or more of other autoimmune diseases (type 1 diabetes mellitus, atrophic gastritis, pernicious anemia, vitiligo, alopecia, and myasthenia gravis. **APS type 4: autoimmune AD associated with other autoimmune diseases.**

**MATERIAL AND METHOD:** 146 patients with chronic non specific symptoms were inspected by indirect Bi-digital O-ring Test according to Prof. Y.Omura. Endocrine glands were inspected covering with aluminum foil. Different drugs and slides were used as reference substances. For thyroid gland, to determinate hypothyroidism we used L-thyroxin (Thyvoral) and to determinate hyperthyroidism we used Propilthyouracil. Criterions to diagnose intolerant glucose were: 1. presence of infections of endocrine pancreas (CMV), 2. Acetycholine 1 ng and less (most often 100 pg). 3. Deficiency of chromium. According to findings, infections were treated by selective drug uptake enhancement method (Y.Omura). Autoimmunity was treated by magnetic water made by MDK-Chips (Made by Salubris): Thyroid restore and Pancreas restore. MDK-Chips are specific magnets which emit different frequencies depending on its use. Different frequencies affect water by changing its structure for every frequency. Drinking such water achieves a specific balance of the immune and metabolic system, which helps defeat illness without any harmful effect, and creates balance in the body.

**RESULTS:** From 146 patients 94 (64.38%) were female, 52 male (35.62%). Adrenal glands were affected in 74 patients (50.68%), Pancreas in 100 (68.49%), Thyroid in 78 (53.42%), Ovary (testis) in 123 (84.23%), pituitary in 54 (36.98%). Single endocrine glands were affected in 10 patients (12.98%), 2 in 19 patients (24.7%), 3 in 20 (25.97%), 4 in 17 (22.07%) and 5 in 11 (14.29%). Infections we found out were: aerobal, anaerobal bacteria and Candida (100%), Ascaris lumbricoides (93%), Chlamydia trachomatis (90.4%), Tuberculosis (63%), CMV (75%), EBV (64.8%), HPV 18 (34.8%), HSV2 (33.6%), Borrelia burdgoferi (31.2%), HSV 1 (20%), Chlamydia pneumoniae (19.2%), HSV 7 (16%). Presence of Integrin as a sign of EMF radiations over some part of body (86.3%). Presence of heavy metal (83.56%). Allergy on heavy metal were in 19, 6%. OGTT in patients were positive in 95%. From 78 patients with thyroid gland infections, blood test showed TAG-antibodies and anti-TPO in 37 p. (47%) in different levels. After treatment by MDK Chip, antibodies decreased on normal level in 33 p. (89.18%), Anti-Insulin antibody, were in 21p (27.27%) from 77p which did blood test. After treatment by MDK Chip: Pancreas restore, in 18 patients (85.7%) antibodies decrease in normal level for average one and half months. ANA were present in 15 p. After treatment by MDK Chip, ANA decreased in normal level in 13 p (86.66%).

**CONCLUSION:** Importance of BDORT diagnosis is in diagnosis of sub clinical Polyendocrine autoimmune syndrome, before is possible to detect antibodies as a predictive factor of illness, and to treat cause as infective agent also to protect from environmental causes as EMFs radiation and different chemical pollutants. New device MDK Chip for treatment autoimmunity encourage that we can finally stopped diseases like APS.

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