

Abstracts of the 9th Congress of Japan Bi-Digital O-Ring Test Medical Society

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I. Dental Presentation

Relationship between the Onset of Pustulosis Palmaris et Plantaris, Metal Allergy, and Chronic Oral Infectious Diseases

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Abstract

We examined patients with pustulosis palmaris et plantaris (PPP) which is a chronic relapsing skin disease characterized by sterile intraepidermal pustules and usually scaly erythematous skin on the palm, soles, or both. Aged 49 man with PPP had many dental treatments including restoration and crown using metal materials. No delayed type hypersensitivity against Pb was found by patch test, but Pd alloy contains Au, Ag, Cu and Il. The aptitude test indicated that the Pd alloy did not match to the patient. The Bi-Digital O-Ring Test showed strong resonance of Hg. The patient stopped smoking and dental therapy in order to treat chronic infectious diseases such as periodontal disease was carried out. All restorative metals were removed and changed to composite resin material. Chinese parsely-100® (10mg × 4 times / day) was prescribed for 5 months. After these treatments, the PPP syndrome improved. Sixteen months later, the patients complained the relapsing. In the various examinations on the relapsing time, significantly high serum IgG antibody levels against Cytomegalo virus was found, but no increasing levels against Chlamydia pneumoniae or Mycoplasm pneumoniae. Systemic spreading of bacteria or their products from chronic oral infections has long been suspected to cause dermal diseases including PPP. Although it has been suggested that oral bacterial antigens, including heat shock proteins (Hsps), may be related to secondary disease, no clear evidence of the relationship between focal infections and Hsps has been shown. Serum IgG levels against Escherichia coli GroEL, a recombinant Dna J of Antinobacillous actinomycetemcomitans Hsp measured by ELISA will be discussed the relationship between the antibodies and PPP.

The Dental Treatment for Bedridden Elderly Persons by Means for Removable Dentures

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ABSTRACT

Recently, a lot of clinical evidences were reported that there is a close relationship between dental treatment and the general conditions. This study was designed to evaluate the dental treatment in terms of activity of daily living for 32 bedridden elderly persons by means of removable dentures.

The rate of 'remarkable improvement' was 21.9%, 'improvement' 9.4% and 'no efficacy' 68.9%. However, as far as the 18 patients that accepted to use dentures, the rate of 'remarkable improvement' was 38.9%, 'improvement' 16.7% and 'no efficacy' 44.4%. On the other hand, the 14 patients who rejected to use dentures had no efficacy.

And so, it was very difficult to treat senile old patients, because they had a tendency to reject to use dentures.

From the results above, it was suggested that if patients accept to use dentures, over a half of them would have an effectiveness in terms of activity of daily living. Moreover, dental and medical cooperation would be very important in the process of these treatments and clarifying the relations between general and dental conditions.

Criteria for ADL of the handicapped bedridden old person

Independent Life	Rank J	<p>Although he/she is handicapped, he/she can live almost independently, so can go out independently.</p> <ol style="list-style-type: none"> 1. When he/she goes out, he/she can use traffic facilities. 2. He/she goes out as far as neighborhood.
Semi- Bedridden Life	Rank A	<p>His/her daily living is performed almost independently inside of a house, but he/she can not go out without any help.</p> <ol style="list-style-type: none"> 1. He/she can go out with any help and his/her living is performed 2. leaving the bed in almost all daytime. 3. He/she goes out with low frequency and he/she is bedridden in the daytime.
Bedridden Life	Rank B	<p>His/her living in side of a house required any help, the living in the daytime is done mainly on the bed, however, sitting posture can be kept.</p> <ol style="list-style-type: none"> 1. He/she can ride on a wheelchair, he/she can eat or excrete leaving the bed. 2. He/she can ride on a wheelchair with any help
	Rank C	<p>He/she is living on the bed all day and can not excrete, eat or change clothes without any help.</p> <ol style="list-style-type: none"> 1. He/she can turn over in bed by him/herself 2. He/she can not turn over in bed by him/herself

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Seven Cases Referred from a Department of Oral Surgery of a National University School of Medicine for Diagnosis with the Bi-Digital O-Ring Test and the Future Measures and Prospect of This Test (I)

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Abstract

Purpose

The values of substitutional medicine have been increasingly recognized in England and the USA as well as in Japan, and academic research organizations, such as JACT, have been established to aim at the integration of substitutional medicine with modern Western medicine, although we are not sure whether the Bi-Digital O-ring test (B.D. ORT) is included in the substitutional medicine. Despite the fact that over 20 years have passed since the B.D. ORT was introduced to Japan by Prof. Yoshiaki Omura as an auxiliary diagnostic method, it cannot be said that this method has been utilized as a routine diagnostic modality in the general field of dentistry. However, the B.D. ORT was recently adopted as an official evidence in Tokyo High Court, even though as a private consultation, generating a gleam of hope in the future. During the 1-year period, April 1998 to March 1999, 83 patients were referred to our clinic for diagnosis with the B.D. ORT, excluding those visiting our outpatient clinic for simple diagnosis with this method, and we learned to estimate the value of request from a department of oral surgery of a national university school of medicine in 7 of the 83 patients. Thus we herein report the value found in these 7 Japanese patients.

Cases

- (1) J. M., F, 53 years old. Referred for the determination of the cause of arthrosis of the temporomandibular joint and for occlusal analysis (a case showing the resonance with CMD T.).
- (2) M. O., F, 34 years old. Referred for the examination of chronic tonsillitis and viral infection [a case showing the resonance with HZV and fungi].
- (3) K. H., M, 36 years old. Referred for the examination of viral infection (myelogenous leukemia) (no viral resonance).
- (4) S. Y., F, 37 years old. Referred for the examination of arthrosis of the temporomandibular joint and occlusion (a case showing no viral resonance, malocclusion, and suspected mental factors).
- (5) S. G., M, 23 years old. Referred for the examination of atopic dermatitis and viral infection (a case showing the resonance with CMV).
- (6) S. K., F, 43 years old. Referred for the examination of pain and one-sided numbness due to rheumatism (questionable) and viral infection (a case showing the resonance with CMD psittasi and Hg, and suspected mental factor)
- (7) M. K., F, 52 years old. Referred for the determination of causes of chronic tooth pain and numbness on the same side (a case showing the resonance with rotavirus and Haemophilus influenzae).

Discussion and Results

There are many cases with symptoms of undetermined causes in the field of dentistry when examined by diagnostic methods of Western medicine. The results obtained from the patients described here suggest that we should enjoy the advantages of substitutional medical modalities, such as the B.D. ORT, rather than making unwise steps through symptomatic treatment and observation of clinical course. We expect to see the establishment of the B.D. ORT as a routine diagnostic method. In the next presentation, we will report detailed findings in interesting cases among the cases described here.

Seven Cases Referred from a Department of Oral Surgery of a National University School of Medicine for Diagnosis with the Bi-Digital O-Ring Test and the Future Measures and Prospect of This Test (II)

Abstract

Purpose

The values of the Bi-Digital O-ring test in 7 patients referred from a department of oral surgery of a national university school of medicine were reported at the previous presentation. We selected 3 interesting cases among the 7 cases, and their clinical courses are herein described in detail.

Cases

(1) M. O., F, 34 years; initial examination: November 7, 1998.

This patient had persistent induration in the left tonsil and periodically developed inflammatory symptoms with high temperature for 3 years. She visited a department of oral surgery of a national university school of medicine once every month for 2 years and received

antibiotics and Chinese medicines there. She stayed in other hospital and received steroid therapy for 1 month, but showed no tendency to recovery. Thus she was referred to our hospital for the determination of the cause of the disease. On ORT, the left thymus was graded -1; both left tonsil and left orbital region -6. The left tonsil, left orbital region, and the site of eczema in the left leg showed the resonance with HVS2. The resonance was improved to +6 after treatment with one cup of EPA /DHA , one spoon of Pulrane S (Hayashibara), and one tablespoon of Tahibo tea. Although the resonance with HSV2 in the tonsil disappeared at the 7th visit, 98 days after the initial examination, the site of eczema in the left leg had the resonance with *Epidermophyton floccosum* fungi and varicella zoster virus. At the 10th visit, 118 days after the initial examination, no resonance with viruses or fungi was observed, and induration and inflammatory symptoms in the tonsil as well as eczema all disappeared.

(2) S. K., F, 43 years old; initial examination: December 29, 1998.

She developed rheumatism about 18 years ago. Her disease was aggravated due to mental and physical stress continuously imposed on this patient in every day life, although symptoms had once been remitted as a result of various treatments. She was suspected of having collagen disease by a national hospital. At initial examination, she complained of generalized pain. On ORT, the right and left thymuses were graded -2, the Shinpo primary acupoint -2, and the Sanshou primary acupoint -4. The resonance with *Chlamydia psittaci*, TXB2, and Hg was observed in the occipital region. EPA /DHA , Pulrane S, Chinese parsley, and Rize 5 mg were administered. In addition, she was also given practical instruction in transformed breathing. No responses to viruses or bacteria were observed in the Shinpo primary acupoint or Sanshou primary acupoint on March 25, 1999, the 4th visit at 87 days after the initial examination, while the site of pharyngitis showed the resonance with cytomegalovirus.

(3) M. K., F, 52 years old; initial examination: December 15, 1998.

This patient had persistent pain in 6 where the tooth was extracted about 2.5 years ago. She was treated at an outpatient pain clinic of a national university hospital, but was not relieved from pain. After extraction of 4, she continuously had tenderness and spontaneous dull pain over 3-6, and also began to feel numbness on the left side of the body. No abnormalities were detected by MRI performed at a neurosurgical clinic. On ORT, the left thymus was graded -3; the resonance with SubP, TXB2, rotavirus, *Haemophilus influenzae* at -6 was observed in 4-6. L-Keflex, Reftose, EPA / DHA , Interferon (Hayashibara) were administered, in combination with acupuncture/moxibustion and breath pressure therapy. At the 2nd visit, 22 days after the initial examination, no resonance with viruses, bacteria, TXB2, or SubP was detected at all, and her pain was eliminated. Because a feeling of stiffness slightly remained in the neck and shoulder, acupuncture/moxibustion and breath pressure therapy were given. At the 3rd visit, 38 days after the initial examination, no resonance

with viruses, bacteria, TXB2, or SubP was observed, although an abnormality (-3) remained in the cervical column region.

Discussion and Conclusion

Causes of diseases could be identified with B.D. ORT in the patients described here, and effective healthy foods and drugs suitable for them could be selected through ORT, leading to satisfactory recovery. Diagnostic methods of Western medicine sometimes fail to identify causes of diseases. Because members of a university of authority have gained an understanding of B.D. ORT, this method can be expected to serve as a standard diagnostic modality.

A Case of Trigeminal Nerve Pain in the Right Second Branch, Showing the Resonance with CMD T. on Bi-Digital O-Ring Test

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Abstract

Purpose

A successful therapeutic outcome was obtained in a patient with intractable trigeminal nerve pain which was estimated to be associated with CMD T. infection through B.D. ORT and treated according to the findings of the test, and this case are herein reported.

Course

The case describes a patient who noticed a feeling of tic in the entire right buccal region about 1.5 years ago. Tics were thought to occur because this patient worn a magnet attachment as a retainer of dentures of the upper canine and molar, and those teeth were extracted, but no improvement was attained while he received various treatments after that. Thus the patient visited our clinic. On ORT, the resonance with CMD trachomatis, SubP, and TXB2 was observed in the region where the right 2nd branch of trigeminal nerve was running. He was improved to + after treatment with Clarith 200 mg, EPA /DHA , and Tegretol 50 mg. Pulrane S (Hayashibara) was also administered. The area of resonance was slightly diminished at the 2nd visit, day 9, compared with the 1st visit, but the resonance of -6 was observed in the axilla and knee. He continuously took Clarith at a dose of one 200-mg tablet 2/day, and had Tegretol when pain occurred. The area of resonance with CMD T., TXB2, and SubP was reduced to a linear form at the 3rd visit, day 23, and the resonance observed in the axilla and knee was also improved to -2. At the 4th visit, day 51, no resonance with CMD T. was observed in the knee, axilla, or affected region, and his symptoms were also remitted.

Discussion and Conclusion

When the cause of intractable trigeminal nerve pain lasting over a long period of time was estimated by ORT, and the patient was treated with drugs selected according to the results of this test, his symptoms could be remitted within a short period of time, indicating the usefulness of ORT.

. Medical Presentation and Oriental Medicine

New Meridian Therapy Using B.D.O.R.T. ()

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Abstract

Introduction

While the efficacy of the acupuncture has been recognized to a certain degree in the realm of the Western Medicine, it has some difficulties in reproducibility and objectivity, which seem to be disturbing the scientific approach to the acupuncture.

The present report concerns recent finding that the B.D.O.R.T. may serve as a powerful tool for solving problems in the traditional acupuncture therapy.

Method

1. Responses of yang-meridian and yin-meridian groups in the upper and lower limb are
2. Investigated with O.R.T., and for those with negative (-) response, an anomalous meridian flow is sought and identified out of three meridian flows.
3. Within a specific anomalous meridian flow, a few of acupoints presenting negative (-) response are selected, and tonification and dispersion for them are decided.
4. The acupuncture is performed with tonification in the direction of meridian stream and dispersion in the opposite direction.
5. For governing vessel meridian and vessel of conception (frontal midline meridian) which constitute an integrative reaction system, acupoints responding to O.R.T. are selected in regard to accumulation points and associated points, to decide tonification and dispersion for them and to perform the acupuncture.
6. Out of eight command point of extra meridian correlated with the anomalous meridian flow acupoints responding to O.R.T. are selected to which tonification or dispersion is performed.

Results

For cases in trials based on the meridian theory using the O.R.T., markedly prompt efficacy has been recognized, particularly in cases encountered in the routine clinic, such as painful diseases, though statistical analysis is not given here.

Conclusion

Previously, it was said that the meridian therapy required six hand pulse diagnosis which could be acquired only after 10- to 20-year experience in pulse diagnosis. It has been shown, however, the person who has learned a certain technique of O.R.T. can carry out the meridian therapy with adequate reproducibility and objectivity, and achieve excellent therapeutic efficacy.

Differential Diagnosis of Abdominal Disease Utilizing BDORT Organ Representation Point

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Purpose: It is necessary to utilize BDORT in compliance with the diagnostic criterion of western medicine. The author has used dysfunction localization method by BDORT (BDORT at each organ representation point) to diagnose the abdominal disease. The sensitivity and accuracy of this method was examined by the author.

Methods and Materials: Diagnosis by the indirect BDORT combination of the dysfunction check at each organ representation point and the drug compatibility test has been made by the author.

Organ representation point on the abdominal wall was decided and confirmed by (a) resonance phenomenon to normal tissue slide, (2) resonance phenomenon to cancer tissue, (3) resonance phenomenon to GB stones, (4) change of response at the point before and after the operation.

Table 1: Location of organ representation point on the abdominal wall

Organ representation P. (point)	Location	Corresponding organs
Stomach P.	ST-12	Stomach
Duodenum P.	Right costal arch lateral 1/3	Duodenum
Small intestine P.	CV-8	Small intestine
Appendix	SP-13	Appendix
Appendix at the lower limb P.	Right rannbi	Appendix
Right colon P.	ST-23	Caecum, A&T-colon
Left colon P.	ST-23	D&S-colon
Rectum P.	SP-13	Rectum
Liver P.	Right hypochondrium	Liver
Gall Bladder P.	Right costal arch medial1/3	Gall Bladder
Common Bile Duct/ Pancreas head P.	Right costal arch center	Common Bile Duct/ Pancreas head
Pancreas body & tail P.	Left costal arch center	Pancreas body & tail

Patients checked from April 98' to February 99' were examined.

Result:

Gastric & Duodenal ulcer

The author examined the patients who were diagnosed as peptic ulcer s under GIF.

Table 2: Dysfunction ratio at the organ representation point of the patient of peptic ulcer

	Patient No.	Stomach P.	Duodenal P.	Adaptation of H2-blocker
Gastric ulcer	18	100%	22.2%	100%
Duodenal ulcer	20	10%	100%	100%
Combination of them	3	100%	100%	100%

Cholecystolithiasis & choledocholithiasis

The author examined who had undergone operation, under the diagnosis of Cholecystolithiasis & choledocholithiasis.

Table 3: Resonance tests depend on the kind of stones

	Patient No.	Pure cholesterol sample	Black stone sample	Sum of both stone sample
Pure cholesterol stones	4	100%	0%	100%
Mixed & Combined Stones	20	70%	30%	100%
Bilirubin Ca. Stones	10	70%	30%	100%
Black stones	6	30%	70%	100%
Cholesterol Polyp	4	100%	0%	100%

Table 4: Dysfunction ratio at the organ representation point of the patient of GB disease

	Patient No.	GB Point	CBD Point	Liver Point
GB stones	32	100%	0%	0%
GB & CBD stones	5	100%	100%	40%
CBD stones (after cholecystectomy)*	6	0%	100%	40%
Intrahepatic stones	1	0%	0%	100%
GB cholesterol polyp	4	100%	0%	0%

(* These involve the cases that are to be undergone endoscopic lithotomy under ERC after the laparoscopic cholecystectomy)

Table 5: Positive ratio of stone resonance phenomenon at the organ representation point

	Patient No.	GB Point	CBD Point	Liver Point
GB stones	32	10 0%	0%	0%
GB & CBD stones	5	10 0%	10 0%	40%
CBD stones (after cholecystectomy)*	6	0%	10 0%	0%
Intrahepatic stones	1	0%	0%	10 0%
GB cholesterol polyp	4	10 0%	0%	0%

Enteritis, appendicitis, and associated disease

The author examined 63 patients complaining of lower abdominal pain, and 23 patients undergone operation.

Table 6: involved organs depend on the type and stage

	CV-8	RightSP-13	RightST-23	Left ST-23	Left SP-13
Appendicitis: localized		○			
Appendicitis: extended	○	○			
Appendicitis: extended		○	○		
Dverticulitis: localized			○		
Diverticulitis: extended		○	○		

Enteritis:Small	○				
Enteritis: S&L	○	○	○	○	○
Enteritis:S&R-Large	○		○		
Enteritis: L-Large				○	○
Enteritis: Rectum					○

The author could make differential diagnosis by considering of the dysfunctional area and compatibility to the drugs. At the case of acute appendicitis, SP-13 and Ranbi-Point usually involved, and CV-8 or right SP-23 involved, depend on the extension of the infection to small intestine or caecum. It was difficult to differentiate the appendicitis from the severe diverticulitis involving appendix.

Table 7: Relation of the type of inflammation of gastro-intestinal tract from the compatible drugs

Disease	Compatibility test
Bacterial infection	Anti-biotic, Lactobacillus
Viral infection	EPA, Syakuyaku-Kanzou-Tou
Enteritis	Daiou-Kanzou-Tou effective
Appendicitis, Diverticulitis	Daiou-Kanzou-Tou not effective

The authors can detect the range of involved area and effective drug utilizing BDORT, and can make differential diagnosis for the acute appendicitis and similar disease by utilizing BDORT. BDORT proved to be effective diagnostic method to make differential diagnosis for the acute appendicitis and similar disease.

Malignant disease

The author examined the 66 patients with cancer who underwent operation and 73 cases of pre-cancer status.

Table 8: Number of cancer patient and pre-cancer status

	No. of Cancer Pt.	No. of Pre-ca. Pt.
Gastric Ca.	27	14
Colorectal Ca.	23	23
Hepatoma	5	22
GB Ca.	1	3
Cholangioca.	3	3
Pancreas Ca.	7	7

Table 9: Dysfunction ratio at the organ representation point of the patient of cancer

Cancer	Ratio(%)	Pre-cancer	Ratio(%)
Gastric Ca.(m)	13.7	Stomach	13.7
GastricCa.(sm.)	50.0	Colon	95.7
Gastric	75.0	Liver	100

Ca.(mp)			
Gastric Ca.(ss-)	100	Gall Bladder	100
Colorectal Ca.	100	Bile Duct	100
Hepatoma	100	Pancreas	100
GB Ca.	100		
Cholangioca.	100		
Pancreas Ca.	100		

Table 11: Comparison of location of colorectal cancer and Dysfunction ratio at the organ representation point

	No.	Right	Right	Left	Left
		SP-13	ST-23	ST-23	SP-13
Cecal Ca.	1	0%	100%	0%	0%
A/Colon Ca.	5	0%	100%	0%	0%
T/Colon Ca.	3	0%	100%	0%	0%
D/Colon Ca.	1	0%	0%	100%	0%
S/Colon Ca.	5	0%	0%	100%	20.0%
Rectum(Rs)	2	0%	0%	50.0%	100%
Rectum(Ra~Rb)	6	0%	0%	0%	100%

Discussion: It seemed to be useful to use BDORT organ representation point for the diagnosis of abdominal disease.

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Undesirable Contents in Drinking Water Through Tubes and Tanks

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Abstract

It is widely known that water supplying pipes were formerly made of lead and now vinylchloride polymer pipes are used. In both cases, a small amount of lead is dissolved in drinking water. During the night, we don't use much water, so the amount of lead dissolved in the drinking water is considered to be high in the morning.

Especially in buildings, tanks are used for supplying water. Therefore, the influence of lead and vinylchloride pipes and tanks must be considered.

In my experiment, prepared specimens of different quantities were made and influence of tubes and tanks was examined by Bi-Digital O-Ring Method.

(Experiments): 100ml of water was collected from Building 1, 2, 3 and 4 in the early morning as well as in the afternoon around 5pm.

Amounts of Hg were determined by Bi-Digital O-Ring Test using the prepared specimens.

It was proved by this method that 100ml of drinking water contained from 330 to 345 pg of Hg in the early morning and the same amount of water contained from 45 to 60 amounts of Hg around 5p.m.

Contents of Pb are known to be large in quantity in the early morning. However, in my university where all buildings use tanks, it was proved that Hg was invariably dissolved in the drinking water.

From the fact, it is recommended not to drink the water collected in the early morning and to keep water stored in some containers before leaving the office.

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Drug Uptake Inhibiting Factors

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Objective: Professor Omura reported that in the cases where most synthetic materials such as clothes and sheets, eye glasses, and metal accessories were in close contact with the patient's body surface suffering from cancerous or pre-cancerous states and intractable diseases, drugs often did not reach the diseased areas. In the present study, the author investigated what sorts of factors inhibit drug-uptake in the pathological areas including acute diseases.

Subjects and methods: The cases included patients with acute bronchitis, gastroenteritis, tympanitis, and bronchial asthma, and also patients with chronic sinusitis, dizziness, backache, and lumbago, and others. (1) The optimal drugs and optimal doses were selected using the Bi-Digital O-Ring Test. (2) The drugs were immediately administered to the patients. (3) It was determined whether the medications reached the abnormal areas 30 minutes after the treatments; in other words, whether the resonance phenomenon occurred in the Bi-Digital O-Ring Test. (4) In case where no resonance phenomenon occurred, the factors that were suspected of causing some inhibition of the phenomenon were removed until resonance phenomenon occurred. (5) When any resonance phenomena occurred, the factors that were removed previously were replaced, and the weakening of the resonance phenomenon was confirmed.

Results: Many trivial factors were suspected of causing the inhibition of drug uptake into the diseased areas by using the Bi-Digital O-Ring Test. In the patient with bronchial asthma who complained of dyspnea and showed no therapeutic effects in spite of receiving a drip of a bronchodilator, it was observed that removal of such factors as scalp hair that hangs about the ears and forehead, clothing labels, the elastic cord of trunks, and jerseys which were made of chemical fibers, relieved the symptoms immediately. In cases with intractable medical diseases in the upper part above the shoulder, the stimulation with scalp hair about the forehead, the ears, and the nape were often noted to inhibit the drug uptake in diseased areas. The drug uptake inhibiting factors are assembled as follows; Stimulation with the scalp hair (the ears, the forehead, and the nape), stimulation with pubic hair (the penis, and inner part of the thigh), pressure stimulation (clothes, diapers, elastic cords, head bands, fillets, and mask strings), remaining detergent and fabric softener (clothes, sheets, blankets, and pillow covers), other stimulation on the skin (adhesive tapes and compresses), partial dentures, height of pillows, and electromagnetic products such as cellular telephone and hearing aids were found to be inhibiting factors. Even if we could enhance the drug uptake in the diseased areas using massage on the organ representing area or electrical stimulation, the effects of these treatments showed a tendency to be temporary and insufficient unless drug uptake inhibiting factors were removed. Furthermore, these effects were not absolute and showed a tendency to change relatively depending upon the patients or physical conditions and relation to other factors even in the same patient.

Discussion: It was considered necessary to study the reason why many factors inhibit the drug uptake in diseased areas and to discover the methods for diminishing these inhibiting effects more easily. In addition, the possibility cannot be denied that only the resonance phenomena in the Bi-Digital O-Ring Test were masked,

and so it was thought necessary to always investigate drug uptake inhibiting factors while confirming therapeutic effects.

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A Study on Transfer of the Biological Information Through Electromagnetic Field

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Abstract

Purpose: It has been postulated that electromagnetic field was playing a role in transferring biological information during Bi-Digital O-Ring Test (BDORT)¹⁾. At the same time in complementary medicine, such as homeopathy or electro-acupuncture, experimental and theoretical researches in this kind of information have been carried out. Smith reported that the frequency information produced by oscillator with solenoid or toroidal coil could be imprinted into water, and that this water had some biological effect²⁾. Based on these results he deduced that the magnetic vector potential might have worked in transferring biological information. Supposing same mechanism is working in the BDORT as in these complementary medicines, it might well be that muscle tone in the BDORT is responding to the magnetic vector potential.

In this study we performed some experiments in transfer of the biological information through electromagnetic field, and checked the effectiveness of the BDORT in detecting it. Then we studied the role of magnetic vector potential in transferring information using ferrite toroidal core. In addition, we report two newly invented methods of "phase inversion" of the biological information.

Methods: (1) Two brass beakers were connected by single wire. A sample of drug or imprinted water in a glass tube is placed in one beaker, and a "clean" water in a tube was placed in another as a target. For imprinting, the latter was "succussed" or applied the steady magnetic field by permanent magnet²⁾. After that we checked if the information could be detected by the BDORT.

(2) Two solenoids, which have same turns and same direction of winding are prepared, each one end of which are connected by single wire. A sample is placed in one and a clean water was in another. No current is applied. Transferring and imprinting are performed by the same way as experiment 1, and following confirmation is carried out by BDORT.

(3) Two solenoids, which have same turns but its direction of winding was opposite to each other (clockwise and anti-clockwise), are prepared. One end of each was connected by a single wire. The same experiment of transferring as experiment 2 is performed.

(4) A ferrite toroidal core is placed on the wooden table. A sample is placed on one side of the core, and the target water is placed on the opposite side. Imprinting is performed using the same way as the previous experiment.

Results: In experiment 1 and 2, imprinting of information into the target water was detected by BDORT resonant phenomenon with strong positive resonance response to the sample. In experiment 3, the response detected by BDORT was completely reversed; Positive resonance response to the sample could not be obtained, but strengthening response was obtained to the contrary. If the sample of drug had the strengthening effect on the drug compatibility testing for a patient, the target water became weakening, and *vice versa*. In experiment 4,

transfer with phase inversion was also obtained, only when the sample and target water were placed on the opposite side of the toroidal core in the North-South direction of the geo-magnetic field. This transfer was not recognized when the subjects were placed off this direction. In the experiments with de-magnetized core or wooden one, no transfer could be obtained.

Discussion: Based on these results it was suggested that the BDORT is working on the same mechanism of transfer of the biological information as in the complementary medicines.

As for experiment 1 and 2, the carrier of the transferring was not the circulating current. It has been postulated that the information was transferred through the coherent field present in relation to the metal.

As for experiment 4, the toroidal core contains the magnetic flux within the torus but in the surrounding space it provides the magnetic vector potential, which suggests that the magnetic vector potential was involved in the transferring biological information, as well as the mechanism of BDORT. The phase inversion effect in experiment 3 and 4 might be obtained through the interaction with vector potential of geo-magnetic field.

We also found that the pathological information of the patient which obtained from acupuncture point, pathological foci, or organ representation area, could be inverted by these phase inversion methods, at least on the response of BDORT. Clinically the effectiveness of the phase inversion to cancel out the pathological oscillation in the patient should be expected, but further clinical experiment with possible theoretical consideration is required.

Acknowledgments: I would like to express my sincere gratitude to Dr. CW Smith for his useful suggestions. A part of this research was supported by a Grant-in-Aid for Scientific Research 9877453 from the Japanese Ministry of Education, Science, and Culture.

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A Study of the Influence of Hypomagnetic Environment on Bi-Digital O-Ring Test, and a Clinical Application of Hypomagnetic Container. A Preliminary Report.

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Abstract

Purpose: It has been postulated that electromagnetic field was playing a role in transferring biological information during Bi-Digital O-Ring Test (BDORT). It is well known that strong magnetic field disturbs the BDORT¹⁾, but the influence of the hypomagnetic field below the geo-magnetic field has not been the subject of controversy. Smith described that the hypomagnetic environment could "erase" the frequency information imprinted into water²⁾. In this study we carried out some experiments to clarify the effect of hypomagnetic field on the BDORT.

Methods and Results: (1) When a drug was exposed to electromagnetic wave fed by an oscillator through solenoid or toroidal coil, the positive resonant reaction to the original one was disappeared. The drug compatibility to the patient also changed. Then when the drug was put into a hypomagnetic container made by

permalloy, in which the magnetic flux density was below 400 nT, the original response was recovered. (2) When a wire connected to the patient's pathological foci was passed through hypomagnetic environment, the original abnormal response and drug compatibility could not be obtained. This perturbation occurred below about 10 μ T in this preliminary study.

Discussion: There is a possibility that the samples used in BDORT receive "electromagnetic contamination"; It may occur not only by environmental electromagnetic radiation such as from electromagnetic equipments, but also by contact with other samples, drugs, or examiner's oscillations. Based on this study it is possible to erase the contamination using the hypomagnetic container, and this method might be useful to perform accurate BDORT, which lead to good clinical result.

In this study we found that the BDORT was influenced and perturbed not only by strong electromagnetic field, but also by hypomagnetic environment below geo-magnetic field. It was suggesting that the geo-magnetic field might be involving the transferring biological information, as well as the mechanism of BDORT.

(A part of this research was supported by a Grant-in-Aid for Scientific Research 9877453 from the Japanese Ministry of Education, Science, and Culture.)

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Selection of Medicine and Clinical Course of the Patient with Endometriosis

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Abstract

I have a chance to select the medicine for the patient with endometriosis with Dr. Shimotsuura.

Results of treatment of this patient are presented.

<Case>

36 year-old female She has been followed for endometriosis for 18 years. From February 1997, she had been taken Danazol for the increase of ovarian cysts (rt chocolate cysts 9.5x6 cm, lt 4x3.5 cm), but it was not so effective for rt ovarian cyst. In March 1998, she had the treatment of puncture and aspiration of rt ovarian cyst, and after then, she had been received Danazol 400 mg for 4weeks, 200 mg for 4 weeks, and 100 mg a day from May.

By use of ORT, Dr. Shimotsuura pointed the positive response of Oncogene in her face, neck, upper and lower abdomen, and infection of virus(HSV-I,II) and Chlamydia in almost all over the body. So she took Clarithromycin (200) 2T 2x twice for 10 days, and also she had been taken Toki-Shaody. So she took Clarithromycin (200) 2T 2x twice for 10 days, and also she had been taken Toki-Shakuyaku-San and Cilantro from May 1998. From October 1998, using low dose of Danazol (100mg), she had been suffered from bleeding and lower abdominal pain for almost 30 days a month.

<Clinical course and medicine>

November 1998

1 Marked increase in Oncogene C-fos Ab-2 (50ng), marked decrease in Ach (100ng), marked increase in Hg and the infection of H.pyroli were found in the area of Stomach.

2 Infection of Chlamydia Pneumoniae (100 ng) was found in rt and Lt ovaries and uterus.

3 Marked increase in Oncogene C-fos Ab-2(50ng), marked decrease in Ach (100ng), and marked increase in Hg were found in Lt ovary .

We determine the medicine considering the infection of H.pyroli and Chlamydia.

Rp) Danazol (100) 1T 1x

Kami-Shoyo-San 7.5g 3x

Clarithromycin (200) 2T 2x

Metronidazole (250) 2T 2x 10 days

Ranitidine hydrochloride (150) 2 cap 2x

Plaunotol (80) 3 cap 3x

Cilantro 0.6g 3x

After taking medicine, She had a epigastric pain due to antibiotics, but she wanted to continue this therapy. So Ranitidine was changed to Omeprazole 1T 1x, and also Sofalcone 3T 3x were prescribed.

December 1998

1 The positive areas of Oncogene in stomach and Lt ovary were smaller than those in November.

2 Chlamydia was removed from ovaries and uterus.

3 HSV-II (25 ng) infection was found in rt ovary, HSV-I (25 ng) in Lt, and HHV-6 (10 ng) in bilateral ovaries.

We determined the medicine focusing the exclusion of viral infections.

Danazol(100mg) 1T was not fit for her, but it was prescribed considering her anxiety.

Rp) Danazol (100) 1T 1x

Kami-Shoyo-San 7.5g 3x

Hachimi-Jio-Gan 7.5g 3x

Ranitidine hydrochloride (150) 2 cap 2x

Plaunotol (80) 3 cap 3x

Sofalcone 3T 3x

BRM (heat-sterilized E. faecalis) (150) 6T 3x

Cilantro 0.6g 3x

February 1999

- 1 Oncogene was positive in the same area of stomach and lt ovary.
- 2 Chlamydia was not detected.
- 3 HSV-I and II were excluded.

From February, bleeding period had been changed to only 3 days a month, so her subjective symptoms including lower abdominal pain were also improved.

Sofalcone was not effective, so Teprenone (50) 3 cap 3x was prescribed for her.

March 1999

- 1 Oncogene response was in stomach and lt ovary.
- 2 Infection of HHV-6 was found in bilateral ovaries.

Amount of Kami-Shoyo-San and Hachimi-Jio-Gan were too much for her by using ORT, so description of them were decreased to half. Ranitidine was not effective.

Rp) Danazol (100) 1T 1x

Kami-Shoyo-San 3.75g 3x

Hachimi-Jio-Gan 3.75g 3x

Plaunotol (80) 3 cap 3x

Teprenone (50) 3 cap 3x

BRM (150) 6T 3x

Cilantro 0.9g 3x

April 1999

- 1 Response of Oncogene was disappeared in stomach.

Oncogene was found in just small area of lt ovary.

- 2 HHV-6 was also excluded.

Teprenone was not so fit to lt ovary, so it was stopped.

The dose of Danazol (100mg) was too much for her, so 1/2T-3/4T was recommended.

Rp) Danazol (100) 1T 1x

Kami-Shoyo-San 3.75g 3x

Hachimi-Jio-Gan 3.75g 3x

Ninjin-Yoei-To 7.5g 3x

Plaunotol (80) 3 cap 3x

BRM (150) 6T 3x

Cilantro 1.5g 3x

Tumor Markers 3/17 98 puncture 99

3/2 4/1 7/2 9/24 11/24 2/ 23

CA19-9 (~37) 295 95 59 97 46 35

CA54/61 (~12) 36 14

CA602 (~63) 42

CA125 (~35) 14 10.1

CA72-4 (~4) 4.2 2 2

<Conclusion>

1. The therapy was very effective for Oncogene and infection of H.Pyrolis, virus and Chlamydia.
2. Bleeding period was changed to 3 days a month, so her subjective symptoms including lower abdominal pain were also improved.
3. I was very interested in the effective dose of Danazol for the patients with endometriosis.
4. Selection of stomachache remedy was very important in the course of the treatment.

Study of the biological information shared among subject, intermediary and examiner during indirect method of the Bi-Digital O-Ring Test

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Abstract

Introduction: At the last annual meeting on the Bi-Digital O-ring Test (BDORT), We reported a phenomenon that some pathological biological information (PBI) was transmitted and shared among subject, intermediary and examiner during indirect method of BDORT. We report the additional findings about the phenomenon in this study.

Subjects: Three men with respiratory disease and a man with rheumatoid arthritis, who are 52-85 years old, and 5 healthy men, who are 23-41 years old, as intermediaries and examiners were enrolled.

Methods & Results: We estimated abnormal weakening/resonant response as PBI from the patients, intermediaries (INT) and examiners (EXA) during and after BDORT by another set of intermediary (INT-2) and examiner (EXA-2).

(1) When the INT was pointing at cerebrospinal fluid representing area (CSF-RA, Acupunct Electrother Res. 1997;22:237.) of the patients, PBI was obtained from the INT and EXA on their CSF-RA and the area corresponding to the foci of the patients. On the other hand, PBI on the foci of the patients almost disappeared, which was confirmed both by indirect and direct method. The diminished PBI gradually appeared again after BDORT.

(2) PBI of the INT was estimated after BDORT pointing at the foci of the patients. (a) It was remained longer in the case of 12 times-a minute practice than in 2 times-a minute one.

(b) Furthermore, frequent estimation (every 5 seconds) by another set of BDORT made remained PBI in INT disappeared sooner than less frequent estimation (every 20 seconds).

(3) Remained PBI of the INT and EXA disappeared promptly by applying a magnet to CSF-RA or the same area as the foci of the patient.

(4) PBI was not obtained from the INT and EXA, when a magnet was applied to an enameled wire connected between the foci of patients and INT, or by passing the wire through hypomagnetic environment.

Discussion: We found that the PBI of the intermediary and the examiner remained for a while after BDORT, and gradually diminished or disappeared. We also found that the PBI transferred to intermediary and examiner remained longer in the case of longer and more frequent practice and disappeared sooner in the case of more frequent estimation by another set of BDORT. The remained PBI disappeared by interference of magnetic field. These findings indicate the property of the biological information, which is obtained by using a living body as a sensor, and are important to understand the mechanism of information transmission in BDORT.

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Vitex agnus-castus With the Use of Bi-Digital O-Ring Test

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Abstract

In the former congress, the use of Vitex agnus-castus (hereafter it is referred to as Vitex) as a health food for various cases of cancer was reported. Vitex for that time as well as for this time was collected in Israel, near the Lake of Galilee and the Golan Heights in the beginning of November, dried and powdered. Extracts with ethanol were used for both experiments. Vitex is widely used in many countries except Asia including Japan. It has been used for 2000 years or more for gynecologic diseases.

In a screening test of antitumor activity of Israeli plants, we found that Vitex showed also desirable cytotoxic activity on V-79 cells (Chinese hamster lung cell).

The Vitex is usually used as an ethanolic extract in a considerable amount. For example, 20 drops of Vitex extracts are used each day, which is prepared by soaking 10g of powdered Vitex in 100ml of ethanol for 1 or 2 months, filtrating and adjusting to 100ml with ethanol.

In this congress, the use of Vitex for women's diseases, is reported.

The patient is a woman of 25 years of age. She came to a hospital 2.5 years before (November 16, 1996). At that time, she was quite nervous, felt sleepy all the time, had no menstration, etc.

Abnormal points were checked by Bi-Digital O-Ring Test Method in the ovaries, the uterus and a part of the forehead.

No.23 and a half amount of No.16(Tsumura Kampo Medicine) were given to her for the first time. After a month, No.23 was changed to No.25.

From March 22, 1997, we used Vitex amounting to around 12 μ g(calculated in terms of the original Vitex powder).

From November 15, 1997, she felt something like menstration and finally from September 1998 she had menstration.

During the treatment, Vitex was constantly used. However, we also used either No.23 or No.25 for 2 weeks when it was considered necessary.

Vitex has been widely used in Europe for 2000 years or more. However, it has not been used in Japan. In the previous congress, it was reported that Vitex was effective to cancerous diseases and that extracted with ethanol under reflux was an ideal preparation for Vitex.

This time it has also been proved that Vitex is good health food for solving women's health problems as is evidenced by the wide use of Vitex in many other countries.

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The Clinical Application of Bi Digital O-Ring Test at Operation Room: A Case Report

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Abstract

AIM: a pathological finding, tumor size and metastasis decide Resection area. But resection margin depends on the past statistic data. We applied Bi-Digital O-Ring Test in order to decide the resection margin of tumor. And we compared the pathological findings of resected tumor and the findings by Bi-Digital O-Ring Test.

Method: 68 years old male. Squamous cell carcinoma on right thigh.

Patient recognized that 2cm tumor was palpable at right thigh at 1993. The tumor gradually grew up until 15x8 cm. The ulceration appeared on the tumor at 1997. He consulted near dermatologist to care the ulceration since 1997 until 1998. The ulceration grew up. Infection with MRSA appeared on the ulceration. Patient consulted Hiroshima University for amputation at 1999 April.

We decided the invaded margin around tumor using biopsy specimen of tumor by Bi- Digital O-Ring Test on May 1999. The maximum invaded margin was 6.5 cm from proximal border of the tumor. The averaged border was about 2.0 cm. The border of resection was reported maximum 5 cm clinically.

We checked right thigh of patient on operating table with indirect Bi-Digital O-Ring Test using a soft lazer beam. The examiner was Hiroshi Muneshige. The indirect supporter was Tomohiro Asou. The standard ring was thumb-ring. The Bi-Digital O-Ring Test result was minus 5.

We disarticulated the right hip and resection of right inguinal lymph node on May 1999. The resection margin was more than 6.5 cm. We checked the flap by indirect Bi-Digital O-Ring Test with same examiner. The Bi-Digital O-Ring Test result has become zero 0 on normal flap. But we checked the open wound, muscle stump and subcutaneous tissue using the Bi-Digital O-Ring Test. The result was minus 5. We checked the

resected lymph node using indirect Bi-Digital O-Ring Test. The result was no metastasis using specimen of tumor and possibility of infection using antibiotics.

The pathologist reported that the tumor was squamous cell tumor, the margin was cancer free, and no metastasis at lymph nodes.

CONCLUSION: We used the clinical application Bi-Digital O-Ring Test during operation to check the residual malignancy tissue. We need the long follow up of the patient to check the recurrence of right stump for the evidence made medicine.

Diagnostic Rate of the Cancer by BDORT Utilizing the Cancer Slide

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Abstract

Purpose: To make diagnosis of the cancer with BDORT (resonance test), we can choose two methods. The one is to use chemical agent like Integrin α 5 β 1 or Oncogene C-fos Ab2, the other is to use the microscopic cancer slides. These two methods were originally introduced by Prof. Omura of New York. The former is sensitive but not specific and the latter is not so sensitive but specific. To investigate the diagnostic sensitivity of microscopic cancer slide and specificity of it to the type and differentiation of the cancer is useful to utilize them to detect the presence of the cancer tissue in the clinical medicine.

Methods and Materials: 78 patients, made diagnosis of cancer, (gastric cancer: 30, colon cancer: 22, hepatocellular carcinoma (HCC): 5, Gall Bladder carcinoma: 1, Cholangiocarcinoma: 2, Pancreas carcinoma: 7, Breast cancer: 11) were analyzed. Used cancer slides were as follows.

Table 1: Used slides to detect the Cancer

Disease	Cancer slide
Gastric cancer	Tubular adenoca. / Poorly diff. Adenoca. / Signet-ring cell ca.
Colon cancer	Well diff. Adenoca. / Mucinous ca.
Hepatoceller cancer	Moderately diff. adenoca.
GB & Cholangiocarcinoma	Well diff. adenoca.
Pancreas cancer	Tubular adenoca.
Breast cancer	Papillotubular ca. (A)(B)/ Solid-tubular ca./ Schirrous ca.
All malignant disease	Malignant lymphoma B-cell type of Colon

Result: Diagnostic rates were as follows.

Table 2: Diagnostic rate of the Cancer by corresponding cancer slides

Disease	Diagnostic rate of each slide		
Gastric cancer	Tubular adenoca.	Poorly diff. Adenoca.	Signet-ring cell ca.
	66.7%	66.7%	66.7%
Colon cancer	Well diff. Adenoca.	Mucinous ca.	
	95.7%	4.3%	
Hepatocellular carcinoma	Moderately diff. adenoca.		
	100.0%		
GB & Cholangiocarcinoma	Well diff. adenoca.		
	100.0%		
Pancreas cancer	Tubular adenoca.		

	100.0%			
Breast cancer	Papillotubular ca. (A)	Papillotubular ca. (B)	Solid-tubular ca.	Schirrous ca.
	45.5%	72.7%	54.5%	63.6%

Table 3: No. of cancer resonance test positive slides

	No response	1 slide	2 slides	3 slides	4 slides
Gastric Ca.	0 (0.0%)	8 (26.7%)	14(46.7%)	8 (26.7%)	
Colorectal Ca.	0 (0.0%)	22(95.7%)	14.3(4.3%)		
Hepatocellular carcinoma	0 (0.0%)	5 (100%)			
GB&BD Ca.	0 (0.0%)	3 (100%)			
Pancreas Ca.	0 (0.0%)	3 (100%)			
Breast Ca.	0 (0.0%)	4 (36.4%)	2 (18.2%)	3 (27.3%)	2 (18.2%)

To make diagnosis of cancer completely (100%), gastric cancer needed 3 slides, colon cancer did 2 slides, Hepatocellular, GB & Cholangiocarcinoma, and Pancreas cancer did only 1 slide, and breast cancer did 4 slides.

Table 4: Diagnostic rate of the Cancer by B-cell Malignant lymphoma slide

Disease	No. of Pt.	Rate (%)
Gastric cancer	30	100
Colon cancer	22	93.4
Hepatocellular cancer	5	100
GB & Cholangiocarcinoma	1/2	100
Pancreas cancer	7	100
Breast cancer	11	100

Discussion: There was no correlation between the cancer tissue type, differentiation and tissue type of microscopic cancer slides. To make diagnosis of the cancer with the microscopic slides, several samples should be added by repeating the examination with trial and error, because of the specificity of resonance cannot be obvious. Diagnostic rate of the Cancer by B-cell Malignant lymphoma slide is very high but isn't reach 100%. It is useful to screen cancer, because the response has less effect of tissue volume or concentration, different from chemical agent like Integrin α 5 β 1 or Oncogene C-fos Ab2. Further examination is needed to make diagnostic rate to 100%, utilizing T-cell Malignant lymphoma slide or others.

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Relationship Between Five Chiao (Eye, Tongue, Mouth, Nose, Ear) and Five Zang Organ by Means of the Bi-Digital O-Ring Test

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Abstract

In traditional Chinese medicine, eyes, tongue, lips, nose, and ears/ two *yin* (the anterior and posterior *yin*) are called the five sense organs (sensation), *wu qiao* (five orifices), or seven kong. In "huang di nei jing su wen", they say that " the liver has openings in the eyes, the heart has an opening in the tongue, the spleen has an opening in the mouth, the lungs have openings in the nose, and the kidney has openings in the ears."

However, it is difficult to make efficient practical use of these theories in clinical activities. Accordingly, we performed a clinical study of *wu qiao* by the Bi-Digital O-Ring Test (BDORT). The BDORT is a test in which the subject forms a ring with two fingers (test fingers), and the examiner evaluates muscle strength by trying to open the closed ring. To test the function of each sense organ, the examiner gently pushes on the area that represents each sense organ and at the same time carries out the BDORT.

When the test fingers can be opened by the examiner, the sense organ is suspected of having some abnormality, and if the fingers remain closed the sense organ is considered normal. On the other hand, methods of diagnosing viscera with BDORT consist of having the subject hold a microscopic specimen of some viscus on a glass slide and then perform the BDORT. When the results of the BDORT are negative, the viscus is suspected of some abnormality.

We studied the correlation between *wu qiao* and the viscera in 15 subjects. The results showed an agreement rate of 66.7%, and these appears to be relatively good correlations between *wu qiao* and the viscera.

Key words: Skin Five Colors in Five Elements (*Wu Shing*),

Five Orifices (*Wu Chiao*), Five Sense Organ (*Wu Guan*),

Bi-Digital O-Ring Test

. Special Lectures

Intractable Pain and Its Treatment

Hideo Yamamura, M.D., Ph.D., F.I.C.A.E.

Nociceptive pain

Physiology of pain transmission:

Pain is felt when noxious impulses reach a conscious brain along myelinated (A delta) and unmyelinated (C) nociceptive nerve fibers. All information relating pain from periphery crosses synaptic structure on its entry into the central nervous system; this system resides in the dorsal horn of the spinal cord.

The entrance of this information requires the excitation of secondary spinal cord neurons (WDRN, NS neuron) by neurotransmitter. Two main transmitters are excitatory amino acid (glutamine) and neurokinins (substance P).

These spinal cord neurons are receiving descending inhibitory modulation from the various brain sites. Two transmitters (noradrenaline and serotonin) are contributing to descending inhibition of spinal pain transmission.

Pathophysiology of pain process

Peripheral sensitization

Inflammation or tissue damage generates the synthesis of arachidonic acid metabolites from adjunct membranes and the release of peptides such as substance P and CGRP from the C fibers via the axon reflex. This inflammatory soup also containing 5 HT, K ions, histamine etc. The effects of these

chemical mediators at the site of tissue damage underlies peripheral hyperalgesia. Pain is enhanced by this activations on the terminal of nociceptive peripheral sensory fibers.

Central sensitization

Another major pathophysiologic process is increased gain (amplification) in spinal cord and brain processing circuit. Such amplification is called central sensitization. Whenever a noxious event occurs, the spinal cord a amplification setting is turned up, resulting in augmentation of pain (Wind-up). This noxious input-triggered form of central sensitization appears to involve the activation of NMDA receptors.

The most remarkable thing about central sensitization is that weak stimuli capable of activating only A β afferent may evoke pain (Allodynia).

The c-fos proto-oncogene is an immediate-early gene, rapidly induced in neuronal and non-neuronal cells by various physiological and pathological stimuli. C-fos expression may be related to the neurons ability to convert short-term synaptic stimulation into long-term

responses and may thus contribute to the adaptive alteration involved in neuronal plasticity and memory formation.

In the spinal cord c-fos are rapidly and transiently expressed in the appropriate post-synaptic dorsal horn neurons following noxious peripheral stimulation. Expression of c-fos in the dorsal horn of the rat spinal cord following noxious stimulation is reduced by the morphine dose-dependently. An increase in intracellular Ca ion is assumed to be the trigger event for c-fos induction in neural tissue.

The increase in Ca can increase the activity of NO synthase and phospholipase. NO as a freely diffusible transmitter, feeds back in a positive way to increase the release of C-fiber transmitters and so further enhances pain transmission. Phospholipase generates prostanoids and thus contributing to hyperalgesia in the spinal cord.

1. Neuropathic pain

Neuropathic pain is initiated by the injury to the nervous system. The mechanism behind neuropathic pain is entirely different from nociceptive types of pain. This mechanism is summarized to the followings.

1. peripheral nerve ending

- a. post injury nerve discharge
- b. nerve sprouting
- c. increased sensitivity of sprouts to mechanical and chemical stimuli

2. Dorsal root ganglion cell

- a. spontaneous activity, increased evoked activity
- b. increased innervation of cell by sympathetic terminals

3. Spinal cord

- a. sprouting of large afferent terminals into nociceptive laminae
- b. central sensitization
- c. neuronal plasticity

4. Treatment of intractable pain

Including drug challenge test, the rational approach in the treatment of intractable pain will be discussed.

The Possible Mechanism to Explain Various Phenomena in Bi-Digital O-Ring Test (BOT)

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Abstract

The mechanism of Bi-Digital O-Ring Test (BOT) might be explained by following working hypothesis(which is indicated by border lines in sentence).

Flexor voluntary movement of finger muscles to make O-Ring in BOT is brought about by activation of the α -motor neuron innervated to these muscles, through activation of the pyramidal tract originated from the motor cortex.

On the other hand, tonus of muscle is maintained involuntarily by activation of other system, γ -motor system, which is innervated to the muscles in both sides of the muscle spindle which informs the muscle length through afferent nerve impulses to the α -motor neuron to maintain the tonus of muscle. It is known that γ -motor system to the flexor finger muscle is inhibited by descending serotonergic system originated from the raphe nucleus in the brain system.

When a definite organ is diseased, the sensitive spot responded to stimulation of light touch with fine stick appeared in the definite skin area. Since the relation between such spot of the skin and diseased organ is definite (organ representative area), one can realized the diseased organ by stimulation of such spot. Opening of O-Ring by external force against voluntary closing force of O-Ring by action of the flexor muscle might be resulted in reduction of muscle tonus due to activation of the descending serotonergic system.

Furthermore, it was shown that BOT is able to determine the nature of disease by using the corresponding diseased tissue of cover-glass preparation. Hence a possible resonance sensitive receptor might be responded by resonance between diseased organ and corresponding preparation.

Existence of the distance receptors in the pineal body responded to distant source such as photo, earth magnetic field (MF) and qi are evaluated by responses of the spontaneous electrical activities of the pineal gland cell to these stimuli.

It is also known that photo or MF inhibits N-acetylserotonin-transferase (NAT) which is the converting enzyme from serotonin to N-acetylserotonin in the pineal body resulting in increase of serotonin content. Since serotonin content in the pineal gland is 5.0 times higher than the other brain area, changes of serotonin content in the pineal gland might largely influence those in the blood.

If the photo sensitive receptor in the pineal body is also activated by resonance, since BOT is not successful under clothing eyes, and NAT is also inhibited by activation of such resonance receptor, the increased serotonin content in the blood might activate the descending serotonergic system and then O-Ring might open showing nature of disease.

This assumption is supported by the observation that BOT is not successful in patient suffered from the pineal gland tumor.

Inter-relationship Among "Electromagnetic Field Hypersensitivity Syndrome", High Altitude Long Distance Flight effects, "(-) Qi- Syndrome", Pre-Cancer and Cancer :New Methods of Reversing Abnormal (-) Qi to Normal (+) Qi Energy

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ABSTRACT

Within the past 10 years, the author found that the close relationship between abnormal electromagnetic field (EMF) emitted from the home environment, particularly in the bed, where each individual sleeps almost one third of the day. Repeated exposure to abnormal EMF for prolonged periods of time in a specific area of the body is often associated with the development of cancer or cardiovascular diseases, depending on which part of the body is exposed to EMF. When some individual lives in an environment where abnormal EMF surrounds homogeneously the entire bed or entire room, the patient seems to develop hypersensitivity, particularly when heavy metal, such as Hg or Pb, as well as Al, are deposited in most parts of the body. These deposited metals function as micro-antennae and absorb environmental EMF and create enhanced side effects of EMF. Sometimes, those with a large metal piece such as a hip joint replacement or a metal reinforcement of fractured bones can also develop EMF hypersensitivity by prolonged exposure to the strong EMF environment. People with metal deposits or large metal piece inside their body eventually become hypersensitive to EMF more frequently than those without. As soon as the EMF of 60 Hz-10 megaHz is exposed to any normal person, microcirculatory disturbance is induced with a simultaneous appearance of Thromboxane B2 and decrease in Acetylcholine and increase in Oncogene C-fos Ab-2, p53 (Ab-5), Rb (Ab-8). If the exposed frequency of EMF is very high, such as more than one hundred megahertz, and in the range of 0.5 - 15 gigahertz, an additional significant increase in Integrin $\alpha 5\beta 1$ (which is always increased in pre-cancer and cancer cells) will appear. These changes are most significant in the presence of localized deposits of metals and similar changes were found during and after long distance airflights with average altitude of 11 km or higher where radiation count/min is often increased over 350 - 400 counts compared with ground level of less than 20 count/min.

However, the effect is enhanced in those who have increased metal deposits in brain. In pre-cancer and cancer cells, the author found 1) marked increase in Oncogene C-fos Ab-2; 2) marked increase in Integrin $\alpha 5\beta 1$; 3) marked increase in Hg; 4) marked decrease or disappearance of Acetylcholine; 5) viral infection; 6) marked increase in Rb (Ab-8), as well as, 7) marked increase in p53 (Ab-5). Since our previous studies indicated that in pre-cancer and cancer cells, the following factors always coexisted: 1) marked increase in Integrin $\alpha 5\beta 1$; 2) marked increase in Oncogene C-fos Ab2; 3) marked increase in Hg; 4) marked decrease or disappearance of Acetylcholine; 5) viral infection; 6) marked increase in glucose uptake (of about twice the blood glucose concentration); as well as 7) Rb (Ab-8); and 8) p53 (Ab-5). Exposure to EMF will create almost all major factors required for genesis of pre-cancer or cancer. As a result, many people who develop cancer not only have EMF hypersensitivity but also have an excessive Hg deposit in their entire body or in a localized area. When the polarity of the Qi energy is examined by the Bi-Digital O-Ring Test, in many of the EMF hypersensitive individuals, cancer, or pre-cancer patients, their entire hand loses their normal paired (+) and (-) polarity between the fingers and pal. The polarities of both the right and left hands often become abnormal, and the entire hand emits (-) Qi Gong energy. Often, some of the cancer, pre-cancer patients or EMF hypersensitive individuals emit (-) Qi Gong energy, which influences the effectiveness of drugs, often making them ineffective if used by other individuals. If the same individual who emitted the (-) Qi Gong energy without any (+) polarity takes the medication, it is usually effective for that individual. However, for another individual the (-) Qi Gong energy influenced medication may or may not be effective. Also, if other individuals stay within 1 meter of the individual who emits strong (-) Qi energy only from every part of the hand, they will be negatively influenced unless they are grounded. However, in the normal individual, if the exposure time to the EMF is, for example, one hour, after discontinuation of these fields, the effect also remains for the next one hour. There is an exception with individuals who are hypersensitive to EMF, these effects far exceed the normal duration. As a result, the author developed a simple and relatively safe method of estimating the degree of EMF sensitivity by applying a 100 volts per meter 60 Hertz EMF to any part of the body for 1 minute. The EMF was then removed completely and the recovery time of Acetylcholine or Oncogene C-fos Ab-2, the more hypersensitive the individuals is to EMF. When there is no accurate EMF measuring device accessible, another simple method, with potentially exaggerated results can be used. This method uses a common insulated extension cord, which is plugged into a wall outlet with no current flowing through the wire. This method can quickly and non-invasively test the subject of EMF hypersensitivity. The author detected EMF hypersensitive individuals by placing an insulated extension cord on the wrist for 30 to 60 seconds, which is significantly higher than 100

volts per meter, 60 Hertz EMF. In EMF hypersensitive individuals, the effect lasts longer than the exposure time after removing the wire, and may result in abnormal responses such as dizziness, nausea, nervousness, tremors, and/or develop cramps in the exposed parts of the body, sometimes even in the abdomen, although these symptoms are only observed in EMF extremely hypersensitized individuals, but these symptoms are only exposed parts of the body, sometimes even in the abdomen, although these symptoms are only observed in EMF extremely hypersensitized individuals, but these symptoms are only occasionally seen. It is important to detect EMF sensitive individuals before they develop pre-cancer or cancer and remove the source of the abnormal EMF from their environment. Since EMF sensitive individuals almost always have abnormal strong (-) Qi energy and emit (-) Qi energy around their body and therefore it is not only harmful for those individuals but also to other people near them because (-) Qi products microcirculatory disturbances characterized by an increase in Thromboxane B2 and a decrease in Acetylcholine accompanied with a decrease in Serotonin and Dopamine. Some individuals with strong (-) Qi energy can influence at a distance of anywhere between 1 meter to about 10 meters. Therefore, the degree of (-) Qi energy can be quantitized by the maximum effective distance, which influences other people. Because of these abnormal physiological changes taking place, individuals with (-) Qi are often irritable, aggressive, and impatient, although there are exceptions. The degree of negativity of (-) Qi state expressed meters which can easily be estimated by the Bi-Digital O-Ring Test. This undesirable aggressive state can often be reversed by reversing the polarity to normal Qi state. Some very strong martial arts experts also have very strong (-) Qi energy and when they project strong (-) Qi to an opponent's heart or neck through their hands, the opponent often develops myocardial ischemia due to vasoconstriction of the carotid arteries, or dizziness or failing due to vasoconstriction of the carotid arteries or vertebral arteries and potentially they may even induce myocardial infarct or stroke when they apply extremely strong (-) Qi energy for prolonged periods of time. Therefore it is desirable to reverse (-) Qi to normal balanced Qi. The author found that number of the individual with strong (-) Qi has recently increased within the past few years. It is partly due to high frequency electro-magnetic fields such as cellular phones or excessive exposure to computer EMF. However, during the Lenid shower of comet tail is nearest to the earth, more than 90% of the people, the author examined in both U.S. and Japan showed strong (-) Qi state, but most of them gradually returned to normal. In 1998, the author discovered the following 4 possible solutions: 1) vigorously rubbing two palms of the hands, and producing strong friction and heat, for about 15 mins; 2) vigorously rubbing each eye brow with all finger tips of each hand simultaneously in an up and down manner for 40-60 times consecutively; 3) vigorously giving a massage or upward rubbing with right hand fingers on the sternum at the level of 4th intercostal space (around CV 17) for 40-60 times; 4) vigorously rubbing at upward motion at the mid line of the abdomen below umbilicus at the acupuncture points CV6 (Qi Hai) and CV5 (Shi Men). The basis of these methods was to improve the circulation of Qi throughout the body. Although the first method was first to be discovered by stimulating most of the organ representation areas of both hands, it requires a considerable effort and can be tiring. Usually the second method is the simplest one and if it does not work it should be repeated. Even if (-) Qi comes back to normal, those who had (-) Qi for a long time will easily return to the original (-) Qi state in less than 1 hour. In such a case, the 3rd or 4th method can often provide reversal to the normal state for longer than the previous method, but the individual with a strong (-) Qi often returns in a few hours or few days. In spring 1999, the author examined a middle-aged woman executive who complained of easy forgetfulness of recent events and who was concerned about the possibility of Alzheimer's disease in the future, he found marked increased Al and Hg in the brain. Shortly after that, during the Bi-Digital O-Ring Test conference, the author examined Al on both sides of the hippocampus area of the brain of about a hundred participating physicians and dentists and found about 15 of them had marked increase of Aluminium, and also found these people are the only ones who have strong (-) Qi Syndrome with effective distance of (-) Qi field of anywhere between 2 - 10 meters. All of these individuals requested also to see with Cilantro with Selective Drug Uptake Enhancement to the brain will reduce deposited Al significantly. After 100 mg of Cilantro extract tablet was given with a cup of water after chewing it, Selective Drug Uptake Enhancement was given by stimulating the distal phalange of the middle finger of one side of the hand for 10 minutes. Then, corresponding brain significantly reduced Al concentration to close to half and the same side of the hand and body became (+) Qi while other side remained (-) Qi. Therefore, immediately the other side was stimulated in 10 minutes. All of these subjects became (+) Qi. Through subsequent repeated studies, the author discovered the most efficient way of not only removing Al, Hg, and Pb in the brain by giving Cilantro with Selective Drug Uptake Enhancement to the brain, but also it can reverse the (-) Qi state with (-) Qi syndrome to (+) to normal. During the author's high altitude

Removing air flight of a long distance travel, the author compared effects of high altitude radiation before and after removing metal deposits from the brain, the production of abnormal parameters that coexist in cancer markedly reduced and jet-lag effect also reduced. In all the cancer patients examined, they all have (-) Qi Syndrome and when the (-) Qi Syndrome was reversed to normal (+) Qi State, the telomere of the normal tissue increased and telomere of the cancer reduced. Therefore, this method of removing or reducing localized metal deposits to the brain or other parts of the body may have many potential, beneficial effects.

Individualized Clinical Application of Selective Drug Uptake Enhancement Method to Intractable Medical Problem Including Pain & Cancer as the Most Effective Treatment

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ABSTRACT

In 1983, the author discovered Bi-Digital O-Ring Test resonance phenomenon between 2 identical substances. Using this phenomenon he succeeded in mapping of the outline of internal organs using identical microscopic tissue slide of organ to be examined, without using any expensive bulky electronic imaging devices such as X-ray, CT Scan and MRI. During the process of imaging internal organs, the author also found that from the outline of internal organs localized using resonance phenomenon between 2 identical substances, multiple lines with diameter of less than 1 mm are coming out from the surface of the outline of the imaged internal organs, and found that these lines correspond meridian of the internal organ and there are number of round bulging which correspond to acupuncture points. In 1984, the author found that Bi-Digital O-Ring Test resonance phenomenon also exist between microscope slides of tissue of specific internal organ and corresponding organ representation area at different parts (such as head, eyes, ears, face, nose, lips, tongues, hands, feet) of the body.

Using this phenomena, the author succeeded in localizing & mapping accurate organ representation areas at various parts of the body. While studying the effects of stimulation of accurate organ representation area using various types of stimulation such as acupuncture, shiatsu, electrical stimulation with very low pulse repetition rate, electromagnetic field including soft laser with red spectrum, (+) Qi Gong energy stored paper or bandaid, magnetic field (often south pole but depend on location), negative electric field, heat etc, the author discovered following phenomena:

- 1) Selective Improvement in circulation of the corresponding internal organs
- 2) Selective enhancement of drug uptake in the corresponding internal organs

This selective drug uptake enhancement to the specific internal organ occurred even in the pathological organ where effective medication could not reach therapeutic level previously. In early 1990's this method was immediately applied to the author's dental problems for which dentist indicated the necessity of extraction of the painful loose tooth due to infection of root canals. Using effective antibiotics selected by Bi-Digital O-Ring Test, with application or shiatsu or (+) Qi Gong energy stored paper either on accurate organ representation area of teeth on distal phalange of middle finger of the same side of hand or direct application of (+) Qi Gong energy stored paper by leaving on the skin above abnormal teeth, or frequent shiatsu on the skin above the infected teeth, with significant improvement within a few days and saving tooth.

Then the method was applied for the cancer patients and found that spread or further growth of cancers can be reduced significantly.

In early 1990s, the author discovered that cancer & pre-cancer cells have abnormal deposit of Hg in the cell nucleus of these cells, but he was hesitant to use drastical intravenous chelating agent to remove Hg.

In 1995, shortly after the author discovered that cilantro can remove abnormal Hg deposit from human body, he became 1st human subject to test his hypothesis that removing abnormal Hg deposited in pre-cancer & cancer cell nucleus, and delivering mixture EPA & DHA as effective safe antiviral agent by selective drug uptake enhancement method may effectively prevent growth & metastasis of cancer within several weeks after using mixture of EPA & DHA and cilantro 4 times/day with selective drug uptake enhancement. Painful area of the author's left upper arm with strong pre-cancer response, disappeared by this method within a few week and never comeback. Shortly after this finding, 1st cancer volunteer patient with hopeless prostate cancer with multiple metastasis was informed by his cancer specialist in Sloan Kettering Memorial Hospital that, in spite of treatment, cancer is spreading. After signing informed consent form, the same treatment was given and resulted rapid decrease in PSA value and disappearance of both primary cancer & metastasis within 1 month.

Since then, this new cancer treatment has been successfully applied in majority of terminal cancer patients with lung cancer, breast cancer, colon cancer & prostate cancer with multiple metastasis. Until 1997, the author used to give Selective Drug Uptake Enhancement Method by stimulating entire organ representation area of hand of ipsilateral side of pathological organ. However when entire organ representation is stimulated for the purpose of treatment of relatively small cancer such as in the case of R-lung cancer, where volume occupied by the lung cancer is less than 1/5 of entire maximum right lung volume, the remaining normal right lung (more than 4/5 of entire lung) also received selective drug uptake enhancement and maximum amount of selectively enhanced drug uptake is increased at entire right lung instead of actual cancer tissue and immediate surrounding area only. As the result, normal part of right lung receive excessive toxic dose of medication (or standard cancer medication) and unnecessary damage may be induced. However since 1998, the author mapped exact representation areas only corresponding pathological area (such as exactly corresponding to cancer) and only give selective drug uptake enhancement method to pathological area such lung (cancer) representation. As the result, maximum drug uptake is increased to the pathological areas more than 4 times of drug uptake compared with during the stimulation of entire R-lung. As the consequence, drug toxicity to normal tissue is reduced markedly, while drug uptake to cancer tissue is markedly increased. Until recently this method of "Selective Drug Uptake Enhancement" has been used for most of intractable pain, bacterial or Viral infection, and cancer. However if the drug uptake enhancement method is only applied for cancer tissue alone, there is a possibility of spreading cancer to immediate surrounding. In order to solve this problem, where there is no drug uptake enhancement, the author give drug uptake enhancement not only to the cancer itself but also immediate surrounding area of cancer. This method is named as "Individualized Selective Drug Uptake Enhancement Method." Typical examples of successful clinical application of Individualized Selective Drug Uptake Enhancement Method will be presented by slides.