# Abstracts of

# 4th INTERNATIONAL SYMPOSIUM

# ON

# THE BI-DIGITAL O-RING TEST

**ORGANIZED BY:**

**THE JAPAN BI-DIGITAL O-RING TEST MEDICAL SOCIETY**

**FRIDAY July 21 - SUNDAY July 23, 2000**

**IBUKA AUDITORIUM**

**INTERNATIONAL CONFERENCE HALL, WASEDA UNIVERSITY**

**1-104, TOTSUKA, SHINJYUKU-KU, TOKYO, JAPAN**

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O-RING TEST LIFE SCIENCE RESEARCH INSTITUTE

**4th International Symposium on the Bi-Digital O-Ring Test**

**FRIDAY, July 21, 2000 - SUNDAY, July 23, 2000**

**(10th Annual Meeting of Japan Bi-Digital O-Ring Test Medical Society)**

# Bi-Digital O-Ring Test as a Functional Therapy Using the Biological Communication.

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Biological function is an "information" which creates or maintains the order of the organism as a hole[1]. From this point of view disease can be defined as a derangement of this order. It needs to interact with this function to restore the order as a functional therapy. In addition, biological function is not present *a priori*, but it is "originated" through the interaction among organisms or between organisms and nature in the uncertain environment[2]. It means that the biological function is extended in- and outside of the organism. Functional treatment can be achieved only by sharing this function, that is a biological communication, through enactive interaction[1].

We have defined the Bi-Digital O-Ring Test (BDORT)[3] as such a functional treatment stated above. On the BDORT, the same abnormal responses as the patient can be obtained from the intermediary and the examiner on the same area as the patient's pathological foci[4, 5]. This finding indicates that the biological communication among patient, intermediary and examiner takes place during BDORT, through which the therapeutic interaction might be achieved[1]. Some other Oriental medicines seem to have the same implication.

Recently we have studied the function of the meridians of both acupuncturist and patient during the treatment using BDORT[6]. We reported that acupuncturist had represented the same abnormal response as the patient immediately after insertion the needle, and moreover that their dysfunctional states had improved in both of them during the twilling of the needle. Based on these findings it was postulated that the therapeutic function was mutually originated through the enactive communication related to the meridian's system.

This seems to be an important point of view regarding the biological function and its treatment that modern medicine, which is materialistic, failed to create. This will be a key point for the BDORT in the coming 21st century.

**Reference:** 1) Ayuzawa S, et al.: In: Proceeding of 8 th annual meeting of the society for mind-body science. pp20-21, 1998. 2) Shimizu H: Seimei-To-Basho (in Japanese) NTT publisher, Tokyo, 1992. 3) Omura Y: Plactice of "Bi-Digital O-Ring Test" (in Japanese), Ido-No-Nippon-Sha, 4th ed., Yokosuka, Japan, 1994 4) Yano H et al.: Acupunct Electrother Res 23:209, 1998. 5) Yano H, et al.: Acupunct Electrother Res 24:219, 1999. 6) Ayuzawa S, et al.: In: Proceeding of 9 th annual meeting of the society for mind-body science. pp96-97, 1999.

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# Sources of Domestic Abnormal Electromagnetic Field and Its Countermeasures

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## Abstract

**[Object]** Linear abnormal marks can be often observed in daily practices using the Bi-Digital O-Ring Test (hereinafter referred as BDORT) originally developed by Prof. Omura, Y. (1977-2000) in N.Y. He already reported that their causes might be domestic electric wiring of electrical machinery and apparatuses, and power circuit under the floor and in the wall. Further sources of the abnormal domestic electromagnetic field were identified with BDORT and effective countermeasures to eliminate the abnormal electromagnetic field were investigated.

**[Subjects and Methods]** Patients with linear abnormal marks were additionally investigated in detail with BDORT. Concentrations of Integrina5□1 and Oncogene C-fosAb2 in the linear abnormal marks were determined using resonance phenomena in BDORT and control substances, and possible influence of the abnormal domestic electromagnetic field was confirmed. Further, BDORT was carried out around and on the bed of patients in their homes. Power supplies of suspected sources of abnormal electromagnetic field were cut or grounded. Then, some disappearances of the linear abnormal marks on the body of patients in the bed were confirmed by using BDORT.

**[Results]** Some patients showed longitudinal or transversal linear abnormal marks at regular intervals by diagnosis using BDORT. The intervals were generally about 15 or 30 cm. And the slant linear abnormal marks appearing on the body were often caused by the presence of electric apparatuses around the bed or their power supply wiring. Some of the abnormal marks can be eliminated by removal of electric apparatuses from around beds of patients or by cutting off the power sources before bedtime, and some intractable symptoms can be alleviated. A ground cord along the power line to the ground terminal grounded electric apparatuses such as computer and television. No abnormal mark was found by this simple ground procedure though an electric field meter and a magnetic field meter detected the electric field. Small capacity of wire for ground (thin wire) tended to cause insufficient ground.

**[Discussion]** Roofs of houses in the northern part of Japan are generally tin roofs with lines of 15 or 30 cm intervals so as to slip down snowfall. The author supposes that the roof catches electromagnetic field radiated from wiring around houses and various large antennas, and radiates abnormal electromagnetic field from sharp edges and lines of roofs to houses. When diseases are intractable, it is important to confirm whether the patients are under the influence of the abnormal electromagnetic field or not, and remove these influences.

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## Evaluation of Muscle Strength Change by BDORT Tester ---Comparison of Muscle Strength Curve between BDORT Beginners and Experts

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**Background)** In Bi-Digital O-Ring Test (BDORT), detection of muscle strength change is often subjective for beginners. To evaluate a degree of subjectivity, we developed a special instrument BDORT tester, which pulls bi-digital o-ring and senses the degree of its opening.

**Aim)** The purpose is to test whether this instrument can be used reliably for direct BDORT to beginners as well as experts. We studied if there is some difference in muscle strength wave form between beginners and experts using BDORT tester.

**Experimental Subject)**

We allocated subjects into following two groups.

*BDORT expert group

BDORT experience for more than 1 year

(doctors, nurses) ;13 cases

*BDORT beginner group

**BDORT experience within 1 year**

(patients) ;55 cases

**Method)**

1) Instruction of BDORT tester

2) Demonstration

3) Determination of air pressure (auto)

4) Inspection of control muscle strength curve (wave form when no body area is touched)

5) Confirmation of reproducibility of control muscle strength curves by repeated testing

**Result)**

There was a marked difference in control muscle strength curves between two groups. The angles in surge of degree of opening for experts and beginners were 50.9±20.7°、29.6±9.3°, respectively.

**Conclusion)**

* The angles in surge of degree of opening were significantly steeper in experts. Muscle strength wave form on BDORT tester can be used for evaluation of one's technical skill of performing BDORT.

* In BDORT experts, muscle strength change is more easily detected from opening pressure rather than degree of opening, because muscle strength curve is steeper.

## Data Collected on Resonance with the Bi-Digital O-ring Test Due to Viruses, Bacteria, Heavy Metals, and Others in Intractable Oral Diseases Treated at Our Institute until April 2000 and Recent Interesting Cases (II)

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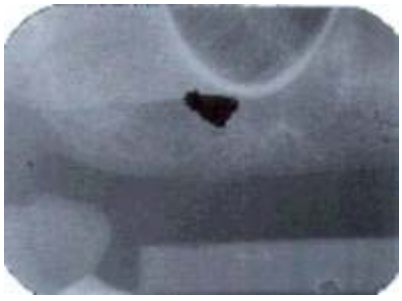
### ABSTRACT

**Introduction**

We herein report 2 interesting cases we recently encountered, whose healing processes from intractable oral diseases were facilitated by applying the Bi-Digital O-Ring Test (OMURA,Y.,1977-2000 ; to bellowing BDORT) for postoperative pain and glossalgia.

**Case I** Patient: K. K., 54 years old, female, office worker, single. Chief complaint and clinical course: Postoperative pain. Postoperative discomfort persisted for about a half year after 5 posterior teeth in the right upper jaw were extracted at a dental clinic in her hometown. At 5 months after surgery, the patient underwent examination at a dental college hospital in Tokyo, but she was told that she had "no noticeable abnormalities." However, a feel of heaviness and discomfort from the operated site to the left head still persisted although no marked spontaneous pain was present, and she was anxious she should have a cancer. Her doctor at the college hospital just said, "Will you have a biopsy examination?" She had a borderline depression score on SRQ-D (13). She wanted to have a BDORT, and she was referred to our institute from the university hospital.



The resonating area with Hg, Na, TxB2,and Sub.P: February 9, 2000

BDORT findings: The thymus representative region showed a response of –3 (left and right), pericardium meridian/Dairyo –6, and Indo –6, indicating a psychogenic disease. Representative regions of other organs had no response (–). A narrow region in the socket at the upper 1st molar on the right side, determined on a X-ray film, resonated with TxB2 and Sub.P in the BDORT.

Intercuspal position －6 and, resonated with Influenza A in right nasal cavity part.

Treatment: She was suspected to have malocclusion because of －6 found in the intercuspal position. Because an improvement response of +6 was observed with EPA + DHA as a result of BDORT, and we suspected serious psychogenic disorder, as a result of Dairyo －6, Indo －3, and a medical examination by interview. She was given Kamishoyo-san and Hochuetsueki-to which showed positive responses (+) in the BDORT. Her symptoms were remitted within 10 days, but dental treatment and occlusion treatment were continued.

**Case II** Patient: S. H., 46 years old, female, ceramist/housewife. Chief complaints and clinical course: Contact pain and spontaneous pain in the left lateral margin of tongue and apex of tongue.Date of initial examination: She had an abnormal feeling and pain in the tongue for 10 years, but left them untreated because these symptoms fluctuated. Her glossalgia became severe, and she visited a psychosomatic internist. Although Chinese medicines were prescribed by the internist, she was referred to our institute because she wanted to receive a BDORT.

BDORT findings: The thymus representative region was –4 on the right and –2 on the left, the liver representative region was –2, the pancreas representative region was –2, pericardium meridian/Dairyo was –2 (mental stress due to hard working for ceramic exhibition and land-related troubles), and Indo was –6 (add epinephrine). The apex of tongue and lateral margin of tongue resonated with Hg, Na, TxB2, and Sub.P at －6.

In addition, according to the result of BDORT for dental metal, 20K gold alloy and Gold platinum alloy (Bio maingold ®) was +6. Silver amalgam, 12% gold-silver-palladium alloy and Silver alloy was －6～－4.
Treatment: Based on these findings, Cilantro 50 ㎎, Kamishoyo-san 2.5 g, and Hochuetsueki-to 1.2 g were administered, and she was remitted to a BDORT of +6. The patient was instructed to sometimes gargle with Saishin. Especially, she was also instructed to have aeropiesotherapy and massage with a tolumarin sheet, particularly to remove stiffness and muscular tension in the neck and shoulders, and she followed our instructions.

Day 9: Glossalgia became mild and occurred less frequently.

Day 32: Pain nearly completely disappeared, and a feel of discomfort was no longer remarkable. No resonance with HG. The apex of tongue and lateral margin of tongue contact with TxB2 and +6 with SubP, and –1 in Dairyo and –2 in Indo, revealing improvement. Because she should continuously work with ceramics, she was encouraged to actively have a massage and a stretch exercise for stiffness and muscular tension in the neck and shoulders, and she received only Kamishoyo-san at 7.5 g/day.

At the present time, 3 months after the 1st examination, she does not complain of any particular pain or discomfort. It's important that psychological effect on her that she gets an excellent prize at the ceramics show.

**Conclusion：** Although the cause of two intractable cases was not made clear and they passed into a chronic state, we could suppose the psychogenic factor, decide the plan of treatment and lead to the early recovery with the B.D.ORT. The B.D.ORT was reconfirmed availability in dental practice again.

**Acknowledgements**

The authors wish to express our gratitude to originated and developed of BDORT by Prof. Omura, Y., for his original research which became basis of our present study.

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# Data Collected on Resonance with the B. D. ORT Due to Viruses, Bacteria, Heavy Metals, and Others in Intractable Oral Diseases Treated at our Institute until April 2000 and Recent Interesting Cases (III)

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## Introduction

Continuously from the previous presentation, we herein report 2 additional interesting cases to whom the BDORT was applied for chronic pain and chemical substance hypersensitivity.

## Case I

Patient: M. K., 43 years old, female.

Chief complaint and clinical course: Feeling pain like being compressed , from the left auricle to the submandibular region.

The resonating area with MCP－6 : 1st examination


Date of initial examination: April 14, 2000.

She noticed a pain from the left parotid gland region to the submandibular region about 1 year ago. From the summer until the end of the last year, dental treatment were done on the lower 1st and 2nd molar on the left side.

The resonating area with MCP －6 : 17th

However, she still had a pain between the left auricle and submandibular region when opening mouth. Thus, the 3rd molar (wisdom tooth) was extracted, but dull pain remained. From 1 month ago, severe nasal congestion occurred on the left side, and she had Chinese medicines, health supplemental foods, etc., but her symptoms still persisted. At the present time, she receives a Chinese medicine “Shoseiryuto”.

●BDORT findings: There was some resonance with the right and left thymuses －3, the uterus －3, the left parotid gland －6, and *Mycoplasma* (MCP) －6, but no resonance with heavy metals. The uterus resonated with *Neisseria gonorrhoeae* －6, but such resonance was not observed in the left parotid gland or submandibular region. Although various antibiotics showed no improvement response, an improvement response of +6 was observed with amantadine (50mg), or EPA(180mg) + DHA (120mg) 1cap. Thus, EPA + DHA 1cap were given 4 times a day. She was instructed to do a selective drug uptake enhancement method. And we tried a method of eliminating electromagnetic energy abnormally accumulated in the affected site using a pure gold bar, called “Goshin-jo”.

Day 17 after the initial examination: Although there was a resonance with MCP －3 by BDORT, the resonating area with MCP －6 was markedly diminished on imaging, and pain and a feel of discomfort decreased. She continuously received EPA + DHA , and also tried a selective drug uptake enhancement method and acupressure massage of the neck and shoulders with a tolumarin sheet.

Day 26: Resonance with MCP disappeared from the affected site. Although BDORT opened －3 only at the root apex of the lower 1st and 2nd molar on the left side , pain in the parotid gland and submandibular region disappeared. Dental treatment of these teeth were continued. In addition, resonance －3 with *Neisseria gonorrhoeae* was observed in the uterus, right ovary, and anus, and we recommended her to visit a specialized doctor.

**Case II**

Patient: K. N., 45 years old, female, housewife.

Chief complaint and clinical course: Examination of her response to dental materials with BDORT.

This patient was diagnosed as having chemical substance hypersensitivity at the university hospital based on the results of hematological examination and examination of the autonomic nerve and optic nerve. She visited our institute with a reference from the university hospital to examine suspected hypersensitivity to dental materials, metals, drugs, and cements and also to receive dental treatment.

BDORT findings: As for dental metal materials, 20K over gold alloy was more than +6, and Ceramics(Crys-Cere) was +6. As for adhesives, Vitramer™ was +6, and Super-Bond was +3. As for antibiotics, a 100-mg tablet of tetracycline was +6. As for analgesics, a 250-mg capsule of mefenamic acid was +6, and a 40-mg tablet of flurbiprofen was +4. As for local anesthetics, 1.0 ml or les of 2% lidocaine was +1. Other drugs were prohibited because of (-) or less than +1.

For tooth extraction of the upper 2nd molar in the left side (with a severe periodontal disease), after premeditation (a 100-mg tablet of Minomycin®) were administered, painless extraction was successfully achieved under acupressure anesthesia with TEAS (Transcutaneous Electrical Acupuncture-point Stimulation ) to left *Kankotsu* － *Gekan* and bilateral *Gokoku* at 1.2 Hz for 15 min. Postoperative gargles was done with Concool F® (gluconic acid chlorhexidine gargles) because it was +6 by BDORT.

These results were reported to the university hospital.

**Conclusion:** Although various methods of Western medicine are available for the diagnosis of chemical substance hypersensitivity, an accurate diagnosis may not be made based on the data from Western medicine alone. Thus we accepted the patient's desire and a request for BDORT from the university hospital. In addition, painless tooth extraction could be successfully achieved under acupressure anesthesia using drugs selected with the BDORT, and the patient has shown an uneventful postoperative course, again confirming the usefulness of B.D. ORT.

**Acknowledgements**

The authors wish to express our gratitude to originated and developed of BDORT by Prof. Omura, Y., for his original research which became basis of our present study.

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## Two Cases of Dermatitis being suggested the Onset due to Dental Metal Treatments and B-D-O-R-T Attitude Tests with Metal Ion Samples

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## Abstract

In dental treatment, various kinds of metals are used for the dentistry. Metallic allergy can be seen in many patients after having these treatments. The metal allergy belongs to type 4 hypersensitivity, delayed type allergy, casing by cellular immunity. Trapping of the metal happen combined with salivary carrier protein by dendritic cells such as Langerhans cell makes usually sensitization against dental metals. Sensitized T cell and macrophages produce inflammatory cytokines such as interleukin 1(IL-1), IL-6 and tumor necrosis factor alpha (TNFα). In this study, we subjected two patients who are suffered with dental metal allergy to Bi-Digital O-Ring Test (B-D-O-Ring Test, Y., Omura1977-2000).

### Case I

A housewife aged 26 year-old, has a serious dermatitis on her back shoulder and back part of left thigh. In her oral, she has many dental treatments of metal materials and orthodontic wire. By attitude B-D-O-R-T (Bi-Digital O-Ring Test, OMURA, Y. 1977-2000) with Pd Alloy 1 g, 1-2 of examiner opened 1-4 of examinee to the –4 level. We did the 16 kinds of metal patch tests. Pd, Zn, Sn, Cr was positive, especially Pd was very strong response. Nonspecific IgE antibody titer was 50IU/ml. IgE titers were less than average (250).

So we doubted metal Allergy and begun to remove metals her oral. There were 9 crowns and inlay. At first, we took out 4 pieces and changed into Au metal contained (Au 83.6%, Ag 6%, Cu 9%, Ishihuku). One of them was the precious metal porcelain crown. 'Cause it has no response to Pd, Sn, Cr, Zn. We didn't remove it. Sometimes cement involves Zn. We used the cement without Zn. But the disease became worse. December 1999, all Pd Alloy were removed, and changed into Au without one crown. The dermatitis did not improved. At this point, the orthodontic wires that responded to Cr still remained. We found Pd resonance in her body, but could not remove wires for the orthodontic treatment. The middle of January 2000, prescribed Chinese parsley 10 mg 3 times/day. For the response of CMV supplemented DHA/EPA, 2 months later, did not improved. 14th March, Orthodontic treatment finished. Main wire were removed, but small wires for king responded to Cr. Chinese parsley had been kept to prescribe. 20 days later, the dermatitis has improved very much. We suggested to the orthodontic dentist that wires should be changed to another materials. During the treatment, we suspected the reason that the disease got worse was the two kinds of metal existence and wires inhibited the exhaust of Pd.

### Case II

A female housewife 59 year-old, has PPP syndromes introduced by dermatologist in March 2000. Since 1989 for three years, she had have PPP and got the operation of tonsillectomy. This disease disappeared. In June 2000, she had the dental treatment by full dentures made of metal. In December 2000 PPP relapsed. We examined her by 16 kinds of metal patch tests. Sn was only positive. But metal dentures and other oral crowns don't contain Sn (tin). Denture contains (Co 63%, Cr 28%, Molybdenum 5%, Silicon 1%, Mn 1%, Carbon 1%, Nitrogen 1%, Nickel 1%). We made the sample of Molybdenum. Mo has negative and Denture itself was the same result by B-D-O-R-T. IgE antibody sera titer was 130(lower than average). HSV-IgE 77.5(higher than average), CMV-1gG 25.2(higher than average). We are looking for another causes. For patch tests, some samples aren't permitted clinically, so B-D-O-R-T is a better method. The conditions of ion are more effective than metal solid on B-D-O-R-T. We think the parts of liquid laminated would remain for half a year. We measured the weight of 5 drops each, and made samples of 1 drop on the average. Vaseline type samples have the weight multiplied by percent of themselves. Examination on the hands, legs, neck and many places are better. Because sometimes metal buttons would inhibit B-D-O-R-T.

| Metal Ion | Metal Contain (mg) |
|---|---|
| $HAuCl_4$ | 171.9mg／5×2% ＝687.6 |
| $AlCl_3$ | 190.6mg／5×2% ＝762.4 |
| $SnC1_4$ | 248.6mg／5×1% ＝497.2 |
| $FeC1_3$ | 202.2mg／5×2% ＝808.8 |

| | |
|---|---|
| $H_2PtC1_6$ | 227.9mg／5×0．5%＝227.9 |
| $PdC1_2$ | 246.4mg／5×1% ＝492.8 |
| $InC1_3$ | 220.6mg／5×1% ＝441.2 |
| $IrC1_4$ | 220.5mg／5×1% ＝441 |
| $CoC1_4$ | 254.3mg／5×2% ＝1017.2 |
| $K_2Cr_2O_7$ | 191.1mg／5×0.5%＝191.1 |
| $Cr_2(SO_4)_3 \cdot 8H_2O$ | 198.6mg／5×2% ＝794.4 |
| $CuSO_4$ | 218.2mg／5×1% ＝436.4 |
| $NiSO_4$ | 211.3mg／5×5% ＝211.3 |
| $ZnCl_4$ | 65.7mg×2% ＝1314 |
| AgBr | 49.7mg×2% ＝994 |
| $MnC1_2$ | 64.5mg×2% ＝1290 |
| $TiO_2$ | 14.4mg×40% ＝5795 |
| $MoO_3$ | 28.6mg×50% ＝14300 |

# Scavenging Effect of Chinese Parsley (*Coriandrum sativum, Cilantro*) on Localized Lead Deposition in ICR Mice

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【Purpose】 Scavenging effect of Chinese parsley on localized lead deposition was investigated in male ICR mice exposed to lead.

【Materials and Methods】 Seven weeks old ICR male mice were exposed to 1000 ppm lead in drinking water for 32 days. Administration of Chinese parsley to mice by gastric intubation was performed for 25 days from 7 days after beginning of lead exposure to the end of experiment. After 32 days, the mice were sacrificed for comparison of lead distribution. The localized lead in various organs was analyzed by atomic adsorption spectro-photometry and the content of d-aminolevulinic acid (ALA) excreted in urine was determined by high performance liquid chromatography.

【Results】 Most of lead reached the highest concentration in femur. Localized lead deposition in femur was decreased significantly by administration of Chinese parsley (Fig.1). In addition, urinary excretion of ALA which is known to increase with lead intake was also significantly suppressed by administration of Chinese parsley(Fig.2).

【Conclusion】 These results suggest that Chinese parsley have an activity to suppress lead deposition.

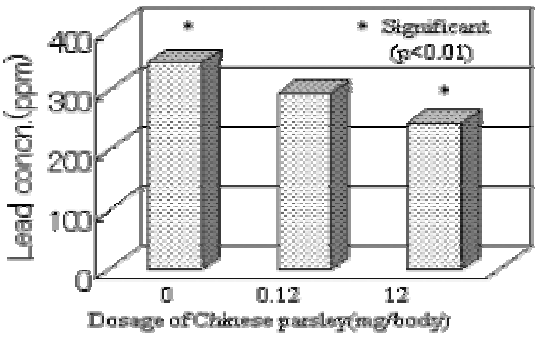


Fig.1 Scavenging effect of Chinese parsley distribution to femur

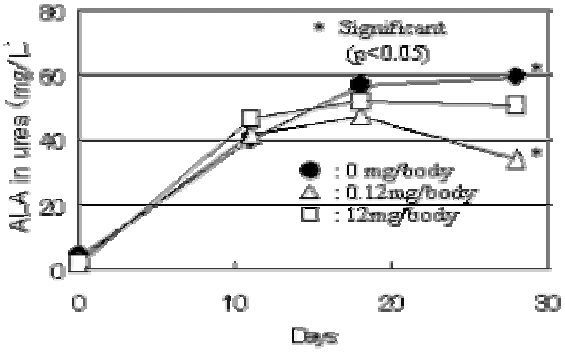


Fig.2 Levels of urinary excretion of ALA against lead

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# Data Collected on Resonance with the Bi-Digital O-ring Test Due to Viruses, Bacteria, Heavy Metals, and Others in Intractable Oral Diseases Treated at Our Institute until April 2000 and Recent Interesting Cases (I)

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## Introduction

We have applied the Bi-Digital O-Ring Test (OMURA,Y.,1977-2000 ; to bellowing BDORT) to dental practice for 20 years and observed its usefulness, and we have reported our findings on this test at every meeting of this society. At the present meeting, we will present the data collected until April 2000 with regarded to intractable diseases, such as those of undetermined origin, but not the cases observed in routine practice, such as drug compatibility test, optimal dose test, and occlusion diagnosis.

## Results of Data Collection

Data collected on resonance with the BDORT due to viruses, bacteria, heavy metals, and others by intractable diseases treated at our institute

(As of April 2000)

| | Total number of cases examined | Viruses | Molds | Heavy metals | Bacteria | Others | Multiple resonance |
|---|---|---|---|---|---|---|---|
| Arthrosis of temporomandibular joint | 31 | 19 | 2 | 3 | 1 | 0 | 2 |
| Trigeminal neuralgia | 8 | 3 | 1 | 2 | 1 | 0 | 2 |
| Facial spasm | 2 | 0 | 0 | 1 | 0 | 0 | 0 |
| Facial paralysis | 16 | 11 | 0 | 1 | 1 | 0 | 1 |
| Dental treatment/postoperative pain | 37 | 9 | 0 | 8 | 4 | 0 | 7 |
| Inferior alveolar neuroparalysis | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Glossalgia | 11 | 1 | 0 | 3 | 0 | 0 | 1 |
| Feel of paralysis of tongue/lips | 6 | 2 | 0 | 1 | 1 | 0 | 1 |
| Chronic pain in the throat, face, and head-shoulder region | 30 | 15 | 0 | 14 | 0 | 0 | 3 |
| Diseases/disorders, other than those in the dental field | 134 | 52 | 8 | 35 | 10 | 1 | 26 |
| Total | 278 | 112 | 11 | 68 | 18 | 1 | 43 |

## Conclusion

As shown in the above table, it was re-confirmed from the data collected at our institute that infections with viruses, fungi, and bacteria and accumulation of heavy metals can be estimated with

the BDORT in many intractable cases whose causes cannot be precisely identified by means of Western medicine although we encounter such cases in routine dental practice not infrequently.

**Acknowledgements**

The authors wish to express our gratitude to originated and developed of BDORT by Prof. Omura, Y., for his original research which became basis of our present study.

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# The Concentration of Formaldehyde and Dioxin in Humans measured by the Molecular Resonance Method (B.D.O.R. Test, Omura), Clinical Symptoms caused by the Chemicals and Treatment Methods

**Muneyoshi Oka M.D.,Ph.D.** Medical Corporation Keiwakai Oita Oka Hospital

## [Objectives]

We examined the concentration and distribution in humans of formaldehyde (FA) and dioxin, which are considered to be the main causal substances for hypersensitivity of chemicals (sick house syndrome), by the molecular resonance method, and studied the clinical symptoms caused by the chemicals and treatment methods.

## [Methods]

The molecular resonance method was used for the following measurements.

(1) Measurement of the in vivo reaction level at various FA concentrations ($10^{-5}$ –$10^{+12}$ pg).

(2) Measurement of the reaction levels to acethylcholine, β-endorphin and serotonin in the head.

(3) Measurement of thymus functions and reaction to allergens.

(4) In vivo distribution of dioxin.

(5) Exsomatization of FA and dioxin and treatment.

## [Results]

The following findings were obtained from patients with high levels of FA and dioxin.

(1) Enhancement of thymus functions, positive to many allergens and complications such as pollinosis, atopic dermatitis and asthma.

(2) Significant reduction of the reaction levels to acethylcholine (ca.2000→100μg) , β-endorphin(ca.80～3mg))and serotonin(ca.80～3□g) in the head and the occurrence of mental and neurological symptoms, depression in particular.

(3) The resonance reaction to dioxin was not observed in the head, but was partially positive to Crohn's disease (ulcer) and ovarian cysts.

(4) Neonates before breast feeding showed no abnormalities even though their mothers were exposed.

(5) The following drugs were effective.

1) Chelate drugs such as dimethyl caprol (BAL).

2) Oriental drugs such as Jyumi-haidoku-to (TJ6), Boi-ogi-to (TJ20) and Cilantro. (It is necessary to use these drugs according to O.R.T.)

(6) The symptoms were rapidly improved by the above diagnosis and treatments during a period of 1 – 2 weeks. However, because patients are often re-exposed under the present conditions, careful follow-up and guidance will be necessary.

**[Discussion]**

Little is known of biochemical dynamics of FA and dioxin in the human body. It was indicated that the molecular resonance of biotechnological method developed by Prof. Omura is effective in studying in vivo dynamics of these chemicals and treatment of diseases caused by the chemicals.

**[Acknowledgment]** I would like to thank Prof. Yoshiaki Omura for his guidance over many years.

## Anti-Herpes Viral Effect of Lemon Mytrle

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Lemon Myrtle is an Australian plant of tropical rain forest origin. Because of its pleasant fragrance similar to lemon, its leaves are used for giving flavor to foods. Lemon Myrtle is also known to some Australian people as a plant effective against Herpes Virus. We tried to use Lemon myrtle in clinical tests for Herpes Virus, etc.

**Case:** The patient was a man of 30 years old. When he came to the clinic (11/4/98), he told us that it had been 2 years before when he felt sudden palpitation, irregular pulse, heart beats over 150 per minute and numbness in arms and legs.

So he stayed in the hospital for 2 months. After coming back home, he used to feel a sense of incapability and couldn't concentrate himself on anything. While driving his car, he found his eyes couldn't focus and he couldn't control himself. Herpes Virus 6 was detected by Bi-Digital O-Ring Test* on his back, arm and an area of the head. He also told us that he heard ringing in his ears. He has hemorrhoids with occasional bleeding. He used to eat the Biological Response Modifier (BRM) preparation from Nihon Berum and we added EPA to this. One month later, we gave him Saiko-ka-ryukotsu-boreii-to(TJ-12). In August, we advised him to remove electromagnetic field from his bed. In August, he stopped all medicine from the neurologist.

Until February 2000, Herpes Virus 6 had been detected in the same area and he continued to have a quick pulse (92/min) and something wrong in his head. So, we gave him Lemon myrtle. On the next check up (March,2000), he said he was feeling very well. We could not detect Herpes Virus 6 from all his affected areas. Also, the pulse became normal. He stopped smoking from that time and now he is in very good condition.

**Conclusion:** Lemon myrtle is known in Australia to have effect against Herpes Virus. We also observed the effect in the above patient using Bi-Digital-O-Ring Test. In this patient, we also observed that Lemon Myrtle showed the effect to improving blood circulation (by using Thromboxane B2).

*Omura, Y., Acupunct. Electro-ther. Res., 6, 239-254, 1981

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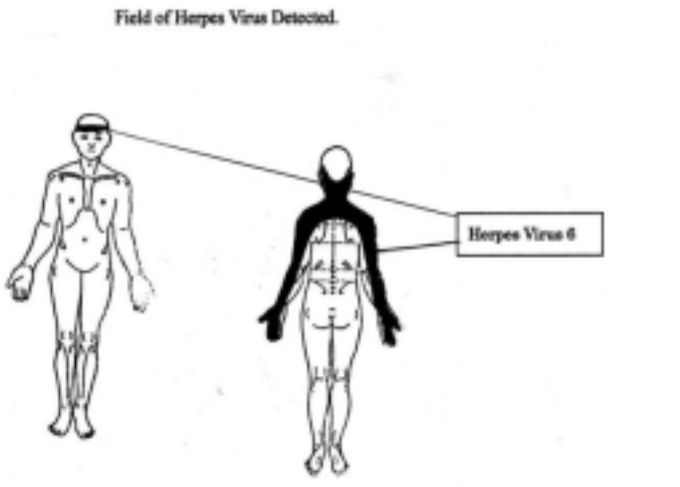


## Two Cases of Pustulosis Palamaris et Plantaris (PPP) which Treated by Differential Dental Approach by Means of Bi-Digital O-Ring Test

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**[Purpose]** At present, the real cause of PPP is not clear and neither is the appropriate therapy. In this study, I tried to cure PPP by differential dental approach by means of Bi-Digital O-Ring Test.

**[Subjects and Method]** The first patient was a fifty-five-year-old female suffering from intractable PPP for about six month. For this ailment, although no efficacy was shown, steroid ointment and PUVA-Bath therapy were used. The dental treatment for this patient was to remove the dental alloys that were suggested as allergen by patch test and replace them with gold alloys that were adequate for the lesion by Bi-Digital O-Ring Test (BDORT). The second patient was a fifty-nine-year-old male suffering from intractable PPP for about two years. For this ailment, although no efficacy was show, steroid ointment therapy was used. The medical examinations did not show any abnormality. The dental treatment for this patient was occlusional therapy by means of BDORT.

**[Results and Discussion]** Both treatments showed the excellent result. At present, the real cause of PPP is not clear and neither is the appropriate therapy. However, metal allergy and malocclusion may be important causes of this ailment. BDORT may be very useful for determining the appropriate dental materials and the occlusal situation.

**[Conclusion]** The affect of not only dental material allergy but also occlusal situation on this ailment should be studied. In order to decide the appropriate dental materials and the occlusal situation, BDORT may be very available.

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## Pitfalls in Bi-Digital O-Ring Test

**Hiroyuki Imai, M.D.** Imai Medical Clinic, Hokkaido O-Ring Test Study Group

**[Object]** The Bi-Digital O-Ring Test (Omura, Y., 1977-2000; hereinafter referred as BDORT) is seemingly a simple technique at a glance. But using BDORT we can intensively analyze diseases that cannot be detected by conventional Western medical examination. However, the technique should be conscientiously performed according to the basic several rules, or else the technique is liable to give false results. The author raises some points in performing BDORT, which are liable to error, and proposes countermeasures to avoid them.

**[Subjects and Method]** Some important experienced cases of failure or misdiagnosis were selected and classified to investigate them in detail.

**[Results]** I. Problems in subjects: (1) BDORT carried out for subjects wearing tight clothes or underwear, or those wearing clothes or underwear made of chemical fiber often could not detect abnormal sites or resonance

phenomena. In addition, no accurate drug compatibility test could be performed. Conditioning to open O-ring at the representative area of thymus gland must be prepared. (2) No abnormal site often could be found for patients with distortion in cervical or lumber vertebra. Turning patient's face to left or right, or taking half side-lying position could find the abnormal sites. Taking these postures sometimes enhances drug-uptake and will be a therapeutic method to correct the body distortion.

II. Problems in the diagnostic environment: In determination of heavy metals using BDORT of resonance phenomenon and control substances, the presence of abnormal electromagnetic field gives larger values and leads to worse misdiagnosis of false severe. Careless installment of new electric tools without ground earth should be avoided.

**III**. Techniques in BDORT: (1) Sometimes physicians face to "fluctuation of results of BDORT due to preconception". These phenomena are liable to occur not because of problem in BDORT but because of unskilled physician, poor understanding of the resonance phenomenon, or urgent BDORT without sufficient time. Shimotsuura reported misdiagnosis caused by judgment solely depending on the stretching and spreading of control finger of a third person. We should use the stronger fingers of examiner and the weaker fingers of a third person to confirm the resonance phenomena. (2) Control substances determined strictly for BDORT are indispensable for correct diagnosis.

IV. The third person: (1) After treatment of teeth third person had distortion in cervical vertebra or occlusion, and it caused erroneous results without our noticing it.

**[Discussion]** Most of above-mentioned points had already reported by Prof. Omura, Y. and Shimotsuura, however, prerequisite conditions for accurate diagnosis using BDORT are increasing with the progress of BDORT. We should use BDORT paying attention to precise understanding of the results and reproducibility.

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## Examination to the Medicine-Packing Container or Paper in Case of Drug Compatibility Test

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**Purpose:** In deciding the proper amount of medicine or health food to be used for the patient, it is desirable to use Bi-Digital-O-Ring Method[1)]. In this case, we put medicine in a container such as a glass tube, a plastic tube, aluminum foil etc. However, those containers show some shielding effects. So, the result does not indicate the correct amount of medicine.

**Method:** In this examination, I used acetanilide in my laboratory. Ten samples, each weighting from 0.1 to 1g respectively, were made. The amount was decided by Bi-Digital-O-Ring Method. The results are shown in the Table.

**Result:** As shown in the Table, it is necessary that when we use a glass tube etc., we first have to examine the shielding effect of the container. Also, depending on the way you clasp the container, the medicine to be used might not be correctly prescribed for the patient. Therefore you have to take care so as to clasp the correct part of the container where the medicine lies. It is otherwise recommended to use the container in which a wire is inserted. In such a container, the correct amount is detected even if we clasp more than three tubes at a time.

1) Omura, Y., Acupunct. Electro-ther. Res., 6, 239-254, 1981

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## Greetings of the 4th International Symposium

The 4th International Symposium on the Bi-Digital O-Ring Test (BDORT) is to held from July 22 to 23 at the Ibuka Auditorium, Waseda University in Tokyo.

I am delighted to be nominated as a Chairman of this Symposium and, at the same time, I feel keenly that this role is extremely important because the general and specific interest in BDORT is expanding all over the world.

I hope that researchers and physicians who are interested in the mechanism of BDORT as well as in the application of this test to the diagnosis or the treatment of diseases attend this Symposium and discuss all aspect of BDORT. Accordingly, I am convinced that this Symposium is an important opportunity for you to acquire greatest knowledge and skills as well as share experiences of BDORT with colleagues from around the world.

By the way, on the previous day of the Symposium, the 10th Congress of Japan BDORT will also be held at the International Conference Hall, Waseda University. Thus, I sincerely welcome you in Tokyo and wish you a wonderful experience, both scientifically and socially.

I am looking forward to seeing you in Tokyo.

Hideo Yamamura, MD, FICA.E.

Chairman 4th International Symposium on
the Bi-Digital O-Ring Test

## Opening Remarks For the 4th International Symposium on the Bi-Digital O-Ring Test In Japan During July 22-23,2000

**Yoshiaki Omura, M.D., Sc.D., F.A.C.A.,F.I.C.A.E.**

Founder of the Bi-Digital O-Ring Test Medical Society; Director of Medical Research, Heart Disease Research Foundation; President, International College of Acupuncture and Electro-Therapeutics; Adjunct Prof. Dept. of Community and Preventive Medicine, New York Medical College; Prof. Dept. of Non-Orthodox Medicine, Ukrainian National Kiev Medical University

Thanks to the efforts of my associates and supporters of the Bi-Digital O-Ring Test in various countries, we are very happy to have the 4th International Symposium in Japan, in the year 2000 the beginning of a new millennium.

The Bi-Digital O-Ring Test became a very powerful tool in both diagnosis and treatment of many intractable diseases, after the Resonance Phenomena in Bi-Digital O-Ring Test between two identical substances were discovered in early 1980's. This made it possible to screen or identify the precise location of the pathological areas and pathogenic factors in different parts of the body, long before standard medical laboratory tests such as blood chemistry, CT-scan, or MRI can detect any pathology. Thus often it becomes possible to determine the causes of diseases which were considered to either difficult or impossible to treat. While studying the reason why some patients do not improve in spite of the physicians treatment with supposedly effective medications, we developed not only Drug Compatibility Tests but also discovered a new effective method for treatment, Selective Drug Uptake Enhancement Method, by which the drug can be selectively delivered to pathological area with minimum drug uptake to normal tissues. This concept was discovered in early 1990 shortly after accurate organ representation areas were mapped for the tongue, hands, and feet. By stimulating accurate organ representation areas by different means, the phenomena of increase in circulation and markedly increased drug uptake to the corresponding organ was discovered and eventually it was named as the Selective Drug Uptake Enhancement Method in 1994.

Recently in almost every country of the world, increasing medical expenses became a major social; and national problem due to uncontrollably increasing medical expenses. However, the Bi-Digital O-Ring Test can play a significant role, if more physicians began to use the Bi-Digital O-Ring Test in their clinical practice. If the Bi-Digital O-Ring Test is incorporated in medical education, then a great benefit for the patients will be

realized through early diagnosis and treatment of diseases, and therefore a reduction in the suffering of the patients, as well a reduction in medical expenses for individual patient and entire nations.

We are looking forward to meeting with you at the Ibuka International Auditorium at Waseda University, Tokyo, Japan.

## Message for the 4th International Symposium on the Bi-Digital O-Ring Test in Japan

**Ken Hayashibara**

**President and CEO Hayashibara Co., Ltd.; Honorary Member, Japan Bi-Digital O-Ring Test Association**

I would like to take this opportunity to extend my heartfelt congratulations on the grand opening of the 4th International Symposium on the Bi-Digital O-Ring Test. Mr. Masaru Ibuka, former chairman of Sony put his heart and soul for a long time to popularize the O-Ring test method, developed by Prof. Omura. His untimely demise without fulfilling his intentions, was a great loss not only for Japan but also for the propagation of O-ring technology.

I am happy to note that many people in the Bi-Digital O-Ring Test Association feel about O-Ring Test Method in the same way as did Mr. Ibuka and are following in his foot steps to propagate this technology.

I sincerely hope that with Prof. Omura as a central figure we all will join forces and with unreserved cooperation among each other, will spread O-Ring Test Method with an aim to develop it as the most advanced technology for preventive medicine.

I am one of those who wish and would like to see this O-Ring technology as one of the most advanced technologies of the 21st century.

It will be an honor for our group to extend whatever cooperation is possible on our part. I have full confidence that this symposium will be the first step towards our goal and with this I would like to close my congratulatory greetings.

## On the Special Occasion of the Opening of 4th International Symposium on

## The Bi-Digita1 O-Ring Test in Japan July 22th, 2000

**Makoto lbuka**, M.S. Senior Managing Director, Sony PCL Inc.

Ladies and Gentlemen, Good morning.

I would like to express my happiness to have this symposium today.

My father Masaru Ibuka, past away 3 years ago, was acquainted with Dr. Omura and Dr. Shimotsuura in 1889. Since then my father was great interests and respects. This caused big influence for medical field and new science.

The Paradigm of science is now causing. That is, we stand for the basis of the science method is universality, objectivity, reappearancability. However this basis is not always true as you look nature or human. This is changing towards 21st Century. Especially the fields of medical area, or medicine area is that way. The each of human being, creature of animal, or even plant has more or less each own character. This is due to the different of genes or different of circumstance they grow. And each creature differs how they are cured and healed. So under these conditions Bi-Digital O-Ring Test is very good method to check or find according for each creatures personally. And moreover modern medical diagnosis is done by complex and heartless that makes each creatures stress. This is hard to find real conditions of these. In my opinion, the cause of sick is not physical conditions of body but condition of heart circumstance. The stress causes the every parts of body weak. So I hope O-Ring Test can find the shouting of heart and find to improve the heart circumstance.

Last of all, hales and gentlemen of all audience today, please understand of the true meaning and philosophy of O-Ring Test. And please not understanding on surface and not utilize just for your benefits. Please study sincerely. We must solving heart and Qi as we face 21st century.
O-Ring Test will be the one of key to solve.

I wish this symposium will have fruitful results. Thank you.

# Transmission of Molecular Information on Molecular Structures and Amounts of the Molecules Through the Recorded Traces of Photons, Sound Waves, and Electric Currents Coming Through Biological Tissue and Their Clinical Application For New Non-invasive Diagnosis and Treatment of Intractable Medical Problems

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## Abstract

In 1984, the author discovered that a photon passing through or going through the close vicinity of a certain molecule, can transmit information bi-directionally (in the direction of photon is traveling and the direction the photon is coming from) concerning the molecular structure of the molecule, the amount of the molecule present and its electromagnetic parameters. Subsequently the author succeeded in the extraction of visible or invisible molecular information from photographs, the film of X-rays, CT scans, MRI's, and ultrasonic imaging.

In the early 1990's, the author was asked indirectly by the Director of the Tokyo Zoo through Prof. T. Matsubara of Azabu University Veterinary Medical School in a suburb of Tokyo whether one can diagnose lions in cages without the examiner entering inside the cage and without making the lion unconscious by injecting an anesthetic agent. Using animals in Prof. Matsubara's institute, with his assistance, the author tested the feasibility of examining at a distance with the use of a pocket laser beam pointer and control substances, parasites in animals in penned areas or in animals moving freely, such as horses. Since this proved to be feasible, the author began to use this method for the screening of bacteria, viruses and parasites in both animals and humans without directly contacting them.

A few years later, this method was applied to the screening of cancer by the author in Warsaw, Poland. A third person who serves as an intermediary without directly touching the patient, holds a miniature laser to radiate a red spectrum soft laser beam of less than 1mW while holding Integrin α5β1 as a reference control substance. From a distance and without directly contacting the patient, the third person assisting in the indirect Bi-Digital O-Ring Test projects the laser beam at a distance of usually within 20m at the patient, who is to be examined, in order to detect any resonance between the control substance and the identical substance in the patient's body. For quick screening of cancer (in about 2 minutes), the author radiates the laser beam at the hands and the legs of the patient, one by one, where the skin of the extremities is exposed. When there is a strong resonance between 60ng Integrin α5β1and the same molecule inside the patient's body, one can estimate the presence and approximate location of either cancer or pre-cancer often before it can be detected by standard laboratory tests such as X-ray, CT Scan, MRI or blood chemistry. Since the summer of 1999, in order to localize the exact location of the pathological areas of the entire body, we have been successfully using X-axis and Y-axis scanning with a bar of laser light instead of laser beam pointer. Using this technique, we often discover additional metastasis of cancer which was not even suspected.

Since photons transmit molecular information, in the late 1980's the author did an experiment by taking photographs of different molecules and then testing whether it was possible to identify each molecule from the

photograph using the Bi-Digital O-Ring Test resonance phenomenon with a control substance. He found that it was possible to identify the substances and semi-quantitatively to determine the approximate amount. The author then tested whether disease information could be detected from a photograph of the skin above a diseased organ. It was also found that it is possible to determine a significant amount of information, although it is less reliable than using an X-ray, CT scan or MRI. In the early 1990's, the author thought that X-rays (photons with very short wavelengths) may also carry all the molecular information of the part of the human body that they pass through. This idea was found to be correct by repeatedly testing with a known control substance to detect resonance between the identical molecule inside the body. The author compared this findings from direct examination of the patient using the Bi-Digital O-Ring Test with the findings from the Bi-Digital O-Ring Test examination of the patient's X-rays, CT Scans, and MRI's. Using the Bi-Digital O-Ring Test, he found that even when an abnormality is invisible in the X-ray, CT Scan and MRI, the information obtained with the Bi-Digital O-Ring Test from the patient and from modern medical imaging devices is almost identical. Therefore, in cases where a patient cannot travel because of far distances or because of serious diseases, it is possible to estimate the cause of disease and potential treatment through the Bi-Digital O-Ring testing of the developed or printed X-ray, CT Scan or MRI of the patient's diseased area. Some of these clinical applications were published in the mid 1990's.

If the photon can transmit molecular information, the question was whether sound, such as ultrasonic waves, could also transmit molecular information when they pass through body tissue. Using ultrasonic imaging of normal and abnormal tissue, the author found the imaged organ will produce resonance with a microscopic slide of identical tissue. When the sonogram of a malignant tumor is tested, a substance which appears in cancer, such as Integrina□bı, produces strong resonance. With the sonogram of a cancer of the uterus, when the monoclonal antibody of the Human Papilloma Virus is used as a reference control substance, a strong resonance is often produced.

Since the early 1990's, the author also postulated that if the photon can transmit molecular information, biological electric current may also carry information about the location on the body tissue where the specific bioelectricity was generated. If this is true, the ECG should contain the molecular information about the areas of heart where each part of the ECG is generated. For example, with the author's own ECG recordings, on the recorded ECG traces for the Standard Limb Lead ECGs and Pre-Cordial ECG recordings, the right atrium tissue produces resonance at approximately the first 100 millisecond duration before the beginning of the P-wave, where the trace shows no visible potential. (This findings is somewhat contradictory to the present concept of the mechanism of the P-wave generation, but there must be some reason for it.) The SA node produces resonance during the early part of this pre P-wave period. The left atrium produces strong resonance during the entire visible P-wave up to the end of the P-wave, while other cardiac tissue will not produce significant resonance on the recorded P-wave trace. Between the end of the P-wave and the beginning of the Q-wave, Purkinje fibers produce strong resonance. On the QRS-wave complex, left ventricular tissue produces strong resonance at the QR segment, and the right ventricular tissue produces strong resonance at the RS segment. When the T-wave is examined, the left ventricle also produces strong resonance at the recording between the end of the S-wave and the end of the T-wave. But right ventricular tissue produces strong resonance at about a100 millisecond duration after the end of the T-wave. (This new information may explain the genesis of the U-wave, which often appears after the end of the T-wave, but the mechanism of the genesis of the U-wave is not well understood.) When the normal ECG is tested with the Bi-Digital O-Ring Test, the O-Ring will not open, but when there is an abnormality in the ECG and the ECG trace is tested with the Bi-Digital O-Ring Test without holding any substance, the O-Ring will open. When the ECG trace is tested with effective medication, the O-Ring will no longer open. In addition, when cardiac tissue is infected by bacteria or a virus, a microscope slide of the bacteria or the monoclonal antibody of the virus produce significant resonance, depending on the degree of infection. Also, drugs taken by the patient that exists in the heart can be detected from the recorded ECG trace by the Bi-Digital O-Ring Test Resonance Phenomenon, using the specific drug as a reference control substance.

Similarly, the recorded trace of the electroencephalogram (EEG) was examined. When microscope slides of different parts of the brain are tested on the recorded EEG trace, they all produce various degrees of resonance, while tissue other than the brain do not produce any significant resonance. When the EEG of a patient with confirmed Herpes Simplex Type I Virus infection of the brain was examined, only the monoclonal antibody of the Herpes Simplex Type I Virus produced resonance with the recorded EEG trace of the infected area of the

brain. Also, when the abnormal EEG trace is tested with the Bi-Digital O-Ring Test, the O-Ring will markedly open, depending on the degree of the abnormality. When the EEG trace of a patient with a viral infection of the brain, such as Herpes Simplex Type I Virus, is tested with an effective antiviral agent, such as Acyclovia or a more effective substance such as a mixture of EPA (Eicosa Pentaenoic Acid) and DHA (Docosa Hexanoic Acid), the abnormal O-Ring weakening phenomenon disappears completely.

Similarly, on the electromyogram (EMG) the muscle tissue identical to the muscle in which the EMG recording electrode was inserted produces maximum resonance, as compared with muscles from different parts of the body. In addition, when a muscle is infected by bacteria or a virus, a microscope slide of the bacteria or the monoclonal antibody of the virus produce significant resonance, depending on the degree of infection.

According to these findings, from any abnormal bioelectric recording such as ECG, EEG, or EMG as well as bioelectric potentials from other parts of the body, one can identify where the electrical signal is originating from and what bacteria, virus, or toxic substance may exist in the area where the potential is generated, using the Bi-Digital O-Ring Test Resonance Phenomena with various control substances. Furthermore, by testing various medications on the recorded trace of abnormal bioelectric potentials, one may find potentially effective medication.

## BDORT Medicine improves Life Style Disease in the Health Care and Welfare Field

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We are rapidly reaching a serious stage in our aging society. In the not too distant future, 25% of the population of Japan will be elderly persons aged 65 years or more.[1] Modern medical science and medical treatment in Japan have remarkably progressed, showing remarkable development of the most advanced technology in medical treatment. Nevertheless, it is frequently difficult to treat the elderly aged or others requiring care with only western medicine because the clinical indications must be very strict owing to possible side effects or other adverse reactions.

Recently, a “care health insurance system” has been established by the Japanese government with the active cooperation of the local governments.[1] Furthermore, medical practices dealing with patient care, which had been ignored as a minor field of medical science, are now being emphasized and have begun showing new development.[2] Patient care has become an important field of modern medicine. As this new consciousness of health care gains respect and the new trends in social welfare wherein “care” should be based on the origin of the morbid state and early diagnosis at the pre-stage of disease advance, the view is gaining ground that “human scientific patient care” is likely to be more important than modern analytical western medical technology itself.[3,4]

In such a transition period for the development of medical science and practices, BDORT will tend to play a more important role in the current fields of health care and care management.[5,6] In other words, it is conceivable that BDORT treatment may be the most effective advanced medical treatment for care and welfare, which can certainly be considered the starting point for the most advanced primary medical care.

In our recent clinical studies related to life style disease[7-9] and cancer patients[5,10], we observed and analyzed several new morbid states by BDORT diagnosis based on a general oriental medicine concept of “Shô” (the set of holistic patterns of a patient’s symptoms) and sought to improve the QOL of patients using both western and orient medical treatments.[11] With respect to the current development of the health care activities, by introducing BDORT diagnosis we intend to elucidate the necessary elements for developing a new medical system based on the symbiosis of both western and eastern medicine.

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# Phylogenesis of the Mental Activity and the Development of Bioradiant Energy


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In vertebrates we have three riddles to be read, i.e., the cause of the evolution, the immune system, and the development of bone marrow hemopoiesis. These are the same phenomena of the life with different three aspects. The author developed artificial bone marrow chambers in vivo by biomechanical stimuli. After that he established the gravity evolutionary theory. During second evolution of the vertebrates i.e., terrestrialization, the vertebrates corresponded to the increased gravity from 1/6 to 1G, to the change of medium from the water to the air, and to the increased oxygen content from 1% of sea water to 21 % of the air. By these correspondence cells of vertebrates changed according to Use and Disuse Theory with the same gene characteristics. Changing of morphology and function of cells occur by the metaplasia. During second revolution, the bone marrow hemopoiesis as well as the sympathetic nerve system developed. As well pyramidal tract developed during correspondence to the increased gravity.

Development of the sympathetic nerve system occurred according to the genesis of the blood vessels. The archetype vertebrates have only para-sympathetic nerve as well as extra pyramidal tracts only. After terrestrialization sympathetic nerves as well as pyramidal tracts developed by correspondence to the gravity. By these newly developed nervous system not only physical activity by mental as well as psyche ability enormously increased.

The origins of the heart and mind are in visceral brain and the origin of the mental activity is in somatic brain. Practical phylogenetics of the schizophrenia can be understood in this stage. Severe stresses upon sympathetic nerve system induce disturbance of the mental activity, which is brought by function of somatic brain. Bioradiant

energy of can be induced by the streaming potential of the muscle system. The activity of cortices of cerebrum can be caught as electro-magnetic wave, which can be recognized as optical light.

## Postherpetic Neuralgia: Mechanisms and the Limitation of the Treatment

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

The IASP defines postherpetic neuralgia as “chronic pain with skin changes in a dermatomal distribution following acute herpes zoster”. Postherpetic neuralgia is a severe painful neuropathic pain and is one of the most intractable pain.

The patients complain constant spontaneous burning pain, brief recurrent shooting, tic-like pain and a sharp radiating pain evoked by very light touching of the skin which is called allodynia. Clinical investigations show that sensory deficits area and extremely painful area to light touch may coexist within the affected dermatome.

What kinds of pathophysiological mechanisms are contributing to the pain?

a) Tissue injury or inflammation leads to release of substance P from nerve endings and release of pain producing substances resulting in sensitization of nociceptors.

Characteristic feature of sensitized nociceptors are ongoing discharge, a lowered activation threshold for thermal and mechanical stimuli, and an enhanced discharge to noxious stimulation. This process is called peripheral sensitization.

Massive or prolonged C nociceptor input produces dramatic changes in the response of the spinal dorsal horn neurons. The response of neurons are enhanced to all afferent inputs and the size of be neurons receptive field is expanded. This process is called central sensitization.

When central sensitization is produced, A beta fibers which normally is sensitive to innocuous tactile stimuli become to activate the sensitized neuron in the dorsal horn. Thus, gentle moving tactile stimuli become capable of evoking pain. This phenomenon is called dynamic allodynia. Some patients have this condition: the patients have minimal sensory loss and severe allodynia.

b) Other neuralgic patients have pain associated with C fiber degenerations. Under this condition, C fibers synaptic contacts with dorsal horn neurons are reduced, but the central terminals of A beta fiber become directly contact with nociceptive neurons in the dorsal horn. This anatomical reorganization may lead to allodynia. In some patients, temperature sensations are profoundly impaired but light mechanical stimuli can produce severe pain.

c) Other patients have deafferentiation pain. When peripheral nerve is injured and primary afferent is partially or completely lost, important biological changes are produced on the nervous system.

The sequence of events following nerve injury are

A Afferent nerve fiber

1. post injury nerve discharge 2. nerve sprouting 3. increased sensitivity of sprouts to mechanical and chemical stimuli

B Dorsal root ganglion cell

1. spontaneous activity, increased evoked activity 2. increased innervations of large cells by sympathetic terminal

C Spinal cord

1. sprouting of A beta terminals into nociceptive laminae 2. central sensitization 3. expansion of receptive fields 4. dorsal horn reorganization (plasticity) .

There is some evidence that sink process may underlie the pain of postherpetic neuralgia. Some patients have severe pain, profound sensory loss but no hyperalgesia or allodynia. These patients presumably have deafferentation pain. The pain is likely due to increased spontaneous activity in deaffereted dorsal horn neurons as well as dorsal root ganglion cells.

At last, after nerve lesion the sympathetic nervous system might interact with afferent neurons. Thus activity in sympathetic fibers can induce further activity in irritable nociceptor and enhance pain ad allodynia.

In conclusion, three distinct peripheral and central pathophysiological mechanisms are contributing to pain generation. It is likely that more than one mechanism is operative in one individual. It is also possible that pain mechanism changes during the course of the disease and these three types of mechanisms nay even coexist in individual patient.

The treatment of postherpetic neuralgia is required mechanism-based intervention for each of the different mechanisms.

Pain generated by peripheral and central sensitization are treated with NSAIDS and opioid. Topical application of lidocaine, aspirin or capsaicin is moderately effective in some patients.

Allodynia resulting from C fiber degeneration and deaffernation pain are very difficult to treat. Antidepressant therapy remains standard subcutaneously.

To inhibit the spontaneous discharge of dorsal root ganglion and nerve sprout, Na ion channel blocker is recommended. It is reported that systemic lidocaine silences ectopic neuroma and dorsal root ganglion discharges. Intrathecal N type Ca channel blocker also is effective.

Though there are many drugs and methods to treat the postherpetic neuralgia, their effects are not satisfactory. We are still looking for better method

# Non-invasive & Quick Diagnostic Method using the Bi-Digital O-Ring Test Resonance Phenomenon Between Two Identical Substances for the Early Detection of Intractable Medical Problems Such as Cancer, Pain, Cardiovascular & Neurological Diseases and Their Effective Treatment Using the Selective Drug Uptake Enhancement Method

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## ABSTRACT

In 1982, the author discovered that when a patient held a slide of a cancer cell that was identical to the cancer existing in the patient's own body, the O-ring formed in the patient's other hand will become markedly weak due to resonance phenomenon between two identical substances, few example between a microscope slide of adenocarcinoma of the lung and adenocarcinoma existing in the patient’s lung. But for the screening of cancer in the subject who has no symptoms or complaints of specific internal organs, this method required many cancer slides of different issues, as different internal organ tissues needed to be tested. In the late 1980'S, an the author’s cancer slides sent by airmail from New York to Tokyo for a conference arrived as glass powder; therefore, the author began to look for an alternative approach that did not require each cancer slide of different organs, but instead he actively searched for the common parameters that co-exist in various types of cancer and

pre-cancer. As a result, in the early 1990's, the author found that the following substances co-exist in pre-cancers and cancers: 1) a marked increase in Integrin α5β1; 2) a marked increase in Oncogene C-fos Ab2; 3) a marked increase in Hg; 4) a marked decrease in Acethylcholine (usually less than 1/1000 of the normal amount); 5) viral infection.

In addition, during l996- l998, the following factors were also found in cancer and pre-cancer: 6) a marked decrease in NO (nitrogen monoxide), less than 1/1000 of normal; 7) a marked increase in glucose uptake (Max: 2X blood glucose concentration); 8) a marked increase in Rb (Ab-8); 9) a marked increase in p53 (Ab-5); 10) increase in basic unit of human Telomere TTAGGG (Max: 2X Normal Tissue Telomere TTAGGG); 11) increase in basic unit of human Telomere CCCTTA (Max: 2X Normal Tissue Telomere CCCTTA).

Using Integrin□□□₁ in the resonance phenomenon test, the author has detected many types of cancers and pre-cancers. Since the early 1990's, the author succeeded in screening cancer at a distance without touching the patient in about 2 minutes, by projecting a red spectrum laser beam from a pocket laser pointer to the patient's palms and lower extremities where the skin is exposed. When the resonance shows a strong positive, we localize the exact location, which used to take 30 minutes to 1 hour. However, since the summer of 1999, using a bar-type laser beam with Integrin□□□₁ as the reference control substance in the test, the author not only is able to screen cancers and pre-cancers in the early stages but also localize the exact location by an X-Y scanning of the entire body in less than half an hour. When these locations are identified, the patient is sent to standard laboratory tests to try to confirm the findings. If the standard laboratory tests, such as cancer marker by blood test, X-ray, CT scan or MRI, fail to detect the Bi-Digital O-Ring Test positive finding for cancer or pre-cancer, the author considers this condition as pre-cancer. Even when standard laboratory tests are negative, the author recommends repeating the tests periodically, as some of the patients who did not repeat the laboratory tests developed cancer later on, and terminal cases were discovered from anywhere between 3-7 years later.

Using the Bi-Digital O-Ring Test, the author found that a mixture of EPA (Eicosa Pentaenoic Acid) and DHA (Docosa Hexanoic Acid) has a potentially strong antiviral effect and anti-cancer effect and when it is given with Selective Drug Uptake Enhancement Method, it inhibits further growth of cancer. In the abnormal presence of an excessive deposit of Hg in cancer cell nuclei, choromosomes will be greatly affected by the absorption of electromagnetic fields by these metals, and this will further contribute to the formation of abnormal genes. Therefore, removal of Hg from inside of the pre-cancer & cancer cells, particularly the Hg inside the cell nuclei, is a very important objective of the treatment. As a solution to this problem, the author discovered that Cilantro can remove Hg, Pb, and Al. By giving additional Cilantro (to remove metals from cancer tissue) together with EPA and DHA with Selective Drug Uptake Enhancement, to the cancer tissue or the metastatic tissue, the cancer often shrinks significantly.

Screening of potential cardiovascular problems is also performed using homocysteine as a control substance to detect resonance. Similarly, using the monoclonal anti-body of various viruses and bacteria, one is able to identify pathogenic factors using the Bi-Digital O-Ring Test Resonance Phenomenon between two identical substances. The author found that the major cause of intractable pain is due to Herpes Simplex Type I virus or occasionally Herpes Simplex Type Ⅱ virus infection with or without bacterial infections. When the Selective Drug Uptake Enhancement Method is applied, more than 90% of the cases of intractable pain are eliminated by a mixture of EPA and DHA as an effective anti-viral agent and Cilantro to remove localized deposits of metal such as Hg, Pb & Al (these metals inhibit anti-viral effects of EPA & DHA). Along with the administration of effective medication selected by the Bi-Digital O-Ring Test, the Selective Drug Uptake Enhancement Method, by various stimulation (including acupuncture, pinching, Shiatsu, (+) Qi Gong energy stored paper, heat including moxa, low pulse repetition rate electrical stimulation, a specific magnetic pole) of the accurate organ representation area corresponding to the pathological area, ensures that the medications will be delivered to the pathological areas selectively. By repeating this procedure each time medication is given and also giving stimulation in between times, ad if one is able to maintain the drug uptake at a therapeutic level for 24 hours continuously, usually the therapeutic result is far superior to any other treatment, because if one simply gives effective medication, the only place the drug does not reach therapeutic levels is in the pathological areas.

There are many factors that inhibit drug uptake, among them are: 1) O-Ring Test-negative underwear, some of which are synthetic and dyed, and even natural cotton, if it is over whitened or dyed with substances harmful to

the body. 2) Labels attached to underwear. Most labels which touch the skin will inhibit drug uptake. 3) Jewelry and metal watches contacting the skin, including bracelets, necklaces, and earrings, particularly those made of meta1. 4) Simultaneous multiple drug intake which results in drug interaction and canceling effects. Often cancer patients think that if they take more than 3 or 4 effective anti-cancer drugs, they will have a better chance of surviving. As a consequence, many patients take multiple known anti-cancer drugs, both medically approved and unapproved and often all the anti-cancer effects can be cancelled due to drug interaction. But with the Bi-Digital O-Ring Test, one can often correctly estimate the potential drug interactions and canceling effects, as well as the effectiveness of each medication and optimal dose before actually taking drugs. 5) Pain medicine. Non-steroidal and anti-inflammatory medicine often inhibits and anti-cancer effects of medication. 6) Touching right and left hands or right and left lower extremities together, including crossing of the legs. 7) Exposure to environmental electromagnetic fields.

Thus, in order to have a successful therapeutic result. it is possible to select effective and compatible medications with minimum side effects on normal body tissues by selectively delivering effective drugs to die pathological internal organs, while markedly reducing drug uptake to the normal parts of the patient's body.

## Bi-Digital O-Ring Test is Used to Treat Chronic Low Back and Cervical Pain Effectively: A Retrospective Study of 42 Cases

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**BACKGROUND:** Bi-Digital O-Ring Test (BDORT) has been used by medical practitioners worldwide with diagnostic and therapeutic purposes. Its role as an important and affordable tool in diagnosing and treating chronic pain has been shown by the originator of the test, Prof. Y. Omura.

**OBJFCTTVES:** To assess the results of the application of BDORT in patients with chronic pain due to spinal column problems; and to evaluate the effects of medicines used for the treatment of chronic pain including unconventional treatment such as acupuncture, mixtures of EPA and DHA, Cilantro and propolis among others.

**METHODS:** Forty-two patients with chronic low back and cervical pain were selected from a large database of the first author. Patients included were previously treated using conventional therapies with unsatisfactory results. Approximately 10% of patients with chronic low back and cervical pain in the database accepted to be diagnosed and treated by using information gathered by BDORT at least on two different occasions. Data about the age, gender, number of BDORTs, main health problem, co-morbidities, prescribed treatment and follow-up by at least six months were collected for each patient. All patients included within this study were examined, diagnosed and treated by the first author using BDORT and standard Western medical diagnostic methods. BDORT was performed for each patient in every visit using standard plates with samples of the materials to be investigated. A systemic test was done for detection of virus, bacteria, heavy metals, fungi, tumor markers and some biochemical substances in all attended patients. All patients were instructed to perform the “Drug Uptake Enhancement Method” with massage in areas of the hands in correspondence to the affected organs following the Omura’s map of organ representation areas of the hands and by using “+” Qi-gong energy stored paper on painful areas.

**RESULTS:** The mean age of patients was 60 years (18-85 years) and 90% of them were female. Bi-Digital O-Ring Test was performed every time for patients attended the surgery each visit (mean number of 5.2 times). Co-morbidities included hypertension, depression, osteoarthrosis, inrervertebral disk herniation and obesity.

According to BDORT, Mercury was detected in all patients, Aluminium (98%), Lead (93%), Chlamydia trachomatis (93%) and Human Cytomegalovirus (93%), Herpes Simplex Virus Type Ⅰ(86%), Copper(83%), Herpes Simplex Virus Type Ⅱ(81%) and Borrelia burgdorferi (81%). Mixtures of EPA and DHA, and Cilantro were given to all the patients and propolis to 90% of the patients. Doxycycline (100mg twice day for 2 weeks) was prescribed 70% of patients who were Chlamydia trachomatis positive and Azithromycin (500mg once day for one week) for 36%. Conventional anti-inflammatory drugs were used in half of the patients. Acupuncture was applied in 21% of the patients. There was a large improvement in most patients which was not observed in previous treatments using conventional medicines. Whole-body improvement together with clinical progress was noted in 12% of patients, 36% of the patients became asymptomatic, 24% reported a significant improvement and 19% of patients got moderate progress after doing BDORT and using the indicated medicines. For 9% of our sample the results were poor, with intermittent pain episodes or irregular course, but no deterioration of the original clinical symptomatology. Quality of life, assessed by the first author, was considered to the optimal for 29% of patients, good for 62% and not improvement for 9%.

**CONCLUSION:** The use of BDORT in patients with chronic low back and cervical pain was found to be a very useful and powerful diagnostic tool and also helps to identify effective medicines and treatments.

## Bi-Digital O-Ring Test Historical Perspectives. Corroboration of Discoveries Using the Bi-Digital O-Ring Test, with Current Research from Western Scientific Journals

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The Bi-Digital O-Ring Test (BDORT) was discovered by Dr Yoshiaki Omura MD., Sc.D. in 1977 while trying to measure brain circulation and temperature differences in an active brain hemispheres, pathological tenderness and grasping force. Dr. Omura found that abnormalities of body with minute force cause weakening of the O-ring formed by the thumb and one of the remaining fingers. If one holds toxic substance in hand over specific organ, the ring opens. Pancreas in diabetic was the first organ mapped. Slides of tissue were used to map out the organ representation area of the corresponding organ. Resonance Phenomenon was tested with 2 LC resonance circuits of identical frequency. One LC circuit on the palm of the hand of the O-Ring hand and one at distance. The O-Ring was found sensitive even approx 200 meters-confirming high sensitivity of O-Ring to resonance phenomenon and its electromagnetic nature. Therapeutic effect discovered where ideal medication to infection causes O-Ring to close-due to complimentary resonance. Toxic effect measurement, causing O-Ring to open, also noted. Extensive research ensued with eventual U.S. patent in 1992 and suggestions of new etiology of diseases. Viral and bacterial causes for non-infectious disease previously considered to be non-infectious were discovered. Role of heavy metal deposit in infected tissues was discovered. Treatment with new antivirals and chelators e.g. EPA-DHA and Cilantro discovered. In the 1990's new studies appear to corroborate the O-Ring discoveries. BDORT discoveries and Western Journal corroboration are presented. One example:

Omura Y, Heart Disease Research Foundation, Brooklyn, N.Y. 11201.

Acupuncture & Electrotherapeutics Research, The International Journal, 13:131-45, 1988

Using the "Bi-Digital O-Ring Test, it was possible to demonstrate that, among bacterial and viral infections, the most common cause of infection associated with the appearance of hypertension is chlamydia, herpes simplex virus, cytomegalovirus, or Epstein-Barr virus. Particularly chlamydia and/or herpes simplex virus, with or without coexistence of other microbes.

Hypertension, 31:589-94, 1998 Feb

AB-Several studies have implied an association between Chlamydia pneumoniae (C.pneumoniae) and cardiovascular disease. Our study was designed to determine whether this organism is associated with severe

essential hypertension in a multiracial British population. Antibodies to C.pneumoniae were measured by microimmunofluorescence in 123 patients. The hypertensive patients differed significantly from their matched control subjects in their level of previous infection, with an odds ratio of 2.5 (95% confidence interval, 1.3 to 4.7).

Other articles support the relationship between infection and non-infectious diseases suggested by clinical experience with the BDORT.

Omura Y, Heart Disease Research Foundation, Brooklyn, N.Y. 11201.

Acupuncture & Electrotherapeutics Research, The International Journal, 15:51-69, 1990

Using the Bi-Digital O-Ring Test (BDORT), found that most of the cancer tissue of the lungs or digestive system contained viruses such as HTLV-2 (often found in adenocarcinoma of the lung, stomach, head of pancreas, and colon) or HTLV-1 (often found in small-cell carcinoma of the lung and certain types of leukemia).

Stroke, 30:299-305, 2/1999

Several studies have indicated that high titers of antibodies to Chlamydia pneumoniae and CMV are associated with coronary heart disease. Conclusions: Seropositivity for Chlamydia pneumoniae, but not for CMV, was associated with an increased risk for future cardiovascular disease and, in particular, stroke.

Pol Merkuriusz Lek, 4:289-91, 1998 MAY

Several investigations in the eighties and then in early nineties, relationship between the incidence of arteriosclerosis, especially of the coronary arteries and antibodies of Chlamydia pneumoniae in serum. Chlamydia pneumoniae has tendency to accumulate in the respiratory system, but also in the arteries affected by arteriosclerosis.

Journal Antimicrobial Chemotherapy, 41 :85-92, 1998 Jan

AB-Chronic Chlamydia pneumoniae infection, characterized by elevated levels of C. pneumoniae lgG and IgA antibodies and immunocomplexes, is associated with myocardial infarction and angiographically verified coronary heart disease. C. pneumoniae organisms have also been found in coronary atheromas, but not in healthy vessels. Thus extended doxycycline therapy did not affect C. pneumoniae antibodies or coronary heart disease risk factors. We conclude that doxycycline monotherapy may not be sufficient to eradicate chronic C. pneumoniae infection.

Stroke,27:2207 1996 Dec

We investigated the frequency of chlamydial seropositivity circulating immune complexes in cerebrovascular disease. We conclude that chronic infection with C.pneumoniae is associated with an increased risk of stroke and transient ischemic events.

European Archives of Psychiatry and Neurology Science, 238:110-3, 1988

This finding is in agreement with the cytomegalovirus hypothesis of schizophrenia and hints at the possibility that viral infection of the temporal cortex may in some sporadic cases be a contributing factor to the development of schizophrenic psychoses.

Annals of Internal Medicine, 1996 Jan 1

To determine whether herpes simplex virus type I (HSV-1) causes Bell palsy. Herpes simplex virus type 1 genomes were detected in 11 of 14 patients (79%) with Bell palsy but not in controls. The PCR fragments were the HSV-1 genome Conclusion: Herpes simplex virus type 1 is the major etiologic agent in Bell palsy.

Crohn's disease is a granulomatous disease of the intestinal tract. Its cause is unknown, but the disease is in common with Johne's disease, an intestinal infection of animals caused by *Mycobacterium paratuberculosis*, 1994, Prantera and coworkers double-blind trial to determine the efficacy of antimycobacterial drugs in maintaining remission of Crohn's disease. 40 steroid-dependent Crohn's disease patients receive 2 months of steroids plus a 1-time dose of rifampsin, 9 months of ethambutol, clofazimine and dapsone + placebo treatment was effective for Crohn's disease patients for the relief of symptoms and maintenance of remission.

Journal of Spirochetal and Tick-Borne Diseases 5(4):54-62, 1998. Evidence for *in utero* Transmission of *Borrelia burgdorferi* from Naturally Infected Cows. Thirteen of the fifteen adult cows had positive *Borrelia burgdorferi* antibody titers (range 1:64-1:256); It is concluded that there is now scientific evidence that would justify further study of the BDORT.

## POTENTIALS OF THE BI-DIGITAL O-RING TEST IN SPINE PROBLEMS

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An early, dearly defined a diagnosis of back pain benefits both the patient and the Practitioner. Significantly advance in technology have failed to produce diagnostic accuracy. Despite the advantages of sophisticated imaging, the origin of back pain often remains speculative. Patients with back pain can have normal imaging studies. Conversely, individuals with no hack problem can show worn facets or bulging discs. Relatively rare spine problems associated with neurological deficit require surgical interventions. Myelography, computerized tomography and MRI should be used as part of a surgical examination. But most common clinical situations are the so-called reflexogenic syndromes when neurological manifestations are conditioned by the nociceptive impulsation related to vertebral structures without a direct neural or vascular damage. In this cases, imaging studies can reveal only structural abnormalities. Also affordability of imaging methods is a next difficult question. Meanwhile each patient not only needs a complete examination of organic and functional changes on the corresponding level but also special consideration in view of his overall clinical condition which determine the appropriate therapy. In this direction, the reflexodiagnostic methods (Akabane test, Ryodoraku method, diagnostics according to Voll) can be useful in screening pathologies and abnormal conditions.

Special interest represents the Bi-Digital O-Ring Test (BDORT) which has been discovered and developed by Y. Omura from early 1980s. BDORT is characterized by vast potentials for detecting various medical problems. It is spreading in the differed fields of medicine gradually. The main advantage of BDORT is its high efficiency and affordability.

The aim of the present investigation was to specify the diagnostic possibilities of the above mentioned methods in spine clinic. Our clinico-functional study included 187 patients (89 women and 98 men) with vertebrogenic syndromes. The criteria for their selection were as follows: the presence of certain clinical syndrome (reflexogenic, radicular or neural); a vertebrogenic character of neurological manifestations, i.e. painfulness of the vertebral-motor segments, tension of the paravertebral muscles and deformations and limitations of movements in the cervical, thoracal or lumbar regions.

Comparative analysis of information value for different diagnostic methods showed that BDORT was the most precise and universal one. It allows to localize abnormal parts of spine and nervous system; to gain an understanding of the overall body condition; to diagnose the bodily tissues; to check the appropriateness of various medicines and doses; to select the appropriate stimulation zones including acupoints and physical factors (mechanical, thermal, electrical, soft-laser, etc.) for physiotherapy; to estimate the therapeutic effect in the course of treatment. This study indicated that BDORT is very useful, powerful diagnostic tool for spine problems. A relevant and effective diagnosis is possible based not an anatomic location or pathologic description but rather on the clinical picture and data obtained by means of BDORT. Its additional application is in determination of an individual treatment policy.

# The Bi-Digital O-Ring Test in a Surgical Department for Outpatients

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**Abstract**

Since the 1980s, following seminars given in Brussels by Prof. Omura, Y., his Bi-Digital O-Ring Test has been used in this department of our University Hospital. This test proved to have many advantages on other Kinesiologic examinations by its ability to quantify the intensity of a response. The main uses were:

-In the field of diagnosis:

-screening of organ representation points

-organ mapping

-determination of germs involved in local infections

-localization and confirmation of electro-magnetic-field-induced impairments.

-In the field of treatment:

-selection of the most effective antibiotics resulting in no allergy or intolerance

-selection of optimal N.S.A.I.D. (non steroidal anti-inflammatory drugs) and other drugs in order to avoid side-effects (stomach ulcers, allergy or intolerance)

The Nurses in this department were also trained to use Prof. Omura's test for patients mentioning previous allergy or intolerance to products used in surgical dressings:

-cleaning and disinfection solutions

-ointments

-tapes and bandages

For very old, very impaired or non collaborating patients an intermediate test person was used.

In these applications the Bi-Digital O-Ring Test proved to be a quick and accurate

non-invasive method, without any expense.

The principles of the Bi-Digital O-Ring Test were taught to the medical students in a special course "Study of Non-Conventional Medical Techniques"

The method would be implemented more easily if we had available:

-handbooks in European languages, updated

-affordable test-sets of slides

# Standard Laboratory Test (Colon-Fiberscopic Examination of the Colon, and Histopathological Examination of Pathological Tissues) Evaluation of 865 Pathological Areas of Colon Where Strong Bi-Digital O-Ring Test Cancer Positive Response was Found in 432 Patients

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**Koichi Ide, M. D.** Vice President, St. Maria Hospital, Kurume, Japan

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## Abstract

**Purpose:** In order to study the degree of reliability of the cancer positive response in the Colon found by Bi-Digital O-Ring Test (OMURA,Y.,1977-2000;BDORT) originally found and developed by Prof. Omura, Y. in New York, cancer positive tissues by Bi-Digital O-Ring Test were evaluated with standard pathological examination.

**Subjects:** 432 Patients (197 Males, 235 Females, ranging from 21-84 years old who visited Shimotsuura Hospital Out-Patient Clinic, Kurume, Japan for a general check-up for a period of about 28 months after September, 1997) who were found to have cancer positive response by BDORT in the colon. On these patients, a total of 865 O-Ring Test cancer positive areas were made.

**Methods:** Cancer screening was made using Omura's method of detecting pre-cancer or cancer (discovered in 1988-1989), which looks for the co-existence of a strong positive for Oncogene C-fos Ab2, Integrin □□□$_1$ ,Mercury & virus and disappearance (marked reduction) of acethylcholine. The exact location of the positive areas were mapped on the body surface. Subsequently, standard laboratory tests were performed on these patients with Optic fiber evaluation of the colon, and microscopic evaluation of pathological tissues.

**Results:** 1) Among the patients who were found the cancer positive response in the colon with positive response of Oncogene C-fos Ab2, etc. by BDORT, 865 locations were checked with Optic fiber evaluation of the colon, and microscopic evaluation of pathological tissues. Patho-histological examination results were as follows: a) Group1(Hyperplastic polyp): 480 locations(55.5%) b) Group2: 48 locations(5.5%) c) Group3(Tubular adenoma with moderate state): 321 locations(37.1%) d) Group 4 (Tubular adenoma with severe state): 16 locations (1.8%) e) Colon cancer (Adenocarcinoma of colon:3, carcinoid tumor:1) :4 locations (0.5% of all the O-Ring positive areas).

2) Case results of total 432 cases were as follows: a) Group1(Hyperplastic polyp): 220 cases (50.9%) b) Group2: 48 cases (11.1%) c) Group3(Tubular adenoma with moderate state): 177 cases (41.0%) d) Group 4 (Tubular adenoma with severe state): 11 cases (2.5%) e) Colon cancer (Adenocarcinoma of colon:3, carcinoid tumor:1) :4 cases (0.93% of all the O-Ring positive patients). Cancer detection rate among the positive reaction in the colon with BDORT examination was 0.93%. If we include Group 3 (Tubular adenoma with moderate state) and Group 4(Tubular adenoma with severe state) that are pre-cancer stages, the detection rate of pre-cancer or cancer in colon by BDORT examination was 44.4%(192/432).

**Discussion:** In O-Ring Test cancer positive areas, protruding pathological changes were discovered in high frequencies, but the detection rate of the actual cancer itself was of a small percentage (less than 1% of patients came for general check-ups). However, if polyp due to adenoma is considered as a pre-cancer state, detection rate of pre-cancer was 44.4%. According to the present medical diagnostic standard, some of the pathological changes are classified as hyperplastic polyps or inflammatory polyps; but the Bi-Digital O-Ring Test also indicates an identical response to pre-cancer or cancer. This suggests that some of the tissues presently considered to be benign and have nothing to do with pre-cancer or cancer may in reality be pre-cancer itself. This study indicated that the Bi-Digital O-Ring Test is very useful, powerful diagnostic tool for the screening of cancer and pre-cancer tissue and so every physician should take advantage of it, since there are no better simple, safe, and economical methods which have as high a detection rate as the Bi-Digital O-Ring Test cancer

screening method. Besides we need further study and investigation of the sensitivity, specificity, accuracy of each cancer parameter of BDORT and their combination assay.

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## Evaluation by Standard Laboratory Tests of the Sixty-one Cases of Cancer Positive Reaction (Oncogene C-fos Ab2) in Liver（Among 1547 Cases） by the Bi-Digital O-Ring Test


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【Purpose】It is necessary five conditions of cancer diagnosis for the cancer screening method of Bi-Digital O-Ring Test（OMURA, Y. 1977-2000;BDORT）. Among five conditions, cases detected Oncogene C-fos Ab2 positive reaction ( the muscular power decline phenomenon) by BDORT, were evaluated by standard laboratory tests. Also the difference of BDORT medicine and modern medicine and merits, demerits were discussed.

【Subjects】1547 of outpatients (male;572, female;975) with various appeal were checked. They came from January 1999 to 31, May of 2000.

【Methods】Among the five conditions of cancer by BDORT (OMURA, Y. 1990-1992), patients with positive reaction of Oncogene C-fos Ab2 in liver parts were used BDORT imaging method of cancer or pre-cancer. Among them positive cases were checked by the blood biochemistry inspection, serology inspection, supersonic waves inspections, abdomen CT inspections, and MRI inspection etc. Method of the whole body screening by BDORT by using Oncogene C-fos Ab2 is as following: the third person holds the control reference substance of Oncogene C-fos Ab2（100ng）and scans from toe to head of the patient by using straight line state laser beam. And on the liver parts Oncogene C-fos Ab2 positive area was estimated and drawn the outline of abnormal reaction by using BDORT imaging method.

【Results】1. Among 1547 outpatients, 61 cases were Oncogene C-fos Ab2 positive in their liver and positive rate was 3.9%.

2. Among 61 cases cancer (Oncogene C-fos Ab2) positive by BDORT in their liver, cancer or pre-cancer positive cases were 9 (14.7%). Besides for the cancer cases were 6(9.83%).

3. Among all patients 9 cases were detected as cancer or pre-cancer. 9 cases were hepatocellular carcinoma, 5;liver metastasis cancer, 1; malignant lymphoma, 1; adenomyositis of gallbladder, 1; gland tumor of lung,1.

4. Among 61 cases cancer (Oncogene C-fos Ab2) positive in their liver, 5 cases were diagnosed as hepatocellular carcinoma (8.2%) .

5. Among 61 cases cancer (Oncogene C-fos Ab2) positive in their liver, HCV positive cases were 39(64%) and HCV negative cases were 22(36%).

6. Five cases of hepatocellular carcinoma were all HCV positive and 0.32% among the outpatients. But among Oncogene C-fos Ab2 positive cases, HCV positive cases were 39 (12.8%).

7. Among 61 cases cancer (Oncogene C-fos Ab2) positive in their liver, 5 cases were diagnosed as hepatocellular carcinoma (8.2%) .

8. Among 61 cases cancer (Oncogene C-fos Ab2) positive in their liver, HCV positive cases were 39(64%) and HCV negative cases were 22(36%).

9. Five cases of hepatocellular carcinoma were all HCV positive and that rate was 0.32% of all of the outpatients.

10. Among Oncogene C-fos Ab2 positive patients by BDORT, HCV negative patients by blood test were 39 cases (2.5% among all patients) and the rate of hepatocellular carcinoma was 12.8% (5/39).

Case 1）M.S. 66 years old male　He was chronic hepatitis C type patient, and since 3 years ago Oncogene C-fos Ab2 positive reaction was appeared to the outside of the right part of liver. The results of BDORT were Oncogene C-fos Ab2；51ng、Integrin　α5β1；46ng、Hg；27ng、Acethylcholine；34μg、HCV；370ng, but no abnormality with the echo, CT, MRI inspection etc at different affiliation. In August, 1999 after three years past from his first examination hyperechoic mass of φ19 mm large was appeared to the liver right side (S6) marked by BDORT and diagnosed as hepatocellular carcinoma and an operation was done. Three years before diagnosed as hepatocellular carcinoma(HCC) by modern inspection method, this case was already commented the possibility of cancer reaction in the right leaf of his liver by BDORT. After 3 years passed, hepatocellular carcinoma was appeared as same place as indicated by BDORT. So it cannot be denied that HCC had already existed on the same place since 3 years ago.

Results）Among 1547 cases of outpatients checked by BDORT, the positive rate of Oncogene C-fos Ab2 was 3.9% and cancer or pre-cancer including hepatocellular carcinoma was detected in 9 cases(14.7%). In this study cases diagnosed as hepatocellular carcinoma were all HCV positive, so for the screening of the hepatocellular carcinoma the detection rate by cancer (Oncogene C-fos Ab2) positive reaction of BDORT was 8.2% of all positive patients. But in addition of the factor of HCV positive detection rate was increased to 12.8%. In consideration with these results, the factor of HCV positive should be added in the diagnosis of hepatocellular carcinoma. Besides there exists other factor such as AFP, PIVKA-2 etc. related to the hepatocellular carcinoma, so we need further research for the increasing detection rate of BDORT cancer screening of the hepatocellular carcinoma. Also, it was conceivable that there is significance for the prediction of cancer occurrence, from that HCC has appeared in the cancer reaction department of the liver and BDORT is important in preventive medicine.

## Study on diagnosis of Aspirin-induced asthma using BDORT

## A preliminary report

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**【Purpose】** Aspirin-induced asthma(AIA) is a clinical syndrome characterized by acute airway reactions to nonsteroidal anti-inflammatory drugs(NSAID), such as aspirin, with anti-cyclooxygenase activity. It accounts for about 10% of adult asthma and is also known as its severe, life-threatening asthmatic attacks. In most cases, AIA patients were diagnosed after the first asthma attacks induced by NSAIDs, which were prescribed without much consideration. AIA is identified by aspirin challenge test, but it cannot be performed as a routine clinical

test because of its risk and complexity. The aim of this study is to clarify the diagnostic value of Bi-Digital O-Ring Test (BDORT) for AIA.

【**Subjects**】Twelve asthma patients who had history of NSAID use were enrolled. Nine patients who had been apparently induced asthmatic attacks (AIA), and three had not been induced (non AIA).

【**Methods**】We estimated the responses to NSAIDs on their nose , Tien Tu, Zong Fu and the representing area of thymus using BDORT with indirect method. We examined 21 kinds of acid NSAIDs with anti-cyclooxygenase activity including salicylates, pyrazolones, aryl acetates, propionates, fenamic acid and oxicam, and 3 kinds of basic NSAIDs including tiaramide hydrochloride, tinoridine hydrochloride and emorfazone. We also examined two kinds of aniline, acetaminophen and phenacetin. With regard to the dose of NSAIDs, we examined from equal to tripled ordinary dosage.

【**Results**】All AIA patients showed abnormal responses to the acid NSAIDs and phenacetin, while they didn't show any abnormal responses to the basic NSAIDs and acetaminophen. Among these acid NSAIDs, the abnormal response to mefenamic acid was relatively mild. The abnormal responses appeared with smaller dosage on the representing area of thymus than on the other areas. All non-AIA patients didn't show any abnormal responses to all tested NSAIDs, even if in tripled dosage.

【**Discussion**】 The results obtained in this study indicate the possibility to avoid severe attacks induced by NSAIDs using BDORT. BDORT may be a useful diagnostic method of AIA. Further study is necessary for asthma patients whose responses to NSAIDs are not previously known by their history.

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## THE LOCAL ANESTHETIC EFFECTS ON THE RADIOGRAPHIC RESULTS OF BI-DIGITAL O-RING TEST: A COMPARISON BEFORE AND AFTER INJECTION

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### Abstract

The Bi-Digital O-Ring Test (BDORT) can be performed on the radiograph, photograph, MRI or CAT scan, as Dr. Omura demonstrated years ago. Although the injection in the tissue could, according to Omura, influence the results of the O-Ring Test, there is no research ever done to determine whether injection of local anesthetic may influence the BDORT result on a radiograph. Our research was spurred by two separate episodes at the dental clinic right after BDORT was introduced to the dental students and the resident doctors. In the diagnostic room, pre-operative dental radiographs were taken on two healthy patients seeking emergency treatment due to severe toothache, one with pain on a maxillary 2nd molar and another on a mandibular 1st bicuspid. l.8 cc of local anesthetic (lidocaine hydrochloride 2% with 1:100,000 epinephrine) was administered to both patients. A mandibular block injection was given to the patient with the bicuspid toothache, and the patient with the maxillary molar toothache was given a supraperiosteal injection at the mucobuccal fold, and a posterior palatine injection was also given. Both patients were taken to the treatment room leaving the radiographs in the diagnostic room for the students to perform the BDORT. The O-Ring was completely open when tested on the radiographs of the offending teeth.

In the treatment room another radiographs were taken by another student inadvertently for the BDORT Without knowing the radiograph already being taken. The test results of the offending teeth on the post-injection radiographs showed different results, namely O-Ring closed. This contradicted the result of BDORT on the pre-injection radiographs. The author was consulted and BDORT was repeated but still with the same results. Consequently, a project to find out the reliability of BDORT on post-injection radiographs and the possible influence of local anesthesia on radiographs was initiated.

**METHOD AND MATERIALS:**

26 people consisting of resident doctors, nurses, and dental students were grouped into l3 compatible pairs for BDORT. Radiographs before and after injection were tested. The testers did not know which radiograph was taken before or after injection except the author. The author supervised but did not participate in the test. The results were recorded and analyzed on how many O-Rings were closed, opened, or half opened.

**RESULT:**

On the pre-injection radiograph of the maxillary molar, 10 pairs had O-Ring open, 1 pair closed, 2 pairs half open, whereas result on post-injection radiograph were: 2 pairs open, 8 fairs closed, 2 pairs half open.

On the mandibular bicuspid case, the BDORT of the pre-injection radiograph results were: 9 pairs open, 2 pairs closed, 2 pairs half open. The post-injection radiograph result were: 7 fairs open, 2 pairs closed, and 4 pairs half open.

**DISCUSSION :**

Our BDORT performed before and after injection on the maxillary molar case resulted with sharp contradicting outcome, reflecting the local anesthetic changing the BDORT results. Whereas, in the mandibular bicuspid case the evidence of contrast was not as pronounced. Perhaps the close proximity of supraperiosteal injection at the apex of the maxillary molar plus the more spongiose nature of maxilla made the anesthetic solution more readily absorbed into the maxillary molar area resulted with possible some change in the lesion at the microbiological and/or molecular level. But in the mandibular bicuspid case. the mandibular block injection was done at mid-ramus near the mandibular foramen which is farther away from the target bicuspid area. What role the local anesthetic played in changing BDORT results is a matter of conjecture. It could be lidocaine itself temporarily changed the nature of pathosis. It could be the preservative or the epinephrine or bisulfites contained in local anesthetic to prevent oxidation of epinephrine that had played the role. It has also been hypothesized that during photo taking, photon is transferred from the body to the photograph. Does anesthetic solution affect the way the photons are transferred during photograph taking?

**CONCLUSION :**

For diagnosis purpose, if BDORT is to be performed on the radiograph, we recommend it should be done before any drug is injected. Our study suggest that the radiograph of the maxillary arch is more sensitive to injectant for BDORT than the mandibular arch. A further research of this phenomenon may be warranted. We are not certain if other patients under the same circumstance will yield the similar results, neither do we know if radiographs of other teeth of the same patient inflicted with different nature of pain or disease would also be affected in the same manner if the same injectant is introduced into the body.

# Bi-Digital O-Ring Test and Microwaves. Microwave Circulation and Resonance: An Explanation for Organ Representation at Extremities, Acupuncture Meridians and Points, Microwave Treatments.

**Andre De Smul, M.D., F.I.C.A.E.**

Prof. Emeritus of Department of Surgery; Vrije (Free) University of Brussels Belgium

**Abstract**

Ukranian and Russian scientists showed that the resultant of all electro-magnetic activities in our atoms, molecules, cells and organs is a small number of coherent (in faze like a laser) mm microwaves circulating permanent in the body along non-material pathways known since centuries as acupuncture meridians.

At the extremities the microwave channels reflect. Direct and reflected waves interfere and generate a hologram, a micro-representation of the body.

These mm waves carry all the available information and working like an internet network ensure electro-magnetic communication between all the cells of the body.

All substances, tissues, organs have specific electro-magnetic patterns in the microwave range and can induce resonance phenomena in our body network, even under the form of microscopic slides.

When resonance occurs our autonomous nervous system transduces the uptake

- with a transient muscular reaction ( + or - )
  - Bi-Digital O-Ring Test (initially developed by Prof. Omura Y.)
  - Lecher antenna reaction
- with a transient vascular reaction
  - pulse of Nogier
  - skin impedance
- with tiny sensitive feelings

In this approach disease can be seen as an impairment of communication in our internet system. Treatment given under the form of appropriate microwaves at very low intensities (MRT, Qi-Gong) will restore a normal circulation and a better health.

The results of MRT (Microwave Resonance Therapy) are astonishing, and all techniques using microwave resonance are certainly part of the medicine of the next century.

We are waiting for a tremendous development of technological devices for screening, recording and emission of very low intensity microwave in the mm range.

At the same time leading people must become aware of the necessity to prohibit or limit drastically the abuse of these waves with our environments.

# Abnormal Deposits of Al, Pb, and Hg in the Brain, Particularly in the Hippocampus, as One of the Main Causes of Decreased Cerebral Acetylcholine, Electromagnetic Field Hypersensitivity, Pre-Alzheimer's Disease, and Autism in Children and Their New Effective Treatment by Removing These Metal Deposits Using Cilantro and the Selective Drug Uptake Enhancement Method (Part I)

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## ABSTRACT

While studying patients with Electromagnetic Field Hypersensitivity, Pre-Alzheimer's Disease as well as Autism in children, the author found that the following findings are common among these patients: 1) a marked increase in metal deposits such as Al, Pb and Hg in the brain, particularly, the hippocampus area; 2) a marked decrease in Acetylcholine often reaching less than one fifth of normal concentration (the amount of Acetylcholine required to produce maximum Bi-Digital O-Ring Test Resonance was less than 500μg and often

reduced to less than 350μg compared with the normal range of 1500 – 3000μg); and 3) a strong negative (-) Qi. Since l997, the number of people the author encountered with these problems has been increasing annually. For example, the average percentage of people with negative Qi, prior to 1997, never exceeded 10%, but since 1998 the average percentage often increased to more than 20% and up to 60% in various groups of people (each group consisted between about 20 to 150 people) that the author examined during a variety of conferences. In a few exceptional groups, the percentage of people with negative Qi reached over 95% within one month of the occurrence of the Leonid Shower in the United States and Japan. However, for the majority of these people who were examined by the author, about 1 to 2 months after this period, their negative Qi was reduced or disappeared, and the percentage of those people who had negative Qi dropped from over 95% to about 30%. In general, those who have strong negative Qi (such as more than 7 or 8 meters of negative Qi distance), often have chronic degenerative diseases, such as cancer, Chlamydia Trachomatis infection, Mycobactrium tuberculosis, Mycobacterium avium, Herpes family virus infections (including Herpes Simplex Type Ⅰ Virus, Herpes Simplex Virus Type Ⅱ Virus, Varicella Zoster, Epstein-Barr Virus, Cytomegalo Virus, Human Herpes Virus Type VI, and Human Herpes Virus Type VII), AIDS, etc. The longer the duration of the strong negative Qi, the medical problem is often more severe. When the condition lasts for a relatively long time, the behavior of some of them becomes illogical or anti-social, often irritable, and irritate others, and when such a person approaches, many people without knowing the person, unconsciously experience a repulsive feeling towards this person and do not wish to be near such a person. One of the major causes of excessive Al deposits in the human body is the daily use of aluminum pots in cooking for many years or drinking soda often from aluminum cans. The major source of Hg deposits is the dental amalgam used for dental fillings. About 50% of the dental amalgam is Hg, and it evaporates by drinking hot drinks or eating hot food and goes into the lungs and then enters the general circulation. The use of dental amalgam with Hg is now prohibited in Sweden. Among the contributing sources of excessive deposits of Pb is the drinking water that flows from lead pipes or water pipes that have joints soldered using lead containing solders, which has been recently prohibited in New York. Another common source of Pb is the drinking of water, wine or juices from elegant looking cut-glass, which contains high concentrations of lead. The lead will dissolve into the fluid, particularly large amounts of Pb will dissolve if the fluid contains acid, such as orange or lemon juice. Ideally for the health's sake, the use of cut-glass in restaurants should be prohibited internationally. Unfortunately, in the United States, more restaurants began to use more cut-glass containers because of their elegant appearance. When the author uses Cilantro with the Selective Drug Uptake Enhancement Method to deliver Cilantro to the brain where the pathological area exists, by stimulating the area of the hand that corresponds to the pathological area of the brain repeatedly for a sufficient amount of time by the use of a variety of stimulation methods (such as Acupuncture, infrared or near infrared laser beam radiation, pinching, Shiatsu, low pulse repetition rate electrical stimulation, positive (+) Qi Gong, specific polarity of magnetic field, Moxa or heat etc,), significant reduction in the amount of metal in the brain occurs. When the author succeeded in removing excessive metal deposits, the following important beneficial changes were observed: 1) Acetylcholine suddenly increased towards a normal level, and often increased to more than 2 or 3 times of the pre-treatment concentration; 2) the negative Qi markedly reduced or changed to positive Qi; 3) short-term memory, the ability to concentrate and think clearly improved significantly; 4) symptoms of Electromagnetic Field Hypersensitivity reduced significantly; and 5) often those who had abnormal or anti-social and irritable behavior returned to more acceptable behavior. As a consequence of this procedure, most of the symptoms of Electromagnetic Field Hypersensitivity, Pre-Alzheimer’s Disease and Autism decrease significantly.

The major consequence of reduction of Acetylcholine in the hippocampus area is a short-term memory disturbance. Short-term memory disturbance can become a major source of incomplete understanding of communication with other people, which may contribute in illogical, anti-social and irritable behavior. The main cause of the reduction of Acetlycholine is a result of the abnormally accumulated, excessive deposits of metal such as Al, Pb, and Hg. These metals most likely function as multiple micro-antennas and absorb electromagnetic waves that exist in the environment. As a consequence, the function of surrounding nerve cell tissue in the close vicinity of metal deposited area of the brain will be interfered or damaged, with chronic inflammation, and decreased production of Acetylcholine. If the condition lasts for many years or an additional viral or bacterial infection coexists, it results in permanent damage to the nerve cells in the brain. Among the people with excessive metal deposits in the brain, the metal deposits are sometimes not limited to the brain but the entire body is involved. In such a person, even alter successfully removing the metals from the brain, this effect only lasts for a short time of a few hours to a few days, because the metals from the rest of the body will be rapidly redeposited in the brain. As a result in such a person with generalized metal deposits, one must spend

sufficient time to apply Cilantro and Selective Drug Uptake Enhancement Method to remove the abnormally accumulated metals from the entire body to maintain the beneficial effect of the treatment. By natural means of removing these abnormally accumulated metals, such as using Cilantro without using drastic intravenous chelating agents, these abnormal conditions can often be reversed. The reason that negative Qi is increasing in people in the United States and Japan appear to correlate with the rapidly increasing use of cellular phones, which use very high frequencies of anywhere between 0.5 Gigahertz to 1 Gigahertz, and the higher the frequency, the effect will be more significant. Recently, cellular phones with even higher frequencies of a few Gigahertz have been commercially introduced, therefore, the number of people who are suffering from these side effects are expected to increase in future years. However, our study provides a relatively simple solution to reverse some of these problems, and can contribute to the prevention of the development of Electromagnetic Field Hypersensitivity, Alzheimer's Disease and Autism.

## Changes of the Muscle Tone of the Patient on Microwave Resonance Therapy, with Reference to the Creation of the Biological Order through Electromagnetic Field.

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**Purpose:** Microwave resonance Therapy (MRT)[1)] is a method administrating extremely low intensity microwave radiation on the acupuncture point of the patient. The mechanism of this method is postulated both theoretically and practically as follows[1,2)]; There are coherent electromagnetic vibration modes in millimeter wavelength range in the organism[3)], which transfer the electromagnetic information among all living cells and tissues. They act as “electromagnetic frameworks” of the organism, one of which important is the meridian system. In healthy condition such coherent vibration is in the stable “ground state,” but it become “meta-stable state” in the patient with functional disorder, which can be redirected to the ground state with applying suitable frequency as a therapy. Therapeutic frequency can be determined as a one which provokes some "sensational reaction (resonant response)” (e.g. sleepiness, warming sensation), which signifies the system’s transition from metastable to stable state. There have been some literatures reporting successfully treated cases using the MRT[4,5)]. On the other hand, we have postulated that the improving one’s muscle tone on Bi-Digital O-Ring Test (BDORT)[6)] was achieved after the co-operativity of muscle contraction system was restored its order and became coherent[7)]. Therefore it is assumed that common mechanism plays a role in the frequency-specific therapeutic reaction on the MRT and improvement of one’s muscle tone on the BDORT. In this study we estimated the changes of the muscle tone of the patients during the MRT using the BDORT.

**Subjects and Methods:** In eight patients with some sorts of diseases, muscle tone was examined using the BDORT during the MRT. Millimeter wavelength electromagnetic wave between 53-63GHz is applied to acupuncture point with 0.01GHz step. Radiation therapy was done after detecting the frequency which provoked some sensational reaction, or which induced the strengthening reaction on BDORT in the patient who failed to obtain the sensational reaction.

**Result:** The frequencies which induced strengthening reaction were obtained in 6 out of 8 patients, of which in 3 patients sensational reaction was obtained. In the remaining 2, neither sensational nor strengthening reaction was obtained. In those who had sensational reaction there were some immediate therapeutic effects more or less.

**Discussion:** Changes of muscle tone on the BDORT during the MRT had a sharp frequency-specificity. The strengthening reaction was quite remarkable in the patients having sensational reaction. It was assumed that the improvement of muscle tone on the BDORT was achieved by restoring the temporal order of the biological system, which the coherent electromagnetic interaction on millimeter wavelength range took part in. Father investigation are required as to whether only millimeter waves is effective or any other wavelength is also

effective. **Acknowledgments:** I would like to express my sincere gratitude to Dr. Victor P Lysenyuk (Ukrainian National Univ.) and Dr. G.Tordiya (Kiev Univ.) for useful suggestions.

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## THE BI-DIGITAL O-RING TEST AND EXPERIMENTAL STUDY ON THE LOW-INTENSITY MILLIMETER-WAVELENGTH ELECTORO- MAGNETIC STIMULATION OF ACUPUNCTURE POINTS

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During the last decades, scientific evidence supporting the Bi-Digital O-Ring Test (BDORT) has accumulated. It is important for the development of effective technologies in this field. Taking into consideration the basic BDORT mechanism which includes the muscle force changes through a brain response on the characteristic electromagnetic signals, we tried to attain certain experimental models when electromagnetic effects could be estimated by means of standard methods and BDORT. Action of the millimeter-wavelength electromagnetic stimulation of acupuncture points on acute inflammation and stressful conditions was investigated in experimental animals. Licking reaction in mice (n=70) as a component of hypersensitive state evoked by subcutaneous formalin (0.03 ml of 1% solution) injection into the right hind paw was monitored. Different parameters of stimulation (frequencies 43 GHz and 61 GHz, intensities from 0.1 to 7mW/cm$^2$, the exposure time for 3 min. or 10 min.) applied to ipsilateral acupoint St.36 were studied. It was found that the millimeter-wave bioresonance therapy improved the condition of experimental animals, accompanying by diminution of licking reaction which was registered for every 10 min. during 2 hours after the formalin test start. Effect of 10 min. irradiation was more demonstrative than 3 min (frequency 61 GHz, intensity 0.1mW/cm$^2$). Stimulation with frequency of 61 GHz suppressed licking reaction more deeply than 43 GHz under equal intensities. Most beneficial effects have been observed when minimal (0.1mW/cm$^2$) intensity of electromagnetic stimulation was used. Experimental data Obtained confirm the numerous clinical observations concerning effectiveness of the millimeter-wave bioresonance therapy in case of various hypersensitive conditions. According to results of the present investigation, a frequency optimum lies around 61 GHz. Power density of electro-magnetic stimulation should be minimal in this situation. So problem is the millimeter-wave absorbed dose and corresponding bioeffect. The modern device for the millimeter-wave bioresonance therapy works at the very low-energy level to avoid undesirable electro-magnetic (in the former Soviet Union the most strict standard of 0.0lmW/ cm$^2$ for 8 hours or 0.1mW/cm$^2$ for 2 hours or l mW/cm$^2$ for 20 min. a day was established). Results obtained with the aid of BDORT showed an existence of the individual energy thresholds on the very low level orders of magnitude $10^{-6}$ - $10^{-3}$ mW/cm$^2$. They tended to decrease in case of the precise localizing acupuncture points. The slight displacement of electro-magnetic stimulation from St.36 acupoint facilitated a sharp rise of the thresholds. Application of BDORT provides the necessary information for estimating electromagnetic effects.

## Straight Lines or Ribbons of the Impairment Found on the Body with the Bi-Digital O-Ring Test. Their Origin, How to avoid them.

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### Abstract

Patients examined with the Bi-Digital O-Ring Test originally developed by Prof. Omura, Y. of New York, can show straight impairment lines or ribbons that raise a lot of questions.

They are due to long time exposure to standing waves of low intensity electro-magnetic fields, day after day on the same place, mostly in the bedroom.

These electro-magnetic waves and fields are in the cm or mm range and induce resonance and uptake phenomena in our body.

We can distinguish carrier waves and carried waves.

- carrier waves show both polarities in balance and are produced by: networks all over the earth, water veins, faults in the earth crust, electric power lines, radar, hertz cables, satellites, TV stations and other sources of electro-magnetic waves.

- carried waves have imbalanced polarities and are very harmful when in resonance with the specific wavelength of tissues or organs.

Good influences can also be observed and were known in ancient times (sacred places).

Our civilization creates a tremendous overload of electro-magnetic fields, polluting the natural lines and networks (radar, radio, TV, satellites, cellular phones, microwave devices).

All these influences can be brought to our bed where we take them up for several hours day after day. As a result of the uptake, tracks of impairment are found on the body. The responsible lines can be found on the bed, in the house and outside the house: their detection is possible with the Bi-Digital O-Ring Test as well as with expensive electronic devices.

The author uses a simple device, the lecher antenna, allowing good trained people to detect and estimate wavelength, polarity and intensity..

Affordable electronic devices able to meet these parameters on patients and on the places where they live and sleep (portable, detecting very low intensities of cm and mm waves).

Prevention is possible to some extent (diverting antennas, flames, absorbers).

Building houses should core with lowering electro-magnetic overload. The abuse of cm and mm emissions must be reduced.

## A Case of the Electromagnetic Wave Hypersensitivity

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**【Purpose】** In1998, Omura reported cases of the electromagnetic wave hypersensitivity and we also experienced the similar case and report. **【Case】** M.K. 48-year-old female

Chief complaints: pain of right lower extremity

Present illness: The right inferior limb pain suddenly appeared in December, 1999. Pain often increased in the night, and it became the insomnia. Patient consulted the local doctor and started administration of the NSAID. But there was no effect of drug. In February 10, patient consulted our hospital. Bi-Digital O-Ring Test in the first time was done and indicated Aciclovir (Zovilax) 2 tablets were effective. Patients started administration of

Aciclovir (Zovilax) 5 tablets per day . The laboratory examination data were Herpes Zoster Virus IgM (FA) under 10（normal range under 10）, Herpes Zoster Virus IgG (FA) 80 (normal range under 10), Herpes Simplex Virus IgM (FA) under 10（normal range under 10）, Herpes Simplex Virus IgG 160 (normal range under 10) and Cytomegalovirus 49UA/ml (normal range under 4). By February 17th, pain was improved from 100 to 80 by the visual analogue pain scale. Second Bi-Digital O-Ring Test was done. The infection of Herpes Simplex Virus Type1, 100ng was recognized from right gluteal portion to posterior aspect of right lower extremity. One dose of fish oil (EPA & DHA) 5T and Cilantro 400mg was effective to the patient. In February 28th, fish oil (EPA & DHA) 5T and Cilantro 400mg started 4 times per day. In March 16th, the pain increased again. She changed a bedroom and stopped using the electric carpet. In April 3rd, a nocturnal pain improved. Third time of Bi-Digital O-Ring Test was carried out. We estimated the degree EMF sensitivity by applying up to 100volts per meter 60 Hertz EMF to forearm for 1 minute without direct contact without electrical wire. The value of Oncogene C-fos Ab2 was 15ng before applying electric wire. The value of Oncogene C-fos Ab2 increased 250ng after one minute, 250ng after 30 minutes, 220ng after 1 hour and 150ng after 24 hours. Electromagnetic wave hypersensitivity was diagnosed by high value of Oncogene C-fos Ab2. In April 4, the position of the microwave oven changed in front of he in kitchen. On April 11, there was first day in which her pain perfectly disappeared. After April 20th, she sometimes felt light pain.

**【Discussion】**The symptom was improved by making the environment, which the patient did not expose to the electromagnetic wave. After she changed to the bedroom without the television, she could sleep because the frequency and degree of her nocturnal pain decreased. Then, after she changed the position of microwave oven in the kitchen from 1 meter in font of her kitchen to several meters away in back of her and she took out the 27 types television from the kitchen, her pain in the daytime improved. The infection of Herpes Simplex Virus type1 was recognized from right gluteal portion to posterior aspect of right lower extremity. The administration of Cilantro and EPA&DHA started soon after first consult. The pain was rapidly improved by improving especially the electromagnetic wave environment. And, the electrical cord was put on the skin for 1 minute (in 1998 Omura et al) and Oncogene C-fos Ab2 increased after 24 hours. From that point, the electromagnetic wave hypersensitivity was diagnosed. The interesting point is her family history that her elder daughter had a hypersensitivity to electromagnetic wave.

**【Conclusion】**We reported a case of the electromagnetic wave hypersensitivity. 【Correspondence】
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## An Experimental Study on Prevention of Electromagnetic Fields using the New BDORT Hauling Machine(MK-III)

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**Purpose:** To Establish an electromagnetic prevention method using the new BDORT hauling machine(MK-III) and to devise a portable system for essay transportation.

**Subjects:** MK-III, Personal Computer (P.C) and portable system connected to an electromagnetic wave emission prevention device.

**Method:** The examiner technique was substituted with the MK-III and the examiner finger power O-Ring Test was standardized to improve diagnostic accuracy. The main unit can be powered by both AC and DC sources. A portable system was designed with priority given to convenience and safety.

**Result:** The BDORT method was applied using the new hauling machine and electromagnetic fields in the test environment and from the MK-III were measured to clarity the shielding effects of the electromagnetic(E.M) Shield(Zone).

Ⅰ.Personal computer system（DB451-DC8） 100VAC～19V M, distance 30cm(ELF V/m)

| n | a）Test environment | b）P C | c）with Zone |
|---|---|---|---|
| ± | 3.12 | 78.56 | 2.68 |
| 2sd | ± | ± | ± |
| | 0.66 | 0.30 | 1.92 |

Up/Down% （a-b）96.03% ↑↑↑ (b-c)96.59%↓↓↓

Ⅱ.Drive system（DCservomotorDME44B8HPB）AC100V～24V M, distance 30cm(ELF V/m)

| n= | a）Test environment | b）Rectifiermotor | c）with Zone |
|---|---|---|---|
| X | 2.94 | 14.55 | 2.92 |
| ± | ± | ± | ± |
| 2sd | 1.02 | 0.42 | 0.76 |

Up/Down% （a-b）76.79% ↑↑ (b-c)79.93%↓↓

Ⅲ.PC with DC battery (Internal charge type) DC 24V M, distance 30cm(ELF V/m)

| n= | a）Test environment | b）PC with out Zone |
|---|---|---|
| X | 3.18 | 2.75 |
| ± | ± | ± |
| 2sd | 0.90 | 0.54 |

Up/Down% （a-b）13.52 ↓

Ⅳ. Drive with DC battery（DCservomotorDME44B8HPB））DC24VM,distance 30cm(ELF V/m)

| n= | a）Test environment | b）DC servomotor with out Zone |
|---|---|---|
| X | 2.64 | 2.96 |
| ± | ± | ± |
| 2sd | 1.34 | 1.16 |

Up/Down% （a-b）10.8% ↑

**Discussion:** Electromagnetic field (ELF) was measured at a distance of 30cm from each subject. The100V AC personal Computer system with the built- in - MK -III generated an ELF Strength of 3.12±0.66 V/m in the test environment and that from the personal computer was 78.56±0.30V/m. When Zone was connected the value decreased by as much as 96.6% to 2.68±1.92 V/m. The drive system produced an ELF strength of 2.94±1.02 V/m in the test environment and that produced from the motor with a 24VDC rectifler was 14.55±0.42V/m. When Zone was connected, these values decreased by 79.93% to 2.92±0.76V/m. The ELF Strength of the personal computer with a 24V battery was 3.18±0.90V/m in the test environment but decreased by 13.52% to 2.75±0.54V/m when Zone was not connected The ELF Strength of the drive with a 24VDC battery was2.64±1.34V/m in the test environment but increased by 10.8%±1.16V/m when Zone was not connected to the motor.

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# Evaluation of the Detection of Pathological Areas of New Patients Using Objective Measurement Apparatus (ORT Tester) -Finger Muscle Tone Decrease by Physical Stimulation of the Skin above Pathological Organ Confirmed by Laboratory Test-

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## Abstract

**[Background]:** In 1981, OMURA, Y., first reported the phenomenon that stimulating the skin above an affected organ decreases muscular strength and leads to open digital O-Ring, which is known as Bi-Digital O-Ring Test (BDORT). Of the fundamental mechanism of this phenomenon, SHIMOTSUURA Y. and colleagues have reported as the methods for objective evaluation of BDORT (SHIMOTSUURA Y. et.al., 1988-1999).

**[Aim]:** The Aim of this study is to confirm the basic phenomenon of BDORT when it is performed on ORT tester as well. We aimed to evaluate how much degree we can detect the affected area, which are identified by modern medicine, of new patients with this apparatus.

**[Object]**: 69 new patients were assigned to two groups. Group A (41 patients; 109 Pathological Areas) were patients tested with ORT tester before medical examination, Group B(28 patients; 97 Pathological Areas) were those tested with ORT tester after diagnosis. Further, Group B is divided into B1(10 patients; 43 Pathological Areas) and B2(18 patients; 54 Pathological Areas).The distance between a patient and the apparatus were 60cm(Group B1) and more than 100cm(Group B2), respectively.

**[Method]: 1)**explanation for use (with a reference materials); **2)** demonstration by commentator; **3)**guidance of making O-Ring; **4)**automated stimulate pressure on screen for control were established; **5)**search for control area; **6)**switch the screen for test, positive or negative are determined; **7)**out put data were analyzed: while automated stimulate pressure were given, how much about open degree(%) and pressure of opening moment($kg/cm^2$). the doctor who did medical examination to the patients and the person who treated ORT tester is not the same. The method of evaluation of the data is that decide decline of muscular strength needs 20% or more of air-charging pressure decline rate and/or 20% or more of open degree rise rate, the other kind is contained in control condition. The following are 5 pattern of evaluation of muscular strength

1)20% or more of air-charging pressure decline rate and 20% or more of open degree rise rate

2)20% or more of air-charging pressure decline rate and 20% or less of open degree rise rate

3)20% or less of air-charging pressure decline rate and 50% or more of open degree rise rate

4)20% or less of air-charging pressure decline rate and 50% or less of open degree rise rate

5)20% or less of air-charging pressure decline rate and 20% or less of open degree rise rate

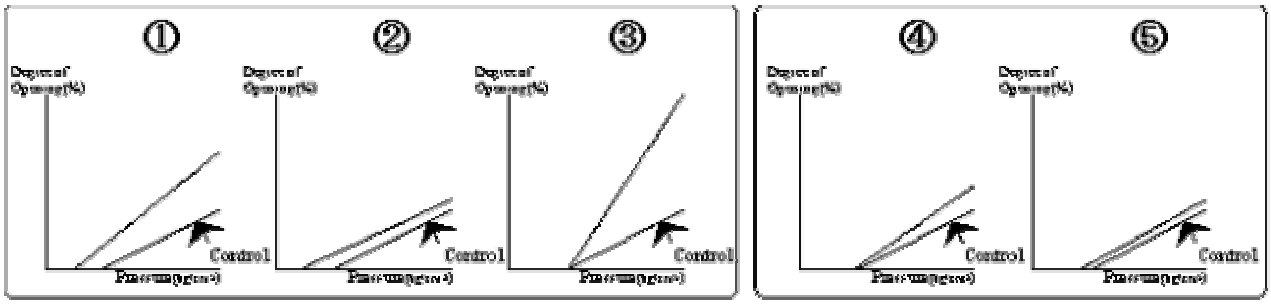


Fig. 1 **5 pattern of evaluation of muscular strength**

**[Result]:** Rate of detection of pathological areas of patients using ORT tester are:

1)20% or more of air-charging pressure decline rate

Group A: 71 Pathological Areas (65.1%) ; Group B: 60 Pathological Areas (61.9%)

2)20% or more of open degree rise rate

Group A: 65 Pathological Areas (59.6%) ; Group B: 74 Pathological Areas (76.3%)

3)20% or more of air-charging pressure decline rate and 20% or more of open degree rise rate

Group A: 53 Pathological Areas (48.6%) ; Group B: 60 Pathological Areas (44.3%)

4)20% or more of air-charging pressure decline rate or 20% or more of open degree rise rate Group A: 83 Pathological Areas (76.1%) ; Group B: 73 Pathological Areas (75.3%)

5)Rate of detection of pathological areas related for the distance between a patient and ORT tester Group B1: 30 Pathological Areas (69.8%) ; Group B2: 43 Pathological Areas (79.6%)

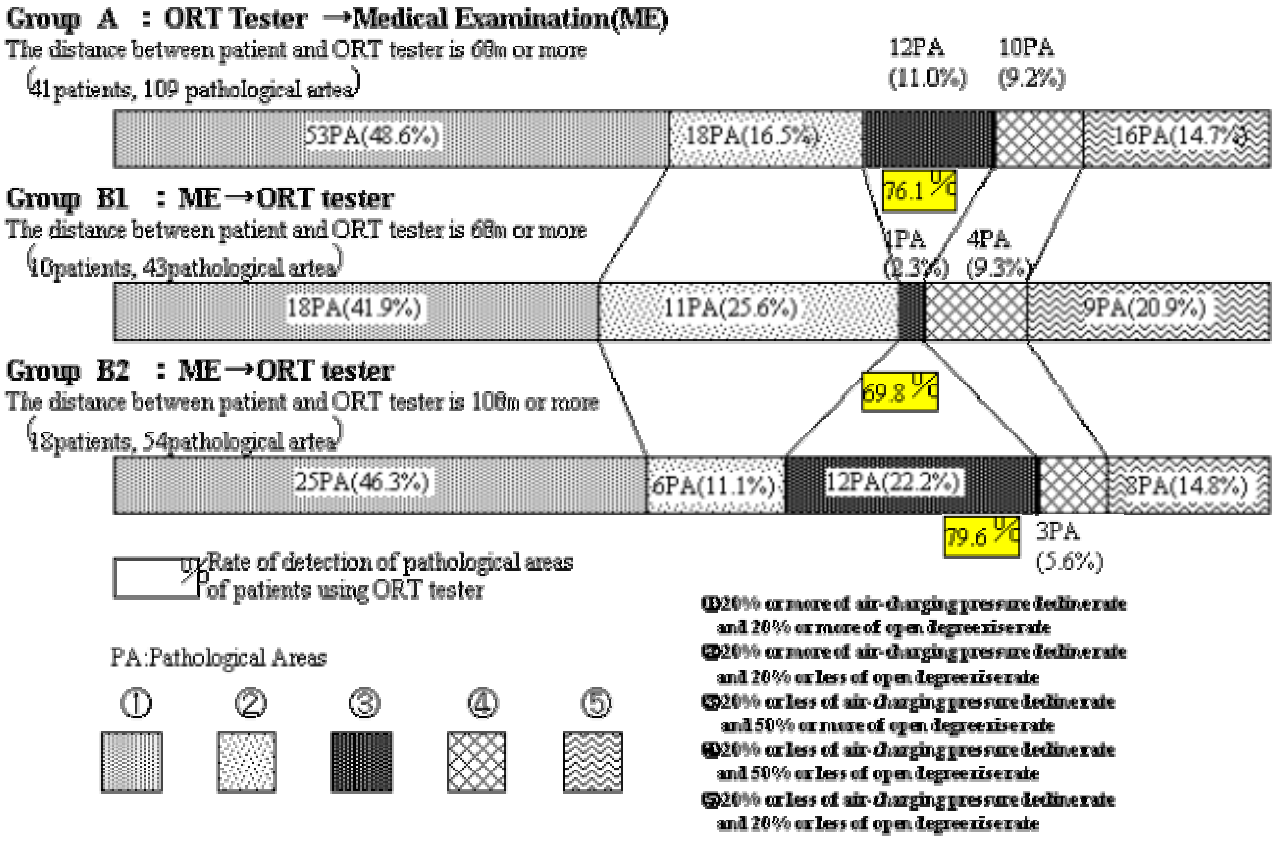


Fig 2. **Rate of detection of 5 pattern of evaluation of muscular strength**

**[Discussion]:** We have researched the change of finger muscle tone of BDORT by physical stimulating the physical complaint areas of new patients by using ORT tester. We have discussed the factor of objective distinction of finger muscular tone decrease. As the evaluating factor of finger muscular tone decrease of BDORT, the decrease of supplying air and the case of the increase of open degree are considered. Even the case of over 20% decrease of supplying air and the case of the 20% increase of open degree the detection rate of abnormality was around 60%. But if we apply both factor of over 20% decrease of supplying air and 20% increase of open degree, the detection rate was decreased to around 40%, but if we apply either 20% decrease of supplying air or 20% increase of open degree, the detection rate was increased up to 75%. So one of these factors are fulfilled, it can be detected the abnormality by BDORT. With or not the diagnosis of the doctor, physical stimulation on pathological areas caused to decrease of finger muscle tone, and O-Ring shaped with two fingers was opened. However testing 1m or more away from the apparatus, the detection rate was increased. So there is a possibility that accuracy of the data should change by the distance from the apparatus. Even though the patients had pathological abnormalities by laboratory test, the case of both within 20% decrease of supplying air and within 20% increase of open degree was within control area. So we evaluate this case as undetectable. In the undetectable case, such as the nerve disorder of cervical vertebra, numbness, disorder of the nerve of diabetes, metastasis of the brain and joint obstacle such as the patients with rheumatism. On the other hand, the case of the skill of using ORT tester, and we had observed quite small change of the decrease of finger muscle tone decrease. For further research of the BDORT, it is necessary of objective evaluation of BDORT whether or not the mechanism of BDORT is explained with the common factor of physiological phenomenon.

**Acknowledgments**: We would like to express sincere gratitude to Mr. Satoru Nio, Mr. Mitsunori Yokoooji, Mr. Michio Hanada (YASUKAWA Electric Mfg.), Mr. Hideki Otake (SANYO Sangyo) for there useful suggestion., further more, to staff of Shimotsuura Clinic and Mr. Masato Ichiki (KISHIMOTO Apparatus) for collection of data.

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# A Possible Mechanism of Bi-Digital O-Ring Test (BDORT)

## －Concept of the Association of the Pineal Gland in BDORT－

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**ABSTRACT**

Based on some experimental evidence, a possible mechanism to explain the Bi-Digital O-Ring Test (BDORT) is led by following:

1. Association of the pituitary gland in BDORT.

It is known that BDORT is unsuccessful when eyes are closed. Body organs, which respond to light, are the retina and the pineal gland. Some pineal gland cells exhibiting spontaneous electrical activities are respond to light. It is assumed that light responding neurons also respond to resonance; this, in turn, explains BDORT since resonance is a generally accepted concept, which is associated with BDORT.

On the other hand, some neurons in the pineal gland respond to magnetic field of to external qigong, which inhibits N-acetyl-serotonin-transferase (NAT) from increasing serotonin content in the pineal gland. BDORT is unsuccessful in patient suffered from cancer of the pineal gland.

2. The index of BDORT is the external force, which opens the O-Ring against the total sum of the muscle tonus of the flexor and extensor muscles while making the O-Ring. This is made by activation of the a-motor neuron to these voluntary muscles; in addition, muscle tonus is regulated involuntarily by activation of the g-motor neuron which is controlled by the descending serotonergic system originating from the brainstem raphe nucleus. Hence, the muscle tonus is changed involuntarily by different activation of the descending system independent from the voluntary movement of making O-Ring. If serotonin contents of the pineal gland change depending upon the grade of resonance and if the effect of serotonin in the raphe nucleus to the extensor g- system is different from that to the flexor g- system, the total muscle tone of the finger muscles making O-Ring should be changed during BDORT.

3. Working hypothesis to explain BDORT.

There might be resonance responsive neurons in the pineal gland. N-acethyl -serotonin- transferase might be inhibited by resonance changing serotonin content. This might explain the change of muscle tone as the index of BDORT.

## Supposing their Stressor make their Head Imaging-Map Change in Depression Patients.

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Key words: Bi-Digital O-Ring Test, head imaging-map, stress, depression

Subject: There are many reports about relationship between Stressors and Symptoms in the psychosomatic disease. But in the situation that patient him/herself have no idea, which stressor is more important for the symptoms, we have been experienced lots of difficulties to detect that.

In this paper, we report that using head imaging-map by Bi-Digital O-Ring Test (Omura Y., 1977-2000), we can detect their stressor which had directly effected to the symptoms and that imaging-map can be changed the size in case patient suppose their stressor. And that phenomenon can encourage patient to realize their relationship between mind and body, then patient can smoothly understand their solution. Following this, we show two cases.

Cass 1.: 57 year-old female who had been taken more than 5 kinds of antidepressant and anti-anxiety drugs as a depression patient for 2 years by near-by doctor. Chief complain was " I hate staying by myself, Palpitation attack me and my mind goes mad, I am always thinking about the way of suicide." Patient's Beck Depression index was 42/63. In the first interview, we found areas where BDORT open in the frontal and parietal lesion. We used subjects (family member, working circumstances, and friends), as a stressor to make patient supposing. Her BDORT-open area was enlarged by her supposing friends. This phenomenon encouraged patient to realize relationship between thinking them made her symptoms worsen, which she did not think important at first. We did not change any drugs she taken and just observe by using BDORT every other weeks. Now her complaint was decreased.

Case 2.: 32 year-old female who had history of admissions to another hospital for acute abdomen. And she had negative study of FGS and CF in May-Jun '00. In 5th Jun, patient JCS had decreased to 1-2, she was admitted again. But patient and her family had anxiety about admission to the hospital where doctor said "The reason is unclear, no abnormal finding was detected."

The reason why they come to their family physician, our hospital.
Patient's consciousness level was 1-1 in Japan coma scale, she closed her eyes and can only communicate by replying to the question. She also had anxiety about fired husband. We diagnosed she had depression, so we did head imaging-map by BDORT. There were BDORT-open areas in frontal, parietal and around hippocampus lesion. In case she supposed the scene of admission to that hospital, BDORT-open area were enlarged. When she supposed the scene of resting in home, that area were shortened. And antidepressant, clomipramine made area vanished. That was why we recommended patient to discharge that hospital and to rest in home and give her alomipramine. After that, patient had made good recovery and now she can do daily life by herself.

**Case 1** **Case 2**

Discussion:

1. We report that using head imaging-map by BDORT, we can detect their stressor which had directly effected to the symptoms, even patient him/herself do not know that. And that imaging-map can be changed the size in case patient suppose their each stressor. That phenomenon can encourage patient to realize their relationship between mind and body, then patient can smoothly understand their solution to the problems.
2. In a depressive patients, we can often detect BDORT-open areas in frontal, parietal and hippocampus lesion, and these two patients also had that phenomena.
3. These findings should be re-checked in other study. And we should certificate the relationship between these BDORT-open areas and physiological change in the brain.

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## Beneficial Effect of Biological Response Modifier (BRM) Preparation on HIV Patient

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### Abstract

It is known that a heat-killed Enterococcus faecalis EF-2001 preparation is a biological response modifier (hereafter it is to be referred to as BRM) with various activities and shows activation of macrophages.etc. We have reported in the previous congress that the BRM preparation was effective against tumors.

In this congress, we would like to report another effect of BRM preparation.

**Case:** It was toward the end of 1997 when the patient came to the Clinic. From 1986 to 1987, he had sexual contacts. In 1995, some symptoms of the disease (HIV) appeared. From that time, he began taking Crixivan(Indinavir sulfate ethanolate), Epivir(Lamivudine) and Retrovir(Zidovudine) everyday. When he visited the clinic, he was covered with Kaposi's sarcoma. According to Bi-Digital O-Ring Test*, the resonance peculiar to HIV was detected in his thymuses and the spleen. According to Bi-Digital O-Ring Method, propolis, Cilantro and a small amount of Interferon (from Hayashibara) were given. The result was not so good, and we added to them the BRM preparation from Nihon Berum. The results are shown in the graph.

**Conclusion:** When CD4 and CD8 of the patient showed a high value, his amount of virus also increased. From time to time, his amount of virus falls below 400. That means that it is undetectable by the current method. However, an amount of virus became soon high as is shown in the graph. 2 years have passed in a similar situation and finally the amount of virus fell under 400 for 5 consecutive months (undetectable also by Bi-Digital O-Ring Test). We are not sure whether this effectiveness is because of BRM preparation or not. He took the above 3 kinds of medicine. He has also taken Lemon myrtle from Australia for the last 5 months and also eaten honey from New Zealand twice. But we can say at least that after giving BRM preparation, he is in better health than he was before and Kaposi's sarcomas have almost disappeared.

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## Diagnosis and Treatment of the Dystonia using Bi-Digital O-Ring Test

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### Abstract

**Purpose:** The dystonia is a disease in which twist and distortion in various parts of the body are appeared, but the cause has not been clear. Diagnosis of etiology and the selection of the drug to the dystonia patients were carried out using indirect Bi-Digital O-Ring Test (1984 -1986 Omura).

**Object :** In case of 11 cases, they were 4 males and 7 females. Age was from 22 years old to 68 years old and average age was 44.6 years old. They were for different types classification: torticollis of 6 cases, writer's cramp of 5 cases, systemic dystonia of one case. The period from the onset to first consultation was from 2 months to 35years.

**Method :** Indirect Bi-Digital O-Ring Test was utilized. We used prepared specimens supplied from O-Ring Test Life Science Research Institute. When we diagnosed the head of patients, we used the swimming cap with 3 pinholes to breathe well. The prepared specimens of Herpes Simplex Virus Type I, Herpes Simplex Virus Type II and Cytomegalovirus were used. We measured the antibody of IgG and IgM of Herpes Simplex Virus and Cytomegalovirus for the blood examination. The effective drugs were decided using indirect Bi-Digital O-Ring Test. We prescribed the Cilantro and EPA&DHA mainly for internal use. The electric stimulation between the frontal head and occipital portion was carried out in order to increase dug uptake and the stimulation rate is as same as heart pulse rates. The stimulation was carried out using Ohm Pulser LFP-7000 made by Zen Iryou Co. The selective drug uptake method (1994 in Omura) were guided to patients 4 times per day. We instructed patients to arrange the electromagnetic circumstance and clothes.

**Result:** The patients are infected by Herpes Simplex Virus Type I, 6 cases, Herpes Simplex Virus Type II, 2 cases and Cytomegalovirus 3 cases. The treatment result are improvement, 9 cases, unchangeable, 1 case and interruption of treatment, 1 case. The treatment interruption case had combined the depression symptom, and

patient could not stop the psychiatry drugs which canceled the effective drug (EPA&DHA and Cilantro) in the dystonia. The period of improvement case from the dosing to the improvement effect appearance was in the 18-105 day, and the average days was 34.8 days.

**Consideration:** For the treatment of the dystonia, the local injection of the botulinum is used in a part of facilities. However, the dystonia is originally the central disease, and there is some deteriorating case, since the block treatment of the peripheral muscle has been done. By using the method of Bi-Digital O-Ring Test, center lesion direct could be treated. So this fact seemed to connect with present treatment result.

**Conclusion:** For the diagnosis and treatment of the dystonia, the Bi-Digital O-Ring Test was very effective, and the improvement was 81.8%.

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## BI-DIGITAL O-RING TEST (BDORT) AND CAUSE OF SOME INTRACTABLE DISEASES

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Miodrag Stanisic, M.D., Department of Surgery, Clinical Center Pristina.

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YUGOSLAVIA

### ABSTRACT

**OBJECTIVE:** Many intractable diseases, like Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), Diabetes Mellitus Juvenilis and Endometriosis are treated today without knowing the cause and true nature of diseases. Using Bi-Digital O-Ring Test (BDORT) as a diagnostic method we are able to find out cause and nature of some diseases.

**MATERIAL AND METHOD:** The patients with different intractable diseases were analyzed in our prospective studies using BDORT. Ten patients with MS, 2 with ALS, 8 with Diabetes mellitus Juvenilis and their mothers, and 29 patients with Endometriosis were investigated, based on the original work by Prof. Omura, Y.

**RESULTS:** According to BDORT, in all cases MS and ALS the infection of brain, in the left or right part (parieto-occipital) corresponding to sensory-motor cortex was found. Those were mixed infections, and same infections were in genital and urinary organs of each patient. Deposits of mercury indicated that the primary infection was in genital and urinary organs. All patients had Chlamydia Trachomatis as a main infection, and mixed viral and bacterial infections. Eleven patients had Candida Albicans too. Patients with Diabetes Mellitus had infections of endocrine pancreas with Cytomegalovirus as a main infection and Candida Albicans and

mixed bacterial infections. Their mothers had also CMV infections of uterus, IgG antibody of CMV was confirmed in their mothers but not in children. All patients with Endometriosis had Herpes Virus Type 6 infection of endometriosis area. We tested 7 patients with Elisa method and all of them had high level of IgG antibodies of HSV 6.

**CONCLUSIONS:** These findings obtained by BDORT indicate that early diagnosis may be made of MS, ALS, Diabetes Mellitus Juvenilis and Endometriosis using BDORT. Having that in mind, may be prevent or treat these patients, with the view to cure cause and not the symptoms. According to these findings MS and ALS are Sexual Transmisive Diseases which can be prevented as other STD. Diabetes Mellitus Juvenilis is conatal disease, which can be prevented by inspecting the mothers by BDORT before conceptions or inspecting the newborns by BDORT and treating the CMV infections before destroying beta cells.

## Heat Shock Protein Hsp60 Family Shock Protein (GroEL of Escherichia coli Hsp, DnaJ of Actinobacillus Actinomycetemcomitans Hsp) may relate PPP(pustulosis palmaris et plantaris), So by the different Hsp preparates we tried to examine the Amount of Hsp that PPP Patients have

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**[Abstract]**

PPP is a chronic relapsing skin disease characterized by sterile intrapidermal pustules and usually scaly erythematous skin on the palm, soles or both. Tonsillitis, oral periodontal disease and metal allergy have been suspected to cause dermal diseases including PPP. From human being down to bacteria, all life has Hsp (stress protein). Because the products are caused by heat shock, it was named Hsp (Heat shock protein). Also it was produced under the situation of viral infection, heavy metal stimulation and shortage of oxygen. By the molecular weight, Hsp are classified to Hsp90, Hsp70, Hsp60 and 2600 low weight Hsp. GroEL, DnaJ belong to Hsp60 family. The oral bacterial Hsp which has strong antigenecities are very similar to Hsp of human body. So by antibody against oral bacterial Hsp which human body products, autoimmunity disease may occur. TCR have a,b and g, d type. Specially palms and soles have many g,d T cells. These are very easy to respond to Hsp of bacteria.

**[Method and Result]**

We examined the titers of PPP patients (IgE, GroEL, DnaJ, HSV-IgG, mycoplasma pneumoniae-IgG, and Chlamydia pneumoniae-IgG) in Tokyo Dental College Chiba Hospital. There are the serum antibody levels measured by ELISA. Control is the average serum levels of people who have not PPP. The result shows that the IgE antibody levels of PPP are not so high. The antibody levels of GroEL, DnaJ or both are higher than control or average. DanJ are Hsps of A.Actinomycetemcomitans. GroEL is Hsps of E.coli and has a high homology to gram-negative bacteria. If the antibody level is high, an infection of gram-negative bacteria is doubted. The antibody level in sera against HSV and CMV are very high in PPP patients. On both palms and sales of the patients, the strong response of CMV or HSV antibody was showed by B-D-O-R-T (OMURA, Y. 1977-2000). We made different sample of GroEL, DnaJ.

GroEL (500pg, 1ng, 2.5ng, 5ng, 10ng, 25ng, 50ng, 75ng, 100ng)

DnaJ (1pg, 500pg, 1ng, 2.5ng, 5ng, 7.5ng, 10ng, 25ng, 50ng, 75ng, 100ng)

By these samples, we tried to examine the amount of Hsp that PPP patients have. So treating periodontal disease for decreasing bacteria, a prescription of Chinese parsley and DHA/EPA would improve PPP disease.

| Diagram1 | IgE | GroEL | DnaJ | HSV (EIA) | CMV (EIA) | mycoplasma pneumoniae(PA) | mycoplasma pneumoniae(CF) |
|---|---|---|---|---|---|---|---|
| cut off value | ＜ 250U/M | 0.14 | 0.16 | ＜2.0 | ＜2.0 | ＜40 | ＜0.9 |
| ♀ | 64 | 0.691 | 0.536 | 53.8 | 26.9 | ＜40 | 1.28 |
| ♀ | 33 | 0.451 | 0.231 | 73.3 | 33.4 | ＜40 | 1.63 |
| ♀ | 140 | 0.33 | 0.193 | 2 | 17.1 | ＜40 | |
| ♀ | 11 | 0.366 | 0.28 | 69.9 | 2 | ＜40 | |
| ♀ | 56 | 0.3 | 0.263 | 2 | 2 | ＜40 | |
| ♀ | 330 | 0.359 | 0.257 | 11.6 | 35.5 | ＜40 | |
| ♀ | 180 | 0.328 | 0.24 | 115 | 76 | ＜40 | |
| ♀ | 350 | 0.296 | 0.287 | 2 | 21.5 | ＜40 | |
| ♀ | 390 | 0.311 | 0.315 | 2.6 | 41.2 | ＜40 | |
| ♀ | 150 | 0.577 | 0.16 | 5.2 | 44.9 | ＜40 | 1.41 |
| ♀ | 130 | | | 77.5 | 25.2 | ＜40 | 0.53 |
| ♀ | 33 | | | 2 | 40.8 | ＜40 | 0.9 |

| Diagram 2 | GroEL | DnaJ |
|---|---|---|
| Control | 0.1395 | 0.109 |
| IWATA | 0.577 | 0.16 |
| KOBAYASHI | 0.3375 | 0.17 |
| INE | 0.4355 | 0.217 |
| KIKU | 0.376 | 0.1595 |

# The Possibility of Application of BDORT Method to Tibetan Medicine

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**Abstract**

Tibetan Medicine is one of the world's oldest traditional medicine that has been practicing for over thousands of years. It also employs the practices of Buddhism and Astrology in preparing medicines and treating the patients etc. In general, the Dharma, medicine and Astrology clears the mental afflictions, physical imbalances and superstitious thoughts. These cultures are also practiced in Mongolia, Bhutan and among many ethnics in Nepal and India.

Specifically, the diagnosis in Tibetan Medicine is comprised of three: the visual, touch and interrogation. The visual diagnosis includes examining the physical structure, color and particularly the tongue and urine. Touch includes examining the body's heat, cool, roughness, abnormal growth and particularly the pulse reading. Interrogation includes asking the causal factors of the illness, its site and symptoms. The soft and pleasant interaction is also an art that will enlighten the hope and faith in patients. The proper practices of the three diagnosis techniques are essential in concluding the diagnosis.

Bi-Digital O-Ring Test (Omura, Y. 1977-2000;BDORT) may be easily applied on diagnosis without any high-tech instruments such as MRI and CT scanner but is very delicate system. By the combination of our Tibetan Medical system and BDORT method, more detailed diagnosis may become possible. Furthermore, BDORT method might be useful for the improvement of our pharmaceuticals and/or the estimation of suitable dosage of pharmaceuticals on each patient.

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