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Non-invasive, early detection of various cancers & their metastases

Any cancer can be non-invasively, quickly & safely detected using following methods: 1) Visible & invisible changes of accurate organ representation areas at specific part of the face including eyebrows, lips, nose, as well as tongue & hands. 2) One page of "Mouth, Hand & Foot Writing Form". 3) New method of detection of various cancers from rapidly changing QRS Complex as well as rising part of T-wave of ECGs. These diagnostic methods were discovered using Bi-Digital O-Ring Test (BDORT) which uses highly sensitive Electromagnetic Field (EMF) resonance phenomenon between 2 identical molecules with identical weight. Using this, most molecules can be detected non-invasively & rapidly. For this, US Patent was given in 1993. Using 1st method, we can suspect some of the cancers from visible, abnormal deep creases of skin or disappearance of parts of eyebrows in the presence of malignancy at corresponding organ representation area as visible changes. However, some of deep crease may not be malignant. Using BDORT, if it is abnormal (-) value of (-)7 or very high negative value of (-)12, immediately malignancy can be suspected. If visible or invisible abnormal area has BDORT (-)7 or higher, using microscope slide of cancer of specific internal organs we can quickly determine by the presence of strong EMF resonance phenomenon without using biopsy which often spreads cancer at cellular level. We can use following 3 non-invasive, quick confirmation methods: 1) Presence of strong EMF resonance phenomenon with microscope slide of specific cancer tissue. 2) Integrin α5β1 or Oncogene C-fosAb2 is significantly increased. 3) Non-invasive measurement of 8-OH-dG, which is proportional to DNA mutation, which requires for the growth of cancer cells. Early stage cancer is usually 2.5ng but when it is over 10ng or higher, often there is a metastasis. When there is no visible signs of malignancy, we use one-page "Mouth, Hand, & Foot Writing Form" analysis. Its completion by patient after instruction of how to do it, on average it takes about 5-10 minutes for each patient to complete. Once it is completed using cancer-screening kit, which consists of 75 microscope slides of the most common cancers, we can screen any malignancy in less than 1 minute and detection of specific cancer can take anywhere between 5-10 minutes and some patients have more than 3-4 different cancers. Therefore, this 2nd method is most quick, reliable method of making any diagnosis of any cancer or other malignancies without knowing anything about the patient. 3rd method needs strong Physics background on electromagnetic field & the procedure is more time-consuming, experience, & training, since the author discovered this method only 2 years ago, we use it when diagnosis of the patient is questionable and electrocardiogram is already available. In the future, this method may become important cancer-screening test. To prevent cancer, first we screen if there is any indication of early stage of malignancy. When there is early sign of malignancy, Integrin α5β1 and 8-OH-dG are slightly increased but not detectable by standard laboratory tests. For treatment or prevention we have compared effectiveness of optimal doses of Vitamin D_3, PPQ, Taurine & DHEA since we found they are decreased in cancer tissue. However, our recent study revealed 8 unique, beneficial effects of optimal dose of Vitamin D_3 including safe, strong anti-cancer effects. We found individually determined optimal dose of Vitamin D_3 on average 3 times a day because 1 optimal dose of Vitamin D_3 lasts about 8 hours for patient with early stage of cancer. For advanced stage of cancer with metastasis, we use 3~4 times a day with best anti-cancer effects without side effects. When there is no malignancy, optimal dose of Vitamin D_3 for average adult is 400I.U. (10 micrograms). Average dose for pre-cancer (which is before standard laboratory tests in detection) is 600I.U.. For patients with early stage of cancer, optimal dose is about 800I.U.. For those with advanced cancer with metastasis, average optimal dose is between 1000-1600I.U..

All these optimal doses should be determined individually & given every 8 hours. According to the Bi-Digital O-Ring Test, optimal dose for each individual is amount which makes any abnormal (-) value of BDORT to (+)12. optimal dose can change depending on the patient's condition. Therefore, it should be reevaluated periodically. As exception, some patients with serious liver & kidney disease, Vitamin D_3 is ineffective but often optimal doses of one of DHEA, Taurine, or PQQ is highly beneficial. However, if you use overdose of Vitamin D_3 such as 2000~5000I.U. or higher, it will promote growth of cancer. One of major problems of current chemotherapy is often individualized optimal dose is rarely used.

Biography

Yoshiaki Omura has received Oncological Residency training at Cancer Institute of Columbia University and Doctor of Science degree through research on Pharmaco-Electro-Physiology of Single Cardiac Cells *in vivo* and *in vitro* from Columbia University. He has researched EMF resonance phenomenon between 2 identical molecules for non-invasive detection of molecules at Graduate Experimental Physics Department, Columbia University, for which he received US patent. He is also the Creator of Bi-Digital O-Ring test. He has published over 270 original research articles, book chapters and 9 books. He is currently an Adjunct Professor of Family & Community Medicine, New York Medical College and President and Professor of International College of Acupuncture & Electro-Therapeutics, USA. He is an Editor in Chief, *Acupuncture & Electro-Therapeutics Research and International Journal of Integrative Medicine.*

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