

EARLY DIAGNOSIS OF ENDOMETRIAL PRECANCEROSIS IN POSTMENOPAUSAL WOMAN BY USING BI-DIGITAL O-RING TEST (BDORT) - Case Report

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ABSTRACT

INTRODUCTION:

58 year-old menopausal female patient, was checked up by indirect Bi-Digital O-Ring Test (according to dr. Y. Omura). At the time of the test performance, she has been facing 8th year of postmenopause. During postmenopause, she was treated with hormonal substitution therapy (HST) during 5 years. Apart from intermittent blood pressure changes, no clinical signs and symptoms of diseases were presented at that time. Therefore, BDORT was used as routine method for scanning her current health status.

AIM:

The aim of this paper is to show whether indirect BDORT can be used as diagnostical method which can detect the disease at early stage and, therefore, be used as a routine method for screening.

MATERIAL AND METHODS:

Female patient was checked up by indirect BDORT (according to dr. Y. Omura). Various drugs and slides with referent substances were used. Besides BDORT, classical diagnostical methods were used such gynecological check up, Pap smear, colposcopy, transvaginal ultrasound, and histological tissue analysis.

RESULTS AND DISCUSSION:

By BDORT, mixed aerobic and anaerobic bacteria infection, as well as, viral infection of body organs was detected. Following bacteria levels were detected: Chlamydia trachomatis - 200ng (BDORT Unit), Chlamydia pneumoniae - 200ng (BDORT Unit), Helicobacter pylori - 200ng (BDORT Unit), HSV2 - 200ng (BDORT Unit), HHV6 - 100ng (BDORT Unit), HHV7 - 400ng (BDORT Unit), CMV - 200ng (BDORT Unit), HPV 16 and 18 - 200ng (BDORT Unit), Mycobacterium tuberculosis - 20ng (BDORT Unit), Toxoplasma gondii - 200ng (BDORT Unit). The organs affected by infection were: pituitary gland, center for regulation of blood pressure in

medullae oblongata, stomach, uterus, and whole spine.

At the region of head, Integrin $\alpha_5 \beta_1$ was 40ng (BDORT Unit) while at uterus region was 170ng (BDORT Unit). Also, at uterus region, the values for other significant parameters were: Oncogene C-fos AB2 - 180ng (BDORT Unit), Telomere 1 (TTAGGG) - 1900ng (BDORT Unit), P53 (Ab-5) - 2ng (BDORT Unit), Achylcholine - 1ng (BDORT Unit). Heavy metals were detected all over the body and Mercury showed the level of 27mg (BDORT Unit). Telomeres, at other body regions, were 600ng (BDORT Unit).

The results obtained showed that there was a high possibility of malignant disease development at the region of uterus. She patient underwent gynecological checking up which showed no relevant changes. The results of colposcopy and Pap smear were, also, within physiological frames. By using transvaginal ultrasound, the thickening of uterus endometrium was detected. This change was connected with endometrial polyp and the presence of myoma with diameter of 23mm. Curettage was performed and histological analysis showed presence of precancerogenic cells at the tissue of endometrial polyp. Indirect BDORT was performed following curettage and the results obtained were: Integrin $\alpha_5 \beta_1$ - 2 ng (BDORT Unit), Oncogene C-fos Ab2 - 3ng (BDORT Unit), and Telomere 1 (TTAGGG) - 600ng (BDORT Unit).

By using BDORT, also, patient's house was examined and exposure to electromagnetic fields was detected in sleeping room.

CONCLUSION:

This case-report showed that indirect BDORT can screen patients at risk of developing the disease at early stage. In other words, following BDORT which may show possible changes in body organs, appropriate medical measures can be applied and the prevention of the diseases onset is achievable.

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