

BRAZILIAN OMURA'S TEST

RESEARCH CENTER

-

“BI-DIGITAL O-RING TEST”

**“APPROACH OF ANXIETY AND
DEPRESSIVES DISTURBANCES
THROUGH OF THE
BI-DIGITAL O-RING TEST”**

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**I would like to apologize for my
English pronunciation and
I will try my best
Thank you very much**

PART I

For 32 years I have been a specialist in Orthopaedics and Traumatology and through this period I have been practiced in orthopaedic clinic and doing surgery.

In the orthopaedic clinic I have encountered many chronic pain cases witch were originated by lack of bio-mechanical-postural equilibrium due to degenerations caused by pain and alterated by neuropshyc conditions resulted from pain.

PART I

In the mean time (30 years ago), I began my studies of human behaviour, (bio-physic-sociology) under orientation of Anna Rosenhaus Nabergoi, psychic-sociologist and a vanguard at that time.

Since 1987 I have lead “Fundação ACL” – “Foundation for development of the self-accomplishment capacity, communication and leadership”, that become the technique of Anna R. Nabergoi.

In the Institution we give classes to the public on self-understanding.

PART I

This activity has given me an important tools for medical practice to deal with pain, ascertain the patient's real problem.

I would like to emphasize that I am not talking about psychotherapy, but instead I am talking about useful way to make the patient understand, his or her physical, personal being and his or her environment.

Generally the people who require our search are on the borderline of stress; already have been over these limits or aware something is wrong with them.

PART I

From the personal history, many people realize that they are depressive and have anxiety problem.

Many consider its symptoms as transient, although its disturbances have occurred for decades, or even through all their lives.

Many of them have difficulty to obtained the medical care or psychotherapeutic support; and even if they are under these cares they are reluctant to continue the treatment; may be due to fear of being dependent on use of anxiolytic medications or antidepressants.

They may feel any help can be interpreted as being weak.

PART I

I have practiced for 8 years under Professor Omura, the originator of Bi-Digital O-Ring Test.

Currently I am practicing surgery with the practice of Bi Digital O-Ring Test on patients who needs for complementary medicine, in terminal illnesses, in chronic diseases or in difficult diagnosis.

Three years ago I had accessed to the Reference Control Substance of neurotransmitters, and since then I have examined the cephalic segment on all the patients; mainly from a small and philanthropic clinic created by Foundation ACL for people who needs guidance or help.

PART I

The attention to these patients by
Bi-Digital O-Ring Test
resulted in this presentation.

PART II

Objective of this presentation:

**Method of diagnosis and treatment of anxiety,
depressive symptoms and other personality
disturbances through the
Bi-Digital O-Ring Test**

PART II

ON ANXIETY, STRESS, DEPRESSION AND PERSONALITY DISTURBANCES

The people who developed personality disturbances, are usually anxious and depressive.

The Personality Disturbances characterizes these people not to have normal way of life, but not fall into category of being considered for mental disturbance.

PART II

We cannot speak in Personality Disturbance without speaking in Trait of Personality.

The personality trait are persistent in the way of the individual to perceive of the reality as to himself and to the others.

When the personal trait are inflexible, rigid and not adjusted to a normal life and causing social and occupational suffering to the person and those who intermingle with him; we call these trait a Personality Disturbance.

PART II

The Personality Disturbances are also related to himself.

The people become demoralized and being depressed and slow to recuperate.

They tend to become irritable, impulsive and difficult to accept the losses.

PART II

Some authors call it the time of
“Age of Anxiety”,
by relating a psychic event to a
disturbed modern industrial society.

It is said that the simple participation of the individual in the
contemporary society meets the requirement for being anxious.

PART II

Some feelings determined by the danger, the threat, the unknown and by the perspective of suffering, make part of the human nature.

We must consider stress as a physiological and normal occurrence in the animal kingdom.

In medicine, stress is comprehended as global occurrence from both, physical and emotional points of view.

We can define stress as a symptom of the anxiety, and the exacerbated state of the attention with reference to the near or remote future.

PART II

The anxiety is caused by the insecurity.

Anxiety is an over reaction in the presence of a real or imaginary danger.

Fear is the functional reaction to the real danger.

Phobias are acute symptoms of anxiety, identified currently as "panic's syndromes ".

PART II

The Anxiety can occur in three levels: neuroendocrine, visceral and conscious.

The neuroendocrine level correspond to the effect of adrenalin, nor epinephrine, glucagon, anti-diuretic hormone and cortisone.

At the visceral level the Anxiety occur in the Autonomous Nervous System, which reacts over itself (sympathetic system).

In the conscious level the anxiety manifests by two unpleasant feelings: 1- by level of physiologic response such as profuse perspiration, palpitation, unquietness. 2- by the response of being nervous state.

PART II

Biologically the etiology of the Anxiety seems to be related to the Neurotransmitters Systems (norepinephrine, serotonin and GABA) of the Frontal Lobe and the Limbic System.

In neurobiological terms, it seems there is a dysfunction of the striatum dopamine system, due to reduction of this neurotransmitter levels and the serotonin system with over reactive pos-synaptic receiver.

PART II

Currently there has been a theory that Anxiety and Depression are two symptomatic modalities of the same illness.

Lesse (1982) supports the idea of the evolution from Stress to Anxiety and followed by Depression.

The revision on this subject, by the authors who defend the following tendencies are:

- 1) the level of the anxiety and depression;
- 2) the duality between these two states indicating that they are different disturbances.
- 3) the different ways of a specific disease with depressant and anxious symptoms

PART II

The stressing events probably provokes depression in pre disposed and vulnerable people and what makes vulnerable people is now an object of studies.

The genetic influence is a very studied matter in all medical field

Recent works show that the environment during infancy can predispose the people than the genetic influence.

PART II

The depression starts in the youth (between 15 and 24 years old), and statistics show that there are 2 women for each depressant man. (Reference: Ballone GJ)

The patients mentioned in this presentation have been diagnosed as carrier of Anxiety, Depression and Disturbances of Behavior.

PART II

ON THE ENVIRONMENT THAT INVOLVES THE PATIENTS:

My country Brazil and particularly São Paulo, city where I live and also the examined patients, has the tradition of successive crises (difficulties) in the social, economical and political situation.

São Paulo is possibly one of the big and important multinational and multiracial centers of the world.

It is a big metropolis that presents all social problems by the agents above mentioned as violence, dirty streets, crowded city; lack of solidarity, beggars, hurry, the worry with the children's security, noise, pollution, no privacy, heavy traffic, high life cost, prostitution and traffic of heavy drugs

PART II

We add to these factors, the cultural and racial mixture, acquisition of culture with the loss of reference of human values, ethics and moral as result of globalize world, successive economic crises for decades; the unemployment and the unfair incomes distribution.

The middle class is small and continuously threatened.

The current salary is about R\$ 260,00 Real (our current money) that is nearly USD\$ 84,00.

The unemployment oscillates around 20% of population.

PART III

MATERIAL AND METHOD

The survey includes 56 people, learners from the Foundation ACL, with complaints of stress , acute anxiety or depression.

Many of them were under antidepressants medicines prescribed by its psychiatrists or physicians.

PART III

Distribution by sex

30 Women 53%

26 Men 47%



PART III

Distribution by age

	Men	Women	Total	
21 - 40 y.o.	8	11	19	34 %
41 - 60 y.o.	16	18	34	61 %
> 61 y.o.	2	1	3	5 %

PART III

School Degree

Secondary School 9 people - 16 %

High School/College 47 people - 84 %

PART III

Distribution by civil state

	Men	Women	Total
Single	8	10	18 - 32%
Married	13	16	29 - 51%
Divorced	3	3	6 - 12%
Widowers	2	1	3 - 5%

PART III

Distribution by activity

Executive/Trade	17	31%
Self employed person	12	21%
Administrative area	23	41%
Student	3	5%
Pensioner	1	2%

Professions: teacher, student, physiotherapist, lawyer, trader, salesman, executive, architect, dentist, designer, economist, meteorologist, professor, administrator, financial manager, physician, nutritionist, professional of marketing field, marketing assistant, pensioner, druggist, administrative assistant, journalist.

PART III

Total of performed tests on 56 patients:
283 tests (5 tests per patient)

- Period of the study

Beginning on the year 2001	2 patients
Beginning on the year 2002	4 patients
Beginning on the year 2003	28 patients
Beginning on the year 2004	22 patients

- Period of accompaniment of the patients: on months

3 to 6 months	33 patients
7 to 12 months	10 patients
13 to 18 months	7 patients
19 to 48 months	6 patients

PART III We relate the preliminary complaints to the test, reported spontaneously by the patients :

35 anxiety/tension	3 sadness
20 depression/anxiety	3 fail the resistance
23 irritability/impatience	2 obsessive idea
23 difficulties to concentrate	2 compulsions, jealousy
13 insomnia	2 Feeling of "Having"
9 syndrome phobic/panic	2 shyness
9 fatigue	2 fear of loss of affection
8 distress	11 digestive disturbances
5 fear	6 headache migraine
5 insecurity	6 circulatory disturbances
4 Problem of weak memory	8 obesity
4 worry, displeasure	2 matinal vertigo
4 feeling of guilt	2 low back pain
4 alcoholism, abuse of drugs	2 urinary infection

Pré Menstrual Tension, sexual impotence, profuse perspiration, skeletal pain, dried lips, nocturnal dyspnea.

PART III

Classification of behavior disturbances

on examined patients:

the patients from this study are carriers of some personality disturbances and it get worse under situations of stress, anxiety and depression; with its repercussions in the relationship, extending to their daily activities.

PART III

Generically we call as "Disturbance" the following group of symptoms:

- 1) LIGHT DISTURBANCES - Changes on the mood, in the relationship; insatisfaction, irritability, difficulty of concentration.
- 2) MODERATE DISTURBANCES – The item 1 above (Light Disturbances); much more emphasized responsibility on the quality of activities and attitudes not coordinated.
- 3) SEVERE DISTURBANCES – The previous items much more emphasized responsibility on activities in general; physical, mental and psychic depression. Deep sadness.

PART III

This classification resulted in the following table:

	MAN	WOMAN	TOTAL	
Light Disturbance	6	12	18	32 %
Moderate Disturbance	10	12	22	40 %
Severe Disturbance	10	6	16	28 %
Total	26	30	56	

PART III

The inventory of Beck's depression(BDI), was applied in 23 of the listed patients and it was also used the score 1993 for evaluation of depression intensity of these patients:

The obtained result was

	MAN	WOMAN	Total	
Minimum Depression	1	3	4	18%
Light Depression	3	4	7	30%
Moderate Depression	4	3	7	30%
Severe Depression	5	0	5	22%
Total:	13	10	23	

PART IV

It had been studied in these patients, through Bi-Digital O-Ring Test, using the Reference Control Substances (RCS) the following substances:

- Heavy Metals (Al, Hg, Pb)
- Microorganism (HSV- I, CMV, Borrelia Burgdorferi, Chlamydia Trachomatis, Mycobacterium avium)
- Neurotransmitters (Acetylcholine, Serotonin)

PART IV

TREATMENT

All the patients had been medicated and oriented to execution of the Drug Uptake Enhancement Method.

Medication: EPA+DHA1000mg, Cilantro, Própolis 20% in liquid presentation, antidepressants*.

*All had received some antidepressant medication.

Many of them already were under treatment with conventional drugs prescribed by their physicians or psychiatrists.

PART IV ABOUT ANTIDEPRESSANT

Antidepressants used by the patients, separately or together with others medicaments.

Alprazolam 18

Fluoxetine 13

Sertraline 4

Escitalopan 1

Clonazepan 1

Mirtazapine 1

Olanzapine 1

Venlafaxine 1

Clonazepen 1

Carbamazepin 1

HiPe 300mg * 48

***HiPe= Hipericum Perforatum**

PART IV ABOUT HIPERICUM PERFORATUM (HiPe)

50 patients received the antidepressant herb Hipericum Perforatum 300mg (HiPe).

23 patients used as complementation to others conventional antidepressant and 27 patients have been used as principal antidepressant.

The Hipericum Perforatum Lineé - (Saint John's herb) - extract of dried leaves - 300 mg. is a herb indicated on treatment of moderated and light depression. The HiPe promotes inhibition of the neuronal serotonin and negative regulation of the receivers of the serotonin (it inhibits the sinaptossomal absorption of neurotransmitters).

PART IV ABOUT HIPERICUM PERFORATUM (HiPe)

The possible mechanisms of Hypericum Perforatum action:

Inhibition of MAO (Suzuki and cols)

Action on the adrenergic system (Von and Zoller)

Hyposensitization of receptors 5HT (Müller)

Inhibition of the re-capture of serotonin (Perovic;Rolli)

Inhibition of the re-capture of serotonin, noradrenalin and dopamine (Müller)

Inhibition of the union to receptors BZD (Baureithe)

Action on opioid receptors (Simmen and collaborators)

PART V FINDINGS OF THE TESTS AND EVOLUTION:

Corporeal segment examined: cranium.

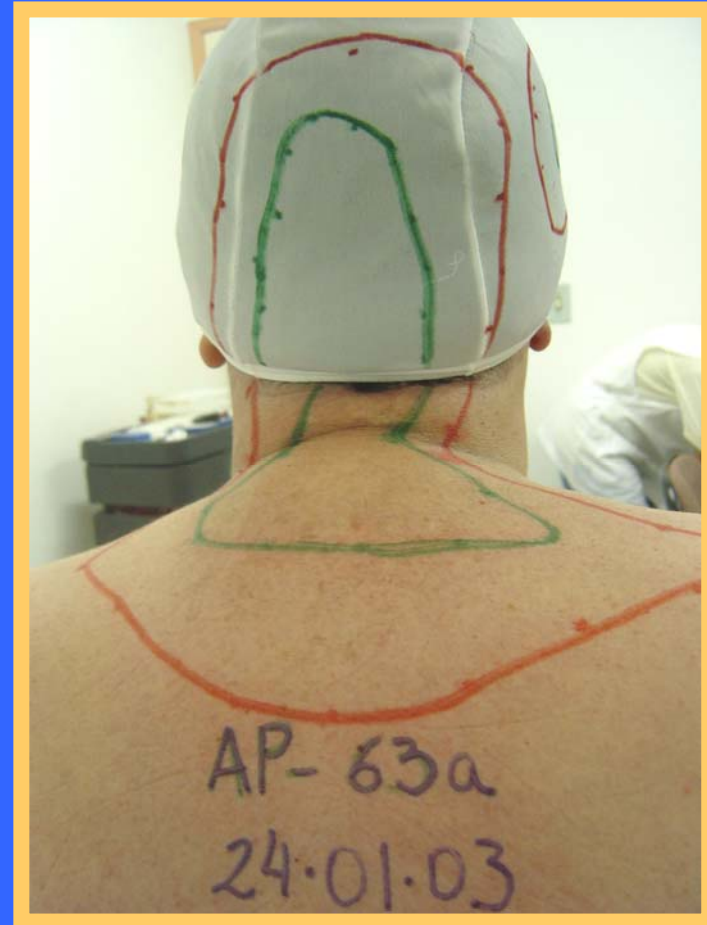
In all the patients have been found a significant alteration of electromagnetical field (EMF) on the occipital and parietal region (corresponding to the cerebral cortex).

The examined regions have presented resonance phenomena for significant amount of heavy metals, microorganisms and reduction of the neurotransmitters

ALTERATED EMF ON THE CRANIUM



ALTERATED EMF ON THE CRANIUM



ALTERATED EMF ON THE CRANIUM (CHRON DISEASE)

MAY2004

JANUARY2003



Disappearance of
anomalous EMF

Pointed with 2mgHg

PART V

RESULTS

We established 2 criteria for evaluation analysis of the results:

A) informed result by the PATIENT: the way how do they feel themselves, the time to reach well-being and selfconfidence

B) result of the TEST, by evaluation of resonance levels of the heavy metal, microorganism and neurotransmitters (acetylcholine and serotonin)

PART V A : INFORMED RESULT BY PATIENT

EXCELLENT – return to normal relationships, improvement of vital force, behavior changes

GOOD - Good improvement in all the levels

REGULAR - Improvement of symptoms in general

INDIFFERENT - It did not have improvement of initial symptoms

	Men	Women	Total	
EXCELENT	6	5	11	20%
GOOD	15	14	29	52%
REGULAR	5	11	16	28%
INDIFFERENT	-	-	-	-
Total	26	30	56	

PART V A : INFORMED RESULT BY PATIENT

Patients evolution, according to classification and the informed result:

	Excellent	Good	Regular	Indifferent	Total
Light Disturbance	3	11	4	-	18
Moderate Disturbance	3	13	6	-	22
Severe Disturbance	5	5	6	-	16
Total	11	29	16	-	56

PART V

RESULTS

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

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

PART V

RESULT OF THE TEST

The following table was carried out through an average of the initial examinations and of the last test from all participants of this sampling.

It was not important the interval of time between them and related with the reported result.

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

(next slide)

PART V

RESULT OF THE TEST

INFORMED

RESULT

METALS

ACETILCHOLINE

SEROTONIN

Initial

Final

Initial

Final

Initial

Final

Excellent ⇒ 700mg ⇒ 14mg

1,76ug ⇒ 677ug

0,6ug ⇒ 95ug

Good ⇒ 610mg ⇒ 44mg

0,97ug ⇒ 241ug

0,9ug ⇒ 36ug

Regular ⇒ 730mg ⇒ 60mg

0,32ug ⇒ 311ug

0,5ug ⇒ 24ug

Indifferent

-

-

-

-

-

-

PART VI

GENERAL CONSIDERATIONS:

1) On the sampling.

The sampling is from people who go to Foundation ACL to take self-undertang courses. The distribution between men (26) and women (30) is not the standard (statistics shows that there are 2 women to each depressant man).

All had a long history with conflicts and complaints of stress, anxiety and depression.

The age is also high (34 patients between 41 to 60 years old), where the persistence of symptoms as anxiety and depression extend to the majority.

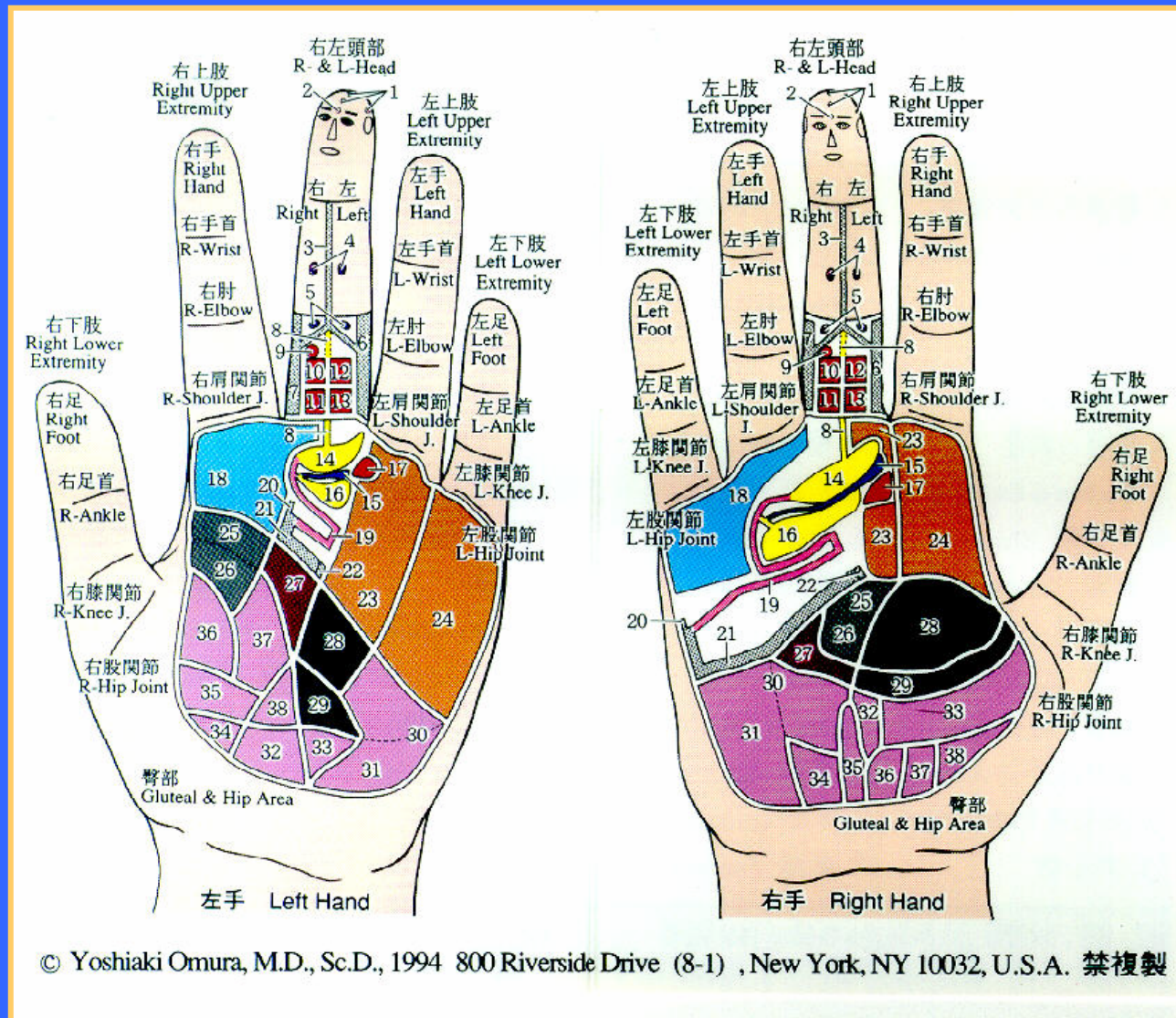
PART VI

GENERAL CONSIDERATIONS:

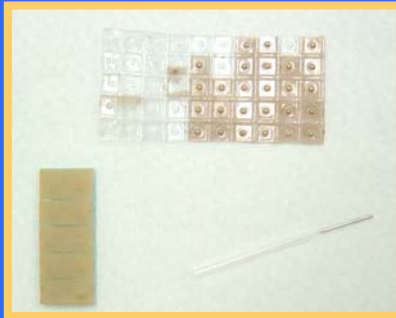
2) It seemed to us that the quantitative reduction for heavy metals resonance, microorganisms and the increase of acetylcholine and serotonin are directly related with the improvement of the patient's emotional state.

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

DRUG UPTAKE ENHANCEMENT METHOD



INSTRUMENTS USED TO STIMULATE ORGANS REPRESENTATIONS AREAS



PART VI

GENERAL CONSIDERATIONS:

3) Many patients had complained of the execution of Drug Uptake Enhancement Method, and we have observed the tendency of reduction on frequency or intensity of the stimulus, when the first signals of improvement had been noticed.

Probably the discontinuity of stimulus on the representative area of the brain (on the hands), or direct stimulus (on the head) is one of the factors of oscillation of results in the patients evolution.

The variations of GABA and Dopamine neurotransmitters had not been measured on a continuously.

PART VI

GENERAL CONSIDERATIONS:

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

In the informed result, all the patients reported a progressive improvement, initially from physical state and of humour and gradual recovery of mental concentration capacity

PART VI

GENERAL CONSIDERATIONS:

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

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

PART VI

GENERAL CONSIDERATIONS:

7) The regular result can not mean a bad prognosis for the patient or inefficacy of the technique.

It can involve multiple factors, since the choice of antidepressant to the intrinsic factors of illness that incapacitates the patient to follow the recommended orientation - since that the Drug Uptake Enhancement Method was considered "very laborious" for the majority of these patients.

PART VI

GENERAL CONSIDERATIONS:

8) In neurobiological terms, the anxiety and depression are provoked by biochemical dysfunctions.

The most profound understanding about the neurobiological system will help the continuous development of antidepressants.

However the fact of being a biochemical disequilibrium does not exclude the use of non-medicine treatment.

These patients must be oriented in the recovery way of self-esteem and the self-confident, which are determinant factors for release of these processes.

PART VII

CONCLUSION

This survey is not conclusive.

What has attracted our attention and justify this presentation, it was the fast improvement of clinical historic and the changes in the patients attitude and humour from this study, in the validity of therapeutical orientation through the BDORT.

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



THE END