Severe Asthma With Markedly Increased Asbestos of 2 Types & TXB₂, and Markedly Reduced Acetylcholine, DHEA & Drug Uptake in Parts of Upper Lungs, & Similar Abnormalities at Respiratory & Cardiac Center of Medulla Oblongata: Complete Elimination of This Asthma within 15 Days Using One Optimal Dose of Astragalus & Application of Strong Red Light & EMF Neutralizer on Respiratory Centers of Abnormal Medulla Oblongata

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(Received December 24, 2008; Accepted with revisions May 1, 2009)

ABSTRACT:

When the window of an Asbestos-contaminated room from a broken ceiling was opened wide, a 73 year-old male physician of Oriental origin, who was sitting in the next room, suddenly developed a severe asthma attack, which did not stop by the use of a hand-held Albuterol inhaler. Temporary relief was obtained only by
using a Compressor-Nebulizer (Inspiration 626 with Albuterol Sulfate Inhalation Solution 0.083%). During the attack, abnormal areas were discovered at the upper lobes of both lungs, where Thromboxane B2 (TXB2) was markedly increased to 500 ng (BDORT units) (the rest of the lung had about 2.5 ng), 2 types of Asbestos (Chrysotile and Crocidolite) were abnormally increased to 0.120 - 0.135 mg, (BDORT units) Acetylcholine was markedly reduced to 0.5 ng (the rest of the lung was low, about 100 ng), DHEA was extremely reduced to 1 ng (the rest of the lung had about 52 ng), and telomere was less than 1 yg (= 10^{-24} g). Bacterial & viral infections were also present in these abnormal areas, but no antibiotics entered the abnormal parts of the lungs. Therefore, one optimal dose of Astragalus was given once, which resulted in a rapid continuous excretion of large amounts of the above 2 types of Asbestos & TXB2 in urine & sputum, and Asthma symptoms reduced slightly in severity. Additional acupuncture & shiatsu given on all the known acupuncture points for lung disease only created slight, temporary improvement. Then, the respiratory & cardiac center of the Medulla Oblongata was found to have similar abnormalities as the lungs. Therefore, 100 mW output of Light Emitting Diode of red spectra (650 nm center spectrum) was projected on the abnormal area of the medulla oblongata on the back of the head. This resulted drug uptake of on and off and significantly reduced difficulty of breathing. Additional application of the EMF Neutralizer on the abnormal area of the Medulla Oblongata for 3 hours resulted in continuous drug uptake and complete disappearance of asthma. As a result of one optimal dose of Astragalus, the remaining Asbestos in the lungs & medulla oblongata was completely excreted in the urine and Sputum in 2 weeks. Then, even when the patient entered the Asbestos-contaminated room and slept there every day without opening the window, no asthma attack occurred even as late as 5 months later.

**Key Words:** Asthma; Allergy; Asbestos; Thromboxane B2 (TXB2); DHEA; Astragalus; Red light; Selective Drug Uptake Enhancement Method; EMF Neutralizer; Micro-Carbon Coil; Telomere; Solar Energy-Stored Paper; Qigong Energy-Stored Paper.

**INTRODUCTION**

The patient was a 73 year-old male physician of Oriental origin. He had been having mild asthma attacks due to dust since the end of January 2008, after part of the ceiling of his room on the 8th floor of a concrete building collapsed because of excessive roof repair-work that was done to prevent water leaks. As soon as he entered the room in which the ceiling had collapsed, he developed difficulty breathing, with wheezing that usually disappeared in 1 hour; but as long as he did not enter the room, he did not have any difficulty of breathing (See Fig. 1A & 1B).
In late October 2008, a young man opened the window of the room with the fallen ceiling material that contained Asbestos in order to clean the room. The patient, who was sitting in the next room and working on a research manuscript, suddenly developed a severe asthma attack as the dust, instead of going outside, was suddenly blown into the next room where the patient was working. This asthma attack, with audible wheezing, difficulty of breathing, and very dry mouth, was so severe that it remained even after the use of a hand-held Albuterol inhaler (although it became less intense), and even this effect of the Albuterol did not last for more than 1 hour. This asthma attack continued all night even while the patient was trying to sleep. Due to the fact that the attack lasted for more than 1 day, the patient called an attending physician at Columbia University Medical Center who had had a lot of experience treating asthma attacks. The physician, who is the 2nd co-author of this article, suggested that if the condition was not properly treated immediately, it could become fatal. In order to treat the condition, the patient started using a Compressor Nebulizer System, the Inspiration 626 (by Respiratronics and made in Italy by Flaem Nuova), with Albuterol Sulfate Inhalation Solution 0.083%. This temporarily inhibited most of the symptoms of the asthma attack for at least 3 hours, but the instructions said that the Compressor Nebulizer should be applied at a minimum of 6-hour intervals. Since the beneficial effect only lasted about 3 hours, the patient still suffered an asthma attack during the following 3 hours.

Following this, associates of the patient gave Shiatsu and Acupuncture to the well-known acupuncture points for respiratory problems, in addition to mechanical stimulation of the thymus gland representation area which is located at the lower half of the manubrium at the center of the upper chest wall. This created only several minutes of slight improvement in the patient’s respiration, although with other types of less severe asthma, both shiatsu and acupuncture were often beneficial [1]. During this severe, prolonged asthma attack, when the lungs were examined using the Bi-Digital O-Ring Test [2-6], 4 extremely abnormal areas on the upper lobes of both lungs were found, characterized by a deposit of 2 types of Asbestos [7-9] restricted to the areas between the base of the neck and the upper part of the lungs: relatively large amounts of Chrysotile and slightly lesser amounts of Crocidolite.

Additionally, TXB2 was found to be markedly increased, indicating the presence of severe circulatory disturbances, and Acetylcholine, DHEA, and normal cell telomere were found to be markedly reduced (see Fig. 2). The first author’s previous studies indicated that one optimal dose of Astragalus can increase normal cell telomere to a significantly high value of 650 ng (BDORT units), accompanied by very significant circulatory improvement, decrease in cancer cell telomere to practically zero, and excretion of Asbestos, Hg, Al, Pb, bacteria, and viruses through the urine, and that these beneficial effects often last many months if they are not inhibited by certain drugs, juice containing high Vitamin C, or certain foods. When one optimal dose of Astragalus was taken one time orally, the amount of normal cell telomere increased from 1 yg (= $10^{-24}$ g) to 650 ng (BDORT units), a large amount of Asbestos was continuously excreted in the
urine and saliva, and the degree of respiratory difficulty reduced moderately, though the asthma attack persisted. The part of the room that still contained dust from the ceiling had a strong Bi-Digital O-ring Test resonance with 2 types of Asbestos (Chrysotile and Crocidolite) and a small amount of the Asbestos Tremolite. When the damaged part of the ceiling was examined, these 3 types of Asbestos were also found, including small amounts of the Asbestos Tremolite. A layer of dust on the bookshelves in this room had a strong positive resonance with Chrysotile and Crocidolite. When the respiratory center and cardiac center of the Medulla Oblongata was examined, there were similar strong abnormalities. And because bacterial and viral infections were present in the abnormal areas of the upper parts of the lungs, a mixture of EPA and DHA were taken for their safe and effective anti-viral effects, and Amoxicillin was also taken for its broad range of antibacterial effects.

The author discovered, however, that no drug uptake was occurring in these abnormal upper parts of the lungs. Therefore, after taking 0-3 fish oil and Amoxicillin, the Selective Drug Uptake Enhancement Method [10-15] which was developed by the first author in 1990, was applied by stimulation of the organ representation area for the lungs, at the 3rd segments of middle fingers of both hands and it was found that the drug was taken up by the pathological areas of the lungs only occurred when the organ representation area for the lungs was stimulated but once the stimulation was stopped, the drug no longer entered the abnormal parts of the lungs. Further Bi-Digital O-Ring test examination of the patient revealed that the respiratory and cardiac representation areas of the Medulla Oblongata had a similar abnormality as the upper parts of both lungs.

Since application of a 3mW laser beam with red spectrum of 570 nm to the respiratory representation area of the Medulla Oblongata slightly improved drug uptake for a short time, the first author decided to stimulate the abnormal respiratory representation area of the medulla oblongata with a strong red light beam coming from a 100mW output Light-Emitting Diode. When this strong light beam with red spectra with center frequency of 570 nm was applied on the entire area of the abnormal lung representation area of the Medulla Oblongata, a periodical cycle of drug uptake "on" period and "off" period occurred: the drug entered the lungs for 15 seconds and then did not enter the lungs again for another 11 seconds; drug uptake then occurred for another 14 seconds, and so on. However, when the EMF neutralizer [16-18] was applied on the abnormal lung representation area of the Medulla Oblongata for a few hours, the drug continuously entered the pathological area of the upper parts of both lungs and the Medulla Oblongata without any other stimulation.

The asthma attack still continued, but the symptoms reduced very significantly, and the bronchodilator was no longer required. While excretion of the Asbestos in the urine and sputum continued as a result of taking one optimal dose of Astragalus, normal cell telomere stayed between 450 and 650 ng. Fifteen days later, on the day that excretion of Asbestos in the sputum
became zero and Asbestos in the lungs and medulla oblongata became zero, the patient was able to enter the same room where the Asbestos-containing dust remained: for the first time since part of the ceiling had collapsed, an Asthma attack did not occur. Since then, the patient was able to sleep in the Asbestos-contaminated room without any recurrence of an Asthma attack for 6 months without opening the window of the Asbestos-contaminated room.

MATERIALS AND METHODS

1) Main Subject – 73 y.o. Oriental Male Physician Who Suddenly Developed Severe Asthma Attack

The main patient in this article, a 73-year-old, male physician of Oriental origin, is the first author of this article. He suddenly developed a severe, intractable asthma attack when his associate opened the windows of a room contaminated with Asbestos. A strong wind was blowing in, and instead of the dust from this room going outside of the window, it was suddenly blown into the next room where the entrance door was being kept open, and where the first author was working on a manuscript. The suspected allergen was Asbestos from the broken ceiling material of the top floor of an 8-floor concrete building (see Fig. 1A & 1B). The building was built around 1910 at Riverside Drive, near the Hudson River and Columbia University Medical Center. Other than this broken part of the ceiling, no Asbestos was detected in any walls or ceilings of other rooms in the apartment.

Initially, in order to stop the severe asthma attack, a handheld Albuterol inhaler was used and there was a slight improvement of symptoms, but the asthma attack continued. The author was unable to sleep at night because of difficulty breathing. Therefore, our co-author, Dr. Avraham Henoch, suggested using a Compressor Nebulizer System (Inspiration 626, with Albuterol Sulfate Inhalation Solution 0.083%).

When this was applied, the symptoms significantly reduced, but about 3 hours later, the symptoms gradually returned. The instructions of the nebulizer indicated that it should not be used more than once every 6 hours. But Dr. Henoch, a family physician who had many years of experience with asthma treatment, found that in the case of such a severe asthma attack, the patient should give treatment with IV steroids such as Prednisone. But because the patient refused to use steroid hormones and have hospital treatment, the Compressor Nebulizer was ordered to be used every 3 hours, as the risk of not using it would be greater than the risk of overusing it. In spite of using the Compressor Nebulizer, when the drug effect disappeared in 3 hours, severe difficulty in breathing returned, and therefore the patient’s friend, who was visiting from Japan, gave acupuncture treatment to most of the well-known acupuncture points for asthma and other respiratory problems. Although treatment at some of these points created mild,
short-lasting improvement of symptoms, this treatment was not better than the nebulizer. This severe asthma attack continued to last more than 3 days.

2) Asbestos Was Suspected & Identified as Main Allergen of Sudden Severe Asthma Attack Using Bi-Digital O-Ring Test Resonance Phenomenon between 2 Identical Substances

Since the Asbestos in the dust came from the broken ceiling of one room and it was suspected as a possible allergen for this severe asthma attack, both the Asbestos in the ceiling and the Asbestos that had accumulated as part of the dust on the bookshelves were examined using the Bi-Digital O-Ring Test resonance phenomenon against samples of different types of Asbestos of known amounts. These samples of Asbestos were obtained from ORT Life Science Research Institute of Kurume City, Japan. There was a broad range of samples of accurate known amounts only for Chrysotile Asbestos, however, so for the other types of Asbestos only qualitative measurements were made. Since both the broken ceiling and the accumulated dust in the room contained the 3 different type of Asbestos, we suspected some or all of the 3 Asbestos would be in the abnormal part of the lung. In the lung, however, we found only 2 types of Asbestos, (1) Chrysotile Asbestos and (2) Crocidolite Asbestos, which was a smaller amount than Chrysotile Asbestos.

3) Method of Analysis of Pathological Findings in Abnormal Parts of the Upper Lungs: Measurements of Specific Types of Asbestos, Telomere, TXB$_2$, Acetylcholine, DHEA, Integrin $\alpha_\beta_1$, and Oncogene C-fos Ab$_2$

The abnormal parts of the lung were identified using a photograph of the chest. An outline of the abnormal areas of the lung was mapped on a picture of the chest wall. The major cause of abnormality was evaluated using, again, the Bi-Digital O-Ring resonance phenomenon between 2 identical molecules. Measurements were made for the amounts of Telomere, Thromboxane B$_2$ (TXB$_2$), Acetylcholine, DHEA, Chrysotile Asbestos, and Crocidolite Asbestos. Photographs were taken using a Sony 8.1 megapixel digital camera (model 1080 with 5X optical zoom and shake protection). Photographs of the ceiling and the dust-covered bookshelves were taken from outside the room, without entering the room, using optical magnification. All reference-controlled substances, of a range of different amounts, were obtained from the same ORT Life Science Research Institute, Kurume City, Japan. All measurements of amount of weight are in BDORT units.

4) Virtual Drug Test for Selecting Effective Medicine & Evaluation of Drug Uptake & Use of "Selective Drug Uptake Enhancement Method" to Deliver Drug Selectively to Pathological Areas of the Body
Drug uptake of Amoxicillin and a mixture of EPA and DHA in the abnormal upper parts of the chest occurred only while mechanical stimulation was given to the lung representation area at the 3rd segment of the middle finger of either the right or left hand. The first author developed this method, called the “Selective Drug Uptake Enhancement Method.” Stimulation of the left lung representation area was mainly performed with the 3rd segment of the left middle finger, and stimulation of the right lung representation area was mainly performed with the 3rd segment of the right middle finger. The amount of drug uptake was estimated by measuring the degree of resonance using the same drug that the patient had already taken orally. In this case, the abnormal upper part of the lungs had a strong positive response when a drug compatibility test was performed (before giving medication) with 500 mg of Amoxicillin using virtual drug testing, i.e. by having the patient hold the drug in the palm of his or her hand and completely covering it with the fingers of the same hand, and then measuring for changes in normal cell telomere (or cancer cell telomere in the case of cancer treatment with anti-cancer drugs): Amoxicillin changed from having a strong negative response with the 4 abnormal parts of the lungs to having a strong positive response. Therefore, the drug was taken. But according to the Bi-Digital O-Ring Test resonance phenomenon between 2 identical molecules, almost no Amoxicillin was reaching the pathological parts of the lung. Therefore, the “Selective Drug Uptake Enhancement Method” was applied, but it was found that drug uptake occurred only during stimulation of the organ representation area: the moment stimulation was stopped, drug uptake also stopped. Similarly, for viral infection, a mixture of EPA 180mg and DHA 120 mg was used, but drug uptake only occurred while the Selective Drug Uptake Enhancement Method was being applied.

Because of the absence of drug uptake in the pathological parts of the lung, as a possible cause of a lack of continuous drug uptake, the first author suspected an extreme abnormal condition of the lung representation area and circulatory representation area of the Medulla Oblongata and therefore examined these areas using the Bi-Digital O-Ring Test. These areas of the Medulla Oblongata were found to be extremely abnormal, and had findings that were similar to the findings in the 4 abnormal parts of the upper lungs, but on the Medulla Oblongata only Chrysotile Asbestos was found, whereas Chrysotile and Crocidolite Asbestos were found in the abnormal parts of the lungs.

5) How to Localize Medulla Oblongata & Its Respiratory Representation Area & Cardiac Representation Area

To localize the Medulla Oblongata, microscope slides of the Medulla Oblongata were used at the central occipital area of the head, just above the base of the skull, to detect very strong electromagnetic field resonance between the tissue slide of the Medulla Oblongata and actual medulla oblongata tissue in the occipital area (see Fig. 3). The respiratory representation area of the Medulla Oblongata was located using a lung tissue microscope slide: the exact location on the
Medulla Oblongata was found due to it producing strong resonance with a microscope slide of lung tissue.

6) New Definition of Optimal Dose of Medicine for Each Unique Individual

The optimal dose of Astragulus was measured based on the most reliable new definition of optimal dose introduced by Omura, Y. in 2002. This new definition was based on clinical studies of many volunteers, consisting of patients as well as healthy volunteers. First, the doctor examines change in the normal cell telomere by virtual drug testing before taking medicine, just by holding the specific amount of medicine in one hand. Then, the doctor confirms the change in telomere after the actual drugs, such as Aspirin, various antibiotics, DHEA, and Astragalus have been taken.

This new definition of the optimal dose of any drug or substance is defined as the amount of the drug or substance that increases normal cell telomere to a maximum amount.

RESULTS & DISCUSSION

After one severe asthma attack that could not be completely stopped for 3 days, even after a Handheld Standard Nebulizer and Compressor Nebulizer treatment followed although asthma, without involving asbestos can often be improved by Shiatsu and Acupuncture treatment, new attempts were tried and eventually it became possible to completely eliminate asthma attacks and recurrence of the asthma attacks.

1) Identification of 3 Different Types of Asbestos in Broken Ceiling & Dust Accumulated on Bookshelf

Since Asbestos was suspected as a possible cause and allergen of the first author’s severe asthma attack, photographs of the ceiling were taken with a Sony 8.1 megapixel digital camera (model 1080 with 5X optical zoom and shake protection), without entering the Asbestos-contaminated room. The broken ceiling and the dust that had settled on the bookshelves were analyzed from the printed photographs using the Bi-Digital O-Ring Test resonance phenomenon between 2 identical substances using several different types of Asbestos. As the result of analysis, we found the existence of the following 3 different types of Asbestos, in the order of greatest to smallest amount: 1. Chrysotile Asbestos > 2. Crocidolite Asbestos > 3. Tremolite Asbestos (see Fig. 1A & 1B).
Figure 1A (top): The broken part of the ceiling. When this part of the ceiling and bookshelf dust were examined for different Asbestos, 3 types were identified: Chrysotile, Crocidolite, and Tremolite. Among them, Chrysotile had the largest response (-8), Crocidolite had the 2nd largest response (-6), and Tremolite had the smallest response (-2 ~ -3). Therefore, we suspected some of these substances may be detected in the abnormal parts of the first author’s lungs.

Figure 1B (left): The room after part of the ceiling had fallen. After this fall, for 10 months prior to his severe asthma attack, the patient could no longer enter the room, since as soon as he entered the room, he would develop a mild asthma attack. Symptoms would usually disappear within one hour, and as long as he did not enter the room, he did not develop an asthma attack. Therefore, the allergen must be associated with the ceiling.
Squamous cell carcinoma of esophagus positive area: 6
Integrin αβ1: 15 ng
Oncogene C-fos Ab2: 15 ng
Chrysotile Asb: 0.15 mg
TXB2: 50 ng
DHEA: 0.25 ng

Fig. 2: Measurement of Telomere, TXB2, Acetycholine, and 2 types of Asbestos inside & outside of above 4 abnormal areas (R1, R2, L1, L2) of upper lobes of both lungs during prolonged severe asthma attack. Please note the extremely increased amount of Thromboxane B2 (TXB2) of 500 ng (BDORT units), which indicates the presence of extremely severe circulatory disturbances, and the abnormally high amount of the 2 types of Asbestos, as well as very low DHEA and Acetylcholine as compared with the rest of the lungs. 5–15 ng of Integrin αβ1 and of Oncogene C-fosAb2 were found only at the Tremolite positive area, indicating that Tremolite may be highly carcinogenic.
2) Localization of Abnormal Parts of Upper Lungs & Identification of Suspected Asbestos as Allergens as well as Other Abnormal Biochemical Findings

During the period when the patient had difficulty breathing, the patient’s chest was examined by both a direct physical examination and an indirect examination using photographs of his chest, neck, and face. Very significant abnormal findings were discovered in the upper part of both the right and left lungs in both examinations, as shown in Figure 2. Both findings were identical. The most distinctive abnormality in these abnormal areas (listed as R1, R2, L1, L2), compared with the rest of the lungs, was that there was a striking increase in Thromboxane B2, which indicates the presence of severe circulatory disturbances at these abnormal parts of the upper lungs.

3) Extremely Severe Circulatory Disturbance with Markedly Reduced DHEA & Acetylcholine Were Localized at 4 Areas of Upper Lungs Where 2 Kind of Asbestos (Chrysotile & Crocidolite) Were Accumulated

In the same abnormal areas of the upper lungs, telomere was extremely low, much less than 1 yg ($=10^{-24}$ g) BDORT units, and DHEA was markedly reduced to 1 ng (BDORT units). The amount of DHEA in the rest of the lungs was 55 ng (BDORT units); most healthy young adults have an average of about 130 ng (BDORT units) of DHEA throughout the normal parts of the body. Also, Acetylcholine in these abnormal upper parts of the lungs was reduced to the extremely low value of 0.5 ng (BDORT units), while the rest of the lungs had an average of 100 ng (BDORT units) of Acetylcholine, which was also very low. In the abnormal areas of the upper lungs, the amount of Thromboxane B2, which increases in the presence of circulatory disturbances, was at an extremely high value of 500 ng (BDORT units), compared with the other parts of both lungs, which had a value of 2.5 ng (BDORT units); continuation of such severe circulatory disturbance may produce necrosis. Also in the same abnormal parts of the lungs, there was significant accumulation of 2 types of Asbestos: (1) Chrysotile was 0.135 mg (BDORT units), and (2) Crocidolite was 0.12 mg (BDORT units). In the rest of the lungs, both types of Asbestos were far less than 0.005 mg (BDORT units), which is considered to be within normal limits.

4) Beneficial Effects of Increasing Normal Cell Telomere to Over 500 ng (BDORT units), including Improving Circulation, Excretion of Asbestos into Urine & Sputum, Anti-Cancer, & Anti-Aging

To solve this problem, the first author decided that increasing normal cell telomere to above 500 ng (BDORT units) was the first priority, since his research demonstrated the following beneficial effects when normal cell telomere is increased over 500 ng (BDORT units);

1) Circulation improved all over the body including the brain, heart, lung, pancreas, kidney, skin, etc, which makes skin smooth and young and causes some white hair to become darker.
2) Toxic substances (including Asbestos, Hg, Pb, Al), bacteria, virus, fungus in the brain, heart, lung, pancreas, and kidney are excreted in large amounts in the urine.

3) In cancer, abnormally increased cancer cell telomere reduces to practically zero, and results in the inhibition of cancer cell divisions & growth.

4) Temporary reduction of very strong oral infection of Chlamydia trachomatis, (for example, 3000–4000 ng BDORT units reduces to 50 ng or less), etc.

5) Excretion of bacteria (Chlamydia trachomatis, Borrelia burgdorferi, Mycobacterium tuberculosis, etc.), viruses (Cytomegalovirus, human Herpes type 6, etc.), ß-Amyloid (1-42), Tau protein, Hg, Pb, Al in the urine from the brain of patients with Alzheimer’s disease and Autism. These diseases improve significantly if they are treated within 3 years of their diagnosis.

6) In the area of the body where there is a severe pain with increased Substance P and Thromboxane B2, pain will rapidly disappear with marked reduction or disappearance of Substance P and Thromboxane B2. Even with an intractable headache due to a brain tumor such as benign Astrocytoma, more serious Anaplastic Astrocytoma, or an early stage of the most malignant brain tumor Glioblastoma, often pain disappears within 20 minutes after increasing normal cell telomere to over 500 ng (BDORT units) by taking one optimal dose of DHEA, Graviola, Astragalus, or Boswellia Serrata, and often this disappearance of pain lasts several months, without surgery, radiation, or any additional medicine. Therefore, some early stage Anaplastic Astrocytoma and early stage Glioblastoma can become less malignant Astrocytomas when Chrysotile Asbestos in the tumor becomes less than 0.15 mg (BDORT units) if this high normal cell telomere can be maintained for more than a half year or one year. Even in the benign brain tumor, if one small area accumulates high Asbestos, often that part becomes more malignant. But, when Asbestos was removed, this can be reversed.

5) Methods of Increasing Normal Cell Telomere to Over 500 ng (BDORT units) Recently Discovered by Omura Y.

Through his previous research, the first author has found at least 6 new methods of significantly increasing normal cell telomere. These include:

(1) Press-needle stimulation of True Stomach 36, which consists of approximately 200-repetitions of the press-release procedure 4 times/day. This can often keep normal cell telomere around 500 ng (BDORT units) or higher [19-21].

(2) In 2008, the first author found that within a few minutes of eating about 50 g of raw bitter melon or taking 5 g of selected dried power of bitter melon [22], normal cell telomere increases to over 500 ng (BDORT units). The effect disappears, however, within several hours, so the patient must take a dose of bitter melon every 4 hours to maintain a high normal cell telomere.

(3) Taking 1 optimal dose of DHEA [23-28], which, according to the first author’s study in 2003 will increase normal cell telomere to a maximum amount of 550ng (BDORT units).
The effect of one optimal dose may last half a year or 1 year as long as the patient does not take any inhibiting substances.

(4) Taking 1 optimal dose of Graviola in 2008 was found by the first author to increase normal cell telomere to a maximum of 625ng (BDORT units).

(5) Taking 1 optimal dose of Astragalus root (a Chinese herb known in Chinese as Huang Qi), a method which the first author discovered in early 2008, increases the normal cell telomere to a maximum amount of 650 ng (BDORT units), and the effects of one optimal dose often lasts half a year or one year, as long as the patient does not take inhibiting substances [31-33];

(6) Taking one optimal dose of Boswellia Serrata which in 2008, the author found one optimal dose also increases normal cell telomere to maximum value of 650 ng (BDORT units). The effect of one optimal dose may last half a year or 1 year as long as the patient does not take any inhibiting substances such as Oranges, Orange Juice and some Green Tea which contains a large amount of Vitamin C, some coffee, Cabbage and purple cabbage, Natto (Japanese fermented beans), red pepper and green pepper, Onion and Garlic which can easily cancel the effect of one optimal dose of Astragalus or Telomere increasing substances listed elsewhere in this article. In addition, Aspirin of over 80 mg, Tylenol and Advil all cancel effects of Astralagus and other normal cell telomere increasing substances. Cigarettes must be totally avoided. Although some of these substances are considered to be good for health in average people, in order to maintain very high telomere value and long lasting effects of one optimal dose, it requires such a precaution.

(7) Some fruit and fish, individually or in combination, can raise normal cell telomere to over 500 ng. 100 gm of well-ripened mango, papaya, or pineapple can increase normal cell telomere by about 300 ng -350 ng. Red apple or yellow banana can increase by about 150 ng/100 gm, Red grapefruit can increase by about 200 ng/100 gm etc. Tuna fish and salmon, both raw and broiled, can increase normal cell telomere by about 400-500 ng/100 gm. These combinations of fruit and fish taken 4 or 5 times per day can maintain normal cell telomere at over 500 ng.

6) Importance of Using Optimal Dose & Optimal Time Interval Between 1st & 2nd Dose, Customized for Each Patient's Unique Condition

For convenience, the author decided to take 1 optimal dose of Astragalus (about 175 mg when his body weight was 74 kg), which reduced the severe respiratory difficulties of the asthma attack to a tolerable level. Taking 1 optimal dose of Astragalus also caused the excretion of a large amount of Asbestos in the urine. At this point, the symptoms became tolerable without the use of the Compressor Nebulizer. It should be noted that most Astragalus comes in a capsule of brown powder containing 200 mg or 250 mg, which is already an overdose for most adults, or higher (such as 400 mg or 500 mg), and the usual manufacturer's recommended dosage is 1 or 2 capsules a day, and some companies suggest 2 capsules 2 or 3 times per day, which is not only
an overdose, but it can be toxic. This is a common phenomenon in medicine, found even in most cancer treatments practiced at leading hospitals due to the lack of a clear understanding of the optimal dose of medicine for each patient’s condition and the optimal interval between the next dose, as well as a lack of the concept of various types of drug uptake.

7) Selection of Effective Antibiotic & Anti-Viral Agents by Virtual Drug Testing & Evaluation of the Degree of Drug Uptake in the Pathological Areas to be Treated

In addition to the above findings, there was a mixed bacterial and viral infection in the same abnormal areas of the upper parts of the lungs. The bacteria was sensitive to Amoxicillin, and the virus was sensitive to a mixture of EPA (180 mg) with DHA (120 mg), which was estimated using Bi-Digital O-Ring Test virtual drug-testing before giving any medication. These 2 medications were then taken by the patient, but the Bi-Digital O-Ring Test resonance phenomenon between 2 identical substances, in this case between the drug that was supposed to reach the abnormal parts of the upper lungs and the same drug held by the examiner’s hand or patient’s hand, indicated that no drug was reaching these abnormal parts of the lungs, although the drug went almost everywhere else in the rest of the body that was examined. Therefore, the author suspected that perhaps the respiratory representation area of the Medulla Oblongata might have some problem.

8) Abnormal Lung Representation Area & Cardiac Representation Area of Medulla Oblongata as Possible Contributing Factors to the Severe Circulatory Disturbance of the Lungs and the Lack of Drug Uptake in the Lungs

The author, in trying to determine why circulation in these upper parts of the lungs was so poor (which was indicated by the extreme increase in TXB₂ to 500 ng), suspected the possible involvement of the respiratory representation area and cardiovascular representation area of the medulla oblongata on the back of the head. As suspected, the respiratory representation area and cardiac representation area of the medulla oblongata had similar abnormalities except that only Chrysotile Asbestos was deposited, whereas in the abnormal areas of the lung both Chrysotile and Crocidolite Asbestos co-existed (see Fig. 3). Therefore, the author decided to stimulate this abnormal respiratory representation area of the Medulla Oblongata with various methods, including (1) laser beam stimulation with red light spectrum, (2) high-power red light (100-milliWatt output) Light-Emitting Diode with red-spectra, and (3) EMF-neutralizer [29-35].

9) Conversion of Drug Uptake “Off” State to Alternating Appearance of “On” & “Off” States by the Application of Red Light to the Abnormal Medulla Oblongata from Low Power (3 mW) Laser Beam with Red Spectrum or Large Power Output (100mW) LED with Red Spectra
For method (1), a 3-mW laser beam with a wavelength of 650 nm was used to irradiate the Medulla Oblongata for one minute. After the laser beam irradiation was discontinued, there was an alternative appearance of drug uptake “on” period and “off” period, but this effect only lasted for a few minutes. For method (2), a high-power red light from a 100-mW output Light-Emitting Diode was applied for 45 seconds on the lung representation area of the Medulla Oblongata on the back of the head. The results are shown in Figure 4 on a diagram of the relationship between drug uptake and time in seconds. For the first 15 seconds of irradiation with the powerful red light there was no drug uptake, but after the first 15 seconds, drug uptake occurred (“on” period) for 15 seconds and then the “off” period occurred for the last 15 seconds of red light irradiation. Then, the next 20 seconds were an “on” period of drug uptake, followed by a 15-second “off” period. Difficulty of breathing moderately reduced when these “on” and “off” periods of drug uptake began to occur.

10) Conversion of Alternating Appearance of Drug Uptake “On” & “Off” States to Continuous “On” State by Application of EMF Neutralizer & Other Methods on the Abnormal Part of the Medulla Oblongata

Omura, Y.’s previous study indicated that when (1) an EMF neutralizer, (2) MICA processed material, (3) Micro-Carbon Coil (MCC), (4) (+) polarity of solar energy stored paper, or (5) (+) polarity of Qi Gong energy stored paper [39-43, 51] is applied on True ST36 or areas of circulatory disturbance, normal cell telomere increased very significantly with improved circulation, and in cancer tissue, cancer cell telomere reduced to practically zero. Therefore, an EMF neutralizer was applied, as it is easily available commercially.

After application of the EMF neutralizer, the drug uptake “on” period became increasingly longer and the “off” period became increasingly shorter, instead of the repetitive drug uptake on-off pattern. Eventually the drug uptake “on” period became continuous. The EMF neutralizer was kept on for 3 hours and then removed. Even after this, drug uptake was “on” continuously and there were no longer any respiratory problems (see Figures 4 and 5). After these treatments, not only did both types of Asbestos found in the lung appear in the urine and the sputum, but also Tremolite Asbestos appeared in the urine and sputum.

Shortly after the appearance of this drug uptake “on”-“off” pattern, within 10 minutes, the author noticed that there was very significant improvement in respiration. The Compressor Nebulizer and other medication were no longer required. Within 30 minutes after application of the EMF neutralizer, the author noticed that there was significant improvement of the respiratory. In the days following the application of the red light and EMF neutralizer (after one optimal dose of Astragalus had been taken orally), every morning after the patient woke up urine was collected and sputum was coughed out on a white BDORT-positive paper towel. The next 2 mornings following application of the red light and 3 hours of the EMF neutralizer, the largest
amount of Chrysotile Asbestos was excreted and after 5 days, very little was excreted. A lesser amount of Crocidolite Asbestos (about half the amount of Chrysotile Asbestos) was excreted in the first few days after oral intake of one optimal dose of Astragalus followed by the application of the red light and EMF neutralizer on the same day, but gradually smaller amounts were excreted on each day.

Within 7 days, no significant amounts of Chrysotile Asbestos appeared in the sputum or urine, and there was a corresponding decrease of Asbestos in the abnormal parts of the upper lungs and medulla oblongata.

11) After Taking One Optimal Dose of Astragalus, Sudden Appearance of Tremolite Asbestos in Sputum & Urine Which Was Not Found in Lungs But Was Found to be Deposited at Wall of Nasal Cavity, Oral Cavity, Pharynx, Larynx, & Upper Part of Trachea & Esophagus

However, Tremolite Asbestos, which had not been found in the abnormal parts of the lungs, also appeared in the sputum and urine the first morning after red light and EMF application had been given (after one optimal dose of Astragalus had been taken once orally). The amount of Tremolite Asbestos was about ¼ the amount of Chrysotile Asbestos found that morning. Gradually smaller amounts of Tremolite Asbestos were excreted in the sputum and urine every morning, even after the excretion of Chrysotile Asbestos in the sputum had ceased. Within 2 weeks, there was no longer any Asbestos in the sputum, and in the 4 abnormal areas of the upper lungs and medulla oblongata, no Asbestos could be detected, nor were there any respiratory problems. Because of this finding, we wanted to determine from which part of the body the Tremolite was coming.

It was found mainly in the nose, mouth, larynx, and the upper part of the right side of the trachea. Probably a small amount of Tremolite was deposited in the upper respiratory tract and upper part of the esophagus, without reaching the lung tissue. It is interesting to note that many Bi-Digital O-Ring Test negative chicken eggs' yolk found in New York often contain both Chrysotile Asbestos of 0.03 mg (BDORT units) and a similar amount of Tremolite Asbestos, and the yolk of some eggs found in Phoenix, Arizona had a much higher amount of 0.08 mg, but the egg white had no Asbestos.

12) Excretion of 3 Types of Asbestos in Urine & Sputum after Taking One Optimal Dose of Astragalus followed by Various Methods of Stimulation of Abnormal Medulla Oblongata

It is worth noting that Chrysotile was the first to be excreted in large amounts in both the urine and sputum and the first to disappear (within one week) from the lung and sputum; both Tremolite and Crocidolite were slow to come out and last to disappear (within 15 days).
Fig. 3: Please note the corresponding areas on the Medulla Oblongata of the lung representation area and left ventricle and right ventricle representation areas of the heart. These areas had almost the same abnormal changes as found in the upper lobes of both lungs. The white paper was originally applied to indicate the approximate location of the lung representation area of the medulla oblongata, but when the picture was taken, the white paper had shifted to the current location. The 3 rectangles outlined in white indicate locations of the organ representation areas of the lung (bottom rectangular space), left ventricle (middle rectangular space) and right ventricle (top rectangular space) at the Medulla Oblongata. On all of these BDORT strong negative areas of the medulla oblongata, there was extremely reduced Acetylcholine of 0.5 ng, markedly increased TXB₂ of 500 ng, indicating severe circulatory disturbances, and large amounts of Chrysotile Asbestos of 0.13 mg (BDORT units), but no Crocidolite Asbestos or Tremolite Asbestos were found. It is interesting to note that a substance with a molecular weight of less than 800 can penetrate the skin, particularly when the molecular weight is smaller. The molecular weight of Chrysotile is 277.11, the smallest compared to Crocidolite (935.90) and Tremolite (812.37). Chrysotile Asbestos is usually a long fiber, but in Asbestos-contaminated water it can easily become less than 0.1μ in diameter and length and can pass through mucus membranes relatively freely, as we were able to confirm as the increase or decrease of Asbestos before and after taking a hot shower with or without Asbestos-contaminated water.
Abnormal part of Medulla Oblongata

Red spectra with center frequency of 650 nm and 100 mW output from Light-Emitting Diode (LED)

Fig. 4: Effect of irradiating abnormal Medulla Oblongata representation area with strong red spectra with a center frequency of 650 nm and a strong output light from a 100mW Light-Emitting Diode (LED).

Please note that at the beginning, when there was no drug uptake of Amoxicillin or a mixture of EPA and DHA in the abnormal part of the lungs, light was projected on the extremely abnormal lung representation area of the medulla oblongata continuously for 45 seconds. For the first 15 seconds this strong red light was projected, no drug uptake occurred in the abnormal parts of the lungs; then, suddenly, while the light was still being projected, drug uptake occurred but only lasted for 15 seconds. After this 15-second interval of drug uptake “on” period, drug uptake stopped for another 15 seconds of drug uptake “off” period, and then suddenly, the drug uptake “on” period occurred again, even though the red light projection had been completely stopped, and lasted for 20 seconds, after which drug uptake “off” period appeared for 15 seconds. Then, the drug uptake “on” period occurred again for 20 seconds, then the “off” period appeared for 10 seconds, after which the “on” period occurred again for 15 seconds. After this, drug uptake “on” period and “off” period alternatively occurred every 15 seconds. Once these 15-second intervals of the drug uptake “on” period and “off” period occurred, asthma symptoms improved significantly without any medication. The second recording, indicated by “A.S” is a 25 year-old Oriental male, who was cleaning this Asbestos-contaminated room for 3 days and after the strong wind brought the Asbestos back in, he also developed slight Asthma-like symptoms, and a similar but mild abnormality was observed at both the medulla oblongata and at the apexes of both lungs. First, no drug uptake existed at these areas, but after the same projection of red light onto the Medulla Oblongata, a pattern of similar drug uptake “on” and “off” states was observed, and respiratory symptoms improved significantly.
SEVERE ASTHMA WITH MARKEDLY INCREASED ASBESTOS OF 2 TYPES OF TXB2

N.K., 24 y.o. male with asthma

<table>
<thead>
<tr>
<th>Red light</th>
<th>Red light</th>
<th>Application of EMF Neutralizer at Abnormal Part of Medulla Oblongata</th>
</tr>
</thead>
<tbody>
<tr>
<td>on</td>
<td>off</td>
<td></td>
</tr>
</tbody>
</table>

Time in sec: 30 | 14 | 11 | 14 | 11 | 14 | 11 | 14 | 11 |

Drug uptake: OFF ON OFF ON OFF ON OFF ON ON

Fig. 5: This third recording, indicated by “N.K.,” is a 24 year-old male associate of the first author. His only previous known allergy was to cats and he had been suffering from infrequent and usually mild asthma attacks for the previous 6 months. This diagram again depicts the effect of irradiating the abnormal Medulla Oblongata representation area with strong red spectra with a center frequency of 650 nm a strong output light from a 100mW Light-Emitting Diode (LED). Please note that at the beginning, when there was no drug uptake in the abnormal part of the lung, light was projected on the abnormal lung representation area of the medulla oblongata continuously for 30 seconds. The red light was then shut off. Immediately after the red light was shut off, drug uptake occurred for 14 seconds, then stopped for 11 seconds, then occurred again for 14 seconds and stopped again for 11 seconds. This cycle occurred once more and then, at the end of the “off” period of 11 seconds, the lung representation area and left ventricle representation area of the medulla oblongata were covered by an “EMF Neutralizer” manufactured by Aulterra International [51]. This “EMF Neutralizer” was of a round shape and had a diameter of about 2.9 cm. Shortly after placing this EMF neutralizer on the abnormal part of the medulla oblongata, drug uptake began and occurred continuously, i.e. without the on-off period associated with red light irradiation.

13) Why Tremolite Asbestos Could Not Be Found in the Abnormal Parts of the Upper Lungs & Was Only Deposited in the Nasal Oral Cavity & a Small Part of the Trachea & Esophagus

Because Chrysotile Asbestos has the lowest molecular weight of 277.11 among the 3 kinds of Asbestos, as can be seen in Table 1, and because its fiber is slightly curly (making it less likely to embed itself in the alveoli, unlike the other 2 types of Asbestos, which are long and needle-like), it seems to be more easily and quickly excreted from the body with our present treatment. Tremolite has a molecular weight of 812.37 and Crocidolite has a molecular weight of 935.90, which is at least 3 times larger than Chrysotile. Since Crocidolite has the highest molecular weight and a more irregular surface compared with the other 2 types of Asbestos, it may take the longest time to come out of the body. The reason why Tremolite can only be found in the nose, oral cavity, and a small part of the right side of the trachea of the upper respiratory tract and the upper part of the esophagus may be due to its large particle size and actual heavier weight than Chrysolite and Crocidolite, in spite of the fact that the molecular weight of Tremolite is slightly less than Crocidolite.
Fig. 6: Top photograph shows high-power red light beam from 100-mW LED being projected on the lung and left ventricular representation areas of the medulla oblongata in order to initiate drug uptake in the abnormal areas of the upper lungs. This resulted in alternating drug uptake “on” and “off” periods, which caused significant improvement of asthma symptoms.

Fig. 7: Left photograph shows application of EMF neutralizer (2.9 cm diameter), which was placed on the lung and left ventricular representation areas of the medulla oblongata in order to convert alternating drug uptake “on” and “off” periods to continuous drug uptake, which resulted in complete disappearance of asthma symptoms.
<table>
<thead>
<tr>
<th>Type of Asbestos</th>
<th>Chrysotile</th>
<th>Crocidolite (Riebeckite)</th>
<th>Tremolite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular Structure</td>
<td>Mg₃Si₂O₅(OH)₄</td>
<td>Na₂Fe₃⁺Fe₇⁺Si₆O₂₂(OH)₂</td>
<td>Ca₂Mg₃Si₄O₂₂(OH)₂</td>
</tr>
<tr>
<td>Molecular Weight</td>
<td>277.11</td>
<td>935.90</td>
<td>812.37</td>
</tr>
<tr>
<td>Color</td>
<td>White (appeared black in ceiling, as parts of black stone)</td>
<td>Blue</td>
<td>Blue</td>
</tr>
<tr>
<td>Origin of name</td>
<td>Named in 1834 from the Greek chrysos - &quot;gold&quot; and tilos - &quot;fiber.&quot;</td>
<td>Named after the German traveler, Emil Riebeck (1853-1885)</td>
<td>Named after its locality, Tremola Valley, Alps.</td>
</tr>
<tr>
<td>Health effects</td>
<td>Smallest molecular weight &amp; relative softness make its size small &amp; its entrance into lung &amp; skin &amp; exit from them relatively easy, as demonstrated in our treatment. As Omura Y.'s study showed, almost every malignant tumor &amp; some mesotheliomas have very high amount of Chrysotile of 0.15 mg BDORT units or higher. Increased in Alzheimer's disease, Autism, Morgellons disease, &amp; many chronic, intractable diseases &amp; pain. Chrysotile can be eliminated non-invasively when size is small.</td>
<td>Difficult to remove from lungs because of its heavy molecular weight &amp; relatively short, sharp, needle-like structure, with large ball-shape at one end. Can cause mesothelioma &amp; malignancy. Primarily found in South Africa but also in Australia. If particle size is very small, Crocidolite, as well as Tremolite, can be excreted to urine &amp; sputum by increasing normal cell telomere to over 50 ng, although it will come out more slowly than Chrysotile.</td>
<td>Sharp, long, thick needle-like structure &amp; heavy molecular weight make it difficult to remove from human body &amp; can cause serious mesothelioma &amp; malignancy, including squamous cell carcinoma of esophagus &amp; upper respiratory tract &amp; lung cancer, as it has very strong carcinogenic effect, but it can be removed slowly. Vermiculite from Libby, Montana, USA is of special concern because it contains Tremolite. Can be removed slowly if size is small</td>
</tr>
</tbody>
</table>

Table 1: The relationship between 3 different types of Asbestos, Chrysotile, Crocidolite, and Tremolite, their molecular structure, molecular weight, physical appearance, origin of names, and potential health hazards. [photographs of 3 Asbestos, see: http://www.webmineral.com]
14) Tremolite Asbestos as Potential Cause of Squamous Cell Carcinoma of Upper Esophagus, While Most Specialists Look For Lung Cancer & Mesothelioma of Lung

When Tremolite Asbestos positive area (See Fig. 2) is examined, both Integrin α5β1 and Oncogene C-fos Ab2 were increased to 5-15 ng (BDORT units), each indicating a very early stage of malignancy. However, in the small circular area indicated by the lower white arrow under the chin in Fig. 2, squamous cell carcinoma of the esophagus (resonance with microscope slide of squamous cell carcinoma of esophagus and this small area was - 6) was detected. In this squamous cell carcinoma positive area (about 1 cm diameter circular area under the chin), Integrin α5β1 was 15 ng, Oncogene C-fos Ab2 was 15 ng Thromboxane B2 was 50 ng, DHEA was 0.25 ng, and, in addition to the Tremolite Asbestos, Chrysotile Asbestos was 0.15 mg (BDORT Units). At that time there were both bacterial viral infections and mouth was very dry. However, due to the beneficial effect of increasing normal cell telomere to 650 ng (BDORT units) by taking one optimal dose of Astragalus, squamous cell carcinoma response in the esophagus could no longer be detected after all the Asbestos had been eliminated. This finding suggests that Tremolite Asbestos is highly carcinogenic for the upper esophagus when it enters the tissue together with Chrysotile Asbestos more so than for other organs around the nasal and oral cavities and the trachea. Therefore, it should be considered that Torenolite asbestos is one of the most important causes of squamous cell carcinoma of the esophagus.

After the broken ceiling was completely fixed with Asbestos-free materials and the room was cleaned, the first author decided to see if the asthma attack would recur if he entered the Asbestos-contaminated room. The author came close to the bookshelf which still had dust with Asbestos on it, but no respiratory problems or any wheezing recurred. Therefore, the first author began to sleep in this contaminated room to see if an asthma attack would develop, but no attack occurred the first night. Therefore, he has been sleeping in the same room for 6 months without opening the room’s windows, and there has been no recurrence of an asthma attack.

15) Result of Similar Treatment for Other Mild Asthma Patients

The same procedure was then tested to see if it could be applied to other persons. One young man who had been cleaning the Asbestos-contaminated room for more than 3 days also developed mild asthma-like symptoms with wheezing and coughing shortly after he opened all the windows, though he had been wearing a mask and frequently changing his clothing and mask. We applied the same procedure, since drug uptake was reduced significantly in the upper lobes of the lungs. First, one optimal dose of Astragalus was given, and then the red light from a 100mW output Light-Emitting Diode was projected on the lung representation area of the medulla oblongata. Then, just like in the first authors’ case, when the same red light irradiation was applied continuously for 30 seconds, no drug uptake occurred. But immediately after discontinuation of irradiation, the drug uptake “on” period appeared for 10 seconds, followed by
9 seconds of drug uptake "off" period. Then, 10 seconds of drug uptake "on" period appeared, followed by 9 seconds of drug uptake "off" period. After that, recurrence of 9 seconds of drug uptake "on" period and 7 seconds of "off" period continued, as shown in the second diagram in Figure 4. When this on-off pattern of drug uptake appeared, the young man's respiratory difficulty significantly improved. Shortly after this, an EMF neutralizer was applied on the back of the head to cover the lung representation area and left ventricle representation area of the medulla oblongata. Again, as with the first author, this young man's respiratory problems completely disappeared.

Since this treatment was successful for 2 people, the first author repeated the same procedure for one of his associates, a 24 year-old male whose only previous known allergy was to cats and who had suffered from asthma attacks for the past 6 months. Similar results were obtained, as shown in Figure 5.

Although the number of all types of asthma patients in the USA is considered to be more than 22 million, once asthma (with coughing, wheezing, difficulty of breathing, and chest tightness) develops, in general it is considered to be a lifelong, recurring disease [45-50]. Medical expenses can be very significant because currently available treatments are essentially anti-symptomatic treatments and these treatments never really attempt to eliminate the cause of the disease accumulated in the lungs or trachea, other than suggesting the avoidance of external sources of allergens.

16) New Information & Possible Mechanism Obtained from this Study & Future Prospects for Asthma Treatment

In this article, the authors presented one special case of a sudden, severe intractable asthma attack, where the possible cause of the allergen was identified as 2 types of asbestos accumulated in the upper parts of both lungs. When these asbestos as allergens were completely eliminated by excretion into the urine and sputum (and also feces, although we did not check every day), even when the patient entered the environment which had asbestos-containing dust, no asthma attack developed (even when the patient lived and slept in the room for 6 months without opening the room's windows). This indicates the following possibilities:

(1) In addition to biochemical and biophysical reaction to the deposited Asbestos due to its direct contact with the body tissue, there may be another cause for a reaction: a strong, invisible electromagnetic field resonance may be produced between Asbestos accumulated in the lungs and Asbestos outside the body. According to this concept, the degree of electromagnetic field resonance is at a maximum when the amount of Asbestos in the lung is identical to the amount of Asbestos outside the body. Therefore, when more Asbestos accumulates in the lungs, stronger electromagnetic field resonance may take place, which
creates an additional inflammatory reaction in the surrounding lung tissue. The muscles in
the tissue may lose the ability to contract and relax, and eventually the muscle tissue remains
in a completely relaxed condition, as it has been well demonstrated that electromagnetic field
resonance between 2 identical substances results in the loss of muscle tone. Therefore, if this
concept is correct, there was no possibility of excreting the existing accumulated Asbestos
into the urine and sputum from the pathological parts of the upper lungs without increasing
normal cell telomere to over 500 ng.

(2) When large amounts of allergen accumulate in the lung and they are producing
electromagnetic resonance with external allergens, no drug uptake takes place in the areas
with accumulated allergen, marked circulatory disturbance, evidenced by markedly increased
Thromboxane B₂.

(3) Selective drug uptake enhancement to the abnormal parts of both lungs only occurs while
giving stimulation on accurate organ representation areas corresponding to the lungs. This
led to the finding that if there is strong abnormality existing at the lung and heart
representation areas of the Medulla Oblongata, no drug uptake takes place in the pathological
part of the lung.

(4) Even when normal cell telomere is increased to 650 ng (BDORT units) by taking one optimal
dose of Astragalus (or using one of the other methods listed above), the only parts of the
body that did not have an increase in normal cell telomere, improved blood circulation, and
drug uptake were the 4 abnormal upper parts of both lungs, where large amounts of 2 types
of Asbestos, Chrysotile and Crocidolite, were accumulated.

(5) When the low-power laser of 3mW output with red spectrum or large power output from
Light Emitting Diode with 100mW output with red spectra is applied on the very abnormal
lung representation area and left ventricular representation areas of the Medulla Oblongata, it
has an excessive deposit of Chrysotile Asbestos, extremely low Acetylcholine of 0.5 ng
BDORT units, and extremely high TXB₂ of 500 ng BDORT units (indicating severe
circulatory disturbances), there is a repetition of alternating appearance of drug uptake “on”
and “off” periods can be induced.

(6) Application of EMF-neutralizer, MICA-processed materials, Micro-Carbon Coil product, (+)
polarity of the Solar Energy stored paper, or (+) polarity of the Qi Gong energy stored paper
on the very abnormal parts of the lung and left ventricular representation areas of the medulla
oblongata can be used for a gradual conversion of the alternating drug uptake “on” and “off”
periods to the continuous drug uptake “on” condition, which results in the disappearance of
asthma symptoms and results in anti-asthma drugs no longer being needed.
(7) Tremolite Asbestos is highly carcinogenic for the upper esophagus and can induce squamous cell carcinoma of the esophagus, in addition to Mesothelioma and lung cancer. It can be eliminated at an early stage of malignancy by increasing normal cell telomere to over 500 ng BDORT Units and maintaining high telomere of normal cells for a long time. At every part of the oral cavity, nasal cavity surface, larynx, and pharynx where Tremolite Asbestos was deposited, Integrin α5β1 and Oncogene C-fos Ab2 were increased to 5 ng (BDORT units). This finding indicates that a very early stage of malignancy may develop in organs where Tremolite Asbestos is deposited.

(8) When normal cell telomere is increased to over 500 ng (BDORT units), all toxic substances, including bacteria (including Chlamydia trachomatis, Helicobacter pylori, Borrelia burgdorferi, etc.), viruses (including HHV-1, HHV-2, HHV-3 (VZV), HHV-4 (EBV), HHV-5 (CMV), HHV-6, HHV-7 (Roseolovirus), HHV-8, etc.), fungi, various Asbestos, Hg, Pb, Al, As, Integrin α5β1, Oncogene C-fos Ab2, β-Amyloid (1-42), Tau protein, Cardiac Troponin I, etc. will be excreted most extensively in urine. Therefore, by examining these substances excreted in the urine within a few hours after one optimal dose of Astragalus or Boswellia Serrata has been taken, one can also diagnose unexpected problems from the occurrence of excessively excreted molecules which could not detected by standard blood tests or urine analysis.

(9) This study indicates that, despite the general belief that it is impossible or very difficult to remove Asbestos from the body, in fact it is possible to remove significant amounts of Asbestos from the body when normal cell telomere is raised to over 500 ng (BDORT units) and kept above 500ng for more than 15 days.

(10) Since Asbestos is not water-soluble, no reliable laboratory test is available, and microscope and electron microscope evaluation is the accepted standard technique of identifying Asbestos, but it usually requires a few days and money and is not practical for living humans. However, using the Bi-Digital O-Ring Test Resonance Phenomenon with a known quantitative amount of Asbestos, measurements of in vivo asbestos can be made non-invasively and only in a few minutes, even from the living human. This technique should be used more widely to save money, time, and the lives of patients.

(11) Once the allergen or allergens in the lung are identified and if they can be completely eliminated, there is a possibility that asthma attacks can be eliminated for a long time, until new accumulation of allergen takes place.

Although the study presented here involved a few types of Asbestos as allergens, the authors hope that even with different kinds of allergens, once the exact location of deposits of allergens in the respiratory system are identified, similar techniques to the ones presented in this article can
be applied to improve respiratory problems or eliminate asthma completely by successfully eliminating deposited allergens from the respiratory system by increasing normal cell telomere to over 500 ng (BDORT units) through a number of approaches mentioned here. However, to accomplish these aims, further research is required to clarify many questions generated from this clinical report.

ACKNOWLEDGEMENTS

The authors wish to acknowledge the help of these part-time research assistants of the Heart Disease Research Foundation: Filip Jagodzinski, M.S., Ph.D. candidate, Nazir Khan, B.A., and Bonnie Ellman, B.A., M.A.,

(This research has been supported by the Heart Disease Research Foundation.)

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SEVERE ASTHMA WITH MARKEDLY INCREASED ASBESTOS OF 2 TYPES OF TXB2


