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Biography

Yoshiaki Omura received Oncological Residency training at Cancer Institute of Columbia University & Doctor of Science Degree through research on Pharmacoelectro-Physiology of Single Cardiac Cells *in-vivo* and *in-vitro* from Columbia University. He researched EMF Resonance phenomenon between 2 identical molecules for non-invasive detection of various molecules, at Graduate Experimental Physics Dept., Columbia University, for which he received U.S. patent. He is also the creator of Bi-Digital O-Ring Test. He published over 280 original research articles, many chapters, & 9 books. He is currently Adjunct Prof. of Family & Community Medicine, New York Medical College; President & Prof. of Int'l College of Acupuncture & Electro-Therapeutics, NY; Editor in Chief, Acupuncture & Electro-Therapeutics Research, Int'l Journal of Integrative Medicine, (indexed by 17 major int'l Indexing Periodicals); Formerly, he was also Adjunct Prof. or Visiting Prof. in Universities in USA, France, Italy, Ukraine, Japan, Korea, & China.

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Note:

EARLY, NON-INVASIVE, RAPID DETECTION OF VARIOUS CANCERS BY 1) FACIAL ORGAN REPRESENTATION AREAS (INCLUDING EYEBROWS, NOSE, UPPER & LOWER LIPS), 2) MOUTH, HAND, & FOOT WRITING FORM, 3) RAPIDLY CHANGING PART OF QRS COMPLEX & RISING PART OF T-WAVE OF ECGS, 4) ABNORMAL BDORT CHANGES AT THYMUS GLAND REPRESENTATION AREAS

Using highly sensitive electromagnetic field (EMF) resonance phenomena between 2 identical molecules with identical weight, we can detect non-invasively any molecules existing inside the body including any cancers without taking blood or biopsies. The method was developed at Graduate Experimental Physics Laboratory of Columbia University. The method was used for detecting Organ Representation Areas (ORA) of specific internal organs. This method is known as an important part of the 4 components of method known as Bi-Digital O-Ring Test (BDORT) for which US Patent was given. The author developed the following different, non-invasive, diagnostic methods: 1a) Using ORA of the face including eyebrows, nose, upper & lower lips by detecting visible changes as well as invisible changes with corresponding biochemical changes. For example, as visible change of malignancy, when specific part of the eyebrow hairs become white in the early stage of the cancer & along the development of cancer the hair disappears. Since the author found different parts of the eyebrows represent specific internal organs, for example if the hair in the lateral end part of the eyebrow becomes white and hair starts disappearing, cancer in the stomach or esophagus can be suspected. In the abnormal areas where there is no hair, if there is a cancer there is always corresponding biochemical changes such as increase of Oncogen CfosAb2 or Integrin $\alpha 5\beta 1$ & 8-OH-dG which always increases in the presence of malignancy. If the malignancy becomes more aggressive and begins to metastasize, DNA mutilation is always increased and in the abnormal area, 8-OH-dG which is proportional to DNA mutation, is always increased. 1b) Appearance of deep crease. Typical example is deep, horizontal crease about 1.5cm below the lower lip. If the BDORT of the deep crease is abnormal (-)7 or higher (-) value, one can immediately suspect prostate cancer in men and uterus cancer in women. 1c) Abnormal, round projection above the chin often indicates if BDORT is (-)7 or higher (-) value, immediately ovarian cancer can be suspected in women and malignancy of testes or testes-related tissue. 1d) Appearance of discoloration such as brown color at pancreas representation area. 1e) Invisible changes such as abnormal, negative BDORT changes of (-)7 or higher (-) values so the

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June 21 - 22, 2018 | Osaka, Japan

quickest estimate can be made at upper & lower lips as well as nose and breast ORA of the face. For example, in the absence of any visible change, if right upper midline side which represents the stomach has BDORT of (-)7 or higher (-) value, immediately stomach cancer can be suspected. 2) One page of Mouth, Hand, & Foot Writing Form. Completion of it takes 5-10 minutes by each patient. Almost any cancer can be localized from this recording without knowing anything about the patient. 3) From rapidly changing QRS Complex as well as rising part of the T-wave, cancer can often be detected. 4) Abnormal BDORT changes at Thymus Gland ORA. There are 2 additional Thymus gland ORA in the back of each hand in addition to 1 major Thymus gland ORA on the surface of manubrium bone at upper center of the chest. In addition, BDORT of these 3 Thymus gland ORA is average adults is (-)2 but when it becomes less than (-)1 or (+), there is high incidence of malignancy for the corresponding organs. Using these non-invasive, early cancer detection methods, before any standard laboratory test can detect malignancy, we can often detect malignancy long before standard laboratory tests can detect and we can treat cancer in early stage with non-invasive, individualized, safe, effective, economical treatment.

