

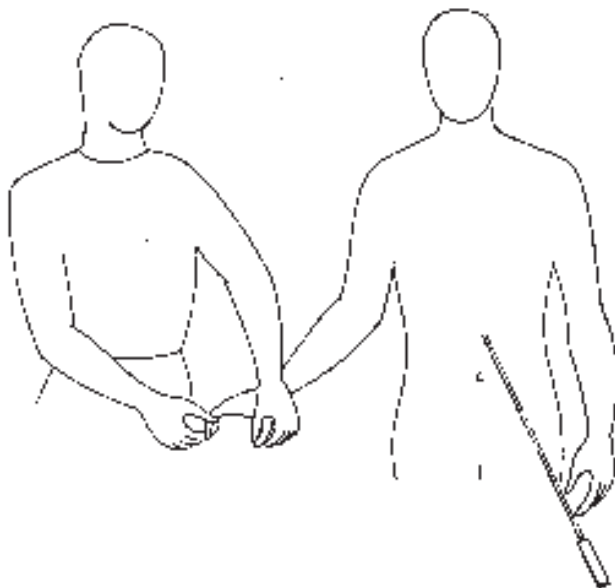
## Bi-Digital O-Ring Test for Imaging and Diagnosis of Internal Organs of a Patient

Patent No. 5,188,107 Inventor: Yoshiaki Omura, 800 Riverside  
Dr., Apt. 8-1, New York, N.Y. 10032 Issued: February 23, 1993

It is the primary object of the present invention to provide a method which permits imaging of internal organs, localizing exact organ representations at the front and back of the body of a patient and to provide significant diagnostic capabilities.

This object is realized by the present invention which relates to a method of imaging an internal organ of a patient for purposes of medical diagnosis which comprises having the patient place the finger tips of his thumb and any one of his other fingers of one of his hands together to form an O-ring shape.

Determination of which of the other finger is utilized is made by pre-testing for comparability of strength between the patient and the person conducting the test e.g., the tester. For example, the patient will initially form the O-ring shape with his thumb and index finger. The tester will then interlock an O-ring shape comprising his thumb and index finger about the patient's O-ring shape. If the tester and patient are of compatible finger strength then this particular interlocking arrangement of O-ring shape can be used. If the patient and the tester are of compatible strength than the tester should not be able to open the O-ring shape of the patient. If the patient's O-ring opens too easily then the tester should use a weaker finger than his index finger and repeat this pre-testing. If the tester cannot open the O-ring with two or more finger and his thumb, then the patient should use weaker finger in the O-ring shape.



After pre-testing and formation the O-ring shape by the patient, sample tissue of an internal organ corresponding to the organ to be imaged is placed on or in the close vicinity of the patient's other hand by means of a microscopic slide or any conventional means.

The method further includes non-invasive external probing of an internal organ of a patient with a probing device including a rod-shaped instrument while simultaneously attempting to pull apart the O-ring shape by means of placing the tester's thumb and corresponding remaining finger about the O-ring of the patient and exerting pressure outwardly so that an electromagnetic field of the tissue sample interacts with an electromagnetic field of any cancerous tissue of the internal organ of the patient being probed and this interaction is detected by the ability to pull apart the O-ring shape.

The person conducting the test places his thumb and one of his other fingers of each of his hands within-the patient's O-ring shape thus forming interlocking O-rings as shown in FIGS. 1-3. The electromagnetic field produced by the tissue will interact with the electromagnetic field of organ being imaged and this interaction would be detected by the ability to pull the thumb and index fingers of the patient apart thereby opening the O-ring shape.

A different embodiment would involve using a light source or light beam with a wave length longer than a green color i.e. 434 millimicrons. Thus light sources such as yellow, red or infrared would be usable. It would also be possible to use a laser beam or any white light. A light beam must have a small diameter of 1 mm or less for accuracy.

A further application of the Bi-Digital O-Ring Test is that it can also be used to detect a particular type of malignant tumor including cancer within an internal organ of the patient. The method involves placing a sample of a pure cancerous or any other malignant tissue on the patient's hand and testing the organ to be diagnosed by any of the probing means mentioned above and performing the Bi-Digital O-Ring Test in the above-described manner. If the patient has a particular type of cancer that is the same type as that of the sample tissue in his hand, then the O-ring technique will cause his thumb and finger to be parted and accordingly the cancerous area can be imaged. By having

a set (kit) of all the commonly occurring major malignant tissue samples of different internal organs and testing the response of each of these malignant tissue samples as a form of microscopic slide type of one can routinely and quickly examine whether the patient has one or more type of malignant tumors of any internal organ.

Similarly toxicities or allergies can be tested for by depositing substances to which the patient may exhibit reaction to such as drugs, foods and drinks including aspirin, penicillin, milk products and certain vegetables. A sample of the substance is deposited in the patient's hand, the internal organ to be tested is probed and the Bi-Digital O-Ring Test is again performed.

Further it is possible to test for the effect of drugs on a patient's existing conditions. A sample of the drug can be deposited in the patient's hand and the internal organ in question can be stimulated to see whether the drug has a good or bad effect on the patient. For example aspirin is known to produce microhemorrhage on the mucus membranes of the stomach and such a toxic effect can be tested for by probing the stomach area with probing means. It is important to note that this method can be employed to determine the optimal or toxic dosage of the drug sample necessary to effect the patient either beneficially or adversely.

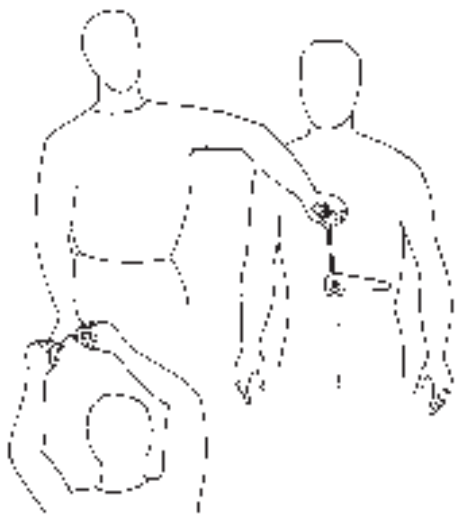
Similarly certain patients are too weak to be tested such as cancer patients and it becomes difficult to test their conditions as the O-ring shape will open easily and it will be difficult to detect a particular type of cancer or bacteria depending on what is being tested for in that patient. It is therefore a further feature of the method of the present invention that a third person be used who is first pretested with the Bi-Digital O-Ring Test. The third person is connected by electrically conductive material to the patient by means of a conductor being placed between the body surface above the internal organ of the patient

to be tested and the third person. The Bi-Digital O-Ring is then tested and performed on the third person. This is extremely effective not only for weakened adult patients but also for children or infants as well as for animals where it is not practical to directly apply the methodology of the present invention due to extreme weakness or inability to communicate with these test subjects.

An approximate scale has been worked out for testing the degree of weakness in the patient by means of the Bi-Digital O-Ring Test. If the O-ring shape formed by the patient's thumb and finger is opened to the maximum possible width during the Bi-Digital O-Ring Test then a number of minus 4 is assigned to it indicating extreme weakness. If the patient's thumb and finger form the O-ring opens to half that distance, then the number of minus 2 is assigned to it. If a patient's thumb and fingers are parted three quarters of the maximum distance then the number of minus 3 is assigned to it. If the patient's thumb and finger open to one quarter of the maximum distance then a number of minus 1 is assigned to it.

If it is necessary for a tester to use two fingers and a thumb in order to test the O-ring shape of the patient and the O-ring does not open then a number of plus 2 is assigned. If it opens, a number somewhere between 0 and plus 2 is assigned. If the tester is forced to use three fingers and the thumb and the O-ring shape does not open then it is assigned a number of plus 3. If it does open then it is assigned a number between plus 2 and plus 3. If the tester uses four fingers and a thumb and it does not open it is assigned a number of plus 4. If it does open, it is assigned a number between plus 3 and plus 4.

Generally speaking a reading of minus 3 and minus 4 indicates that a mass of cancer cells exists in the particular area of the internal organ which is being externally probed of that particular type of cancer. Minus 4 is of course the weakest reading indicating the weakest condition of the patient and plus 4 indicates the strongest condition of the patient and the numbers in between suggest the degrees between these two extremes.



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Effects of an electrical field and its polarity on an abnormal part of the body or organ representation point associated with a diseased internal organ, and its influence on the Bi-Digital O-Ring Test (simple, non-invasive dysfunction localization method) & drug compatibility test—Part I. *Acupunct Electrother Res.* 1982;7(4):209-46. No abstract available. PMID: 6131568 [PubMed - indexed for MEDLINE]

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# **Bi-Digital O-Ring Test - Historical Perspectives Corroboration of Discoveries Using the Bi-Digital O-Ring Test, with Current Research from Western Scientific Journals**

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The Bi-Digital O-Ring Test (BDORT) was discovered by Dr Yoshiaki Omura MD., Sc.D. in 1977 while trying to measure brain circulation and temperature differences in an active brain hemispheres, pathological tenderness and grasping force. Dr. Omura found that abnormalities of body with minute force cause weakening of the O-ring formed by the thumb and one of the remaining fingers.

If one holds a toxic substance in the hand over a specific organ, the ring opens. The pancreas in a diabetic was the first organ mapped. Slides of tissue were used to map out the organ representation area of the corresponding organ. Resonance Phenomenon was tested with 2 LC resonance circuits of identical frequency. One LC circuit on the palm of the hand of the O-Ring hand and one at distance.

The O-Ring was found sensitive even approx 200 meters - confirming high sensitivity of O-Ring to resonance phenomenon and its electromagnetic nature. Therapeutic effect discovered where ideal medication to infection causes O-Ring to close - due to complimentary resonance. Toxic effect measurement, causing O-Ring to open, also noted. Extensive research ensued with eventual U.S. patent in 1992 and suggestions of new etiology of diseases.

Viral and bacterial causes for non-infectious disease previously considered to be non-infectious were discovered. Role of heavy metal deposit in infected tissues was discovered. Treatment with new antivirals and chelators e.g. EPA-DHA and Cilantro discovered. In the 1990's, new studies appear to corroborate the O-Ring discoveries. BDORT discoveries and Western Journal corroboration are presented. One example:

Omura Y, Heart Disease Research Foundation, Brooklyn, N.Y. 11201.

Acupuncture & Electrotherapeutics Research, The International Journal, 13:131-45, 1988

Using the "Bi-Digital O-Ring Test, it was possible to demonstrate that, among bacterial and viral infections, the most common cause of infection associated with the appearance of hypertension is chlamydia, herpes simplex virus, cytomegalovirus, or Epstein-Barr virus. Particularly chlamydia and/or herpes simplex virus, with or without coexistence of other microbes.

Hypertension, 31:589-94, 1998 Feb

AB-Several studies have implied an association between Chlamydia pneumoniae (C. pneumoniae) and cardiovascular disease. Our study was designed to determine whether this organism is associated with severe essential hypertension in a multiracial British population. Antibodies to C. pneumoniae were measured by microimmunofluorescence in 123 patients. The hypertensive patients differed significantly from their matched control subjects in their level of previous infection, with an odds ratio of 2.5 (95% confidence interval, 1.3 to 4.7).

Other articles support the relationship between infection and non-infectious diseases suggested by clinical experience with the BDORT.

Omura Y, Heart Disease Research Foundation, Brooklyn, N.Y. 11201.

Acupuncture & Electrotherapeutics Research, The International Journal, 15:51-69, 1990

Using the Bi-Digital O-Ring Test (BDORT), found that most of the cancer tissue of the lungs or digestive system contained viruses such as HTLV-2 (often found in adenocarcinoma of the lung, stomach, head of pancreas, and colon) or HTLV-1 (often found in small-cell carcinoma of the lung and certain types of leukemia).

Stroke, 30:299-305, 2/1999

Several studies have indicated that high titers of antibodies to *Chlamydia pneumoniae* and CMV are associated with coronary heart disease. Conclusions: Seropositivity for *Chlamydia pneumoniae*, but not for CMV, was associated with an increased risk for future cardiovascular disease and, in particular, stroke.

Pol Merkuriusz Lek, 4:289-91, 1998 MAY

Several investigations in the eighties and then in early nineties showed the relationship between the incidence of arteriosclerosis, especially of the coronary arteries and antibodies of *Chlamydia pneumoniae* in serum. *Chlamydia pneumoniae* has tendency to accumulate in the respiratory system, but also in the arteries affected by arteriosclerosis.

Journal Antimicrobial Chemotherapy, 41 :85-92, 1998 Jan

AB-Chronic *Chlamydia pneumoniae* infection, characterized by elevated levels of *C. pneumoniae* IgG and IgA antibodies and immunocomplexes, is associated with myocardial infarction and angiographically verified coronary heart disease. *C. pneumoniae* organisms have also been found in coronary atheromas, but not in healthy vessels. Thus extended doxycycline therapy did not affect *C. pneumoniae* antibodies or coronary heart disease risk factors. We conclude that doxycycline monotherapy may not be sufficient to eradicate chronic *C. pneumoniae* infection.

Stroke, 27:2207 1996 Dec

We investigated the frequency of chlamydial seropositivity circulating immune complexes in cerebrovascular disease. We conclude that chronic infection with *C.pneumoniae* is associated with an increased risk of stroke and transient ischemic events.

European Archives of Psychiatry and Neurology Science, 238:110-3, 1988

This finding is in agreement with the cytomegalovirus hypothesis of schizophrenia and hints at the possibility that viral infection of the temporal cortex may in some sporadic cases be a contributing factor to the development of schizophrenic psychoses.

Annals of Internal Medicine, 1996 Jan 1

To determine whether herpes simplex virus type I (HSV-1) causes Bell's palsy. Herpes simplex virus type 1 genomes were detected in 11 of 14 patients (79%) with Bell's palsy but not in controls. The PCR fragments were the HSV-1 genome. Conclusion: Herpes simplex virus type 1 is the major etiologic agent in Bell's palsy.

Crohn's disease is a granulomatous disease of the intestinal tract. Its cause is unknown, but the disease is in common with Johne's disease, an intestinal infection of animals caused by *Mycobacterium paratuberculosis* (In 1994, Prantera and coworkers conducted a double-blind trial to determine the efficacy of antimycobacterial drugs in maintaining remission of Crohn's disease. 40 steroid-dependent Crohn's disease patients receive 2 months of steroids plus a 1-time dose of rifampin, 9 months of ethambutol, clofazimine and dapsone + placebo treatment was effective for Crohn's disease patients for the relief of symptoms and maintenance of remission.)

Journal of Spirochetal and Tick-Borne Diseases 5(4):54-62, 1998. Evidence for *in utero* transmission of *Borrelia burgdorferi* from naturally infected cows. Thirteen of the fifteen adult cows had positive *Borrelia burgdorferi* antibody titers (range 1:64-1:256). It is concluded that there is now scientific evidence that would justify further study of the BDORT.

# **Non-Invasive & Quick Diagnostic Method using the Bi-Digital O-Ring Test Resonance Phenomenon Between Two Identical Substance**

For the Early Detection of Intractable Medical Problems

Such as Cancer, Pain, Cardiovascular & Neurological Diseases

And Their Effective Treatment Using the Selective Drug Uptake Enhancement Method

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## **ABSTRACT**

In 1982, the author discovered that when a patient held a slide of a cancer cell that was identical to the cancer existing in the patient's own body, the O-ring formed in the patient's other hand will become markedly weak due to resonance phenomenon between two identical substances, for example, between a microscope slide of adenocarcinoma of the lung and adenocarcinoma existing in the patient's lung. But for the screening of cancer in the subject who has no symptoms or complaints of specific internal organs, this method required many cancer slides of different issues, as different internal organ tissues needed to be tested.

In the late 1980's, the author's cancer slides sent by airmail from New York to Tokyo for a conference arrived as glass powder; therefore, the author began to look for an alternative approach that did not require each cancer slide of different organs, but instead he actively searched for the common parameters that co-exist in various types of cancer and pre-cancer. As a result, in the early 1990's, the author found that the following substances co-exist in pre-cancers and cancers: 1) a marked increase in Integrin $\alpha_3\beta_1$ ; 2) a marked increase in Oncogene C-fos Ab2; 3) a marked increase in Hg; 4) a marked decrease in Acetylcholine (usually less than 1/1000 of the normal amount); 5) viral infection.

In addition, during 1996- 1998, the following factors were also found in cancer and pre-cancer: 6) a marked decrease in NO (nitrogen monoxide), less than 1/1000 of normal; 7) a marked increase in glucose uptake (Max: 2X blood glucose concentration); 8) a marked increase in Rb (Ab-8); 9) a marked increase in p53 (Ab-5); 10) increase in the basic unit of human Telomere TTAGGG (Max: 2X Normal Tissue Telomere TTAGGG); 11) increase in the basic unit of human Telomere CCCTTA (Max: 2X Normal Tissue Telomere CCCTTA).

Using Integrin $\alpha_3\beta_1$  in the resonance phenomenon test, the author has detected many types of cancers and pre-cancers. Since the early 1990's, the author succeeded in screening cancer at a distance without touching the patient in about 2 minutes, by projecting a red spectrum laser beam from a pocket laser pointer to the patient's palms and lower extremities where the skin is exposed. When the resonance shows a strong positive, we localize the exact location, which used to take 30 minutes to 1 hour. However, since the summer of 1999, using a bar-type laser beam with Integrin $\alpha_3\beta_1$  as the reference control substance in the test, the author not only is able to screen cancers and pre-cancers in the early stages but also localize the exact location by an X-Y scanning of the entire body in less than half an hour.

When these locations are identified, the patient is sent to standard laboratory tests to try to confirm the findings. If the standard laboratory tests, such as cancer markers by blood test, X-ray, CT scan or MRI, fail to confirm the Bi-Digital O-Ring Test positive finding for cancer or pre-cancer, the author considers this condition as pre-cancer. Even when standard laboratory tests are negative, the author recommends repeating the tests periodically, as some of the patients who did not repeat the laboratory tests developed cancer later on, and terminal cases were discovered from anywhere between 3-7 years later.

Using the Bi-Digital O-Ring Test, the author found that a mixture of EPA (Eicosa Pentaenoic Acid) and DHA (Docosa Hexanoic Acid) has a potentially strong antiviral effect and anti-cancer effect and when it is given with Selective Drug Uptake Enhancement Method, it inhibits further growth of cancer. In the abnormal presence of an excessive deposit of Hg in cancer cell nuclei, chromosomes will be greatly affected by the absorption of electromagnetic fields by these metals, and this will further contribute to the formation of abnormal genes.

Therefore, removal of Hg from inside of the pre-cancer and cancer cells, particularly the Hg inside the cell nuclei, is a very important objective of the treatment. As a solution to this problem, the author discovered that Cilantro can remove Hg, Pb, and Al. By giving additional Cilantro (to remove metals from cancer tissue) together with EPA and DHA with Selective Drug Uptake Enhancement, to the cancer tissue or the metastatic tissue, the cancer often shrinks significantly.

Screening of potential cardiovascular problems is also performed using homocysteine as a control substance to detect resonance. Similarly, using the monoclonal anti-body of various viruses and bacteria, one is able to identify pathogenic factors using the Bi-Digital O-Ring Test Resonance Phenomenon between two identical substances. The author found that the major cause of intractable pain is due to Herpes Simplex Type I virus or occasionally Herpes Simplex Type II virus infection with or without bacterial infections.

When the Selective Drug Uptake Enhancement Method is applied, more than 90% of the cases of intractable pain are eliminated by a mixture of EPA and DHA as an effective anti-viral agent and Cilantro to remove localized deposits of metal such as Hg, Pb and Al (these metals inhibit anti-viral effects of EPA and DHA). Along with the administration of effective medication selected by the Bi-Digital O-Ring Test, the Selective Drug Uptake Enhancement Method, by various stimulation (including acupuncture, pinching, Shiatsu, (+) Qi Gong energy stored paper, heat including moxa, low pulse repetition rate electrical stimulation, a specific magnetic pole) of the accurate organ representation area corresponding to the pathological area, ensures that the medications will be delivered to the pathological areas selectively. By repeating this procedure each time medication is given and also giving stimulation in between times, and if one is able to maintain the drug uptake at a therapeutic level for 24 hours continuously, usually the therapeutic result is far superior to any other treatment, because if one simply gives effective medication, the only place the drug does not reach therapeutic levels is in the pathological areas.

There are many factors that inhibit drug uptake, among them are:

- 1) O-Ring Test-negative underwear, some of which are synthetic and dyed, and even natural cotton, if it is over whitened or dyed with substances harmful to the body.
- 2) Labels attached to underwear. Most labels which touch the skin will inhibit drug uptake.
- 3) Jewelry and metal watches contacting the skin, including bracelets, necklaces, and earrings, particularly those made of metal.
- 4) Simultaneous multiple drug intake which results in drug interaction and canceling effects. Often cancer patients think that if they take more than 3 or 4 effective anti-cancer drugs, they will have a better chance of surviving. As a consequence, many patients take multiple known anti-cancer drugs, both medically approved and unapproved and often all the anti-cancer effects can be cancelled due to drug interaction. But with the Bi-Digital O-Ring Test, one can often correctly estimate the potential drug interactions and canceling effects, as well as the effectiveness of each medication and optimal dose before actually taking drugs.
- 5) Pain medicine. Non-steroidal and anti-inflammatory medicine often inhibits and anti-cancer effects of medication.
- 6) Touching right and left hands or right and left lower extremities together, including crossing of the legs.
- 7) Exposure to environmental electromagnetic fields.

Thus, in order to have a successful therapeutic result, it is possible to select effective and compatible medications with minimum side effects on normal body tissues by selectively delivering effective drugs to the pathological internal organs, while markedly reducing drug uptake to the normal parts of the patient's body.

# Transmission of Molecular Information on Molecular Structures and Amounts of the Molecules Through the Recorded Traces of Photons, Sound Waves, and Electric Currents Coming Through Biological Tissue and Their Clinical Application For New Non-invasive Diagnosis and Treatment of Intractable Medical Problems

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## Abstract

In 1984, the author discovered that a photon passing through or going through the close vicinity of a certain molecule, can transmit information bi-directionally (in the direction of photon is traveling and the direction the photon is coming from) concerning the molecular structure of the molecule, the amount of the molecule present and its electromagnetic parameters. Subsequently the author succeeded in the extraction of visible or invisible molecular information from photographs, the film of X-rays, CT scans, MRI's, and ultrasonic imaging.

In the early 1990's, the author was asked indirectly by the Director of the Tokyo Zoo through Prof. T. Matsubara of Azabu University Veterinary Medical School in a suburb of Tokyo whether one can diagnose lions in cages without the examiner entering inside the cage and without making the lion unconscious by injecting an anesthetic agent. Using animals in Prof. Matsubara's institute, with his assistance, the author tested the feasibility of examining at a distance with the use of a pocket laser beam pointer and control substances, parasites in animals in penned areas or in animals moving freely, such as horses. Since this proved to be feasible, the author began to use this method for the screening of bacteria, viruses and parasites in both animals and humans without directly contacting them.

A few years later, this method was applied to the screening of cancer by the author in Warsaw, Poland. A third person who serves as an intermediary without directly touching the patient, holds a miniature laser to radiate a red spectrum soft laser beam of less than 1mW while holding Integrin $\alpha$ 5 $\beta$ 1 as a reference control substance. From a distance and without directly contacting the patient, the third person assisting in the indirect Bi-Digital O-Ring Test projects the laser beam at a distance of usually within 20m at the patient, who is to be examined, in order to detect any resonance between the control substance and the identical substance in the patient's body. For quick screening of cancer (in about 2 minutes), the author radiates the laser beam at the hands and the legs of the patient, one by one, where the skin of the extremities is exposed. When there is a strong resonance between 60ng

Integrin  $\alpha$ 5 $\beta$ 1 and the same molecule inside the patient's body, one can estimate the presence and approximate location of either cancer or pre-cancer often before it can be detected by standard laboratory tests such as X-ray, CT Scan, MRI or blood chemistry. Since the summer of 1999, in order to localize the exact location of the pathological areas of the entire body, we have been successfully using X-axis and Y-axis scanning with a bar of laser light instead of laser beam pointer. Using this technique, we often discover additional metastasis of cancer which was not even suspected.

Since photons transmit molecular information, in the late 1980's the author did an experiment by taking photographs of different molecules and then testing whether it was possible to identify each molecule from the photograph using the Bi-Digital O-Ring Test resonance phenomenon with a control substance. He found that it was possible to identify the substances and semi-quantitatively to determine the approximate amount. The author then tested whether disease information could be detected from a photograph of the skin above a diseased organ. It was also found that it is possible to determine a significant amount of information, although it is less reliable than using an X-ray, CT scan or MRI.

In the early 1990's, the author thought that X-rays (photons with very short wavelengths) may also carry all the molecular information of the part of the human body that they pass through. This idea was found to be correct by repeatedly testing with a known control substance to detect resonance between the identical molecule inside the body. The author compared this findings from direct examination of the patient using the Bi-Digital O-Ring Test with the findings from the Bi-Digital O-Ring Test examination of the patient's X-rays, CT Scans, and MRI's. Using the Bi-Digital O-Ring Test, he found that even when an abnormality is invisible in the X-ray, CT Scan and MRI, the information obtained with the Bi-Digital O-Ring Test from the patient and from modern medical imaging devices is almost identical. Therefore, in cases where a patient

cannot travel because of far distances or because of serious diseases, it is possible to estimate the cause of disease and potential treatment through the Bi-Digital O-Ring testing of the developed or printed X-ray, CT Scan or MRI of the patient's diseased area. Some of these clinical applications were published in the mid 1990's.

If the photon can transmit molecular information, the question was whether sound, such as ultrasonic waves, could also transmit molecular information when they pass through body tissue. Using ultrasonic imaging of normal and abnormal tissue, the author found the imaged organ will produce resonance with a microscopic slide of identical tissue. When the sonogram of a malignant tumor is tested, a substance which appears in cancer, such as Integrin $\alpha$ 5 $\beta$ 1, produces strong resonance. With the sonogram of a cancer of the uterus, when the monoclonal antibody of the Human Papilloma Virus is used as a reference control substance, a strong resonance is often produced.

Since the early 1990's, the author also postulated that if the photon can transmit molecular information, biological electric current may also carry information about the location on the body tissue where the specific bioelectricity was generated. If this is true, the ECG should contain the molecular information about the areas of heart where each part of the ECG is generated. For example, with the author's own ECG recordings, on the recorded ECG traces for the Standard Limb Lead ECGs and Pre-Cordial ECG recordings, the right atrium tissue produces resonance at approximately the first 100 millisecond duration before the beginning of the P-wave, where the trace shows no visible potential. (This findings is somewhat contradictory to the present concept of the mechanism of the P-wave generation, but there must be some reason for it.) The SA node produces resonance during the early part of this pre P-wave period. The left atrium produces strong resonance during the entire visible P-wave up to the end of the P-wave, while other cardiac tissue will not produce significant resonance on the recorded P-wave trace. Between the end of the P-wave and the beginning of the Q-wave, Purkinje fibers produce strong resonance. On the QRS-wave complex, left ventricular tissue produces strong resonance at the QR segment, and the right ventricular tissue produces strong resonance at the RS segment. When the T-wave is examined, the left ventricle also produces strong resonance at the recording between the end of the S-wave and the end of the T-wave. But right ventricular tissue produces strong resonance at about a 100 millisecond duration after the end of the T-wave. (This new information may explain the genesis of the U-wave, which often appears after the end of the T-wave, but the mechanism of the genesis of the U-wave is not well understood.) When the normal ECG is

tested with the Bi-Digital O-Ring Test, the O-Ring will not open, but when there is an abnormality in the ECG and the ECG trace is tested with the Bi-Digital O-Ring Test without holding any substance, the O-Ring will open. When the ECG trace is tested with effective medication, the O-Ring will no longer open. In addition, when cardiac tissue is infected by bacteria or a virus, a microscope slide of the bacteria or the monoclonal antibody of the virus produce significant resonance, depending on the degree of infection. Also, drugs taken by the patient that exists in the heart can be detected from the recorded ECG trace by the Bi-Digital O-Ring Test Resonance Phenomenon, using the specific drug as a reference control substance.

Similarly, the recorded trace of the electroencephalogram (EEG) was examined. When microscope slides of different parts of the brain are tested on the recorded EEG trace, they all produce various degrees of resonance, while tissue other than the brain do not produce any significant resonance. When the EEG of a patient with confirmed Herpes Simplex Type I Virus infection of the brain was examined, only the monoclonal antibody of the Herpes Simplex Type I Virus produced resonance with the recorded EEG trace of the infected area of the brain. Also, when the abnormal EEG trace is tested with the Bi-Digital O-Ring Test, the O-Ring will markedly open, depending on the degree of the abnormality. When the EEG trace of a patient with a viral infection of the brain, such as Herpes Simplex Type I Virus, is tested with an effective antiviral agent, such as Acyclovira or a more effective substance such as a mixture of EPA (Eicosapentaenoic Acid) and DHA (Docosahexanoic Acid), the abnormal O-Ring weakening phenomenon disappears completely.

Similarly, on the electromyogram (EMG) the muscle tissue identical to the muscle in which the EMG recording electrode was inserted produces maximum resonance, as compared with muscles from different parts of the body. In addition, when a muscle is infected by bacteria or a virus, a microscope slide of the bacteria or the monoclonal antibody of the virus produce significant resonance, depending on the degree of infection.

According to these findings, from any abnormal bioelectric recording such as ECG, EEG, or EMG as well as bioelectric potentials from other parts of the body, one can identify where the electrical signal is originating from and what bacteria, virus, or toxic substance may exist in the area where the potential is generated, using the Bi-Digital O-Ring Test Resonance Phenomena with various control substances. Furthermore, by testing various medications on the recorded trace of abnormal bioelectric potentials, one may find potentially effective medication.

# QRA™: The Three QRA™ Levels and Polarity Testing

*How is QRA™ Testing **different** from other testing techniques?*

QRA™ (Quantum Reflex Analysis) is a simple, safe and effective assessment tool for analyzing the body's biofield, its reflex patterns and its nutritional needs. QRA™ uses a special kinesiological testing method called the bidigital O-ring technique. A deficiency or imbalance in any area of the body's biofield can ultimately contribute to chronic health problems in the same area of the body or in an area that reflexes from a deficient area.

QRA™ is not a method of diagnosis but instead, focuses on analyzing the body's biofield and its reflex patterns – the true root cause of most chronic pain and health concerns. QRA™ is also a wonderful tool that can detect imbalances in the biofield so they can be corrected long before it can become an actual health issue.

Unlike other testing techniques, QRA™ uses **three levels of muscle reflex responses**:

- **Level I: Light Touch**. In QRA™ Level I, the patient (person being tested) uses their own hand (the pads of the forefinger and middle finger) to lightly touch various QRA™ reflex points on their own body while the practitioner uses the patient's other hand to perform the bidigital O-ring test to test each point.

Please note: QRA™ Level I (light touch) is not used in QRA™ testing. It is used mostly for demonstration purposes only.

When you use only light touch on a body point, then you are NOT in the body's meridian system — you are still in the outer protective energy pattern of the body (called the "wei chi"). To gain access to the true meridian organ/gland control points (i.e. key acupuncture points), you must apply FIRM pressure (with two adjacent fingers) to the point on the body that you want to test.

If you apply only light pressure to a body point and then muscle test, some points may test strong that are *really weak*. Only testing with firm pressure on a point will tell you if the point is *truly weak* or *truly strong*. In addition, if you use only light pressure on a point, you may not be able to adequately identify which nutrients or nutritional formulas are a direct match to that point.

- **Level II: Deep Touch**. In QRA™ Level II, the patient (person being tested) uses their own hand (the pads of the forefinger and middle finger) to FIRMLY touch various QRA™ reflex points on their own body while the practitioner uses the patient's other hand to perform the O-Ring Test to test each point.

Please Note: As stated above, FIRM pressure is essential when testing each point (not just light touch), otherwise, you may not be testing the body's meridian system (only the wei chi). This is one of the essential differences in QRA™ Testing vs. other types of testing techniques.

- **Level III: Stress Tapping**. In QRA™ Level III, the patient uses their own hand (the pads of the forefinger and middle finger) to FIRMLY stress-tap a QRA™ reflex point on their own body (4 to 8 taps in rapid succession) and then hold it, while the practitioner then uses the patient's other hand to perform the O-Ring Test.

Using QRA™ Level III is essential to determine if a point has been reasonably detoxified and strengthened and thus, will now test strong even after 4 to 8 stress taps.

## Testing Both Polarities on Each QRA™ Point

Advanced bio-magnetic research demonstrates that the tips of each finger of the human hand have alternating polarities. For example, the forefinger of the right hand is positive (south), the middle finger is negative (north), the ring finger positive (south), the little finger negative (north), etc. On the left hand, it is the opposite: the forefinger is negative (north), the middle finger is positive (south), etc.

Therefore, if a QRA™ point on the body is tested with only one finger, then only one polarity is being tested. If that polarity tests strong (but not the opposite polarity), then the muscle test will not be accurate.

In QRA™, the patient is requested to always use two adjacent fingers so both polarities (both negative and positive) are always being tested against each point. Therefore, if the QRA™ point is weak with either polarity, then the O-Ring Test will test weak and you will get accurate results. If only one polarity is tested, you may get a false strong test.

**Accurate polarity testing** is another one of the unique differences of QRA™ testing.