About OMICS Group

OMICS Group is an amalgamation of Open Access publications and worldwide international science conferences and events. Established in the year 2007 with the sole aim of making the information on Sciences and technology 'Open Access', OMICS Group publishes 500 online open access scholarly journals in all aspects of Science, Engineering, Management and Technology journals. OMICS Group has been instrumental in taking the knowledge on Science & technology to the doorsteps of ordinary men and women. Research Scholars, Students, Libraries, Educational Institutions, Research centers and the industry are main stakeholders that benefitted greatly from this knowledge dissemination. OMICS Group also organizes 500 International conferences annually across the globe, where knowledge transfer takes place through debates, round table discussions, poster presentations, workshops, symposia and exhibitions.

About OMICS International Conferences

OMICS International is a pioneer and leading science event organizer, which publishes around 500 open access journals and conducts over 500 Medical, Clinical, Engineering, Life Sciences, Pharma scientific conferences all over the globe annually with the support of more than 1000 scientific associations and 30,000 editorial board members and 3.5 million followers to its credit.

OMICS Group has organized 500 conferences, workshops and national symposiums across the major cities including San Francisco, Las Vegas, San Antonio, Omaha, Orlando, Raleigh, Santa Clara, Chicago, Philadelphia, Baltimore, United Kingdom, Valencia, Dubai, Beijing, Hyderabad, Bengaluru and Mumbai.

New Method of Detecting Various Cancers & Drug Taken Within 12 Hours from Rapidly Changing QRS-Complex or Rising Part of T-waves of Recorded ECGs.

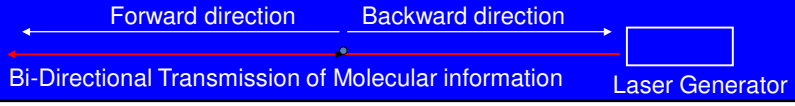
Yoshiaki Omura M.D., Sc.D., F.A.C.A., F.I.C.A.E., F.R.S.M.

Adjunct Prof., Dept. of Family & Community Medicine, New York Medical College; Director of Medical Research, Heart Disease Research Foundation; President, International College of Acupuncture & Electro-therapeutics, New York, USA

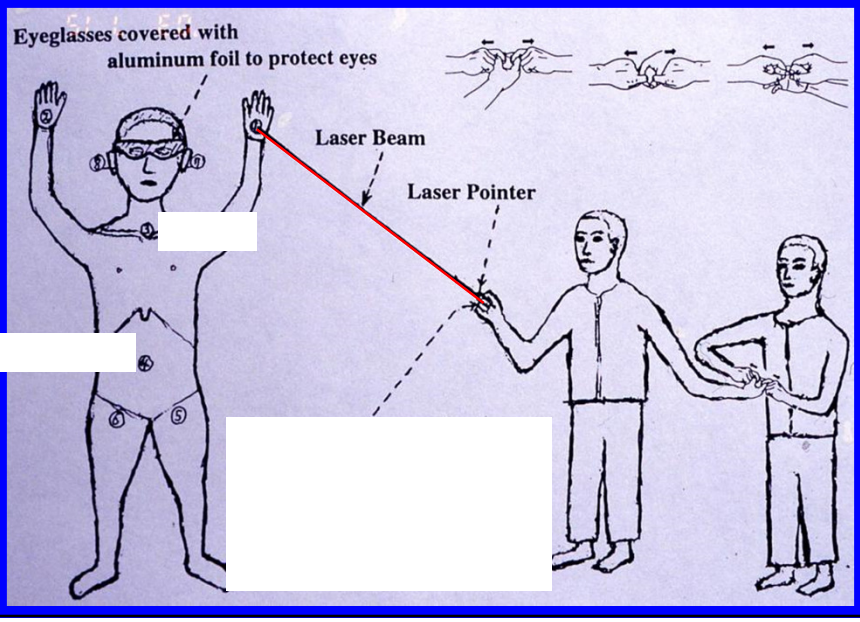
2 Basic Principles Used for Laser Beam Screening of Cancer

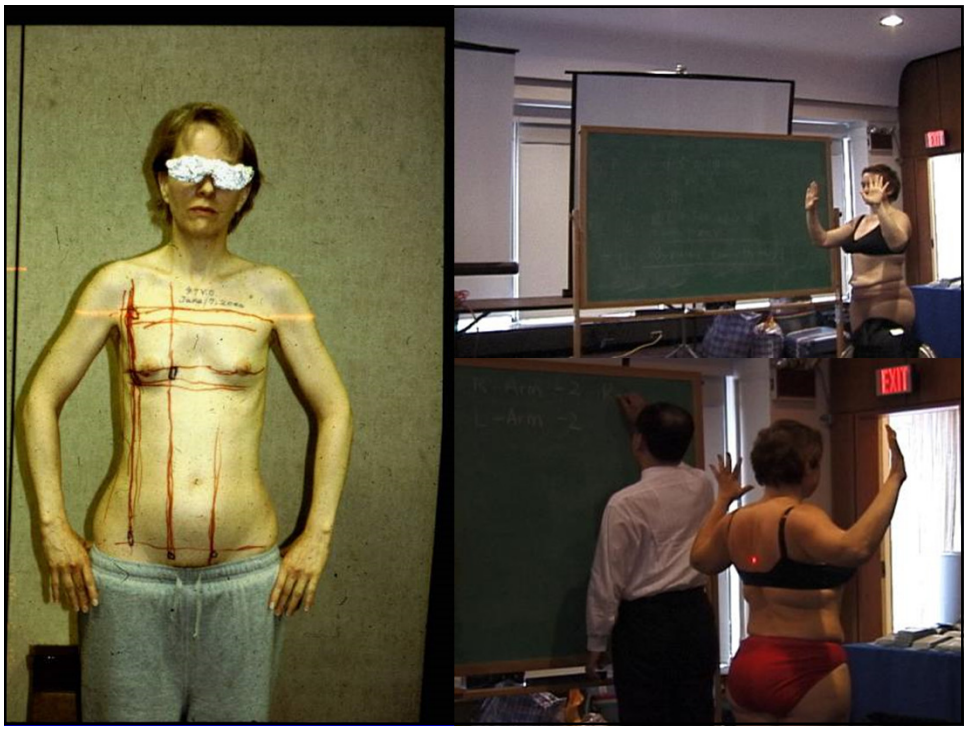
1) **Bi-Digital O-Ring Test Resonance Phenomena between 2 Identical Substances (one held as reference control test substance and other identical substance is insides of the body). When amounts of the 2 identical substances is identical, resonance become maximum and all the O-ring will open (Omura, Y. 1984).**

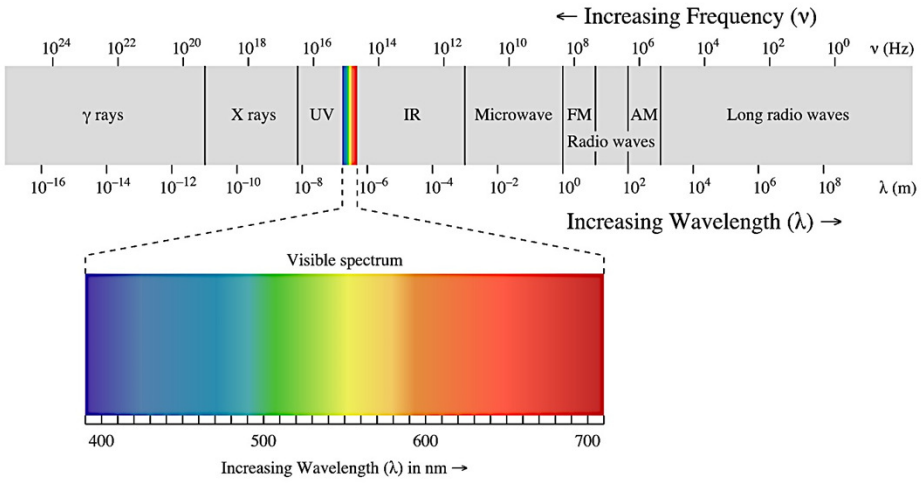
2) **Bi-Directional Transmission of Information on Molecular Structure & Amount of the Molecule placed in the pathway of Laser Beam. Molecular information is transmitted to the direction where Laser beam is traveling as well as to the direction where Laser beam is coming from Laser Generator (Omura, Y. 1984).**



Cancer Screening







Limitation of The Use of Electromagnetic Waves of Photons for Bi-Directional Transmission of Molecular Information Through Body & Possibility of Using High Frequency Electrical Signals Including Part of QRS Complex of ECG

Among the broad electromagnetic spectrum, shorter wavelength photon energy such as X-rays & γ rays can go through the human body easily, but they are potentially harmful. Near-infrared & far-infrared can penetrate deeper, but they are invisible & not convenient, therefore we use red monochromal laser beam of wavelength 671 nanometers (10^{-9} meter). However, because of the limited depth of penetration in human tissue, it cannot go through the whole body. When we scan the whole body, we have to examine the front, back, and side of the body. If high frequency electrical pulse is applied throughout our body, the possibility of transmitting molecular information bi-directionally through most of the human body exists. Part of the QRS complex of ECG has a part with relatively large dV/dt compared with the rest of the ECG . Therefore, this part of the QRS complex with large dV/dt has a possibility to transmit much molecular information.

New Non-Invasive Safe, Quick, Economical Method of Detecting Various Cancers was found Using QRS Complex or Rising Part of T-wave of Recorded ECGs. Cancers can be Screened Along with Their Biochemical Parameters & Therapeutic Effects of Any Cancer Treatments can be Evaluated Using Recorded ECGs of the Same Individual

Yoshiaki Omura MD, ScD,
Adjunct Prof., Dept. of Family & Community Medicine, NY Medical College; Director of Medical Research, Heart Disease Research Foundation; President, International College of Acupuncture & Electro Therapeutics
Dominic Lu DDS,
Clinical Prof. of Oral Medicine, School of Dentistry University of Pennsylvania; President of American Society for Advancement of Analgesia in Dentistry
Brian O' Young MD,
Clinical Prof. of Rehabilitation Medicine, Rusk Institute of Rehabilitation Medicine, New York University School of Medicine
Marilyn Jones DDS, MS,
Associate Prof. of Holistic Dentistry, International College of Acupuncture & Electro-therapeutics; Director, Holistic Dental Center of Houston; Former Assistant Prof. of Chemistry, University of Houston, Texas
Abdallah Nihrane, Ph.D.,
Visiting Associate Prof. of Integrative Medicine, International College of Acupuncture & Electro-Therapeutics; Former Assistant Prof., Dept. of Medicine, Mount Sinai Medical School, New York City
Harsha Duvvi MD, MPH,
Clinical Assistant Prof., Dept. of Family & Community Medicine and Neurologist, New York Medical College; Visiting Associate Prof. of Integrative Medicine, International College of Acupuncture & Electro-Therapeutics
Yasuhiro Shimotsuura MD,
President of Japan Bi-Digital O-Ring Test Medical Society; Visiting Prof. of Integrative Medicine, International College of Acupuncture & Electro-Therapeutics; Executive Director ORT Life Science Research Institute, Kurume City, Japan
Motomu Ohki MS.,
ORT Life Science Research Institute, Kurume City, Japan
(Correspondence: Dr. Omura, 800 Riverside Drive (8-I), New York, N.Y. 10032, Tel: 1 (212) 781-6262; Fax: 1-212-923-2279; E-mail: icaet@yahoo.com)

(Received December 20th, 2015; Accepted with revision: March 5th, 2015)



Figure 1A: Cancer Screening Kit containing about 75 common cancer tissue slides (at left) plus empty aluminum container (at right) which serves as antenna to catch all the electromagnetic fields coming from all the cancer slides in the cancer screening kit.



Figure 1B: Content of the Cancer Screening Kit is shown in the upper part of figure 1B.



Figure 1C: The cancer screening kit is being inserted into the empty aluminum box. It should be completely inside the empty aluminum box as seen in Fig. 1D.



Figure 1D: Cancer Screening Kit is completely inserted in the aluminum foil box which functions as an antenna for all the cancer slides in the cancer screening kit. Using set up of Figure 1D, we examined the QRS complex of



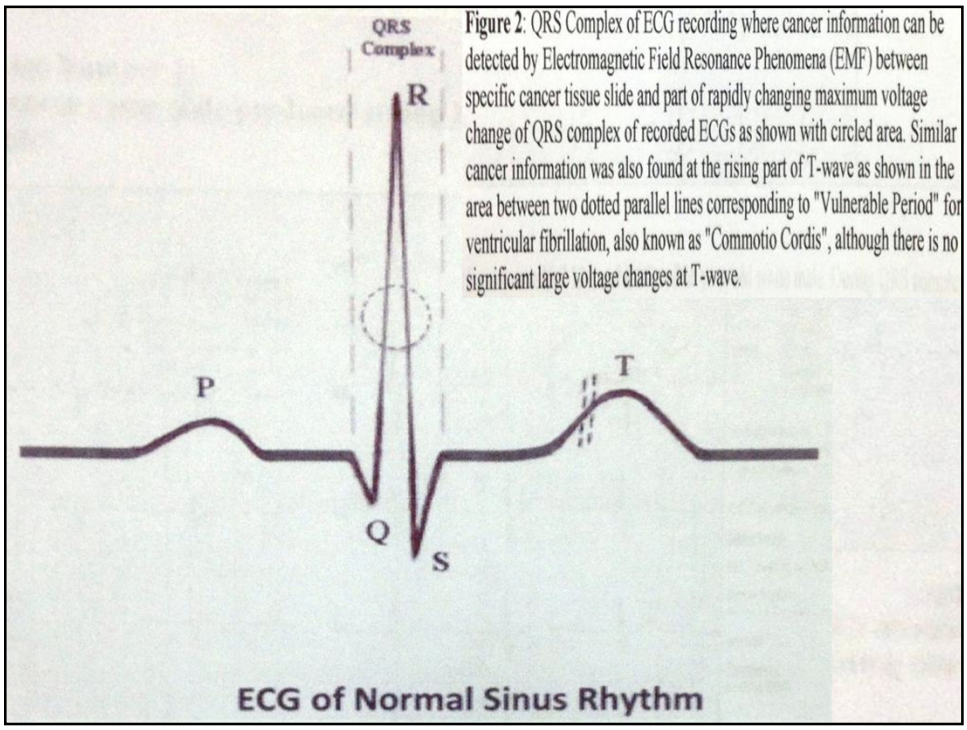
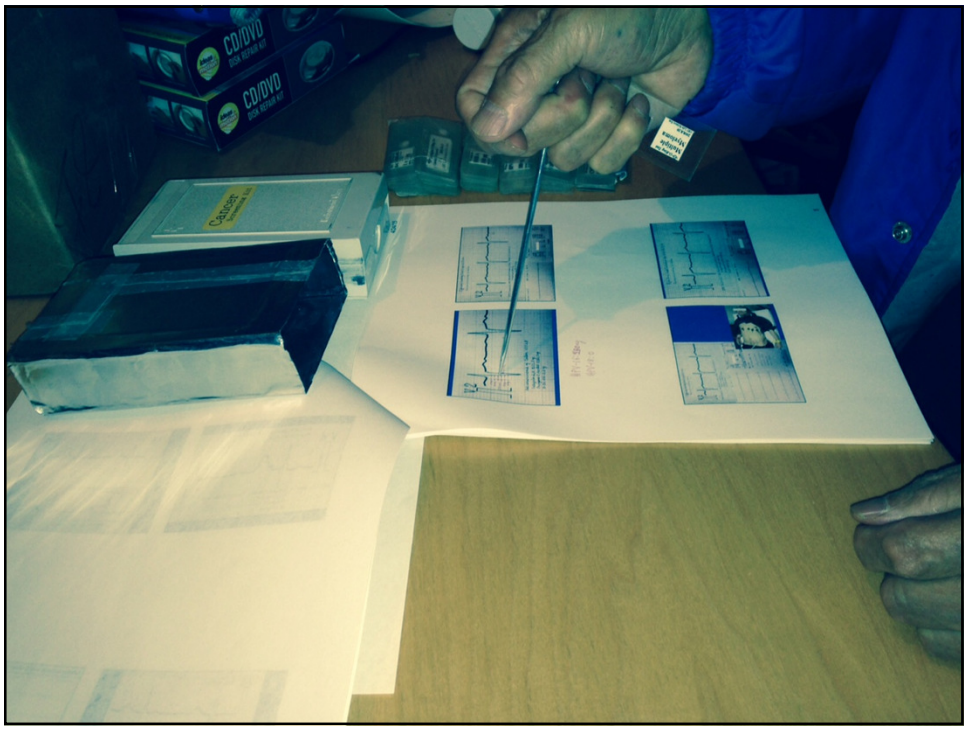
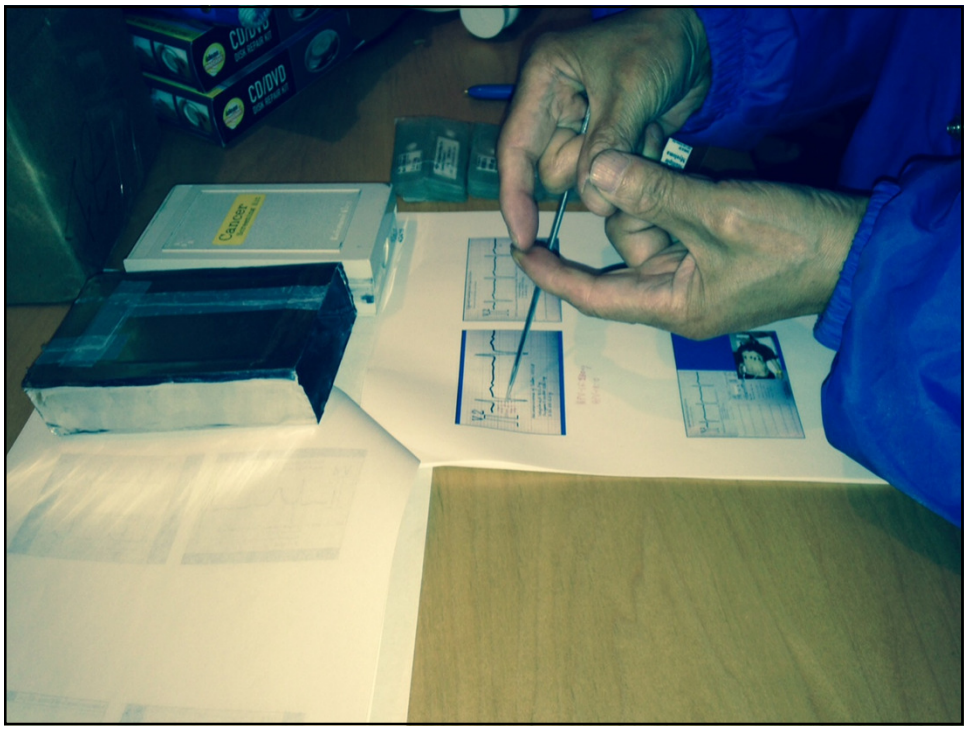


Figure 2: QRS Complex of ECG recording where cancer information can be detected by Electromagnetic Field Resonance Phenomena (EMF) between specific cancer tissue slide and part of rapidly changing maximum voltage change of QRS complex of recorded ECGs as shown with circled area. Similar cancer information was also found at the rising part of T-wave as shown in the area between two dotted parallel lines corresponding to "Vulnerable Period" for ventricular fibrillation, also known as "Commotio Cordis", although there is no significant large voltage changes at T-wave.





Estimation of Gender & Its Deviation Using ECGs

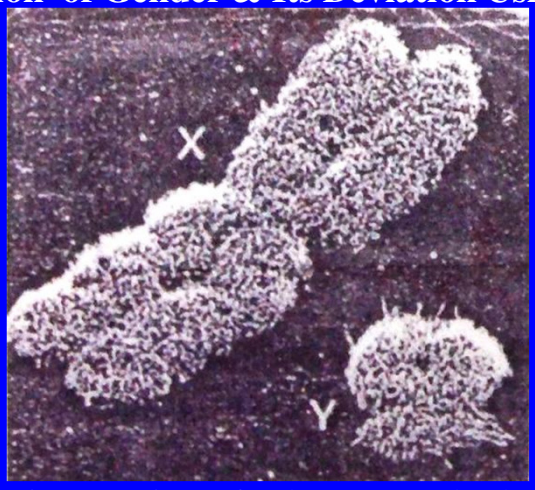
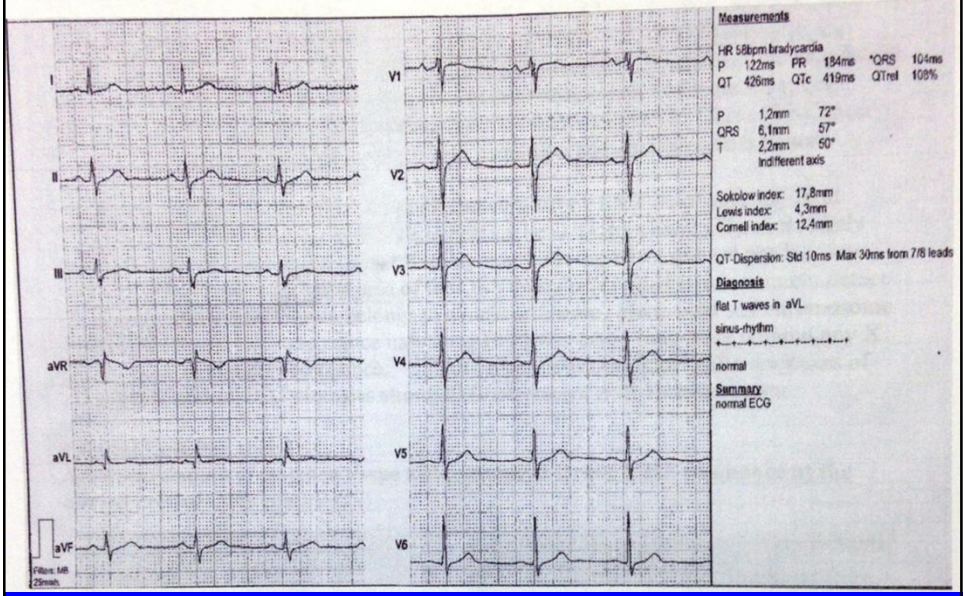


Figure3: Electron microscopy picture of X-chromosome and Y-chromosome of human to determine the gender of the ECG-examined patient. If it is male, Y-chromosome can produce strong EMF resonance with every part of the ECG rather than a specific part of the ECG. For a woman, it produces strong EMF resonance with X-chromosome. If man is homosexual, in addition to the Y-chromosome, part of X-chromosome will also produce resonance.

Clinical Case Number 1:
Prostate cancer tissue slide produced strong EMF resonance at the circled area of QRS complex.



Clinical Case Number 2:
Adenocarcinoma of stomach tissue slide produced strong EMF resonance at the circled area of QRS complex.

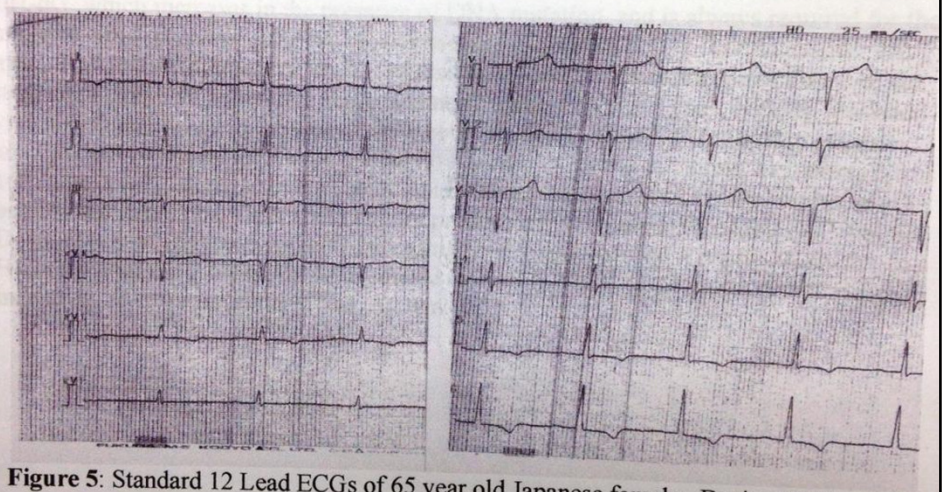


Figure 5: Standard 12 Lead ECGs of 65 year old Japanese female. During QRS complex of V6 with peak voltage charge of about 1.5 mV at the part of rapidly changing dV/dt at area corresponding to the circled area of QRS complex of Figure 2, the strongest EMF resonance was found with microscopy tissue slide of Adenocarcinoma of

Clinical Case Number 3:
Both Adenocarcinoma stomach cancer tissue and Adenocarcinoma of uterus tissue slide produced strong EMF resonance at the circled area of QRS complex.

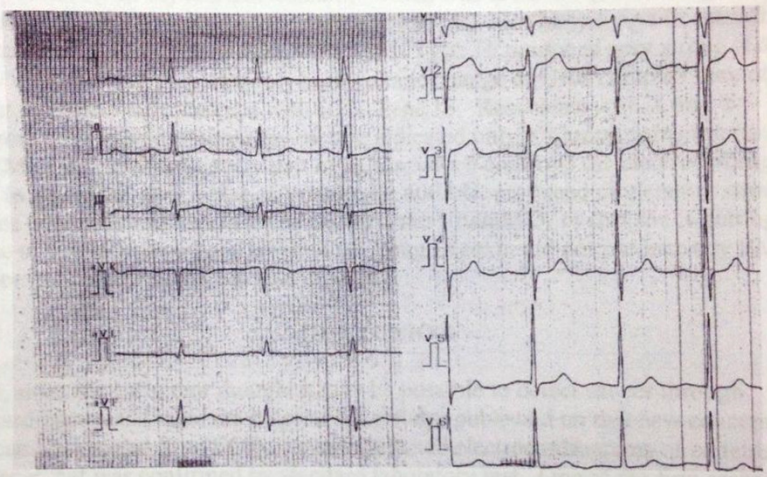
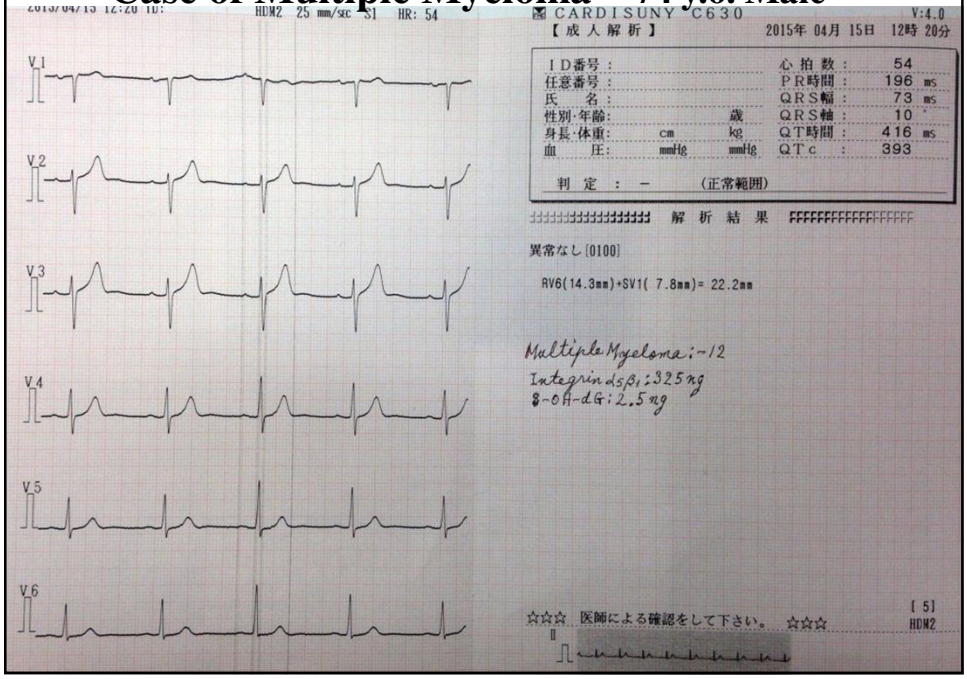
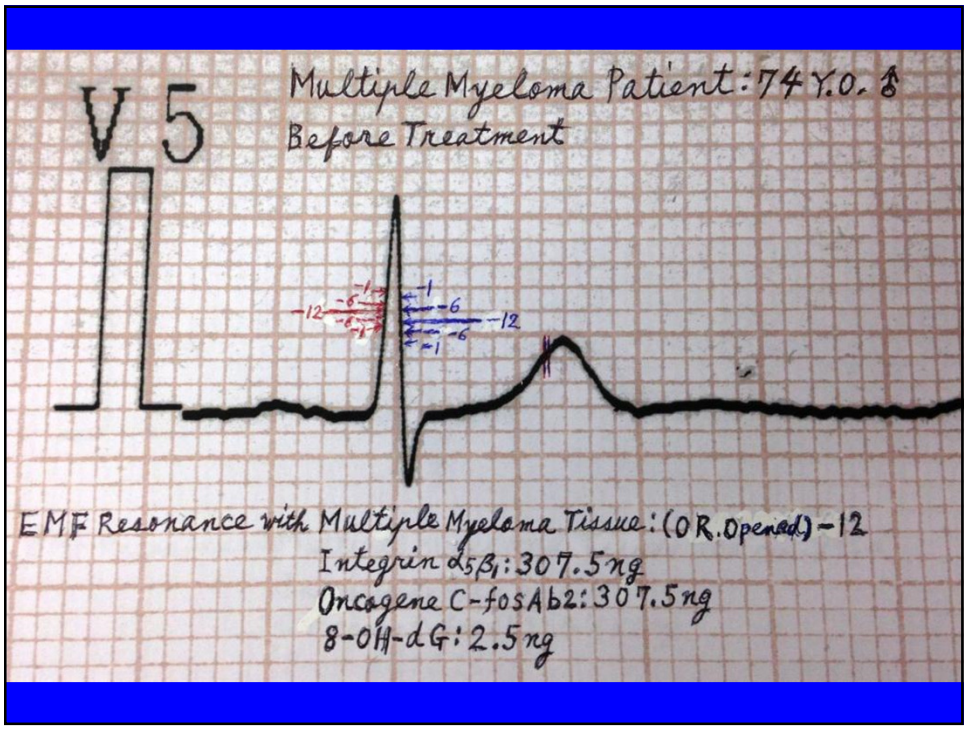


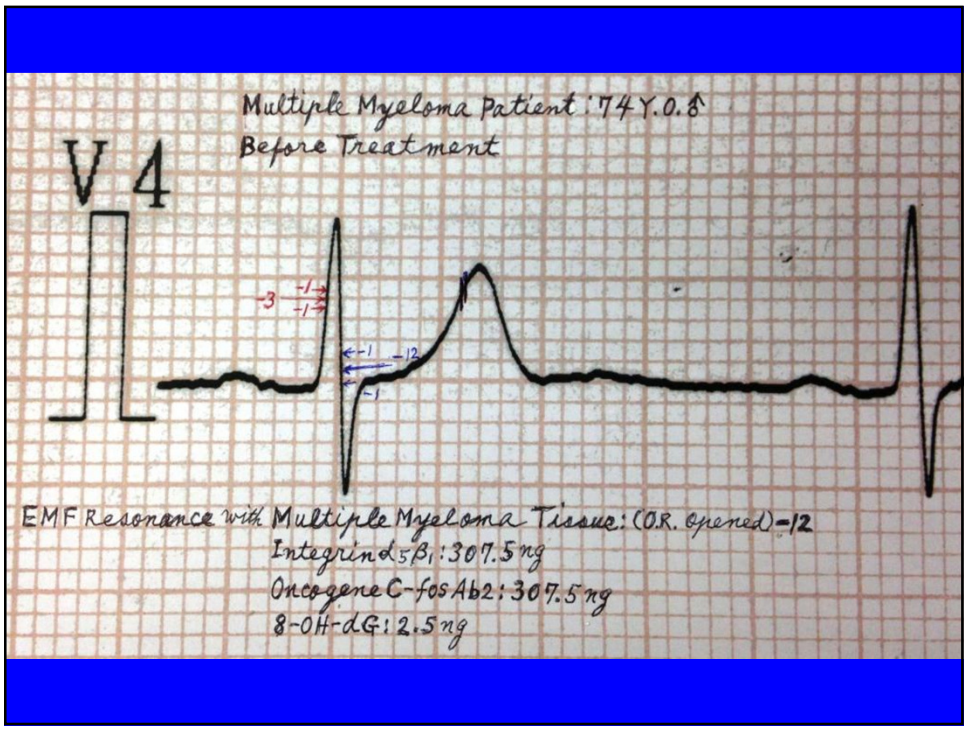
Figure 6: Standard 12 Lead ECGs of 67 year-old Japanese female. During QRS complex of V2, V3, V4, V5, V6 at the part of rapidly changing dV/dt at area corresponding to the circled area of Figure 2, strong EMF resonance was found with microscope tissue slide of Adenocarcinoma of stomach and Adenocarcinoma of the uterus.

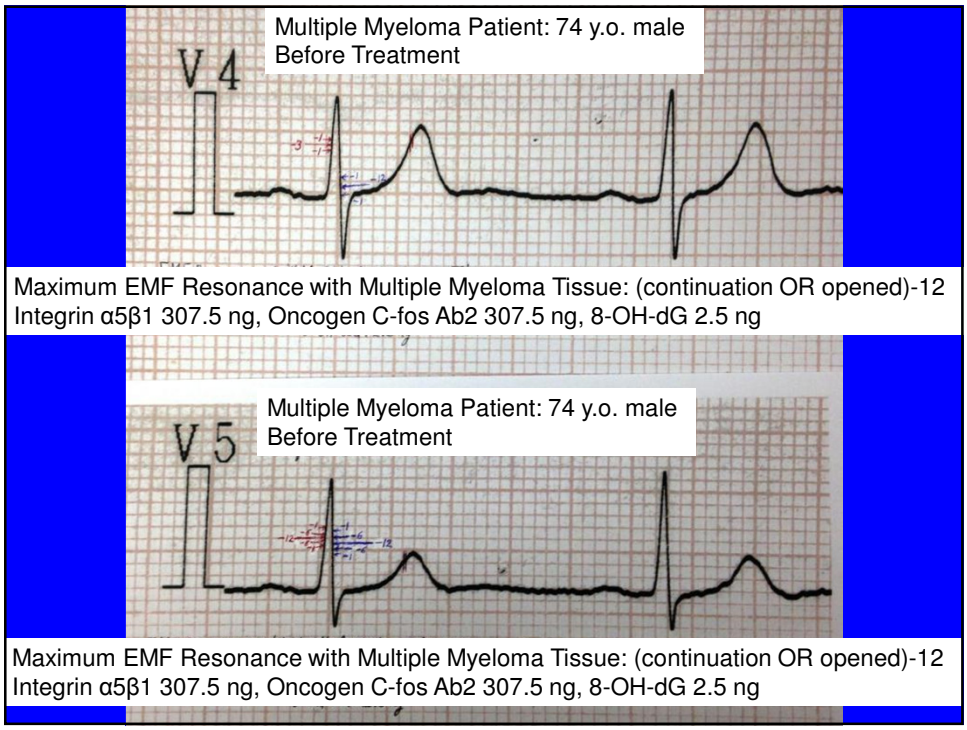
Case of Multiple Myeloma 74 y.o. Male

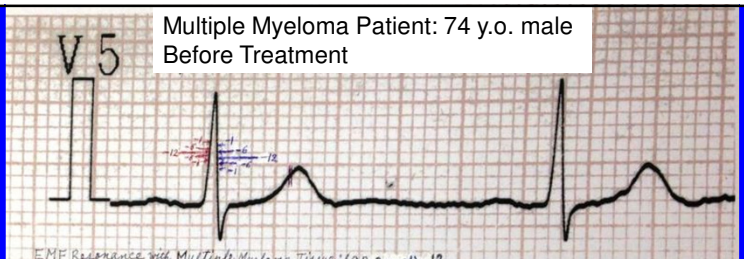



Multiple Myeloma Patient: 74 y.o. ♂
2015/04/15 12:01
Multiple Myeloma Patient: 74 y.o. ♂
2015/04/15 12:01

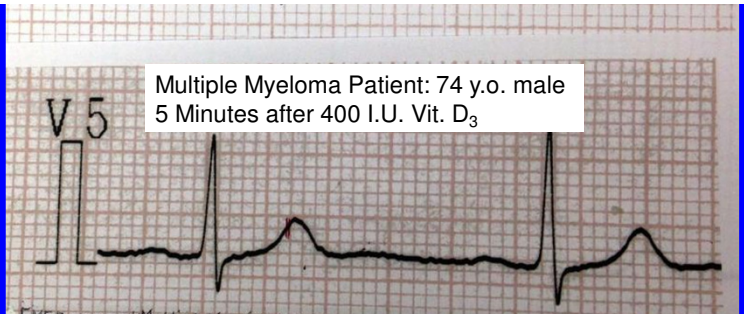

V 5
Multiple Myeloma Patient: 74 Y.O. ♂
Before Treatment
EMF Resonance with Multiple Myeloma Tissue: (OR. Opened) -12
Integrin α5β1: 307.5 ng
Oncogene C-fosAb2: 307.5 ng
8-OH-dG: 2.5 ng


Multiple Myeloma Patient: 74 Y.O.♂
Before Treatment
V 4
EMF Resonance with Multiple Myeloma Tissue: (OR. opened)-12
Integrin α5β1: 307.5 ng
Oncogene C-fos Ab2: 307.5 ng
8-OH-dG: 2.5 ng


Multiple Myeloma Patient: 74 y.o. male
Before Treatment
V 4
Maximum EMF Resonance with Multiple Myeloma Tissue: (continuation OR opened)-12
Integrin α5β1 307.5 ng, Oncogen C-fos Ab2 307.5 ng, 8-OH-dG 2.5 ng
Multiple Myeloma Patient: 74 y.o. male
Before Treatment
V 5
Maximum EMF Resonance with Multiple Myeloma Tissue: (continuation OR opened)-12
Integrin α5β1 307.5 ng, Oncogen C-fos Ab2 307.5 ng, 8-OH-dG 2.5 ng

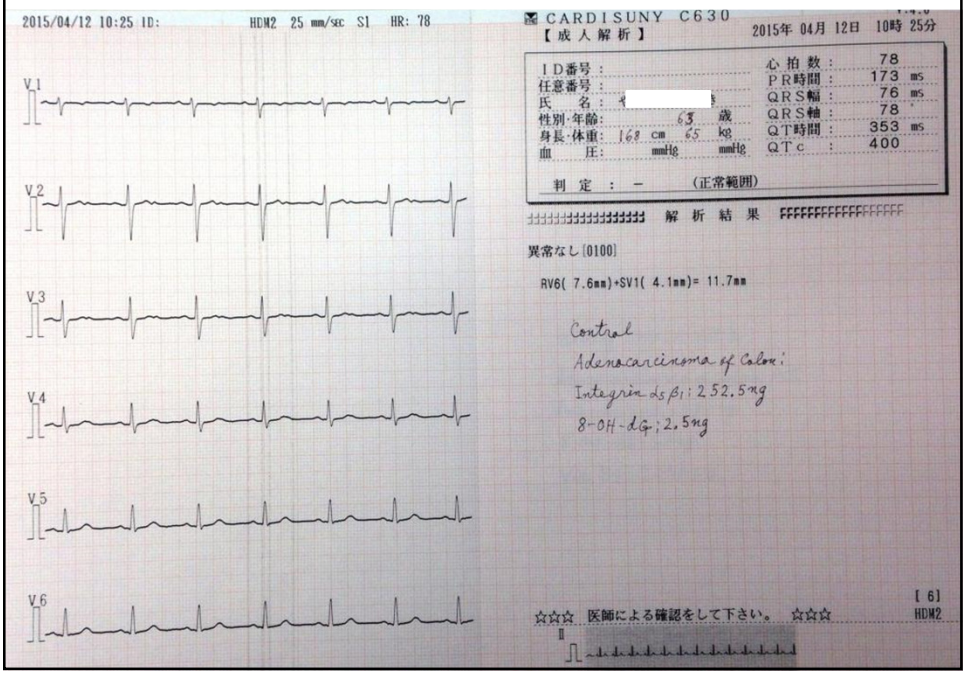


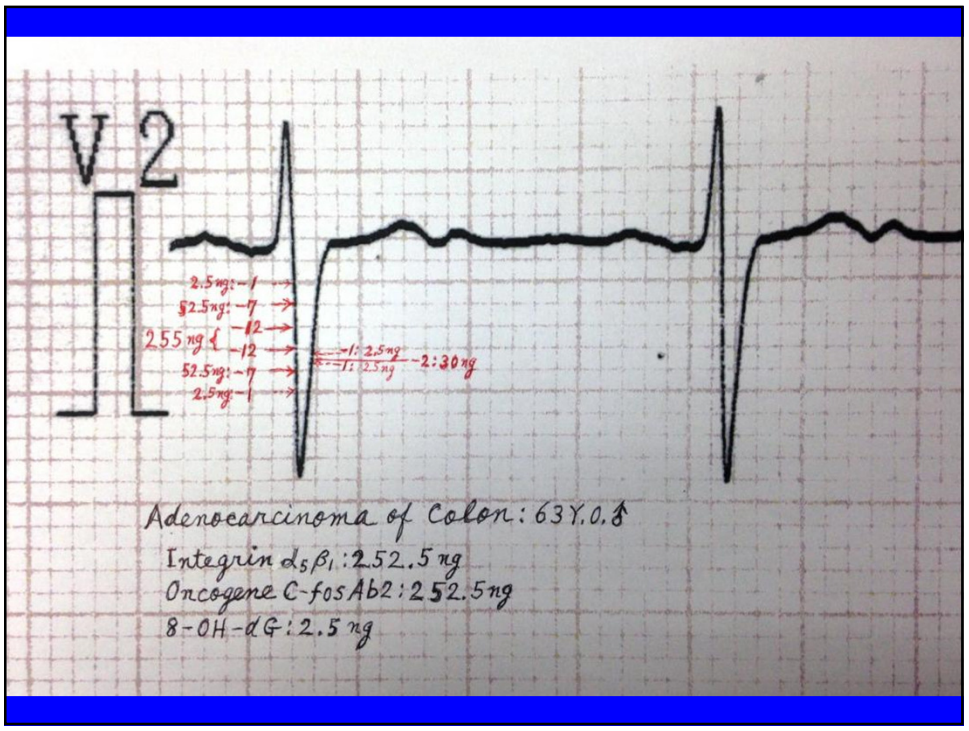
Maximum EMF Resonance with Multiple Myeloma Tissue: (continuation OR opened)-12
Integrin α5β1 307.5 ng, Oncogen C-fos Ab2 307.5 ng, 8-OH-dG 2.5 ng

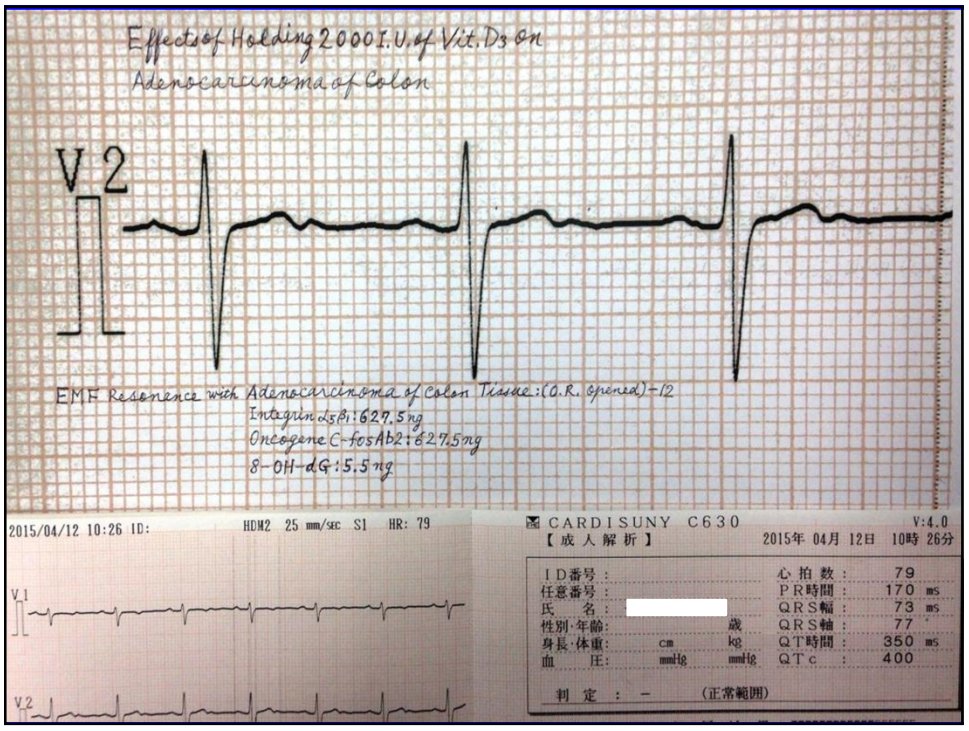


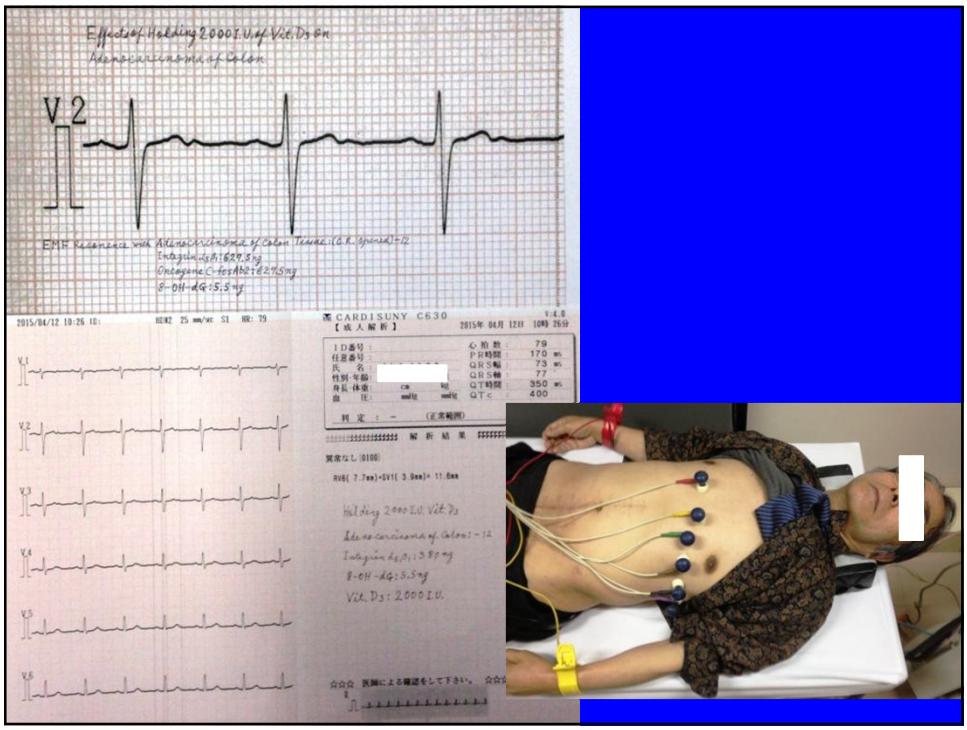
Maximum EMF Resonance with Multiple Myeloma Tissue: (continuation OR closed)+4
Integrin α5β1 0.001 ng, Oncogen C-fos Ab2 0.001 ng, 8-OH-dG 0.25 ng

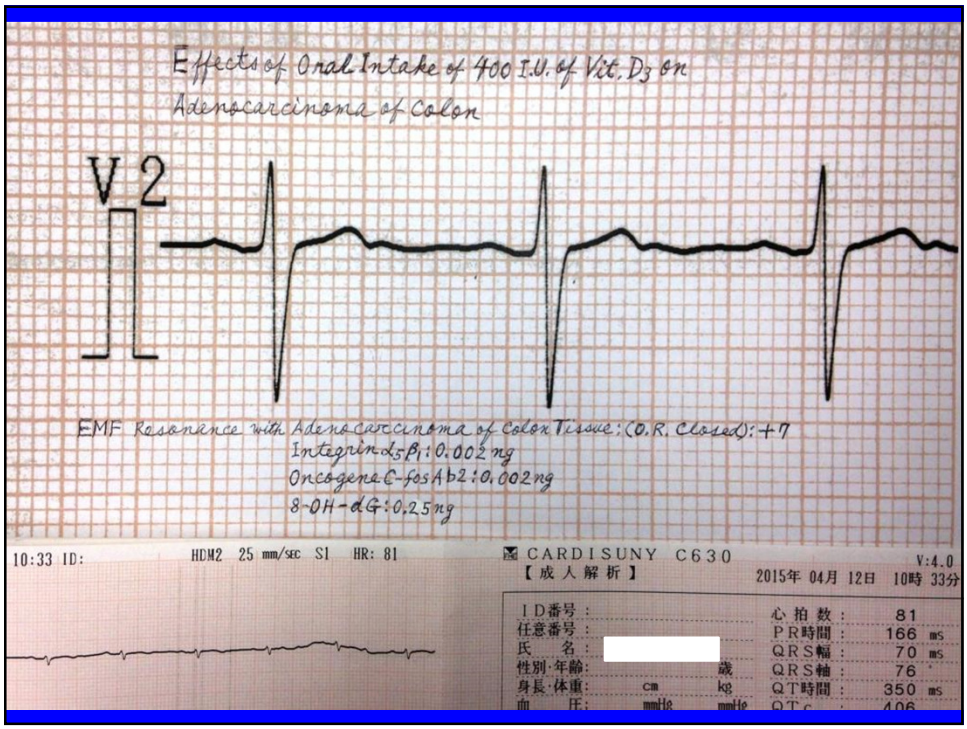
Adenocarcinoma of Colon 63 y.o.

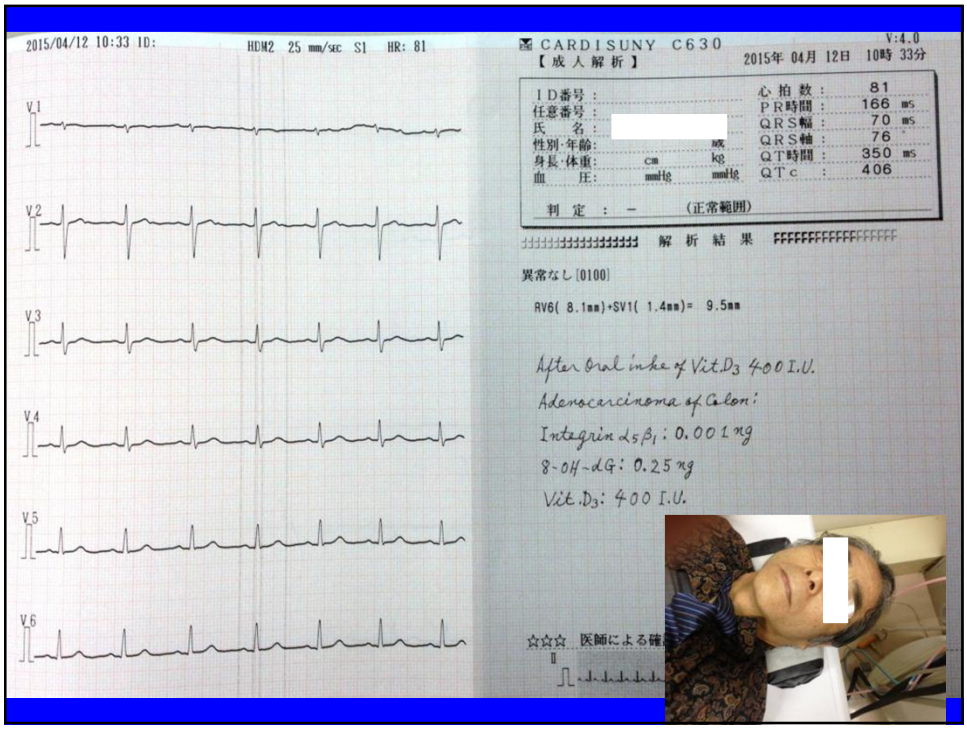



V2
2.5ng:-1
52.5ng:-7
-12
255ng
-12
52.5ng:-7
2.5ng:-1
-1:2.5ng
-1:2.5ng
-2:30ng
Adenocarcinoma of Colon: 63Y.O.♂
Integrin α5β1: 252.5 ng
Oncogene C-fosAb2: 252.5ng
8-OH-dG: 2.5 ng


Effects of Holding 2000 I.U. of Vit. D3 on
Adenocarcinoma of Colon
V2
EMF Resonance with Adenocarcinoma of Colon Tissue: (O.R. opened) -12
Integrin α5β1: 627.5 ng
Oncogene C-fosAb2: 627.5ng
8-OH-dG: 5.5 ng
2015/04/12 10:26 ID:
HDM2 25 mm/sec S1 HR: 79
V1
V2
CARDISUNY C630
V:4.0
【成人解析】
2015年 04月 12日 10時 26分
ID番号:
任意番号:
氏名:
性別·年齢: 歳
身長·体重: cm kg
血圧: mmHg mmHg
心拍数: 79
PR時間: 170 ms
QRS幅: 73 ms
QRS軸: 77 °
QT時間: 350 ms
QTc: 400
判定: - (正常範囲)


Effects of Holding 2,000 I.U. of Vit. D3 on
Adenocarcinoma of Colon
V2
EMF Resonance with Adenocarcinoma of Colon Tissue: (O.R. Closed): +12
Integrin α5β1: 627.5 ng
Oncogene C-fosAb2: 627.5 ng
8-OH-dG: 5.5 ng
CARDISUNY C630
【成人解析】
2015年 04月 12日 10時 26分
ID番号：
任意番号：
氏名：
性別·年齢：
身長·体重：
血圧：
心拍数： 79
PR時間： 170 ms
QRS幅： 73 ms
QRS軸： 77
QT時間： 350 ms
QTc 400
判定：－
解析結果
異常なし(0100)
Holding 2000 I.U. Vit. D3
Adenocarcinoma of Colon: -12
Integrin α5β1: 3.80 ng
8-OH-dG: 5.5 ng
Vit. D3: 2,000 I.U.

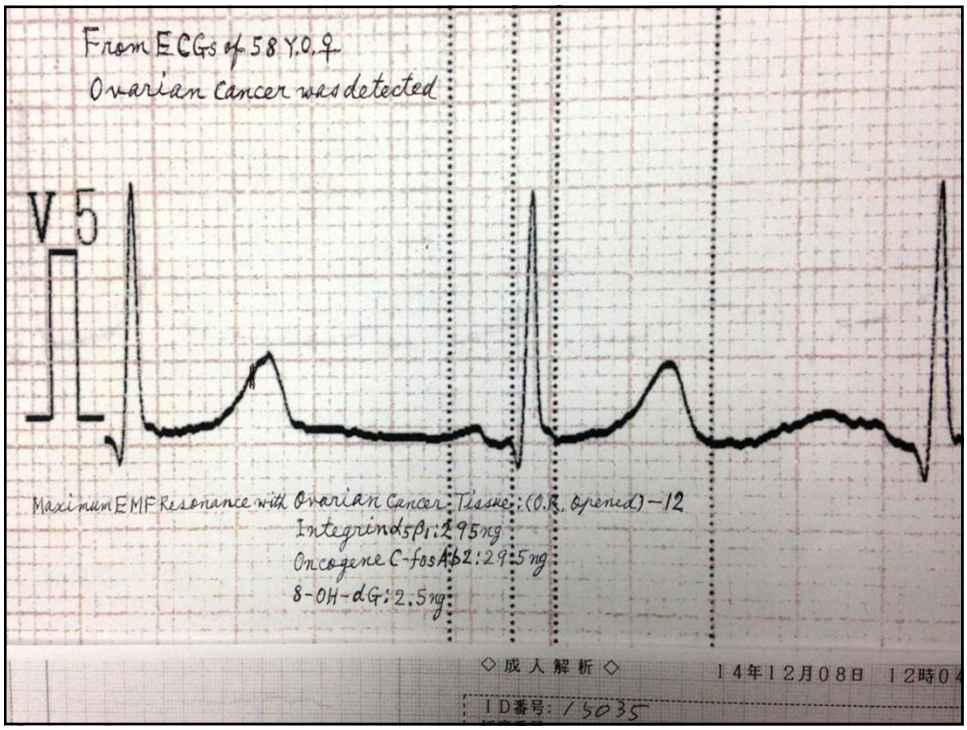

Effects of Oral Intake of 400 I.U. of Vit. D3 on
Adenocarcinoma of Colon
V2
EMF Resonance with Adenocarcinoma of Colon Tissue: (O.R. Closed): +7
Integrin α5β1: 0.002 ng
Oncogene C-fosAb2: 0.002 ng
8-OH-dG: 0.25 ng
10:33 ID:
HDM2 25 mm/sec S1 HR: 81
CARDISUNY C630
V:4.0
【成人解析】
2015年 04月 12日 10時 33分
ID番号：
任意番号：
氏名：
性別·年齢： 歳
身長·体重： cm kg
血圧： mmHg mmHg
心拍数： 81
PR時間： 166 ms
QRS幅： 70 ms
QRS軸： 76 °
QT時間： 350 ms
QTc 406

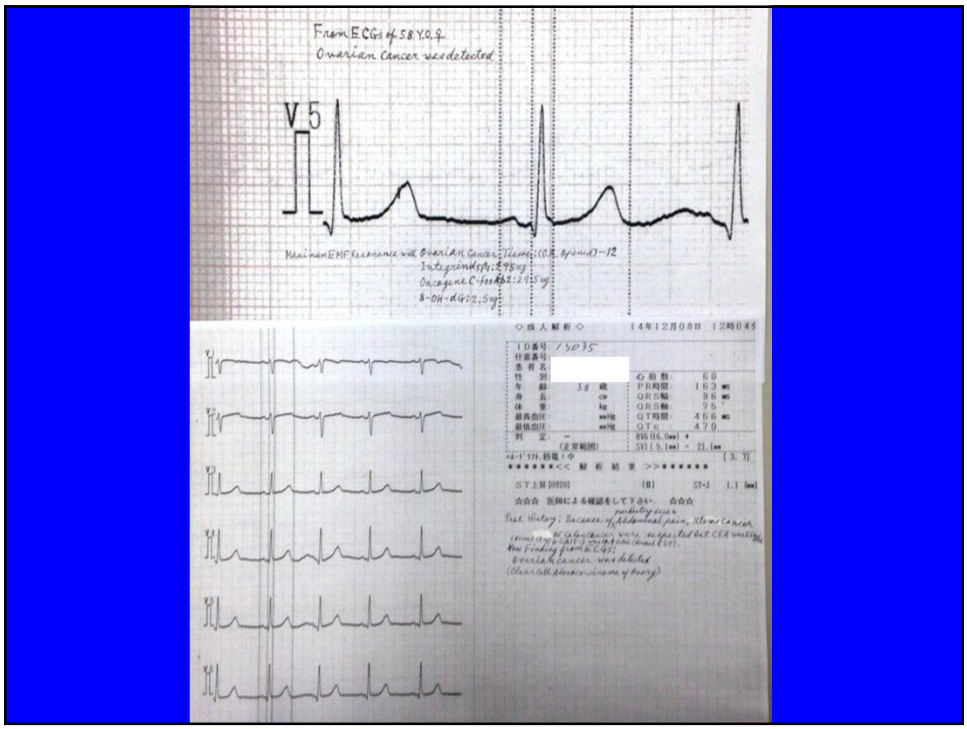

2015/04/12 10:33 ID:
HDM2 25 mm/sec S1 HR: 81
V1
V2
V3
V4
V5
V6
CARDISUNY C630
【成人解析】
2015年 04月 12日 10時 33分
ID番号：
任意番号：
氏 名：
性別·年齢：
身長·体重：
血 圧：
心拍数： 81
PR時間： 166 ms
QRS幅： 70 ms
QRS軸： 76
QT時間： 350 ms
QTc： 406
判定：－ (正常範囲)
解析結果
異常なし[0100]
RV6(8.1mm)+SV1(1.4mm)= 9.5mm
After Oral intake of Vit.D3 400 I.U.
Adenocarcinoma of Colon:
Integrin α5β1: 0.001 ng
8-OH-dG: 0.25 ng
Vit.D3: 400 I.U.

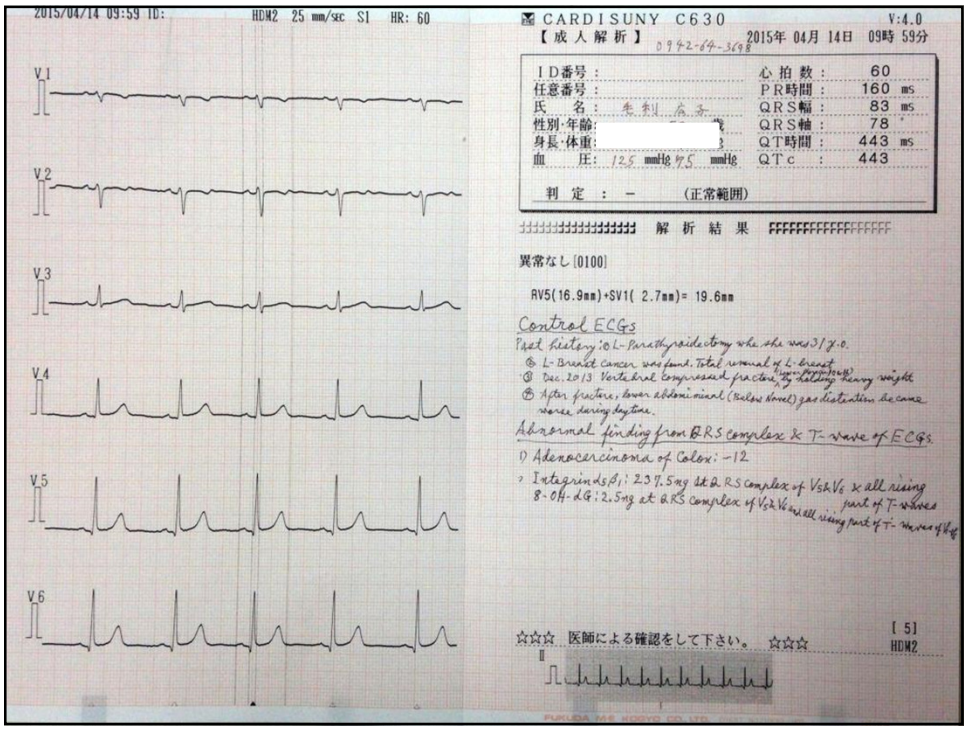

58 y.o. ♀ Colon Cancer & Ovarian Cancer Were Detected from ECGs

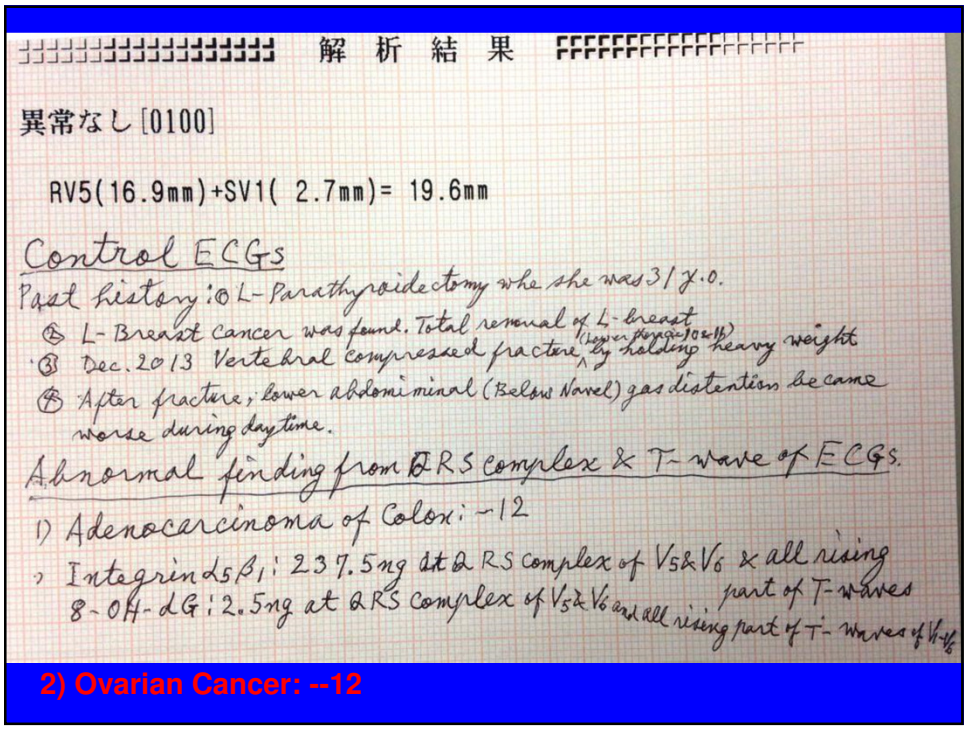


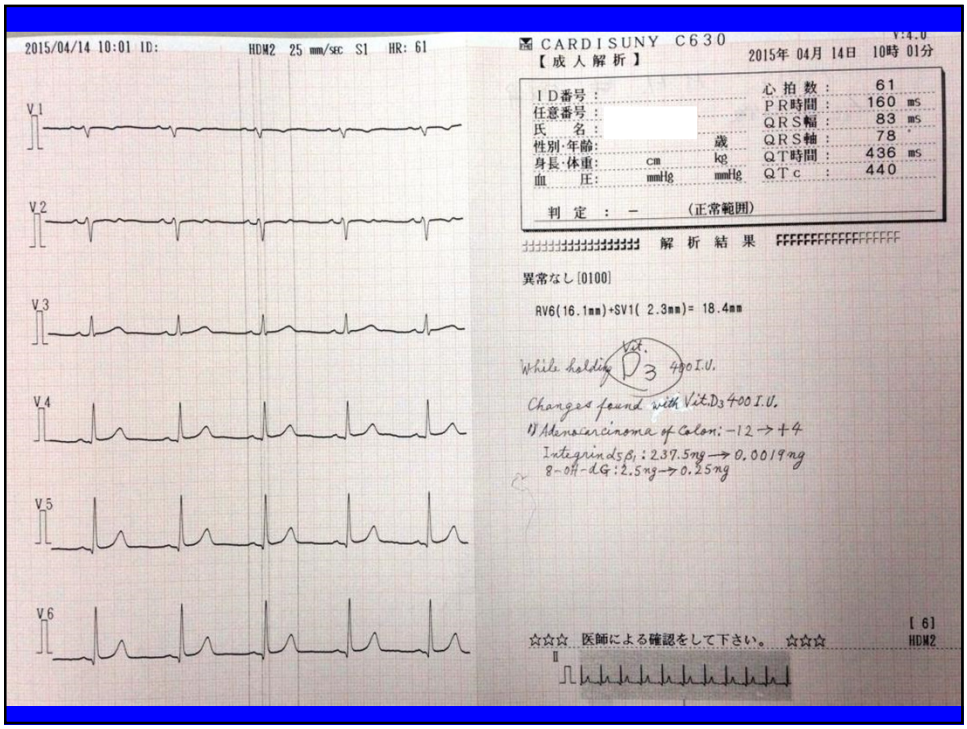


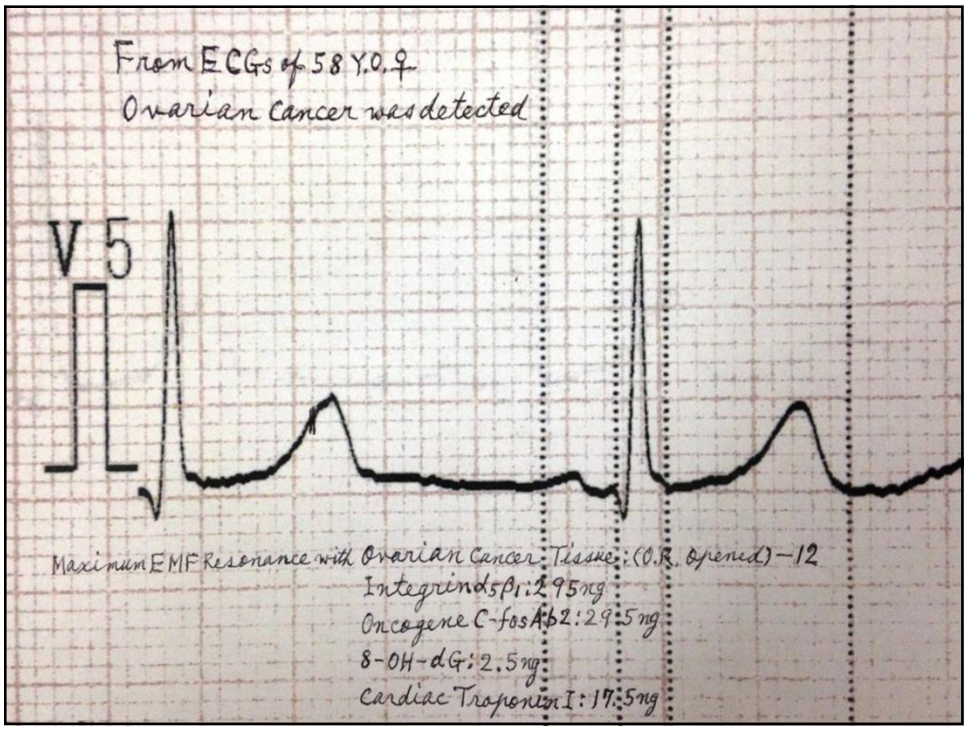

From ECGs of 58 Y.O.♀
Ovarian Cancer was detected
V5
Maximum EMF Resonance with Ovarian Cancer Tissue: (O.R. Opened)−12
Integrin α5β1: 2.95ng
Oncogene C-fos Ab2: 2.95ng
8-OH-dG: 2.5ng
◇成人解析◇
14年12月08日 12時0
ID番号: 15035

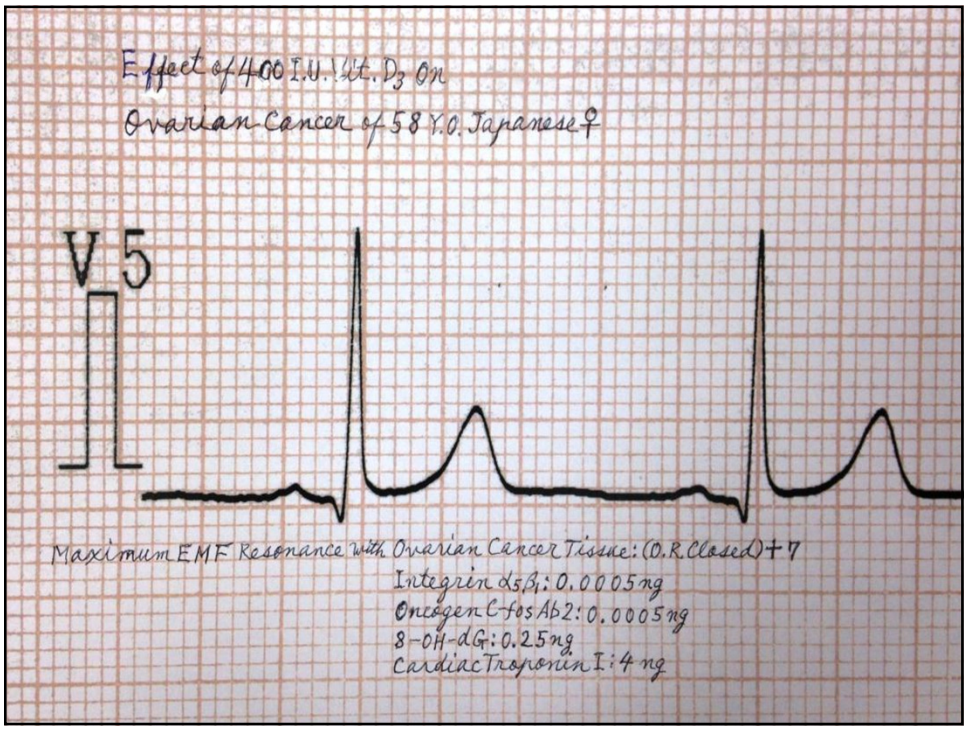

From ECGs of 58 Y.O.♀
Ovarian Cancer was detected
V5
◇成人解析◇
14年12月08日 12時045
ID番号: 15035

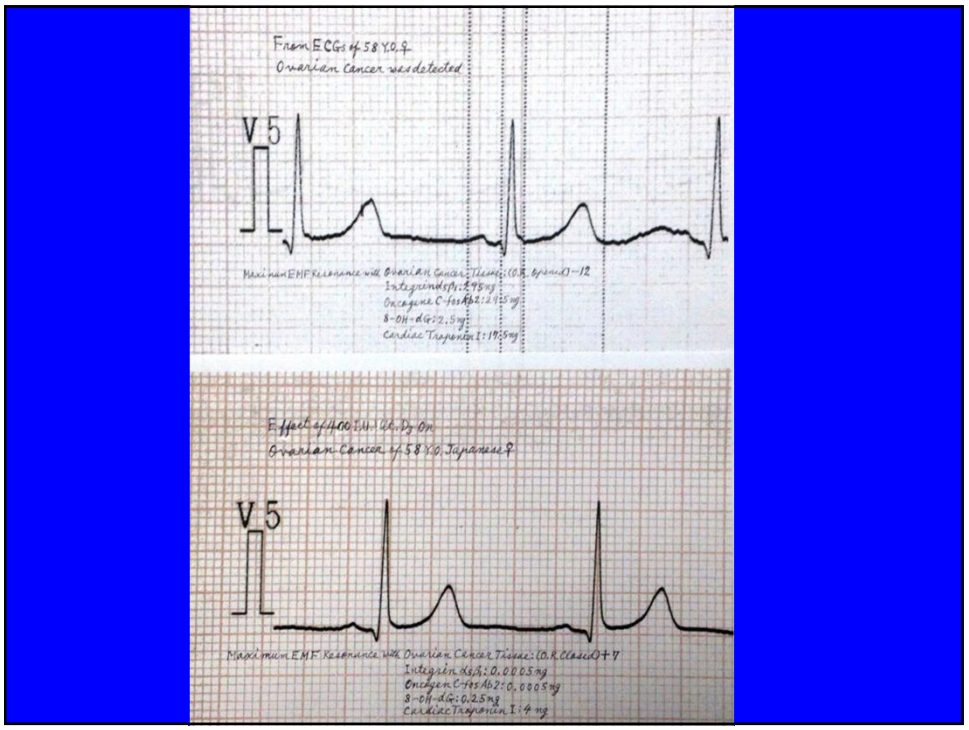

2015/04/14 09:59 ID:
HDM2 25 mm/sec SI HR: 60
V1
V2
V3
V4
V5
V6
CARDISUNY C630
V:4.0
【成人解析】
2015年 04月 14日 09時 59分
ID番号：
任意番号：
氏 名：
性別·年齢：
身長·体重：
血 圧：125 mmHg 75 mmHg
心拍数： 60
PR時間： 160 ms
QRS幅： 83 ms
QRS軸： 78 °
QT時間： 443 ms
QTc： 443
判 定 ： －
(正常範囲)
解 析 結 果
異常なし[0100]
RV5(16.9mm)+SV1(2.7mm)= 19.6mm
Control ECGs
Past history: ① L-Parathyroidectomy whe she was 31 y.o.
② L-Breast cancer was found. Total resonal of L-breast
③ Dec. 2013 Vertebral compressed fracture by holding heavy weight
④ After fracture, lower abdominal (Below Navel) gas distention became worse during daytime.
Abnormal finding from QRS complex & T-wave of ECGs.
1) Adenocarcinoma of Colon: -12
2) Integrin α5β1: 237.5ng at QRS complex of V5&V6 & all rising part of T-waves
8-OH-dG: 2.5ng at QRS complex of V5&V6 and all rising part of T-waves of V4-V6
☆☆☆ 医師による確認をして下さい。 ☆☆☆
[5]
HDM2

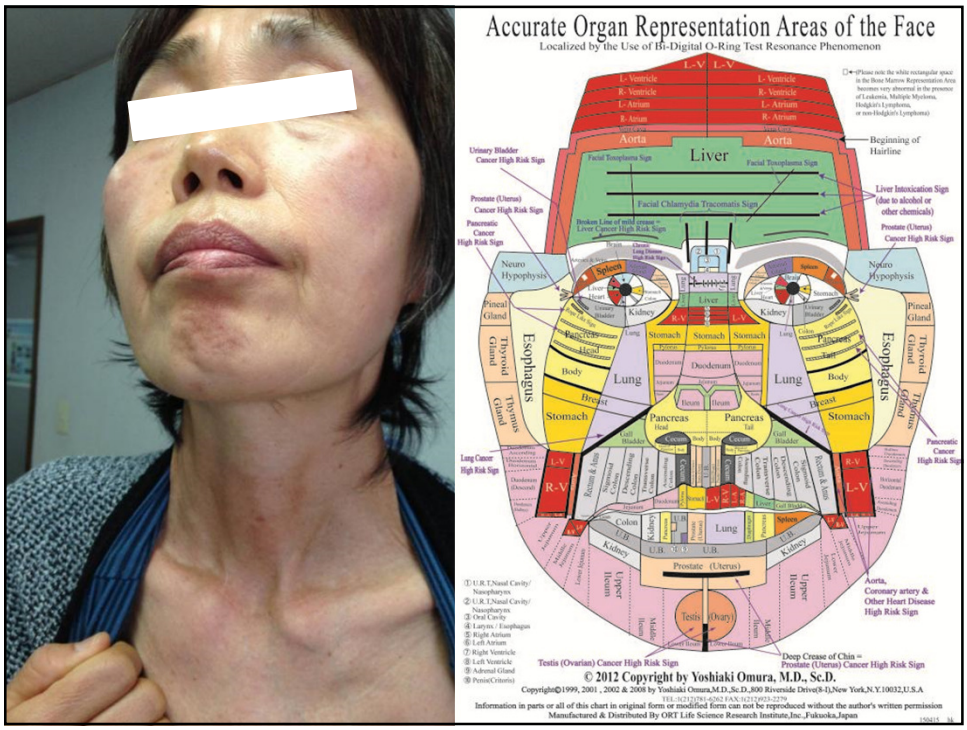

解 析 結 果
異常なし[0100]
RV5(16.9mm)+SV1(2.7mm)= 19.6mm
Control ECGs
Past history: ① L-Parathyroidectomy whe she was 31 y.o.
② L-Breast cancer was found. Total resonal of L-breast
③ Dec. 2013 Vertebral compressed fracture by holding heavy weight
④ After fracture, lower abdominal (Below Navel) gas distention became worse during daytime.
Abnormal finding from QRS complex & T-wave of ECGs.
1) Adenocarcinoma of Colon: -12
2) Integrin α5β1: 237.5ng at QRS complex of V5&V6 & all rising part of T-waves
8-OH-dG: 2.5ng at QRS complex of V5&V6 and all rising part of T-waves of V4-V6
2) Ovarian Cancer: --12


2015/04/14 10:01 ID: HDM2 25 mm/sec S1 HR: 61
V1
V2
V3
V4
V5
V6
CARDISUNY C630
【成人解析】
2015年 04月 14日 10時 01分
ID番号：
任意番号：
氏 名：
性別·年齢： 歳
身長·体重： cm kg
血 圧： mmHg mmHg
心拍数： 61
PR時間： 160 ms
QRS幅： 83 ms
QRS軸： 78 °
QT時間： 436 ms
QTc： 440
判 定 ： － （正常範囲）
解 析 結 果
異常なし[0100]
RV6(16.1mm)+SV1(2.3mm)= 18.4mm
While holding Vit. D3 400 I.U.
Changes found with Vit.D3 400 I.U.
1) Adenocarcinoma of Colon: -12 → +4
Integrin α5β1 : 237.5ng → 0.0019ng
8-OH-dG : 2.5ng → 0.25ng
☆☆☆ 医師による確認をして下さい。 ☆☆☆
[6]
HDM2
II


From ECGs of 58 Y.O.♀
Ovarian Cancer was detected
V5
II
Maximum EMF Resonance with Ovarian Cancer Tissue: (O.R. Opened) -12
Integrin α5β1 : 2.95ng
Oncogene C-fos Ab2 : 29.5ng
8-OH-dG : 2.5ng
Cardiac Troponin I : 17.5ng


Effect of 400 I.U./d. D_3 On
Ovarian Cancer of 58 Y.O. Japanese ♀
V5
Maximum EMF Resonance with Ovarian Cancer Tissue: (O.R. Closed) +7
Integrin $\alpha_5\beta_1$: 0.0005 ng
Oncogen C-fos Ab2: 0.0005 ng
8-OH-dG: 0.25 ng
Cardiac Troponin I: 4 ng


From ECGs of 58 Y.O. ♀
Ovarian Cancer was detected
V5
Effect of 400 I.U./d. D_3 On
Ovarian Cancer of 58 Y.O. Japanese ♀
V5
Maximum EMF Resonance with Ovarian Cancer Tissue: (O.R. Closed) +7
Integrin $\alpha_5\beta_1$: 0.0005 ng
Oncogen C-fos Ab2: 0.0005 ng
8-OH-dG: 0.25 ng
Cardiac Troponin I: 4 ng

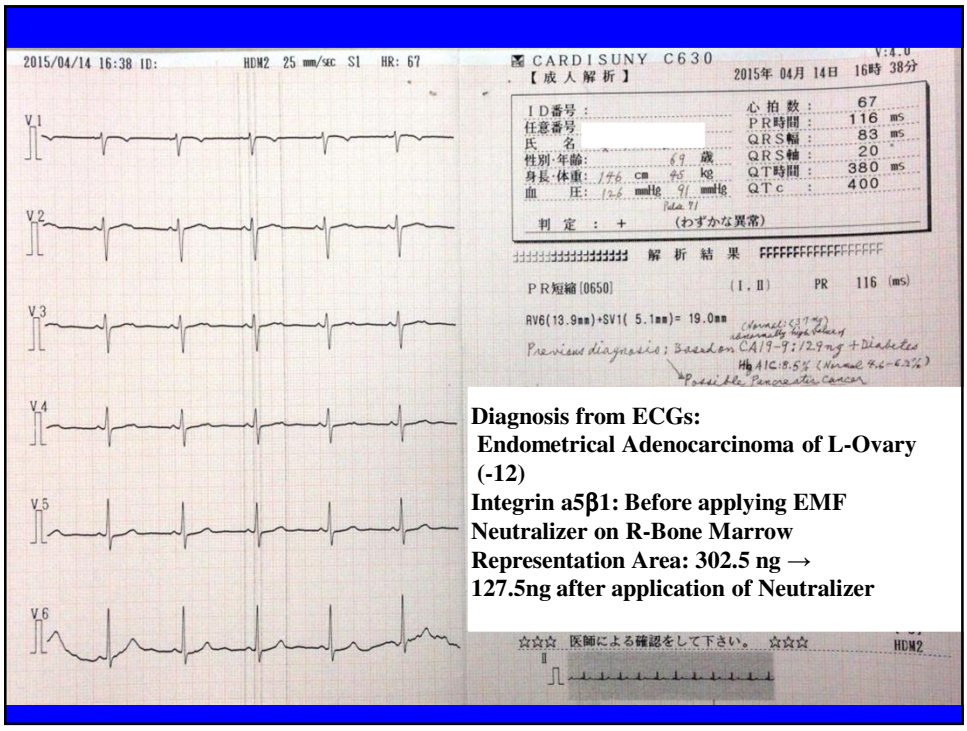


Diabetic Patient: HbA1C 8.5%(normal < 4.6-6.2%)

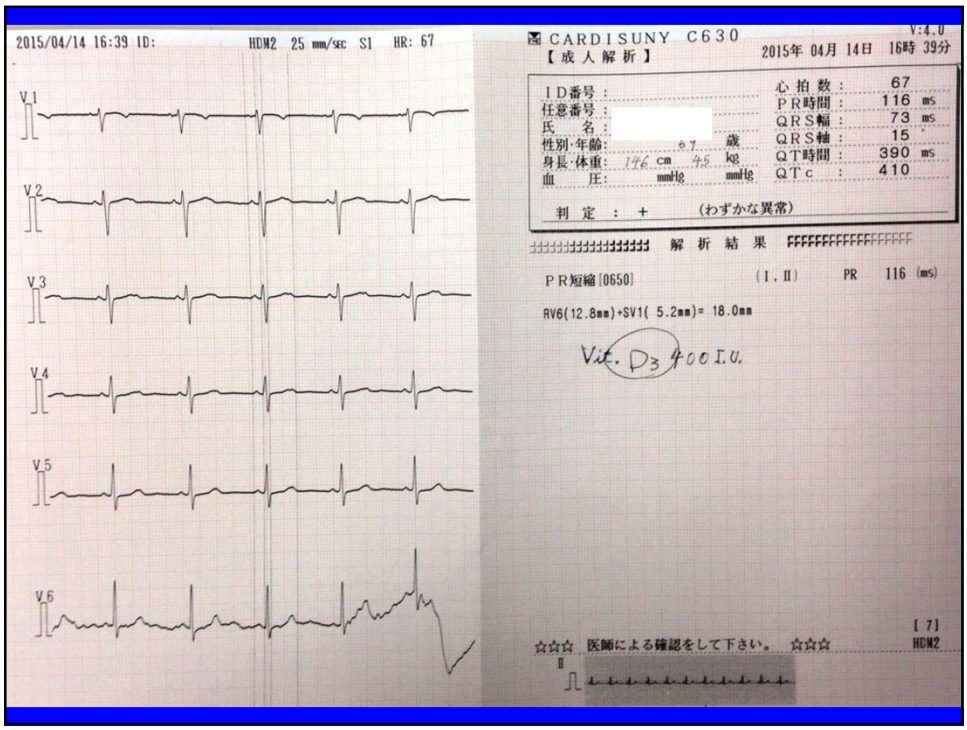


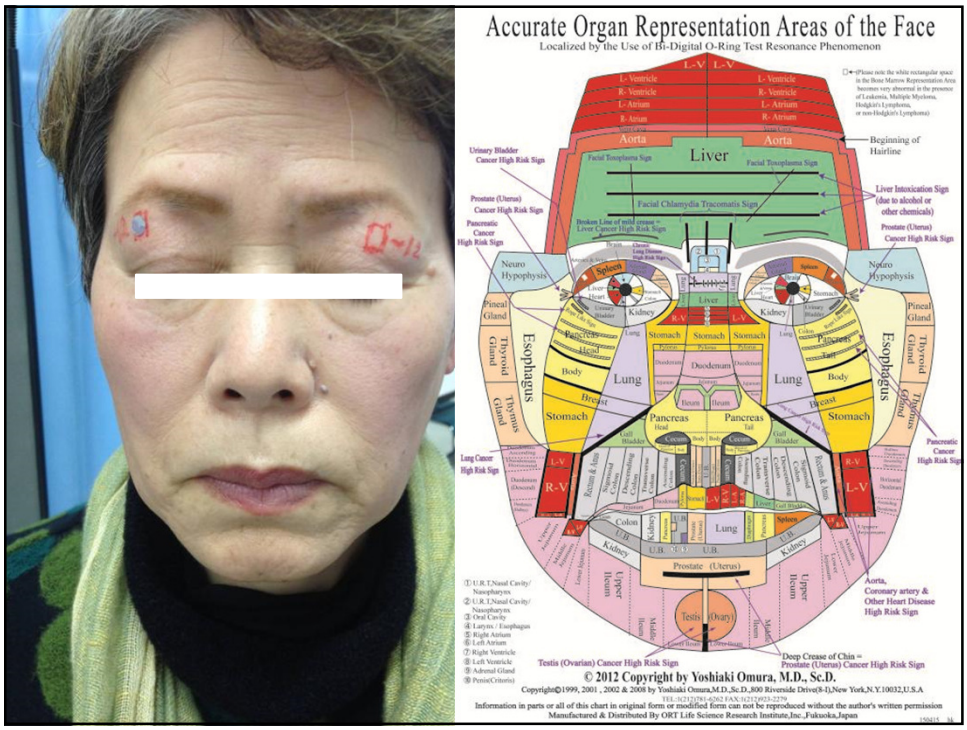
IPMN ((Intraductal Papillary Mucinous Neoplasm)was suspected (CA19-9: 129 U/ml)
Possible Pancreatic Cancer but
Ovarian Cancer was detected from ECGs





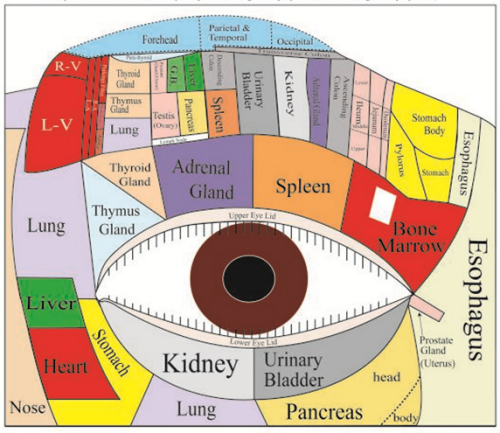
Diagnosis from ECGs:
Endometrical Adenocarcinoma of L-Ovary (-12)
Integrin a5β1: Before applying EMF Neutralizer on R-Bone Marrow Representation Area: 302.5 ng → 127.5ng after application of Neutralizer


2015/04/14 16:39 ID: HDM2 25 mm/sec S1 HR: 67
V1
V2
V3
V4
V5
V6
CARDISUNY C630
【成人解析】
2015年 04月 14日 16時 39分
ID番号：
任意番号：
氏名：
性別·年齢： 67 歳
身長·体重： 146 cm 45 kg
血圧： mmHg mmHg
心拍数： 67
PR時間： 116 ms
QRS幅： 73 ms
QRS軸： 15 °
QT時間： 390 ms
QTc： 410
判定：＋ (わずかな異常)
解析結果
PR短縮[0650] (I, II) PR 116 (ms)
RV6(12.8mm)+SV1(5.2mm)= 18.0mm
Vit. D3 400 I.U.
☆☆☆ 医師による確認をして下さい。 ☆☆☆
[7]
HDM2


Accurate Organ Representation Areas of the Face
Localized by the Use of Bi-Digital O-Ring Test Resonance Phenomenon
Aorta
Liver
Facial Toxoplasma Sign
Facial Chlamydia Tracomatis Sign
Urinary Bladder Cancer High Risk Sign
Prostate (Uterus) Cancer High Risk Sign
Pancreatic Cancer High Risk Sign
Liver Intoxication Sign (due to alcohol or other chemicals)
Beginning of Hairline
Neuro Hypophysis
Pineal Gland
Thyroid Gland
Thymus Gland
Esophagus
Lung
Stomach
Pancreas
Kidney
Spleen
Duodenum
Colon
Testis (Ovarian)
Aorta, Coronary artery & Other Heart Disease High Risk Sign
Testis (Ovarian) Cancer High Risk Sign
Deep Crease of Chin = Prostate (Uterus) Cancer High Risk Sign
© 2012 Copyright by Yoshiaki Omura, M.D., Sc.D.
Copyright©1999, 2001 , 2002 & 2008 by Yoshiaki Omura,M.D.,Sc.D.,300 Riverside Drive(8-I),New York,N.Y.10032,U.S.A
Information in parts or all of this chart in original form or modified form can not be reproduced without the author's written permission
Manufactured & Distributed by ORT Life Science Research Institute,Inc.,Fukuoka,Japan

Organ Representation Areas of the Left Eyebrow & Surrounding Areas of the Eye, Including the Area Between the Eyebrow & Upper Eyelid, Localized by the Use of Bi-Digital O-Ring Test Resonance Phenomenon

(Please note the white rectangular space in the Bone Marrow Representation Area becomes very abnormal in the presence of Leukemia, Multiple Myeloma, Hodgkin's Lymphoma, or non-Hodgkin's Lymphoma)



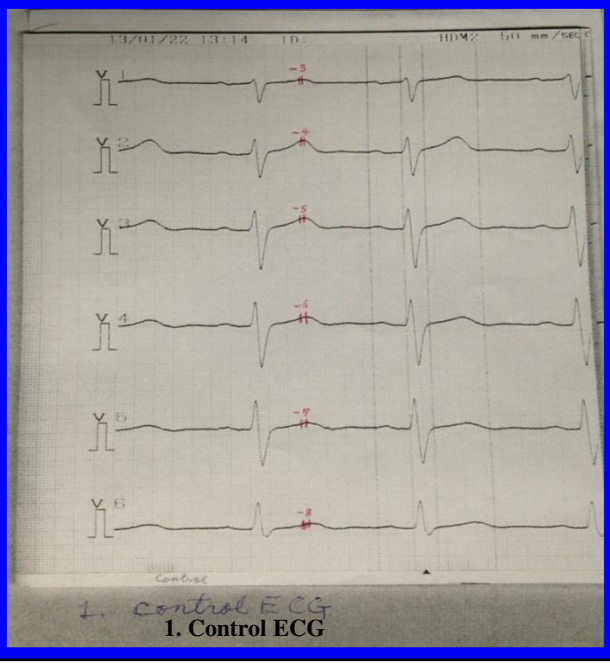
© 2012 Copyright by Yoshiaki Omura, M.D., Sc.D.

Information in parts or all of this chart in original form or modified form can not be reproduced without the author's written permission

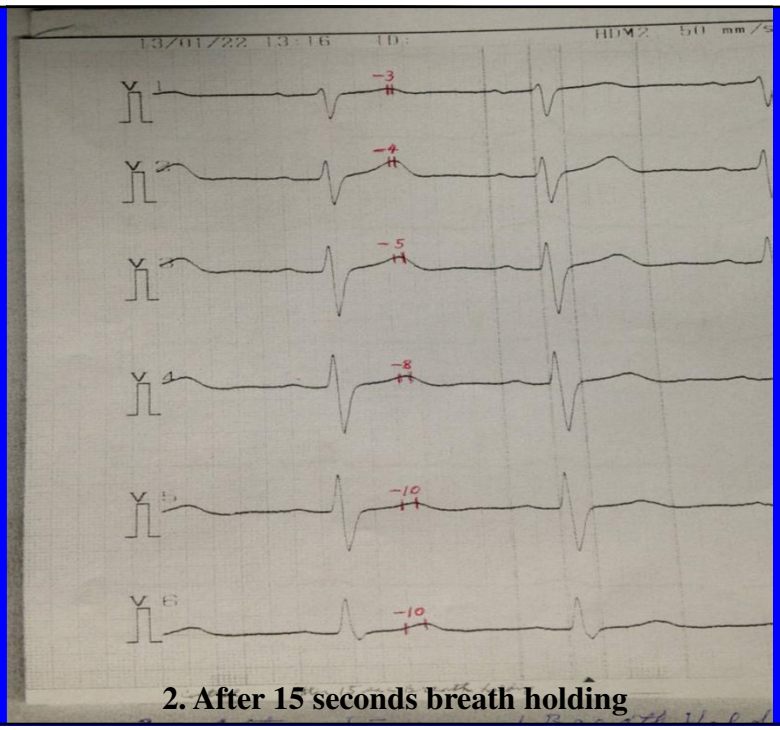
Tel:1(212)781-6262; E-mail: icaet@yahoo.com; 800 Riverside Dr. (8I), New York, NY 10032 USA

121112-bk

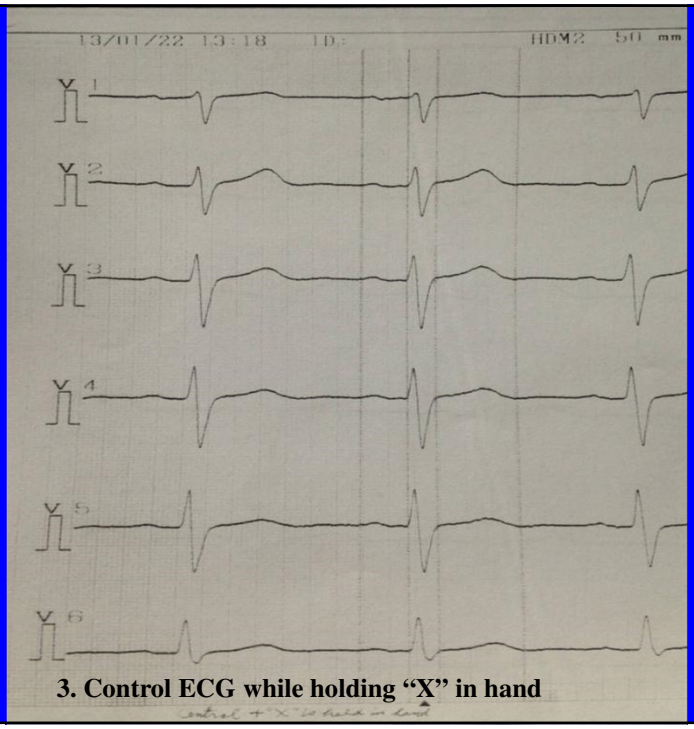
Vulnerable period of Rising Part of T-Waves of ECG's



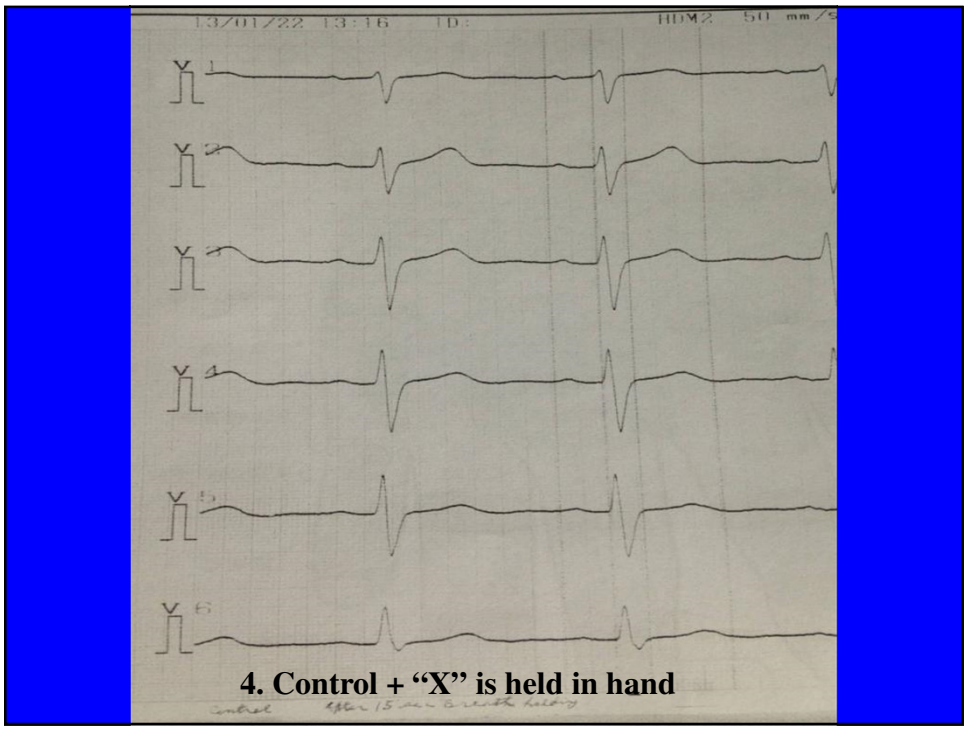
1. Control ECG



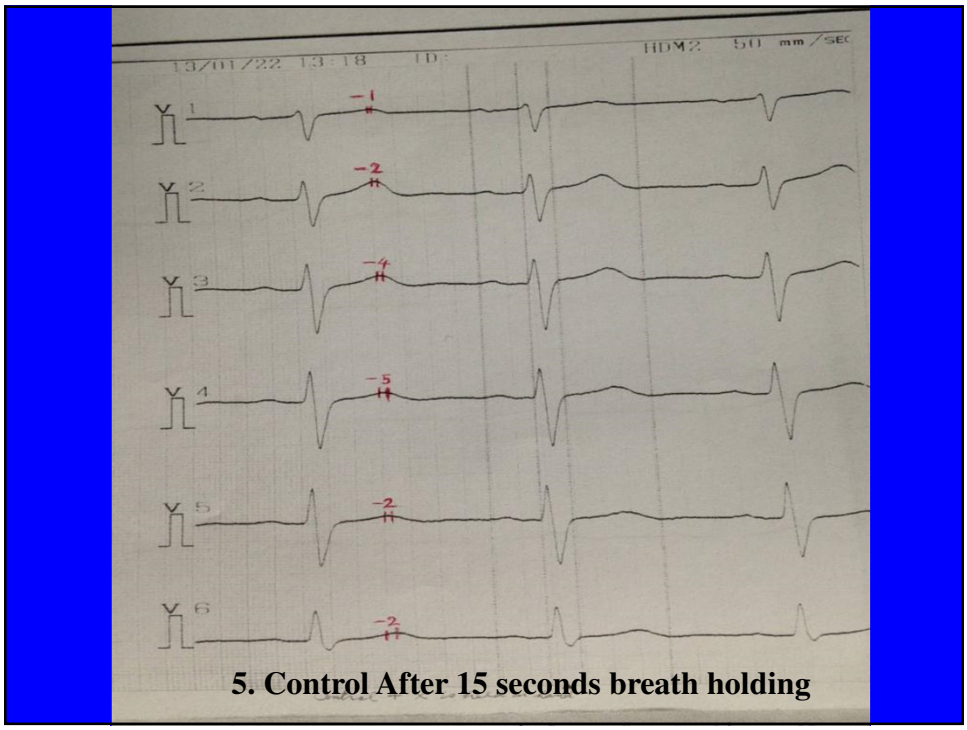
2. After 15 seconds breath holding



3. Control ECG while holding "X" in hand



4. Control + "X" is held in hand



5. Control After 15 seconds breath holding

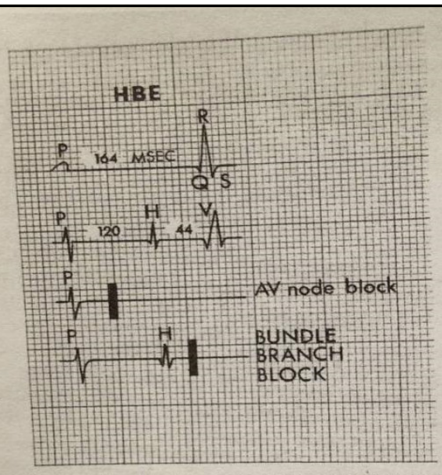
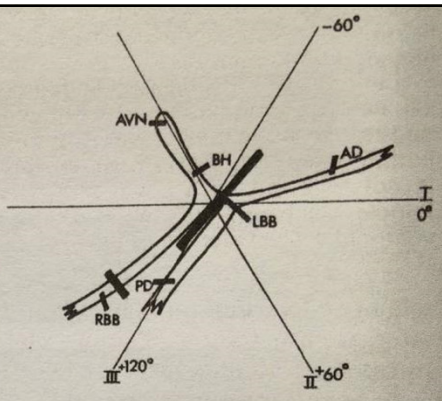
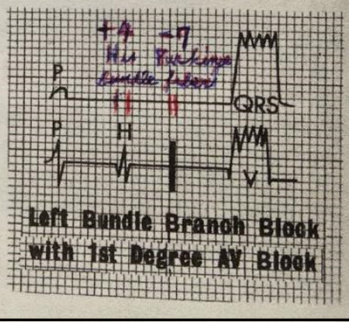


Fig. 15–13.—His bundle electrogram. Top complex is surface electrocardiogram. Below this is a corresponding normal His bundle recording. P-H interval represents conduction from S-A node to the His bundle and the H-V interval conduction through the right and left bundles. Prolongation of the P-H interval would indicate first degree A-V node block and of the H-V interval, delay in a bundle branch. The third recording shows a high grade A-V node block since the *P* wave is not followed by a conducted H potential. The bottom recording shows bilateral bundle branch block since the H potential is not followed by a conducted *QRS* complex. Abbreviations: *HBE*, His bundle electrogram; *P*, atrial electrogram; *H*, His bundle electrogram; *V*, ventricular electrogram. *Heavy lines* show areas of block.

Fig. 15–14.—Left bundle branch block with first degree A-V block. The surface electrocardiogram *(top tracing)* shows first degree A-V block but does not localize the block. The His bundle electrogram *(lower tracing)* shows that the first degree A-V block is due to delay distal to the His bundle in the right bundle, since the H-V interval is prolonged. Abbreviations: Same as in Figures 15–11 and 15–13. (Modified after Gazes, P. C., Postgrad. Med. 50:199, 1971.)





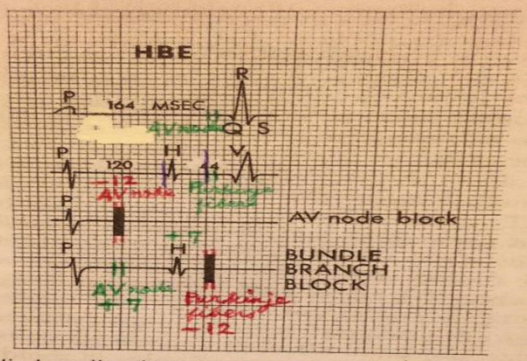


Fig. 15–13.—His bundle electrogram. Top complex is surface electrocardiogram. Below this is a corresponding normal His bundle recording. P-H interval represents conduction from S-A node to the His bundle and the H-V interval conduction through the right and left bundles. Prolongation of the P-H interval would indicate first degree A-V node block and of the H-V interval, delay in a bundle branch. The third recording shows a high grade A-V node block since the *P* wave is not followed by a conducted H potential. The bottom recording shows bilateral bundle branch block since the H potential is not followed by a conducted *QRS* complex. Abbreviations: *HBE*, His bundle electrogram; *P*, atrial electrogram; *H*, His bundle electrogram; *V*, ventricular electrogram. *Heavy lines* show areas of block.

ods of the various components of the conducting system before and after administration of drugs such as atropine. However, such sophisticated studies may not be available and clues must be sought only in the routine or monitored electrocardiogram. Atrioventricular block and sinoatrial block are considered diagnostic features. However, these may be transient, and

12 CLINICAL CARDIOLOGY

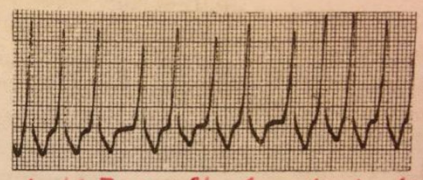


Fig. 15–7.—*Top tracing*, Wolff-Parkinson-White syndrome and atrial fibrillation simulating ventricular tachycardia. Conduction is by way of the anomalous bundle. *Lower tracing*, return to regular sinus rhythm with WPW syndrome. Note short *P-R* interval and initial slurring of *QRS* (delta wave).

respond to any medical therapy. In such patients surgical division of the accessory pathway or the A-V node-His pathway has been performed after its course has been mapped. Quinidine or propranolol can be used for treatment and prevention of an attack. Often attacks of tachyarrhythmia are preceded by premature beats. A variant of the WPW syndrome is just a short *P-R* interval without a delta wave (Lown-Ganong-Levine syndrome). A limited number of such patients also are prone to tachyarrhythmias.

CONCLUSION

Using electrocardiograms, in addition to information on the heart, we can now detect various cancers in the same individual. This new method can be used as a simple, inexpensive and quick cancer-screening tool.

Using recorded electrocardiogram, it is possible to obtain the following information:

1) Various cancers can be detected at rapidly rising phases of QRS complex, and therefore when the QRS voltage is more than 1.2 mV, not only can we make an accurate diagnosis of specific cancers, but also cancer related parameters such as Integrin $\alpha_5\beta_1$, Oncogen C-fos Ab2, 8-OH-dG, can be detected. Cancer related parameter values are more reliable when peak voltage of the QRS complex is higher than 1.2 mV.

2) When there is infection of bacteria or viruses such as Human Papilloma Virus Type 16 or Type 18 outside of the heart, the information can be found in the rapidly changing phase of the QRS complex or at the rising part of T-wave. When infection such as *Borrelia Burgdorferi* is causing atrial flutter or atrial fibrillation, this spirochete slide can cause strong EMF resonance at various parts of P-wave and around invisible SA node.

3) Previously, we found high incidence of HPV type-16 infection in [redacted] breast cancers and cervical cancers of uterus. Through ECGs analysis, our present study also finds high incidence of HPV type-16 infection in stomach cancer and prostate cancer.

4) When patients take medication such as Vitamin D_3 or Digoxin, if the same medication is available, it is possible to detect from recorded electrocardiogram what drug can produce maximum EMF resonance at rapidly changing part of QRS complex, provided identical drug the patient is taking is available.

5) Using an electron-microscopy picture of X and Y-chromosome of humans, every part of the electrocardiogram produced strong EMF resonance.

6) Without proper background, our concept is difficult to understand when dealing with invisible phenomena, but observing expert doing it repeatedly and practicing often, our method becomes easy to understand and use.

Thanks' for your kind attention!!!!!!



58

Let Us Meet Again

We welcome you all to our future conferences of OMICS International

Please Visit:

http://cardiology.conferenceseries.com

http://www.conferenceseries.com/

http://www.conferenceseries.com/clinical-research-conferences.php