

Effectiveness of the BDORT Technique to Detect Energetic Changes in Mo*points During the Treatment of COVID-19 using Vibrational Essences

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ABSTRACT

The Bdort technique is a non-invasive diagnostic method based on resonance observations between identical substances, allowing the presence of pathologies, allergenic substances, medications and the most appropriate doses for patients to be verified. This study aimed to evaluate the Bdort technique to detect energetic changes in Mo* points and representative points of organs in their clinical evolution in thirty-five patients with Covid-19 who received Defense Energy vibrational essence as therapy. The results showed that there was a significant increase in dopamine in the pineal gland (71.4%), telomeres in the thymus gland (97.1%), decreased levels of SARS-CoV2 in the larynx (88.6%), thromboxane in the lungs (100%), 8-OH-dG in the liver (100%), PAI-1 in the kidneys (94.3%), Troponin-T in the heart (71.4%) and Cancer resonance in the body (80.0%). It is concluded that after treatment with Defense Energy, there was a reduction in the presence of SARS-Cov2 (indicator of clinical or subclinical infection) as well as in the behavior of the biological severity indices that were measured before and after treatment. Further studies are needed.

Keywords: Disease Caused by the Coronavirus 2019 (COVID-19), Bi-Digital O-Ring Test (BDORT), Integrative Medicine, Vibrational or Quantum Therapy, Essential Energy, Defense Energy

Introduction

COVID 19 - The new coronavirus responsible for the severe acute respiratory syndrome (SARS-CoV-2), was first identified in Wuhan-China in 2019 and quickly spread to 184 countries. The infection manifested different clinical presentations, from asymptomatic condition to death from multiple organs dysfunction. The World Health Organization (WHO) named the disease caused by the coronavirus 2019 (COVID-19) [1]. Hospitalization is necessary for up to 20% of infected patients, and 5% to 10% of them need hemodynamic and/or ventilatory support [2,3]. The mortality rate varies from 0.8% to 12% according to the country [4,5]. COVID-19 may compromise

the respiratory system, through pneumonia to acute respiratory distress syndrome [3,6,7]. From 20% to 30% of the patients have cardiovascular complications, such as myocardial ischemia, myocarditis, arrhythmias, heart failure, and shock. Renal failure occurs in 30-80% of critically ill patients; 30% of them require renal replacement [8,9]. SARS-CoV-2 can induce an intense inflammatory response, hypercoagulability state, thrombosis, ischemia, and hypoxemia in many organs [9-11]. Acute neurological symptoms may also occur like anosmia, stroke, paralysis, cranial nerve deficits, encephalopathy, delirium, meningitis, and seizures [12-14]. **Bi-Digital O-Ring Test (BDORT)** was created by Professor Yoshiaki Omura in 1977. It is a clinical investigation technique that interprets the changes on muscle strength of the fingers arranged in a ring shape. It is based on the physical phenomenon of resonance between two identical substances. During the pandemic, our standard diagnostic methods were determined by PCR-RT, requiring time

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to release the results, making immediate action impossible in cases of infected individuals and at the same time causing effects by restricting quarantine in uninfected individuals. The search for new methodologies that allow faster diagnoses are extremely important for the treatment and prevention of new cases and also minimizing the social and economic impact by releasing individuals with negative results [15]. Therefore, BDORT is a technique that has the advantages of being non-invasive, in real time, allows monitoring of the evolution of the disease and therapeutic doses are adjusted individually moment by moment. BDORT allows the identification of the pathogen in a specific way since the manifestation of the resonance between the substance has the specificity of the singularity of the vibrational signature [16-25]. **Integrative Medicine's** main goal is to supply the body with its nutritional needs as well as to detoxify the body of everything that is strange and harmful, understanding health as the manifestation of full functional potential, valuing and respecting the internal and external Nature. The search for the ideal treatment, one that is efficient, fast, simple, easy to perform, cheap and totally safe, has always been a topic of great global interest [26]. **Vibrational Therapy** - Each element of nature, atoms, molecules, plants, cells, microorganisms, and others, has its own specific vibrational frequency, which can be measured and reproduced. These frequencies can be used to detect presence or absence in the body, in a non-invasive way, through BDORT. Vibrational Essences of specific frequencies can strengthen the oscillatory resonance of molecules present in nature and also in the human body. Inserting the correct information into the system, it stimulates the frequency regulation of metabolism, rescuing order and homeostasis [27-31]. Due to its immaterial nature, it has no active principle, it is not considered a drug, and its action cannot be explained by pharmacology. There are no records of contraindications nor adverse reactions being safe for humans and animals. When a chemical is used as an information carrier, during a reaction, more than 98% of the available energy is dissipated as heat. Conversely, energy signals are not lost in thermochemical reactions, they are transferred almost 100%, meaning a better communication. Quantum physics reveals that, in biology, vibratory energy signals would undoubtedly be selected over chemical signals in the control of our behaviour [30]. The signs that foster life are not chemical drugs. Energy signals are much more effective in controlling protein changes than physical drugs [31]. The "Virtual BDORT" demonstrated this fact. The effect of the substance on the body can be measured by BDORT just by touching the substance rather than inserting it into the body. In previous studies presented by the main author, the frequency element produced the same effect on biological systems as its ponderal correspondent but faster [32-35]. This way, vibrational formulas relieve acute and chronic symptoms quicker than material ones. **The Essential Energy System** has a selection of frequencies of natural molecules, to recover physiology and homeostasis, essential for health. It uses only the vibrational frequency of integrative medicine treatments. Therapy with the Essential Energy System does not intend to introduce anything that is not already in the system, just strengthen the vibratory resonance. The Essential Energy System was created from the accumulated knowledge by BDORT research team, in São Paulo city, São Paulo state, in Brazil. They are prepared in purified water and brandy, and the frequency is printed electronically. The liquid presentation is advantageous

over tablets and capsules regarding tolerance and management of doses, while spray bottle favors conservation and asepsis compared to the dropper. The absence of matter dispenses common concerns about finitude, conservation, validity, and import of inputs: facts that contribute to the reduction of costs. The technology utilized generates frequencies in a precise and unlimited way, which associated with higher production and consumption, it can consistently lower costs. Frequency preparations must be protected from exposure to artificial electromagnetic fields, due to deconfiguration and consequent biological inefficiency [34,35]. **Defense Energy** is a product that belongs to the Essential Energy System. The Defense Energy is a complete frequency formulation of important molecules and atoms in our metabolism and physiology. It can be used in emergency situations when the functional response as a whole is required quickly, especially in epidemics. It has the frequency that neutralizes and eliminates SARSCoV-2 plus the vibration of more than 280 substances with a detoxifying, anti-inflammatory, antioxidant, antibiotic, immunomodulatory, neuro-modulatory, anti-aging, pre & pro-biotic, vasodilator, antithrombogenic functions. It is also well-known by Nutraceuticals, Phytotherapy, Homeopathy, Ayurveda, Anthroposophy, Functional and Quantum Medicine, by their already proved benefits and safety. The aim of this study is to verify the efficiency of Defense Energy on the prevention and treatment of pandemic medical conditions, evaluated by BDORT.

Material and Methods

During the period of June 15th to July 15th, 2020, thirty-five patients with inflammatory, infectious, and degenerative diseases were treated with Defense Energy. Complaints were presented in Table 1. The attack doses (two consecutive) and maintenance doses (on the first and second week) were tested by BDORT, in person. The second attack dose was tested immediately after the ingestion of the first attack dose and a maintenance dose was set for the first week of treatment (Table 2). Oral use was prescribed every 4 hours, during the waking period, during fourteen days. Photographs were taken on the first and fourteenth days of treatment. All patients signed the Term of Authorization for the Use of Image and Sound. Photos were taken under the front view, head, trunk, abdomen, and arms, with feet shod, metal-free, without exposure to EMF, wearing 100% cotton clothing, without touching the upper and lower limbs. The photos were printed on paper and evaluated by BDORT. Mo* points of Lungs, Heart, Liver, and Kidneys and representative points of the Pineal gland (on the forehead), Thymus gland and Larynx (on the median line) were located with the normal histological slides of the respective organs (Figure 1). Reference Control Substance (RSC) (Figure 2) were measured at the 6 points: SARS-CoV-2 in the Larynx, Dopamine in the Pineal gland, Thromboxane in the Lungs, Telomere in the Thymus gland, 8 OH-dG in the Liver, PAI-1 in the Kidneys, Troponin T in the Heart, a box with several histological slides of common cancers on the whole photo. Data are displayed in Table 4. The Wilcoxon test was applied to analyze the change in parameters before and after treatment [36]. We used the IBM-SPSS Statistics version 24 and R version 3.6.3 programs and adopted an alpha significance level of 5% of inferential conclusions [37]. (Table 5)



Figure 1: Histological slides



Figure 2: RCS Telomere

Table 1: Number of identifications, age, gender and complaints of thirty-five subjects.

P	Age	Gender	Complaints
1	70	F	gastroesophageal reflux, fibromyalgia, low back pain, headache, HBP
2	68	F	hip pain, gonalgia, cardiac arrhythmia, dizziness, tinnitus
3	55	F	dyspnea, gonalgia, pulmonary emphysema
4	36	M	insomnia, anxiety, low back pain, gastritis
5	50	M	anxiety, low back pain, fibromyalgia
6	22	F	acute dorsalgia, fever, chills
7	41	M	hip pain, dermatitis
8	63	F	tinnitus, mood swings, neck pain
9	41	F	insomnia, headache, ombralgia, sinusitis, HBP
10	71	M	DM, HBP, urinary incontinence
11	64	F	gastralgia, gonalgia, HBP, CA thyroid
12	60	F	insomnia, hypothyroidism, HBP, depression, lower limb pain
13	40	F	depression, hypothyroidism, asthma, learning disability
14	54	F	insomnia, genital herpes, constipation
15	32	F	dehidrosis, thoraco-abdominal pain
16	64	F	insomnia, rheumatoid arthritis
17	34	F	insomnia, dysmenorrhea, bariatric surgery
18	47	F	insomnia, fatigue, low back pain
19	34	F	insomnia, menorrhagia, dysmenorrhea, low back pain
20	69	F	insomnia, ombralgia, DM, HBP, tinnitus
21	69	M	generalized pain
22	57	F	insomnia, headache, sinusitis, gonalgia, low back pain, gastralgia
23	54	M	dysphagia, dyspnea, low back pain
24	41	F	insomnia, migraine, interscapular pain, dermatitis
25	41	F	insomnia, headache, gonalgia, dorsalgia, HBP
26	38	F	infertility, dysmenorrhea, renal lithiasis, urinary urgency
27	64	M	abdominal pain, cervicgia, inguinal hernia, DM, HBP
28	58	F	rheumatoid arthritis
29	53	F	depression, Restless legs syndrome, pelvic pain
30	47	F	insomnia, low back pain, neck pain, constipation, HBP
31	19	F	acne, dysmenorrhea, rhinitis
32	38	F	dehidrosis, headache, cervico-brachialgia, sciatica
33	20	F	insomnia, gonalgia, fatigue, abdominal pain
34	66	M	generalized pain, gastralgia
35	66	F	rheumatoid arthritis, hypothyroidism, HBP, IR

N= number of patients; M=male; F=female; HBP=high blood pressure; IR=Renal failure; DM=Diabetes Mellitus

Results

The sample of 35 patients was composed of 8 (22.9%) men and 27 (77.1%) women, median age of 53, ranging from 19 to 71 years old. (See Table 1). When asked about the evolution of their symptoms, 32 people reported perceived improvement (91,4%) and 3 without perceived improvement (8,57%), as shown on Table 2.

Table 2: Number of sprays accepted, at different times, individually tested by BDORT. Report of perception of improvement: Yes or No.

Patient	Attack dose 1	Attack dose 2	Dose after 7 days	Dose after 14 days	Improvement
1	25	3	2	0	No
2	18	4	3	0	Yes
3	12	2	1	0	Yes
4	15	4	1	0	Yes
5	24	4	2	0	yes
6	20	4	3	8	yes
7	12	5	4	2	yes
8	20	4	4	0	yes
9	20	12	2	0	yes
10	20	4	5	0	yes
11	20	4	5	0	yes
12	20	6	4	0	yes
13	20	8	2	0	yes
14	8	1	0	2	yes
15	20	3	2	1	yes
16	20	6	4	2	yes
17	20	2	2	0	yes
18	8	3	1	0	yes
19	12	4	1	0	yes
20	34	10	4	2	yes
21	20	8	6	0	no
22	24	8	3	3	yes
23	20	4	4	0	yes
24	24	8	4	0	yes
25	20	6	4	0	yes
26	18	4	3	2	no
27	20	2	4	1	yes
28	12	3	6	2	yes
29	4	4	2	3	yes
30	20	8	6	0	yes
31	20	4	2	0	yes
32	20	8	4	0	yes
33	20	6	1	0	yes
34	26	12	6	10	yes
35	28	12	4	2	yes

Testing doses by BDORT - the first attack dose ranged from 4 to 34 sprays, mean of 19, and standard deviation of 5.9. The second attack dose ranged from 1 to 12 sprays, a mean of 5,4, and standard deviation of 2.9, and this was used as a maintenance dose for the first week. The second attack dose was approximately 25% of the first attack dose. The second maintenance dose ranged from 0 to 6 sprays, a mean of 3.2, and standard deviation of 1.6. The maintenance dose after 7 days of treatment was approximately 15% of the first attack dose. The third maintenance dose ranged from 0 to 10 sprays, mean from 1,1, and standard deviation of 2.2. After 14 days of treatment 63% of patients no longer accepted continuation of *Defense Energy*. (See Table 2-3)

Table 3: Averages of individual doses, at different times, tested by BDORT

	Attack dose 1	Attack dose 2 maintenance 1	Dose after 7 days maintenance 2	Dose after 14 days maintenance 3
N	35	35	35	35
Mean	19,0	5,4	3,2	1,1
Median	20,0	4,0	3,0	0,0
Minimum	4	1	0	0
Maximum	34	12	6	10
standard deviation	5,9	2,9	1,6	2,2

The inferential results confirmed the descriptive analysis of a significant increase in the levels of Dopamine in Pineal gland (71.4%) ($p < 0.001$) and Telomere in Thymus gland (97.1%) ($p < 0.001$); and decreased levels of SARS-CoV2 in Larynx (88.6%) ($p < 0.001$), Thromboxane in Lungs (100%) ($p < 0.001$), 8OH-dG in Liver (100%) ($p < 0.001$), PAI-1 in Kidneys (94.3%) ($p < 0.001$), Troponin-T in Heart (71.4%) ($p = 0.038$) and Cancer resonance in the body (80.0%) ($p < 0.001$). (see Table 4 to 6 and Graph 1 to 9)

Table 4: Values found before and after treatment with Defense Energy

Patients		1	2	3	4	5	6	7	8	9	Patients		10	11	12	13	14	15	16	17	18
SARS-CoV2	Before	1.500	600	1000	1000	3000	60000	5100	200	600	SARS-CoV2	Before	1500	4500	1500	600	1900	3000	3000	3000	3000
in Larynx	After	1	1	1	1	1	400	1	1	1	in larynx	After	1	1	1	1	1	1	1	1	1
dopamine (mcg)	Before	10 ⁻³	10 ⁻³	400	10 ⁻³	10 ⁻³	400	400	400	400	dopamine (mcg)	Before	400	400	10 ⁻³	200	400	400	400	10 ⁻¹	10 ⁻¹
in Pineal gland	After	400	400	400	400	400	400	400	400	400	in pineal gland	After	400	400	400	400	400	400	400	400	400
Thromboxane (ng)	Before	2000	100	400	100	200	3000	40	4	40	thromboxane (ng)	Before	100	200	40	10	4	2	4	300	40
in Lungs	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	in lungs	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹
Telomere (ng)	Before	10 ⁻¹⁵	10 ⁻³	1	10	20	10	500	1	10 ⁻⁶	telomere (ng)	Before	10 ⁻¹⁵	10 ⁻¹⁶	70	120	10 ⁻¹⁵	20	35	10 ⁻³	1
in Thymus gland	After	600	600	600	600	600	720	600	600	600	in thymus gland	After	600	600	600	600	600	600	600	600	600
8OH-dG (ng)	Before	30	20	20	4	20	40	8	30	50	8OH-dG (ng)	Before	100	100	40	10	40	4	20	10	20
in Liver	After	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻²	10 ⁻³	10 ⁻³	10 ⁻³	in liver	After	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻²	10 ⁻³	
PAI-1 (ng)	Before	4	3	1	10 ⁻¹	10	20	2	10	20	PAI-1 (ng)	Before	30	30	10	3	10	3	10	10	20
in Kidneys	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10	10 ⁻¹	10 ⁻¹	10 ⁻¹	in kidney	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹
Troponin T (ng)	Before	4	2	2	2	4	10	1	2	3	troponin T (ng)	Before	4	4	2	2	3	2	1	1	10 ⁻¹
in Heart	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	20	in heart	After	20	10	10 ⁻¹	10 ⁻¹	10	1	1	10 ⁻¹	10 ⁻¹
Cancer	Before	-6	-6	-6	-3	-6	-1	0	-2	-6	cancer	Before	-6	-6	-6	-1	-6	-2	-2	-2	-2
in body	After	0	0	0	0	0	0	0	0	0	in body	After	0	0	0	0	0	0	0	0	0

Patients		19	20	21	22	23	24	25	26	27	Patients		28	29	30	31	32	33	34	35
SARS-CoV2	Before	2100	5500	4500	1500	3000	1500	1	1	60000	SARS-CoV2	Before	60000	4900	600	1	1500	64500	70.000	1
in larynx	After	1	1	400	600	400	1	1	400	200	in larynx	After	200	1	1	1	1	1500	4500	1
dopamine (mcg)	Before	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	1	1	dopamine (mcg)	Before	1	10 ⁻¹	1	10 ⁻¹	1	10 ⁻¹	10 ⁻¹	10 ⁻¹
in pineal gland	After	400	400	400	400	400	400	400	400	400	in pineal gland	After	400	400	400	400	400	400	400	400
thromboxane (ng)	Before	10	20	300	200	300	400	100	300	400	thromboxane (ng)	Before	400	40	10	1	10	2000	2000	2000
in lungs	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	in lungs	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	4	100	10 ⁻¹
telomere (ng)	Before	1	10 ⁻¹⁶	10 ⁻¹⁶	1	10	10 ⁻³	10 ⁻¹⁵	10 ⁻¹⁵	10 ⁻¹⁶	telomere (ng)	Before	10 ⁻¹⁶	30	10 ⁻¹⁶	1	10 ⁻³	10 ⁻¹⁶	10 ⁻¹⁶	1
in thymus gland	After	600	600	600	600	600	600	600	600	600	in thymus gland	After	600	600	600	600	600	720	10 ⁻¹⁵	10
8OH-dG (ng)	Before	30	100	140	30	20	30	40	20	100	8OH-dG (ng)	Before	100	10	1	10 ⁻¹	4	100	400	40
in liver	After	10 ⁻²	10	10 ⁻²	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	10 ⁻³	in liver	After	10 ⁻³	2	10 ⁻²	10 ⁻⁴	10 ⁻³	2	20	3
PAI-1 (ng)	Before	20	70	100	20	30	40	50	10	100	PAI-1 (ng)	Before	100	10	20	10 ⁻¹	20	200	2000	10
in kidneys	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	1										
troponin T (ng)	Before	3	5	5	1	2	10 ⁻¹	4	10 ⁻¹	7										
in heart	After	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	10 ⁻¹	1										
cancer	Before	-1	-6	-6	-2	-6	-2	-6	-6	-6										

In the Table 5-6, the results found demonstrate clear benefits of treatment with Defense Energy in reducing the amount of SARS-CoV2 virus in the larynx, in increasing dopamine levels in the pineal gland, in reducing Thromboxane levels in the lungs, in increasing Telomere in the thymus gland, in reducing 8OH-dG levels in the liver, in reducing PAI-1 in the kidneys, in reducing Troponin T in the heart, and in reducing cancer resonance, signifying an important transition from the state of disease towards health.

Table 5: Results of RCS measurements before and after treatment.

		mean	median	minimum	maximum	standard	p ^a
SARS-CoV2	before	10702,97	1900,00	1,00	70000,00	21727,35	<0,001
in larynx	after	246,46	1,00	1,00	4500,00	794,36	
dopamine (mcg)	before	120,15	0,01	0,00	400,00	182,69	<0,001
in pineal gland	after	400,00	400,00	400,00	400,00	0,00	
thromboxane	before	430,71	100,00	1,00	3000,00	760,72	<0,001
(ng) in Lungs	after	3,07	0,10	0,10	100,00	16,88	
telomere (ng) in	before	23,77	0,00	0,00	500,00	86,22	<0,001
thymus gland	after	572,86	600,00	0,00	720,00	144,62	
8OH-dG (ng)	before	49,46	30,00	0,10	400,00	71,17	<0,001
in liver	after	0,77	0,00	0,00	20,00	3,41	
PAI-1 (ng) in	before	85,61	20,00	0,10	2000,00	335,58	<0,001
kidneys	after	1,60	0,10	0,10	40,00	6,89	
troponin T (ng) in	before	14,47	3,00	0,10	400,00	67,13	0,038
Heart	after	8,24	0,10	0,10	200,00	33,88	
cancer resonance	before	4,34	6,00	0,00	6,00	2,25	<0,001
	after	1,20	0,00	0,00	6,00	2,00	

^aWilcoxon

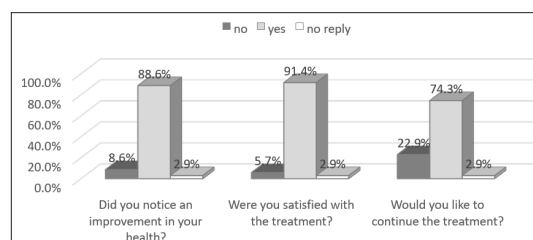
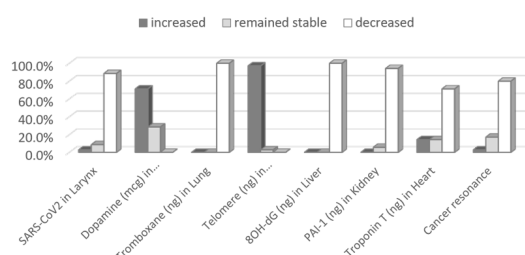
Table 6: Distribution of the temporal behavior of RCS

	Increased		Remained stable		Decreased	
SARS-CoV2 in larynx	1	2,9%	3	8,6%	31	88,6%
dopamine (mcg) in pineal gland	25	71,4%	10	28,6%	-	-
thromboxane (ng) in lungs	-	-	-	-	35	100,0%
telomere (ng) in thymus gland	34	97,1%	1	2,9%	-	-
8OH-dG (ng) in liver	-	-	-	-	35	100,0%
PAI-1 (ng) in kidneys	-	-	2	5,7%	33	94,3%
troponin T (ng) in heart	5	14,3%	5	14,3%	25	71,4%
cancer resonance	1	2,9%	6	17,1%	28	80,0%

Most patients reported being satisfied with the treatment (91.4%), having noticed an improvement in their health (88.6%) and would like to continue the treatment (74.3%). (Table 7 and Graphic 10)

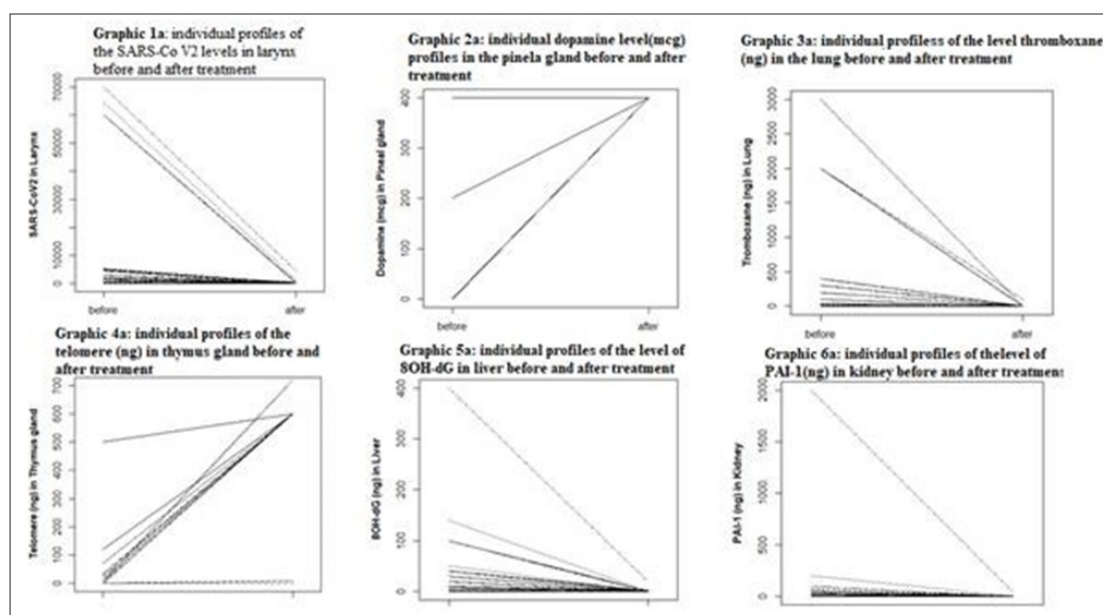
Table 7: Distribution of questions

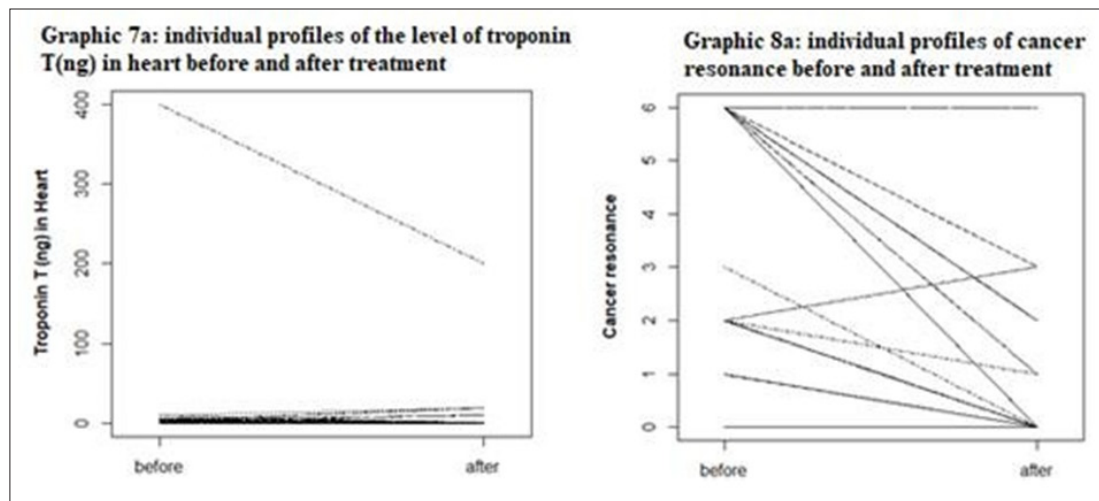
	No		Yes		no reply	
Did you perceive improvement of symptoms?	3	8,6%	32	91,4%		
Did you notice an improvement in your health?	3	8,6%	31	88,6%	1	2,9%
Were you satisfied with the treatment?	2	5,7%	32	91,4%	1	2,9%
Would you like to continue the treatment?	8	22,9%	26	74,3%	1	2,9%



Graphic 10: Distribution of questions

Graphic 9: Distribution of the temporal behavior of RCS





Discussion

BDORT is a diagnostic tool method for early detection of many diseases [38-45]. It has been used for measurements of biochemical, biological and toxic markers, by the resonance phenomenal [46]. Bi-Digital O-Ring Test can make simple and quick cancer screening which can be compared to standard detection methods. It can identify patients at risk for developing various diseases. It can also research new treatments as well as evaluate the comparative effectiveness of already known treatments [38-42]. BDORT raises hypotheses of possible causes for diseases [47,48]. The Mo Points, also known as Alarm Points from Traditional Chinese Medicine (TCM), are acupuncture points located on the chest and abdomen, close to the respective organ and viscera (*Zang-Fu*). They reflect the concentration of Yin Qi, a state corresponding to the functional and organic conditions of the respective organs. Lungs - P1, Heart - VC14, Kidneys - VB25, Liver - F14 [49-52]. The representative area of Pineal Gland is also representative of the 12 *Zang-Fu* of Traditional Chinese Medicine, as checked by BDORT, having positive resonance with histological slides of the 12 organs. This fact confirms a holographic understanding of the body. So, the level of the many RCS may represent local or whole information [51]. **Dopamine** (DA) is a neurotransmitter in the central nervous system that relate to many brain functions. DA has direct contributions to cognitive functions in the working memory, executive functions, and time estimation processes [53,54]. It is known that DA deficit is involved in the neurobiology and negative symptoms of a myriad of neurological and psychiatric diseases, including Parkinson's, Schizophrenia, and attention deficit hyperactivity disorder. It is being considered an essential element in the brain reward system and in the action of many drugs with abuse potential [55,56]. The main signs of the Pre-Frontal Syndrome in humans are: the interest diminution in the environment, sensory neglect, distractibility, visuomotor impairment, among others are under DA regulation [57]. Since DA brain activity apparently decreases with normal aging, stimulating DA transmission in the elderly could represent a reliable strategy for improving behavioral deficits [58]. Elevated Dopamine favors neuromodulation by improving the function of Dopaminergic neuronal pathways. **Thromboxane** is a substance made by platelets that facilitates platelet aggregation causing blood clotting. It is also a vasoconstrictor, a potent arterial hypertensive agent. The reduction in Thromboxane can be

understood as the correction of vascular and blood circulatory disturbance improving blood flow [59]. **Telomeres** are sections of DNA found at the end of each chromosome. They consist of a repeating sequence of nucleic acids-TTAGGG, allowing it to be replicated during cell division without losing essential genes. In each cell division, the Telomere shortens and when it becomes minimal, the cell no longer divides, ages and dies. Telomere shortening is related to oxidative stress, apoptosis, ageing and disease. The abnormal elongation of the Telomere is related to the perpetuated replication present in cancer cells. The BDORT research of nutrients that raise Telomeres in shortened Telomeres cells as well as those that reduce Telomeres in cancer cells contributed to prevention and treatment of benign and malignant pathologies. The increase in the Telomere to normal levels is related to vitality and health, while the reduction in the abnormally increased Telomere is related to the anticancer effect [60,61]. The **8-OhdG**, 8-hydroxy-2'-deoxyguanosine is a predominant form of free radical-induced oxidative lesions in nuclear and mitochondrial DNA, and has therefore been widely used as a biomarker for oxidative stress and as a factor of initiation and promotion of carcinogenesis and another disease [62]. The **PAI-1**, Plasminogen Activator Inhibitor 1 is a protein from the fibrinolysis cascade. When increase is associated with the hypercoagulability, atherosclerosis, acute myocardial infarction, stroke, venous thrombosis, and pulmonary embolism [63-65]. The **Troponin-T** is a myofibrillary protein useful in the detection of myocardial damage [66,67]. It is also sensitive to minor heart aggressions. High Troponin-T levels in patients undergoing cardiac surgery would be a strong predictor of prolonged intensive care unit stay and long-term cardiac mortality [68-70]. Pandemic medical conditions may allude not only to Covid-19 but also to very prevalent medical conditions like chronic pain, hypothyroidism, high blood pressure, Diabetes Mellitus, and so on. In any disease, we can observe abnormal markers of inflammation, oxidative stress, infection, circulatory disturbances and others. The behavior of all the markers investigated during the treatment with Defense Energy demonstrated its usefulness in improving health conditions.

Conclusion

The treatment with Defense Energy reduced sufficiently the presence of SARS-Cov2, an indicator of clinical or sub-clinical infection. The reduction of SARS-Cov2, as well as the reduction

of cancer resonance, may be due to the improvement of the immunological condition. The behavior of Dopamine, Telomere, PAI-1, Troponin T, Thromboxane, and 8OH-dG are useful as severity markers analysis for COVID 19. The favorable evolution of these markers with treatment with Defense Energy shows the effectiveness in the prevention and treatment of COVID 19. The use of Defense Energy for 14 or more days, every 4 hours, in doses tested by BDORT, can reverse the pathophysiological condition that sustains several diseases. Further studies are needed.

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References

1. World Health Organization. Coronavirus disease (WHO) situation reports coronavirus. COVID-2019. 2019.
2. Huang C, Wang Y, Li X, Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. 2020. 395: 497-506.
3. Grasselli G, Pesenti A, Cecconi M. Critical Care Utilization for the COVID-19 Outbreak in Lombardy, Italy: Early Experience and Forecast During an Emergency Response. 2020. 323: 1545-1546.
4. Omura Y, Chen Y, Lu DP. Anatomical relationship between traditional acupuncture point ST 36 and Omura's ST 36 (True ST 36) with their therapeutic effects: 1) inhibition of cancer cell division by markedly lowering cancer cell Telomere while increasing normal cell Telomere, 2) improving circulatory disturbances, with reduction of abnormal increase in high triglyceride, L-homocystein, CRP, or cardiac troponin I & T in blood by the stimulation of Omura'sb ST 36--Part 1. *Acupunct Electro-Ther Res*. 2007. 32: 31-70.
5. Omura Y. "Re-evaluation of the classical acupuncture concept of meridians in oriental medicine by the new method of detecting meridian-like networks connected to internal organs using "Bi-Digital O-Ring Test." *Acupuncture & Electro-Therapeutics Res*. 1986. 11: 219-231.
6. Wu Z, McGoogan JM. Characteristics of and Important Lessons from the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases from the Chinese Center for Disease Control and Prevention. 2020. 323: 1239-1242.
7. Onder G, Rezza G, Brusaferro S. Case-Fatality Rate and Characteristics of Patients Dying in Relation to COVID-19 in Italy. 2020. 323: 1619.
8. Korea Centers for Disease Control and Preservation. (KCDC) Updates on log COVID-19 in Korea.
9. Preliminary estimates of the prevalence of selected underlying diseases in patients with coronavirus disease. 2019.
10. Wang D, Hu B, Hu C. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. 2020.
11. Zhang T, Sun LX, Feng RE. Comparison of clinical and pathological features between severe acute respiratory syndrome and coronavirus disease 2019. 2020. 43: 496-502.
12. Yao Xiaohong, Li Tingyuan, He Zhicheng, Coronavirus disease pneumonia 2019 (COVID-19): 3 cases of puncture histopathology in several locations. *Chin J Pathol*. 2020. 49.
13. Luo W, Yu H, Gou J, Li X, Sun Y, et al. Clinical Pathology of Critical Patient with Novel Coronavirus Pneumonia COVID-19. Preprints. 2020.
14. Omura Y. Transmission of molecular information thought electro-magnetic waves with different frequencies and its application to non-invasive diagnosis of patients as well as detection from patient's X-ray film of visible and not visible medical information: Part I. *Acupuncture & Electro-Therapeutics Res*. 1994. 19: 63.
15. Goulart ACC, Silveira L, Carvalho HC. Diagnosing COVID-19 in human serum using Raman spectroscopy. *Lasers in medical science*. 2022. 37: 2217-2226.
16. Omura Y. Practice of Bi-Digital O-Ring Test. Ed. Ido-no-Nihon-sha, Tokyo and Yokozuka, Japan. 1986.
17. Omura Y. Electro-magnetic Resonance Phenomenon as a possible mechanism Related to the Bi-Digital O-Ring Test Molecular Identification and Localization Method. *Acupuncture & Electro-Therapeutics Res*. 1986. 11: 127-145.
18. Omura Y. Simple non-invasive early detection and localization of specific cancer tissues of internal organs and differentiation of cancer tissue from surrounding areas infected by cancer related viruses, as well as evaluation of their micro-circulatory condition & drug uptake using the BI-Digital O-Ring Test. *Acupunct Electro-Ther Res*. 1990. 15: 217-233.
19. Omura Y, Beckman SL. Role of mercury (Hg) in resistant infections & effective treatment of Chlamydia trachomatis and Herpes family viral infections (and potential treatment for cancer) by removing localized Hg deposits with Chinese parsley and delivering effective antibiotics using various drug uptake enhancement methods. *Acupunct Electro-Ther Res*. 1995. 20: 195-229.
20. Omura Y. Meridian-like networks of internal organs, corresponding to traditional Chinese 12 main meridians and their acupuncture points as detected by the "Bi-Digital O-Ring Test Imaging Method." Search for the corresponding internal organ of western medicine for each meridian – Part 1." *Acupuncture & Electro-Therapeutics Res*. 1987. 12: 53-70.
21. Omura Y, Losco M, Omura AK, etc. Bi-directional transmission of molecular information by photon or electron beams passing in the close vicinity of specific molecules, and its clinical and basic research applications: 1) Diagnosis of humans or animal patients without any direct contact; 2) Light microscopic and electron microscopic localization of neuro-transmitters, heavy metals, Oncogen Cfos(AB2), etc. of intracellular fine structures of normal and abnormal single cells using light or electro-microscopic indirect Bi-Digital O-Ring Test". *Acupuncture & Electro-Therapeutics Res*. 1992, 17: 29-46.
22. Omura Y, Jones MK, Nihrane A, Duvvi H, Shimotsuura Y, et al. More than 97% of human papilloma virus type 16 (HPV-16) was found with chrysotile asbestos & relatively smooth round tumor outline, and less than 3% was found with HPV-18 and tremolite asbestos & irregular sawtooth-like zigzag outline in breast cancer tissues in over 500 mammograms of female patients: their implications in diagnosis, treatment, and prevention of breast cancer. *Acupunct Electrother Res*. 2013. 38: 211-30.

23. Omura Y. Transmission of molecular information through electro-magnetic waves with different frequencies and its application to non-invasive diagnosis of patients as well as detection from patient's X-ray film of visible and not visible medical information: Part I. *Acupuncture & Electro-Therapeutics Res.* 1994. 19: 63.
24. Omura Y, O' Young B, Jones M. Caprylic Acid in The Effective Treatment of Intractable Medical Problems of Frequent Urination, Incontinence, Chronic Upper Respiratory Infection, Root Canalled Tooth Infection, ALS, etc, Caused by Asbestos & Mixed Infections of *Candida albicans*, *Helicobacter pylori* & Cytomegalovirus with or without Other Microorganisms & Mercury", *Acupuncture & Electro-Therapeutics Res.* 2011. 36: 19-64.
25. Omura Y. Electro-magnetic resonance phenomenon as a possible mechanism related to the "Bi-Digital O-Ring Test Molecular identification and localization method". *Acupuncture & Electro-Therapeutics Res.* 1986. 11: 127-145.
26. Estores IM, Ackerman P. Integrative Medicine in Long COVID. *Physical medicine and rehabilitation clinics of North America.* 2023. 34: 677-688.
27. Clark HR. *The Cure and Prevention of all Cancers.* New Century Press, USA. 2007. 189-218.
28. Gerber R. *Medicina vibracional: uma medicina para o futuro, Cultrix, Brasil.* 2007. 203-208.
29. Mattos VJF. *Medicina Quântica Integrativa, Ed. IBMQ, Brasil.* 2010. 96-115.
30. McClare CW. Resonance in bioenergetics. *Ann N Y Acad Sci.* 1974. 227: 74-97.
31. Lipton BH. *The biology of belief.* HAY HOUSE, INC.
32. Omura Y, Losco M, Omura AK. Chronic or intractable medical problems associated with prolonged exposure to unsuspected harmful environmental electric, magnetic or electromagnetic fields radiating in the bedroom or workplace and their exacerbation by intake of harmful light and heavy metals from common sources. 1991. 16: 143-177.
33. Uno LH. increasing therapeutic efficiency with homeography using Bi-Digital O-Ring Test. 27th Annual Meeting of Japan Bi-Digital O-Ring Test Medical Society, Showa University, Tokyo, Japan. 2018.
34. Uno LH. Results of quantic integrative treatments selected by Bi-Digital O-Ring Test. VI International Symposium of the Bi-Digital O-Ring Test and II Brazilian Symposium of Integrative Medicine, São Paulo, Brazil. 2019.
35. Uno LH. Increasing therapeutic efficiency using attack dose and homeographies through Bi-Digital O-Ring Test. V International Symposium of the Bi-Digital O-Ring Test, I Brazilian Symposium of Integrative Medicine, São Paulo. 2017.
36. Siegel S. *Estatística não-paramétrica para ciências do comportamento.* 2nd ed., Artmed, Porto Alegre. 1996. 448.
37. Core Team R. *A language and environment for statistical computing.* R Foundation for Statistical Computing, Vienna, Austria. 2016.
38. Takeshige C, Nakajima H, Iwata T. Involvement of the pineal body in the Bi-Digital O-Ring Test. 1994. 19: 215-225.
39. Omura Y. *Practice of Bi-Digital O-Ring Test.* Ido-no-Nihonsha, Tokyo and Yokosuka, Japan. 1986.
40. Omura Y. Electro-magnetic resonance phenomenon as a possible mechanism related to the Bi-Digital O-Ring Test molecular identification and localization method. 1986. 11: 127-145.
41. Omura Y. Simple non-invasive early detection and localization of specific cancer tissues and evaluation of micro-circulatory condition & drug uptake using the Bi-Digital O-Ring Test. 1990. 15: 217-233.
42. Omura Y, Beckman SL. Role of mercury in resistant infections and effective treatment of Chlamydia trachomatis and Herpes family viral infections. 1995. 20: 195-229.
43. Omura Y. United States Patent. Issued February. 1993.
44. Omura Y. Transmission of molecular information through electro-magnetic waves with different frequencies and its application to non-invasive diagnosis. 1994. 19: 63.
45. Omura Y, Losco M, Omura A K. Bi-directional transmission of molecular information by photon or electron beams passing near specific molecules and its clinical applications. 1992. 17: 29-46.
46. Omura Y. Electro-magnetic resonance phenomenon as a possible mechanism related to the Bi-Digital O-Ring Test molecular identification and localization method. 1986. 11: 127-145.
47. Omura Y, O'Young B, Jones M. Caprylic acid in the effective treatment of intractable medical problems caused by asbestos and mixed infections. 2011. 36: 19-64.
48. Omura Y, Losco M, Omura A K. Chronic or intractable medical problems associated with harmful environmental electromagnetic fields. 1991. 16: 143-177.
49. Omura Y, Chen Y, Lu D P. Anatomical relationship between traditional acupuncture point ST36 and Omura's ST36 with their therapeutic effects. 2007. 32: 31-70.
50. Omura Y. Re-evaluation of the classical acupuncture concept of meridians by the Bi-Digital O-Ring Test. 1986. 11: 219-231.
51. Omura Y. Meridian-like networks of internal organs corresponding to traditional Chinese meridians detected by the Bi-Digital O-Ring Test imaging method. 1987. 12: 53-70.
52. Yamamura Y. *Acupuntura Tradicional: A Arte de Inserir.* 2nd ed., Roca, São Paulo. 2001.
53. Pessiglione M, Seymour B, Flandin G. Dopamine-dependent prediction errors underpin reward-seeking behaviour in humans. 2006. 442: 1042-1045.
54. Pessiglione M, Schmidt L, Draganski B. How the brain translates money into force: a neuroimaging study of subliminal motivation. 2007. 316: 904-906.
55. Di Chiara G, Bassareo V. Reward system and addiction: what dopamine does and doesn't do. 2007. 7: 69-76.
56. Ross S, Peselow E. The neurobiology of addictive disorders. 2009. 32: 269-276.
57. Shimotsuura Y, Akioka H, Kawashima H, Omura Y. Methods for determining the direction and angle of acupuncture needles using Bi-Digital O-Ring Test. 2010. 35: 215-216.
58. Nieoullon A. Dopamine and the regulation of cognition and attention. 2002. 67: 53-83.
59. Cools R. Dopaminergic modulation of cognitive function: implications for L-DOPA treatment in Parkinson's disease. 2006. 30: 1-23.

60. Shimotsuura Y, Akioka H, Kawashima H. Methods for determining the direction and angle of acupuncture needles using Bi-Digital O-Ring Test. 2010. 35: 215-216.
61. Omura Y, Horiuchi N, Jones M. Temporary disappearance of pain and cancer activity by mechanical stimulation of front teeth and its mechanism. 2009. 34: 228-229.
62. Omura Y. Special sunrise & sunset solar energy stored papers and their clinical applications for intractable pain, circulatory disturbances, and cancer. 2004. 29: 1-42.
63. Valavanidis A, Vlachogianni T, Fiotakis C. 8-hydroxy-2'-deoxyguanosine (8-OHdG): a critical biomarker of oxidative stress and carcinogenesis. 2009. 27: 120-139.
64. Hamsten A, de Faire U, Walldius G. Plasminogen activator inhibitor in plasma: risk factor for recurrent myocardial infarction. 1987. 2: 3-9.
65. Mavri A, Bastelica D, Poggi M. Polymorphism A36G of the tumor necrosis factor receptor 1 gene and PAI-1 levels in obese women. 2007. 97: 62-66.
66. Wyseure T, Rubio M, Denorme F. Innovative thrombolytic strategy using a heterodimer diabody against TAFI and PAI-1 in mouse models of thrombosis and stroke. 2015. 125: 13251332.
67. Capdevila C, Portolés M, Hernandez A. La troponina T como posible marcador del daño miocárdico menor: su aplicación en el miocardio aturdido y en la isquemia silente. 2001. 54: 580-591.
68. Lang K, Borner A, Figulla HR. Comparison of biochemical markers for detection of minimal myocardial injury: superior sensibility of cardiac troponin-T ELISA. 2000. 247: 119-123.
69. Baggish LA, MacGillivray ET, Hoffman W. Postoperative troponin-T predicts prolonged intensive care unit length of stay following cardiac surgery. 2004. 34: 1866-1871.
70. Lehrke S, Steen H, Sievers H H. Cardiac troponin-T for prediction of short- and long-term morbidity and mortality after elective open-heart surgery. 2004. 50: 1560-1567.