Self-introduction

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1. The Kanazawa University hospital which I was a medical student for four years from 1953, After graduation, microbiology laboratory for seven years.

2. Kanazawa Castle that I spent two years in basic education studies of Kanazawa University

3. The fourth national high school was used for Kanazawa University department of science and I received a lecture of science for two years.

4. 1966 My clinic (Hyotanmachi ENT clinic)

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Essay in Idleness (Tsureduregusa) of otolaryngologist 50years

The preface

When I was young doctor, it often still imitated to the senior doctor.

Only by the learning, it was never devised medicine and treatment, and it had been never developed, and only the treatment or the doctoral theses were its biggest interest and it didn't think of the lifestyle which escapes from there and so on.

It thinks that the home too became sacrifice plainly.

I often read papers at the medical society.

However, they were anyway medical papers? , but it has been not deeply thought out as the natural science. And it is ashamed now when I think about them, because its thinking process resembled the diary and observation of the schoolchild.

I didn't become the feelings to gather them together into the one volume of medical scientific reports.

My teacher bacteriologist prof. Shoki Nishita said "the most delightful thing is the thrilling moment that it is felt to approach a natural truth as the scientist".

And the teacher said that it is the moment of clapping hand.

In the daily phenomenon of the treatment and daily life there are many unsolved one which no one thinks of to the full.

When I think in the same theme, is there any phenomenon which harmonizes with my idea?

Surprisingly it is good data sometimes discovered in the experimental data of other persons.

Moreover, it is sometimes use in the different viewpoint from the author.

This stimulates my cerebrum frightfully.

They are the completely heterogeneous and differ from exam work of the school which needs much memorization.

However it is very late about me, it became possible to do such a thing after being over 70 years old.

I am very glad, I noticed pleasure of thinking.

Before the hard disk of my cerebrum broke, I did the writing to download beforehand such experience and idea.

Because this is not a dissertation, these contents are free styles and simple ideas and irresponsible, please permit me and I am happy if it is possible to read with the tolerant mind.

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General practice

Nose bleeding styptic treatment

Fortunately, there was never that it was not possible to stop nose bleedings of many patients till now.
There are a lot of difficult cases, when I watch documents,
So called, various tampon, in the end, hospitalization and ligation of artery etc...
I did many surgeries of noses till now and I think that I cut blood vessels in many cases, but all bleeding stopped somehow.
By such experiences, when bleeding is not stopped by pressure of bleeding area with the vasopressor soaked gauze, I decided directly to inject adrenalin liquid into a mucous membrane bottom of bleeding region like as anesthesia of an operation.
For example, I attached cateran needle on syringe of 5ml and Bosmin 0.1ml added 1% Xylocain 3ml in the syringe and inject 0.5ml of the mixture (Bosmin 0.016ml) into a bleeding region.

If it is Kiesselbach's plexus of a nasal septum wall, it is injected into a perichondrium bottom around the bleeding blood vessel or when a branch of Sphenoplatine artery in the inferior turbinate rear part is doubted the mixture into a lower turbinate mucous membrane, It seems to sting a potato
This is very effective for a nose bleed of the deep region that does

not justified a bleeding place in particular.
Of course you must check it before an injection whether there is not a countercurrent of blood.
Bleeding is stopped so that burble of a spring really stops.
Blood clot is completely removed and cauterized a bleeding spot afterwards.
Of course , Blood Pressure is necessary to depress, because there is many high blood pressure at the time of nose bleeding.
Most patients can come back home without tampon.
However, Bosmin(epinephrine chloride) is quick effect characteristics, its continuance time is very short.
After treatment by Bosmingauze press to a bleeding spot , this spot is pressed again with the gauze of Nasibin (0.05% hydrochloric acid oxymetazoline liquid) .
This liquid effect continues for about 8 hours.
However, such methods are in the documents and I already announced in a medical society before 40jahrs, but, as for such method, these are not mentioned in styptic treatment of a textbook without quotation. .

Postoperative hematoma of a nasal septum.

It sometimes occurs a blood clot under the mucous membranes

which exfoliated by operation.
And there are some cases that nasal obstruction does not improve at all.
Therefore a mucous membrane is torn off once again, and a blood clot is removed, and a tampon is inserted again.
Patient must breathe with a mouth and feels again very uncomfortable overnight. .
Therefore, a small incision was made for a flow exit of blood on the deepest part of exfoliated mucous membrane and then hematoma does not occur.
All oto-laryngologist may know them.

After a nose polyp was extracted, nose obstruction became worse.

The cause was in its nasal septum.
It was the case after surgery and the mucous membrane of this case was not exfoliated under a perichondrium, but it was exfoliated under a mucous membrane to remove cartilage.
The slacked mucous membrane of nasal septum moved like a valve at every breathing.
A huge nose polyp seems to suppress movement of nasal septum until now.

About accessory nasal sinus irrigation

In many cases, irrigation is done in almost maxillary sinus or postoperative cases of other accessory nasal sinus. .

There are some manual skills from easy to very difficult case variously.

When I watch it with endoscope, there are various cases. Natural aperture is clearly visible or it is completely blocked with polyps and never visible.

There are various types of pipes for irrigation, but it is used a silver pipe for the larynx therapy, that there is anywhere. It is bent to harmonize with the form of nasal cavity of patient.

It must be considerably strongly bend it.

It is inserted the tip of a pipe from behind towards front of a middle nasal meatus and into maxillary sinus.

Patients often complain of pain even after anesthesia with spray and gauze of Xylocaine and Bosmin gauze on a middle nasal meatus.

However if enough Xylocaine injects into inferior concha that is not always without direct anesthesia to middle nasal meatus mucous membrane patients complain no pain..

I can easily insert it than thought if I do it this way and wash it with isotonic sodium chloride solution afterward and inspect bacteria in the liquid which came out, and inject an antibiotic.

Infection of a maxillary sinus is some causes of a slight fever unexpectedly.

An intranasal operation for frontal sinus.

After anterior ethmoidal cells were completely intranasal opened, it is entered into a frontal sinus and it can be advance to anterior superior direction in thought with dissection of anatomy with a curved curette. And after all done confirm an ethmoidal ceiling with eye and inferior anterior ethmoidal cells are curetted.

After having entered into a frontal sinus, it must be never advance to an upper deep part.

Check the touch of a side wall of ethmoidal sinus and then advance carefully and open all around.

There seems to be a sensor on the tip of a curette when accustomed I understand the touch to soft orbital bone like as paper.

I keep shaking the tip of curette while checking the touch of a passage wall.

This is a manual method before an endoscope operation appears, but when I try to confirm it with an endoscope, almost successful. This was the method that I did for dozens of years, but it was

local anesthesia and it was convenient for outpatients.
This method is a developed method of director Dr.Tatsuo Tanemura of Kanazawa national hospital, but it is important that do not be sharpen and hurt bone wall of passage to a frontal sinus.

An oppressive feeling of the root of nose, sharp pain, a feeling not to be able to think clearly

When pus surely collects to a paranasal sinus, it may be unpleasant.
If there are toxinogenic bacteria such as staphylococcus, it is more unpleasant.
However, it is rare that bacteria are isolated from the content such as postoperative cyst.
Then what is this unpleasantness caused by?
I think. Its reason is direct compression by cyst and obstacle of blood circulation than pain induced by bacterial toxin.
In that cases, middle nasal meatus is generally narrow and inferior nasal meatus side wall bulges and swelling of posterior superior region of inferior nasal turbinate exist.
After treatment with gauze which soaked a vasoconstrictor on the swelling area, patient feels fine considerably.

Even if air flow, there is sometimes a feeling of nasal blockage, and it can be very unpleasant.
When it exercises, chews chewing gum and exposes a hot towel to a nose, local circulation of blood improves and feels fine.
The elderly who has a big nose polyp for 50 years cannot do nose breathing, but it has not been said troubles of nasal blockage.
It was refused strongly even when I said, if polyps are extracted, you feel fine
In this case chronic sinusitis is decided, but it will be enough operation indication.
However, as for the old type operation method, there is a feeling that made too much scar tissue on mucous membrane of nose and paranasal sinuses.
It is not only disturbance of viscous liquid flow but causes congestion and anemia of the local region, and this causes unpleasantness or pain.
In addition, aero paranasal sinus disorder is easy to be caused, and ventilation disorder of a paranasal sinus causes a headache.
If a feeling of a nose is refreshing, both study and work progress, and character becomes bright.
Strange impulse always comes out from stuffy nose and it must disturb cerebral learning always.
It seems to be a little care in work, home and school. Recognition and understanding at this point would be needed.

Splendid Beschitin membrane

There are little adhesion and bleeding and it is easy to use really when it is used on a nasal septum curvature cure, eardrum perforation closedown surgery, an operation in a paranasal sinus from nose and lower turbinal partial resection.
It is made from highly purified chitin extracted from the crab.
A little bleeding after the tampon removal is splendid.
After conchotomy of lower turbinate,
, tampons are inserted overnight and it is hard to patient.
It sounds to ear at the time of saliva deglutition and it is not possible for sleep at all.
Various ways are devised till now and it is used rubber membrane gauze tampons, but there were sometimes reinsertion cases too.
Beschitin tampon is used usually anywhere now.

Postoperative cyst after paranasal sinus operation

It is thought that cyst after a paranasal sinus operation is related to the remained mucous membrane of an operation performed by Cold well luc method or Denkel method.
The most important thing is the treatment of nearby border

area of ethmoid cells and maxillary sinus at middle nasal meatus.

When an operation of accessory sinuses with an endoscope started, I did it both from intranasal endoscopic or extra nasal Cold well Luc- operation, and I find a blind spot is the treatment of the here.

Flow of secretion goes backward when flow way is made too big and excessive rear open. But narrow flow way induced early obstruction. Flow of secretion goes backward when flow way is made too big and excessive rear open. It is the place that it should be noticed after operation.

Postoperative cyst is found in an operation even by the expert doctor, but for its appearance long time is necessary.

In the case of patient who living long, it comes out after a doctor died.

In this case, generally it is easy to be discovered, because there is often an obstructed window of an inferior nasal meatus or a border part of a maxillary sinus and ethmoid sinus.

Because it swells, opening is easy, but is difficult when a pathologic mucous membrane remains in the root of inferior concha.

It causes nasal blockage and nose oppressive feelings, if it does not finish with an endoscope thoroughly, even if it is good temporarily.

About infectious disease

A frontal headache, antibiotics is ineffective.

I used antibiotics which seem to be effective, but they were ineffective.
There are few secretions.
There was not found shadow by an X-ray examination, but there was the colony which seemed to be candida in a frontal sinus mucous membrane when an examination of a frontal sinus opening done from a nose and confirmed it with an endoscope.
It is improved with local therapy and oral use of an antifungal drug immediately.

MRCNS in accessory nasal sinus

When MRCNS (methicillin resistance coagulase negative Staphylococcus) infect and settles down in paranasal sinus, persistently white transparent postnasal drip continued and there are in small quantities.
In many cases such bacteria settles down in paranasal sinus which operation are made.

Patients complain oppressive feeling and pain of head, nose and cheek.

For example, the results of sensitivity test in my laboratory room of the bacteria. CEZ, CTM, CXM, CZX, CEX, CCL, CFDN, CDTR FMOX, KM, GM, TOB, AMK, NTL, EM, CAM, AZM, LCM, CLDM, PL, FOM are all (R). TC, MINO, NB, are (S). CP are (I), new quinolone NFLX, OFLX, CPFX, TFLX, FLRX, LVFX are all (R).

Generally they are non-effective.

NB is named Novobiocin in old days, and it was sold with the name of Casomycin or Albiocin, but there are not now.

It may be used for animal or for marine products industry.

Today MINO (minocycline) and TC (tetracycline) products are used rarely.

The remainder is only VOM (vancomycin) anymore.

Because there was no help for it by antibiotics, it was treated as that air flow and nasal discharge become well.

This case was 2007.8.12 specimens, but in 2007.10.12 reexamination drug resistant bacteria did not yet disappear. And then non drug using therapy continued. In 2008.3.12 isolated bacterial specimen is only antibiotics sensitive Staphylococcus epidermidis. However, a symptom recurred, and MRCNS appeared again when I examined it again.

In this case antibiotics may have been used somewhere.

A symptom improved in two or three days when I injected Tarivit(ofloxiacin) liquid into a paranasal sinus, but after few days it became non effective , and resistant bacteria increased again then.

Mutation of Staphylococcus is fast.

Sometimes it was found partially yellow in folding fan form in a white colony on agar plate culture of Staphylococcus.
This phenomenon means growth of mutation clone.
Because I experienced too many change in this toxigenicity when Clostridium perfringens (Welch bacteria) cultures was repeated.
I tried to compare the toxinogenicity of bacteria after ten times repeated cultures in both liquid and solid medium.
The solid culture was very stable in comparison with liquid culture.
Of course, fishing bacteria on solid medium is from single colony.
If constancy of separated bacteria beginning to end is saved, it is for a study very helpful, but it is actually difficult.
Without environmental drug adaptation kept Staphylococcus209P strain and Terashima strain, are valuable.
Bacterial spontaneous mutation is one of the causes of the new

bacterial generation.
There are some other mutation methods.
Naturally occurred spontaneous mutation is a cause of new bacteria. That was proved by Mr. and Mrs. Lederberg.
They proved by a stamp method that resistant bacteria occurred even if they did not touch a medicine.
Furthermore, as causes of mutation exist more active ways such as the bacterial conjugation, transduction, transformation, lysogenic bacterium (bacteriophage infection).
However, there are many cases that it changes often to sensitive bacteria, if does not use the medicine for a long time. Drug resistant staphylococcus cannot be seemed to adjust to human physical environment.
I want to describe this in other items.

The acute inflammation of middle ear and Staphylococcus.

It was thought that the main pathologic bacteria of the acute inflammation of the middle ear was staphylococcus before half a century.
The reason is that Staphylococci were most frequently separated from the lesions.
There were reported maximum 70% and Streptococcus

pneumoniae was about 10% in those days.
However, it is overpowering much Streptococcus pneumoniae now.
This reason? In late years would kind of cause bacteria change?
Streptococcus pneumoniae, Haemophilus influenzae or Branhamera are important, and Staphylococcus is ignored as pathogenic bacteria of the acute inflammation of the middle ear now.
There are many people thinking that Staphylococcu is contaminated bacteria originated from normal skin.
Therefore, it is tried to gather bacteria carefully from the lesion without contamination. But even after such carefully doing, it is separated in few cases.
It is found few by incision or puncture of eardrum.
There for I used a cotton swab dipped into heart infusion broth, for more effective detection of Staphylococcus of the external auditory meatus. And just before an incision, I tried to gather Staphylococcus only from an external auditory meatus with this swab, but Staphylococcus is not isolated in most cases.
It was separated only from pus gained by incision. .
Still it seems to exist in middle ear.
However, after all, there are more often isolations of staphylococcus obtained from pus by natural perforation than pus acquired by incision.

As this reason. perhaps it is easy occur eardrum perforation by necrotoxin of Staphylococcus.

However, thought of contamination is not negligible.

Generally it could not say all bacterial collection are just after ear secretion outbreak or just after an incision.

Most frequently isolated Streptococcus pneumoniae decrease day by day and isolation frequency of Staphylococcus increase.

I cannot understand whether its origin was from external auditory meatus or middle ear, but Staphylococcus frequently isolated reports in old days perhaps may have done regardless of the illness day.

On investigation of Streptococcus pneumoniae of the acute middle ear inflammation, it becomes impossible to isolate after few days.

But Haemophilus influenzae and Staphylococcus do not easily disappear.

It is better to be as early as possible to isolate etiological bacteria.

In the cases that a few days used antibiotics is ineffective to isolated bacteria, I think that frequency of isolating of Staphylococcus increases.

It is better precisely separate both from middle ear and from nasopharynx at first time of treatment.

Haemophilus influenzae and Staphylococcus are on good friend.

Isolation happens quite often at the same time, too.
What is a role of a staphylococcus of this case?
I do not understand whether it shows pathogenicity together and whether it is simply the partner of nutrition supplier of V factor to Haemophilus influenzae.

Change of drug resistant of Staphylococcus aureus.

It is reacted subtly environmentally to used medicine.
This problem is one of the themes that I continued chasing at my clinic for 40 years.
It was a story of about 1959; I took a report that 30mcg chloramphenicol resistant Staphylococcus was finding in the Hospital, when I worked in Kanazawa national hospital.
And Dr. Hiroshi Ito head of the hospital laboratory said. “It was originated from otolaryngology patient when it was examined about the source.”
My son, when he was new born baby he had fever by an abscess in the waist .
The doctor prescribed chloramphenicol syrup. But fever was not easily falling down.
Abscess was incised and pus was discharged.
I examined bacteria at once. It was a chloramphenicol

resistant staphylococcus and my son recovered completely by oleandomycin use.

The appearance of antibiotics resistant Staphylococcus was a case that it deserve to report in those days, but today resistant bacteria became commonly.

On the contrary, infection case by penicillin sensitive Staphylococcus may be cases to deserve to report.

The reason why I am concerned about Staphylococcus is change of resistant pattern to antibiotics which is considerably speedily.

Of course after all Staphylococcus is important pathogenic bacteria in an otolaryngology field. It is easy to do isolation, culture and storage.

However, a guidance of use of antibiotics against this bacteria does not seem to match sometime.

Because resistant patterns change with environment of bacteria carrier and medical institution.

Besides, these changes of resistant pattern is not staphylococcus, it is the result that attacked other bacteria.

Treating for infection such as Streptococcus pneumoniae , Haemophilus influenzae and intestinal bacteria induced tolerance of Staphyloccocus.

As this way, bacterial drug resistance is presumed result, but it is a very embarrassing event.

A use indicator of antibacterial agents changes busily, and it was

said " think well and use carefully" but it is difficult to decide, and the antibiotic which was already got rid of usefulness becomes effective again, and there is mysterious reality why this medicine is yet used.

I always performed sensitivity test of 40 antibacterial agents which I isolated at our clinic till now, and it was understand that it vividly reflect by influence of current fashion medicine, when I chase Staphylococcus aureus.

It was an extremity of dark years for penicillin from 1996 to 1999. Most of Staphylococcus became resistant against oxacillin just as penicillin G. However, it gradually recovered, and surprisingly in 2005 its 95% became sensitive to methicillin (Staphcillin) and more to lactamase sensitive ampicillin.

Probably its cause is that anyone did not use for a long time penicillin derivatives.

Doctors gave up and did not use it anymore.

However, this phenomenon continued only for two years and only methicillin was at 90% somehow in 2007, but ampicillin has made a sudden drop to 10%.

One of the causes may have a large quantity of use treatments of ABPC or AMPC to Streptococcus pneumoniae.

Cephem maintained 85% until 2004, and even effective cefmenoxime has fallen down to 50% in 2006-2007.

However, the first generation cephalosporin rises to 80-90%

slowly.
Flomoxef keeps stably higher than 90%.
As for aminoglycoside sensitivity, netilmycin 90%, gentamicin and tobramycin 80%, streptomycin and kanamycin were not useful from 2005.
Macrolide is all about 50%.
It is new quinolone system that is interesting.
Tosufloxacin which kept the first place in more than 90% until 2004 made a sudden drop by 2005, and it has been to 15% in 2007.
On the other hand, ofloxacin and levofloxacin became effective.
Though it was sluggish at 50-60% until 2003, it is a sudden rise to 90% in 2006-2007 years.
A reason why they became it so, I do not understand. As for the new quinolone, but there may be resistant mechanism in various ways.
In other antibiotics, minocycline is considerably stable and tetracycline is also stable .
It already become for half a century after when resistant bacteria to tetracycline were found, but I am amazed that there are still sensitive staphylococcus of 80-90%.
Quantity of use may be the cause.
About Vancomycin, I do not know whether it is result that was not used as a secret method for MRSA .

It keeps sensitivity 90-100% for 2000-2007 years.
However, results were bad for 1996-1999 years, it is mysterious to have been lower than 50%.
I do not know about it whether there is a cause in a sensitivity measurement method.
It was the results that it resembled tetracycline, but as for Novobiocin which is not used now, 90% were sensitive bacteria until 2004.
It was a good antibiotic in old days, and it was named Cathomycin or Albiocin.
Cathocycline or AlbiocinT of medical mixture with tetracycline make good effect to inflammation of paranasal sinus.
Now even the person of the pharmaceutical company does not know at all about this.
And it is not sold now at all.
I do not know its reason; only a disk for sensitivity test is sold.
It may be used for agriculture, livestock industry and marine products industry.
It is still medicine with utility value for external use, even if the human body has an obstacle.
In old day, I did blood culture of the patient with sepsis which antibiotic was non effective. Isolating of bacteria was difficult. However at last I really find a colony of late growth bacteria at the bottom of culture bottle one week later,

I examined sensitivity test of the bacteria eagerly immediately and finally find that only Sodium Fusidinate is effective.
However this case was a very disappointing memory.
I regretted her death.
The patient already died at the hospital which I introduced .

Mysterious action of Nistatin

An effect of penicillin improves when it use together.
It is the therapeutic method that came without understanding the mechanism till now for dozens of years.
Fever from acute tonsillitis continues regardless of effective antibiotic use, and penicillin is effective by bacterial sensitivity test.
Entirely fever does not fall down anymore after one week.
When it is added 3-6 tablets of 500,000 unit Mycostatin (nistatin) to already using antibiotic for example ABPC, high fever considerably occurred in the evening. However most people fall down to normal body temperature at the next day.
I experienced really many such cases , but its grounds are too vague to present it in the medical society.
Because there is no help for it, it was published as an essay to a magazine of Otolaryngology (Today is Otolaryngology head and

neck surgery Igakushoin).

About mechanism of the combination effect.

1) Does nistatin raise the concentration of penicillin and cephem in blood?

I tried to take medicine myself and collected my blood and tried to examine it.

Tomiron (Cefteram Pivoxil) was used.

And the concentration measurement in blood was consigned to Toyama chemistry Co., Ltd. There were some good data, but the most had nothing to do.

2) Candida increases in the bowels and does restrain an effect of penicillin and cephem?

I asked patient for the stool and examined it, but there was not the state candida increased

3) Did patients suffer from candida blood symptom?

I found candida from blood of the first case and was startled, but there was completely no it afterward.

4) When nystatin and penicillin at the same time is used, there is synergy.

And then bacterial sensitivity increases.

I tried to set a disk of penicillin beside nystatin for a sensitivity examination, but there was no change.

5) Does nystatin drill bacteria cell wall?

I do not understand what kind of mechanism is true.

I asked to medical microbiology institute of the Kanazawa University for such reason, but the conclusion was not provided after all.
At such cases, so-called" immunity powers would be increase".

On dizziness

Another method and thinking about dizziness examination.

Generally at first diagnosis by asking will be made, but, as for the diagnosis of many dizziness cases, it is a wish of a doctor to watch objective views and then to be able to understand well by all means.
Therefore at first, nystagmus which was able to appear without stimulation and VOR with stimulation to a vestibule and semicircular canal will be basic.
However, diagnosis of dizziness without presence of nystagmus makes to doctor some troubles. Essentially, dizziness and vertigo caused by the peripheral organs is induced by abnormal vestibule or semicircular canal sensitivity and abnormal impulse transmission of the equilibrium nervous system.

There are various cases of the degree of body balance from the case that easily can recover themselves without morbid consciousness or to the case reaching dizziness and vertigo.

For example, when an excitement difference comes out between both horizontal semicircular canals, a person has conscious of horizontally rotary motion.

However, if it is too small amount of difference, anyone cannot be conscious and it is only some strange sensation.

Of course there is no nystagmus.

If balance test has been done at the medical institution in such situation , objective signs will be not found.

There is no nystagmus which is clear objective sign.

It is troubled for doctor.

Therefore it becomes a general diagnosis after writing test, stepping test, goniometer, Man-test, gravicorder and OKN etc. various ways.

It gradually takes time for that kind of reason, and It becomes impossible by a doctor or for quick correspondence.

After the dizziness stroke it is wanted to record examination every day, however generally examination day in hospital or clinic is decided, and it is difficult to catch a chance.

It takes time for this reason gradually, and It becomes impossible by a doctor or for quick correspondence.

Important views are overlooked.

However, these examination trials are based generally on nystagmus for fundamental abilities of vestibule and semicircular canal, and on pattern test.
It is not digitized for space perception.
After all, test of rotation and linear motion of the head are good to digitize the human basic ability.
However, it is impossible to do movement of head only, and then trunk and neck moves with together.
Therefore it is a proposal of one laboratory test, that is eyes closed and a patient sit on a stable revolving chair so that impulse from cervix and body does not occur and then a chair turns slowly.
As for the speed, 1/12Herz is good.
It is 90 degrees in three seconds (reason is in later description).
In this case, even if eyes closed, a healthy person guess the angle of rotation degree right precisely.
Nystagmus should appear during a turn by VOR generally. However, methods of nystagmus appearance are various.
There was the complete blind person who guessed angle of rotation degree right precisely, though nystagmus did not appear at all.
The healthy person said the angle of rotation degree precisely, even if it devised that nystagmus do not occur by watching one point in the infrared nystagmus glasses.

Perhaps there are unrelated solid pathways between nystagmus and space perception in rotation.

Generally, as for the person appealing for dizziness, an error is found in judgment of this angle of rotation degree.

For example, though actually 120 degree turn to the illness side, it is recognized sensation of 90 degree and when actually 70 degree turn to normal side its sensation is 90 degree.

Laterality is watched in turn sensation. Such a sensation follows for some periods after dizziness, even if stroke is already having become good.

Though abnormality is not found at all in current standard equilibrium function test, some interesting views may be provided.

When examination of the persons with or without complaint of dizziness is tried, some interesting abnormality was found.

As for such phenomenon, decrease of the frequencies of the impulses to the nervous system by composition abnormality of lymph fluid in semicircular canal is regarded as one cause.

For example, Meniere's disease has change of lymph fluid volume and of composition and sensitive cell pulse frequency abnormality occur in all rotation movement, but ordinarily BPPV has not pulse frequency abnormality in horizontal rotation movement, it has no abnormal change of composition of lymph fluid .

Rotation sense and movement of cupula.

Wall of horizontal semicircular canals move together with horizontal rotation of head.

However with inertia law, endolymph move in a moment delayed and a cupula in horizontal semicircular canal of rotating direction side is pushed to opposite direction.

By making a dent of this cupula, a lot of Na ions in endolymph liquid is taken into cell from the sensory hair by mechanical mechanism and its cell increase frequency of discharge.

More frequent pulses are sent to the nervous system than resting discharge.

The central nervous system analyzes this and recognizes its rotation movement.

Because, on the contrary, the semicircular canal of the other side reduce pulse frequency and then the right and left become unbalanced.

Because the voltage of pulses is constant, the cell must increase pulse frequency when many ions were taken.

Because, on the contrary, the semicircular canal of the other side reduce pulse frequency and then right and left become unbalanced.

There are various opinions in deformation of cupula.

Generally it is described only as deformation, deviation or leaning, and there are no detail explanation.

Generally, because lymph fluid still drifts in inertia, even if movement of the head and horizontal semicircular canal stop, cupula deviation continue and nystagmus happened after turn.

Such description is always explanation about mechanism of post-rotational nystagmus.

However, according to the some specialized book, by head movement, the cupula bows like a drum head; it does not flap like a swinging door.

And a relative flow of lymph stops immediately by a usual turn of head.

And then the cupula become dented, and this lymph begins to turn in same speed und same direction with the semicircular canal immediately.

When the motion stops just after start of rotation , the cupula receive a lymph flow of same acceleration of the opposite direction by stop and then the cupula comes back to normal position and dizziness does not occur .

When lymph flows over a cupula slowly, it does not become such action.

Vertigo after rotation.

For example, if a cupula of a semicircular canal does drum head movement by rotary motion of the head, lymph fluid begins to move instantly at same speed as a semicircular canal wall. However, after acceleration and when rotation speed became constant, the cupula returns slowly to normal position.

In such a reason, if head movement promptly stop, the cupula receive acceleration of the opposite side direction of lymph.

And then the cupula returns to a normal position, and dizziness does not occur at all.

Such exercise is cupula-mechanism by daily life.

Therefore dizziness does not occur even if head turns in a moment.

However, abnormal movement, for example, long equal speed rotations of the head bring slowly to come back of a cupula in the normal position before a stop.

This is dizziness after rotation. Of course dizziness and nystagmus occur to an opposite direction against initial rotation.

There are examination methods with various rotation speed till now, but continued speed of 1 round in two seconds is too fast.

About this Barany ‘method I cannot understand why it was used such strong stimulation that it does not exhibit in daily life.

It may be thought that detection of nystagmus becomes easy
Because by inertia of lymph with sudden stop after many times rotation the already to normal position returned cupula is pushed to the opposite direction. And then vertigo and nystagmus to the opposite side occur.
The reason is understand, but this rotation does not need so strong power and so long time.
Turns in everyday life are usually from 30 to 90 degrees in a moment, but if a cupula moves as flapping door it is inefficient at all.
When turns of a head stops, immediately a flow of lymph against cupula of flappingdoormovement cannot move completely in the opposite side and the cupula is hard to return to an original normal position.
It will sway even if head turns a few grades.
The thought of drumhead movement of cupula is easy understand as for normal rotation stimulation.
It is supported by animal experience.
Continuance time of a subjective feeling of turn and nystagmus is measured for a judgment of degree of dizziness after turns, but it is desirable that the both are same time.
According to the literature, cases after turned more than 17.5 seconds at angular velocity 1/12Hz, both dizziness and nystagmus become too same time.

I want to think that deviated cupula recover to normal form after 17.5 seconds in this case.
In other words it is possible to judge it after rotations more than 2 rounds at 1/12Hz.
Actually, feel of dizziness and drift appear clearly when it is try rotations of more than 2 rounds at 1/12Hz.
There is some sway sensation after only a turn, but man can recover enough himself with vestibulospinal reflex.

A method of prevention of dizziness after turns

Why do not sway by such intense turns or stops in ballet and figure skate, it is really mysterious
However, by all means it should sway by turn and stop when I think about structure of the inner ear.
Any kind of reason is written equally that it is a result of training when I read various books.
Because I cannot understand this reason even if I think about peripheral structures of vestibule and semicircular canal, I cannot think anything else that it is result of the central nerve training.
However, general persons are also possible to restrain dizziness without training, its Reason is so.

Even if it stops suddenly, you should do it after turn quickly that there is not deviation of a cupula.
It is stop while turning the head in rotatory direction quickly, just before turn stop. As a result, a cupula returns to an original position and dizziness does not occur.
In an athletic meeting of society, there is a competition, it let turn a body and cause dizziness and run, but it will be the first prize if it is taken this method.
The cupula which have returned to normal position is come again in an opposite direction.
And then it is induced to come a normal position, if stops movement of the head and body.

Rearranging of dizziness.

Now, there is the guidance of examination for diagnosis of dizziness.
Rearranging of dizziness diagnosis is done through effective examinations.
Are into any kind of pattern symptoms and data of examinations classified?
Experience and knowledge are considerably necessary.
The image diagnosis mainly shows power in the case of central

nervous system, but in peripheral otolaryngology territory, response to stimulation of semicircular canal,
vestibular organ and vestibular nucleus are important.
VOR(vestibulo- ocular reflex) is most important for such a reason.
As for the movement of an eyeball (nistagmus), there are completely spontaneous, result of head position, head position conversion, temperature, rotation, electricity, and sound.
In addition, EMG or body sway is checked, but it is the main to observe nystagmus now.
And study of nystagmus has very many references.
However, this may not always show an appropriate response result.
There are many cases that it does not always accord with an appearance of nystagmus and existence of a feeling of dizziness.
In some cases, nystagmus could not be found and there were only little sway or feeling to sway.
In this case it is thought with a sensation of very slow turn, and it will be recovered easily from a deviation.
Because dizziness is break down of the equilibrium system, at first the structure of physical equilibrium must be arranged and then must be understood.
For example, I arrange it as follows.
1. Vestibules and semicircular canals hair cells are needles of

seismometer.

2. Endolymph- and perilymph fluid is a battery.

3. The equilibrium nervous system is an electric wire.

4. The central system analyzes data with a computer of a meteorological observatory, and send command module to each public office and report it in the government (a cerebral cortex) and the government has conscious of the extraordinariness.

5. Muscles are activity of local post (ocular muscles and skeletal muscles of a whole body).

6. Sensor of muscle and tendon are as intelligence sections from the local place to the center

Case1.is BPPV (benign paroxysmal positional vertigo), dust and garbage collected on a needle and its circumference.

Case2.is Meniere's disease, it is inner ear edema

Case3.is vestibular neuritis or acoustic neuroma.

Case4.is brain tumor, brain inflammation, vascular lesion.

Case5and6.is diabetes, wound, vascular lesion, neuropathy, bone joint disorder? And inflammation in various ways.

It is easy to understand as above.

As an experiment of a real check method of the dizziness, I tried to use space perception of angle of rotation degree.

1. A head is turned to every direction. roll, pitch, turn.

Because there is many cases of BPPV in posterior semicircular canal, dizziness and nystagmus are easily to come out by Dix-Hallpike test.

2.Patient sit down on the chair and close the eyes and the head is horizontally and chair turns slowly and then recognition of rotation degree is examined in right and left whether there is not a difference.

BPPV does not have a difference, and it is normal, but a difference appears in Meniere disease.

Sometimes rotation recognition of angle degree in normal side is being more than chair rotation angle; perhaps it will be the result of compensation in the nucleus.

3. As for the turn examination, angle of rotation degree in the illness side is feeling smaller than chair rotation angle degree. It is seen in slightly stable stage of Meniere disease and in such cases there is only slightly sway sensation than dizziness.

After some effective questions, it is diagnosed.

If it is more necessary, video diagnosis is made.

4. Gaze nystagmus and sway, headache, numbness of face, other cerebral nerve symptoms are useful.

I did not mention about nystagmus inspection so much, but if there is infrared rays nystagmus glasse. It is convenient at all, because peripheral nystagmus is jerking, rotate and horizontal mixed characteristics.

When a human being sits on a revolving chair in a condition of cover eyes and a chair turns horizontally, normal human being guesses angle of rotation degree precisely. Why is it? Story of two screens will be one of the reasons.

1. Turn acceleration is recognized by degree of leaning of cupula of a horizontal semicircular canal.
By integration of this, the angle of rotation degree calculates.
I think so, but both angular velocity and time are need for a calculation of rotation angle.
In addition, it is written in all books that a cupula recognizes rotation acceleration, but angle degree of rotation=angular velocity x time, how will the central nerves system calculate angle degree of rotation?
Perhaps there may be a clock in the body somewhere.
2. Existence of an internal gyroscope, human being can have a constant direction as space perception and can recognize a turn of the head.

That idea will be hard to understand concretely, but when I close eyes and try to turn by myself it will be able to understand.

3.Cillia of cupula send always impulses of resting discharge towards the nucleus, but its frequency of the discharge increases when cupula move by head turn.

The nucleus calculates angle of rotation degree by the numbers of pulses.

I can considerably agree to this thought.

Cupula comes back to an original normal position when continue same speed turning, and frequency of impulses decrease to resting discharge.

Therefore angle recognition will be become vague, and experimentally it is true.

4. Two screens.

When man closed eyes in darkness, man is conscious of some image in darkness.

I think that even a complete blind person does not feel as complete darkness.

There are two kinds of screen image coming out.

The one image which does not move together in the same direction as scenery of a circumference by opened eye when a head turns.

Afterimage of the retina will be stay with a result of nystagmus by a turn of the head, and this becomes one of the space

perceptions.
Actually, it seems to move so that this image flows to opposite direction of head movement.
However they do not move at the visual field if the head slowly turn.
The other darkness part of a field of vision moves to same direction with a head turn.
A case of excitement of retina cells are afterimage when it is watched a light intently. Another case is small blue and red points image in closed eyes.
These images are easily moved in a field of vision if it is faster than 1/12Hz in horizontal rotation test.
Under low speed rotation of equal or less than 1/12Hz, afterimage of the retina and image by spontaneous electric discharge of retinal cells do not move on center field of vision.
When in darkness a head turns, there is an image in the visual field that stays or disappears without nystagmus.
It is thought that this is activity of the vestibular visual region which is closely to a vestibular nucleus related. This will be the circuit which is different from a nystagmus reflection.
There are many cases that it seems hazily black cloud.
This can appear slightly sharp as the image of a dream of waking. (This is central image?)
It leaves from the field of vision quickly in the other side when

the head turns and it disappears quickly..
This image is as back screen in darkness and it makes consciousness of space.
Retina afterimages move front of this back screen in darkness.
For a slowly turning human in darkness, the moving screen is in backward , and in forward retina afterimage stand still .
Size of the screen is each side approximately 30 degrees to a border of a field of vision, and man recognizes 30 degrees turn if an image goes to this edge.
I think that this recognition will be very sharp in the case of blind person.

About direction of dizziness

The same image comes out to the direction of vertigo for many times.

In the case of Meniere's disease and benign paroxysmal positional vertigo (BPPV), how wills the person himself feels it then?
I have experiences of both cases. First case was that a ceiling of a bedroom turned when I get up in the morning and it was accompanied with little nausea and dizziness. This cause seemed to be inner ear hydrops and I was not able to get up.

There were the feeling that low frequency sound echoes and I think that there was low tone sensorineural hearing loss.
It was simple "dizziness".
BPPV is intense. A tatami mat of my front suddenly swelled towards me when I got up in early morning.
It was quite vertical movement.
This vertigo stopped after dozens seconds.
Such phenomenon continued for approximately 1 week and disappeared.
From literatures, it is to say that it improves within almost two months.
Reappearance of dizziness is simple experimentally.
It is dizziness after turn of the head.
Dizziness is generated when a head suddenly stop after continuation of turn, and then the dizziness person himself see a window and a ceiling which move to the same direction of a feeling of turn, and same scenery come out in sequence.
Scenery of a circumference does not move to the opposite direction of one's turning feeling.
Neighboring scenery turns to the direction of nystagmus (rapid phase).
This is different from movement of an image of the outside world where it is seen at the time of real rotary motion.
The irritated side is understood by asking.

Which direction, ceiling and window moved.
It is the right ear if it moves to the right.

Did the train move on the neighbor railway? Did the train which oneself got on move?

It is a common phenomenon.
When there are very few changes of acceleration, it is not understand whether does one move or the outside world moves.
If there is vestibular ocular reflex and matched stimulation of the retina at the same time, it feels oneself move, but the outside world would move when stimulation of the retina and stimulation of vestibular system did not match it.
It is felt as the outside world moved when acceleration of a train is not felt by a good driver.
Cupula may move, but there are very little changes of acceleration.
A quantitative alteration of frequency of forthcoming impulse will be necessary to some extent, and either is switched on somewhere that the nucleus has conscious of a change of acceleration.
I thought that the next car worked at the parking lot where the ground inclined.

But I surprised.
My car hit on the behind wall.
A hand brake of my car did not act.
It is to be careful very much.

BPPV and Epley's method. Posterior semicircular canal and its copy organ.

It will be easy if this method was often done. However my head is sometimes confused when I do watching a book.
The reason is because angle of rotation degrees is simply memorized entirely.
Always I forget it and watch a book again.
I am troubled with this.
Therefore a model of posterior semicircular canal was made and a method to fit to an ear of man is devised.
When I think well about this idea, it looks all the people have this model.
It is a pinna.
Both angle and figure of pinna just look as posterior semicircular canal.
Anpulla with cupula is resemble to antitragus. It is easy to understand when it is marked there and turn a head.

Allergy

Is there immunological tolerance of pollen allergy?
To make human being without pollen allergy?

I tried to investigate birth month of persons of cedar pollinosis and Dactylis glomerata (Orchard grass) pollinosis.
The first investigation of 1980 is approximately 500 cases.
I reported it in the first pollinosis meeting for the study (Toyama).
The persons born in May were a bit few Dactylis glomerata pollinosis.
I investigated statistical population of born monthly division population.
However, originally population born in May seemed to be few tendencies and I investigated statistical population of born monthly division population.
Because the city not to have a census record about the birth month, I investigated the birth month of graduates of two nearby elementary schools and then revised it.
After all the Dactylis glomerata pollinosis must be that there was slightly few in person born in May. However, the clear data were not provided by cedar pollinosis.

In the same time, journal "otolaryngology" Igakushoin had the report from department otolaryngology Tokai University that the persons with cedar pollinosis were born in March seemed to fewer than other months, but did not write its reason.

Weather is fine in Tokai district (Pacific ocean side); therefore, newborn babies also have chance many times to meet cedar pollen .

But in Hokuriku district(Japan sea side) , babies have not chance to meet cedar pollen, because weather is bad in that season.

In our district, May is fine and Dactylis glomerata pollen season. Newborn baby also may have chance many times to meet Dactylis glomerata pollen.

However, when several years went away, the data of the birth month became no problem.

Population distributed with birth month became gradually average and it is especially in cases of persons born after 1965.

And the meaningful data were not provided even if they were investigated it with the birth month.

It was reported that persons born in cedar pollen season become easily cedar pollinosis.

Prof. Takenaka reported in a newspaper afterwards.

This report was reversing to my thought, but, as for my investigation objects, a lot of peoples were born in around 1945.

Mothers and new born babies in that year were malnutrition.
This report was reverse to my thought, but a lot of the objects of my investigation were born around 1945.
It seemed to be strange in a development state of immune system of embryo and newborn baby in various ways.
At all events, it will change by a development of immune system of a newborn baby to an antigen whether it becomes tolerant or overproduction of antibody.
If it becomes immune tolerance, probably pollen extract should be given into a newborn baby nose for the future pollinosis prevention.

There are innumerable antigens.

Why can the living body make specific antibody for it?
It is developed by works of Nobel Prize winner Barnett and Tonegawa remarkably.
The source that living body reacts is gene.
DNA (Deoxyribonucleic acid).
The structure is simple unexpectedly.
There is different DNA in a difference of an arrangement of four bases (alanine, guanine, thymine and cytosine) innumerably.
Specific antibody RNA connected with each DNA is made.

And it can be connected almost even if an antigen of any kind of arrangement comes.
However, it may not cope if molecular weight of a partner is too small.
Generally minimum molecular weight is 4000.
For example, fortunately insulin has a small molecular weight to make an antigen.
It can become incomplete antigen hapten, but it is an embarrassing thing for human body.
When T cell come in contact with water-soluble macromolecule of non-self , it seems to be possible to make the antibody, but its macromolecule increase or even if it does not increase, it is a problem that alien substances stay in a human body for a long time.
As this way, it can make a peculiar antibody, but there are opposed cases that it cannot produce specific antibody.
Some reaction systems in several billions are destroyed under existence of mass antigens, because these reaction systems are too immature.
It is immune tolerance.
For such a reason living body can distinguish self or non-self and do not make an antibody in self.
In addition, if fortunately reaction system is cheerful, antibody production occurs. It is based on clonal selection theory.

It is the theory that is funny to do not notice such idea from old days, but it is a splendid study.

Selfish essay of Diabetes

There are a lot of patients of diabetes in ear, nose and throat territory.
There are many people refraining from meat, fat and sweet.

Infectious disease does not easily improve.
When I show one case.
Most patients with peritonsillar abscess improve by a shot treatment of local incision, drainage pus, and wash. However there was the case that needed three times of incisions.
There was 212mg/dl when I measured blood glucose of this patient though it is hungry time.
Most of the isolated bacteria were non- A beta Streptococcus.
Cefotiam was used , but the sensitivity test was (S).
This is one case, but when carefully observes many symptoms in otolaryngology territory, more many persons of diabetes must be found in cases of hearing loss, dizziness, paresthesia and other

infectious disease .
When it is examined some suspicious persons after middle age, it is often found person of diabetes.
Cases more than blood glucose level 200mg/dl are often found.
However, almost it is peoples taking treatment.
Because symptoms do not come out, the person may take medicine randomly and think it effective
.

Blood glucose control by meal is not so simple. It is considerably different by time of a meal.

Equally it is said. "Refraining from sweet and exercising of body is important". However it seems not to be readily controlled.
Blood sugar level after a meal becomes maximum after 1 hour 30 minutes or two hours, if it is normal Japanese food.
My blood glucose level after a meal was high and sometimes it exceeded 200 by careless. However I discovered that it is very different respectively after breakfast, lunch, and supper.
Generally after the breakfast it does not over more than 150mg/dl, but it is careful after lunch and supper.
It is bad on the day of particularly busy and standing work.
Thus I do the blood glucose measurements much as possible in

afternoon.
In addition, it seems to better to eat, after sleeping style and rest, for approximately 30 minutes before supper.
Probably, persons with diabetes mellitus of HbA1c 5.2 have sometimes blood glucose level over 200mg/dl at 2 hour after meal.
Its reason is that Insulin secretion timing is too late and in large quantities.
Only the share excreted as urine glucose, blood sugar level falls, and insulin remains.
Then blood sugar level falls too much down and can become about 60mg/dl.
It is said that such intense change of blood glucose level easy can cause severe vascular lesion.
Exercise after a meal is recommended to restrain blood sugar level, but in the case of me, I tried to do a match of badminton for approximately 1 hour, but blood glucose level does not lower so much.
Probably muscle may not use glucose effectively when insulin does not yet appear enough after a meal. However, it is said that muscle takes glucose without insulin if it moves. I do not understand its reason.
Fatty acid becomes the main force of energy if it cannot be use glucose.

However, existence of insulin is effective when a muscle acts.
Some glucose is not used for energy; the remained glucose is stored as glycogen.
Therefore, as for the exercise of person of diabetes, there may be a meaning if it is at least more than 30 minutes after a meal.

"I eat reduced meat and fat and a lot of vegetables". Is it right?

By all means, there are words in a citizen lecture, a technical book of diabetes and a guide for diabetes for specialist and expert, "Do take reduced sweet and fat, and do exercise".
When I tried to read a diet cure of in a guide book for diabetes for specialist, at first I noticed the sentence of “it is a well-known fact to intakes of fat for the cause why diabetes to Japanese recently increased".
Researcher or specialist of university are almost affirmative to this thought and teach to patient, and dietician thinks so too and then teaches them to calculate calorie of a meal for diabetes.
However, it is difficult to reduce fat and to keep calorie..
I do not understand why it becomes in this way, but, as for the calorie distribution of a nutrient of a current meal for diabetes, it is carbohydrates 60-65%, protein 20%, remainder fat.
This distribution is resemble to Japanese food of an ideal

longevity country.
And it is assumed that the spreading of meals of European and American style is the greatest cause why diabetes increased.
For example, in some civic lecture;
"Everybody ! because increased intakes of fat and protein by European and American style meal, a lot of insulin was necessary." Originally, for Japanese with small quantity of insulin secretion, the pancreas gets tired with a serious burden.
In addition, for car society, peoples suffer from under-exercise.
This is the cause why did diabetes increase.
So the doctor of specialist explained.
I think that there are many peoples." I could understand that is really caused by a luxurious meal."
However, a conclusion is too simplistic for me; I hope to do the more polite explanation.
The reason is that it tends to be able to never understand in current diabetes meal guidance in Japan by own several hundred times experiences of the self-blood glucose measurement.
At first why insulin is necessary when fat is taken.
Is it glucide, namely glucose that need insulin?
This is an obedient thought.
I understand that fat makes considerably insulin resistance.
However directly glucose level rise substance is glucose.

Blood glucose level records after meal in my European trip were very well and its abnormal level raise was rarely.
However, after I have returned to Japan, in spite of sincere low-fat Japanese foods by my wife, blood glucose level is confused and has at all many troubles.
The big cause was in boiled rice now and I knew that control was very difficult without understanding a property of this boiled rice well.
It is to be very important thing for the Japanese who is not fled from delicious boiled white rice.
I describe about this, in detail in another item.

Are there a lot of arguments to guidance of a specialist and a dietician about a diet cure?

Strangely, voice of these arguments does not seem to reach to ears of many specialist doctors and dieticians.
For example, it is a book of "solution of diabetes" of the American doctor Mr. Bernstein himself is diabetes.
It is understand that this book strongly punch to conventional diabetes meal guidance until now, when I read this.
He states "blood glucose level is stable, with the blood lipid profile that seems to be Olympian , even 70 years old, by the

diet cure of myself. I would be impossible to live, when I obeyed to diet guidance of my attending physician."

It was useful for me very much.

Bernstein was at first an engineer and not a doctor, and he has doubt toward diet guidance of the chief physician and medical society at the beginning, and reported many articles to a medical journal, but he said those were ignored.

However, it was already 40 years old and he entered in a medical college and became a medical practician.

And he attracts many USA patients' attention.

I want continuously to watch the practice and theory of diet of Dr. Toyoaki Kamaike and Dr.Koji Ebe in Japan.

If it is more devised, there will be more cases which it can overcome by method of a meal without medicine and insulin.

The patient is troubled; it is reason why meals of diabetes are too different.

Because these books are not scientific journals, these would be not caught by eye of specialist.

They are found in the medical books for family which specialists wrote when I go to a bookstore, and it is hard to catch eye, because they are the minority. Its idea is unique and stimulates my cerebrum and does it flexibly.

Books of the minority (low carbon hydrate meal) present theory by accumulation of individual cases, whereas it is often that

specialized books pursue evidence in statistics results of authority of medical society (the magazine which was reported by English in particular).

I will try to pick up a unique description in this.

All specialists recognize that carbohydrates raise blood glucose level and it is described in most textbooks" A cause of diabetes is over intake of carbohydrates and fat." They said, it is funny fat faith that fat is closely together anywhere.

"Fat gains weight".

Why does it become in this way?

Bernstein said that “body fat gained by meal with a lot of fat" is groundless logic just as “A body turns red after having eaten tomato." I can understand that corpulence is a cause of diabetes, but it is strange simplistic to tie as" fat is bad”.

"Fat is not bad, but fat corpulence is bad".

The reason will be that fat cell of visceral organs secretes adepocytokine.

If many cells become fatty acid mode, insulin resistance increase and it becomes hard to take energy from glucose.

Therefore there is a theory, it must be consume as possible as a lot of carbohydrates to increase cells of a glucose mode with a little insulin resistance.

However, even if effectiveness of insulin improves, a characteristic of diabetes are that Insulin secretion quantity and

timing are small and late after meals.
In this reason, intake of carbohydrates must harmonise to this working of Insulin.
Since studies of Himsworth and Brunzell that mass intake of carbohydrates reduced insulin resistance and induced secretion, the menu of 65% consumed such fearful carbohydrates has been completed.
Because it was believed that Japanese foods were longevity food, it will be become the main force of a diet cure.
If it is extremely expressed, Japanese foods are God to persons without diabetes, whereas it is the devil to persons of diabetes.
In fact, medical department professor of my friend said that "diabetes food of hospital had too much rice ".
He is doing a diet therapy of diabetes.

Insulin is God?

Dr. Kanaike says the devil.
And, since discovery of insulin," scholars and doctors of the whole world use enormous energy on a study of goodness of insulin without doubt obediently?.
However, to let insulin act, there is not longevity
Human being will have a long life of 120 years old, if man is held

the eating habits that are not necessary of insulin.
He states that "nobody noticed such idea and did not think".
I have not thought till now and it is an interesting idea.
If it assumes that it is a fact, why specialist injects insulin and takes out medicine through hardships?
It is regard that intake of carbohydrates is a necessary condition of meal, and will it be a serious effort to be going to treat without changing a meal of guidance with many carbohydrates?
It is regard that intake of carbohydrates is a necessary condition of meal, and will it be a serious effort to be going to treat without changing a meal of guidance of dietitian with many carbohydrates?
If it is true, doctor is right mate of the stormy sea.
If it is true, doctor is right mate of the stormy sea.
Only the patient who met this superior doctor avoids death.
However the sea is peaceful, if carbohydrate is pulled out of a meal.
The devil Insulin and medicine are not necessary.
Will it be really so?
This is a digression. According to Lancet magazine of 2008 "Insulin is letting worse prostate cancer" is reported.
I heard a story of harm of insulin for the first time.

Foreign countries travel and blood glucose level

As a result of several hundred times blood glucose measurement, I had a conclusion that carbocount of meal is very important.
I did not accept obediently an explanation in textbook of diabetes that the cause of diabetes is increased meal of European and American model.
Anyway, I decided to challenge a meal said to be bad.
I had trip to Europe carrying a handy blood glucose level measuring.
I challenged to many dinners at Belgium, Germany and Italy. And I tried to measure blood glucose, but in most cases they were not over more than 130mg/dl after each meal.
Most of my blood glucose level was peaceful even if I eat a slightly great quantity of dessert and ice cream after a meal.
However, it is exceeded 200mg/dl when I ate "risotto rice gruel" once in Italy.
After all, it was rice that it was difficult.
Blood glucose level of two hours after meal exceeded 200mg/dl and urine sugar appeared afterwards by diabetes food of 500 kcal. However this meal was made by dietician with true heart at the diabetes study meeting ,
In this case, boiled rice was more than 150g.
Comments were nothing about this at the diabetes meeting.

Old days, my senior Dr. K said “Since some days after when I came back from trip in Europe, my body is weary, and by medical examination a lot of glucose was found in my urine.
I have suffered from diabetes probably because of a traveling meal." I remember that story of the doctor.
I believed it and did not suspect that the cause was the traveling meals in those days.
However, it is a problem that he came back to Japan
Probably Mr. Dr.K may have Type 2 diabetes mellitus when I think now.
Surely I think that Mr.Dr.K may have eaten too much delicious white Japan rice.
There are a lot of people of the diabetes that cannot escape from boiled rice in my clinic, and charm of that delicious white new rice is great.
Besides, fortunately for these patients with diabetes, carbohydrates are contained 65% in the recommended meal now.
When it is converted into a rice ball, each patient can take 6 and a half rice ball every day. Carbohydrate is 890kcal in total 1600kcal and a rice ball is unified to 100g in convenience store
It is every day, two rice ball for breakfast and for lunch respectively, and two and a half for supper.
It is a very nice story to the polished rice enthusiasts, but there

is too quite much rice.
Because blood glucose level of the person of Type 2 diabetes mellitus seems to rise 80-100mg after boiled rice 100g take, it will easily exceed 200mg/dl after every meal, and it will be scolded by the physician "life is confused".
It will be use insulin and medicine after all.
It is meal guidance to be worried in various ways.
How will it be good?
It is fortunate that a way of thinking of Cabo count came out in U.S.A. recently somehow.

Without to use both insulin and medicine is not there a method to eat delicious polished rice? There is it.

It is a greedy story considerably, but it is possible if it is devised.
If diabetes is too much worse, it will be impossible, but in the case of blood glucose levels normally descending at hungry time it has enough insulin secretion.
Only the timing is late.
As substitute of medicine, a body weight about 60kg adult takes boiled rice 80g at about 2 hours before meal, and then this should stimulate pancreas.

As for the blood glucose level, it is elevated to about 150mg/dl just before a meal.
It is started a meal here.
Of course it is eat about 100g boiled rice then.
By calculation the blood glucose level after two hours will be perhaps 250-300mg/dl, but strangely it is not increased and blood glucose level is same150mg/dl.
When it goes well, blood glucose level decrease to 110mg/dl.
Anyway, the boiled rice of 180g would be able to eat safely.
Of course there is not urine sugar.
Considerable experience for distribution of quantity of this boiled rice is needed, but I believe that it will be able to do by earnest persons.
By my experience, it is the best case that blood glucose level after 2 hours and before meal are same of 130mg/dl.
It is very difficult whether boiled rice is eaten with its best quantity and timing.
As for the quantity, 70-80g are the best.
Its timing is seemed to be better in the earlier than the later.
A cake and a tea are taken out before a banquet in a hot spring hotel, it is better to eat.
It does not need to limit a snack and a cake.
The important thing is a problem of a timing and volume.
In addition, considering about this, you should regulate a timing

of an intake of carbohydrates while a long banquet of around 2 hours.

The important thing is a problem of a timing and volume.

I described it before that Japanese food is dangerous to a person of diabetes, but that is the cases content have much glucose.

Even Japanese food, the true Japanese cooking is not so raise blood glucose level.

Because it is valuable for Japanese food since old days that it contains a lot of protein and fat than carbohydrates, main food materials are fish, meat and vegetable protein when I go to high grade Japanese restaurant, and there is really few carbohydrates for materials, and a little volume of rice appears last.

However, you must not add rice then.

It does not become any abnormal high level blood glucose after a banquet.

Such phenomenon is existed by Western food and Chinese food as well as Japanese food.

Chinese food considerably contains carbohydrates somewhere and it should not be careless, even if its blood glucose level after two hours is good.

It should be followed until three hours.

There is much fat, and absorption of carbohydrates may be late.

The person whose blood glucose level elevate 80-100mg after meal contain boiled rice 100g wants to eat New Year's Eve's buckwheat noodle at approximately 2 hours after supper.

"Perhaps it is an impossible story", doctor may not agree to such a story.

It seems to be that doctor say "Perhaps you must use medicine or insulin if you want to eat by all means".

However, it is possible.

New Year's Eve's buckwheat noodle was eaten and then blood glucose level after two hours was mysteriously around 100mg/dl.

Urine sugar is negative, too.

Insulin quantity of light diabetic is more than average.

As for the early stage, secretion of insulin is very late, but it works too much when medicine and insulin is used and hypoglycemia is induced.

The blood glucose level that rose remarkably in two hours after meal, begins to suddenly fall afterwards.

Though too late, a large quantity of insulin works hard.

However, when Insulin secretion is too late, kidney is not able to endure and take out glucoses, and then insulin remains.

Because insulin waits soba come in about two or three hours after a meal.

However, it does not interfere at all to take soba, but it is better

to stop if it exceeds the calorie.
It is one guess, state of large quantities Insulin rest make continuously decreasing of blood glucose level and seems to become less than 60mg/dl. By continuous hunger, body feels danger and then it becomes insulin resistance.
Is the continuance of remarkably low blood glucose level not one of the causes of insulin resistance? To my question, "That's not true, Hyperglycosemia is important." I remember that it was denied plainly flatly by a lecturer of specialist, but after all, hyperglycosemia state will be only a cause of insulin resistance?
I think that it is not good that blood glucose level is extremely high or low.
Thinking out such a thing on the basis of cases and experimental results of documents, this process of thinking are pleasant.

Mystery of HbA1c. HbA1c has become by 5.2 when I lowered a caution standard.

HbA1c5 may not be always better than 6.
Even if it is low, blood glucose level after a meal abnormal persons are included in this.
There are persons whose secretion of insulin is slow, but after

blood glucose level exceeded 200mg it is large quantities at one sweep surprisingly

Besides, because glucose considerably went in urine, the remained insulin steadily decreases blood glucose level and it becomes 60mg after three hours.

It is considerably the evidence that only the insulin acted seriously, though glucose has been taken out from kidney.

When such process is continued HbA1c falls down steadily.

Severe vascular lesion such as myocardial infarction with hyperglycosemia after meal become a problem, and when blood sugar level rise to 100mg from 90mg at hungry time,

It is said that future diabetes outbreak risk is double, but relations with HbA1c are difficult for some reason.

HbA1c seems to have become by 5.2, when the caution standard is lowered under such consideration steadily.

However, when the careful diet caution for after meal hyperglycosemia and urine sugar was made, HbA1c increased to near 6,

In this case, a disease did not turn worse even if HbA1c rose.

The most important thing is to pay scrupulous attention that blood glucose level after meal does not become superabundant.

To prevent an abnormal rise of blood sugar level there is a more problem of insulin resistance

It is whether cell is in the state that it is easy to act by insulin.

It will be named a glucose mode.
When this becomes fatty acid mode (ketone mode), it is hard.
Insulin is hard to act and is troubled, but, as for this mode, it seems to be possible for mode conversion considerably fast when a large quantity of glucose comes
If you will take a glucose examination next morning, the previous night, you should eat a lot of boiled rice even if urine sugar appears.
And then the family doctor will praise you by good results.
When it will be examination tomorrow, no sweet and lowest meal at the previous night will make a defectiveness results.

A diet caution. The story of persons who experienced diabetes is impressive above all.
Sick person food is different from a health food.

Some physician describes.
Why did diabetes increase? It is decrease of an intake of boiled rice.
When I read It, it seemed to have become draw into it "Is it so indeed", but it cannot be assumed in the reality that boiled rice induce blood sugar level uncertainly so high.
When I try to read carefully, it seems to discuss by confusing

health food and diabetes food. Sick person food is different from a health food.

It may be understand the opinion which diabetes occurs because it was not eat a health food, but offer of a health food is not good to a person already becoming sick.

In addition, some persuasive power are insufficient only with a story according to a textbook.

It will be used guidance indicator and documents of authority for medical examination and treatment by all means, but, as for these cases, many ways decide the treatment indicator with statistical means than with case reports.

Exceptions exist by all means.

However, there is a terrible effort to investigate this exception, but interesting fact can be found in there.

There should be the doctors suffered diabetes in same % as general inhabitants. It will be important to do accumulation and analysis of minute self-study and data of each doctor oneself?

It is investigated questionnaires of doctor oneself with allergic rhinitis in oto-rhino-laryngology society.

I think that it is an interesting method.

The thorough discussion for a diet cure sometime!

Besides, the diabetes food menu that forever never changes, boiled rice praise and all the grounds of fat evil theory seem to be from similar statistics graph.

After all, an article of diabetes grounded on a similar graph was found in the first number in Japan Medical Association magazine 2009, and an intense opinion of the outfield bleachers about recent diet cure still does not reach to the society at all and whether it is disregard or not.

To the specialist of practical medical doctor!

I entreat, that specialist oneself act more in earnest for diet cure without entire entrusting to dietitian and I hope that the specialist unfold a newer diet theory.

Insulin and medicine treatment are very important for doctor, but before all, most important thing is a meal.

I think, there are a lot of diabetologists who are themselves diabetes, and then I entreat them to make development of a diet cure, new theory and method based on experience of oneself by the abundant knowledge of them.

I think that doctors oneself having diabetes are possible to have much valuable experience which young doctors cannot meet.

Because diabetes comes out almost to the doctor of retirement age, it is desired that the doctors of retirement age lead the

active doctors by the diet cure based on their own experiences.
The theory by statistics such as UKPDS is important, but accumulation of each report of one case is very important, too.
As for the books for citizen about a current meal, doctors of other specialty are more unique than specialist. Even if it will be not understood whether is it true or not?
About an item of a meal, it is suspicious whether an author self-wrote it directly.
As for the books for public to diabetic, there are many books written by specialist of university , but about item of the meal, it can be never thought that it is from an author self.
It is a method “let's reduce fat by a balanced good meal composed of mainly staple foods on rice, "such as same stamp.
About the details, see food exchange list! And it becomes guidance of a dietician. However book of doctor of other courses is unique.
It is really detail and there is an idea. But I could not say whether it is really true or not, but it is interesting.
It is an unfinished theory, but process of thinking is interesting.
A specialist please put them in a group, the doctors interesting a diet cure and does panel discussion of a meal and let me hear it.

Others

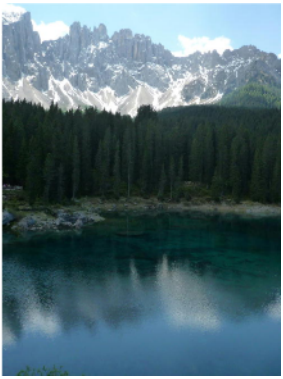
Cataracta early detection method

It is a funny story that otolaryngologist write such an article, but I noticed cataracta by microscopic examination of bacteria.
I noticed that myopia of left eye became gradually bad til now, and I thought that it is the cause that otolaryngologist always abused a left eye.
One day I noticed that a shade such as a cloud in the left lens of binocular microscope was caused by my own left eye.
I do not find the shadow at all when I keep away my eye from microscope lens.
The shadow became sharp when I increase magnification of a lens.
I have read books and thought about optical system and shadow of the lens seems to come on the retina as same as when I am peeping into a needle hole.
Really, when I after having kept the small mark on the lens of a camera take scenery, the mark did not come out at all on the screen.
However only when I attach a camera to a microscope and take a photograph the small mark came out clearly.

Therefore, when I watch a white wall through a needle hole of the black paper, the right eye was clear.
However, when I watch it with a left eye, I found cobweb-shaped shadow of central part in particular densely.
Like my thought my eyesight became gradually bad and the shadow thickened.
I accepted a surgery at last.
Even if I peep from a needle hole after a surgery, there is not a shadow.
I told this story to the doctor of a friendship, and he peeped into a needle hole of black paper, and then he discovered this shadow and said that I heard a good thing.
I did this story to the doctor of a friendship, and he discovered this shadow after having watched in a needle hole of black paper and then the doctor said that I knew a good method.
Perhaps someone may have been noticed already such story.
Even if a visual disorder does not yet occur, cataracta will be discovered when someone try to peep in a needle hole of black paper.
From Japan Medical Journal No 41872004.7.24p80 Ryokuin essay (Mikio Ishimaru)

Beautiful Mountains

Mt.Denali(Mc kinley)6194m



Karersee Dolomiti Itaria

Yamanaka see from top of Mt Fuji

Mt Fuji3776m & Japan Alps

Matterhorn 4478m Swiss

Komagatake2967m Japan

Jungfrau 4158 m Swiss

Okuhotakatake 3190mJapan

Gross Gkockner3797m Austria

Mt.Hakusan2072m Japan

Badminton

Wien &Kanazawa city badminton association members

My clinic badminton court

It passed for 40 years since we made a club, and we went to Korea, Denmark, Austria etc.

Essay in Idleness (Tsuredureguse) of otolaryngologist 50years

Hyotan-machi　Ear Nose & Throat Clinic

Mikio Ishimaru