Preface

There were many things that I follow to senior doctors　when it was a young doctor,

Only by learning without concerning of devising and developing of medicine and medical examination and treatment by oneself,　now only　medical acts and thesis was　my subject of concern,

Life to escape from there was not thought.

I think that my family was sacrificed very much.

My articleswere often announced in a medical society.

However, anyway,they were medical articles, but it is not the thing which thought out as natural science deeply, the process of thinking resembles a diary and observation of a primary schoolchild, andalmost ashamed when I think now .

I did not become a feeling to compile them.

"Themost pleasant thingas a scientist is the moment of pickpocket ring feeling that it approached to natural truth ". Bacteriologist of myteacher, Mr.Prof. ShokiNishita were so said, I think that this moment is the time when I want to beat "so" definitely.

There is still the unsolved many thing which nobody thinks about for phenomenon in medical examination and treatment and ineveryday life.

If I consider "Are not there some phenomenon, jusify my thema and harmonize with my thought?"Some useful documents and experimental data of other people is found unexpectedly .

 Besides, I can refer to it in a different viewpoint from the author.

This stimulates my cerebrum very hard.

This is completely heterogeneous with study for examination of a school entrance needing a lot of learning by heart.

However, such thingsweredone after 70yearsold and it is too late , but it is happy that Inotised pleasure of thinking.

I wanted to download the experiences or ideas into sentences before thehard disk of my cerebrum is broken.

Because thosecontents are not treatises,those are willful and selfishness . There seem to be things of theeasy idea and something groundless , but It is happy to take a look with mind of generosity.

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 cases that have hard time when I watch documents, that is to saythe device of various tampons, in the end,hospitalizationand ligation of arteryetc..

I operated for many noses till now and Ithought that I cut a blood vessel in many cases, but allbleedingstopped somehow.

By such experiences,whenitis not stoped bleeding by pressure of bleeding region with the gauze which itis soaked a vasopressor, 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%Xylocain3ml in@the@syringe@and inject@0.5ml@of@the@mixturei@bosmin@0.016ml) into a bleeding region.

If it is Kiesselbach's plexus of a nasal septum wall front region, I inject it into a perichondrium bottom around the bleeding blood vessel and inject the mixture into a lower turbinal mucous membrane, when a branch of Sphenoplatine artery in the inferior turbinal rear part is doubted, just as stab it into a potato from front.

Of course you must check it before an injection whether there is not a countercurrent of blood.

This is very effective for a nose bleed of the deep rigion that does not justified a bleeding place in particular.

Bleeding is stoped so that burble of a spring really stops.

 Blood clot is completely removed and cautirized 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 bleedig spot , this spot is pressed again with the gauze of Nasibin (0.05% hydrochloric acid oxymetazoline liquid) . This liquid efect lasts 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 thing, these are not mentioned in styptic treatment of a textbook without quotation .

A nose bleed of the deep part that does not become clear of a place injects adrenalin liquid into a mucous membrane bottom of bleeding spot.

http://medqa.m3.com/doctor/show MessageDetail.do?messageId=170186

This method is supported by many doctors, and it was won "the third best pearl prize".

The best pearl prize authorizes it based on the number of the favorite registration by the end of May.

A 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 well again.

Patient must breathe with a mouth and feels very uncomfortable at@overnight again.

Therefore, make a small incision for@a flow exit of blood@on the deepest part of mucous membrane which exfoliated , and then do not occurs hematoma.

All otolaryngologist may know this.

When a nose polyp was extracted, obstruction became worse.

The cause was in its nasal septum.

It was already operated , and the@mucous membrane of@this@case@was not@exfoliated under a perichondrium, but@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 have suppressed movement@of@nasal@septum till now.

About paranasal sinus irrigation

In many cases, almost maxillar sinus irrigation are done,@except@for@ postoperative@cases@of@other@paranasal sinus.

There are some manual skill from easy@to very difficult variously.

When I watch it with endoscope,there are various cases@which natural aperture is clearly visible or it is blocked by polyps completely and never invisible

There are vorious types of pipes used to irrigation , but it is used a silver pipe for the larynxtherapy that there is anywhere.

It is bent to harmonise 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 maxillar sinus.

Patients often complain pain even after anesthesia with spray and gauze of Xylocain. but after surface anesthesia by Xylocain and bosmingaze on a middle nasal meatus, if enough Xylocain injects into inferior turbinate, that is not always without direct anesthesia to middle nasal meatus mucous memrane, patiens complain no pain.

I can easily insert it unexpectedly 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 an maxillary sinus is some causes of a slight fever unexpectedly.

An operation of a nose

An endnasal operation for frontal sinus.

After anterior ethmoidal cells were completly intranasally@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 remained ethmoidal cells is completely open and a canal is widen and after all done confirm a ethmoidal ceiling with eye and curette inferior anterior ethmoidal cells. After having entered a frontal sinus , it must be@never advance to an upper deep part.

Check the touch of a side wall of etumoidal sius and then advance carefully and open all around.

There seems to be a sensor on the tip of a curet when used.

I understand the touch to soft orbital bone. like as paper.

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

This is a manual skill 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 Tatsuo Tanemura of former Kanazawa national hospital, but it is important that do not be sharpen bone wall of passage to a frontal sinus, and cannot be hurt.

Operation time is extremely short.

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

When matter surely collects to a paranasal sinus, it may be unpleasant.

If there are toxigenesis bacteria such as staphylococcuses, it is more unpleasant.

However, it is rare that bacteria are divided from matter such as postoperative cyst.

Then what is this unpleasantness caused by?

I think , its reasn 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 a inferior nasal meatus side wall bulges, and swelling of postrior supreior region of a inferior nasal turbinate.

After@treatment @with@Gauze which soaked a vasoconstrictor@on the@swelling@area,@patient feels fine considerably.

Even if air goes, there is sometimes a feeling of nasal blockage, and It can be very unpleasant.

When@it@exercises, and it chews chewing gum and exposes a hot towel to a nose and breathes, 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 if I said "when@polyps are extracted Ayou@feel fine".

In this case chronic sinusitis is decided, but it will be enough operation indication.

However, as for the old operation method, there is a feeling that made too much scar tissue on mucous membrane of nose and a paranasal sinuses.

Not only it@disturb flow of viscous liquid, causes congestion and anemia of the local region, and this causes unpleasantness or pain.

In addition, aroparanasal 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.

It seems to be@a@little care@ in work,@home and school.@Recognition and understanding at this point@would@be@needed.

A strange impulse always comes out of a nose.

To me with much having a stuffy nose originally

A strange impulse always comes out of nose to me with much having a stuffy nose and I think that it must disturbs my cerebral learning always.

Splendid Beschitin membrane

There are little at all adhesion and bleeding and it is easy to use at all when I use it in a nasal septum curvature cure, eardrum perforation closedown surgery, an operation in a paranasal sinus from nose and lower turbinal exsection.

It made from highly purified chitin extracted from the crab.

 A little bleeding after the tampon removal is splendid.

After lower turbinal exsection, tampons for hemostasis are insertesd overnight and it is hard to patient.

It sounds to an ear even if swallow saliva when in a nose many tampons are inserted , and it is not possible for sleep at all.

It devised various ways so far and used rubber membrane gauze tampons, but there was sometimes reinsertion, too.

Beschitin tampon is used for common sense well anywhere now.

Postoperative cyst after paranasal sinus operation

It is thought that cyst after a paranasal sinus operation@is@relateded@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 sisuses with an endoscope started, I did it both from intranasal endscopic or extrananasal Cold well Luc- oeration, and I find a blind spot is the treatment of here.

Flow of secretion go backward when flow way too widely and excessive rear open . But narrow flow way induced eary obstracion.

It is the place that it@should be@manage after operation.

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

In the case of long years living patient and 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 a inferior nasal meatus or a border part of an maxillary sinus and ethmoid sinus .

Because it swell out, 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 come again if it does not finish with an endoscope thoroughly, even if good temporarily.

About infectious disease

A frontal headache, antibiotics@is@ineffective.

I used probably effective@antibiotic, but they were ineffective.

There are few secretions.

There was not found much 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.

I improved with local therapy and orall use of an antifungal drug immediately.

MRCNS (methicillin resistance coagurase negative staphylococcus ) infect and settles down@in paranasal sinus

When MRCNS (methicillin resistance coagurase negative staphylococcus ) infect and settles down@in paranasal sinus, persistently@white transparent@postnasal drip are@continued and there are in small quantities.

In many cases such bacteria settles downn in paranasal sinus which operation are made.

Patient conplains oppressive feeling and pain of head ,nose and cheek.

For example, as for the sensitivity test results in my lavoratory 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 ), and CP@are (I), new quinolone NFLX, OFLX, CPFX, TFLX, FLRX, LVFX@are all (R).

Generally@they@are @noneffective.

NB is called Novobiocin in old days, and it was sold with Casomycin@and Albiocin, but there are not now.

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

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

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 better.

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 coninued. in2008.3.12 isoratede bacterial specimen is only aitibiotics 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 Tarivid(ofloxiacin) liquid into a paranasal sinus, but after few days it became non effective , and resistant bacteria increased again then.

Sometimes@it@was@found@one part 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. and then I tried to compare the two methods of cultures after ten times repiated in each liquid culture and solidity culture.

The solid culture was very stable in comparison with liquid culture.

Of course fishing bacteria of solid culture is from single colony.

If@constacy of separated bacteria beginning to end is saved,it@is for a study very helpful, but it is difficult.

Without environmental drug adaptation keeped Staphylococcus209P strain and Terashima strain are vauable.

Bacterial spontaneus@mutation is one of the cause of the new bacterial generation. There are some other@methods.

Naturaly occured spontaneous mutation is a cause of new bakteria. that was proved by Mr.and Mrs.Lederberg.

They proved that resistant bacteria occurred even if they did not touch a medicine by a stamp method.

Furthermore, as causes of mutation exist more active ways such as the bacterial conjugation, transduction, transformation, lysogenic bacterium (bacterial virus infection).

However, ther are many cases that it changes@often to sensitive bacteria, if does not use the medicine for a long term.Human physical environment can not seem to adjust to a drug resistant staphylococcus.

I want to describe this in other items.

The acute inflammation of the middle ear and staphylococcus

 It was thought that the main cause bacteria of the acute inflammation of the middle ear was staphylococcus before half a century.

The reason is because Staphylooccus were most frequently separated from lesions.

There were reported maximum 70% and Streptococcus pneumoniae was about 10% in those days.

However, there is overwhelmingly much Streptococcus pneumoniae now.

This reason?@In late years would a kind of cause bacteria change.

Streptococcus pneumoniae, Haemophilus influenzae or Buranhamera are important, and Staphylococcus is ignored as@pathogenic@bacteria@of the acute inflammation of the middle ear now.

There are many people thinking that Staphylococcus is@contamineted@bacteria@originated@from@ nomal@skin.

Therefore; it is tried to gather bacteria considerably from the lesion without contamination; but even after such considerably@doing, it is separated in few cases.

It is found few % by an eardrum incision or punction.

Therefor@I used a cotton swab@dipped@into@heart infusion culture fluid,fore@more@effective@detection of Staphylococcus of the external auditory miatus.@And just before an incision, I tried to gather Staphylococcus only from an external auditory miatus with this swab, but Staphylococcus is very realy isoreted. It was separated from only pus by incision.

Still@it seems to exist in middle ear.

However, after all there are more often isorations of staphylococcus obtained from pus by natural perforation than pus by incision.

As a reason. 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 can not understand whether its origin was from external auditory miatus 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 divide after few days. but Haemophilus influenzae and a Staphylococcus do not easily disappear.

It is better to be as@early as possible to decide@etiologic bacteria.

 Because antibiotics is ineffective, if after for a few days bacterial isolations are made, frquencies of isolating of Staphylococcus increases.

It is better a precisely separat@viscous liquid@both from of middle ear and fromn@asopharynx at first time of treatment.

Haemophilus influenzae and Staphylococcus are on good friend.

Separation happens quite often at the same time, too.

How is a role of a staphylococcus of this case?

I do not understand whether@it@shows pathogenicity together and@whether it is simply@the part of@nutritionsupplying@ of a V factor to Haemophilus influenzae.

A change of drug resistant of Staphylococcus aureus.

It is reactd to use medicine environmentaly subtly.

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 bacteria was find in the Hospital, when I worked in Kanazawa national hospital.

And it was originated from otolaryngology patient when it was examined about the source.

Mr.Dr. Hiroshi Ito head of a hospital laboratory was said.

My son was born, and he had fever by an abscess in the waist . The docter prescribed chrormphenicol syrup, But fever was not easily falling down. Abscess was incised and pas was dischareged.

I examined bacteria at once.@It was a chloramphenicol resistant staphylococcus and 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 becames commonly.

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

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

Of course after all ,Staphylococcus is important pathgenic@bacteria in an otolaryngology field,@ but@it is easy to do isolation and culture, and that it is easy to do@save.

By the way, a guidance of use of antibiotics to this bacteria does not seem to just match all the time.

Because resistant pattern changes with environment of a bacteria carrier and medical institution.

Besides, thies changes of resistant pattern was not occured by result of sniping at Staphyloccocus that treating for infection such as Streptococcus pneumoniae , Haemophilus influenzae and intestinal bacteria induced tolerance of Staphyloccocus.

In this way bacterial drug resistance is antcipated 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 be concrete, 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 bacteria against 40 antibacterial agents which I isolated at our clinic till now, but understand that I vividly reflect influence by a current fashion medicine when I chase Staphylokcoccusaureus.

It was right an extremity of dark age for penicillin during from 1996 to 1999

Most of@Staphylococcus@became@resistant @against oxacillin just as penicillin G.

However, it gradually recovered, and, surprisingly, 2005 its 95% became sensitive to methicillin (Staphcillin) and more to ƒÀ lactamase sensitivity ampicillin. Probably its cause is that@anyone did not use for@a@longtime@ penicilin derivats. 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 aminoglucoside, netilmicin 90%, gentamicin and tobramycin 80%, streptomycin and kanamycin were are 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, does not understand

Even as for the new quinolone, but there may be resistant mechanism in various ways.

It is minocycline that is considerably stable in other antibiotics and it is tetracycline also.

It already become for half a century after resistant bacteria to tetracycline were found, but I am amazed that there are still sensitive microbe 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 are 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 was not used now, 90% were sensitive bacteria until 2004.

It was a good antibiotic in old days, and it was called Cathomycin or Albiocin. Cathocycline or AlbiocinT of medical mixture with tetracycline make good effect to inflammation of paranasal sinus.

It was not know by person of maker now at all. And it is not sold now at all.

I do not konow, for its reason, Only a disk for sensitivity test is sold.

It may be used for agriculture, cattle breeding, marine products industry.

It is medicine @wanting to leave it as medicine for external application even if the human body has an obstacle.

I have done blood culture of the case that did not effective even if I use drugs for sepsis in old days, but at last I really find a colony of late growth bacteria at a bottom of a culture bottle one week later, I examine sensitivity of the bacteria eagerly immediately and finally find that@only Sodium@Fusidinateis is@effective. HoweverCthere is 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 use it 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 tabletts of 500,000 unit@Mycostatin (nistatin) to already using antibiotic, for example ABPC , high fever considerably occuer in the evening but most people fall down to normal body temperature at the next day.

I experienced really many those cases , but its grounds are too vague to announce 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).

As mechanism of the combination effect

‡@Does nistatin raise the concentration@of penicillin and cephem in blood?

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

Tomiron (Cefteram Pivoxil) was used. And the concentration measurement in blood was performed by Toyama chemistry Co., Ltd.

There were some good data, but the most had nothing to do.

‡ACandida 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 that candida increased.

‡BDid 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.

‡CWhen it@is used nistatin and penicillin at the same time,there is synergy. @And then@bacterial sensitivity increases.

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

‡DDoes nistatin drill bacteria cell wall?

I do not understand what kind of mechanism is true.

I asked microbiology institute@of the Kanazawa University medical department for some reason, but the conclusion was not provided after all.

At such cases, they@say@"immunity powers would increase".

On dizziness

Another method and thinking of dizziness inspection

Generally diagnosis will be made by asking questions, but, as for the diagnosis of many@dizziness@cases, it is a wish of a doctor that want to try to watch objective views to be able to understand well by all means.

Therefore at first, nystagmus which was able to appear without load and VOR in load to a vestibule and semicircular canal will be basic.

However, diagnosis of dizziness without presence of nystagmus make to doctor some troubles

Essencialy,dizzines and vertigo caused by the peripheral organs is induced by abnormal vestibule or semicircular canal sensitivety@and@abnormal@impulse transmission of the equilibrium nervous system.@

The degree of body balance are various cases from easily can recover themself without morbid consciousness to the case reaching dizziness and vertigo.

For example, when an excitement difference comes out to right and left horizontal@semicircular @canal, a person is conscious of horizontally rotary motion.

However, if it@is too small amount of difference,@anyone@cannot be@conscious. It is only some strange sensesion. Of course there is not nystagmus.

If balance@test@did@at@the medical institution in such a state, It@is@find@ nothing.

There is not nystagmus which is clear objective views. it is troubled for a doctor.

Therefore it becomes a general diagnosis after writing test, stepping test, goniometer,@Man-test, center of gravity unrest meter@and@OKN etc@various ways.

It gradually takes time for that kind of reason, and It becomes impossible with one@doctor@and for quick correspondence.

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

It may not watch important views.

However, these inspections trials based generaly@on nystagmus for fundermaental abilities of vestibule and semicircular cana@and on patten test. It is not digitalized for space perception .

After all test @of@rotation and linear motion of the head are good to digitalize the basic ability .

However, it is impossible to exercise only head movement, and trunk and cervix 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@turn slowly.

As for the speed, 1/12Herz is good. It is at 90 degrees in three seconds (reason 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.

But its nystagmus appearance is variaous.

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 of 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 find in judgment of this angle of rotation degree.

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

Laterality is watched in a turn sensetionB

Even if such a state looks after a dizziness stroke that is already

having become good, @it@follows for some periods.

Though abnormality is not find at all in current standard equilibrium function test, some interesting views may be provided. When reexamination of the persons whom there is complaint of dizziness and already healed is tried, some interesting abnormality was found.

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

For example, Meniere's disease has change of lymph fluid composition and occure puls frequenciy abnormality in all rotation movement, but BPPV has not almost puls frequenciy abnormality in horizontal rotation movement, it has no abnormarity change of composition@of@ lymph fluid .

Movement of cupula and rotation sense.

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

However inertially endolymph liquid move in a moment delayed and a cupula in horizontal semicircular canal of rotating side is pushed to opposite direction.

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

@More frquent pulses are sent to the nervous system than restingdischarge.

The central nervous system analyzes this and recognizes its turn.

Because the voltage when@a cell gives a pulse is constant, the@cell must add to pulse frequency when many ions were taken in.

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 a cupula.

Generally it is described only as deformation, deviation or leaning, and there are no detailed 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 a turn. Such describing is always explanation about mechanisum of post rotational nystagmus.

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

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

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

Because the cupula receive a flow of lymph fluid of same acceleration of the opposide direction by stop and the cupula comes back to normal position before the turn and dizziness does not occur .

When lymph fluid flows ahead of a cupula slowly,@it does@not become such an action.

Lymph fluid in a semicircular canal begins to move by same speed with a wall of a semicircular canal immedietory.

However,after when acceleration was rcognized and rotation speed become constant, the cupla return@slowly@to normal position.

In such a reason, if a head movement prompty@stop,@the@cupla receive acceleration of the opposide side@direction@of@lymph fluid. And then@the@cupla return to a normal position, and dizziness does not occure at all.

Such exercise is cupula-mecanism by everyday life.

Therefore dizziness is not occured even if a head move in a moment.

However, abnormal movement, for example, many times qual speed rotationmovement of the head bring slowly@to@come back of a cupula in@the normal position@before a stop.

Cupula receives acceleration of the opposiite side of lymph fluid when suddenly stopped here and deviated into opposiite side.

This is dizziness after rotation

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

THer are various methods of rotationvelocity of examninaion till now, but continued speed of 1 round in two seconds @is too fast. About this Barany'method I can not understand why it was used such strong stimulation that it is not exhibit in daily life.

It may be have thought that nystagmus is easy to come to appear.

Because lymph fluid push the cupula to the opposite direction by inertia of lymph fluid flow by sudden stop after many times rotation, the cupula which at last came back to a normal position deviate oppositdirection again and then vertigo and nystagmus to the oposite side occur.

There is understanding as reason, but this rotation does not need so strong and so@long time .

Action in everyday life are usually turn of 30 degrees or 90 degrees of an instant, but if a cupula moves like flappingdoor it is inefficient at all. When a head turn stops, immediately a flow of lymph fluid can not move completry in the opposit side , and the cupula is hard to return to an original normal position.

It will sway even if head@some@ turns.

The thought of dorumhead movement of cupula is easy understand as for it is not very fast rotation stimulation .

It is supported by animal experiment.

It is measured continuance time of a subjective feeling of turn and nystagmus for a judgment of degree of dizziness after a turn, but it is desirable that the both is same time.

According to the literature, after turned more than 17.5 seconds at last angular velocity 1/12Hz becomes to same time..

I want to think that deviated cupula recover to normal form after 17.5 seconds

In other words it@is possible to judge it after rotation more than 2 rounds at 1/12Hz.

Actually, a feeling of dizziness and drift appear clearly when it is try rotations of more than 2 rounds at 1/12Hz.

There is some sway@sensetion@ after only a@turn, but man can recover enoughh himself for vestibulospinal reflex.

A method@of@prevention of dizziness after turns

What it turns and stops such intensely , and do not sway is really mysterious when I watch ballet and figure skate.

However, it should sway by a turn and a stop by all means when I think about structure of the inner ear.

Any kind of reason

It is written that it is a result of training equally when I read various books.

Because I can not understand this reason even if I think about peripheral structures of vestibule and semicircular canal , I cannot think of nothing else that it is result of the central nerve training .

However, It was undersand that general persons@are@also@ possible to restrain dizziness without trainig

 Reason is so.

Even if it stops suddenly you should do it after turn@quickly so that there is not transformation 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 meet@in@sociaty@there is competition, it let turn a body and dizziness cause and to run, but it must be the first prize if it takes this method.

The cupula which have returned to normal@position@transforms@in@an@oppositeside@direction.@

And then It@is induced to become a normal position if it stops movement of the head and body.

There is not a meaning then if stop time of the head is not same as a body.

Rearranging of dizziness

Naw@a diagnosis of dizziness has the guidance of examination. Rearranging of a head for dizziness@diagnosis@through effective@examinations @is necessary.@

In any kind of pattern ,symptoms@and examinations data@are classified. ?

Experience and knowledge are considerably necessary. The video diagnosis mainly shows power in the case of central nervours sytem, but in peripheral otolaryngology territory, stimulation responce to semicircular canal, vestibule organ and vestibular nucleus are important.

 VOR(vesibulo occular@reflex)is most important for such a reason .

As for the movement of an eyeball (nistagmusj, there are completely spontaneus, result@of head position, head position conversion, temperature, turn, electricity, and sound. In addition, EMG or body@sway are 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 dose@not always accord with an appearance of nystagmus and existence of a feeling of dizziness.

In@some@cases,@nystagmus@could not found @and@there@are@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.

Because dizziness is the state that mechanism of equilibrium collapsed, at first I arrange structure of physical equilibrium and must think to understand this.

For example, I arrange it as follows.

‡@Vestibules@and semicircular canals hair cells are needles of seismometer.

‡AIn@side and outside lymph fluid is a batter.

‡BThe equilibrium nervous system is an electric wire.

‡CThe central@ system analyzes data@ with a computer of a meteorological observatory, and send command module to member stations and reports it in the government (a cerebral cortex) and the government has conscious of the extraordinariness.

‡D Muscles is activity of local post (ocular muscles and skeletal muscles of a whole body).

‡EWhen I think that@sensor of muscle and@tendon are@as intelligence sections from the local place to the center

Case‡@is@ BPPV (benign paroxysmal positional vertigo),@dust and garbage collected on a needle and its circumference.

Case‡Ais Meniere's disease, it@is@inner ear edema

Case‡Bis@vestibular neuritis@or@acoutic@neuroma.

Case‡Cis@ brain tumor,@brain inflammation, vascular lesion

Case‡Dis diabetes, wound, vascular lesion, neuropathy, bone joint disorder@and inflammation in various ways.

It is easy to understand@as@above.

An experiment of a real check method of the dizziness@conditions.

I tried to use space perception of angle of rotation degree.

‡@It tries to turn the head in all around.rollApitchAtwist.

Because there is many cases in posterior semicircular canal, as for BPPV, dizziness and nystagmus are easy to come out by back bias turn of head

‡APatientI sit down on a chair and close the eyes and the head is@horizontally@and turn chair slowly and@then examine it in angle of rotation degree recognition 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 Menier@disease.

A angle of rotation degree recognition@in@normal side is being more than@chair@rotation angle,@perhaps it will be the result of compensation in the nucleus.

‡BAs for the turn examination, the illness side feels angle of rotation degree smaller than@chair@rotation angle,

It is seen in slightly stable stage of Menier@disease and in thies cases there is only@slightly sway@sensation than dizziness.

 After some@effective questions it is@diagnosed.

Besides,it@become video diagnosis.

‡CGaze nystagmus and sway, headache, numbness of face, other cerebral nerve symptoms are useful.

I did not mention about@nistagumus inspection so much, but if there are infrared rays nystagmus glasses.@it is convenient at all, because peripheral@nystagmus is jerking, rotational horizontal mixed characteristics

When a subject sits on a revolving chair in a state@of@cover eyes and chair@turns horizontally,@normal@being guesses angle of rotation degree right precisely.

Why is it?

Stories of two@screens as for the one of the reasons

‡@Turn acceleration is@recognized by degree of leaning of cupula of a horizontal semicircular canal.

By integral calculus of this, the angle of rotation degree calculate.

I think@so, but @angular velocity@and@time@is need@for a calculation of rotation angle degree.

In addition, it is written in all books that a cupula recognizes rotation acceleration, but angle of rotation degree=angular velocity ~ time, how will the central nervers system calculate angle of rotation degree?

Perhapps there may be a clock in the body somewhere.

 ‡AExistence of an internal gyro, a human being can have a constant course as space perception and can recognize a turn of the head.

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

‡BHair cells of cupula send 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 from the number of these pulses.

I can considerably agree to this thought.

Because I easely understand, and a cupula comes back to an original normal position when continue same speed turning, and frequency of impulse decrease to resting discharge.

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

‡CTwo 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 is two kinds of screen @image coming out.

The one piece which does not move like scenery of a circumference by eye opening together in the same direction even if turns a head.

Perhaps it will be sight nucleus cell oneself or excitement of cell excitement of a brain by an afterimage of the retina, and movement of an afterimage of the retina will wake up nystagmus by a turn of the head, and these are one of the space perception.

Actually, it seemt to move so that this image flow to opposite direction of head@movement.

It seems@to make an effort to agree to an image of the nucleus.

However, they do not move if the head at all slowly turn.

The most outside darkness part of a field of vision moves with a head turn.

Excitement of a retina cells are afterimage when it@is@watched a light closely and@blue and red points@image in closed eyes.

An image is easy to move in a field of vision if 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 a spontaneous electric discharge of a retinal cells do not move on center field of vision.

When a head turns , there is an image moving into the other side @without@nystagmus.

 It is thought,@this is activity of the vestibuler visual region which is close to a vestibular nucleus related,

This will be the circuit which is different from a nystagmus reflection.

There are many cases that seem to be hazily black cloud.

This can be appear slightly sharp@as the image in a dream of waking.

It leavs from the field of vision quickly in the other side when the head turn and fade away then.

This image is as back screen in darkness and it makes consciousness of standstill space.

Retina afterimages move front of it.

In darkness,for a turning human being the movingscreen is in backward , a forward retina afterimage stand still .

Size of screen is both side approximately 30 degrees in a range of a field of vision and man recognizes 30 degrees turn if a image goes to edge.

It is thought that this recognition will be very sharp as for the blind person.

About a direction of dizziness:@ In the case of Meniere's disease and benign paroxysmal positional vertigo (BPPV) , the same image come out to the direction of vertigo for many times. How will the person himself feel it then?

I have experiences of both, but a ceiling of a bedroom turned at getting up time in the morning , and it was accompanied with little nausea and dizziness that cause seemed to be inner ear hydrops and was not able to get up.

There is the feeling that low pitch sound echoes and I thik that there was low tone sensorineural hearing loss.

It is plain "dizziness".

 BPPV is intense.

A tatami mat of my front swelled towards me when I get up suddenly @in early morning.

It is quite@vertical@movement.

This phenomenon was slowed down in dozens of seconds.

Such a phenomenon continued for approximately 1 week and disappeared.

From literatures, it is to say that it improves within almost two months.

Reproduction of dizziness is simple experimentally.

It is dizziness after turn of the head.

Dizziness is generated when head suddenly stop after the turn continuaion, but the dizziness person himself see a window and a ceiling move to same direction of a feeling of turn, and same scenery come out in sequence.

Scenery of a circumference does not move to the opposite side of one's turning feeling.

Neighboring scenery turns to a direction of@nystagmus(a 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 illness side@is understand with diagnosis by asking questions, which direction ceiling and window@moved@

It is the right ear if it moves to the right.

Did a train of a neighboring rail work?

Did the train which oneself got on work?

It is a common phenomenon.

When there are very few changes of acceleration, I do not understand whether does oneself move?@or@ the outside world moves.

If there is vestibuier 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.

A 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 is conscious of a change of acceleration.

 I@thought@whether the next car worked at the parking lot where the ground inclined. But I surprised. My car hit on a behind wall. Brakes of my car take off.

It is to be careful very much.

BPPV and Epley's method. Posterior semicircular canal and its dead ringer.

It will be easy if used@manytimesAbut@my@head is sometimes confused when I do watching a book.

The reason is because it memorizes angle of rotation degrees entirely.

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 add to an ear of a subject is devised.

When I think well about@this, it looks all the people have this model.

It is a pinna.

Both angle and figure of pinna looks just like posterior semicircular canal.

 Anpulla with cupula is resemble to antitragus.

It is easy to understand when it@is marked there and turn a head.

Is there immunological tolerance of pollen allergy?

Not to make a pollen allergy human being!

I tried to examine birth month@of@ persons of cedar pollinosis and Dactylis glomerata(Orchard graes) pollinosis .

The first investigation of 1980 is approximately 500 people.

I announced it in the first pollinosis meeting for the study (Toyama).

The person born in May@had slightly little Dactylis glomerata pollinosis.

However, originally population born in May seemed to be few tendencies and investigated statistical population of born monthly division population.

Because the city not to have a census record about the birth month, I examined 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" igakusyoin had the report from department@otolaryngology Tokai University @that the person with cedar pollinosis was born in March seemed to fewer than other months, but did not write its reason.

Wherther is fine in Tokai district (Pacific side); therefore, newborn baby@also have chance@manytimes to@meet cedar pollen . But in Hokuriku district( Japan sea side) , baby@have not chance to meet cedar pollen .becouse weather is bad in that season. In our district, May is fine and Dactylis glomerata@pollen@season.@Newborn baby@also may have chance@manytimes to@meet Dactylis glomerata@pollen pollen

However,when several years pass away,the data that the birth moon became a problem were not provided.

Population distributed by@ birth moon@gradually became average@ and especialy in cases of persons @born after 1965.

And the meaningful data were not provided even if they examined it according to the birth moon.

There was announcement that " persons@ born in a cedar pollen season was easy to become cedar pollinosis" of Prof. Takenaka was reported to a newspaper afterwards.

This report was reverse to my thought, but, as for my investigation object, a lot of peoples were@birth of just before@and after1945.@ @It was different at all that mother and new born baby in that year were malnutrition.

It seemed to be strange in a development state of immune system of an embryo and a newborn baby in various ways.

At all events it will change by a development state of immune system of a newborn baby to an antigen whether it becomes tolerant whether it comes to make an antibody for a surplus.

If it becomes immune tolerance,it may be good to put pollen extract in a nose of a newborn baby for the future pollinosis prevention.

There are innumberable antigens.

Why can the living body make an 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 that is to say desoxyribonucleic acid.

The structure is simple unexpectedly.

There is different DNA in a difference of an arrangement of four bases (alanine, guanine, thmine cytosine) innumerably.

Specific antibody RNA connected in each DNA@is made.

And it can be connected almost even if an antigen of a partner of any kind of arrangement comes.

However, I may not cope if molecular weight of a partner is too small.

Generally molecular weight 4000 is minimum.

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 a human body.

When a T cell@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 case that it can not produce specific antibody .

Some reaction system@in several trillions is@destroy@under existence of a mass antigen, because this reaction system is too@premature.

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 not funny@ to@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 an otolaryngology territory.

There are many people refraining from meat and fat and sweet, and infectious disease does not easily improve.

When show one case; most patients with peritonsilar@abscess improve by one shot treatment of local incision,drainage pas , and wash. but there was the case that needed three times of incisions.

There were 212mg/dl when I measured blood glucose of this person though@it is hungry time.

Most of the isoration bacteria were nonA ƒÀ -streptococcus.

It was used cefotiam (pansuporin T), 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 examines suspicious person after a middle-age, It is often found person of diabetes.

Cases more than blood gucose level 200mg/dl are@at any time found.

However, almost it is peoples taking treatment.

Because it is the person that a symptom does not come out, the person may take medicine randomly.

In addition, it may intend to be effective.

Blood glucose control by a meal is not so simple.

It is considerably different by time of a meal.

Equally; "refrain from sweet things, and should exercise". It is said , but it seems not to be readily controlled.

Blood sugar level after a meal@is different by food, but it@becomes@muximum@after 1 hour 30 minutes@or two hours@if it is normal Japanese food.

My blood glucose after a meal was in high one, sometims exceeded 200 by careless, but discovered that it is very different with breakfast, lunch, and supper.

Generally after the breakfast it does not over more than 150mg/dl, but it is careful afer lunch and supper.

It is bad on the day when there was much work , in particular busy, and standing work.

Thus I do the blood glcose measurement of patient as much as possible in afternoon.

In addition, it seems to better to eat after lie and rest for approximately 30 minutes before supper.

Probably,person with dabetes mellitus‡Uof HbA1c 5.2 have sometimes blood glucose level over 200mg/dl at 2 hour after meal. Its reason is that Insulin secretion timming is too late@and in large quantities.

Only as for the share excreted as urine glucose, blood sugar level falls, and insulin remains.

Then@blood sugar falls too much down and can become around 50mg/dl.

It is said that a change of such an intense blood glucose level is easy to cause severe vascular lesion.

Exercise after a meal is recommended to restrain blood sugar level after a meal, 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,@after a meal@when insulin does not yet appear enough ,muscles may not use glucose.

However, It is said@that muscle takes in glucose without insulin if it moves, but do not understand a reason.

May not exercise be yet enough?

Generally@cells can not use glucose to change energy without help of Insulin.

It is the best that there is insulin, and a muscle moves well.

Fatty acid becomes the main force of energy if it@cannot be@use glucose.

Therefore, as for the exercise of person of diabetes, there may be a meaning if it is over@at least more than 30 minutes@after a meal.

 "I eat@reduced meat and fat and a lot of vegetables". Will this be right?

By all means,there are words that appear in a citizen lecture, a technical book of diabetes and a guide for diabetes for@specialist and expert , "do meal reduced sweet and fat, and exercise".

When I tried to read a diet cure in a guide book for a diabetes for@specialist, at first stood out,@the sentence of " it@is a well-known fact to intakes of fat for the cause why diabetes to a Japanese recently increased".

 Researcher or specialist of university are almost@affirmative to this thought and teach@patient , and dietician thinks so too and then@teach@to@calculat calorie of a meal for diabetes.

However, it@is@difficult to@reduce fat and to keep a calorie very much.

I do not understand why become 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 the spread of meals of European and American stylel is assumed that it 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 a Japanese with small quantity of insulin secretion, pancreas gets tired with a serious burden.

In addition, for car society, people@suffer from underexercise.

This is the cause why did diabetes increase.

In this way a doctor of a specialist is explained.

I think that there are many people of "I was able to understand that@is after all it@was caused by a luxurious meal".

However, I want the explanation that a conclusion is too simplistic for me, and is more polite.

The reason is because it tends to be able to never understand in current diabetes@meal guidance in Japan by several hundred times own experience of the self-blood glucose@level measurement.

At first why is insulin necessary when fat@is@taken.?

Is it glucose namely glucide that need insulin?

This is an obedient thought.

I understand that fat makes considerably insulin resistance.but directly glucose level raise substance is glucose.

Blood glucose level records afer meal in my European trip were very well and its abnormal level raise was rarely.

However,after having returned to Japan, in spite of sincere low-fat Japanese foods of 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 undersanding a property of this boiled rice well.

It is to be very important thing for the Japanese who is not fled from delicious white boiled rice.

I decide to describe 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 ears of many specialist doctors and dieticians.

For example, it is a book of "solution of diabetes" of American doctor Mr. Bernstein himself is diabetes.

It@was@understand@that this book strongly punch to conventional diabetes meal guidance@until now when I read this.

He states "blood sugar level is stable with the blood lipid profile that seems to be still an Olympian even 70 years old, by the diet cure of@myself.@I would be inpossible to live, when I have obeyed to diet cure guidance of my chief physician."

It was useful very much.

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

However, it was over 40 years old and he entered a medical college and became a medical practitian.

And he attracts many USA@patients's attention.

Practice and theory of the meal of Dr. Toyoaki@Kamaike and Dr.Koji Ebe in Japan@is attractive@and@I@want to try watch@it continously.

If it is devised more, there will be more cases which it can overcome by method of a meal, even if medicine and insulin do not use.

The patient is troubled, @it is reason why@ meals of diabetes@are too different.

Because these books are not learned journals,it will be not catch eye of specialist.

They@are mixed in the medical book@for@family which a specialist wrote when I go to a bookstore and it is hard to still catch eye because it is the minority, but its idea is unique and stimulates at all my cerebrum and does it flexibly.

This of the minority presents a theory by accumulation of an individual case, whereas it is often that specialized books pursues evidence in statistics results of authority of medical society(the magazine which was announced in an English in particular).

I will try to describe a unique description in this.

All specialists recognize that carbohydrates raise blood glucose level and It was described in most@textbooks@" A cause of diabetes@is@ over@intake@of carbohydrates and fat."

He said, it is funny fat faith that fat is closely together anywhere.

Why does it become in this way?

Bernstein said@"gained fat after having eaten a lot of fat"@is@groundless@logic@just@as@"A body turns red after having eaten tomato.

It is 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 visceral organs fat cell secretes adepocytokine which lets insulin resistance increase

If many cells become fatty acid mode,it becomes insulin resistance and it@is hard@to take glucose.

Therefore there is a theory,@ it@is consume as possible a lot of carbohydrates, and to have to increase cells of a glucose mode with a little insulin resistance.

However, even if someone@said@that effectiveness of insulin improves, a characteristic@of@diabetes are that Insulin secresion quantity and timing are smoll and late after eating meals. In this reasone intake of carbohydrates must harmonise to this Insulin working.

 Since studies of Himsworth and Brunzell, it is understand that mass intake of carbohydrates reduced insulin resistance and induced secretion.And then the menu of 65% consumed such fearful carbohydrates has been completed

 Besides, because it was Japanese foods that was believed longevity meal@,it@will@be@become the main force of a diet cure.

If it is extremely express it,@Japanese foods are God to a person without diabetes.@whereas@it is the devil to a person of diabetes.

In fact, medical department professor of my friend said that "diabetes food of hospital had too much rice ". He was done a diet cure of diabetes,

Is insulin 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 good of insulin without@dout@obediently@

@However, it is@shorten human life to let insulin work.

A human being will come to have a long life to 120 years old if it is hold the eating habits that are not necessary of insulin.

He@states that "nobody reach such idea and was not going to think".

I have not thought till now and it is an interesting idea.

If it assumes, that@is@a fact.@Why will be that specialist injects insulin and take out medicine through hardships?

It@is regard an intake of carbohydrates as a necessary condition of a meal, and will it be a serious effort to be going to treat without exchanging a meal of guidance of dietician with many carbohydrates?

If it is so, doctor is right mate of the stormy sea.

Only the patient who met this superior mate avoids death.

However the sea is peaceful ,if it is pulled carbohydrates out of a meal.

The devil Insulin is not necessary, does not need medicine too.

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.

A foreign travel and blood glucose level

As a result of several hundred times blood glucose measurement, I had a conculsion@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@European and American model meal. I wanted to try to challenge this meal said to be bad by all means.

I had@trip to Europe carrying@a handy@blood glucose level measuring instrument.

Challenged much dinner at Belgium, Germany, and Italian restaurant, and tried to measure blood glucose, but in@most cases@ there@were not over more than 130mg/dl after a meal.

Most of my blood glucose level was peaceful even if I eat slightly a 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 by diabetes food of 500 kcal that dietician made with true heart in the diabetes study meeting , and urine sugar appeared afterwards.

In this case, boiled rice was more than 150g.

Comments wre nothing about this at@the@diabetes@study @ meeting.

Old days, my senior Dr. K said " After few days I come back from trip to Europe, my body is weary,and by medical examination a lot of sugar find in my urine . I have suffered from diabetes probably because of a traveling meal." I remember that it was said v.

I believed @and did not suspect that the cause was the@traveling meals@in those days.

However, it is a problem that Japanese come back, and pass for days. Probably Mr. Dr.K may@have Type 2 diabetes mellitus when it thinks now.

Surely I think that Mr.D.r.K may have eaten too much delicious white Japane rice since after come back to Japan.

There are a lot of people of the diabetes that can not 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 is contains 65% in the recommendated meal now. When it is@try to convert into a rice ball (unified to 100g per one in a convenience store) for 1600 kcal patiens@may take@6 and a half rice ball every day.@

It is every two for breakfast and lunch, and two and a half for supper.

It is a very nice story to a person of a polished rice enthusiast, but there are too quite much rice.

Because blood glucose level of the person of Type 2 diabetes mellitus seems seem to rise 80-100mg after boiled rice 100g take , it will easily exceed 200mg/dl every meal, and it will be scolded by the attending physician "life is confused".

It@will@be@ use insulin and medicine after all.

It is meal guidance to be worried about in various ways. How will it be good?

It is fortunate that a way of thinking of cabocount@came out in U.S.A. recently somehow.

Without using@insulin and medicine ,@is not there a method to eat delicious polished rice without raising too much blood glucose level after a meal somehow?

There is it.

It is a greedy@story considerably, but it is possible If it is devised.

If diabetes is worse too much,it will be inpossible, but persons blood glucose level normally@descending at hungry time should@have enough@insulin secresion. @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.

As for the blood glucose level after two hours, by@ calculation it@will@be perhaps@250-300mg/dl, but@strangely@it is not@increased@and@blood@glucose level@is@150mg/dl.

When@it goes well, blood glucose level decrease to 110mg/dl.

Anyway, the boiled rice of 180g would be edible safely.

Of course there is not urine sugar.

Considerably experience to quantity of distribution of this boiled rice@is@need,@but@I thinks that it will be able to do by earnest persons .

 By my experience,it went well most that blood glucose level after 2 hours and just before meal is same of 130mg/dl.

 It is very difficult whether boiled rice is eaten with its best quantity and timming.

As for the quantity, 70-80g are the best.

Its timing is seem to be better in earler than later.

It is two hours 20-30 minutes

 . 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, you should regulate a timing of an intake of carbohydrates considering about this, @while a long banquet of around 2 hours.

I stated before that Japanese food is dangerous to a person of diabetes , but that@is@the cases these contents have much glucide. Even Japanese food, the true@japanese@cooking is not so raise blood glucose level.

Because japanese@best@cooking @is valuable from@old days; that@contains@protein and fat@than carbohydrates.

.@Main food@materials are fish and meat and vegetable protein when I go to high grade japanese@restaurant, and there are really few carbohydrates for materials, and rice appears a little last.

However, you must not add rice then.

It is rare abnormal high level, even if I try to measure blood sugar level after a banquet.

Such a phenomenon is caused@by@as well as Japanese food@and@both Western food and Chinese food.

Carbohydrates can be considerably@contain in Chinese food somewhere, and its blood glucose level must not be relieved after a meal @for two hours even if good.

It should be pursued until three hours.

There is many oil, and absorption of carbohydrates may be late.

May I eat New Year's Eve's buckwheat noodle(Toshikoshi-soba) at middle night.

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@with friend.

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

It seems to be that doctor say "You may 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 minus, too.

Insulin@quantity@of light diabetic is more than average.@@@@@@@@@@@

As for the early stage, secretion of insulin is very late , and 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 a little too late, a large quantity of insulin works hard.

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

Because it is about two or three hours after a meal, insulin may wait for soba to rather come.

However, it does not interfere to take at all, but it is better to stop if it exceeds the calorie.

It is one guess, @Insulin@large quantities@rest state make@continuously@decreasing of@blood sugar level @and@seems to@become less than 50mg.@By@continuously enduring hunger, body feels danger@and@then it@becomes@insulin resistance?

Is not one of the causes of insulin resistance the continuance of remarkably low blood sugar level ?

To asking this question, "That's not true, Hyperglycosemia is important." I remember that it was denied @plainly flatly by a lecturer of specialist,@ but after all, will only hyperglycosemia state be 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 case and experiment 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 included@in this.

There are persons@ secretion of insulin is slow,@but@it@is large quantities at one sweep@surprisingly@after blood glucose level exceeded 200mg.

Besides, because glucose considerably went in urine, insulin for one part became@unnecessary. It@steadily falls blood glucose level and it becomes 60mg@after@three hours.

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

When such a thing is continued HbA1c falls down steadily.

Severe vascular lesion such as myocardial infarction of the person of hyperglycosemia after meal@become a problem, and when@blood sugar raise to 100mg from 90mg at hungry time it is said that a future diabetes outbreak risk doubles, but relations with HbA1c are difficult for some reason.

HbA1c seems to have become by 5.2, when the caution standard is@lowered@under@consideration of such a thing steadily.

However, HbA1c increased to near 6 when it does carefuly diet cure for after meal hyperglycosemia and urine sugar .

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.

There is a problem of insulin resistance more so that blood glucose level does not abnormally rise.

 It is@whether cell is in the state that is easy to act of insulin

I will decide to say 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 it comes a large quantity of glucose.

@If you will take a glucose examination tomorrow, 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 a diet cure@story of@person who experienced diabetes is impressive@above@all.

Some@phisician@describes@ "Having not@taken large quantities of boiled rices is the cause of increased diabetic"

When I read,@It seems to become draw as@"Is it so indeed?", but it cannot be assumed in the reality that boiled rice does blood sugar level uncertainly so much.

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 understand the opinion which diabetes became 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 by a story according to a textbook.

It will be use a guidance indicator and documents of an authority for medical examination and treatment by all means, but, as for these, there are many things which decide a treatment indicator by statistical means than a case report.

 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 doctors of diabetic in % same as general inhabitants, too.

It@will@be@important@to@do@accumulation and analysis of minute self-study and data of each doctor oneself either?

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 panel 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 appears in the first 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H@@@@@@@@@@@@@@@@@@

To specialist of practical medical doctor!@I entreat that specialist oneself@act more in earnest@for@diet cure@without entire@entrusting@to@dietician

And I want unfold to build a newer diet theory.

 Insulin and a medicine treatment are very important for a doctor, but after all what it must be do well is a meal.

I@think,There are a lot of diabetologists who are oneself 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 haveing@diabetes@are possible to have@many valuable experience@which@young doctor cannot@meet.

Because diabetes comes out to the doctor almost became a retirement age, it@is@desire that the@doctor@in@retirement age lead an active doctor by a diet cure based on the valuable one's experience.

The theory by statistics such as UKPDS@is important , but accumulation of a report of one case is very important, too.

As for the book for a citizen about a current meal, doctor of other courses is more unique than specialist.@Even if@it@will@be@not understand whether it is true@or@not@?

About an item of a meal @It is suspicious whether an author wrote it directly.

As for the book for public of a diabetic, there are many books by@specialist of university , but about@ item of the@meal, it can be never think that it is from an author selbst.

It is a method to let's reduce fat by a balanced@good meal composed@of mainly staple food@on rice, as having always pushed a same@stamp.

The details watch food exchange list and it becomes guidance of a dietician

However, a book of a doctor of other courses is unique.

It is really detailed, and there is an idea and does not understand whether it is really true, but@it is interesting.

There is an unfinished theory, but process of thinking is interesting.

Please; specialist@may@enter in@a group@the doctors@ interesting a diet cure@and@do panel discussion of a meal by a discussion method and@let me hear it.

Others

Cataract early detection method

It is a funny story that@otolaryngologist@write such an article, but I noticed a cataracta by bacterial micrography.

I noticed that myopia of left eyes became bad till then, but thought that it is the cause that an otolaryngologist always abused a left eye.

One day I noticed that a shade such as a cloud of the left lens of binoculars was caused by my own@left eye.

I do not find the shadow at all when I try to take off my@eye from eye lens .

The image became sharp as I increase magnification of a lens.

I read@and think optical system , and muddiness of the crystalline lens seems to come out on the retina in reason of looking in a needle hole.

Really,@when I take scenery@after having kept a small mark@on a lens of a camera@the seal did not come out at all.@However@when I attach a camera to a microscope and take a photograph@the seal came out clearly.

Therefore,@when I try to look in a white wall with one's eyes@through@a needlehole of the black paper ,@it@was clear with the right eye. However,when I watch it with a left eye,@a cobweb-shaped shadow@came out to central part in particular densely.

The eyesight became bad as I thought and the shadow grew big densely.

I take an operation at last.

Even if I peep out from a needle hole after an operation, there is not a shadow.

I did this story to a doctor of age of a friendship,and he was discovered the shadow@which seemed to be a cloud@after having looked in a needle hole of black paper@and@then the doctor said that I heard a good story.

About such a storyAI think that@someone@will@be@noticed ,@however@even if it@dose@not@come bad eyesight@may discover@someone@when it@is try to look in a needle hole of black paper.

From@Japan Medical Jounal No 41872004.7.24p80 Ryokuin essay (Mikio Ishimaru)

Why would it become say that it was lack of doctor?

Ministry of Finance is indifference.

Age before,@though everybody was poor, there was not@particularly the story that it is said to be understaffed

Both doctors of hospital and a medical practitioner worked hard.

There were much young perseverance people in a medical practitioner.

 General hospitals@and medical offices where there were hospitalization institution took care of patient of first aid.

In particular the director of medical office prepared for restriction for 24 hours to be natural, and therefore doctor family was hard too.

The doctor worked on both Sunday and a holiday. They said@"the day that is some free time is a@holiday"

There were such pediatrician and obstetrician too. they@have died without having trips throughout his life

However, the flow of the life did not go so.

Today@is@demanded high medical examination and treatment by medical advance.

Vast money such as facilities@or personnel expenses is necessary.

However, there is a right to demand all such medical examination and treatment for patient.

Side effects come somewhere after all.

The place where do such medical examination and treatment are only big hospital.

Doctor did not come to idle about, and it is a flow of the times.

The medical examination and treatment reward was added a difference to with facilities, and a medical practitioner lost hospitalization facilities with this purpose, and hospital became medical office.

Medical practitioners do not gather nurse corresponding to 24 hours.

The doctor gets impossible to cope with night medical examination and treatment.

In the past@year,some doctor did best,@having a magnificent dream to make@hospital from a medical practitioner@and@to@a general hopital@and@at@last@to medical college management@

Today such doctor disappeared.

It was not such times now.

However, there are many young doctor whom@they@still have a dream of good environment and work as doctor, and open clinic, but reality is painful.

Return takes dozens of years even if invest it.

They must give a profit.

Thay hold even 24 hours in it and must do best@of@them.

However, the present taxation system and structure of medical cost are not so gentle.

Todays is@ the time that it has many hospitals where management is difficult even if it@is get a subsidy and@adversely without paying a tax.

It@is helpless by a forlorn force of the director even if I do emergency medicine.

Taxes increase so as to work.

Even if it works hard, the director is on the sixtieth birthday, and It is good one@that at last @he@will@be able to pay back a debt after all.

Therefore when@I try to hear to the young@medical practitioner at a meeting of a medical association.@"If Ministry of Finance says@that@If@you continue to accept night emergency patient (primary first aid)for ten years. your all tax of medical act@are@free." Several doctors," As for ten years, do its best". raised their@hands.

It is@too vague thought that medical practitioner should make diagnosis and medical treatment at day@and@night night for some candies from Ministry of Health, Labour and Welfare,

It should@be@decid @by age and a time limit of doctor and stimulate Ministry of Finance doing indifference.

Nothing is made only in Ministry of Health, Labour and Welfare.

There is only an idea chip other sections, and to invest in the obstetrics and gynecology department or the pediatrics.

Furthermore, I supplement it, but the present medical practitioner goes old aged.

A lot of hospital medical doctor with@advanced age@and@fatigue escape from@its@busy@life.@They@have@own@little@clinics.

Each doctor is not same throughout the life, too.

A thought " all doctor are same" is error.

Essays of otolaryngologist 50 years ( Tsurezuregusa)

Mikio Ishimaru MD