Two Cases of Complete Recoveries from Autoimmune And/Or Allergic Diseases

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Case Report

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According to the traditional concept of the contemporary Immunology, neither autoimmune diseases nor allergic diseases can be cured completely. Nevertheless, a fortunate coincidence led me to discovery of a novel concept that eliminations of the causes of these diseases are possible. In other words, combinations of pathogenic antibodies with responsible cells, namely, cytolytic T lymphocytes in cases of autoimmune diseases and mast cells in cases of allergic diseases, can be decomposed by replacing the pathogenic antibodies with non-specific antibodies. In more detail, intradermal injections with a non-specific antigen preparation induce production of non-specific antibodies in the body of the patient. Repetitions of the injections bring about an accumulation of them. Accumulated non-specific antibodies will occupy most of the receptors on the surface of responsible cells. When the accumulation reaches the sufficient level, virtually no pathogenic antibodies would remain on the receptors. That is, no causes of the diseases remain. Naturally, where there is no cause, there is no disease. Details are demonstrated elsewhere [1].

Case 1

A 53-year-old woman (M.M.) visited my clinic on December 2, 2016. She told me that she had had a severe pain in the third toe of her left foot on August 24, 2016. She also told me that she had received diagnosis of rheumatoid arthritis at a local hospital. I gave her intradermal injections with 0.1ml of 10 to the 30-fold diluted Neurotropin; a product of Nippon Pharmaceutical Company (Osaka), consisting of an extract of rabbit skin inflamed by inoculation of Vaccinia virus, at her navel-edge at 1~10 day intervals during the period from December 2, 2016 until May 12, 2017. The total number of injections was 31. She has had cedar and cypress pollen-allergy since her youth. She is completely recovered from both of the diseases as of August 16, 2017.

Case 2

A 55-year-old man (H.M.) visited my clinic on March 10, 2017. He told me that he had nephrotic syndrome in 1997 and spent 6 months in a hospital therefor receiving drip-infusion with steroid hormone every day. He also told me that his rheumatoid arthritis started in 2011 and during the period from April, 2012 until March, 2013, he was incapable of walking due to severe pains in both foot joints. I gave him intradermal injections with 0.1 ml of 10 to the 28-fold diluted Neurotropin at the navel edge at 2~7 day intervals during the period from March 10, 2017 to April 21, 2017. The total number of the injections was 10. He is free from any symptoms as of August 16, 2017.

Reference