Significant cancer inhibitory effects of vitamin D3 400 I.U. on various cancer activities non-invasively detected by reduction of integrin α5β1, oncogene C-fosAb2, 8-OH-dG, & TXB2, and undesirable cancer-promoting effects & invisible harmful biochemical changes of the heart found on the face & ECGs of commonly used vitamin D3 doses of 2000 I.U. or higher

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Recently many physicians are giving 2000 I.U. of Vitamin D3 for cancer patients, which increases cancer activities significantly (3~5 times) in our study. Some are given even 5000 I.U. However, when 400 I.U. of Vitamin D3 is given to most adult patients, cancer activities will be significantly reduced anywhere between 1/5~1/100 with decrease in Integrin α5β1, Oncogene C-fosAb2, 8-OH-dG and TXB2. We found Vitamin D3 400 I.U. often eliminates angina pain rapidly. When 2000 I.U. or higher doses of Vitamin D3 are used, standard ECGs do not show significant visible changes, even when the patient is developing discomfort or mild pain in the heart. However, we found there is a significant undesirable invisible biochemical changes including increase in Cardiac Troponin I, TXB2, and Calcium can be found at the rising part of the T-Wave known as “Vulnerable Period for Ventricular Fibrillation (V.P.F.V.).” While, physicians only examine the shape and amplitude of the electrical potential, but our study indicated that each part of the ECG contains invisible biochemical information corresponding to specific parts of the heart and this information can be detected using Electromagnetic Field (EMF) Resonance Phenomenon between 2 identical molecules, since recorded ECGs contain EMF information of many invisible biochemical substances in the heart on the recorded ECGs & heart representation areas of the face. Non-invasively measured invisible molecular information in different parts of the electrocardiograms clearly indicate 400 I.U. of Vitamin D3 can reduce abnormally high Cardiac Troponin I, TXB2 and Calcium. When 2000 I.U. or higher amount of Vitamin D3 is used, it can cause life threatening invisible biochemical changes, particularly in heart patients.

Biography

Yoshiaki Omura received both Oncology Residency Training and a Doctor of Science Degree through research on Pharmaco-Electro Physiology of Single Cardiac Cells in vivo and in vitro from Columbia University. He has published over 250 articles and 7 books. He is Executive Editor of Integrative Oncology & Editorial Board Member of Journal of Clinical Trials in Cardiology, etc. Using his new diagnostic method, which received U.S. patent, he can non-invasively and rapidly measure many neurotransmitters, other chemicals, asbestos, viruses, and bacteria. He developed non-invasive quick diagnostic methods of malignancies, as well as a method of evaluating the effects of any treatment. icael@yahoo.com