Commentary

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A Case of Crohn's Disease that Healed Virtually Completely after a Number of Intradermal Injections with a Non-Specific Antigen Preparation

Kimihiko Okazaki*

Okazaki Medical Clinic, Ukyoku, Kyoto, Japan

***Corresponding author:** Kimihiko Okazaki, Okazaki Medical Clinic, Ukyoku, Kyoto, Japan, Tel: +81-75-753-7531; E-mail: ma13081x@m.seikyou.ne.jp

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Commentary

Crohn's disease is a typical autoimmune disease. On February 1, 2012, a 22-year-old man (M.N.) visited my clinic claiming consistent abdominal pain of sides, daily 10-time diarrhea, and intermittent vomiting. Fortunately, I had conceived a novel concept about how to treat autoimmune diseases successfully 21 years before his visit. That is that etiology of autoimmune diseases is that combinations of organ-specific antibodies and cytolytic T-lymphocytes hurt the target organ. Therefore, if the combinations were decomposed, the cause of the disease would disappear. Consequently, an etiotropic treatment of autoimmune diseases should be a way how to dissociate the above mentioned combinations. The clue to solve the problem was an experience of mine, namely, intradermal injections with Asthremedin, a product of Nippon Zohki Pharmaceutical Company (Osaka) consisting of peptone and extracts of killed small pox virus, fungi, and rabbit skin and testis, were effective to cure bronchial asthma but its mechanism of action was unknown. The unknown mechanism was explained by the hypothesis proposed by Kojima, Professor of Parasitology, University of Tokyo, Institutes for Medical Sciences [1]. His hypothesis was that the reason why carriers of parasites seldom suffer from allergic diseases may be because anti-parasite antibodies preoccupy antibody-receptors on mast cells. Professor Kojima proposed the above theory as an explanation of Turton's experience [2] that his 30-year-old pollen allergy healed after 3-time repeated infections and exterminations of hook worm. When I learned about Kojima hypothesis, the problem of action-mechanism of Asthremedin was solved, namely, the intradermal injection played the role of parasites although a minor correction was necessary. The minor correction needed was that anti-parasite antibodies replaced anti-pollen antibodies in the body of Turton instead of that the former preoccupied Turton's antibody-receptors.

Immediately after the experience of mine mentioned above, I started treating my patients suffering from allergic and/or autoimmune diseases with intradermal injections with Asthremedin and obtained extremely favorable results. Needless to say, both of allergic and autoimmune diseases have a similar etiology, namely, specific antibodies combine with mast cells, which are basophil leucocytes, in cases of allergic diseases, and specific antibodies combine with cytolytic T-lymphocytes, which are also leucocytes, in cases of autoimmune diseases. The relevancy of the concept that mutual replacements of antibody molecules take place on the receptors is supported by the concept of existence of equilibrium state among antibody molecules in the vicinity of receptors on cell-surfaces [3,4].

I started injecting the patient of Crohn's disease with 0.1 ml of one billion fold diluted Neurotropin, a product of Nippon Zohki Pharmaceutical Company, consisting of extract of rabbit skin inflamed by inoculation of Vaccinia virus. After 9th injection, the patient claimed an easy fatiguability and cessation of diarrhea. I changed the injection to 0.1 ml of one trillion fold diluted Neurotropin. During several weeks around the beginning of February, 2014, he underwent a surgical operation of extirpation of strictured sigmoidal colon. After 166th injection, the frequency of his bowel movement reduced. After 231st injection, I changed the injection to 0.1 ml of 10 to the 15 fold diluted Neurotropin because patients' capacity of producing non-specific antibodies decreases as its accumulation proceeds. After 264th injection, I changed the injection to 0.1 ml of 10 to the 20 fold diluted Neurotropin. After 267th injection, the frequency of his bowel movement was 4 times per day. After 278th injection, I changed the injection to 0.1 ml of 10 to the 24 fold diluted Neurotropin. After 303rd injection, the patient told me that the frequency and solidity of his feces resumed to those before the onset of Crohn's disease. Consequently, I terminated my treatment on March 11, 2017.

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