### PROTEODIES IN THE HOSPITAL: A PILOT STUDY

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A pilot study concerning the use of proteodies in health care was carried on at the Institute of Medical Science of St. Marianna University Hospital along the year 2001. No toxic or adverse effect was observed among the 18 volunteers, all of which were members of the Hospital staff. Several notable improvements and a few complete remissions of their symptoms and chronic health problems occured. These results, which go beyond the expectations of a non-toxicity study, call for a follow-up.

**Introduction.** Proteodies are a new tool aimed at exploring and regulating the physiology of an individual at the molecular level. Those transpositions into sound of ordered successions of quantum frequencies occuring during in situ protein elongation processes appear to retroact on them in a resonant way. Fortuitously discovered by one of us (J.S.) during an independent research in theoretical physics, they have been applied in numerous field and laboratory studies. We present here the results of the first study carried on in a hospital concerning their usefulness in therapeutic situations.

Along the year 2001, eighteen members of St. Marianna University Hospital staff volunteered to listening tests in order to determine or confirm the best available molecules fit to their individual health problems, and were then followed while they were listening to them. Among them were cases of migraine, diabetes, rheumatic pain...one had severe pain in the neck which persisted months and years after a car accident. The following written recommendations were given them prior to the listening tests, and the following questionnaire after the tests. Results for ten of them are given below.

**CARE FOR USE OF PROTEODIES -** Recommendations to volunteers for the clinical trials conducted at the Institute of Medical Science, St-Marianna University School of Medicine, Kawasaki, Japan.

## 1. Proteodies are a form of health care.

As for ordinary medicine, in case of overdose there are side effects. It is not «the more you listen, the more efficient you get». You must keep 'discussing' with your body to control the exact listening duration appropriate for each proteody. For a medicine, one may lower the dose or stop needing it: so follow closely the changes that happen in your reaction while listening.

# 2. While listening, you must concentrate at rest.

For instance, do not listen as a 'background music' when you go to your office.

### 3. As long as the body wants to listen, go on listening.

One cannot tell exactly how many times a day, for precisely how long. Every one is different. You are the best able to know by 'discussing' with your body. Also, for a same person, it changes with time, and may vary from one day to the next. Even more so, one does not necessarily have to listen every day. Some clues may be given, but in the end you are the one who is the best placed to know.

### 4. If you feel that it does not fit at all, or not anymore, stop listening *immediately*.

When you listen just a little, if you feel your body does not want that tune, stop listening immediately. For it is well possible that your body does not need the proteody, or not anymore. If you force yourself to listen, you are at risk of side effects. For instance: «I listened to the insomnia melody (beta-endorphin) as usual. Even though I started to find it a little bizarre I went on listening. Not long after, a zona developed » (\*).

When our body does not need a proteody anymore, one does not want anymore to listen to it.

Example: « After the testing session I was well relieved. Later on when I tried to listen again, it did not feel well, a little bizarre, some kind of nausea, and I could not listen anymore ».

### 5. Do not make someone else listen.

Proteodies directly call to the inner self of every single being in particular. So you must not agree to make someone else listen by mere curiosity: there are risks of side effects.

(\*) A theme very close to that of beta-endorphin is found in the herpesvirus responsible for zona. Those side effects are a priori predictible through a 'genodic' comparison of aminoacid sequences found in data banks; however – since new viruses, for instance, may always emerge – the best way to prevent them is still a careful listening.

QUESTIONNAIRE ABOUT USE OF PROTEODIES - Given to volunteers during the clinical trials conducted at the Institute of Medical Science, St-Marianna University School of Medicine, Kawasaki, Japan.

(Date, last and first name, age, sex):

### 1) Symptom or problem you wish to solve with proteodies

## 2) Your use of proteodies

Write down in the most factual way

For instance how many times a day (exact duration in minutes)

how many minutes per week

in which circumstance (pain, nausea, headache etc...) you have been listening to proteodies

how many days, for how long

or on the contrary practically not used

## 3) Difference between before and after use

Write down in the most factual way, with figures if possible

For instance disappearance or improvement of symptom

lessening of drug use

when did any effect appear after listening

or on the contrary no noticeable difference

**Testings.** The following listening tests were performed by Y. F. (unless otherwise indicated).

June 6, 2001 YSAge: 30 Female

Symptoms: Headache, Contraction of muscles at the shoulders, Atopic dermatitis

Case history: I think that the headache comes from the contraction of muscles at the shoulders. At worse, the headache lasts for three days and I take medicine. Since I was a high school student, I have felt "heaviness" of the shoulders. I asked my mother to give me a massage.

Suffering from atopic dermatitis. Asthma at childhood.

- 1. ACTH, Not so good.
- 2. Inh. 5-lipoxygenase activating protein, Nothing but not bad. I do not want to listen to it again.
- 3. Inh. IgE, Gloomy. Shrinking into myself.
- 4. Interferon gamma, I like it more slowly. Makes me a little nervous.
- 5. Inh. C5a, Calming. Relieving. I feel like falling asleep if listening to it for a long time.
- 6. Inh. IL 4, Better than 4. A type of melody I like.
- 7. IL 12A, A type of melody I like. She shook her head to the rhythm.
- 8. Inh. substance P, Not so good.
- 9. IL 2, Acceptable, but not the type I like.
- 10. Endorphin, Not so good.
- 11. Inh. phospholipase A2, Not the type I dislike. 12. Inh. cyclooxygenase 2, Not so good.
- 13. Inh. Arachidonate 12 lipoxygenase, At the beginning I felt it interesting, but difficult to say if I like it or not.
- 14. Inh. myosin, Acceptable. Not bad. Passable.
- 15. Inh. actin, Not so good. Too fast.
- 16. COMP, I do not dislike it, but something is different.
- 17. Histone 4, makes me laughing. Fast but this one is acceptable.
- 18. cytochrome c, Irritating.
- 19. Vasopressin, The tone is good, but the speed is not for me.
- 20. Oxytocin NP1, A type of melody I like but something is different.
- 21. GAP, Comfortable.
- 22. Inh. esterase B1, Not so good.
- 23. Inh. Syntaxin 4, makes me feel listening to it again.
- 24. Inh. progesterone receptor, Not so good. Sweet melody, but a listening is sufficient.
- 25. Inh. estrogen receptor, I like it.

MD1: Inh. IL 4 + IL 12A + Inh. C5a

MD2: GAP + Inh. Syntaxin 4 + Inh. estrogen receptor

Results: I listen to the MDs two or three times a week and each time for 15 minutes. I take no medicine for headache since I began to listening to them. Inh. C5a seems unnecessary to me. No change for contraction of muscles at the shoulders and atopic dermatitis.

Comment (B.M.): relief after inhibiting IL4 and stimulating IL12A traces the problem as a typical Th1/Th2 imbalance disorder.

Comment (J.S.): an increase of IL4 plasma levels has been actually observed in a recent study in 12 out of 32 patients with migraine without aura (I. Munno et al., Headache journal vol. 38, pp. 465-467, 1998).

Age: 26 KSMay 30, 2001 Female

Symptoms: Pain at the neck and shoulders

Case history: After a whiplash in February of the last year (car accident), pain remains. At worse, I cannot incline my neck toward forward without the aid of the hands. However, no abnormalities are seen in an X-ray photograph.

- 1. Endorphin, Not bad. Well accepted. Heart beats stronger. Pulse accelerated.
- 2. Inh. phospholipase A2, Better than 1.
- 3. Inh. cyclooxygenase 2, Nothing.
- 4. Inh. Arachidonate 12 lipoxygenase, Nothing.
- 5. Inh. PG transporter, Well accepted. Different feeling from 2. Refreshed.
- 6. Inh. myosin, Not so good.
  7. Troponin C, Acceptable. Pulse accelerated. Similar feeling to 1.
- 8. Collagen, Well accepted.
- 9. Laminin B1, Not so good.
- 10. Cartilage link, Acceptable. Not bad. Rather neutral.
- 11. Inh. calcium-channel protein 1, Not so good.
- 12. Inh. substance P, Well accepted.
- 13. Inh. neuropeptide Y, I feel the melody penetrate into my body. Two other listenings, Completely different from others,
- 14. Cartilage intermediate layer protein, This is the best. The melody penetrates into my body and makes me feel light. Two other listenings.
- 15. Inh. Syntaxin 4, Listening ends without feeling nothing.
- 16. COMP, Well accepted. Relaxing and calming.

MD1: Inh. neuropeptide Y + Cartilage intermediate layer protein

MD2: Inh. phospholipase A2 + Inh. PG transporter + Inh. substance P + COMP + Collagen

Results: On the day when I got the MDs and the next day, I listened to them for 15 minutes in my car while driving from the office to home. Then I stopped listening to them because I found them no more interesting. The pain disappeared completely.

Comment (several listeners to a specialized seminar by Y.F. in march 2002): perhaps listening inside the car where the accident occurred has helped resilience in this case.

M. K. Female June 6, 2001

Symptoms: Constipation, Headache, Contraction of muscles at the shoulders, Lumbago, High level of cholesterol Case history: No evacuation for 7 to 10 days. Use a purgative each two weeks.

- 1. Trypsinogen, Not bad. A type of music I like.
- 2. Endorphin, 1 is better.
- 3. Inh. myosin, 1 is better.
- 4. Vasopressin, Better than 1. Second listening: difficult to say which is better.
- 5. Oxytocin NP1, No, immediately.
- 6. Inh. esterase B1, No, immediately.
- 7. Inh. estrogen receptor, No, after listening for about 15 seconds.
- 8. Collagen, Second best.
- 9. Aggrecan, The best. Second listening: not so good.
- 10. Cartilage link, No, immediately.
- 11. Inh. calcium-channel protein 1, No, immediately.
- 12. Inh. substance P, No, after listening for about 15 seconds.
- 13. Inh. neuropeptide Y, No, after listening for about 10 seconds.
- 14. Cartilage intermediate layer protein, No, after listening for about 15 seconds.
- 15. COMP, No, after listening for about 15 seconds.
- 16. Troponin C, No, immediately.
  17. Laminin B1, No, after reflection.
- 18. Relaxin, The fourth best. Second listening: Not good.
- 19. Inh. phospholipase A2, Not so bad.
- 20. Inh. cyclooxygenase 2, No, immediately.
- 21. Inh. Arachidonate 12 lipoxygenase, Rather like it. Second listening: I do not dislike it, but I cannot say that I like it.

- 22. Inh. PG transporter, Rather like it.
- 23. Chalcone isomerase, No.

Note (Y.F.): Could not find proteodies for symptoms other than constipation.

#### MD: Trypsinogen

Results: At the second day while listening to the proteody, noise made by peristalsis was clearly heard and there was an evacuation at the next day. I listened to the proteody only for one week and stopped thereafter. However, I have had regular evacuation every second day without using a purgative.

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R. I. 56 Female June 27, 2001

Symptoms: Hypertension, Headache, Pain of the knees.

Case history: The cause of the pain of the knees: about four years ago while taking a walk with my dog, I fell down; and two years ago, I fell down from stairs.

Hypertension: Sometimes the blood pressure goes up to about 190 mmHg. When in a steady state, the blood pressure is between 138 and 78 mmHg.

- 1. Inh. ACE, listens 3 times
- 2. Inh. Angiotensinogen, likes better, but stops at 18"
- 3. Inh. Renin, less good
- 4. Relaxin
- 5. Collagen
- 6. Inh. WS3-10
- 7. Inh. Follistatin, yes, relaxing; stops at 28".

Results: initial blood pressure: 164 - 94; after listening to 1,2, 3: blood pressure 156 - 90.

July 3, 2001

Symptoms: Pain from hallux valgus of the right foot

Case history: Since last night, the pain began and cannot walk normally.

1. Inh. calcium channel protein 1,

Results: The pain disappeared just after listening to the proteody. Two hours later a little pain came back but disappeared again.

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M.T. 41 Female May 30, 2001

Symptoms: Hypertension, contraction from the neck to shoulders, swelling of lower limb, constipation

Case history: Hypertension was found 3 years ago at the annual medical examination (146/94 mmHg). By restricting the intake of salt, the value became 120-130/70-80 mmHg. But with normal meals and working style, the value reaches 160/100 mmHg. On holidays or when I stay quiet, the value is 120-140/70-90 mmHg. Her father suffers from cystic kidney and many of such patients are found in his family lines.

- 1. Endorphin, Feel heart beats strengthened.
- 2. Inh. phospholipase A2, Paralysed feeling at the tip of fingers.
- 3. Inh. cyclooxigenase 2, Echo in the head.
- 4. Inh. Arachidonate 12-lipoxygenase, Nothing special.
- 5. Inh. PG transporter, Willing to listen to it a little longer. Pleasant to the ear.
- 6. Inh myosin, Nothing special.
- 7. Troponin C, Echo in the head.
- 8. Collagen, Echo in the head. It seems to be not good for stomach.
- 9. Laminin B1, It makes me calm.

June 6, 2001

- 1. Chalcone isomerase, Not a type of music I like.
- 2. GAP, It makes me calm.
- 3. Inh. esterase B1, Low-pitched sounds echo in the head.
- 4. Trypsinogen, Nothing special.
- 5. Inh. estrogen receptor, A type of music I like.
- 6. Inh. calcium-channel protein 1, Not bad but 5 is better.
- 7. Inh. substance P, Echo in the head.
- 8. Inh. neuropeptide Y, Nothing special.
- 9. Cartilage intermediate layer protein, Not specially for me.
- 10. RCC1, Not bad, but...

11. COMP, Nothing special. Not bad.

Note (Y.F.): did not have the hypertension proteodies (inh ACE, inh renin, inh angiotensin) at that time.

MD: Inh. PG transporter + Laminin B1

Results: For about a month, I listened to the MD two times a week and for about 20 minutes each time and I have almost stopped to use it thereafter. For the contraction of muscles at the shoulders, I feel eased in the morning if I listened to the MD the previous night. However, the contraction came back gradually as the time passed.

The blood pressure changed from 140/100 mmHg to 120/80 mmHg, respectively before and after the listening. However, similar change was observed if I lied quietly even without proteodies.

No change was observed on the swelling of lower limb.

50 June 6, 2001 ΜН Female

Symptoms: Anemia, lumbago

Case history: Anemia was found at the annual medical examination. Myoma of uterus in the past.

- 1. Hemoglobin alpha, Feel reactions in the arms. Not bad.
- 2. Hemoglobin beta, Nothing special.
- 3. Myoglobin, Not so good.
- 4. Ferredoxin spinach, Feel reactions in the body. It seems to me the best one.
- 5. Ferredoxin Chlorella fusca, Not so good.
- 6. Ferredoxin B2 Racines radis, Neutral.
- 7. Ferredoxin blue algae, Not good.
- 8. EPO, Not good.
- 9. Stem Cell Factor, Difficult to judge.
- 10. GM-CSF, Not good.
- 11. Endorphin, Rather good.
- 12. Inh. phospholipase A2, Rather good, but 11 is better. 13. Inh. cyclooxigenase 2, Not good.
- 14. Inh. Arachidonate 12 lipoxygenase, Not good.
- 15. Inh. PG transporter, Not good.
- 16. Inh myosin, Good. Comfortable.
- 17. Troponin C, Not good.
- 18. Inh. actin, Not so good.
- 19. Inh. substance P, Not good.
- 20. Inh. neuropeptide Y, Not good.
- 21. Cartilage intermediate layer protein, Not good.
- 22. COMP, Good.
- 23. Trypsinogen, Not good.

MD1: Hemoglobin alpha + Ferredoxin spinach

MD2: Inh. myosin + COMP

Results: The symptom of anemia has disappeared for about six months. The symptom of lumbago has been improved.

54 Male May 23, 2001

Symptoms: Diabetes (a little bleeding at the eye grounds), contraction of muscles at the shoulders

Case history:

- 1. Insulin, Not imcomfortable.
- 2. Inh MAO A, Not bad, but 1 is better.
- 3. RB, Not so good.
- 4. Endorphin, Comfortable as 1.
- 5. Inh. phospholipase A2, 4 is better.
- 6. Inh. cyclooxigenase 2, Good but 4 is better.
- 7. Inh. Arachidonate 12 lipoxygenase, Good melody but noisy.
- 8. Inh. PG transporter, Good.
- 9. Inh myosin, 8 is better.
- 10. Inh actin, Not so good.
- 11. Troponin C, Good. 12. Relaxin, Good.
- 13. Prolactin bovine, Not so good.
- 14. Collagen, This is also good.
- 15. Laminin B1, 14 is better.

MD1: Insulin

MD2: Inh PG transporter + Troponin C + Relaxin + Collagen + Endorphin

1. Inh. TNF alpha, 55 sec., I feel like in the Alpes of Switzerland.

MD1: Inh. TNF alpha + Insulin

Results: On the average, the blood sugar index has decreased by 50 to 100 mg/ml than before.

The symptom of the contraction of muscles at the shoulders has become better and the quantity of medicine has decreased to 1/3. Recently, I feel no pain without listening to proteodies.

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Y.M. 50 Female June 14, 2000

Symptoms: Anemia originated from myoma of uterus, pain of knees, vertigo sometimes, contraction of muscles at the shoulders

- 1. Hemoglobin alpha, Heating my body from inside.
- 2. Hemoglobin beta, 1 is better.
- 3. Myoglobin, It gives me force.
- 4. Stem Cell Factor, 3 is better.
- 5. Ferredoxin, Nothing special.
- 6. Ferredoxin blue algae, Heating my body from inside.
- 7. EPO, Not good.
- 8. GM-CSF, Good.

MD: GM-CSF + Hemoglobin alpha + Myoglobin + Ferredoxin blue algae

June 6, 2001

- 1. Hemoglobin alpha, It makes me calm.
- 2. Myoglobin, This is also good.
- 3. Ferredoxin spinach, Not good. It breakes down my body to pieces.
- 4. Ferredoxin chlorella fusca, 5 sec., Not good.
- 5. Ferredoxin B2 Racines radis, Good. It makes me refresh.
- 6. Ferredoxin blue algae, Not necessary to listen to.
- 7. EPO, Not necessary.
- 8. GM-CSF, Not so good.
- 9. Stem Cell Factor, Good.
- 10. Endorphin, Good.
- 11. Inh. phospholipase A2, Not good.
- 12. Inh. cyclooxigenase 2, Difficult to judge.
- 13. Inh. Arachidonate 12 lipoxygenase, Good.
- 14. Inh. PG transporter, Difficult to judge.
- 15. Inh. myosin, Good.
- 16. Inh. actin, Good.
- 17. Collagen, It seems to make worse my symptom.
- 18. Inh. substance P, Not so good.
- 19. Inh. neuropeptide Y, Not necessary.
- 20. Cartilage intermediate layer protein, It seems to make worse my symptom. It makes me feel fatigue.
- 21. COMP, Good.

MD1: Hemoglobin alpha + Myoglobin + Ferredoxin B2 Racines radis + Stem Cell Factor MD2: Inh. Arachidonate 12 lipoxygenase + Inh. myosin + Inh. actin + COMP + Endorphin

**Results:** On June 7, the value of Hb was 11.4, while the value normally had been below 10.

I am no more conscious of the pain of knees which has suffered me for several years. Even when I move about, I feel no pain. While listening the proteodies, I feel light, free from the contraction of muscles at the shoulders. When the symptoms return, I listen to the proteodies again.

July 7, 2001

(Testing J.S. – pulse taken by K.H.)

Symptom: contracted and painful shoulder

- 1. Inh c-src, not needed
- 2. inh myosin, that's very good, moves me, refreshing, wants to listen more (pulse very high) does me good, soothes me a lot. After 3 minutes: simultaneously, "pulse amplitude has lowered" (K.H.), "it's enough" (patient): "it's good, like ADH for alcohol".

C.W. 27 Female July 18, 2001

Symptoms: Lumbago, contraction of muscles at the shoulders, headache

Case history: Contraction of muscles at the shoulders and headache since high-school days, but more frequent after beginning to work. In March 1999, I felt pain at the back and then at the waist. When I change body position, for example from lying position on my back to upright position, or from standing position to sitting position, I feel strong pain.

- 1. Endorphin, Not so good.
- 2. Cytochrome C, 8 sec., Not so good.
- 3. Inh. myosin, listened to the end, I want to listen to it again. 2nd time for 28 sec.
- 4. Inh. actin, listened to the end, Short. Strange music.
- 5. Prolactin, listened to the end, Good. I want to listen to it again. Best of all.
- 6. Relaxin, 2 times, Nothing special.
- 7. GAP, 41 sec., Tender music, which is good for me, but a little noisy.
- 8. Inh. progesterone receptor, listened to the end, I want to listen to it again. 2nd time for 28 sec. This is the second of all.
- 9. LH, listened to the end, I want to listen to it again. 2nd time for 38 sec. I feel something warm. Better than the one just before.
- 10. Inh. estrogen receptor, 27 sec.,
- 11. Inh. phospholipase A2, listened to the end. Nothing special.
- 12. Inh. cyclooxigenase 2, 12 sec.,
- 13. Inh. calcium-channel protein 1, 24 sec.,
- 14. Inh. substance P, listened to the end + 12sec.,
- 15. Inh. neuropeptide Y, 6 sec.,
- 16. Cartilage intermediate layer protein, 6 sec.,
- 17. COMP, 28 sec.,

Comparison: 18. Prolactin, 2 times again, Feel good as before.

- 19. LH, 2 times again, Feel good as before.
- 20. Inh. progesteron receptor, a little inferior than the 18 and 19.
- 21. Inh. myosin, 24 sec., Makes me restless and nervous.
- 22. TNF beta, listened to the end, Nothing special.
- 23. Inh. Rhinovirus 14 VP1, 26 sec.,

MD: Prolactin + LH

Results: No immediate effect was felt when I listened to the MD. However, at present I have practically no headache and the symptoms of lumbago and contraction of muscles at the shoulders has been improved. Even if the strength of the pain is the same, the duration has been shortened. The quantity of medicine has been diminished to half to a third. Since the working style has been changed from night duty to day duty, it is difficult to say whether the amelioration is attributable to the proteodies.

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K.H. 50 Female Jan. 6, 2001

(Testing done by J.S.)

Symptom: contracted shoulder

Proteochromies (rated between 0 and 5):

- 1.Cytochrome C
- 2. inh complement C5a
- 3. Oxytocin.
- 4. Relaxin, good 5
- 5. Collagen, no

Proteodies (rated between 0 and 5)

- 6. Relaxin 5 (ranked 1st).
- 7. Inh. Collagen (ranked 3<sup>rd</sup>)
- 8. Collagen (ranked  $4^{th} = last$ )
- 9. Inh myc (ranked 2<sup>nd</sup>).

Result: pain somehow relieved

Comment: Correlation between the reactions to proteodies and proteochromies ( $1^{st}$  and last are the same in both cases - probability that this occurs by chance = about 5%)

(Testing done by J.S.)

Jan. 15, 2002

Symptoms: Contracted shoulder + inflammation of the knee for which patient - a rheumatic pain specialist - knows no other treatment than injections of chondroitin, to which perspective she is not really enthusiastic.

- 1. Relaxin, good the contractness has diminished
- 2. Relaxin proteochromy good, very nice
- 3. Inh WS 3-10, good.
- 4. Inh IgE, Not so good.
- 5. Troponin C, listens, seems very surprised: "eh, I can't believe it, the pain has completely gone"

In jan. 2004, recalls the event and comments: "it's one thing to read about it, but completely something else to experience it by yourself'.