

Part 2. Treatment of cephalic hypersensitivity syndrome: case reports

Case 1 : A 46-year-old woman suffering from stiff shoulder for many years

I don't remember exactly when it started, but I had suffered from stiff shoulder for around 10 years. Both shoulders would swell up so much that it was difficult to turn my neck, and throbbing pain at the base of my neck affected my ability to work. I was examined at many hospitals and underwent thorough testing from neck X-rays to CT and MRI, but they couldn't find anything wrong. The drugs they prescribed were always the same, including Myonal (eperisone hydrochloride), Lioresal (baclofen), Celecox (celecoxib), and Loxonin (loxoprofen sodium hydrate). One time, I took the drugs as directed and they damaged my stomach, giving me stomach ulcers. My friend advised me to go to Myojinkan Neurosurgery Clinic. Dr. Oota listened carefully to everything I had to say and examined me thoroughly.

Dr. Oota explained that the term '*katakori* (similar to 'stiff shoulder' in English)' seems unique to Japanese language. What we call stiff shoulder is actually stiffness of the muscles supporting the head. After asking about my medical history all the way back to senior high school, he announced that I didn't have stiff shoulder and that I was actually suffering from headaches. I objected, as I had never had headaches, and he responded that my brain was likely mistakenly perceiving the headaches as stiff shoulder. He recommended we try some drugs to relieve my brain, which was convinced that my shoulders were stiff and hurting. He explained the drugs he was prescribing and the importance of managing my sleep and bowel movements. He also taught me techniques to help with working, such as the correct sitting position when working at a desk, the importance of the distance between the computer screen and the eyes, and one-minute stiff shoulder exercises that can be performed even while working. Speaking of which, there were also some stiff shoulder exercises posted on the Myojinkan Neurosurgery Clinic homepage. He told me that if I followed his advice for a month, my stiff shoulder would definitely get better. I stopped taking all painkillers and took only the drugs prescribed by Myojinkan Neurosurgery Clinic, and before even a month was up, my stiff shoulder quickly started to get better. I could turn my neck easily, and I was able to work without any problems. When I asked Dr. Oota what kind of drug he gave me, he told me that it was an antiepileptic. I was, and still am, amazed.

Case 2 : A 40-year-old man whose ability to work was affected by stiff shoulder and hand numbness

After undergoing surgery for hip osteoarthritis at a university hospital nine years ago, I experienced occasional numbness in my limbs. Then, about 18 months ago, my stiff shoulder, neck stiffness, right-hand numbness, and other symptoms got worse. On several occasions, when I went to turn on my computer after arriving at work, my right hand got stuck in a fist and I couldn't open it. Other times, when I tried to get up in the morning, my body felt like it was frozen stiff, and I was unable to move. I went from hospital to hospital and underwent various tests, but they could never find anything wrong. As my condition was cryptogenic, they advised me to see a psychiatrist. At the psychiatric hospital, they examined me and gave me a prescription, but the drug had no effect. I have a wife and child, and these lingering symptoms were affecting my work, so I was in a hurry to get well. I heard about Myojinkan Neurosurgery Clinic and went for an examination.

At my first appointment, Dr. Oota listened patiently to everything I had to say, and when he told me he could cure me, I was ecstatic. Until then, no matter what hospital I visited or which doctor had examined me, they had all turned me away saying they had no idea what was wrong. So, when Dr. Oota told me he would work with me, it made me happy and feel I could open up to him. He told me that my serious personality was at the root of my condition. That kind of cause hadn't even crossed my mind. However, after taking his advice to try not to do everything at home and work myself but to leave things to other people, I began to feel much less stressed. After following his instructions regarding walking every day, drinking enough water, and taking the prescribed Magmitt (magnesium oxide), I began to feel relief from the constipation I had suffered for many years. In the last two months, my stiff shoulder, head heaviness, and hand numbness have almost completely disappeared just by taking the prescribed drug once daily after my evening meal. None of the various tranquilizers and painkillers I tried before had any effect; however, once I changed to this drug, everything was totally different. I intend to continue trusting and receiving treatment from Dr. Oota.

— From referral letter to the primary care doctor —

Although somatoform disorder is also a possibility, this appears to be a case of cephalic hypersensitivity syndrome. In my opinion, the patient does not require

anti-inflammatory drugs. He has been prescribed carbamazepine, valproic acid, and amitriptyline to be taken once daily after the evening meal. Please continue his treatment for hypertension and other conditions unrelated to cephalic hypersensitivity syndrome.

Case 3 : A 70-year-old woman suffering from alleged depression for three years

My head felt heavy, I was irritable, I couldn't sleep at night, and people said I looked moody and seemed sluggish. Taking care of my grandchildren and cooking every day made me tired. Over the last two or three years, cooking had become a hassle, my grandchildren started to hate and rebel against me, and my previously dutiful daughter went through a divorce and also started to become hostile toward me, maybe because of her depression. I was examined at various hospitals, but they all recommended I see a psychiatrist.

At the psychiatric hospital, they diagnosed me with depression and tried various drugs. However, my head heaviness, dizziness, irritability, sadness, sluggishness, and other symptoms did not improve at all. I heard about Myojinkan Neurosurgery Clinic from an acquaintance and decided to give it a try.


After telling Dr. Oota all the details of my symptoms, as I had done many times before, Dr. Oota finally smiled and said, "You don't have depression!" When I asked him how he could know that just by looking at my face, he told me that my face did not look like the face of someone with depression; it was completely normal. He said it was easy to tell because the face is the mirror of the mind.

When I told him that my family situation was all bad — that my grandchildren called me an old hag and my daughter ignored me — Dr. Oota told me that my grandchildren rebelling against me was a sign that they were well brought up and that they were returning their favor in their own way.

"If this isn't depression, what do I have?" I asked him, and he told me that my brain had become hypersensitive to stress and that my symptoms indicated a state of 'stress response'.

When I asked him what I should do, he asked how I felt about stopping all of my antidepressants. I told him that would be disastrous and asked him to please give

me some drugs. He refused to give me any antidepressants because I didn't have depression but said he would give me something for the stress response. I was really nervous about decreasing my medication, but I trusted what he said, and after two weeks, my movements became lighter and my mood became brighter. After three weeks, I was able to do the cooking again. It's strange, but hearing Dr. Oota say, "Trust me. You do not have depression. You are completely normal." really helped me. I am also being careful about lack of sleep and constipation, which Dr. Oota told me were related to my symptoms. Thank you!



Case 4 : An 8-year-old boy unable to concentrate during lessons due to excessive daytime sleepiness

My son had fallen asleep as soon as he got home ever since he was in nursery. Even after starting elementary school, he got sleepy in the afternoons and would fall asleep in class. It was overlooked in the first grade, but once he started second grade, the teacher started telling him off for sleeping in class. Now he is in the third grade. His grades had dropped, and sometimes he handed in tests completely unanswered. At home, he would fall asleep watching television and sometimes even while eating. I became worried that it was interfering with his academic performance and school life and took him to Myojinkan Neurosurgery Clinic.

Dr. Oota diagnosed him with a condition called narcolepsy. I learned that narcolepsy can present as sudden weakness when the person experiences an emotional reaction such as laughing. Based on the results of genetic testing and the multiple sleep latency test (MSLT), Dr. Oota said it seemed to be narcolepsy. As drug safety in children has not been confirmed, he suggested we first try multiple naps during the day. However, after discussing it with the school, we realized that napping would be difficult; so, as a family, we decided that we wanted to try an adult narcolepsy drug. Now he has turned nine and has been prescribed a low dose of the adult narcolepsy drug, and he is much less sleepy during the day. Narcolepsy is apparently a hereditary disorder; as his parent, I feel responsible.

Case 5 : A 23-year-old woman whose daily life was affected by falling asleep during meetings even when she was standing and sometimes walking, who was unable to drive due to fear of falling asleep, and who became confused

From junior high school onwards, I used to feel very sleepy during class. In college, I sometimes fell asleep suddenly during lectures, even if I was standing up. I always felt sleepy no matter how much sleep I got at night, and when it was really bad, I was overcome by sleepiness even while standing or walking. This made me too afraid to get my driver's license, and it has affected my work.

I looked up my symptoms on the Internet and found they matched those of a condition called narcolepsy, and at the same time, I read about Dr. Oota. Because I was worried about the effect of my condition on my future work and life, I decided to visit Myojinkan Neurosurgery Clinic to be examined by Dr. Oota.

They wasted no time in administering some specialized tests. My EEG was normal, but I took the MSLT five times, and the results verified that I had narcolepsy. In the end, Dr. Oota told me I had narcolepsy with cataplexy. After looking at my sleep diary, he advised me to go to sleep earlier at night, and then gave me the long-awaited drugs. I instantly began to feel less sleepy at work. I stopped having nightmares, and I stopped becoming weak when I laughed. The drugs have no side effects, and I can go about my life with confidence.

Case 6 : A 12-year-old girl with symptoms of headaches and vomiting from infancy and recent tingling and numbness in the right hand

My daughter had suffered from headaches and vomiting from kindergarten age; the pain got better when she threw up. After starting elementary school, she would sleep in the nurse's office when she had a headache. When she was in the upper grades of elementary school, she started regularly having severe headaches, vomiting, and seeing flashing lights. Lately, she had been getting a pounding pain in the back of her head with tingling, numbness, and stiffness in her right hand. She was examined at a large hospital, but they said there were

no apparent abnormalities and gave her an injection to stop the vomiting. She took Bufferin (aspirin) about three times a week. She used to see flickering lights before she got a headache, and recently, even sunlight seemed to bring on a headache.

When she was examined at Myojinkan Neurosurgery Clinic, I was reassured to learn that the flickering lights were an aura preceding the headache called a ‘scintillating scotoma,’ and there was nothing wrong with her eyes. She was diagnosed as having light-sensitive migraine.

Since starting to take the prescribed drug, the headaches, nausea, vomiting, flickering lights, and numbness in her right hand have all disappeared. She still sometimes gets headaches, but when that happens, although it is a bit expensive, she takes a drug specifically for migraines rather than Bufferin (aspirin).

Case 7 : A 74-year-old man with confusional arousals who shouted and walked around at night

I was taking eight different drugs for atrial fibrillation and hypertension. I had trouble getting to sleep and often woke up in the night, making it difficult to sleep deeply, so I routinely took sleeping pills. Around two or three years ago, my family told me I was experiencing confusional arousals. I would often do things like roll out of bed, suddenly stand up on the bed, shout, and wander around at night. My family was worried, so I decided to get examined at Myojinkan Neurosurgery Clinic.

I didn’t completely believe what my family said as I had absolutely no recollection of those things happening. Then, Dr. Oota performed an EEG while I was sleeping and recorded what happened while I slept using an infrared video camera. The video showed the strange things I did while I was asleep, such as standing up and rubbing the wall; I was totally shocked. I could also see that my legs frequently jerked.

I was diagnosed with REM behavioral disorder (RBD) and periodic limb movement disorder (PMLD), which Dr. Oota explained carefully to me. I didn’t really understand what he was saying but just by taking one small tablet of Rivotril (clonazepam), a drug for epilepsy, before going to bed, my strange

nighttime behavior stopped, and I started to sleep well until morning. It was a strange illness, but I was cured thanks to the drug in the silver foil.

Case 8 : A 16-year-old girl with “monster headaches” that dramatically improved with a novel antiepileptic

I got 10-15 headaches a month that I self-treated with the over-the-counter drug Eve (ibuprofen) from when I was in junior high school. After starting senior high school, I increasingly had problems with relationships with other people, and that, combined with my introverted personality, prevented me from leaving my house. I was referred to a specialist clinic in another prefecture and was diagnosed with mild depression. I regularly visited the hospital for outpatient treatment, but my symptoms did not improve, and I was frequently late to or absent from school and spent a lot of time in the nurse’s office. I often had headaches, and the school recommended I undergo brain testing. Thus, I visited Myojinkan Neurosurgery Clinic.

After Dr. Oota examined me, he told me that I snored all night, and my underlying migraines had become “monster headaches” because I had taken painkillers for such a long time. He started by prescribing various antiepileptics and antidepressants. However, nothing really worked, so he recommended that I have a tonsillectomy. After the surgery, it became easier to wake up in the morning, and I started to feel the effects of my new Topina (topiramate) prescription. My depressive mood got better, and my headaches improved until they were comparable with those of my twin sister.


Case 9 : A 10-year-old girl unable to sleep due to headaches and restless legs

Light and noise seemed to make my daughter’s headaches worse. I get headaches too, but hers did not seem to be as bad as mine. She never had severe vomiting or anything like that. When she was thinking about things other than school and

studying, she stopped complaining about the pain. As a mother, I worried about her headaches, but I didn't think they were really that bad. However, she started to complain that her feet were restless from her ankles downward when she was lying in bed before she fell asleep, keeping her awake. I took her to a general hospital in another prefecture, and they gave her two kinds of drug that were supposed to be specific cures for restless legs syndrome, but they didn't seem to have any effect. I was worried because she couldn't sleep properly due to the headaches and restless feet, making her easily tired. Wanting to help my precious daughter, I took her as a walk-in patient to Myojinkan Neurosurgery Clinic.

Dr. Oota said that it didn't seem to be anemia, and it was strange that both types of drug for restless legs syndrome hadn't worked.

He said that we need to keep an eye on the restless feet before she falls asleep, as she is only 10. He prescribed an antiepileptic called Depakene (sodium valproate), which targets light sensitivity, and after she started taking it, the restless legs improved, and she started to sleep better.



Case 10 : A 34-year-old man who wanted to try subcutaneous injections after a diagnosis of cluster headache

For about eight years, I had been bothered by one headache attack a year that would last for one month. I got through that month by taking Bufferin (aspirin). I had a headache attack during a business trip to the Kanto region and went to the hospital. They tested me, but they said they couldn't find anything wrong and that it was probably cluster headache. They prescribed a migraine drug to be taken as needed. After a while, the headaches stopped. However, I then got a headache that lasted for a week. This time I went to a neurosurgical clinic, and they prescribed Maxalt (rizatriptan) to be taken as needed. Sometimes the drug would work depending on when I took it, but most of the time, it would have no effect. When I looked my symptoms up on the Internet, an article on the Myojinkan Neurosurgery Clinic homepage about the effectiveness of subcutaneous injections for cluster headache caught my eye, and I made an appointment.

After a detailed medical interview about my headaches, Dr. Oota said there

was no need for me to undergo any tests. He told me I showed typical cluster headache symptoms. Cluster headache is seasonal, but my headaches didn't clearly follow the seasons. Apparently, although cluster headaches often occur in the cold of winter and heat of summer, increasing numbers of people experience them regardless of the season. "Seems like both the earth and the people in it have become messed up" Dr. Oota said, laughing. Thanks to the Imigran (sumatriptan succinate) subcutaneous injections he prescribed, I can now work. I am very grateful.

Case 11 : A 41-year-old woman with repeated episodes of headaches that persist for one month then resolve as if they had never happened

I had suffered from headaches since senior high school and took over-the-counter Bufferin (aspirin). When I was 20, I was examined and tested at a neurology clinic, and they told me it was migraines caused by the blood vessels in my brain. They gave me Cleamine S (ergotamine tartrate/anhydrous caffeine/isopropylantipyrine), but it had very little effect. In recent years, I had been getting headaches for one month twice a year.

I would roll around in such pain that I could not keep still. I shocked my husband by pleading with him to cut my head off. I suffered from headaches for about one month last summer and one month this spring. I would take painkillers and push on through. Then after a month, the headaches would suddenly stop. This cycle kept repeating.

I was examined at Myojinkan Neurosurgery Clinic and underwent a medical interview about my headaches. Dr. Oota said that as my intraocular and blood pressure were normal and I had already undergone brain testing, there was no need for further tests. He told me my condition was called cluster headache. "Although standard migraine drugs can work, they aren't very effective," he informed me, and recommended subcutaneous injections. I was scared of the injections at first but they work really well and have helped a lot.

Case 12 : A 37-year-old woman effectively treated with oral drugs after a diagnosis of cluster headache, which is rare in women

My headaches started when I was in high school. At first they responded to over-the-counter painkillers, but over time, these started being less effective, and I went from two to four to six then eight tablets a day. Eventually, they stopped working altogether. I tried other drugs, but ended up having to take headache medication every day for a month. While I was at college, I always carried two boxes of headache drugs around with me in my pocket. After starting work, my headaches continued for two years. Then I moved to another prefecture, and strangely, the headaches suddenly stopped completely for four or five years. However, when I turned 27, they started again. They were concentrated within one to two months once or twice a year.

I was examined at Myojinkan Neurosurgery Clinic and underwent a medical interview about my headaches. Dr. Oota diagnosed me with suspected cluster headache, which is rare in women, and started me on oral drugs. He prescribed Vasolan (verapamil hydrochloride) and two kinds of antiepileptics to be taken in the mornings and evenings. These have made the headaches much better. I still have pain but it clears up quickly, and I am once again able to do the work I need to do, including housework, and to live a normal life. Previously, I had to foist housework and other work onto my family until the medication took effect, but the new drugs act quickly, making it easier for my family, too. The daily oral drugs and nasal drops both work well and have helped a lot. Dr. Oota said that both of the antiepileptics (Depakene (sodium valproate) and Topina (topiramate)) are working well.

Case 13 : A 59-year-old woman suffering from numbness in her limbs for four years

I had experienced numbness that extended down both arms right to my fingers since March four years ago. It started in my left arm and then spread to my right. Around May, I had lower back pain and visited an orthopedics

department where I underwent an MRI. I had neck traction and hot pack therapy for about one year, but there were no improvements. From around March last year, I experienced numbness down to both legs and feet and tingling pain from my knees to my toes. This gradually got worse, and I started taking Lyrica (pregabalin) painkillers. However, my symptoms continued to worsen, and increasing the Lyrica (pregabalin) dose had no effect. My legs were numb from the moment I woke up. It was terrible when I sat down, but lying down didn't help. If I woke up in the night, the numbness and tingling stopped me from getting back to sleep, and I had to start taking sleeping pills. The numbness didn't stop me from walking or and did not majorly get in the way of my daily life, but when it was bad, I couldn't cook or do the laundry or vacuuming. I had to spend increasing amounts of time lying down resting. One month ago, my regular orthopedist told me that as my MRI results showed my herniated disc had resolved and there were no other abnormalities, there was no need for further treatment, and he discontinued my Lyrica (pregabalin) and Depas (etizolam) prescriptions.

Although I still had numbness and pain in all my limbs, I was now not receiving any treatment. I was so anxious and didn't know where to turn, and then I heard about the cephalic hypersensitivity syndrome hotline. I called them and ended up going in to see Dr. Oota. By that point, the numbness was so bad that I could not fall asleep, so I was taking Lendormin (brotizolam). Dr. Oota noted that I had previously undergone a lot of testing and said that they didn't need me to take any more tests at that point. My blood work showed low platelet and white blood cell counts, and some other counts were slightly outside the normal range. Thus, he told me I might need treatment in coordination with an internal medicine specialist. In the meantime, he put me on close to a pediatric dose of an antiepileptic and four kinds of antidepressants combined with vitamin supplements to be taken at 8 pm daily and said they would continue to monitor my blood work. "You will absolutely get well," he told me. The numbness improved within two or three days of starting to take the drugs. After four weeks, the numbness and tingling pain has decreased to about a two on a scale of one to ten. I am mentally feeling much better and am very grateful. I can do housework. Sometimes I overdo it and get tired and get the numbness, and then my right leg starts to feel heavy, but it's not so bad I can't put up with it or deal with it myself. I haven't noticed any particular side

effects. I haven't felt sleepy or sluggish during the day. I am sleeping well and am considering stopping the Lendormin (brotizolam). I am trying to follow Dr. Oota's instructions regarding sleeping, walking, and avoiding becoming constipated. He said that feelings of trying too hard cause stress, so I am trying to relax and stop being a perfectionist about everything. My oral drugs are listed as Selenica (sodium valproate) 100 mg granules, Noritren (nortriptyline) 5 mg, Rivotril (clonazepam) 0.25 mg powder, Risperidone (risperidone) 0.25 mg, Cinal (ascorbic acid/calcium pantothenate), and Gasmotin (mosapride citrate hydrate).

Case 14 : A 43-year-old man with cluster headache originally misdiagnosed as trigeminal neuralgia (facial neuralgia)

About once a year, I would get sharp pains running down the left side of my face that sometimes caused me to jump up in the night. About six years ago, I started experiencing dizziness and occasional numbness and the inability to move my left hand. The pain was so bad that I desperately wanted help, so I got examined at Myojinkan Neurosurgery Clinic.

After a medical interview about my headaches, Dr. Oota told me it was more likely that I had cluster headache than trigeminal neuralgia. He predicted that the pain got worse when I drank alcohol and that it felt like behind my left eye was being gouged out. He was totally right. I told him I had no money but I wanted something to be done, and he said that oxygen was the cheapest treatment option. After inhaling oxygen for 15 minutes, my headache instantly got better. "It is a sorry state of affairs when a man has the money to gamble on pinball but cannot pay for medical care" he said with a wry smile but loaned me an oxygen tank. I thank God, Buddha, and Dr. Oota.


Case 15 : A 10-year-old boy with sleep apnea syndrome originally misdiagnosed as attention deficit hyperactivity disorder (ADHD)

My son was often restless, irritable, and prone to temper tantrums, and was treated as a problem child at school. He found it difficult to get up in the mornings and was often late for school, even though he didn't hate school and there was no sign that he was trying to avoid going. His temper tantrums were sometimes really bad, so I thought something might be wrong and had him examined at Myojinkan Neurosurgery Clinic. At the pediatric department, they had given me lifestyle advice for attention deficit hyperactivity disorder (ADHD). He couldn't get to sleep easily and ended up finally falling asleep at 10 or 11 pm for days on end.

He underwent a medical interview about his sleep habits, and I told Dr. Oota that my son snored really loudly for a child. On examining him, Dr. Oota found that both of his tonsils were enlarged. Home polysomnography showed few signs of apnea, but there were indications of shallow breathing, and his blood oxygen saturation level while sleeping dropped to 62%.

Dr. Oota said that his breathing problems while he was asleep meant that he wasn't getting enough sleep at night to recover from tiredness built up during the day. In order to turn him back into a normal kid, he said the first priority was to cure the snoring.

He immediately made an appointment for us with the ENT department at the general hospital. Dr. Oota said that it was dangerous for him to sleep on his front until after the tonsillectomy, and told my son to sleep on his side using a body pillow he loaned us. I was surprised to learn that Myojinkan Neurosurgery Clinic has sleep and pillow counseling. After the tonsillectomy, my son's snoring completely stopped. He is sometimes still irritable and has temper tantrums, but far less than before. He is doing better in school and is as pleased about the improvements as I am.




Case 16 : A 66-year-old woman unable to carry a shoulder bag due to tingling mid- and upper back pain

I had suffered from chronic lower back pain for about 30 years. Based on my X-rays, the doctors told me I had lumbar spondylosis deformans, and I received treatment for many years. I had tried many different painkillers, but nothing really worked. About three or four years ago, I started getting tingling pains around my shoulder blades. I was examined at a local dermatology clinic, but they couldn't find anything wrong. Then, about two years later, I started getting the same kind of tingling pain from my back across my side when I lay down in bed. I was waking up many times in the night and couldn't sleep. It was even painful when just the seams of my clothes touched my skin, so I went to the dermatology department of the general hospital. I told them that I couldn't carry a bag on my shoulder due to the pain, and that when I lay down, I felt a tingling pain in the areas of my body bearing my weight. But once again they said they couldn't find anything wrong and recommended I see a neurologist.

When I went to Myojinkan Neurosurgery Clinic, I asked Dr. Oota to examine me thoroughly from my neck down to my lower back. I underwent a perception test, pinprick test, and neck and lower back MRI. The results showed a mild herniated disc at T12/L1 but no associated nerve compression, and the level of spinal deformity was appropriate for my age and wasn't pathological. "If that is the case, what's wrong with me?" I asked and was told that my brain had become hypersensitive and was causing tingling pains in different parts of my body. Dr. Oota gave me a drug to take once a day after my evening meal and told me that would ease my symptoms. He told me to take it for the time being as if it were a dietary supplement. When I asked what kind of medicine it was, he told me it was a pediatric antiepileptic! At first I was angry, thinking "You are kidding me, right? Giving a drug for kids to an old lady who looks after her grandchildren?"


However, maybe his words had a hypnotic effect because within a week of starting the drug, the tingling pain began to improve. It was still there, but I was able to sleep and do the housework better. I stopped being bothered by the seams of my clothes and was able to carry a shoulder bag again. I will never forget Dr. Oota's face as he laughingly told me, "You have cephalic hypersensitivity syndrome. Your brain has been playing tricks on you!"



Case 17 : A 46-year-old woman with generalized pain diagnosed as fibromyalgia that was refractory to treatment

I started having seizures when I was about five years old. After catching mumps, I ended up with generalized seizures that progressed to status epilepticus. Testing at a university hospital revealed brain wave findings similar to those for cerebral palsy, and they gave me antiepileptics. About eight years ago, I became unable to sleep on my back or side due to back and shoulder pain and I had to sleep on my front every night using a stomach-sleeper pillow. My buttocks hurt when I sat down, and I had pain in both elbows and knees, the front of my hip bones, both ankles and wrists, the second knuckle of every finger on both hands, both sides, and where my lumbar support belt touched my body. My entire body hurt, and I sought help at every hospital I could find. At one general hospital, they treated me as if I had indefinite complaints, and the doctor ended up yelling at me and telling me not to bother coming back. At another general hospital, they suspected connective tissue disease but told me it was not rheumatism despite the presence of rheumatoid factors. They prescribed me drugs as a stopgap measure, but these had absolutely no effect. I was also examined at a hospital specializing in cranial nerve disease, but the treatment had zero therapeutic effect. At a general hospital in another prefecture they said that I met the tender point criteria for fibromyalgia, but I had to discontinue the treatment due to side effects. I tried every imaginable test and treatment but nothing worked. After years of worrying, I finally visited Myojinkan Neurosurgery Clinic.

Dr. Oota told me that the fact that all those tests had come back normal and all those drugs had been ineffective was the clearest manifestation of my condition. I asked him if there were any drugs that would work. Taking into consideration my history to date and after noting that I was negative for fibromyalgia and hysterical seizure and didn't meet the criteria for a definitive diagnosis of connective tissue disease, he recommended treatment for cephalic hypersensitivity syndrome. He prescribed another two antiepileptics in addition to the antiepileptic Tegretol (carbamazepine) that I was already taking. At first, I didn't notice much effect, but then I gradually began to lose weight and had less pain. A year and a half later, I have returned to work and am taking care of my mother who is disabled with psoriatic arthritis. My mother appreciates my help, and I want to take care of her as she took care of me.



Case 18 : A 46-year-old woman suffering from headaches for nearly 20 years who was astonished when they resolved

I had suffered from headaches since junior high school. At that time, if I took an over-the-counter painkiller, the headaches would disappear in a day. However, around the age of 28, after having my third child, the headaches became more frequent and started lasting for two or three days. I would spend one of those days feeling nauseous and vomiting and unable to eat or move. These awful headaches would occur once or twice a month. They seemed to happen particularly around my period and ovulation. My whole head throbbed, I got stiff shoulder, and couldn't stand bright lights or loud noises. These severe headaches forced me to lie prostrate and prevented me from living a normal life, so I visited Myojinkan Neurosurgery Clinic.

After a medical interview regarding my headaches, Dr. Oota told me I had a type of migraine common in women that was related to menstruation and sensitivity to light and sound. When I asked if it could be cured, he said he could make me completely well! He told me to stop taking all over-the-counter painkillers, go to sleep at 10 pm, make sure I got to bed and got up early every single day, and only take drugs once a day in the evening. I told him that it wasn't that easy as my headaches weren't normal headaches and that I was really worried about limiting my medication to once a day. In response, he agreed to prescribe me pediatric doses to take twice a day in the morning and evening. The drugs he prescribed were Depakene (sodium valproate) 100 mg tablets and Topina (topiramate) 25 mg tablets. I was worried about the low doses, but after taking the drugs for a while, the headaches that used to unfailingly come on once every two weeks completely stopped. I was astonished.

Now, I sometimes forget to take the drugs, but I no longer get any headaches. When I was young, I visited many hospitals, but all they did was prescribe me painkillers and tell me there was nothing else they could do if the drug had no effect. I'd given up and assumed the drugs wouldn't work this time either, but amazingly, my headaches have gone.

Case 19 : A 75-year-old man unable to sleep due to recurrent stomach pain that did not resolve despite treatment at various hospitals

Last spring, I had just sat down at the table to eat my evening meal when I suddenly felt unwell with sharp abdominal pains, nausea, and bloating. I rushed to the night clinic but they couldn't diagnose what was wrong, and I went home, still in pain, with a prescription for painkillers to be taken as needed. The next day I went to the local hospital, and they gave me an intravenous injection (IV), but my symptoms didn't change. On another visit, I had an abdominal X-ray, but it didn't show anything wrong, so they referred me to a larger hospital. I was admitted for three weeks, during which time I underwent head-to-toe testing, including X-rays, CTs, and gastroscopy, but everything came back normal. Meanwhile, the abdominal pains, nausea, and bloating continued, so they recommended I see a psychosomatic medicine specialist as well. I was getting weaker by the day and had lost over 10 kg. I was worried but kept attending my wife's regular hospital and getting IVs and injections, although my symptoms still did not change. I was acutely aware of various movements in my abdomen. I spent most of my time lying down at home; every day was hard, and at one point I even thought about taking my own life. However, I still continued receiving treatment at the psychosomatic clinic.

Then an acquaintance told me about someone they knew who had also visited many hospitals to no avail, but who got better after visiting Myojinkan Neurosurgery Clinic. My wife and I got straight on the train.

Even though it was my first visit, I was fortunate to be examined by Dr. Oota. He listened quietly to everything I had been through, and finally told me, "I will definitely make you well". On hearing that, it was as if a weight had been lifted, and I felt half-better already.

Before the examination, I underwent a detailed medical interview, based on which Dr. Oota prescribed me some drugs. I was very grateful. On our way home, my wife and I talked about how happy we were to have met such a good doctor. According to my wife's notes, about three days later, I became able to help her a little about the house. Then I started to sleep properly. I was able to drive to Fukuyama to renew my driver's license. I started walking 30 minutes daily, which I still do to this day. Here is how much I walked this August compared to last August:

Last August: Overall steps per day, 4,503 (4,340 walking, 163 running)

This August: Overall steps per day, 7,636 (5,688 walking, 1,770 running)

At the beginning of this year, I started organizing my books. I am putting the ones I no longer need up for auction. It takes a lot of time, but I'm enjoying myself. My children and sister-in-law are happy to find me active and cheerful. Last September, I tested myself by taking our family car and visiting our three family gravesites in Sera District. I was able to drive 100 km! During Golden Week this May, I spent three days driving the Shikoku Pilgrimage route, visiting 23 out of the 88 temples. Thanks to Dr. Oota, I have made a rapid recovery. I hope he doesn't mind, but I intend to continue seeing him!


Case 20 : A 69-year-old woman suffering from diverse symptoms that prevented her from even doing the cooking

I hadn't been in good health for a while, but since giving up my job as a cleaner last June, my condition got progressively worse. I had headaches most days with throbbing pain in my temples and at the back of my head that was particularly bad from around noon until the evening. I also had severe stiff shoulder and nausea and became highly sensitive to light and odors. I would wake up soon after falling asleep at night, after which I would only doze on and off. I wasn't sleepy during the day, but I always felt like I wasn't getting enough sleep. From the beginning of this month, my left cheek and the area around my lips felt numb when I got up in the morning. The numbness disappeared within about 30 minutes but recurred throughout the day. I also had a lumbar herniated disc, and my legs and feet were constantly cold and numb. My head hurt every day; my eyes were bleary and irritated; my limbs felt numb; my body was cold; and my lower back was painful. I couldn't cook and spent all day lying down in my pajamas. I didn't want to see anyone or even open my eyes. I stopped being able to taste my food and rapidly lost my appetite. I was sure there was something seriously wrong with me, so I spent about six months going to various hospitals with my daughter. However, there was no change in my symptoms, the number of drugs they prescribed kept increasing, and I became more and more worried. Suspecting that something was definitely going on in my brain, I visited Myojinkan Neurosurgery Clinic.

Dr. Oota listened to everything I had to say and reassured me by saying, “Don’t worry, I will cure all your symptoms”. I returned home feeling much brighter, all my uncertainty gone. It was the first time I had heard of cephalic hypersensitivity syndrome, but the symptoms matched mine exactly, and I knew that was what I had. I went from taking huge quantities of drugs to a single, nightly dose of the drugs prescribed by Myojinkan Neurosurgery Clinic. My symptoms have noticeably improved, my sense of taste and appetite have returned, and I have put on five kilograms. My headaches are also better, and I am able to do the cooking and other housework like I could before I got sick. I used to hate going out, but now I go shopping, to concerts, and out to eat with my friends. I also look after my grandchildren for my daughter while she works.

I never thought this day would come. The period of time when I would pray for my dead mother to come for me and take me away from my suffering seems like a dream. I am so grateful to have found Dr. Oota, to whom I would like to say the following:

Thank you! Death can wait; I want to live for many years yet.



Case 21 : A 68-year-old man struggling with tinnitus for over a decade

Beginning about 16 years ago, I have been suffering from constant tinnitus of high-pitched ringing and popping sounds in both ears at night. When it was quiet after turning off the television, I would suddenly start to hear these sounds in my ears and couldn’t sleep. After a while, I started to notice the same sounds during the day as well. I went to see an ENT specialist at the general hospital, and after undergoing various tests, I was given some tranquilizers. However, nothing had changed after taking them for a week, and I spent the next six months undergoing outpatient treatment and trying drug after drug. Two years later, I was prescribed Myslee (zolpidem tartrate) at the local internal medicine clinic. That helped me sleep a bit better, but apart from that, I didn’t notice much improvement. I went to nearly all the hospitals in the prefecture, including the university hospital. However, they all just gave me the same tests and the same drugs. Meanwhile, the tinnitus sounds got louder. I came to the conclusion that my tinnitus could

not be cured and decided that alcohol might help me sleep better, so I started drinking two glasses (360 cc) of *shochu* every evening as a nightcap. However, a doctor once told me that nightcaps were bad for sleep, so I made sure I stopped drinking by nine pm.

Around April last year, I was examined at the city psychiatric hospital and started taking four pills every evening to help me get to and stay asleep. I took the drugs for 11 months but suffered from side effects such as eye discharge, decreased concentration, and feeling spaced out. It affected my daily life, making me worry about things like the fact that I was now more prone to accidents while driving, but that I wouldn't be covered by insurance. My symptoms did not improve even after attending the psychiatric hospital, and worried about the increasing amounts of drugs I was taking, I went from one hospital to another trying to find a drug that would work better. A relative of mine had previously undergone brain surgery and he told me about his surgeon, so this March I visited Myojinkan Neurosurgery Clinic and met Dr. Oota for the first time.

Dr. Oota told me that tinnitus is a sign that my brain is alive and that I would have to learn to get along with it for the rest of my life. He warned me against fighting against it too hard. "The moment your heart stops, the tinnitus will stop, too," he laughed. He mixed me a powder containing small doses of various drugs to take one hour before sleeping. At first, I was very nervous. After being overprescribed sleeping pills until then, would this single packet of powdered drug really help me sleep?

To my surprise, I slept really well! I asked what was in the mixture, and he showed me my chart, which listed the drugs as Depakene (sodium valproate) 200 mg, Tryptanol (amitriptyline) 10 mg, Rivotril (clonazepam) 1 mg, and Risperidone (risperidone) 0.5 mg. It had been a long time since I had woken up feeling that good. Until then, I had only been sleeping around four hours a night, but the drugs Dr. Oota prescribed enabled me to sleep soundly. After a while, he reduced my dose by half, but my motivation and appetite are still good, and everything is easier. My appetite and energy have returned, and I want to go and play golf. I have put on about five kilograms. I have spent over 15 years of my precious life worrying about tinnitus. Now, strangely, I don't notice it. What were the last 10 or so years all about? My wife laughed. I am so thankful every day.

I would like to finish up by expressing my gratitude. I intend to keep coming in for treatment.

Case 22 : A 62-year-old woman suffering from whole-body pain

I had been troubled for some time by slight headaches that persisted throughout the day, and I never felt completely well. Three years ago, I underwent a head MRI at a general hospital, but it came back normal, so they just prescribed me Loxonin (loxoprofen sodium hydrate). Although the pain decreased for a while, I still got the headaches. Then I started having lower back pain and numbness in both legs and feet, and I went to a doctor again. A lumbar MRI showed the early stages of a herniated disc, and they gave me prescriptions for more Loxonin (loxoprofen sodium hydrate) and a gastrointestinal drug. From around September last year, I began to experience pain in both upper arms as well as numbness in both legs and feet. I went to the general hospital again and underwent a head and neck MRI. The results showed straight neck, a herniated disc between C5 and C6, and cervical spinal stenosis due to thickening of the ligamenta flava. They gave me various drugs, but nothing helped the pain. It was at that time that a friend introduced me to Myojinkan Neurosurgery Clinic.


After examining me, Dr. Oota said that the disc herniations in my neck and lower back were only mild and were not directly related to the numbness and pain in my limbs. He carefully explained cephalic hypersensitivity syndrome to me, and I was really surprised to hear that it was my brain arbitrarily causing my condition. Dr. Oota taught me how to sit in a chair correctly to help my straight neck and gave me some exercises for stiff shoulder that I have incorporated into my daily routine. He reduced my drugs, and I am currently taking half a blue pill as if it were a dietary supplement. I feel much better than before, and I have found a way to co-exist amicably with my few remaining symptoms. Thank you, Dr. Oota! I intend to keep coming to see you for treatment.

Case 23 : A 71-year-old woman troubled by severe headaches that did not respond to even powerful drugs

I wasn't really troubled by headaches when I was young. Then one morning in August, I woke up with nerve pain from the back of my neck to the back of my head. Sometimes I would get sharp, shooting pains in the left side of my head

that continued throughout the day. I was examined by a local neurologist and had a head MRI, but they couldn't find anything wrong. Thinking that stiff shoulder might be the cause of the pain, I started having massages, but it didn't get better. I went to a local internal medicine clinic, and they prescribed me the painkiller *Kentan* (loxoprofen sodium hydrate). The pain got a bit better, but the doctor was concerned about the risks of dependence with long-term use as *Kentan* (loxoprofen sodium hydrate) is so strong, so they changed me onto a different painkiller, which didn't really work. It was around then that a friend of mine went to hear a lecture by Dr. Oota and strongly advised me to go and see him.

For the first two months or so, the antiepileptic Dr. Oota prescribed didn't have any effect but after changing to *Paxil* (paroxetine hydrochloride hydrate) 10 mg and *Risperidone* (risperidone) 0.5 mg at the start of the third month, I gradually started to see an improvement, and the pain got much better. Housework and other things used to be too much trouble, but I am much happier now that the pain is now significantly less, and I no longer have to worry about the headaches. I'm not 100% better, but I am just pleased to be about 98% well. Thank you, Dr. Oota!



Case 24 : A 48-year-old man with severe rotational vertigo and tinnitus

I had been experiencing dizziness two or three times a month for over 10 years, but these episodes would quickly resolve if I lay down. Then, about seven years later, I suddenly started having severe symptoms including tinnitus, rotational vertigo, nausea, and vomiting about three or four times a year. The symptoms were really bad, so I went to the ENT department at the general hospital and underwent a CT and MRI, but the results came back normal. They ruled out Meniere's disease but couldn't tell me what was actually wrong. The tinnitus was present every day.

Once every three or four months, I had severe tinnitus and vertigo followed by vomiting that continued for around three hours, and sometimes I had to take time off work. Over time, the gaps between episodes shortened until they were happening once every two months and continuing for five or six hours. Once, I

was taken to hospital by ambulance.

I attended a specialist otological hospital for about two years as both an inpatient and an outpatient. I tried various IVs and drugs and participated in a clinical trial but nothing changed. About two years ago, I stopped smoking, but my condition was getting gradually worse, with daily tinnitus and occasional episodes of mild vertigo and vomiting. I learned about cephalic hypersensitivity syndrome from the Myojinkan Neurosurgery Clinic website and paid them a visit.

I was examined by Dr. Oota. He told me that the tinnitus was not part of my condition, saying, “Tinnitus is something that arises as a result of brain activity and will stop when your heart stops. You will have to learn to get along with it.” However, he categorically told me that he would cure my rotational vertigo, nausea, and vomiting. The first drug he gave me was meant to suppress the tinnitus, vomiting, and vertigo, but it made me really sleepy, and my speech became slurred, making it difficult for me to drive and go about my daily life. When I told Dr. Oota about the side effects at my next appointment, he halved the dose. The tinnitus is still there, but the rotational vertigo and nausea, vomiting, and headaches have all gone, and I haven’t had to take any more time off work. The severe monthly vertigo didn’t happen the month after beginning treatment and still hasn’t come back six months later. I am so grateful.



Case 25 : A 61-year-old woman unable to keep her balance

I suffered from headaches, menstrual pain, and stiff shoulder for a period of time when I was young, but since then, I have been relatively healthy. However, recently, I had been feeling shaky and unable to walk in a straight line. I would suddenly feel like I wasn’t in control of my own body, become dizzy and unable to keep my balance, and would have to sit down. It felt like the back of my head was being squeezed while the front of my head felt heavy. I was too scared to walk around, so I spent most of my time at home asleep. I knew I couldn’t carry on like that, so I went to Myojinkan Neurosurgery Clinic for a thorough examination.

The results of my MRI showed no sign of a stroke or abnormality that could be causing dizziness. During the medical interview, Dr. Oota listened carefully

to my symptoms and then asked me about the headaches, menstrual pain, stiff shoulder, and lower back pain that I experienced when I was young. Then he told me about a condition called cephalic hypersensitivity syndrome. He prescribed me two low-dose drugs to take in the mornings and evenings, and my dizziness has disappeared. I have no strange sensations, and I feel completely well. It's as if nothing ever happened.

Case 26 : A 38-year-old woman unable to sleep at night for two years due to restlessness

Every evening since about two years ago, I had been feeling relentless itching, pain, restlessness, and crawling skin on the soles of my feet, calves, thighs, and around my lower back. When it was really bad, it would even affect my arms and mid- and upper-back. This malaise was severe and persistent. I would wake up many times a night due to my restless legs, so I wasn't getting enough sleep. That made me so sleepy during the day that it affected my work. I found myself nodding off at work, and looking at bright lights made me lightheaded and sleepy. I would suddenly be overcome by sleepiness when I was driving, which made me scared to get behind the wheel. I didn't know what was causing the restlessness and resorted to buying over-the-counter drugs from the drug store and getting anti-itch creams and oral drugs from dermatology and internal medicine clinics, but nothing worked.

I happened to find some people on the Internet who had the same symptoms as me and learned that they were receiving outpatient treatment for something called restless legs syndrome. Apparently, some doctors don't really understand restless legs syndrome and end up diagnosing something completely different. I searched online for a local hospital where I could be seen by a specialist, but I couldn't find one anywhere. I did, however, find Myojinkan Neurosurgery Clinic in the neighboring prefecture that deals with this condition.

At my first appointment, I told Dr. Oota about my symptoms, and he told me that he would definitely make me well. Just hearing that, I started to feel better. Even after all the worrying, I might actually recover! I started taking the drugs Dr. Oota prescribed, and by the second day, the unpleasant symptoms I had been

experiencing had nearly disappeared. I started to sleep deeply at night and was able to work without any problems. It was exactly as Dr. Oota had said! It is about a three-hour round trip, but I am so pleased to have found a doctor I can trust.

I intend to keep visiting Myojinkan Neurosurgery Clinic. Public awareness of restless legs syndrome needs to be raised so that more people who are suffering from this condition can get well.

Case 27 : A 50-year-old woman suffering from headaches for over 20 years causing her to finally take leave from work

I started having headaches regularly when I was in high school, and somewhere down the line, I found that 20 years had gone by and I was in pain every day. I took painkillers three times a day as a matter of course, and in hindsight, had become completely dependent on them, although I was unaware of it at the time. If the drugs didn't work, I would rush to the hospital for an injection. That was my normal way of life. The turning point came when I got transferred at work. I went from a commute of 15 minutes by car to a workplace nearly two hours away, requiring a complete change of daily routine. I found I was taking painkillers five or six times a day. All the drugs I was taking, including the specific migraine drugs, stopped having an effect, and I ended up taking a leave of absence from work and became housebound. Staying at home just reduced the number of times a day I took the drugs, but it didn't solve anything. An acquaintance strongly recommended I try Myojinkan Neurosurgery Clinic. I visited there, although I felt it would be useless to visit such a place up until then.

When I told Dr. Oota my symptoms, he immediately said, "Don't worry, I'll quickly make you better! You will be completely well". To be honest, that made me feel a little strange. Until then, most of the hospitals I had visited treated my headaches by giving me Terranas (lomerizine hydrochloride) and traditional Japanese medicine just to give me some measure of comfort. However, at Myojinkan Neurosurgery Clinic, Dr. Oota carefully explained my symptoms. When I understood that the drugs prescribed here are for tackling the cause of the pain, I began to believe I might be freed from the pain, and I cried.

For the first two weeks, I stopped taking all the drugs I had been prescribed from other places and only took what Dr. Oota gave me. Soon after beginning treatment, I reduced the frequency at which I took the drug from once a day, to once every other day, to a two-day gap, and then to a three-day gap, and I felt a positive effect. However, I also felt really sleepy. I explained that to Dr. Oota at my appointment two weeks later, and he changed me to a different drug and told me to take that for one month. At first, there wasn't much change, but by the second half of the month, I no longer needed to take the drug.

I never believed this day would truly come. I am just full of gratitude. I hope that this treatment for cephalic hypersensitivity syndrome soon becomes widely known for other people suffering in the same way. Thank you so much.


Case 28 : A 46-year-old woman with vertigo with dizziness and wobbliness that affected her ability to work for six years

Around the time I turned 40, I suddenly started experiencing rotational vertigo with vomiting. I had many unpleasant days where my head was dizzy and the lower part of my field of vision was wobbly. The vertigo happened more frequently when the seasons changed, particularly as it became winter. During the winter, I visited the internal medicine clinic once every 7 to 10 days for an injection. Thinking that the vertigo was more frequent in the winter because of stiff shoulder, I also saw a chiropractor. The internal medicine clinic said I had hypertension and kept me under observation for a week, but there was no improvement so I started taking antihypertensive drugs. However, the vertigo symptoms did not improve at all. Sometimes I had vertigo when I was at work and would break out in a sweat and vomit. When work was busy, there were often days when I was unable sleep. I would lie in bed thinking about one work-related thing after another and couldn't get to sleep. Because I was worried about the vertigo, I turned down things like business trips during the winter.

When I was examined at Myojinkan Neurosurgery Clinic, Dr. Oota told me to stop taking the vertigo drug that I had been receiving from the internal medicine clinic for all that time. He also told me that the antihypertensive drugs and thyroid medication may have been causing the vertigo and that we should adjust those

while keeping an eye on my blood pressure and blood work. He also wrote me a referral letter for the internal medicine specialist.

Since starting the drugs prescribed by Myojinkan Neurosurgery Clinic, I haven't had vertigo once. The dizziness and wobbliness have also disappeared. I had been seeing a white cloud at the bottom of my field of vision, but that has also gone away, and my field of vision is wider. I haven't even had vertigo in the winter, when it used to be most frequent, and I was able to have a completely stress-free New Year for the first time in years. I was astonished. What have the last few years been about? I worry less about work when I am at home and am sleeping better. In February, I had to stay in a hotel for three days for a business trip, but I was able to sleep well and didn't experience any vertigo.



Case 29 : A 42-year-old woman whose headaches and vertigo improved beyond expectations

I had had headaches since I was in high school. When they affected my day, I took over-the-counter headache drugs (mainly Bufferin (aspirin)), to stop the pain. Because the headaches got better after I slept and didn't affect my daily life, I didn't need to take any painkillers when I was at home. Even after turning 40, I still got headaches once or twice a month, which I dealt with by taking headache drugs. However, from about 10 months ago, I also started to be bothered by vertigo, so I got examined at the ENT department. However, they couldn't give me a satisfactory explanation, and even though they gave me some drugs, I reached the stage where just moving my head from side to side made me feel faint. Nothing I did helped; the headaches gradually increased from once or twice a month to the point where my head was pounding every morning when I got up. It wasn't so bad I couldn't put up with it, but I had constant mild throbbing, and I became convinced there was something wrong with my brain. I visited the Myojinkan Neurosurgery Clinic hoping to get thoroughly checked out with an MRI or CT.

I promised Dr. Oota I wouldn't take any over-the-counter painkillers or painkillers from other hospitals. Instead, he gave me a pediatric dose of two other drugs to take every day after my evening meal. (I took them before I went to sleep

at night, instead.). Strangely, the pounding, throbbing headaches disappeared the next day. I still feel like a headache is coming on. But, I am amazed! After taking the drugs for three weeks, the vertigo hasn't completely disappeared, but it is much better than before, and if I don't do anything out of the ordinary, it doesn't interfere with my daily life. If I move my head from side to side, I still feel faint; for example, when I check for other vehicles while I am driving. It stops after a few seconds but I'm hoping to somehow get rid of the vertigo for good. After talking to Dr. Oota, he increased the frequency of my dose to twice a day in the mornings and evenings, and I'm looking forward to seeing if that helps. At Myojinkan Neurosurgery Clinic, they show me my chart without being asked; they even advised me to show it to my regular doctor.



Case 30 : A 38-year-old woman unable to ride in a car or on a bicycle

About a year and a half ago, I started to get a bit dizzy when I was out shopping or in crowded places, and sometimes it would get really bad. I took my concerns about my dizziness symptoms to a neurosurgical clinic, but they couldn't find anything wrong. I then tried the ENT department and underwent many tests, but they couldn't give me a definitive diagnosis either. Then, about 10 months ago, I became weak over all, felt lightheaded, and got really dizzy while I was driving and couldn't drive anymore. After that, I started to get so dizzy I couldn't walk properly. I felt nauseous and unsteady even when I was sitting down. When I lay down because I felt ill, it felt like everything was spinning. I got examined again at my local clinic, and they told me it was stress, fatigue, and lack of sleep and prescribed me Merislon (betahistine mesilate) tablets, Adetphos Kowa (adenosine triphosphate disodium hydrate) granules, Nauzelin (domperidone) tablets, Tsumura Yokukansan Extract (yokukansan) granules, and Rize (clotiazepam) tablets. I took these five drugs for about six months to no avail. In everyday life, it became difficult for me to stand up straight or walk outside alone, thereby affecting my ability to work and worrying my family, who recommended I try Myojinkan Neurosurgery Clinic. Thorough dizziness / vertigo, eye pressure, hearing, and other tests all came back normal as did my neurological test results. I filled out a medical interview form about my sleep

habits, and Dr. Oota seemed interested in things like my sleep talking, periodic leg movements, and mild daytime sleepiness and took particular note of the fact that my dizziness was especially bad in crowded places and when driving in rush hour; I told him about everything. He gave me a drug to be taken once a day after my evening meal to treat the sleep talking, periodic leg movements, and crowd-related dizziness. He told me I would get better just by stopping all the other drugs I had been taking up until then and to “trust this drug and take it once daily”. I kept my promise to do as he said, and after taking the drug for about a week, I gradually began to be able to stand still and walk. I still got slightly dizzy when walking long distances or if I felt under a lot of pressure or tired, but this settled down over time, and after taking the drug for a month, I was able to work again. I am so pleased. I really regret taking so many drugs. As a final push, I am making an effort to get enough sleep and have started walking in the mornings. After cutting back on my beloved coffee and taking Magmitt (magnesium oxide) and Pursennid (sennoside A•B) with three cups of water after my evening meal, I now have regular morning bowel movements and no longer feel backed up. Recently, people around me have been commenting that my whole demeanor has changed. I'm so grateful. I wish I had come here earlier so that I could have gotten better sooner. I intend to keep visiting Myojinkan Neurosurgery Clinic for treatment.



Case 31 : A 76-year-old man nearly gave up driving

I retired when I was 60. From around that time, I sometimes experienced dizziness and felt nauseous. Around three years ago, I started feeling dizzy and sick and had strange sensations in my abdomen when the screen changed while I was watching TV. From that time onwards, I became unable to stand the light and the lights from the TV, and road tunnels when I was driving caused me a lot of distress. I noticed there were times when I was driving in tunnels that I nearly went over the center line, and I became very anxious. I visited various hospitals, but my symptoms didn't improve at all. I rushed to the hospital in a taxi three times because of the pain in my upper stomach and how bad I felt. I suffered with these symptoms for about 15 years. I routinely took tranquilizers and received

treatment at my local hospital for hypertension, chronic gastritis, and headaches. The biggest problem was the severe anxiety I experienced when driving. Even when I tried really hard, there were times when I nearly crossed the center line. That never used to happen to me before. I knew if I carried on like that I would no longer be able to drive. My condition was affecting my daily life, and I was struggling to cope.

I underwent a medical interview and was shown to Dr. Oota's office. After various tests, I still clearly remember him saying, "Great, I know what's wrong." He only prescribed me one drug: Depakene (sodium valproate) 100 mg. I had to take one tablet every morning and evening. My headaches disappeared in the first two weeks, but light and sound still caused me problems. He upped my dose to Depakene (sodium valproate) 200 mg tablets and told me to try driving on the highway. I tried and was amazed. It was like I had been reborn. I drove 300 km. I thought I would never drive again, but that gave me back my courage. Now, I hardly notice the lights even when I am driving on the highway, and I no longer get headaches in the same way. I also don't need to take tranquilizers any more.

From referral letter to the primary care doctor

Brain wave responses to light stimulation were normal, and no epileptic discharge was observed. I have prescribed valproic acid monotherapy for the light sensitivity to avoid interference with the 10 drugs the patient is currently taking as prescribed by your institution.


Case 32 : A 74-year-old woman unable to greet others or cross the road

My head felt heavy, and I would experience dizziness if I bent down, so I couldn't bow in greeting to other people. Looking side to side to check for cars before crossing the road made me dizzy, so it was hard for me to use pedestrian crossings. I also had headaches, for which I took Bufferin (aspirin). Concentrating seemed to bring on a headache, so I preemptively took painkillers about twice a day. Lately, the Bufferin (aspirin) had stopped having an effect, so I started taking Loxonin (loxoprofen sodium hydrate). I was examined at an ENT

clinic and various other medical institutions, but I didn't get any better. I told the hospital where I had lung cancer surgery that I was suffering from headaches and dizziness, and they referred me to Dr. Oota at Myojinkan Neurosurgery Clinic.

The heavy-headedness and dizziness were so bad that I couldn't bring myself to do anything. I couldn't unpack after moving to a new house, and I couldn't be around other people. My head felt heavy from the moment I got up every day, and I was at a loss for what to do.

Dr. Oota told me that the underlying problem was sound-sensitive migraine and said if I followed his instructions exactly, I would be completely cured in one month. He asked me to promise to stop the painkillers I had been taking every day; then, we could start treatment. He explained cephalic hypersensitivity syndrome to me and told me that my migraines had transformed due to inappropriate treatment and had become chronic daily headaches. He prescribed me one drug to be taken daily after my evening meal and pediatric doses of two kinds of drugs to take every morning and evening. After a month of expectantly taking the drugs, the lightheadedness I used to experience when bowing my head to people in greeting and when I turned to the side when riding my bicycle was gone. I still can't be around other people, but I can now look carefully from side to side and cross the road. I can also cook again. I have started walking for 20 to 30 minutes and am gradually getting my things tidied away in my new house. I still get mild headaches if I am worried about something, but under normal circumstances, I am headache-free, and things are much better. It feels untrue that I can wake up in the morning with a clear head. It is now possible for me to have happy days. I am getting better. Thank you, Dr. Oota.



Case 33 : A 70-year-old man suffering from lack of sleep due to 20 years of restless legs

I had been experiencing restlessness in the summers, making it difficult to get to sleep for about 20 years. In the winter, my toes were always hot at night, and I would keep my feet out from under the blankets for about 10 minutes, move them in when they felt cold, and then stick them back out after about two or three minutes when they got hot again, even in mid-winter. Repeating this, I would

turn over every four or five minutes or so and didn't get to sleep until about four o'clock in the morning. I felt like I was only sleeping for about two hours a night, and this situation went on and on. I was checked out by a local doctor, but they couldn't find the cause, and a neurological checkup showed no abnormalities. I went to Myojinkan Neurosurgery Clinic on the recommendation of my son, who is a radiologist at a general hospital, and daughter, who lives in Fukuyama City. Dr. Oota gave me a detailed explanation of the causes of the abnormal restless legs symptoms, telling me about things like neurotransmitters and receptors in the brain. He told me that sleeping pills and tranquilizers wouldn't help and started my treatment by dealing with my brain's hypersensitivity to neurotransmitters.

After my appointment, I took one tablet of the drug Dr. Oota prescribed, and from that night onwards, I have been falling asleep easily. The sleeplessness I had been suffering from disappeared as if it had all been a bad dream, and I am now able to sleep through until morning. The drug gave me mild abdominal pain, and when I told Dr. Oota, he halved the dose, and the pain stopped. I am still sleeping well. I am free of my sleep disorder for the first time in 20 years and am so relieved.

The only thing I am still worried about is how long I should keep taking the drug. After discontinuing Topina (topiramate), the abdominal pain has stopped, and I am still sleeping well.

From referral letter to the primary care doctor _____

In addition to restless legs, the patient presented with transformed stiff shoulder migraine. To treat both conditions as part of his cephalic hypersensitivity syndrome, I have prescribed combination treatment with clobazam and valproic acid. Marked improvement has been observed in the quality of his daily life with a single daily low dose, so I have instructed him to view the drugs as a dietary supplement that can be occasionally missed. I am prescribing two-month courses of the drugs but he is only attending appointments every three months. His progress is good.


Case 34 : A 40-year-old man with probable dysthymia initially suspected to be cephalic hypersensitivity syndrome

I had been in poor health with symptoms such as momentary dizziness for about 10 years. I was examined and diagnosed with depression at multiple hospitals and had been taking various drugs, but my symptoms did not improve. In particular, for the last three months, I had been momentarily blacking out as I was finishing work, and always felt somewhat run-down. I would frequently experience the same kind of symptoms once I got home and wouldn't be able to sleep until one o'clock in the morning. If I started to dwell on the fact that I couldn't get to sleep, my heart would suddenly race and I would feel panicked. I started drinking alcohol to get to sleep. I thought the cause was tiredness because of my job, but the symptoms never got any better. Wanting to do something, I went to Myojinkan Neurosurgery Clinic.

On the day of my first appointment, I underwent a thorough medical interview that covered everything including my momentary blackouts, my feelings of sleep deprivation, daytime sleepiness, alternating diarrhea and constipation, the fact that my symptoms manifested from the evenings through to the mornings, and details of my job.

Based on the results of an EEG, Dr. Oota prescribed me the antiepileptic Depakene (sodium valproate), and my blackouts immediately stopped; however, the drug made me dizzy. At my appointments, I chat freely with Dr. Oota. I tell him about my problems with palpitations, tinnitus, and sleeplessness, and about my job and family. He then adds to or changes my prescription accordingly. I am still taking Depakene (sodium valproate). At one point, I was still in bad shape, so I decided to try and stop taking my drug without consulting Dr. Oota. That made me worse, so I started taking it again. Even with the same drug, I was sometimes better and sometimes worse. I told Dr. Oota all my worries: that I was constantly depressed and unmotivated, so I thought there was something unusually wrong with me and that I might die. Dr. Oota always listened patiently. After a while, Dr. Oota referred me to a psychiatrist who diagnosed me with epileptic personality disorder and depression. I looked them up on the Internet and found the symptoms include indecisiveness, inability to concentrate, lack of appetite, lack of confidence, feelings of despair, and being easily tired. These are the same symptoms as those described to me to by the psychiatrist and match my

symptoms exactly. It was a relief to finally have names for my condition. I am currently still taking Depakene (sodium valproate) while trying to improve my daily life. I don't want to rush my recovery.




**Case 35 : A 66-year-old man suffering for five years from
sleeplessness and bizarre climbing motions while sleeping**

I started experiencing insomnia five years ago and tried various sleeping pills, but nothing really worked. My feet would get cold while I was sleeping, making it even more difficult for me to stay asleep. It started to affect my daily life, so about three years ago, I got examined at my local general hospital. They prescribed me Tryptanol (amitriptyline) and Gabapen (gabapentin), which helped a bit, so I have continued receiving these drugs for the last two years from my regular doctor who is an internal medicine specialist. My regular doctor prescribed me nine types of drug for my diabetes mellitus, hypertension, and hyperlipidemia, and together with these two drugs prescribed by my general hospital, I was taking a total of 11 different kinds of drug. Even with the drugs, I still couldn't sleep because my feet felt cold. Last year, when I was climbing Mount Yari, my roommate asked, "Are you trying to climb the mountain while you sleep?" I asked him what he meant and he told me that I was kicking my legs in my sleep as if I were climbing a mountain. When I heard that, I realized I had also noticed my legs making small jerking movements. My feet were even colder than usual, and I had to wear the thickest mountain-climbing socks I could find, even in the middle of summer. Still unable to sleep, I would finally switch on the TV as the sound from the TV made it comparatively easy to fall sleep. When my feet were particularly cold, I would get up and walk around, which seemed to warm them up. I spent every night in this manner, suffering from sleeplessness. It was around this time that I spotted an advertisement on the side of a building for the Research Foundation Sleep Research & Support Center. Assuming that a place that researched sleep would be knowledgeable on the topic of sleep, I paid them a visit.

When I exited the elevator on the third floor, I was greeted by a sign for the Sleep Laboratory. I was examined in the examination room on the floor below

and had the opportunity to describe my condition in detail. Dr. Oota told me they needed to run some tests and attached many devices to my head, fingers, and feet, and I stayed overnight for testing. Based on my polysomnogram, Dr. Oota said I had the severest form of periodic limb movement disorder with restless legs syndrome. I had never heard such disease names and thought them odd. They showed me a video of myself while I slept, and I was surprised to see that I really did kick both legs as if I were climbing a mountain. Dr. Oota told me that he could completely cure me. I only half believed him, but I replaced my one Tryptanol (amitriptyline) 10 mg tablet, three Methycobal (mecobalamin) tablets, and two Gabapen (gabapentin) 200 mg tablets with one Rivotril (clonazepam) 0.5 mg tablet and one BI Sifrol (pramipexole hydrochloride) 0.5 mg tablet before bed, and from that day, I was able to sleep well. I stopped kicking my legs while I slept and was able to swap my mountain-climbing socks for regular socks.

I no longer feel sleepy during the day, and my life is transformed.



Case 36 : A 58-year-old man suffering from 20 years of chronic lower back pain, 10 years of sleeplessness and constipation, and six years of stomach and mid- and upper back pain, and anorexia

I had been suffering from chronic lower back pain for 20 years, but the pain started getting worse last October. I started to feel additional pain in my right thigh and numbness from my knee downwards, making it impossible for me to stand for longer than 10 minutes at a time and forcing me to sit down. I couldn't walk for more than 30 minutes in one go. I got examined at various orthopedic clinics, but as MRI testing showed no abnormalities, they said my condition was cryptogenic, and all we could do was keep an eye on it. I had also been suffering from chronic gastritis for five or six years. In February of this year, I started to feel a heavy pain around my stomach and the area of my back behind my stomach as if I were being squeezed. That pain became constant and was worse after eating compared to when my stomach was empty. I was examined by a gastroenterologist and underwent gastroscopy, which showed that my gastritis was getting worse. They started me on six tablets a day of two kinds of drugs,

but after one month, my symptoms hadn't improved at all. The doctors thought it might be stress-induced gastritis or an autonomic nerve problem and referred me to a psychosomatic medicine specialist. After examining me, one doctor prescribed Cercine (diazepam) 5 mg, Reslin (trazodone hydrochloride) 25 mg, Lexapro (escitalopram oxalate) 0.5 mg, and Ascomarna (triazolam) 0.25 mg, but my stomach pain did not improve at all, and they increased the dose of the drugs prescribed by the gastroenterologist.

I had always had a small appetite, which may be partly to blame for my weight dropping to 44 kg. I had also been suffering from insomnia and constipation for 10 years, so when I found out about the Myojinkan Neurosurgery Clinic outpatient sleep clinic, I paid them a visit. After a pre-exam, I was shown to Dr. Oota's office, and Dr. Oota asked me even more details about my condition. As well as telling him about my suffering related to my illness, I also told him about my difficulties with managing the church. He told me I needed to be brave and stop all of the drugs I had been taking up to that point. As those drugs had had no effect despite the many years I had been taking them. I wasn't too bothered and didn't object. On the fourth day of taking the drugs prescribed by Dr. Oota, the heavy pain in my stomach felt a bit better, and the pain in my mid- and upper back disappeared. My stiff shoulder also got somewhat better. Dr. Oota told me to take my drugs at 8 pm and then go to bed at around 10 pm. After trying that, I now fall asleep easily and don't wake up until about 5:30 in the morning. I feel refreshed, like I have slept well. My bowel movements have also improved. The pain and numbness in my right leg and foot has not yet resolved, but I am continuing to take the drugs, as I believe they will work with time. I intend to make sure I have a constant, almost structured, daily routine. Dr. Oota told me that internal conflict was at the root of my condition and that this cause is also known as 'over-seriousness disorder' or 'hypercritical disorder". Although I can't help my personality, I will keep trying to change my mindset as much as I can.

[Letter detailing condition and treatment plan]

XX XX, 2014

Dear Mr. XX,

I would like to explain my approach for your ongoing treatment.

In addition to suffering from chronic lower back pain for the last 20 years, you have had leg pain and numbness for the last six months, causing you distress when standing and walking. You have been receiving treatment for chronic gastritis for the last six years and have been suffering for the last three months from heavy pain around your stomach and the area of your back behind your stomach as if you are being squeezed. Thorough testing, including gastroscopy and MRI, revealed no abnormalities, and you were told that the cause of your condition was unknown, sending you into a state of considerable anxiety. You have been examined by various specialties, including internal medicine, psychosomatic medicine, and orthopedics, resulting in prescriptions for around nine types of drugs a day. Doctors have told you that they do not know the cause of your complaints so all you can do is keep an eye on your condition. This often happens in cases of chronic illness syndrome. The very fact that you have a chronic illness syndrome is hard for you. It is also troubling for doctors who are unable to identify any underlying findings to support a diagnosis. You have three drugs from the psychosomatic medicine department to take before bed, and six from the internal medicine department; this is more than normal. The fact that you are taking all these with no improvement in your condition is effectively the same as taking no drugs at all. I recommend you be brave and stop taking all 15 tablets of all nine drugs.

One more important point is that you seem to be caught up in your obligations: the things you think you must or are supposed to do. You obviously can't be irresponsible, but convincing yourself that things have to be a certain way is tying your mind up in knots and making life very hard for you. Self-generated stress is also known as endogenous stress. Treatment has to begin by you freeing yourself from medical drugs and changing your mindset to break away from 'musts' and 'supposed to's'.

As you have been taking all these drugs for such a long time, it is unwise for you to suddenly stop. You will undergo 'night therapy', which involves taking the five drugs that I have prescribed you at 8 pm every day and then turning out the lights at 10 pm. You will take the minimum possible number of tablets;

specifically, a total of 4.5 tablets covering all five drugs. Although my night therapy does not involve any standard painkillers or sleeping pills, I anticipate improvements in your pain and stomach condition. The first step of the treatment is you trusting in the night therapy and me as your doctor. The Bible says that those who believe will be saved. I feel a little intimidated talking about the Bible to a Christian missionary such as yourself, but it's important so I would like you to hear me out.

I also have an illness and am currently researching laetrile therapy (apricot seed therapy), which I would like to try. The main component of laetrile therapy is amygdalin, a constituent of apricot and peach kernels. The late Mutsuyuki Kochi was a researcher who studied amygdalin at RIKEN Institute in Tokyo, which is now the subject of attention by the news related to Haruko Obokata. He apparently got the idea for his research from 2 Kings 20:20-7 in the Old Testament. These verses read as follows:

20:1: In those days Hezekiah, became ill and was at the point of death. The prophet Isaiah son of Amoz went to him and said, "This is what the Lord says: Put your house in order, because you are going to die; you will not recover."

20:2-3 Hezekiah prayed to the Lord. "Remember, Lord, how I have walked before you faithfully and with wholehearted devotion and have done what is good in your eyes." And Hezekiah wept bitterly.

20:4-5: The word of the Lord came to the prophet Isaiah: "Go back and tell Hezekiah, the ruler of my people, 'This is what the Lord, the God of your father David, says: I have heard your prayer and seen your tears; I will heal you. On the third day from now you will go up to the temple of the Lord.


20:6 I will add fifteen years to your life. And I will deliver you and this city from the hand of the king of Assyria. I will defend this city for my sake and for the sake of my servant David.'"

20:7 Then Isaiah said, "Prepare a poultice of figs." They did so and applied it to the boil, and Hezekiah recovered.

While reading from the Old Testament, Kochi noticed that figs seemed to be able to cure death. When he gave a fraction of liquid fig extract to cancerous mice, they became well as written in the Old Testament. Working with the RIKEN Institute, Kochi investigated the constituents of figs, and in 1975, he identified the active ingredient as benzaldehyde, a breakdown product of amygdalin. A

report on benzaldehyde therapy was published in the American scientific journal, *Anticancer Research*. Thirty years later, benzaldehyde therapy is still in use. Kochi believed what was written about dried figs in 2 Kings in the Old Testament and arrived at an anticancer treatment: benzaldehyde therapy. I think you believe in the Lord. Borrowing from the words of the prophets, the Bible talks of many people who have been saved by believing in the Lord. I will cure you. The drugs I prescribed today have no side effects. Believe that you will be healed and along with taking these drugs, try and adopt a more flexible mindset. ‘Must’ and ‘supposed to’ are contrary to the Lord’s great teaching of forgiveness. Try and change your expectation that “things should be a certain way” to “any way is fine” and maintain an attitude of forgiveness towards everything. That will make things much easier for both your mind and body. I hope that you will start to believe in and be proud of the body that the Lord gave you. The Lord respects your feelings. We were made by the Lord and are therefore close to Him. Believe in the Lord, believe in yourself, and try and give yourself praise.

After receiving the Lord’s forgiveness, King Hezekiah’s illness was cured in three days and he went on to live for another 15 years. If you believe in the Lord, you too, will undoubtedly be saved. I am not a prophet, but I believe that healing your body will come after healing your mind.



Case 37 : A 55-year-old man who began behaving strangely in his sleep after taking a drug for trigeminal neuralgia

According to my wife, I had long been waving my hands, kicking my feet, and talking in my sleep. In the mornings, I felt like I hadn’t slept well and was exceedingly sleepy during the day. I heard about the Sleep Center and went for an examination. Dr. Oota gave me a prescription for Rivotril (clonazepam), and my condition got much better after taking just one tablet before going to bed. A few years later, I experienced increasing pain in my lower right teeth and I received treatment for cavities, but the pain did not improve at all, so the dental clinic referred me to the oral surgery department of the general hospital. They put me on two tablets of Tegretol (carbamazepine) twice a day, and the tooth pain got much better but did not completely disappear. The pain sometimes kept me

awake at night. At that time, I was no longer taking the drugs I had received from Myojinkan Neurosurgery Clinic two years earlier.

Then, about one month ago, in addition to the sleep talking, I apparently started engaging in other strange nighttime behaviors such as getting up and urinating in the room rather than the toilet or opening the refrigerator and getting something to drink. I took my wife's advice and got re-examined at Myojinkan Neurosurgery Clinic, where Dr. Oota told me that the pain in my teeth originated in the mandibular division of the trigeminal nerve. On reflection, the strange behaviors I was unknowingly engaging in while I was sleeping began after I started taking Tegretol (carbamazepine). Dr. Oota recommended I keep taking the Tegretol (carbamazepine) for the trigeminal neuralgia but gave me an additional prescription for Rivotril (clonazepam). After I started taking the Rivotril (clonazepam), all the strange nighttime behaviors stopped, including the sleep talking.

Case 38 : A 67-year-old man with a sensation like mice running round in his stomach, no appetite, and who was unable to sleep

I started having problems with insomnia about eight years ago. It was particularly hard for me to fall asleep, and I was examined at the neurology department where they prescribed me sleeping pills, which helped me get some sleep. However, my poor appetite and indigestion did not resolve, so I was examined at the gastroenterology department. They performed various tests, including blood tests, X-rays, ultrasound, CT, and gastroscopy, but everything came back clear. I was still taking gastrointestinal drugs, but the stomach pain, indigestion, and feeling of pressure had continued for the last four years, and I was unable to get rid of the strange sensation that mice were crawling around in my stomach. My appetite decreased, and my weight dropped from 60 to 54 kg. Due to my poor health, I was unable to work for long hours at a time or repeatedly stand up and sit down. I was exhausted and spent most afternoons lying down. It felt like mice were running round inside my stomach, to the extent that I wanted someone to cut me open and clean my insides out. Recently, I had been doing an hour or so of farming in the morning then spending the rest of the

day lying down inside. My neighbor couldn't stand to see me like that any longer and recommended that I go to Myojinkan Neurosurgery Clinic.

Dr. Oota there told me to stop taking and wean my body off all 19 tablets of the drugs I had been on for so long (six tablets of two kinds of stomach drugs, three Gasmotin (mosapride citrate hydrate) tablets, three Solanax (alprazolam) tablets, two Dogmatyl (sulpiride) tablets, two Depromel (fluvoxamine maleate) tablets, one Halcion (triazolam) tablet, one Desyrel (trazodone hydrochloride) tablet, and one Lendormin (brotizolam) tablet). He then gave me guidance regarding things like mirror therapy and how to improve my daily life and mindset. I was reluctant to stop all the sleeping pills at once, so he gave me four weeks to discontinue them gradually. It made me really nervous that Myojinkan Neurosurgery Clinic only gave me a prescription for 3.5 tablets: half a tablet of Tryptanol (amitriptyline) 10 mg, one tablet of Depakene (sodium valproate) for children, one tablet of Rivotril (clonazepam) 0.5 mg, and one tablet of Risperidone (risperidone) 0.5 mg. But I trusted Dr. Oota and kept taking the drugs, and in less than a month, the sensation of mice in my stomach disappeared, my appetite returned, and I was able to sleep without taking any sleeping pills. I am now able to focus on my farming, which gives me a great deal of pleasure.

Commentary

Until the patient's lifestyle or environment changes, his or her condition will not fully recover. Happiness can be achieved only during the brief periods of amelioration that occur within the cycles of exacerbation and remission. Drug therapy is mostly ineffective due to his obsessive, highly anxious personality, which remains unchanged despite his age. Patient, careful guidance is required to help him improve his mindset. Treatment effectiveness depends on the doctor's strength and drive and the time he or she can devote to consultations. I would like to see a family-based counseling system become standard in Japan's regional towns and cities.

Case 39 : A 61-year-old man suffering from unpleasant sensations in the throat and tongue and numbness around the tip of the tongue

About two years ago, the inside of my mouth started to feel salty, and my tongue became numb. At first, it just felt like there was a strange taste inside my mouth, but gradually, my tongue became numb, and my throat became scratchy. After a while, the tip of my tongue and the area around it were constantly numb. I forgot about the numbness while I was asleep but noticed it soon after getting up in the morning. As my symptoms got gradually worse, it became harder for me to fall asleep. I would lie in bed awake, and when I finally fell asleep, I used to wake up because my throat was dry. No other part of my body was numb, so when I went to be examined at the general hospital, they initially sent me to the ENT department and then to the oral surgery department. They started me on zinc and vitamin supplements, but my throat scratchiness and tongue numbness did not improve at all. I didn't know where to turn. I heard about Myojinkan Neurosurgery Clinic through word of mouth and went for an examination.

When I opened my mouth to be examined by Dr. Oota, he commented that I had severe bruxism. He asked me various questions, such as if I dreamed a lot, talked in my sleep, or had hot flashes in my feet, all of which fit my symptoms exactly. He gave me lifestyle guidance, including advice to avoid drinking alcohol, and a prescription for one Rivotril (clonazepam) tablet. Just by taking that one tablet, the bitter taste and numbness in my mouth that had bothered me so much disappeared. The next week, Dr. Oota reduced the dose of Rivotril (clonazepam) to a half tablet, but even with just that, I am now able to sleep through until morning.

Case 40 : A 60-year-old man suffering from generalized pain for many years

I had been suffering from lower back pain for 14 or 15 years and had undergone testing at various hospitals, but no one could find the cause. I was hospitalized in a specialist pain clinic for 45 days and given an epidural block. The pain eased

for the first 10 days, then the injection stopped being effective. CT, MRI, and bone scintigraphy performed at a general hospital all came back normal, and the doctors there did not mention anything about the spondylosis that had been pointed out at a previous hospital. I went to a hospital in Kurashiki and had a nerve block injection, but it had no effect at all, and I was referred to a psychosomatic clinic in Kurashiki. The doctor there diagnosed me with depression. I was hospitalized in the psychosomatic medicine department in a university hospital in Kansai for a total of 11 months, but I didn't get any better. If I leaned forward even slightly, sharp pains ran down my entire back, and I could barely walk.

I called the cephalic hypersensitivity syndrome hotline and went for an examination at Myojinkan Neurosurgery Clinic. Dr. Oota asked me detailed questions about my life, such as my personality, family and work relationships, and about any differences between my daytime and nighttime symptoms. I told him about my wife, three sons, and four grandchildren; that I have an inflexible personality but make sure my work is done right; that I played baseball until I was in my 40s, so I am confident in my physical strength; and that I have had a bad relationship with my brother for a long time. Dr. Oota told me to discontinue the seven types of drugs I had received from the hospital in Kansai and that I could stop taking the cholesterol drug I was on because my cholesterol levels were not that high. He said I was causing the pain myself—that my muscles were stiff due to stress and that the stiffness was causing the pain. He told me that because my chronic pain was stress-related, drugs would be of no use if I didn't find a way to relieve my stress. He told me that my brother and I are separate individuals; therefore, I should put our sibling relationship to one side and be practical about our respective work-related responsibilities. He told me there was absolutely no need for me to be on bed rest and that I was actually in very good health. Everything he said made sense.

I had previously been examined at many different hospitals, but Dr. Oota was the first to have the insight to ask me about my work relationship with my brother. Dr. Oota told me that I didn't need to take any drugs, but I needed to gradually wean myself off some of the ones I was on. He prescribed me one Tryptanol (amitriptyline) 10 mg tablet, one Rivotril (clonazepam) 0.5 mg tablet, and one Risperidone (risperidone) 0.5 mg tablet to be taken once daily; and two Paxil (paroxetine hydrochloride hydrate) tablets. Within one month, I was no longer kept awake by the pain. I had no need to call for an ambulance to take me

to hospital because of severe pain as had repeatedly happened before. My wife was surprised, and said it was as if I had been exorcised of whatever demon spirit had possessed me. My relationship with my brother has not improved, but Dr. Oota told me that my brother isn't concerned with me and that the problem is with my mind. I can't fix the problem by staying at home, so I am going to my workplace and doing what work I can. Recently, I have started coming round to the idea that the company should be managed according to my brother's policies, as it is his company.

Commentary

This patient had cephalic hypersensitivity syndrome arising due to psychological stress and underlying lower back pain. Although there was no static muscle load or other physical contributing factors, his body became stiff because his mind was set on not wanting to go to work, and his mental pain became physical. This is a typical case of stress-related overactive pain memory.

Case 41 : A 38-year-old woman with epilepsy complicated by hysterical seizures whose convulsive seizures, from which she had suffered for many years, resolved after receiving a diagnosis of just epilepsy (with no mention of hysteria), making it easier for her to get married

From 'My epilepsy outpatient clinic: an introductory handbook' by Dr. Kosuke Oota

The patient had had seizures since the age of 15. A 24-h EEG and imaging testing at a university hospital all came back normal. Her pediatrician ruled out epilepsy based on normal results on EEGs carried out a few dozen times, including an overnight EEG, and said there was no need for her to take antiepileptics. When she went to Canada to study at 19 years old, she took a referral from her pediatric neurologist stating that her seizures were not epilepsy. She recalls having seizures twice while driving and twice while eating when in her twenties. When she was 30, she had a generalized seizure while eating and was emergently admitted to

our hospital. An EEG and MRI showed no abnormalities, and the neurologist prescribed Depakene (sodium valproate). When she was referred back to her original pediatric neurologist, she again rejected a diagnosis of epilepsy and discontinued the drug. However, she subsequently had mood-related mini- and generalized seizures and was repeatedly rushed to the hospital. Based on her family's strong demands, her pediatric neurologist prescribed antiepileptics, and she stopped receiving outpatient treatment at our hospital. The following year, when she was 31, she stopped taking the drug for a year and apparently had no seizures. Then, when she was 32, she collapsed while doing office work and had a generalized seizure. Her seizures subsequently became frequent, and her sister worriedly brought her in to see us.

The patient has a meticulous, nervous personality and complained strongly of stress at home and work. Based on her test and treatment history to date, I suspected cephalic hypersensitivity syndrome. According to what her sister had witnessed, the seizures were particularly prevalent after the patient was excited or had taken a few bites of food at meal times. Mini-seizures presented as strange movements of her mouth and lips, whereas large seizures involved her falling to the floor and making groping movements with her hands. Her face turned to the right. During a seizure, she didn't breathe, her face would turn blue, and she would make chewing motions and lick her lips. During a recent attack in August, her left hand was clenched and her right hand was stretched out. Once or twice, she suffered from incontinence. After a seizure, she would complain of muscle soreness and sometimes found she had bitten the inside of her mouth. Her boyfriend's description of her seizures was similar to that of her sister.

Both the patient and her sister told me about her ongoing feud with her mother. When asked about her relationship with her mother, her face paled and tightened, her lips quivered, and she became agitated. Mental excitement is well known to induce epileptic seizures. It was difficult to determine whether she was suffering from epileptic or psychogenic nonepileptic seizures. While talking with the patient, it came out that her mother verbally abused her, accusing her of female hysteria. Although it appeared that she was suffering from epilepsy complicated by hysterical seizures, which are psychogenic nonepileptic seizures that resemble epileptic seizures, I chose to tell her instead that I believed she did not have hysterical seizures and that it was simply epilepsy without an abnormal EEG. On hearing this, her face immediately brightened and she looked


satisfied with the diagnosis. During the subsequent four years, she has taken Tegretol (carbamazepine) 400 mg and Mystan (clobazam) 20 mg daily and has experienced no seizures. The doses are such that there would be no risk of fetal deformity if she became pregnant, thus making it easier for her to get married. I have effectively acted as matchmaker for many women with epilepsy, who have all gone on to have healthy babies! When I explained this to her, she went on to marry her long-term boyfriend and moved to Tokyo six months later. She seemed very happy.

Commentary One

Epilepsy cannot be definitively ruled out solely on the basis of a normal EEG. On the other hand, it is not possible to categorically state that all seizures without abnormal brain electrical discharges are hysterical seizures (a type of psychogenic nonepileptic seizure). In this case, I decided that it did not matter if the seizures were epileptic or hysterical as long as the diagnosis would reduce the patient's feuding with her mother. Once she married and moved out of the home, the incidence of seizures dramatically decreased. The matchmaking role I chose to play was the best choice from the perspective of the seizures and her age.

Commentary Two

Micturition and defecation syncope are common vagal reflexes. Some vagal reflexes occur at times of intense fear or anxiety and result in generalized seizures with loss of consciousness that resemble epileptic or hysterical seizures. Neural reflexes occurring outside the patient's conscious control should not be denounced as "female hysteria".



Case 42 : A 55-year-old man suffering from feeling unsteady and slurred speech for five years

About five years ago, I started to become unsteady on my feet. Luckily, I work at a desk, so it did not affect my ability to do my job; however, I was unable to walk in a straight line down the hall, and when I moved around the workplace, I bumped myself against my colleagues' desks. The biggest problems were my inability to walk down the stairs without holding the handrail and that I was stumbling over my words, preventing me from talking clearly in meetings and other work situations. As a mid-level manager, I was often expected to lead meetings, and my inability to talk was making me depressed. My boss told me repeatedly to get thoroughly checked out by a doctor, so I went to various hospitals and underwent multiple CTs and MRIs, but wherever I went, they told me there was nothing wrong with me. I was feeling increasingly stressed due to my unsteadiness, slurring, poor performance at work, and other problems and started to suffer from chronic insomnia.

I received various drugs from the psychosomatic medicine department, but they just made me feel sluggish, and it became even harder to talk. Meanwhile, I was diagnosed with depression by the psychiatric hospital, and they increased my drugs. I knew I had to do something, so I took my colleague's advice and went to Myojinkan Neurosurgical Clinic. They performed equilibrium function testing and told me the results clearly showed cerebella ataxia. I underwent a detailed medical interview covering my history to that point, including the time I had intense pain in the right side of the back of my head for about two weeks five years ago for which I was examined at a neurosurgery clinic. A thorough repeat MRI showed right vertebral artery stenosis, which was affecting the posterior inferior cerebellar artery. The neurosurgeon at Oota Memorial Hospital diagnosed dissecting aneurysm with stenosis. He performed endovascular treatment involving surgical placement of a stent in the stenosed region to restore the blood flow, and the unsteadiness and slurring I had suffered from for years miraculously disappeared.

Commentary

The non-hemorrhagic dissecting aneurysm in this patient presented as a hole in the internal elastic lamina of the vertebral artery, resulting in extravasation of blood into the vessel wall, formation of a false lumen, and compression of the original vessel lumen, causing stenosis. The vertebral artery comprises a left and right branch, which anastomose to form the basilar artery. The patient was missing a bypass vessel linking the vertebral-basilar and carotid systems and had stenosis of the origin of the normal contralateral vertebral artery. Treatment comprised stent dilatation of both the origin of the left vertebral artery and the portion of the right vertebral artery stenosed due to the dissecting aneurysm. This case was an unusual find in the cephalic hypersensitivity syndrome outpatient clinic.

Afterword

About the cephalic hypersensitivity syndrome hotline

I have long wanted to write a book about cephalic hypersensitivity syndrome. The opportunity finally presented itself when I found myself with too much time on my hands during my stay in Koriyama City, Fukushima Prefecture when receiving particle radiotherapy for my cancer.

The talented secretaries who have supported my work over the last 20 years took dictation over the phone, and the outline of the book quickly took shape. Patient testimonials remain largely unaltered from the original wording in thank-you notes I have received over the years. This book is a culmination of 40 years of experience with outpatient treatment for cephalic hypersensitivity syndrome.

The 42 case reports substantiate the need for my approach better than any paper in a scientific journal. Readers suffering from the symptoms listed in this book will undoubtedly find a case that echoes their own experiences.

This book is not the end of the story. Important work still remains to comparatively analyze cases that did and did not respond to antiepileptics and antidepressants. I have established a toll-free direct cephalic hypersensitivity syndrome advice hotline (Tel 084-959-2920) for patients suffering from symptoms resembling cephalic hypersensitivity syndrome.

People who call for advice will receive a response from me. Those who would like me to examine them can make an appointment. If I cannot treat them, I will refer them to a suitable doctor, and we will make an appointment on their behalf based on that doctor's outpatient care schedule. Calls to the hotline are fielded by an experienced nurse, and we aim to build a hotline you can rely on.

About the author: who is Kosuke Oota?

On reading Part 2 of this book, it soon becomes clear that Dr. Oota has many fans: male and female, young and old. They are charmed by Dr. Oota's electric personality, deep compassion, and perceptive sensitivity, and like-minded people tend to be devoted to him for life. Even people who do not hit it off with him are unable to forget him after just a single meeting. Dr. Oota profoundly affects people's lives. His professional accomplishments are too numerous to list, but I would like to take this opportunity to explain why Dr. Oota's personal qualities make him so popular.

Perceptive sensitivity

From Oota Memorial Hospital, Myojinkan Neurosurgery Clinic, and the Oota Gramophone Museum, to his three holiday homes in Utsumi, Sanwa, Ishigaki, and his personal home in Okinogami, Dr. Oota has been involved in the design and building of numerous facilities. This is the architect side of Kosuke Oota. Although all the buildings are simultaneously beautiful and functional, Oota Gramophone Museum is the masterpiece. Wooden ships hang from the ceiling, and the acoustics are sublime. According to Dr. Oota, his designs are based on intuition rather than careful calculations.

Dr. Oota himself admits that his strengths do not lie in book learning. However, his brilliance as a doctor and the foresight evident in his published papers, medical equipment development, and hospital management policies are universally acknowledged. This is the neuroscientist side of Kosuke Oota. Dr. Oota has the knack of seeing right to the heart of the matter. He often downplays his abilities, saying his theories are based on deductions and assumptions, but these theories are always borne out. His work on cephalic hypersensitivity syndrome as laid out in this book is a case in point. According to Dr. Oota, as ion channels are the basis for biological mechanisms, it must be possible to explain cephalic hypersensitivity syndrome by electrical circuits. On first hearing, this sounds questionable, but if you read the latest English research papers, that “?” becomes a “!”. Although the medical community has yet to catch up, “Bayesian inference is perfectly suited to medical statistics” is another Oota theoretical ‘prophecy’. He is able to see and verbalize the true nature of things that are at first glance ‘absurd’ or unfathomable in the light of current wisdom. Insight is essential

for scientists. Many scholars bury themselves under mountains of papers and repeat experiments to finally, after a great deal of time, achieve something like insight. However, even insight acquired in this way is better than the alternative: many scholars go no further than simply compiling vast amounts of data. Even for the gifted Dr. Oota, scientific insight does not arrive in the form of a voice from the heavens, attained without any effort. His success reflects his constant attention to the world around him, his sincere focus on patients' complaints, and the perpetual working of his brain to expose pharmacological and pathological truths. This book by Dr. Oota thus presents the essence of simple knowledge.

Profound compassion

The depth of Dr. Oota's compassion is without doubt. His late wife, Dr. Shoko Oota, supposedly said, "he is almost generous to a fault". However, men like Dr. Oota, who put others before themselves, are few and far between in modern Japanese society. Dr. Oota tells people what they need to hear for their own good. For the person on the receiving end, his words often contain many home truths that they would prefer to avoid, making it difficult to immediately emotionally accept what he says. However, after thinking calmly, they come to realize that everything he has said is right on the mark, and for those who want to improve their lives, his advice is welcome.

Dr. Oota's compassion expects nothing in return. Repaying kindness is undoubtedly a matter of social courtesy, but aside from that, Dr. Oota's compassion represents unconditional love for others. This is a truly difficult attitude to maintain. It is possible to be confused by his words as he talks about many things, but if you look at his actions and results, these are based in thought for the other person, and it is clear that he expects no reward. In consequence, those who understand Dr. Oota's depth of compassion are deeply devoted to him in return.

Electric personality

Finally, I would like to introduce the charismatic side of Dr. Oota. He resembles the actor Yujiro Ishihara in appearance — he is unarguably good looking. On the inside, he remains forever young. He is full of curiosity and does not get caught up in the notion of obligations. He is always seeking new things and overflowing

with new ideas. I always picture him as a James Bond-type — taking his gleaming white boat *Isokaze* and sprinting across the Ishigaki horizon between the blue of the sea and the sky. When it comes to his brilliant deductive skills, his character is more closely matched to that of a villain in a Kogoro Akechi or Sherlock Holmes movie entangled in political scandals, intrigue, and ambition. Despite his clear-headedness, competence, and easy-on-the-eyes appearance, he never puts on airs, is as carefree as a child, and remains unchanged by the passing years. The only downside is that you are unlikely to meet anyone better. I fervently hope he remains with us for many years yet.

Nami Kobayashi

May 2014

Brief Author Bio

Kosuke Oota graduated from Okayama University Medical School in 1964 and completed his doctorate at Okayama University Graduate School in 1969. After working as Chief of Neurosurgery at National Fukuyama Hospital (now called National Hospital Organization Fukuyama Medical Center), in 1976, he established Oota Hospital, now known as the Brain Attack Center Oota Memorial Hospital. In 1986, he developed a wide-area emergency medical network using Oota CT image data transmission devices in coordination with medical facilities in isolated islands and remote mountainous areas without on-site neurosurgeons. He is a recipient of the Japan Medical Association's highest merit award as well as a Congress of Cell Transplant Society prize for his active work in kidney and cornea donation from deceased donors. In his roles as clinical professor at Okayama University Medical School and primary researcher at the Shibuya Longevity Health Foundation, his research interests cover cerebrovascular disease, sleep disorders, and cephalic hypersensitivity syndrome.

Publications

MR angiography: basics to clinical application. An easy to understand guide. Axel Springer Japan Publishing (1991)

My epilepsy outpatient clinic: an introductory handbook. Fukuyama Transporting Shibuya Longevity Health Foundation (2012)

Increasing incidence of cephalic sensitivity dizziness / vertigo at my dizziness / vertigo outpatient clinic. 2nd edition. Fukuyama Transporting Shibuya Longevity Health Foundation (2012)

Cephalic hypersensitivity syndrome is on the rise: testimonials from 36 people finally cured of this condition. Shibuya Longevity Health Foundation (2013)

Cephalic hypersensitivity syndrome

Toll-free advice hotline

An advice hotline for people whose daily lives are affected by conditions such as headaches, dizziness / vertigo, tinnitus, insomnia, restless legs, numbness in a limb, and pain.

Stress can lead to autonomic nervous system imbalance, which in turn can cause brain hypersensitivity. By relieving this hypersensitivity, patients can be freed from the chronic headaches, dizziness / vertigo, and other symptoms affecting their daily lives, thereby improving their quality of life.

Myojinkan Neurosurgery Clinic runs a **toll-free advice hotline** for people troubled by cephalic hypersensitivity syndrome. A specialist nurse will take careful note of your symptoms and then return Dr. Oota's comments to you shortly after. Please don't hesitate to call.

Hours

Mon–Fri: 9:00–11:00 and 14:00–16:00

Tel: 084-959-2920
(dedicated number)

* Please allow at least 30 minutes for your call to allow time for a detailed medical interview.

Cephalic hypersensitivity syndrome:

A revolutionary approach to healing chronic illness syndrome

First edition: March 1, 2015
English edition : November 7, 2015

A u t h o r : Kosuke Oota
P u b l i s h e r : Shibuya Longevity Health Foundation
3-12-16 Okinogamicho, Fukuyama City,
Hiroshima Prefecture 720-0825, Japan
Tel.: 084-922-9757
Fax: 084-922-9758
<http://www.zaidan-shibuya.com>

Illustrations: Yasuhisa Kimura
Layout: Tsutomu Otsuka
Printer: One Write Co. Ltd.
English translation: FORTE Science Communications

- In case of misprints, please send to the address above.
A new copy will be provided at our expense, including postage fees. Please note that we cannot provide replacements or accept returns in response to customer requests for any reason other than misprints.
- Any reproduction, reissue, or posting online of all or any part of this book without prior consent constitutes infringement of the author's and publisher's rights. Please contact us to obtain permission beforehand.
- Any unauthorized reproduction of this book (such as copying or scanning) is prohibited except for personal use and other circumstances allowed under copyright laws. It is illegal to transfer or sell reproductions or scanned data to other parties.