GAVIN PUBLISHERS

Journal of Vaccines, Immunology and Immunopathology

Case Report

Okazaki K. J Vaccines Immunol: JVII-116.
DOI: 10.29011/2575-789X.000016

Two Cases of Complete Recoveries from Autoimmune and / or Allergic Diseases

Kimihiko Okazaki*

Okazaki Medical Clinic, Ukyoku, Kyoto, Japan

***Corresponding author:** Kimihiko Okazaki, Okazaki Medical Clinic, Ukyoku, Kyoto, Japan. Email: ma13081x@ma1.seikyou.ne.jp

Citation: Okazaki K (2017) Two Cases of Complete Recoveries from Autoimmune and / or Allergic Diseases. J Vaccines Immunol: JVII-116. DOI: 10.29011/2575-789X.000016

Received Date: 06 September, 2017; **Accepted Date:** 14 September, 2017; **Published Date:** 21 September, 2017

Text

It is well established that the etiology of allergic diseases is that combinations of mast cells and allergen-specific antibodies cause allergic symptoms when the patients meet allergens. Similarly, the etiology of auto-immune diseases is that combinations of cytolytic T lymphocytes and organ-specific antibodies cause injury of the organ. A most plain idea would be that break down of the above-mentioned combinations must bring about disappearance of causes of the diseases. It seems to me that few, if any, contemporary Immunologists have such concepts. To work out the above-mentioned concept, it is necessary to have the patients make non-specific antibodies by themselves. In order for the patients to do so, they need to receive intradermal injections with non-specific antigen preparations. Consequently, non-specific antibodies accumulate in the patients' bodies, which may replace specific antibodies from respective cells bringing about elimination of causes of the diseases. Needless to mention, where there is no cause, there is no disease. Details are demonstrated elsewhere [1]. A possible alternative opinion may be transfusion with gamma-globulin solution. However, it is dangerous because anti-gamma-globulin antibodies may be produced in the recipient's body, which could cause an anaphylactic reaction after a large number of infusions.

Case 1

A 9-year-old boy (S.A.) visited my clinic on October 1, 2011. His parent told me that he had had an atopic dermatitis since the age of 3 years. I injected him intradermally with 0.1ml of Neurotropin; a product of Nippon Zohki Pharmaceutical Company (Osaka) consisting of an extract of rabbit skin inflamed by inoculation of Vaccinia virus. I repeated the injection at 2-8-day intervals during the period from October 1, 2011 until September 29, 2012. The total number of the injection was 67. As of September 6, 2017, he is free from any dermatitis.

Case 2

A 44-year-old man (K.I.) visited my clinic on January 14, 2017. He told me that he had had pain and swelling in the first joints of his right second and third fingers since January 9, 2017. I diagnosed him as an early stage of rheumatoid arthritis and injected him with 0.1ml of 10 to the 20-fold with saline diluted Neurotropin at his left thigh. As of September 6, 2017, he is free from pain in his finger-joints. An explanation of the reason why only one injection gave him a complete recovery from rheumatoid arthritis would be that he was at an extremely early stage of the disease, hence, the amount of pathogenic antibodies, namely, anti-cartlage antibodies, was extremely small. Consequently, the quantity of non-pathogenic antibody, namely, non-specific antibody, that was required for the antibodies' replacements, was extremely small, so small that a single intradermal injection with a non-specific antigen preparation could give rise in the patient's body.

Reference

1. Okazaki K (2009) Therapeutic Significance of Non-Specific Antigens as Anti-Allergic and Anti- Autoimmune Agents. Pharmacometrics 76: 105-107.