

21<sup>st</sup> Global Conference on

## Pharmacogenomics, Biomarkers & Forensic Chemistry &

21<sup>st</sup> International Conference on

## Pharmaceutical & Bio-Inorganic Chemistry

October 31 - November 01 | San Francisco, USA



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**Newly discovered “Invisible physiological lie reflex” which we can detect non-invasively by taking photographs or videos before, during, and after telling a lie. The “Lie Reflex” is characterized by markedly reduced acetylcholine with markedly increased TXB2 and Thymosin  $\alpha$ 1 and extremely large (-) Bi-Digital O-Ring Test, all of which are appearing in trapezoidal area between the nostrils and upper lip of face. These invisible changes only appear during a person telling a lie and 10~15 seconds after lying**

According to the literature published, since the early 1900s, there have been many methods of attempts to detect lies. Among them are the following: (1) Control Question Test, (2) Guilty Knowledge Test, (3) Polygraph, (4) ERP (Event-Related Potentials), (5) EEG (Electroencephalography), (6) Eye-Tracking, (7) Voice Stress Analysis, (8) fMRI (Functional Magnetic Resonance Imaging), (9) fNIRS (Functional Near-Infrared Spectroscopy), (10) Non-Verbal Behavior and (11) use of Truth Drugs. However, all of them have their limitations. Five years ago, the author was also trying to find any visible or invisible, reliable changes appearing in the face before and after a person lies. However, the author couldn't find any visible changes in any part of the face. Therefore, we start looking for invisible changes which may appear during or immediately after telling a lie. Finally, in 2014, by taking photographs before, during, and after telling a lie using more than 10 volunteers and found there is very significant, invisible changes in recorded photographs of the face. This method, according to our earlier study, an even simple lie which will not produce any significant, physiological response such as a man saying he is a woman and woman saying that she is a man. These simple lies which are obviously lies, yet these invisible abnormal changes are detected from recorded series of photographs. Further study indicated that these invisible changes we found were Invisible Physiological Reflex Responses regardless of the nature of the lie. Regardless of whether lying has any significant impact or not, even when there are no significant cardiovascular or psychological changes, we were able to accurately detect whether a person was telling a lie or not. Therefore, we call this phenomenon “Invisible Physiological Lie Reflex”. The following is a list of characteristic changes detected by “Invisible Physiological Lie Reflex”: (1) Regardless of the nature of the lie, including obvious, insignificant lie which has no impact to any person and does not create any significant, cardiovascular or psychological changes, this invisible abnormality always appears in the trapezoid-like area of the space between nostrils and upper boundary of upper lip when any person tells any lie. (2) Marked reduction of acetylcholine from few 100ng to maximum 7,500ng of acetylcholine is reduced to 1ng or less. (3) TXB2 which increases in circulatory disturbances is markedly increased from normal value of the average of 2ng or less to over anywhere between 100-120ng. (4) Thymosin  $\alpha$ 1 (which is released from Thymus gland or its representation areas) is markedly increased to over 600ng from a normal value of less than 20~5ng, while Thymosin  $\beta$ 4 is reduced to less than the normal value of 5~20ng or less. (5) Bi-Digital O-Ring Test (BDORT) (which was developed by this author at Columbia

**Notes:**

University and received US Patent in 1993) often becomes maximum abnormality of (-)12 which means by examining that location, force of O-Ring made between thumb and one of the remaining fingers of the examiner suddenly decreases very significantly and the O-Ring can be opened very easily. Usually, (-)12 means there is a very significant abnormality often due to various infections or malignancies or severe circulatory disturbances. However, there is no such evidence of pathological abnormality (6) Thymosin  $\alpha 1$  is normally 5~20ng or less but Thymosin  $\alpha 1$  is increased to a maximum of 300~1,200ng only at the trapezoid-like area. (7) These invisible abnormalities usually last during person telling a lie and about 10~15 seconds after completion of telling a lie. Since in normal part of the body, BDORT is always (+) value and at pathological part BDORT is always (-) value and only exception is at normal, actively functioning Thymus gland and Thymus gland representation area on the specific location of the back of the hands, feet, and tendons. We found a significant increase in Thymosin  $\alpha 1$ . We tested many well-known cases of lies told by well-known individuals. Most of them eventually proved to be that individual was telling a lie when the above characteristics of 7 findings are documented. Detection of the Lie Reflex from recorded photographs or videos is most accurate, reliable, and reproducible human reflex. These examples are shown in this presentation.

## Biography

Yoshiaki Omura received Oncology Residency Training and Doctor of Science Degree through research on Pharmaco-electro physiology of single cardiac cells *in vivo* and *in vitro* from Columbia University. He has published over 290 articles and 9 books. Using his new diagnostic method known as Bi-Digital O-Ring Test, which was developed at Graduate Experimental Physics Laboratory at Columbia University and received US patent in 1993, he can non-invasively, rapidly measure many neurotransmitters, various chemicals, asbestos, viruses and bacteria. He developed non-invasive, quick diagnostic methods of malignancies, Alzheimer's disease as well as a method of evaluating the effects of any treatment. He is Diplomate of the American College of Forensic Examiners and Diplomate of the American Board of Forensic Medicine. He is an Adjunct Professor of Family and Community Medicine of New York Medical College; President of International Association of Bi-Digital O-ring Test Medical Societies; President and Professor of International College of Acupuncture and Electro-Therapeutics.

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