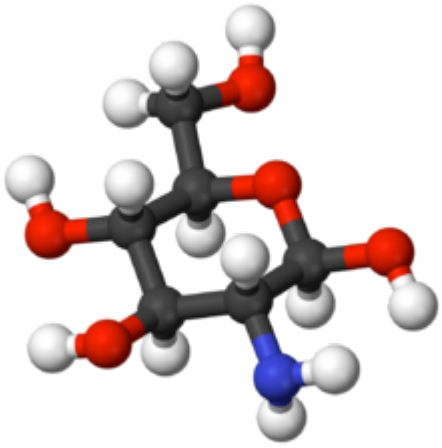
Superseding Conventional Non-Steroidal Anti-Inflammatory Drugs（NSAIDs）

"The data suggest that the potential benefit to ingestion or administration of glucosamine lies primarily ***with its anti-inflammatory properties*** *and not with the replenishment of the extracellular matrix. These results support the use of glucosamine as an anti-arthritis agent* ***if it can be administrated at the appropriate dosage to joint tissues."***

＜Exogenous glucosamine globally protects chondrocytes from the arthiritogenic effects of IL-1β"(http://arthritis-research.com/content/8/6/R173)　May 2006 Florida University＞

Notwithstanding:

The Micellar Glucosamine Cream (MGC) suppresses NF-kB activation that is either the cause or results of the inflammation at muscle cells and simultaneously regenerates the damaged extracellular matrix



Singapore Patent: No. SG102614
Japan Patent: No. 4580234 US Patent: No. 6,846,916
MGC Research Committee Japan

Stray Proteoglycan

"Hirosaki University and Daido Drinco Ltd. have agreed to co-conduct research on the value of the Aomori-prefecture-originated-functional-resource "Proteoglycan" and to let a lot of more people known about its further potentiality." 6th, August 2014

Hiroski University has started its research on "Proteoglycan" since 1,980s into 2004 to 2006. When the university succeeded to extract proteoglycan from the cartilage of sermon noses, the research was incorporated into "City-Area-Industry-Academia-Government-Project" and granted ¥120,000,000 from The Ministry of Health, Labour and Welfare. Through 2006, the project successively participated in six times forums or exhibitions starting May with "The 5th International Bio EXPO", and closing November with "Area Advanced Technology Fair 2006" sponsored by both The Ministry of Health, Labour and Welfare, and The Ministry of Education, Culture, Sports and Technology. Of six subjects the project published in the events during this period, three were as follows:

- Injection agent candidate for osteoarthritis
- Application for artificial organs materials
- Drug Delivery System carrier using its detoxifying and analgesic features

The research history of the project thereafter is not known; Then suddenly on August 2014, it was announced that Hirosaki University co-conducts the research with Daido Drinco.

"DyDo Beauty Series, Expected New Beauty Ingredient-Proteoglycan-Formulated FINEAGE" is one of the fruits obtained after a long period of time of research. A photo of Doctor of Medicine Kaoru Abe is attached to that copy without the title of Hirosaki University. Another of the research fruits is "Health Supplement Food LOCOMO PRO." Is it that the research on the drug for osteoarthritis is finished?

As was stated in the Hirosaki University initial papers, proteoglycan plays the most important role in sustaining the "health" of the cartilage cell as one of extracellular

matrices including chondroitin and hyaluronic acid. It could be said that professors at Hirosaki University had well been foresighted. We do not know which is better to write

As we at MGC thought “Pity for proteoglycan to finish its carrier as just a supplement or cosmetics,” emailed to Hirosaki University telling “We appreciate so much if our data is of any use for your proteoglycan research.” As usually as with other universities, no reply, no response.

You might be able to find the whereabout of “Stray Proteoglycan” if you are patient enough to read through the text as follows:

Locomotive Syndrome

Japan is now facing aging society and, because of the damage to aged joint tissues (muscles, tendons, bones, joints, nerve root etc.), the number of potential population to be entirely dependent on nursing care is increasing. That number is estimated to be 40 million in Japan, and for a countermeasure against them, orthopedists and related scientists have defined those symptoms as "Locomotive Syndrome" and been running "Japan Locomotive Syndrome Research Committee" since 2007.

The following are the quotations from their Web pages:

Locomotive Syndrome denotes the deterioration of movement ability due to the damage to the joint tissues that are accompanied by aging which might invite the high risk of being dependent on nursing care. Briefly said,
[feet-and-back-might-become-fragile-syndrome]

Treatment for Locomotive Syndrome

- *When the damage to joint tissues is suspect, have your symptom medical-checked, and if any is suspected, treated.*
- *When no symptom is detected but it is thought that training treatment is required, you are advised to temporarily be in training according to our instructions.*

Three Major Factors of Locomotive Syndrome

1. *Osteoporosis and bone vulnerability fracture by osteoporosis*
2. *Joint dysfunction at inferior limb caused by osteoarthritis or arthritis*
3. *Dysfunction at spinal cord, cauda equina, and nerve root caused by spinal canal stenosis*

The Web pages do not mention anything more about "Medical Check," and explains only how you are advised to be in "Temporal Training" using illustrations for taking care of your joint tissues.

How orthopedists are treating the three factors, we referred to opinion advertisings and the special editions published by mega daily newspapers of Japan.

<Daily news paper Asahi February 25, 2012>
Japan Orthopedist Committee/Seven pharmaceutical companies
Advertising special: Metabolic equivalent enemy of humankind "Osteoarthritis"

<Daily news paper Mainichi: Special edition>
Tutorial to Orthopedics: Choosing Hospitals without Regrets
<Number of Operation Frequencies Tells Which Hospitals Are Surpassing/Nation-wide Ranking>

"Ads Special" mentions only osteoarthritis. The special editions featuring osteoarthritis describe that the criteria of surpassing orthopedists can be known by the number of the frequencies of replacement operations. The accounts of Spinal Canal Stenosis are very limited and those of osteoporosis are zero.

Refer to "Advertising Special Asahi" for the conclusion of all the accounts:

The treatment methods are roughly classified into the symptomatic treatment and operation treatment. The former method does not necessarily improve the deformation of joints; it just temporarily suppresses the pain of an affected region of your body using Non-steroidal and Anti-Inflammatory Drugs, otherwise you have hyaluronic acid injected that works as a lubricant.

When your pain does not heal by the symptomatic treatment, or in the case the degree of deformation is critical, your last option is to choose operation. The number of the artificial joint replacement operations performed is recently increasing. The navigation system that supports the operation, research into the technology of embedding the artificial joint through as narrow opening as possible, and the artificial joint that enables you to play sports are simultaneously in progress.

The conclusion by the opinion advertising by the Japan Orthopedist Committee and Pharmaceutical companies + Discussion below = With osteoarthritis, no effective pharmaceutical drugs are found and the only option is operation.

<Nature Medicines May 24, 2010>
Discussion by Assoc. Professor Hiroshi Kawaguchi, Orthopedic department, Tokyo University

The cause of osteoarthritis is an abnormal phenomenon of cartilages that decomposes by a specific protein (MIF2A) residing in the cartilage cell, which is eventually ossified. The number of patients is supposed to be 20 million, and there is no treatment other than symptomatic one such as dosing Non-steroidal and Anti-Inflammatory Drugs;
Otherwise only operation.

Natural Medicines

Among natural medicines, food glucosamine (supplement) is most popular of which full page advertisings on newspapers and repeatedly played commercial films on TV appear every day throughout Japan. Japan is a heaven for food glucosamine. You might not be able to count the number of food glucosamine suppliers in Japan.
Glucosamine as food is imprinted into Japanese mind so that not only users but also orthopedists and researchers believe that glucosamine can only be taken in orally.
We at MGC Japan sent a letter to Dr. Takashi Ooe, Chairman of Japan Locomotive Syndrome Research Committee. **"We are happy if you make a research into the Ointment Glucosamine for its efficacy against osteoarthritis."** The Chairman was kind enough to reply us. "Functional food such as glucosamine has not yet been scientifically evidenced as to whether they are effective against the factors of Locomotive Syndrome."

The organization that is burdened with core role for research into the efficacy of glucosamine is "Glucosamine Research Committee" whose members consist of orthopedists, researchers, pharmaceutical companies, and suppliers of glucosamine raw materials. They have been using only food glucosamine for their research.
We also sent a letter to the Committee. "We appreciate much if you use the **<Ointment glucosamine>** as one of your glucosamine stuff for discovering its efficacy so that your platform **<We research into the medical effect and reaction of glucosamine /glucosaminoglycans for human body>** is attained. No reply from the Committee.
It is likely that the Ointment Glucosamine was beyond their imaginations.
The former chairman of the Committee was Professor from an Orthopedic Faculty of Medical University, who had been replaced by Professor from a Veterinary Faculty.
The latest scientific paper published by the Committee was about the efficacy of food glucosamine against pigs and camels (as of April 2014, the chairman has been replaced by an orthopedist).

A scientific paper on the efficacy of food glucosamine against osteoarthritis was contributed on ***NEW ENGLAND JOURNAL of MEDICINE*** by 24 North America scientists. (February 2006)

Conclusion:

Glucosamine and chondroitin sulfate alone or in combination did not reduce pain effectively in the overall group of patients with osteoarthritis of the knee.
(www.nejm.org/VOL.354 No. 8)

Judging from the reply letter from Professor Ooe, the status quo of "Glucosamine Research Committee", and the scientific paper released by 24 the American scientists, the shared agreement is likely that glucosamine as food does not have an effect on the human body (might be good for animals).

On the other hand, twelve scientists at Department of Orthopedics and Rehabilitation Gene Therapy Laboratory, University of Florida released a scientific paper as to the treatment of osteoarthritis:
"Exogenous glucosamine globally protects chondrocytes from the arthiritogenic effects of IL-1 β"(http://arthritis-research.com/content/8/6/R173)

Conclusion:

"The data suggest that the potential benefit to ingestion or administration of glucosamine lies primarily ***with its anti-inflammatory properties*** *and not with the replenishment of the extracellular matrix.*
These results support the use of glucosamine as an anti-arthritis agent ***if it can be administrated at the appropriate dosage to joint tissues."***

The paper also mentions NF-kB of which activation is the main cause to trigger the inflammation of joint tissues. However they have negative attitude to another property of glucosamine; "Replenishment of extracellular matrix."

"At the appropriate dosage to joint tissues" has never been attained by food glucosamine.

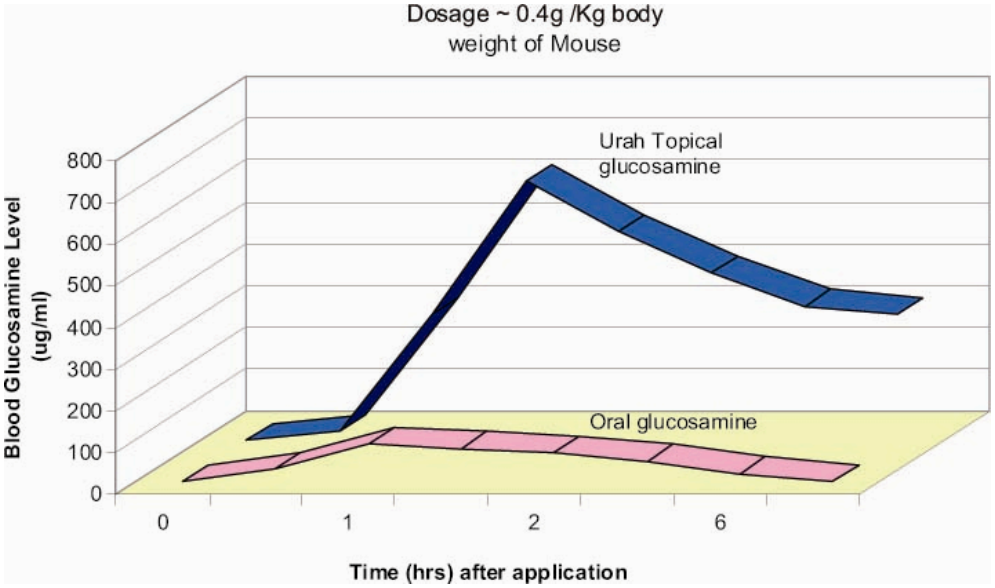
2001 prior to the publication of the two scientific papers, there had been a scientist who applied to the US Patent. The Patent was accepted January 15, 2005 and with that patent, ***"Appropriate dosage (delivery) of glucosamine to joint tissues"*** has been realized.

Invention of Ointment Glucosamine

It had been thought for a long period of time that having glucosamine modified into cream form was almost impossible. Glucosamine is one of structure modifying agents which are unstable and easily decomposes in water. In addition, even if it could be modified into cream form, it laid a high wall to clear for the cream form glucosamine to be delivered to the damaged joints via skin.

15, January 2005 right after the US Patent was accepted, a test was conducted using mice and men. See the graph shown below:

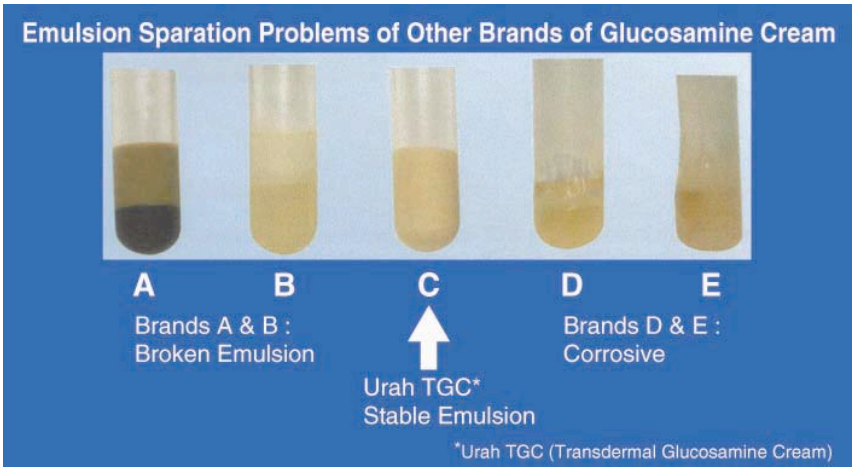
Superiority of Urah Transdermal Delivery Over Oral Glucosamine
(Based on Laboratory Test Results)



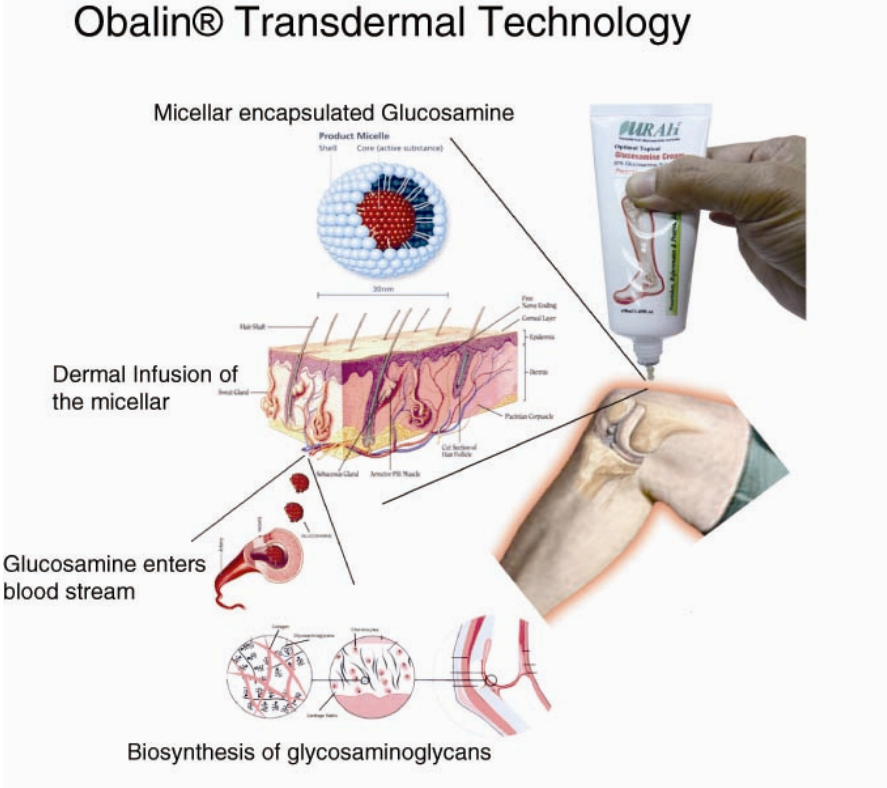
Ref.: the transdermal profiles of mediflex glucosamine in mouse and man

Food glucosamine is assumed to be sent to the damaged joint tissues en route Stomach → Intestine → Liver and then into → Blood. The blood level of food glucosamine has not been known because no data on the value is found. The MGC is directly delivered to the damaged joint tissues and then to blood flow with glucosamine maintained at 8% as is. The graph is a piece of the data obtained in the test, which was performed presided by Dr Olobo Obaje Jonathan in collaboration with Lynk Biotechnologies (one of the biggest pharmaceutical companies in Singapore) and Faculty of Medicines, National University of Singapore.

For the glucosamine cream that does not lead to emulsion breakdown and decomposition, see the photos shown below:



What is used to realize "Micellar Glucosamine Cream" is the Patent titled "Transacidolysis process for the preparation of carbohydrate fatty-acid esters."
US Patent No. 6,846,916/Japan Patent No. 4580234



Scientific Evidence

Glucosamine is not approved as “Drug molecule” among most countries throughout the world (Part of EU countries might have approved glucosamine sulfate for a drug molecule). In the Republic of Singapore, however, the Ointment Glucosamine products are accepted as “Pharmaceutical forms of medical products” and considered to be OTC drug equivalent. In the U.S.A., “Functional cosmetics,” and in Japan, “Cosmetics.” The countries that have approved the Ointment Glucosamine as an OTC drug are the Federal Republic of Nigeria and Republic of South Africa, and in the Republic of Iran Islam, it will soon be accepted as an OTC drug. Refer to Iranian Quarterly Magazine “Iranian Rheumatologist Committee.” (http://irjrh.com/?page=article&article_id=754)

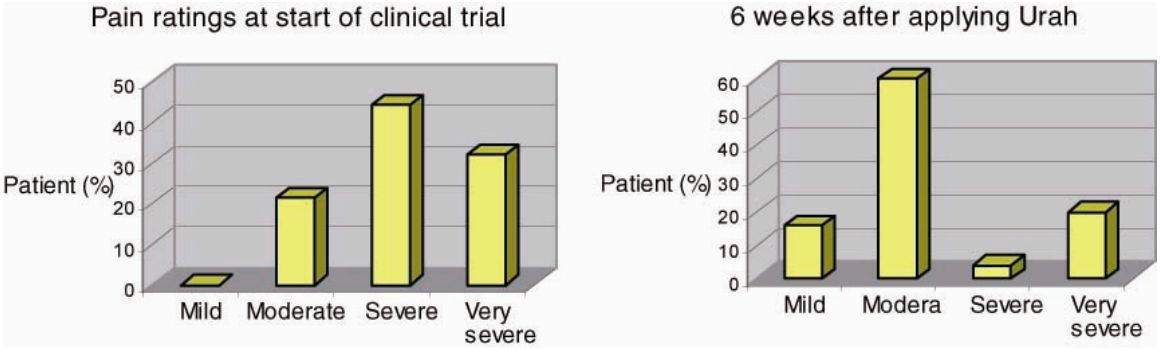
For overall details, visit http://www.urahresources.com

Why has a tiny minority of countries only approved the Ointment Glucosamine as a pharmaceutical drug? That is because glucosamine itself has no bioavailability, however, when it is formulated as main active ingredient into the MGC, glucosamine is modified into an agent having 100% bioavailability. Only problem is: no scientists or specialists know about it.

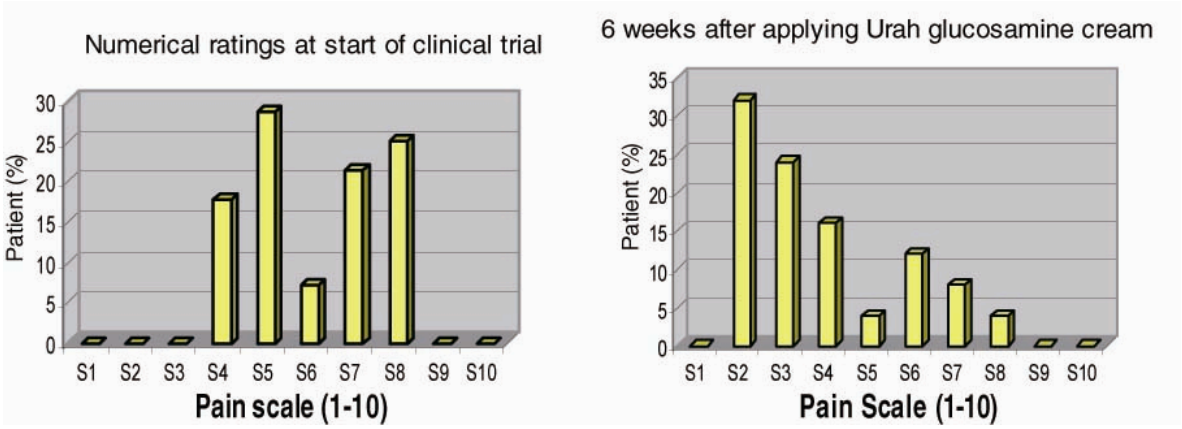
So called advanced countries including Japan prefer using US licensed chemical synthesis agents or biological products, for instance, with osteoarthritis “Celebrex” (Pfizer) in the USA, which will be mentioned as “Celecox” on page 13. Does it work effective against OA? The answer is “Not.”

Open Trials in Nigeria (Ex-Pfizer Nigeria)

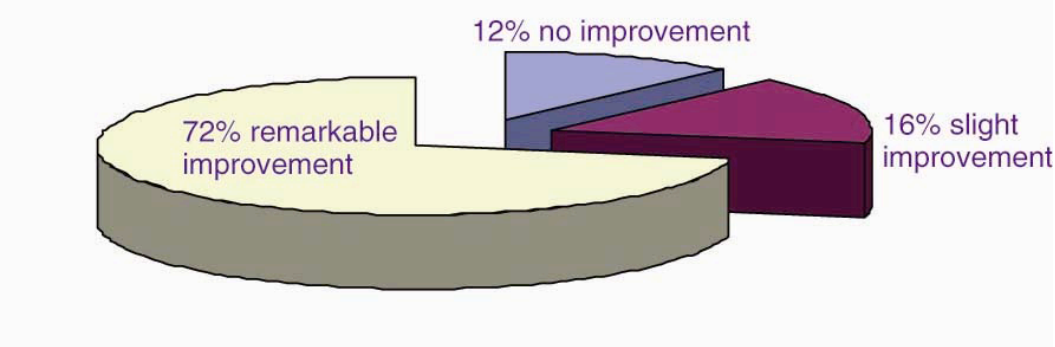
Pain Rating summary



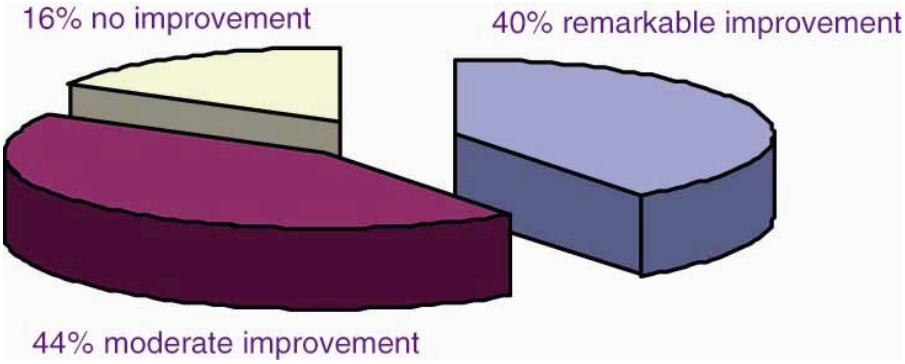
Numerical Rating summary



Summary of overall clinical assessment after 6 weeks



Summary of overall patients response after 6 weeks



Data includes patients above 80 yrs old

Summary

-Mean pain index at start: 5.6

-Mean pain index after treatment: 3.57

-Moderate improvement: 44.70%

-Remarkable improvement: 40.70%

-Side effect: zero

Ref.: Prof. Adelowo et al; 2008 Urah Open trial Phase 1 Report. University Teaching Hospital, Sagamu

Data Collected in Japan

The target ailment of the open trials in Nigeria and clinical survey in Singapore was osteoarthritis. In Japan, we initially had expected that the MGC might work effective against arthritis and the damage to joints, so we advised people to use the cream on their knees suffering pain. However among people who used the cream, there had been copious and brave users who applied the cream on their sore backs, necks that did not turn due to pain, put-shoes-on-painful-feet, or springy fingers and etc.
It has been beyond our imaginations that there had been people suffering spinal canal stenosis of which symptoms disappeared right after or two months after they used the MGC. There are other cases that were not expected for the MGC to be effective but were effective. We have 18 cases of data including “Effective” and “Ineffective” collected from more than 100 people. The range of ailments caused by the damage to the joint tissues and healed by the Ointment Glucosamine has thus been wider than we had expected.
The efficacy of the Ointment Glucosamine is to an extent scientifically supported by the open trials in Nigeria, which also conforms to the data collected in Japan. As to osteoporosis, a piece of data has been obtained from a surgical clinic: with a 72 aged man who had used the MGC for two months incessantly, a test called the DIP method was performed. The mineral density in his bone increased by 0.1mmAl from 2.71mmAl to 2.81mmAl. After 7 months, it became 3.00mmAl.

Currently no effective medical and pharmaceutical treatment against spinal canal stenosis and osteoporosis are available. For the former, “Wait until your symptom becomes worsen, then you will be operated.” And for the latter, the treatment is restricted only to dosing or injecting “Bisphosphonate” so that the mineral density is expected to increase for a year by 2% to 5%. In addition, it is famous for its critical side-effect; “Bisphosphonate-related osteonecrosis at the jaw and “Atypical femur fracture paradoxical” of which < Caution Poster> is on the bulletin boards in dentists. (The new drug Denosumab released a year ago has almost the same side effects as with Bisphosphonate).

NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Now

Most typical pharmaceutical drug for use in hospitals with osteoarthritis is Celecox (CO-X2 Inhibitor) released by Pfizer and astellas, No.1 and 3 of big three Japan pharmaceutical firms. It is just enough to refer to the scientific paper “Development of NSAIDs that do not cause either gastric ulcer or myocardial infarction” published by

Professor Toru Mizushima, the Medical and Pharmaceutical Faculty, Kumamoto University.

The OTC drugs for use with osteoarthritis include Mohrus tape, Morabito ointment, Codeine tablets, LOXONIN, and Indomethacin etc. All of those drugs including Celecox are “Symptomatic treatment drugs” as was quoted from the discussion by Assoc. Professor Hiroshi Kawaguchi, Tokyo University. You might be able to find some OTC drugs said to be effective for joint pain, for instance, ActageA released by Takeda Pharmaceutical Industry, No 2 of the big three. Its efficacy is for Neuralgia, Muscle pain, Joint pain, Numbness of hands and feet, Constipation, Eye strain, and Beriberi etc. As you can easily see, that OTC drug does not work effective for arthritis. However, as far as we watch its CFs on TV, we feel predisposed to believe that ActageA must be effective for arthritis.

At first glance, it looks like that some difference might be present between two, however, the same applies to GluconEX that contains the same ingredients as with ActageA, such as Vitamin B group and Ganma oryzanool. A performer on his TV CF comically narrates: “Slowly to your knees, strongly to your waist ….the efficacy is no comparable!” The performer playing on TV is a famous Japanese Rakugoka (comic story teller) named Katsura Utamaru who was sentenced by his doctor on January 2012 that his screws embedded between the bones at his back had become loose (not screws but bolts), so he would need the third time operation to tighten the screws (bolts) up, and then operated on July 2012 (Spinal canal stenosis).

Bones and Muscles (Damage by Sports)

Voltaren (Novartis Pharma)/Feitas (Hisamitsu Pharmaceuticals)

The main active ingredient “Diclofenac sodium” is shared between both and brand-named as Voltaren and Feitas. Diclofenac sodium is mainly used for the alleviation of Joint pain, Renal stone, Urinary stone, Migraine and etc. one of the drug molecules that works on the central nerve system. In other words, that drug molecule works on the central nerve system to temporarily paralyze the sense of pain transmitted to the brain. As you can easily see, the inflammations (pains) caused by ligament damage, bruise, sprain and etc., while playing sports are physical damage to the joint tissues not to those of the central nerve system. The pain will definitely return unless inflammation is suppressed.

ADs of Voltaren on TVs and Newspapers

A trainer of SoftBank Hawks (Professional Baseball Team) is the performer:
"<Straight to your pain. If it does not work effective, see your doctor> Caution <When no alleviation is discernible with your sore after 5 to 6 day-use, immediately stop using then consult doctor or pharmacist.>
Why such an emergency is supposed to happen; because of copious side effects of diclofenac sodium as follows:

Anaphylactoid shock, Hemolytie anemia, Leukopenia, Thrombopenia, Mucocutaneous ocular syndrome, Toxic epidermal necrosis, Acute renal failure, Nephrosis syndrome, Interstitial nephritis, Gastrointestinal hemorrahage, Congestive heart failure, Liver dysfunction, Jaundice, Asthma attack, Cerebrovascular disease, Platelet function decline, Headache, Dizziness, General nalaise etc. (Quoted from Wikipedia)

Superseding NSAIDs

The MGC is the most prospective candidate without side effects to replace conventional NSAIDs. The pain caused by the inflammation of joint tissues returns unless the inflammation is suppressed and pain alleviated.

The popular medical treatment of osteoarthritis by orthopedists is to inject hyaluronic acid directly to cartilage. You might think now that hyaluronic acid said to be one of the extracellular matrixes of cartilage has been injected by orthopedist, it will work effective for treating osteoarthritis.
However unfortunately we have never heard of people suffering osteoarthritis and treated by hyaluronic acid injection have been freed from her/his pain.

The prerequisite for treating the damage to joint tissues is to be the suppression of NF-kB activation. Hyaluronic acid has no such properties as to suppress that activation. The MGC suppresses NF-kB activation thus alleviating pain depending on the patient on the spot, in a few hours, in three days, or in three weeks.

The MGC suppresses NF-kB activation, works on joint tissues developing inflammation, and alleviates pain, and in parallel replenishes the extracellular matrix.

To fulfill the healing process of joint tissues described above, glucosamine (MGC) should be: delivered directly to the damaged joint tissues, and Glycosaminoglycan be biosynthesized (page 9).

Hyaluronic acid or proteoglycan injection looks like the same as with the conventional treatment by NSAIDs, not by biological products, although each is extracellular matrix.

Here again for confirmation:

"***The data suggests that the potential benefit to ingestion or administration of glucosamine lies primarily with its anti-inflammatory properties and not with replenishment of the extracellular matrix. The results support the use of glucosamine as an anti-arthritis agent if it can be administrated to the appropriate dosage to joint tissues."***

We at Urah Japan have been collecting 100 or more cases of "Experiential data" for last four years. As a result, we have had the impression that the MGC has properties to replenish extracellular matrix. We reported to that effect to the Singapore Headquarter and their reply was "Not scientific however very impressive."

On April 2013, an e-mail message came in to us from an Assoc. Professor of Medical Faculty, National University:

"Glucosamine sulfate has the properties to suppress NF-kB activation, does it? NF-kB has been one of our targets of analysis in the laboratory. Would you kindly send us glucosamine to spray over cultured cells? As to the open application to JAXA, you are advised to wait until we will be able to collect more data, don't be in a hurry."

On the day glucosamine sulfate potassium was sent to the laboratory from the Singapore headquarter.

The basic research conducted by Florida University has proved that glucosamine has the property to suppress NF-kB activation, which is the cause of inflammation and pain of joint tissues. However with "Replenishment of extracellular matrix," only data available at the moment is our "Experiential or non-scientific data." We are not sure as to whether clinical trials to be conducted by scientists will prove or deny the credibility of our data. We only hope that our experiential data would work help their research.

Almost all the NSAIDs for treating ailments at the musculoskeletal system are symptomatic treatment drugs, but in contrast, the MGC is expected to be only one causal therapy drug associated with help from the natural healing process in the human body.
We have so frequently been told by specialists that because glucosamine is not either biological products nor chemical synthesis agents, it would be difficult for glucosamine to be approved as a drug molecule. However now that the fact that glucosamine is synthesized into glycosaminoglycan, who could be suspect about the bioavailability of glucosamine formulated into the MGC? The MGC is really one of biological products.

The following are the experiential data describing on-the-spot healing and/or a long period of time of the replenishment processes of extracellular matrix:

<Osteoarthritis>
2) 1 candidate (Knees/F, Fifties): July 2012 at our booth of an exhibition site, she tried the cream on her knees and bought one. She returned next morning saying "I don't need to see the orthopedist any more. I will be able to cure my osteoarthritis using the cream," and bought two.
3) 1 candidate (Knee/M, Seventies): 180cm high、85kg weigh, a big for Japanese and aged man. His right-hand-knee looked like that of an elephant, swelled and rugged. He walked to come to our booth with his right-hand leg dragging. Our assistant helped him apply the cream on his knee. He appeared on our booth next morning and bought one. His message had been recorded on our phone that evening. **"Thanks a lot (he then gave his name). Your cream was so effective on my knee."** His voice is stored on the recording function of my digital camera.

<Spinal canal stenosis>
9) 1 candidate (M/ Fifties): **Start: When he woke up, suddenly a sharp pain run through the body. Could not hold of his hairdressing scissors: Diagnosis by Orthopedist: Spinal canal stenosis/ Treatment: None/ Drug: None/ Urah effect: Almost immediate/ Period: 10 days /Side effect: None/ Comments: Very thankful for the Cream. Send me six units for use with other people who are suffering similar symptoms.**
10) 1 candidate (M/Forties): **The symptom he experienced was the same with that experienced by the man described above (9). The recovery process was also the same and the date when they suffered the pain was May 2010.**

<Damage to ligament/cartilage >

14) 1 candidate (F/Fifties): **Patella femoral articular cartilage damage: After operation by the endoscope on my left-hand-knee, I was advised by an orthopedist not to play valley ball again. I could not give up playing but when I tried to play, my damaged knee swelled up and strong pains occurred. The muscle at my left-hand-leg became deteriorated, the region around the knee became stiff, resulting in the unbalance of my overall body. I by chance met the Cream, tried it, but I did not feel like freed from pain at the time. Since then I applied the cream on my knee every time after having shower and stretched my damaged leg incessantly for about 6 months. My leg once suffered from the patella femoral articular damage and sentenced by the orthopedist not curable completely healed.** (Abbreviated)

20) 1 candidate (M, fifties) He visited our booth at "Hino-city Business Festival" held 11 to 12 November, 2011. He tried the cream on his left-hand knee in the booth, and came back 30 minutes after. He told then he had been suffering the ligament damage on his knee for about 10 years and that he was once a triathlon player. "Half an hour after I applied your cream, I got the feeling my leg's pain somewhat was alleviated." Saying so, bought one. Next day he again appeared at our booth with his family and bought three units of the cream, two of which he gave his son's family. Since then he ordered 4 units until March 2012, which we jogged to deliver early in the morning before he was outing to his office. During March, as I could not jog as far as his house because I had also been suffering plantar foscitis (see Addendum 2), my wife (our only graphic designer) jogged to deliver. The last time she delivered the cream, she asked "You do not recover from your damage yet?" "No, not the knee, it is sprain. The knee has completely healed." He was not willing to tell us about the details of his ailment history even though we asked to a few times.

(Only people who have disclosed her/his name, history of ailment, name of clinic, age and address are listed from April 2013 beyond)

Coming outers 3-1

Triple Misfortunes (F, 76, Yorie Miyano, Minami-ward, Yokohama-city)

Interview: 9, November 2012 at a café in Kannai, Yokohama-city

1. Cervical spine sprain (CSS)

I had been suffering CSS for nearly 10 years. During that period, I went to see Jinshin Orthopedic Clinic (医療社団法人慈成会神人整形外科クリニック Isezaki-cho, Yokohama-city). The treatment? You can say "Hauling," or I was pulled by the neck. When the pain was strong, I used to get a hyalronic acid injection. I have been to the clinic periodically once a week for last 10 years. I have acquainted with a lot of friends at

the clinic, most of them have not healed from the trouble on their knees, lower back, or neck. It was the middle of August, wasn't it?, I went to see the masseur Mr. Yokoyama asking him to massage my neck because a few days before I had got a hyalronic acid injected at the clinic, and temporarily the pain seemed to be alleviated, but it came back a day before I met you at the masseur. Mr. Yokoyama and you advised me to apply the Cream instead massage, and you kindly applied the cream on the back of my neck. In 30 minutes or so, I noticed that my neck which I could hardly turn suddenly turned without pain. You applied the cream on my both knees, too.

2. Osteoarthritis (OA)

The bruises? or marks on my knees? They are the traces of the treatment against my both knees suffering osteoarthritis. The symptom started a year and half ago. The 3.0 of the electrode pressure to 6 spots each on the knee is applied for 30 minutes. The orthopedist used to tell me "You are too aged to recover from the ailment." I am living depending on the public assistance pension, so of course it is impossible to get operation. (Oh, No, not operation!) A day round at the begging of October, I caught a cold and could not see the clinic for two weeks, during which period I applied the rest of the cream on my both knees. Thanks for you, Mr. Akatsuka. No more pain, the pain disappeared from my both knees. Why did I not use the cream until October? The instant for CSS, but not that for OA. (I told you to try it at least for three weeks, didn't I?)

3. Hernia

The two ailments mentioned above have been accompanied by disk herniation at the left-and-right side backs (I have never heard of it so far.) The treatment against it had been to attach corsets on the lower back. I applied the second cream you gave me free on the backs. The pain almost has disappeared leaving a faint pain at the left-hand back,

(Our data denotes 0 <Effective>versus 4 <Not effective>.)

4. I changed the house address to the current one this March. At the time, I could not walk without a walking stick, but nowadays, neighborhood who witnessed me told "Oh! You are now enabled to walk without the walking stick."

5. My chronic disease? Other than what I have told you? Hypertension, it is. My viscera is OK. My husband, he is suffering dementia and in a nursing care home.

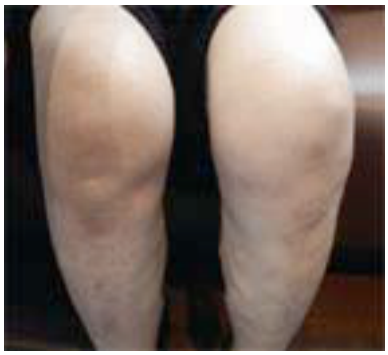
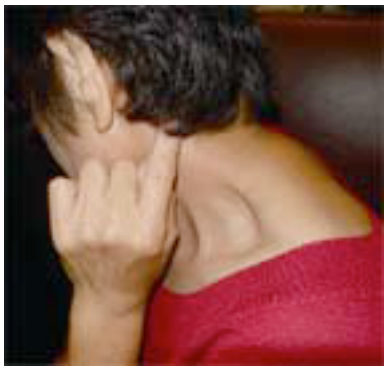
6. Are you thinking of writing something about my aliments for publication? There are a lot of publications in book stores telling that "Effective against etc. etc. Effective against etc. etc."

I do not care even if my name appears in the publication. You well helped me! (No, I have not such ideas.)

7. Yes! this thumb! My massage history lasted for 20 years, which is the cause of my bent thumb. Effective for them? (Not so sure). OK, apply the cream as soon as I get home.

She packed the remains of the hamburger with paper and got to her feet telling that sometime in the near future, we would meet again.
I sincerely thanked her for telling me all about her misfortunes.

Coming outers 3-2:/Triple Misfortunes
Second Interview: 18 September 2013 at the same café in Kannai, Yokohama-city
How about your sores since we talked with almost a year before? How your neck?
"Yes, I can turn, however, the pain persists on this spot." How about disc herniation?"
"Does not heal." You told me that it was over." "No I just felt like it was healed. I guess that there is relationship between sore at the neck and hernia, isn't it?" How about your sore knees? "Oh, completely cured." Can I see them? "Yes, yes." Wow, pretty beautiful! The traces of electrode pressure have gone! "Look, my knees have become very shiny and smooth. "How do you like Mr Akatsuka? to apply yourself on your face? Your wrinkles or stains might disappear." I have no ideas. "You have been so kind. I appreciate you very much. Doctors advised me to give up because I'm too old to recover from OA, which was cured in just two weeks by applying the cream you gave me." How about your thumb? "Look, the bent form is as it had been but the pain disappeared and color tone turned from black-colored to white. The cream might be used as a cosmetics for whitening." How many tubes have you used so far? "Oh, don't you remember?" Two." Try this one on your sore neck, "No, no, it is expensive." Don't care. "I'm awfully sorry for giving the cream free to such a bag as me."

		
Now getting slimmer	The bend is not reset	The pain persists on this spot

On the phone: 1 November "How about neck? "Not cured." Oh, it's a pity!".
On the phone: 2 December "The sore on my neck has disappeared. I'll buy one in case it comes back." No, no I will give you free as usual. I don't' want to sell it to such as you living on the public assistance pension.

What Known from on the spot Suppression of Inflammation and/or Healing Processes

The cases that inflammation were immediately suppressed are of OA 2) and 3), of spinal canal stenosis 10) and 11), of damage to cartilage/ligament 17) and 24), and of CSS Addendum 3). As of 17) and 24), right after inflammation was suppressed, replenishing extracellular matrix with support from apoptosis looked like to have taken place. With 17), the user told "**I by chance met the Cream, tried it, but I did not feel like freed from pain at the time."** However, a witness who was by the court side saw that the player who had been in standby up to that moment was enabled to play volleyball right after applying the cream.. The same applies to the triathlon player 20).

It may be reasonable to think that suppressing inflammation was the instant but replenishing extracellular matrix (proteoglycan etc.) took some long period.

Almost of all pharmaceutical drugs for the ailments of joint tissues are "Symptomatic treatment drugs," however, there is every possibility that the MGC will be a "Causal therapy drug candidate" which makes full use of natural healing power in human body following its physiology and of natural resources.

Title of scientific paper attached to Assoc. Professor's second time e-mail
"*O*-GcNAc Modification of NFkB p65 Inhibits TFN-Induced Inflammatory Mediator Expression in Rat Aortic Smooth Muscle Cells"

It will not be so long a period of time before the numerous number of people all over the world suffering chronicle ailments such as osteoarthritis, osteoporosis, spinal canal stenosis, and rheumatism, and other joint tissues deficiencies are freed from their sores when clinical trials on the MGC have been completed.

Appendix 1:

Account on the front page of morning edition, Asahi Shimbun (most influential newspaper in Japan)

<Lumbago: 2,800 million population suffering, 40% of them ranged from age 40s to 60s. Ministry of Health, Labour and Wellness estimated. 80% of the causes unknown. Must be screams from heart. MHLW Research Group (Chief Researcher: Noriko Yoshimura, Tokyo University Project Assoc. Professor) >

"There are a lot of treatment ways for lumbago, but which treatment is really effective? Japan Orthopedic Committee and Japan Lumbago Committee have summarized their guideline for standard treatment of people suffering lumbago in accordance to reliable information. Professor Osamu Shirato of Fukushima Medical Faculty read and analyzed about 200 domestic and overseas scientific papers for researching into the causes of lumbago, and had learned that 80% of its causes were unknown and that stress predisposed people to lumbago. ***The guideline advises orthopedists to prescribe anti-depressants or anti-anxiety agents to patients when chronic one did not heal and psychological effect is suspect."***

We at the MGC Research Committee asked Assoc. Professor Yoshimura to co-study about the MGC when Dr Obolo Obaje Jonathan, inventor of the MGC, visited Japan on March 2010, but ignored.

Letter to Professor Osamu Shirato from MGC Research Committee Japan

Dear Professor Osamu Shirato, Fukushima Medical Faculty

I sincerely apologize for my sudden letter.
I read the account on the front page of morning edition, Asahi Shimbun dated 24th, March 2013. There is a drug "candidate" that can alleviate the pain caused by lumbago.
Why "candidate," you might suspect but because it has not been approved as a pharmaceutical drug but as a cosmetics.

The MGC (Micellar Glucosamine Cream), it is.
Refer to our report and user's testimony for details.
Experientially lumbago is one of joint tissues deficiencies from which recovery fairly is easy using the MGC. So the number of detailed testimony from users was limited.
Here you can see e-mail exchanged between Mr Kuroki and us. At first glance, we

thought that his condition suffering lumbago was the worst ever we had heard of so we ourselves thought that recovery from his lumbago was very difficult.
We are determined to accept your critics however you will rebuke us for our not-scientific approach.
We would appreciate you much if you once try the MGC on people suffering lumbago.
Your response is awaited.

Appendix 2

Effective" and Ineffective" items for some typical ailments are described below:

Ailment	Effective	Ineffective
Osteoarthritis	6	2
Arthritis	5	3
Spinal canal stenosis	4	No data
Rheumatism	2	No date
Damage to ligament/cartilage	12	No data
Sciatic	2	5
Hernia	0	3
No cartilage	0	2

Appendix 3

Ingredients: Water, Cetyl alcohol ,Glucosamine salphate (8.4%) , Triglycerides, Mentha piperita extracts , Methyl paraben , Curcum longa extracts , Ascorbic acid

Ailments expected to be effective for:

Osteoarthritis, Arthritis, Spinal canal stenosis, Osteoporosis, Rheumatism, Lumbago, Damage to ligament/cartilage, Sprain (whiplash included), Cramp, Tendovaginitis, Bruising, Plantar foscitis, Itching due to hives

Ailments supposed to be ineffective against:

Hernia in general, Neuralgia, Sciatica

Gray zoon:

Hallox valgos

Research expected to be done into in regard to the efficacy:

Malignant rheumatoid arthritis, Ossification of posterior longitudinal ligament, Extensive spinal canal stenosis, Osteoarthritis of the hip
(Four symptoms above are "Japan intractable diseases"), Atopic dermatisis

Contraindications:

- -Who is pregnant or nursing
- -Who is suffering gout
- -Who is suffering thromobosis and using Walfarin

Side-effects and something like complaints reported

Zero of 4 ,000 units used (in Japan for last 4 years)
Zero of 150,000 units used (in Singapore for last 10 years)

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