Is Goshinjo therapy effective in cognitive impairment after severe traumatic brain injury?☆●

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Abstract
We report a case of a 21-year-old man who had severe traumatic brain injury as a result of an accident at the age of 16 years. Two years and 4 months after the trauma, at the age of 19 years, he still had severe right hemiplegia and cognitive dysfunction including aphasia and attention and memory disturbance. Conventional rehabilitation programs could not resolve all of the neuropsychological problems. He started receiving Goshinjo therapy over a period of 22 months. Following the therapy, significant improvements in verbal intelligence quotient (assessed by the Wechsler Adult Intelligence Scale-Third Edition) and attention and concentration function (using the Wechsler Memory Scale-Revised), and remission of traumatic epilepsy were observed. Goshinjo therapy is suspected to be effective in the treatment of cognitive dysfunction in the chronic stage after severe traumatic brain injury.

Key Words
neural regeneration; brain injury; traumatic brain injury; clinical practice; Goshinjo therapy; rehabilitation; cognitive impairment; energy field in human body; Jaki; neuroregeneration

Research Highlights
(1) Goshinjo therapy restores and normalizes the excessive life energy field in the human body.
(2) The present study describes the case of a young man who received Goshinjo therapy after severe traumatic brain injury. Significant improvements in verbal intelligence quotient, attention and concentration were observed.
(3) Goshinjo therapy is suspected to be effective in the treatment of cognitive dysfunction in the chronic stage after severe traumatic brain injury.

INTRODUCTION
Higher brain dysfunction generally refers to cognitive and/or behavioral changes resulting from stroke, traumatic head injury, hypoxic encephalopathy, or any other of a number of cerebrovascular events. In 2004, the Ministry of Health, Labor and Welfare of Japan released a provisional figure of higher brain dysfunction affecting 300,000 individuals in Japan1,2. Patients with traumatic brain injury are not only often physically impaired, but commonly have impairment of higher cortical functions, exhibiting cognitive dysfunction and abnormal behavior. Hence, both physical and cognitive rehabilitation are very important for patients with traumatic brain injury.3-4

Traumatic brain injury has recently become a major topic in rehabilitation medicine. In the United States, a nationwide research project has been underway since 19874-5. Rehabilitation of patients with traumatic...
brain injury became a matter of concern in Japan in the 1990s.

Traumatic brain injury patients may have a combination of physical, cognitive and emotional/behavioral deficits that require prolonged rehabilitation therapy. However, in Japan, only 3–6 months of restorative therapy is routinely provided to traumatic brain injury patients, which is insufficient to improve the above impairments and to achieve a normal lifestyle\(^8\).

Goshinjo therapy was developed in 1987 by Kisho Kida\(^7\), founder and head executive of the Japan Kihodo Association and grandmaster of Shugen-do. It uses implements made of pure gold, carrying the Japanese Finance Ministry inspection stamp of 1 000 with the Japanese flag as certification (Figure 1). Our body has inborn features in which the life phenomenon, \textit{i.e.,} electrical and chemical phenomena, occurs correctly if the life energy field is correct. Goshinjo therapy restores and normalizes the excessive life energy field in the human body and can thus be effective in the treatment of various illnesses such as pain, allergies, cancer, neuromuscular disorder, and other diseases with no known cure\(^9\).

![Goshinjo therapy](image)

**Figure 1** Goshinjo therapy.
(A) Goshinjo therapy implements.
(B) Founder and head executive of the Japan Kihodo Association, Kisho Kida. Goshinjo therapy implements are uniquely made of pure gold and carry the Japanese Finance Ministry inspection stamp of 1 000 with the Japanese flag as certification.

We report a case of a young man who received Goshinjo therapy 2 years after traumatic brain injury and who obtained significant improvements in verbal intelligence quotient function and attention/concentration in the chronic stage after traumatic brain injury.

**CASE REPORT**

The patient is a 21-year-old man who was involved in an accident at 16 years of age, in which a stick object penetrated the left orbit. He was taken to a hospital where his Glasgow Coma Scale was assessed to be E1V1M2 (total 4). He was diagnosed as having severe traumatic brain injury. The stick object injured the left middle cerebral artery and resulted in cerebral infarction of the middle cerebral artery region. Deep unconsciousness continued for 30 days. In the acute stage, he received craniotomy for removal of hematoma, external decompression, and vascular Anastomosis of the middle cerebral artery. He recovered from the coma, but motor and cognitive dysfunction remained, and the patient started a conventional rehabilitation program comprising physical therapy, occupational therapy and speech-language-hearing therapy. He continued the comprehensive rehabilitation program for about 2 years. Figure 2 shows a CT scan taken 2 years after the accident. As a result of the rehabilitation program, he was able to walk independently with an ankle foot orthosis and a cane. However, the patient still had severe right hemiplegia (Brunnstrom stage\(^6\): upper extremity II, finger and hand I, lower extremity II), traumatic epilepsy (generalized tonic-clonic seizure), blindness of the left eye and partial blindness of the right eye, severe global aphasia diagnosed by the Standard Language Test of Aphasia (SLTA)\(^9\), and other neuropsychological impairments such as attention and memory disturbance. The Wechsler Adult Intelligence Scale-Third Edition (WAIS-III) was used to assess verbal comprehension, perceptual organization, working memory, processing speed, verbal memory and visual memory\(^10\). The patient could not carry out any items of the verbal intelligence quotient assessment, and his performance intelligence quotient was 61 (perceptual organization 72; processing speed 50).

At 19 years of age, the patient began a course of Goshinjo therapy for 50 minutes a week for the first 10 months, and five daily 50-minute sessions per week for the following 12 months. He also received oral phenytoin (200 mg per day).

Goshinjo therapy is based on the theory that every illness is caused by Jaki: harmful superfluous energy, detected and recognized by Goshinjo therapy as excessive electromagnetic energy. Therefore, eliminating Jaki normalizes the energy field in the human body and cures illnesses.
The application and administration of Goshinjo is also important in the elimination of Jaki. The therapist uses pure gold implements to rub and apply pressure to specific parts of the patient’s body, working from the center to the periphery.

The patient’s progress is shown in Figure 3. By the time the patient reached 20 years of age (after 10 months of Goshinjo therapy), he remained unable to carry out any items of the verbal intelligence quotient assessment, and his performance intelligence quotient improved to 67 (perceptual organization 79; processing speed 50). However, after the second year of therapy, while the patient’s performance intelligence quotient remained relatively stable at 69 (verbal comprehension under 50; perceptual organization 79; working memory under 50; processing speed 50), we were able to measure his verbal intelligence quotient for the first time, which was then 54.

In memory assessments conducted at age 20, using the Wechsler Memory Scale-Revised, the patient’s memory quotient was 72 for visual memory and under 50 for attention/concentration. By 21 years of age, the patient’s attention/concentration score improved to 67 but the visual memory score remained stable, at 73. In addition, the patient’s post-traumatic epileptic seizures remitted. Figure 4 shows a CT scan taken after 2 years of Goshinjo therapy.

The sequelae following traumatic brain injury include cognitive dysfunction (memory, attention and concentration impairments), changes in personality, and emotional or behavioral disorders. The areas of brain contusion in traumatic brain injury are usually the frontal and temporal lobes. Cognitive dysfunction of patients...
with traumatic brain injury has hitherto been explained as a result of contusion of the frontal and temporal lobes or diffuse axonal damage. Wallesch et al.\(^{[15]}\) performed neuropsychological examinations in the post-traumatic acute phase and reported cognitive dysfunction, particularly functional disorders, in the frontal lobe, as sequelae. Kamikubo et al.\(^{[13]}\) reported a patient group whose verbal intelligence quotient was significantly reduced because of traumatic brain injury and speculated that the principal factor in cognitive dysfunction was axonal damage. Our case had neuropsychological dysfunction (severe aphasia, and memory, attention and concentration impairments) due to cerebral infarction of the middle cerebral artery region caused by severe traumatic brain injury. After 2 years of a conventional inpatient rehabilitation program, he could walk independently with an ankle foot orthosis and a cane. However, problems in speech intelligibility, memory, and attention were not resolved within this time. As a result, he received intensive Goshinjo therapy at Kihodo, Tokyo, Japan.

After 2 years of Goshinjo therapy, we noted improvements in verbal intelligence quotient and attention/concentration (assessed by Wechsler Adult Intelligence Scale-Third Edition and Wechsler Memory Scale-Revised, respectively) in the chronic stage after severe traumatic brain injury. However, the performance intelligence quotient and visual memory score (Wechsler Adult Intelligence Scale-Third Edition and Wechsler Memory Scale-Revised assessments, respectively) did not improve.

Our results suggest that medical experts should evaluate not only physical data in the assessment of rehabilitation therapy, but also neuropsychological symptoms, which may reflect the life energy field in the human body. All life phenomena occur by the correct transformations between electrical and chemical signals. The five senses (sight, hearing, smell, taste, and touch) are detected in the brain by transforming physical or chemical information into an electrical signal. However, if the human body has excessive electromagnetic energy (Jaki), transformation between the electrical and chemical signals is altered, causing abnormality in the transmission of nerve cell information and resulting in illness. Goshinjo therapy extracts excessive electromagnetic energy from the human body, balances the energy flow and returns life phenomena to high performance, because of the normalization of electrical and chemical signal transformation\(^{[7]}\). Therefore, we believe that our patient’s symptoms improved because of the Goshinjo therapy he received. Indeed, remission of traumatic epilepsy was observed in this case. One explanation may be that Goshinjo therapy reduced the electrical potential in the brain; however, the patient was also taking phenytoin, an anticonvulsant known to have a similar mode of action. Further studies are required to determine the effect of Goshinjo therapy on the brain in the absence of pharmaceuticals. Goshinjo therapy may normalize the energy field in the human body and strengthen its self-healing power according to the laws of nature.

Limitations of this case report should be mentioned. First, this improvement may have been the result of the natural course of traumatic brain injury, because 4 years had passed since the injury. Second, we were unable to evaluate all of the functional abilities that can be assessed by the Wechsler Adult Intelligence Scale and the Wechsler Memory Scale. Third, the improvement of verbal intelligence quotient and the Wechsler Memory Scale score may be induced by the improvement of aphasia, rather than by the recovery of cognitive function. Finally, we cannot exclude the possibility that the other conventional rehabilitation programs and medication at the hospital, and activities in daily life, had a positive effect on the patient’s symptoms.

We believe that further scientific analysis of Goshinjo therapy should be carried out in Japan to advance this Japanese invention and ultimately make it available worldwide, so that other nations may benefit from it to improve the health and welfare of their people.

Author contributions: Keiji Hashimoto designed this study, analyzed the experimental data, and contributed to writing the manuscript. Kisho Kida performed Goshinjo therapy on the patient and contributed to writing the manuscript. Both authors approved the final version of this paper.

Conflicts of interest: Kisho Kida is the founder and head executive of the Japan Kihodo Association and developed Goshinjo therapy.

Author statements: The manuscript is original, has not been submitted to nor is under consideration by another publication, has not been previously published in any language or any form, including electronic, and contains no disclosure of confidential information or authorship/patent application dispuations.

REFERENCES


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