

【Research report】

A case of complaining of nasal smell and being diagnosed as self-odor fear

In case

----- Nasal mucosal insufficiency syndrome (a new concept of bad smell) -----

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【Abstract】

A case of suffering nasal odor and showing psychiatry referral as self-odor fear is shown as one case. The case actually had a strong nasal odor. It is not diagnosed as atrophic rhinitis or bronchoscopy in otolaryngology.

Many people suffer from the same pathology when looking over the net. Almost everything complains about abnormal dryness of the nose. It is thought that *Staphylococcus aureus* which prefers drying in desolated dry nasal mucosa abnormally proliferates, the nasal secretion is unsuccessful, it is impossible to push the metabolic products of bacteria to throat and the like, and it emits a strong nasal odor It was. In addition, *Staphylococcus lugdunensis* that produces substances to prevent the growth of *Staphylococcus aureus* was not considered to be present. Although the frequency of this disease is high, it is diagnosed as self-odor fear in neglect or psychiatry. I call it nasal mucosal insufficiency syndrome. This is a new concept of odor nasal disease. Because there is no scab formation, it is hard to recognize because only nasal mucosa devastation is found in the nasal endoscope, it is difficult to recognize and it is considered a serious disease hidden behind the veil of atrophic rhinitis / bad nose disease and is not noticed .

【Key words】

ozena of a new concept, nasal mucosa imperfection syndrome, *staphylococcus lugdunensis*, *staphylococcus aureus*

【Introduction】

Generally odor is weaker than atrophic rhinitis / bronchitis due to abnormal proliferation of *S. aureus* on the nasal mucosa without crust formation. It develops to those who do not have *Staphylococcus lugdunensis* 20 inborn or acquired.

Even if I have a nose smell complaining of nasal smell, I can say that all subjects introduced as psychiatry as self-odor fear because it does not apply to disease concept 2, 9) of atrophic rhinitis / bronchoscopy.

Nasal discharge secretion syndrome is "intense nasal nasal mucosa is strongly destroyed, tissues secreting nasal secretions are damaged, nasal secretion is strongly reduced, and drying resistant Staphylococcus aureus abnormally proliferates in the nasal mucosa The metabolic products stay in the intrinsic nasal cavity without being flushed to the throat etc. and release a strong nasal odor. " It is presumed that the cause is diverse. It is presumed that the most likely cause is suffering from chronic rhinosinusitis and the nasal mucosa has been damaged little by little or rapidly. Allergic rhinitis is also common.

Other causes are common to those working in the freezing room.

Although the frequency of this disease is high, almost everything is diagnosed as self-odor fear. However, there are times when the bad odor is strong enough that the people refusing to stay in the same room continue.

As the "bullies" has increased drastically, it is very common that you are receiving "bullying" as a "smelly man". Also, there are many people who are falling into society flight and bargaining.

Atrophic rhinitis / bromodystrophy is also described in the Egyptian ancient document as a mysterious disease. Atrophic rhinitis / bromodystrophy is considered to be accompanied by three main signs of "malodor, atrophy, crust" by B. Frankel, and it is said that he developed a ground as a disease.

In the past worldwide, the frequency of atrophic rhinitis and odor nasal syndrome was high, and various arguments about its etiology have been made. It was empirically known that female hormone administration was effective, it was found that natural healing occurred frequently in old age, that the incidence rate of women was more than twice that of men, in female patients It is often suggested that nasal odors are repeatedly strengthened or weakened according to the physiological cycle, and it is suggested that combining these results suggests that sexual hormone had great effect on atrophic rhinitis / bronchitis.

Atrophic rhinitis and bronchitis have continued to decline since 1956, and at least at least in developed countries, there has been almost no occurrence 2,9). I think this is due to the fact that it is common for modern animal farmers and female hormones to be administered in large quantities in aquaculture. Even now, atrophic rhinitis and bronchitis are occurring relatively frequently in rural areas where modern animal farming and milk, meat etc. by aquaculture can not be eaten.

There is "smell trouble SNS" on the net, the number of registrants exceeds 200, overiewing there are many women, the age ranges from 14 to 55 years old. People

suffering from a variety of smells such as bad breath, nasal smell, body odor, irritable bowel syndrome (IBS) gas type, etc. are registered. Because the organizer was suffering from a stuffy nose, "friends meeting with nose smell" was the name until a few years ago. In bad breath / body odor etc., it seems that many people who are not aware while being nose smell are also included.

Many of the self-odor fears of this SNS are said to be "smelly", the experiences of being tormented as "smelly" have become mental trauma and fall into self-odor fear. Is it because it is not actually smelly, because you care about the smell and do not smell so much, the off party (the meeting where people suffering from their own smell gathers and confirm "smell") do not smell It is almost the case.

It is extremely difficult to convince that SNS 's response to self - smear fears, that is to say "coughing" "nas ingusing" etc is a sensitive delusion. In case Difficulty in treating self-smelling fears seems to be difficulty to come, followed by ugly fear, neurogenic anorexia nervosa. In case

In case

【Case】

(Case 1) 47 years old, male

Family history: It is nervous with father and sister (older sister and 2 brothers)

Personality: stiffness, heat neutrality, disgust, gentle, nervous and obsessive

Lifestyle history: Excellent grades from a young age (hereafter, abbreviated for privacy protection)

History history: At 28 years of age, he developed a depressive disorder and repeatedly experienced mild and severe symptoms.

At the age of 32, psychogenic pollaki has developed and continues now.

Current medical history: First grade primary year, rhinosinusitis develops. Since then, I suffered very much from the nasal discharge that came out during the class.

Whether chronic rhinosinusitis became mild or had secretions declined since the second spring of high school, I cease to suffer from running nasal discharge during class.

I have been bothered by bad breath for many years since high school graduation. I have thought that bad breath is caused by chronic gastritis.

Several years ago, bad breath self diagnosed according to gastroesophageal reflux disease, gastric contrast examination at university hospital and 24 hour PH test, but gastroesophageal reflux disease was denied in either case.

The patient began to think that her smell was not a bad breath but a bad smell because it was denied gastroesophageal reflux disease after receiving a 24 hour PH test and where her odor originates from? When I was worried, I read the net's "Friends of troubles with nose smell".

In the second spring of high school, severe acne who had been suffering from the time of primary school 6 years dramatically remitted. This is exactly in agreement with the time when you no longer have difficulty with running nasal discharge during class. Around this time, I suspect that this changed the intestinal bacterial flora, as the older sister's severe acne changed the meal to vegetable emphasis, which also changed the skin and the nasal cavity bacterial flora.

From high school 2 years when my nasal discharge came out and no difficulty during the lesson, I thought that if I followed my memory I had strong nose smell at least in high school 3 winter (I am studying at the library in 3 rd high school And there is a memory evaded).

However, if you further follow the memory, you start thinking about becoming a bicycle racer with high school graduation, beginning to get involved in cycling competitions, and starting thinking from the time when you ran a lot of heavy-duty national highways. Every day, the patient ran a national highway by bicycle and was actively exercising training. I often run through long tunnels by bicycle. Currently there was a smell of nose from the beginning of the second year of high school but it is not strong, I think that it was more appropriate to think that the nasal odor became stronger from this time.

We used individual imported mupirocin 4, 14) which is widely used all over the world for surgery to selectively kill streptococci such as Staphylococcus aureus, but the dry feeling of intrinsic nasal cavity did not weaken (Is unknown).

I noticed the nasal odor and intranasally injected the lactic acid bacteria solution, but since the effect was found to be about 1 hour, now it is surpassing by inhaling horse oil intranasally. Horse oil does not have a strong cleaning effect, but has a long effect duration. In addition, I read horse oil books and inhaled horse oil into the nasal cavity in hopes that the horse oil will regenerate the nasal mucosa that was abolished.

I always try to mask and reduce the thirst of intrinsic nasal passages, but the intrinsic nasal cavity's dryness is strong and watery nasal discharge occasionally occurs only slightly.

From the net, I thought that I was fungal rhinosinusitis, I got an otolaryngologist visit, fungal rhinosinusitis was denied by CT examination, there was no crust formation and there was a weak atrophy in the intranasal nasal cavity but atrophic rhinitis and I could not say it was a psychiatry introduction. I do not know the surrounding reactions such as coughing, nasal ingestion.

(In case 2 and below, six cases of "smell trouble SNS" are cited as reference.) In addition to reading not only writing but also exchanging mails actively We chose what seems to have high possibility of nasal mucosal insufficiency syndrome)

(Case 2) 31 year old, male

Current medical history: From 19 years old I assume that I became working in the freezing room and naturally became bronchitis. In case

I visited an otorhinolaryngology department, but it is diagnosed as self-odor fear. No psychiatrist consultation history.

My work is serious without taking a break. I still work in the freezing room now. There is little contact with people close to work on business. I have never been bothered.

When people go to their own cars they think that they smell and can not get on.

When going out to a person's house Be sure to put in a car the physiological saline and wash them with the instrument to wash the nostrils before entering the house I am doing it.

There is writing a "and the like tired day not sleeping mask, is endlessly nosebleed out when that happened too dry".

Personality is serious and obedient. I always mask, but occasionally only slightly water-like nasal discharge with no viscosity. I do not know the surrounding reactions such as coughing, nasal ingestion.

(Case 3) 37 years old, male

Current medical history: I am sleeping in high school, in winter, in front of a warm-air stove, for a long time I inhale warm air, which insists that it creates an enlarged nasal cavity in the nasal cavity and has a stuffy nose, and consulted several otolaryngology did. He was diagnosed with an odor fear from a certain otolaryngology and was advised to visit psychosomatic medicine department. He was admitted to the psychosomatic department with an introduction letter, and he is still in psychosomatic medical hospital. Psychosomatic medicine goes because I want sleeping medicine.

I work for Y station, I have never been bothered. This is presumed to be because the case job at the Y station is very close to contacting people very close. In the Y station I work for a very large number of night shifts. When I joined the Y station, I was concerned about nasal smell, so ordinary people chose the current department to avoid.

"There is a problem in the dry winter season, when it dries it gets bad smell." "There is recently written petrolatum for masking dry prevention, and it is masking."

Personality is serious and obedient. I always mask, but only occasionally slightly watery nasal discharge. I do not know the surrounding reactions such as coughing, nasal ingestion.

(Case 4) 52-year old, male

Current medical history: Ear and nose were bad from elementary school student's low grade and I went to the otolaryngology hospital. In junior high school and high school a lot of nasal discharge came out and I had a hard time during the lesson. In case

After graduating from high school, I join A branch of Tokyo. I work on the floor where there are close to 200 people. So "smelly" is said to be a sign of neglect from company employees. However, he himself did not care much. In case

At the age of 30, it will be moved to the Osaka branch. Again, I work on the floor where there are close to 200 people. Rumors of being in the Tokyo branch are being conveyed, and the company employees say "beholden" in the same way as "smelly". A young employee came near the case and smelled and frequently said "smell". The patient was suffering and underwent surgery for chronic rhinosinusitis at a university hospital. It was presumed that such a torment could have occurred because it was a workplace with plenty of time.

I found a "friends meeting that suffers from a stuffy nose" on the net, I think that he seems to be himself an odor nasal symptom. "There is something in one otolaryngology that there is no crust formation, but it may be called atrophic rhinitis," "the mucous membrane has been tough," he says.

I have written an introduction letter to a psychiatrist at one otolaryngology and sometimes visited a psychiatrist. In psychiatry it was prescribed alprazolam, sulpiride, diagnosed as self-smelling fear. Personality is moderate and sociality is high. There are three children, the family is relaxed. I do not know the surrounding reactions such as coughing, nasal ingestion.

(Case 5) 29-year-old female

Current medical history: I have been treated from early nose and throat with rhinosinusitis until recently from elementary school lower grade. I have been taking antibiotics since elementary school lower grade.

"It seems to have been stinking since junior high school days, but it is not clear, maybe it may have been stinking since elementary school days".

Self introduction of "smell trouble SNS" is as follows. In case

"I have not laughed since my heart for years.

I smell when laughing, so I learned to laugh by closing my mouth.

As much as possible, conversation was short, and I got a technique to complete with a word.

I strive to suck even a bit on my own breath.

The surroundings do not understand this effort.

So I will offer you bracecare

Offering Fabrezes.

That behavior that you are meant for gentleness makes me suffer unnecessarily.

I like kids and I want to get married.

But I felt like I should not be in love because of this smell and it all shut down.

I have a job. Lol

I am working in the hospitality industry at my own misunderstanding.

From a smelly dark worker

You can smell, but you can work with good health

It was recently that it began to aim.

I also went to a famous dentist. I also did a human dog. I even had a stomach camera. I also challenged traditional Chinese medicine. Yet, I did not know where and where I smelled this smell. It is half a year ago that I noticed that I had a stuffy nose.

When will it make me laughable from the bottom of my heart? "

In response to the cycle of menstruation it is argued that often the nasal odor becomes stronger or the nasal odor hardly disappears. Personality is serious and obedient. Water-like nasal discharge occasionally occurs only slightly.

"It was said that the mucosa of the nose is very rough in the otolaryngology and pharynx" "It was said that there was weak atrophy in the nasal cavity in a few cases of otolaryngology and throat". Very irritable to surrounding reactions, ie cough, nasal discharge and so on.

(Case 6) 28-year-old female

Current medical history: When I was a high school student, I suffered from rhinosinusitis, I underwent an otolaryngological examination, and received antibiotics etc. Rhinosinusitis remained in a few years and stopped hospitalization for otolaryngology. It was around the end of the high school days that I was hospitalized for ENT that started to be called "smell".

Because people say "smell", I began to avoid touching people as much as possible. He had self-diagnosis with social anxiety disorder. This is why I thought he was an axillary odor, and I performed an operation of armpit odor.

I thought that I was smelly, I became extremely nervous at the examination site and I failed the college entrance examination. I become a ronin but go to preparatory school because I smell, I will not go and I get ronin at home. However, because of the extreme tension at the college entrance examination simulation test site, the poor performance continues, giving up on going to university.

Even trying to work part-time, I can not work part-time because I am a smell. I fall into a closed basket.

I thought that it was an axillary odor, and when I was 21 years old, I performed surgery on her armpit at cosmetic surgery, but he continued to be said "smell" from the surroundings. Although I had judged myself after surgery for several years, I did not seem to be odor after surgery, I did not know the cause of the smell. About a year ago, I noticed that I had a stuffy nose.

Otorhinolaryngology is admitted, it is diagnosed as self-odor fear, and psychosomatic medicine visit consultation is recommended. However, letters of introduction to psychosomatic medicine department remain unchanged.

I notice that many people with the same troubles as myself are in "smell trouble SNS".

The sense of dryness of intrinsic nasal cavity is strong. I am concerned about the surrounding reactions, that is, cough, nasal discharge and so on.

(Case 7) 46-year-old female

Current medical history: Elementary school 4th year, became rhinosinusitis. Since I became a junior high school student, my nose was often clogged, and my nose breathing became difficult at night. At the same time, I know that there is a bad smell from the nose. I complained about otolaryngology, but I was lightly treated. Around this time, they are said to be "smelly" from classmates and suffer severe burns than female chiefs. Although I started taking medicinal herbal medicine, which is said to be effective for chronic rhinosinusitis, bronchiasis, etc. in junior high school 2nd year, remission (it does not matter if you do not care about nose smell) in about 3 months, but high school The first year, I rekindled. I examine it in the library and think that my pathology seems to be bronchitis. It was said that "smell of fart" and "smell of feces" will take place at junior high school. In case

When I was in my twenties, there was something in an ear, nose and throat "There is black in the nose! I smoke cigarettes like Godzilla! (Case does not smoke cigarette)".

Around this time, chronic rhinosinusitis became extremely worse and a lot of green nasal discharge appeared, and it pointed to the place where the case was in the work place and was made a fuss about "That squid odor ~ fishy smell ~". This is immediately after taking antibiotics for 7 days, and it is presumed that *Pseudomonas aeruginosa* has abnormally proliferated¹³). In case

I have been consulted with many otolaryngologists, but it is said that there is a weak atrophy of the nasal cavity which is not atrophic rhinitis, the nasal mucosa is extremely rough "in one ENT.

I used mupirocin as an individual import, but it comes to the stomach (stomach is rough), and stopped using it in a few days if the effect is not felt. In case I assert that the nasal odor becomes stronger or weaker as a result of the physiological cycle, especially the odor is strong during menstruation (I do not smell on my own, so I judge from surrounding reactions). In case "When taking medicine (Note; etizolam), there are no reactions such as throat cleansing and nose ingress in the surroundings at all" "There are many cases that it is said that brothers and families do not smell," "My son also has a stuffy nose". etizolam was importing individuals from the net. In case Recently I often point out "smell of fart" and "smell of feces". I care about those who have bad breath in the workplace. It is extremely sensitive to smell. At home, let the child check the smell, and say "no smell" to blame until we cry "tell me the truth". "When the smell is bad, neither pus nor nasal discharge comes out (the nose dries) When the smell gets lighter, pus emanates and the nose feels moist The point is that smell is not severe if it can be excreted even though pus appeared. If excretion is delayed and pus accumulates in the maxillary sinus or the like, a bad smell will occur!

I think that it is such a diagram. "

And there is writing.

I dislike a lot about being told that "odor," "overdose". Very irritable to surrounding reactions, ie cough, nasal discharge and so on. In case

(From the above seven cases, it seems that men are insensitive to the surrounding reactions, that is, cough, nasal drowsiness, etc. However, men are also susceptible to surrounding reactions and diagnosed as self-odor fear in this SNS All of the female examples listed here merge self - odor fear)

【Discussion】

It is considered to be a toxin produced by *Staphylococcus aureus* that destroys the nasal mucosa of the intranasal nasal cavity including nasal glands and goblet cells that produce nasal discharge. *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, etc., which are considered causative bacteria of chronic rhinosinusitis, are unlikely to produce strong toxins which destroy the nasal mucosa. About 30% of *Staphylococcus aureus* is possessed in the nasal cavity as an indigenous bacterium in Europe, but it does not hold 70%. The reasons have recently been elucidated 20). *Staphylococcus lugdunensis*, an indigenous nasal cavity, produces substances that inhibit the growth of *S. aureus*, but not as much as

30% possesses *Staphylococcus lugdunensis*. It is not clear in thesis 20) that the reason for not possessing that *Staphylococcus lugdunensis* is whether it is genetic or born or is caused by taking antibiotics.

In the latest paper in Japan, 8.1% of patients with chronic rhinosinusitis in children are considered to possess *Staphylococcus aureus* in the nasal cavity 6). It is estimated that *Staphylococcus lugdunensis*, one of the indigenous bacteria in the intranasal nasal cavity, has been killed by taking antibiotics because the statistics in Europe are adults and take antibiotics until they become adults. The proportion of possessing *Staphylococcus aureus* in the intranasal nasal cavity is similar in other papers.

The mechanism by which the nasal mucosa is damaged in chronic rhinosinusitis is not inherently possessed of *Staphylococcus lugdunensis* or has no acquired nature so that *S. aureus* is easy to grow in the intranasal nasal cavity and yellow grapes. It is thought that the metabolic product (toxin) of the cocci will damage the nasal mucosa.

In case

Presently, it is common to administer antibiotics to rhinosinusitis and allergic rhinitis, *Staphylococcus lugdunensis* has been destroyed, basically only *S. aureus* present only in the nasal vestibule is in the intranasal cavity. The mechanism of becoming a bacterium that grows even though it is present is assumed.

Those who complain of nasal smells claim that they drink less frequently but only a few days after taking general antibiotics. Even if you take it for a week, it is the first few days that the odor decreases. This suggests that it is *Staphylococcus aureus* that is stinky. In the case of at least *Staphylococcus aureus*, bacteria that have acquired resistance to drugs are less habitable than ordinary *Staphylococcus aureus* as they obtain their drug resistance at the expense of their habitat ability 3).

Normally, ordinary *Staphylococcus aureus* which is drug sensitive occupies the nasal vestibule and intrinsic nasal cavity and lives in such a way that drug-resistant *Staphylococcus aureus* is hidden in a few pores in the nasal vestibule, but antibiotics

It is thought that the administration causes the normal *S. aureus* to die and drug-resistant *Staphylococcus aureus* grows not only in the nasal vestibule but also in the neighboring inherent nasal cavity at once. However, a few days later, the possibility of *Pseudomonas aeruginosa* is also expected to increase at a stretch. In case

Many people who complain of nasal smell complain of a strong dry feeling only occasionally slightly out of nasal discharge. It is considered to be due to the strong desolation of nasal mucosa. *Staphylococcus aureus* is resistant to drying, but in humid state other bacteria are also easy to grow and *S. aureus* does not grow much.

In case

Moreover, it is inferred that *S. aureus* is abnormally proliferating because it is pointed out by "human being" "smell of fart" and "fecal odor" 13).

Those who suffer from the nasal smells participating in "smell trouble SNS", many have visited otolaryngology with nasal sinusitis or allergic rhinitis.

In females, he says, "In response to the cycle of physiology, the nasal odor becomes stronger, the nasal smell almost disappears," and "The nasal odor becomes strong during menstruation." It is presumed that this is due to the change in the microflora of the intranasal nasal cavity in response to the physiological cycle 12). This has been consistent with an ancient hormone theory as the etiology of atrophic rhinitis / bronchoscopy, and malodor of atrophic rhinitis / bronchitis increases during menstruation 2). Several women who participate in this "smelly trouble SNS" are guessing by the surrounding reactions because they do not know the malodor on their own, but their sensitivity to the surrounding reactions is extremely high, and the correct judgment and seem. However, most of the participants in this SNS are self-odor fear or merger of nasal mucosal insufficiency syndrome and self-odor fear. In case

Even after going home at night, even if I wash the nose with saline etc., the next day morning, it is said that all the cases which give off a stench from the inherent nasal cavity are all. Nasal washing with physiological saline or the like temporarily works, but its effect duration is not long. There are many people who say it takes about 2 hours.

There are quite a lot in this SNS who claim to take benzodiazepine anxiolytic drugs, dramatically eliminating surrounding reactions, ie, coughing, nasal administration and so on. This is thought to be a self-odor fear because hypersensitivity is lost temporarily, but nasal secretion is parasympathetic innervation, sympathetic nervous hypertonia is resolved by taking benzodiazepine type anxiolytic medicine, inhibition of parasympathetic activity It is thought that the nose smell is weakened by promoting nasal secretion.

In DSM-5, self-odor fear is classified as "other identified obsessive and related diseases / other identified compulsive disorders and related disorders". "Crows fly away saying Kaakaa (smelly smell)" There are also those who say that the car behind is greatly leaving a distance between the cars, which is called "schizophrenia spectrum disorder and other psychotic disorder group" are categorized. In case

【Finally】

A number of atrophic rhinitis / bronchitis was present in this new disease state before 1953, many chronic rhinosinusitis was present, so many were present, but no crust was formed, atrophic property Because odor is generally weaker than rhinitis /

bromodystrophy, it is thought that it was hidden behind veil of atrophic rhinitis / bronchoscopy and was overlooked.

Many people seem to have misdiagnosed the odor as fear of self odor at least in the nose odor. Many people who complain of nasal smell perform nasal washing with physiological saline or the like several times each day, and almost everyone who has a weak odor at the time of visit is almost all.

Some people who are regarded as self-odor fears are considered to contain nasal discharge secretion syndrome. Since nasal odor can not be perceived by oneself, it seems that some people who are complaining of bad breath / body odor and self-odor fear also include nasal secretion syndrome.

In case

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Toshiro Takami: 1 case suffering from nose smell, which are misdiagnosed as halitophobia

---- nasal mucosa imperfection syndrome (ozena of a new concept) ----



I am a psychiatrist now and also a doctor of brain surgery before.

home

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I would like to receive an email. I will not answer the phone.

Currently 56 years old

Born on November 26, 1961

8/24/18 7:17 AM

8/24/18 7:17 AM