New Treatment Paradigm - Frequency Specific Microcurrent

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[00:00:01] Good afternoon and welcome to the Frequency Specific Microcurrent introductory webinar. Frequency Specific Microcurrent is effectively it's a new treatment paradigm, except it's not new. We've been using FSM since 1995 and teaching it since 1997, so it's 21 years of experience and it has turned out to be changing medicine. It's a new treatment paradigm and when you change medicine, you have the option of changing people's lives. And that's the thing we enjoy the most about. FSM So how does it do that? That's what this webinar is designed to tell you. So the thing to ask yourself is what would happen to health care, to your health if you're a health care provider, what would happen to your practice and your ability to take care of patients? If you could reduce inflammation, treat nerve pain, low back pain, neck pain, dissolve scar tissue. Excessive scar tissue. Not necessary scar tissue. Reduce stress. And increased cellular energy or ATP production within the cells by 500% fairly quickly and without drugs. Frequency Specific Microcurrent has been doing that and much more for about 20 years with frequencies and Microcurrent. Let's go back and look at some history that will give you an idea of where we came from and how frequencies and Microcurrent could do this. Fsm history is that Frequency Specific therapies were developed in the early 1900s, mostly by MDS and osteopathy. In the United States, the UK and Germany. And used by thousands of physicians until 1934.

[00:02:01] These are some examples of the old kinds of machines in the patents that were taken out on them. However, pharmaceutical medicine started in about 1915, 1912, and by 1910, 1917, medicine labeled all of these electromechanical therapies as ineffective fakes, drugs, and surgery were to be the only tools of medicine, the only thing that doctors were allowed to use. So nutrition. Herbs, homeopathy, and frequency therapies were outlawed. Every tool that alternative physicians now use except for prescription medication was outlawed. So. Any physician who used these tools would lose his license. The devices went into the back rooms. All of the research and the history were lost. Imagine what would happen if your grandfather had a practice or even your father. And practiced medicine until he was in his sixties. And then he died. And he had this library with odd-looking books and history and journals and pamphlets and

research papers. What do you do with that? And Grandpa dies. It goes to the dump. Same thing with the equipment. The old-fashioned kind of equipment that was used in the offices that went into back rooms, got covered up by a sheet or went to the dump. And the practitioners, more than that, the practitioners were persecuted. So it didn't take long for frequency therapy to die out. But in 1934 it was frankly illegal. So about 1946, Harry van Gelder was an osteopath and naturopath from England who bought a practice in Vancouver, Canada, that came with a machine that was built in 1922.

[00:04:09] So we bought the practice in 1946, walked into the building, went into the back room, looked around, as you do in a new place, and walked into the back room. And there's this thing covered with a sheet, takes a sheet off of it, looks at the machine, and then noticed in the drawer on the table that there were papers with frequencies written. Now, this is some of the frequencies that were on Van Geldof's list. It was an old kind of machine. I've never actually seen it. I just got the list. George Douglas was a chiropractor, worked with Dr. van Gelder in 1983 and brought home a copy of the list and stuck it in a drawer. In 1983 1994, I graduated from Chiropractic College and George bought me as a gift from a friend, bought me a two-channel precision microcurrent machine made by Glenn Smith in California, and it has two channels, and Harry's old machine had two channels. So in 1995, right after I started practice, we had this two-channel machine, and George happened to run across this list of frequencies in the desk drawer and said, I wonder if those frequencies would work on Harry's on this microcurrent machine, this list of frequencies from Harry's old machine. I wonder if it would work on this Microcurrent machine. So we started trying them in 1995. All of the information about how the frequencies were derived that has been lost.

[00:05:48] I have no idea. We have some ideas, as you'll see about how they but not much data about how they work. And the 1920s equipment was not Microcurrent it plugged in the wall back when wall current was direct current. So the frequencies were first used in 1995 to treat muscle and nerve pain. We had such incredible responses in 95 and 96 that I decided in 1997 that I had to teach them. And we found in 1997, I taught it for the first time, January 17th of 1997. So 21 years ago now. Almost exactly. And we found that the results were reproducible. That's why I taught it the first time was to find out was it something particular about my clinic or my hands or whatever that gave us such extraordinary responses? Or was it reproducible? So I taught it not very well in 1997, and by June of 1997, we knew that the results were reproducible, the

benefits have been consistent, and the effects are both teachable and reproducible. So the course that we teach in Frequency Specific Microcurrent allows you to do what we have been doing for 21 years, and we'll get to some of that research in those case reports, research in animals and humans and clinical results, collected case reports in various conditions have accumulated over the last 20 years. So what we found out was that the clinical response is frequency specific. The frequency effect matches the description on the list, the frequency 40 hertz to inflammation.

[00:07:42] We made the assumption that was to reduce inflammation because why on earth would you want to increase inflammation? That frequency reduces pain, swelling and redness reduces inflammation, but it doesn't change range of motion. It doesn't do anything for scarring. The frequency for fibrosis and scarring does all scar tissue increases range of motion, but does absolutely nothing for inflammation. The frequency for hemorrhage from the list turns out to stop bleeding, excessive or abnormal bleeding and pain in the menses. So you can take a very heavy period and make it lighter. You can take dysfunctional uterine bleeding and make it lighter or make it disappear. And in brand new injuries, it prevents bruising. So when we treat patients after hip surgery, for example, you run the frequency to reduce hemorrhage or bleeding. And these patients don't bruise normally after hip replacements. Patients are bruised and they're hip to their toe. There's a frequency, three frequencies for toxicity. And those frequencies change, function and sometimes pain in patients who have been exposed to toxins. But it doesn't cause detox reactions. It doesn't make them sick. We found that to be interesting and you'll get an idea about why that is. Kidney stone pain is effective in every case so far since 2002, but it's not useful for any other condition, and the frequencies to reduce the stone are completely different. Now the FDA position on frequencies is that the use of frequencies is a therapeutic tool, has not been evaluated by the FDA and Frequency Specific Microcurrent does not make any claims about being able to diagnose, cure, mitigate, treat or prevent any condition or disease.

[00:09:42] But as a clinician, I can present research results and my clinical outcomes in any venue, including a webinar and the devices and the frequencies are separate. The devices have a 510 K FDA approval in the category of TENS devices for the treatment of pain. Even though they're not tens devices, that's 1000 times less current than TENS. So what do we do with Frequency Specific Microcurrent? For example, when you have a new injury, you all know whether you're a practitioner or a patient, that healing takes

time and energy and the healing rate. How long it takes to heal a cut or soft tissue injury or sprain or fracture. That healing rate is limited by how much ATP or cellular energy the body has to work with. How much can it do? The blood supply to the tissue that's been injured. When you build new tissue, it has to have blood supply. Collagen is connective tissue. And elastin, which is the elastic tissue that makes the repair tissue normal. So this is what limits, how fast you heal. Okay. But what would happen to healing if you could increase energy production by 500%? There's actually research about that. A lot of research, a lot for this area.

[00:11:18] In 1982, not, Chang published a paper on the effect of electrical currents in rat skin, protein synthesis in rats. And what he found was that as long as the current was below 500 microamps the current flow by itself just direct current increased ATP production by 500% protein synthesis, which is what you need to build new cells by 70% amino acid transport, which is what you need to make proteins that increase by 40% Seegers in 2001 and again in 2002. Found out that not only did micro amperage current do these things, but it also increased cyclic amp, which is a part of cellular energy in human lymphocytes. So we actually have Microcurrent research in a human tissue. It's not just rat skin and it activates signal transduction, which is just talking about how the cell communicates within itself. So Microcurrent started to be used in 1970 879. It was used pretty widely in the 1980s and then fell out of favor because the results were. Uneven. Not predictable. Never hurt anybody. But it was people didn't understand how current that you couldn't feel could help you. So the devices are approved in the category of TENS devices. Even though it's not a tens, it's millions of an amp. It's a thousand times less current than tens. And if you use it, tens, device, tens devices operate above 500 micrograms, so they actually reduce ATP production. If you're an esthetician or somebody that does facials, there's a non-prescription kind of Microcurrent that you can use to do facial treatments helps with wrinkles because as you'll see, it increases collagen production.

[00:13:28] If you are a health care practitioner or if you're a patient seeing a health care practitioner, they can bill for using microcurrent as if it is a TENS device as long as they are using it for a diagnosis that includes pain. Tens is approved for the management of pain. Microcurrent devices are variable. They have direct current pulse direct current. They have square waves, sine waves h waves, ramped waves, one channel, two-channel. There are combined units that have ultrasound, inferential, galvanic, and

Microcurrent. And in general, up until 1990 798, the frequency wasn't important. It was either a limited number that would pick four or five frequencies based on, I don't know what, or a sweep or frequencies where the device just ran through 0 to 1000 and back again. There was one machine that did that and what we found or what they found in rabbit biopsies at University of Washington. Now, this was unpublished mostly because it was done for the esthetics industry. So facial therapists estheticians the lady that does your facials doesn't really care about peer-reviewed published papers. So this was never published, but they put it in slides to talk about how Microcurrent improves facial treatments and what they found using Microcurrent on rabbits. Five days a week for four weeks. That's what you give a graduate student at University of Washington to do.

[00:15:02] You biopsy the money, then you treat the money for 20 days, and then you re biopsy the money and the Microcurrent increase the blood supply, healthy blood supply to the area by 39%. It increased collagen production, the connective tissue that repairs tissue by 14%. But here is the best part. It increased elastin by 48%. If you're trying to heal a new injury, the problem with repair tissue is it tends to not be elastic. If you run Microcurrent while an injury is healing, you increase elastin and you make the repair tissue healthier and more flexible to help prevent the next injury. Microcurrent increases ATP production. You saw that from knocking and Seegers. That's the plane current, but the specific frequencies are the new tool and modulated Microcurrent increases ATP production and improves wound healing. But the frequencies add an additional dimension to healing and tissue repair. That just makes a huge difference, as you'll see. Here's some basics about how you heal. There are genes that are turned on by injury that determine the rate of healing early emergency genes. These go on immediately, but they're all off by about the 5 to 6-hour mark. Cell receptors on the cells. Respond to external factors. So you get an injury, a cut, a bruise, a surgery, a fracture, whatever. There are cell receptors on the outside of your cells that respond to external factors like bleeding blood outside of a blood vessel creates all sorts of responses inside cells that are in the area.

[00:17:01] Bacteria, if you're exposed to an infection. Tissue fragments, if you torn something up or you busted something, those tissue fragments float around, get picked up by the immune system, and taken around the body and presented to certain cells. The those things bleeding bacteria and tissue fragments. Land on these receptors. Those receptors activate the kinases or peptides inside the cell that activates

transcription factors that modifies genetic expression. And that creates inflammation and begins the repair process. So these factors turn on these new injury genes. And what we know is that if you add frequencies to the mix when you're treating a new injury, you can prevent soreness, accelerate repair probably by about four times. So this is actually a controlled trial. It's actually a proper published paper and it compared Frequency Specific Microcurrent to plain modulated Microcurrent that just ran 3/10 for hertz and 30 hertz, the single channel Microcurrent device. So FSM uses two channels and these are the frequencies that were used. Frequencies stop bleeding, treat the tissue for being torn and broken, reduce inflammation, and then vitality. So this is delayed onset muscle soreness where they exercise the hamstrings until they knew for sure they were going to be sore. And we used one machine that was turned on and one machine that was turned off in. The patient was obviously blinded to the effects and the results were this the placebo leg or the machine that was turned off at the 24-hour mark.

[00:19:03] The pain level was a five out of ten, but in the treated like it was a one at 48 hours, day two, if you exercised the soreness, that's when you're going to be the most sore. And sure enough, the sham leg of the placebo leg was a seven out of ten and the treated was one at 72 hours, the sham leg was a four and the treated leg was less than one. So P-value is a measure of statistical significance and p-value with three zeros and a five is huge. And the thing about delayed onset muscle soreness is there is no other effective treatment. So this demonstrates and we know from Allen's study in 1999 that UN modulated Microcurrent doesn't work, it was equal to placebo. You have the frequencies and it's not. It's definitely better than placebo. By about 5000 times, genes turned on by injury determine the rate of healing. If the frequencies change those genes and speed healing if the treatment begins within 4 hours of the injury. This is what we found out. What I found out in 1998, the first time I treated somebody within 4 hours of the time of the injury. And what we found was that if you can treat somebody within 4 hours, the time of the injury, it's as if it doesn't set up and it heals in about four times.

[00:20:37] It can heal within about four times as fast. Probably the best known FC new injury patient was Terrell Owens. He was injured on Sunday, December 19th. In 2004, he was a wide receiver, Philadelphia Eagles. That's him. He tore up his ankle and his lower leg, basically avulsed the deltoid ligament. That's the ligament on the outside of the ankle broke his fibula, which is the little bone in the lower leg. It was an open spiral fracture and shredded the ligaments, the connective tissue that hold the two lower leg

bones together. He had surgery on December 21st. On Tuesday morning, the screws and plate were installed to hold the tibia and fibula together. The deltoid ligament was. They just paste it down. They don't suture it. They don't do anything to it. They just let it heal. So the day he was injured, he had a sports unit, an FM sports unit that included the protocols for the fracture. They started from 3 hours after the fracture. And then they called me Monday morning and said he wanted to play in the Super Bowl six weeks from the date of the injury and did I think it was possible? And I said, Yeah, but I have to be there right when he gets out of surgery. So I took the plane overnight, got there 6:00 in the morning. He got out of surgery at 730 and I treated him in the car on the way back to the house.

[00:22:10] And I treated him for 24 hours straight on the day of surgery. Now, after a surgery like this, in a fracture like this, you expect the lower leg to be about the size of a football or maybe a rugby ball. It's the swelling is usually huge, very bruised, and quite painful the day after. So he had surgery Tuesday morning, Wednesday morning. He had no swelling, no bruising, and no pain. So I treated him, I. Until Christmas Eve. So I treated them on the 21st, 22nd, 23rd. I flew home on Christmas Eve, the 24th, and I came back on Monday. And this was day six after the fracture. He was treated with FM, either an automated unit or by somebody in person 4 to 5 hours a day, every day. The trainer for the Eagles had him running on a treadmill in a swimming pool with water up to his wrist. They put his big Ziploc baggy on his leg. They had him running on day three to keep his aerobic conditioning up. And when I arrived on day six, this is the picture I took at the front door. Terrell and his girlfriend were chasing each other around in the snow out in front of the house, and he was wearing sneakers like sneakers. Not a boot, not a cast. He was out of the boot sneakers, week two. They started him with proprioceptive training in the training room with Burkholder as a wonderful trainer and really made this project possible.

[00:23:46] Now, the surgeon was running around the country telling anybody with a microphone that the injury would heal in 18 weeks or maybe never. It was career-ending. The Super Bowl dream was unrealistic and silly. And at four weeks, the. He would not approve Terrelle to weight-bearing train. So Burkholder had the team trainer, the team doctor order X-rays and fluoroscopy, and they found out that the fracture was completely healed in four weeks and the ankle ligaments were completely stable in four weeks. They didn't do prolo he did sleep. If you see, this is our little treatment room on

his couch in the living room. There's the hyperbaric chamber. He got into that at about week two, but that's his FSM, his good diet, Burkholder training, and his basic good health a week before we can start thinning out fibrosis. But I couldn't take scar tissue out because I didn't have time to put it back. The lower leg scar tissue prevented him from running when he got to the Super Bowl on Tuesday in Florida. And that was at five, what, five weeks in two days. So Wednesday I got there Tuesday night, Wednesday treated him for 5 hours with Brian Klotzbach. And Brian still describes it as bloodless surgery. And this is the Ferrari that we are working on. He was an incredible shape and very healthy. He played in the Super Bowl.

[00:25:16] Yeah, we took apart the scar tissue on Wednesday and Thursday. He ran on Friday like he'd never been hurt. And he played in the Super Bowl. Six weeks after the injury, he ran for 157 yards and I think made two or three touchdowns. This recovery in general has been judged to be impossible, and it's turned out in various sports settings to be relatively routine. When Terrell made the Football Hall of Fame in 2018, he thanked the FSM dream team for his recovery. And then it was me and Brian Klotzbach and Chelsea England. It was his massage therapist surgery. This is after a facelift. So this lady had brow eyes, mid face, chin done, and the surgeon did a great job. They did normal standard of care after the surgery, packed it, iced it, put in drains. Day you notice she's not bruised. She's got a little bit of bruising here. Day five, day six. Day nine. She looks a little puffy, which I don't understand. Maybe it's the hair, but this is day 11. She's got a little bit of makeup on. But this is 11 days after what is effectively a full facelift. 80-minute treatment immediately after surgery. So it has to be done within 4 hours. And then they treated her daily for seven days and it was magic. This is Marissa Brennan. This is from OBGYN John Cale, and he used FSM after C-sections and FSM patients get out of the hospital about a third or a half a day, less shorter have shorter hospital stays, and more important, have less pain at rest and activity.

[00:27:09] So if your pain levels are three after a C-section with no medication, that's the thing. You can walk better. You can take care of the baby better, you recover faster. Now, if you can do that after surgeries and trauma, what happens if you have a wound like a diabetic ulcer? So this patient had obviously pretty bad diabetic peripheral neuropathy and he had a huge seven-centimeter-long ulcer in the left side and the medial side of his left leg. Look at that toe. This wound healed. You can see it here versus here. This wound healed in six treatments over three weeks. This is a case

report from 2002, a long time ago from Nora Collier this toe. They were basically waiting to amputate it until this one got bad enough. So this one, this second third digit improved in seven treatments. This really necrotic one that they were going to have to amputate that resolved in 12 treatments. And this peripheral neuropathy, if you know anybody with peripheral neuropathy, their feet are numb and painful. So this patient's feet were numb. And what does that eight out of ten sensory sites on the second end, one month later, he had full sensation and no pain. So diabetic neuropathy is are easy. So here's the thing. If FSM can increase healing and slow turnover tissue like the skin, the bone, and the muscle, imagine what happens in fast turnover tissue like the small intestine.

[00:28:50] So the skin, the bone, and the muscle turnover, you have new tissue there, new cells there. And about 2 to 3 months, I think. Bone is even slower than that. But the soft tissue. It's about 4 to 8 weeks. The small intestine, you don't have a single cell in your small bowel. That was there four days ago. It's a very fast turnover tissue. So if you've got what they call leaky gut or irritable bowel, if you can do this. In slow tissue. I can tell you that we have very good success with irritable bowel, leaky gut and even Crohn's if we get it right. So how does this happen with just frequencies and Microcurrent? Think about that. The fact that it happens is something has taken us 20 years to demonstrate pretty clearly. So let's talk about how it happened. Genes turned on by healing determine the rate of healing. We've got these and they turn on and they're off by 5 to 6 hours. Cell receptors respond to external factors like bleeding bacteria, tissue fragments, and they activate these kinases, these peptides inside the cell that change transcription factors and change genetic expression. So if you're not a medical person and you're a patient, you just have to think about the inside of a cell as a little factory. So this is the order desk and this is the beginning of the little conveyor belt where the parts are put together.

[00:30:32] This is the machine that puts the parts together and this is the finished product. Like how do you repair tissue, create inflammation that creates scar tissue so drugs and nutrients act like keys in a lock they land on this receptor. So if you're taking Advil or an antibiotic or antibiotics work differently. If you're taking Advil or vitamin C or vitamin D, those drugs and nutrients act like a KEY IN A LOCK and make a mechanical connection or a chemical connection with these membrane receptors to change what the cell does inside the frequencies. Act like your key fob, your key remote, changing

that same lock with an electromagnetic signal. The frequencies that appear to change membrane receptor configuration and cell function. Electromagnetically. Now, if you think about it, your key fob opens your door lock, not the door on the car next to it, not even the back door. The first time you push this little unlock button, it unlocks your front door, then you push it again. It unlocks the back door, not anybody else's car. It is a Frequency Specific key fob. It's the same basic principle. The frequencies appear to change the genes and speed up healing. But how do they do that? It makes sense. We're used to it with a door lock on a car. But how do they do that in people? Here's the story.

[00:32:13] The human body is a quantum biological system. Most everybody has heard of Deepak Chopra's book, Quantum Healing. This would fall into that realm. What we know is that living tissue is biochemicals. Okay. Biochemicals are. Made up of molecules or made up of atoms. Atoms were made up of subatomic particles that are held together by electromagnetic bonds. And here's the key. Every bond. Electrical mechanical bonds, every bond, chemical bonds, every bond has a frequency at which it resonates. Every bond has a resonant frequency. So that's one thing to keep in mind. Then how are frequencies conveyed in the body? This is a schematic diagram of the inside of a cell, and there's this gel matrix that fills the cell. Water molecules line the gel inside these cells and form structures that sort of flicker and act as if or act very much like a semiconductor. So your body's 85% water. This is where the water is. It's not just at your ankles when you're on an airplane. This is where the water is. It's inside the cell. The water molecules line this gel, turn into line this matrix, turn into a gel, and that gel acts like a semiconductor. Your body is an electromagnetic system that looks solid, but the cells actually function as a semiconductor network, and the semiconductor network conveys current charge and information. That's where the resonance come in comes in. That's where the frequency comes in.

[00:34:21] So resonance. What is resonance? You've heard me talk about frequency medicine and resonance therapy. Resonance is the tendency of a system or a bond to oscillate at large amplitudes in response to some frequencies and not others at the resonant frequency. Very small forces can produce very large amplitude vibrations. So you all know that soldiers, when they are marching on a road, if they're marching in step. And they're the vibrations from the footsteps of 200 guys walking across a bridge can cause that bridge to vibrate, and if it hits the right frequency, the bridge will

collapse. So they learned it the hard way. And ever since, I think in the 1800s, soldiers marching in step by step march out of step when they go across a bridge. And it's resonant. There's no other way that 50 guys could take apart a bridge. Except walking across it with a frequency. From their feet. Resonance explains the effect of the frequencies. You've all seen the trick where the singer will break a lead crystal glass. The way that trick works is that there is a precise frequency that holds the lead atoms together in a crystal matrix. The lead atom bonds vibrate when the singer's note is very precise and sustained, and they vibrate and the lead crystal comes apart because the lead atoms are vibrating so much biological resonance, the frequencies act like your key remote. They act like the singer's voice breaking the glass, opening a lock, or changing the bond with an electromagnetic signal.

[00:36:24] The frequencies appear to change membrane, protein configuration, and cell function electromagnetically with a specific frequency signal. Old problems need new tools. So if we're changing medicine, what are we changing? You've got anti-inflammatory drugs and nutrients, and the problem with those are they take too long. There are too many side effects on the kidney. The gut and some of the inflammation products are just too hard to change. So this is an inflammation. This is shingles. I have to move the slide, the shingles case report. This is shingles in the ophthalmic branch of the fifth cranial nerve and an 85-year-old man. So we have one frequency combination, 230 and 430. And in the last two years that has been modified because the virus seemed to mutate. But this was done in 2010, actually, the treatment was done in 2007. And this gentleman had shingles in a cranial nerve in an 85-year-old man. That shingles almost 100% of the time ends up with post-herpetic neuralgia, where the nerve is damaged enough that it is constantly painful until the end of the patient's life, especially at the age of 85. So patients at the age of 85 that get shingles, the ophthalmic branch of five, this is what they die of and this is what they die with. This patient treated him for one hour. He was pain-free and was actually married to him.

[00:37:56] This is Dr. David Simonds, who wrote the Trigger Point Manual. So I treated him for 2 hours that night and then another 2 hours the next night. The pain never came back. The lesions were gone and dried up in 48 hours. How did that work? Microcurrent didn't do it. The frequency to reduce inflammation actually increased his pain. How did it do it? Think about it. The frequency acts as if it changes membrane protein configuration and cell function. Electromagnetically It acts as if it simply disassembled

the virus. Capsid. This is a schematic of the shingles virus and it acts as if the frequency just takes it apart. So what if a frequency or what if this new tool could reduce inflammation by 62% and 4 minutes could reduce cyclooxygenase inflammation by 30% in 4 minutes? We have animal research that shows that the frequency to reduce inflammation 40 hertz on Channel A and 116 hertz on channel B reduces inflammation. In a blinded mouse model. And what? That doesn't mean the mice were blind. It means the people that were using the frequencies didn't know if the machine was turned on or turned off. The people that were measuring the mice didn't know if they were treated or not treated. And the mice that were treated with a frequency to reduce inflammation had inflammation reduced by 62% in lipo, oxygenation, mediated inflammation, and by as compared to the placebo and 30% reduction and COX Mediated as compared to the placebo, all the animals responded.

[00:39:47] And it was a four-minute time-dependent response. So there is no way, there is nothing that will reduce inflammation by 62% in 4 minutes in the medical world. Steroids don't. Ibuprofen doesn't do it. Celebrex doesn't do it. Fsm does 62% in 4 minutes in every animal tested. And they found out that only one frequency combination worked. If you ran just plain and modulated Microcurrent there was no reduction run any of our other frequencies that was no reduction performance of an intermediate injury. It's another set of our frequencies that was no reduction in inflammation. And this was a really simple way of measuring inflammation. It was just measuring the swelling in the ear. So here's a precaution that comes with this frequency. To reduce inflammation, your body uses inflammation to fight infection. The frequency will actually override the bacterial signaling in your cells. That turns on inflammation. So when you have a little cut in your finger and it gets red and sore, that's because the bacteria, little fragments of bacterial cells land on that skin and cause the cells to begin to produce the genes that turn on inflammation. The frequency overrides that we can turn information off for between two and 6 hours. And during that 2 to 6 hours, the infection can proliferate while the inflammation is gone. So our practitioners are taught this precaution of 40 in one, 16 or 40 in any tissue increases pain.

[00:41:27] They are to check for infection and take medically appropriate steps. This is our most useful and powerful frequency. It is also one to be used with respect and knowledge, which is why our practitioners take a course that is four days long and they hear this precaution over and over again during that course. If the patients are on

antibiotics, it's just fine to treat so like oxygen is some COX cyclooxygenase mediated inflammation are associated with all degenerative conditions asthma, irritable bowel pancreatitis, rheumatoid arthritis, degenerative arthritis, liver disease. So that frequency would really change the outcomes in those conditions. So inflammatory cytokines are associated with various medical conditions and the medications they use to reduce the cytokines have a problem, they reduce the cytokines below the normal range. But what if they all stopped in the normal range? We found that out with Frequency Specific Microcurrent treating patients who have fibromyalgia from spine trauma. These patients come in with their pain level between around a seven an average seven out of ten. And there was only one frequency that worked 40 hertz to reduce inflammation. You just heard about that one. Ten hertz is the frequency to address the spinal cord. Now, there are 2 million patients in the US alone with this condition. It's 25% of fibromyalgia patients, 40 hertz on Channel A, ten hertz on channel B. And they came in and their pain was reduced from a 7.4 to 1.3, and then 58% of them recovered from fibromyalgia by being treated in the office using a home unit to treat themselves at home, physical therapy, reconditioning supplements to treat irritable bowel, the adrenals.

[00:43:23] There are various things you do to treat. And in this group of patients, we had a subgroup of six who had let's five who had their cytokines tested by an immunochemist at the National Institutes of Health. His name was Terry Phillips and he's one of the authors on this paper. So. This is when we started treatment when the pain was a 7.4. This is what we when we finish treatment an hour and a half later when the pain was one, interleukin one is associated with all sorts of neurological inflammation and it went from 392 down to 21. This is unprecedented in 90 minutes. Medically cytokines are hard to change. And when they change slowly, when they change slowly, if they change at all. Tnf-alpha is another inflammatory cytokine that's associated with all sorts of degenerative and inflammatory diseases average one from 305 down to 78, and the normal range is down to 25. So the very first patient went from 300 down to 20, which is in the normal range. The important thing here is they don't drop below the normal range. This also suggests that the frequency is working by changing cells, signaling it's not dismantling the cytokine. It changes cell signaling to turn cytokines off and return cell signaling to normal interleukin six goes down.

[00:44:57] So here's the thing. So cytokines are created by changes in cell signaling. Interleukin one, interleukin six TNF-alpha, interferon, gamma and CGRP. The only thing

that makes any sense is that only changes in signaling could normalize these values so quickly. Cytokines don't change in 90 minutes. Ever. Except in this study. Substance P is made in the spinal cord. It's a peptide. The data shows that substance P went down in this first patient from 132 down to ten. That's in the normal range. As an average, it went from 190 to down to 54 plus or -28. It's still in the normal range, but it's made in the spinal cord. So this tells us that ten hertz really does address the spinal cord and not much else. Endorphins went up. That's the one side effect of this treatment is the patients get pretty stoned. They get relaxed, floaty, kind of an induced euphoria. It's quite pleasant. And they go up by a factor of ten times. Cortisol goes up, but it's not a stress response because neuropeptide Y goes down. And that's way too complicated to explain in this webinar. Pain scores went down from an average of 7.3 to 1.3, and that P value actually has six zeros. There's zero chance. There is one chance. And what is that, a million or a billion that this change is due to chance or placebo response. So all patients experienced relief, 58% recovered from fibromyalgia within four months.

[00:46:40] This is pretty typical at this point. We actually do better at this now 13 out of 53 discontinued treatment within 1 to 2 months for reasons not related to treatment side effects. That's another conversation, but it shows that fibromyalgia is curable. So this is basically your most difficult and perplexing full-body pain patient. And she recovered. And stayed recovered for six years. That was pretty amazing. So what would happen if you could reduce stress and modify autonomic function in minutes? Well, this is heart rate variability study. And. This was taken after lunch where the Sympathetics were. Slightly subdued and the parasympathetic the autonomic nervous system, the part that says Run away from the tiger, that's the sympathetics, the part that says Digest your food, that's the parasympathetic. And by running frequencies to quiet the [00:47:44] parasympathetics. [00:47:45] No, it was to increase the sympathetics. By running the frequencies to increase the sympathetics for 60 minutes, 60 seconds, 60 seconds, and then wait 2 minutes and then retest it. They could drive the parasympathetic down. And then they did another treatment. 60 second treatment to quiet the parasympathetics. And then waited 2 minutes and the sympathetic parasympathetic just about disappeared. And then they ran the frequencies to increase secretions and vitality and the parasympathetic, and they ran those for 60 seconds each, waited 2 minutes, and then they retest. They can be modified. What if you have nerve pain, muscle pain, scar tissue, basically.

[00:48:40] Within the medical therapy field, treatment takes too long, costs too much. It doesn't work very well. Even physical therapy, which is quite helpful, takes a while. So in nerve pain, which is the most difficult to treat medically. Case collected case reports of 20 patients. The average chronicity was seven years. These patients have been in pain a long time. All patients experienced pain reduction. Pain was reduced in the first treatment from an average of a seven out of ten to a two out of ten. Second treatment. They came back in at a five, so bounced up a little bit, but they left it at one 65% fully recovered in about five treatments over a six-week period. No adverse reactions. How interesting. 25% terminated care prior to recovery for reasons that didn't have anything to do with side effects. And this is how you set it up. You put the channel in channel B, reduce inflammation in the nerve around the neck where the nerves come out, and then that's a wet towel with a Microcurrent connection in it. And you put the other contact at the end of the nerve. Muscle pain in the neck. This is 50 cases published a long time ago, 1998, five years average chronicity and the patient served as their own controls because 88% had failed with other treatments and it took 11 treatments in eight weeks to give their pain down from a seven to a two roughly, which isn't too bad when it was up to 28 years chronic.

[00:50:14] Low back pain, eight years average chronicity 87% had failed with other treatments, took six treatments and six weeks of low back pain was actually easier to get. Their pain from an average of seven to an average of a 1.5 dissolving scar tissue in burn patients. Increased range of motion. Every patient had statistically significant permanent increases in range of motion after three one-hour treatment. This was an abstract. It wasn't ever published in the journal, which was too bad, but we had a great time and it's incredibly satisfying giving somebody the ability to hold a coffee cup when he hasn't been able to do that in seven years. So Frequency Specific Microcurrent uses frequencies to do all of this and Frequency Specific Microcurrent is the new tool that we've been talking about for this last hour. And I have to say, if I may, that if you thought the old tools were enough, you wouldn't be here. So I hope that you've learned something in the last 55 minutes that gives you an idea of what it's what is possible to do to change medicine and change lives. If you want to know more about Frequency Specific Microcurrent, there is a new book called The Resonance Effect and published by Penguin and Random House and North Atlantic Books. It turned out to be a page-turner.

[00:51:42] It is altogether delightful if you believe James Oshman, who wrote Energy, Medicine, The Scientific Basis. It's how FSM started, what it does, how it works. But it's about more than that. It's about what resonates with you. What are you called to do in your lives? And if FSM can help with that, I'm happy about that. You can get it on Amazon at your local bookstore and at frequencies pacific dot com. There is a textbook Frequency Specific Microcurrent in Pain Management that was published by Elsevier in 2007. I think we teach Frequency Specific Microcurrent and a four day seminar. Fsm is Resonance Medicine. The power of resonance to take down a bridge or break a crystal glass or dismantle a virus or heal a wound or change the way genes work, reduce inflammation and dismantle scar tissue. It's pretty extraordinary. So how do you use FSM to change your life? Well, read a book. Read the published papers. You can find those on our website frequently. Specifically see an FSM practitioner for treatment. Take the course you can take it on video and pay for or in person is more fun because we give quizzes and I throw chocolate for correct answers. Try the new tool. See what you think. I have to warn you, though, Frequency Specific Microcurrent will change your life more or less forever. We have two questions. How do I get through those two years? Kevin's going to read. You could read off the question.

[00:53:19] One is just mental health applications. Mental health applications. There are protocols for PTSD that are incredibly effective. I've been teaching that since 2000. Five and my practitioners use it but don't publish anything so we don't have any case reports published. There are no side effects except for the patient getting stoned and we haven't found anybody. It doesn't work on mental health applications. You can because we can reduce inflammation. You can change certain neurologic functions. We've been able to treat stroke patients and that's too much to put in this webinar. But so brain injuries, strokes, certain emotional conditions, the challenges, the frequencies work pretty quickly. So you have to be able to work with the patient's physician to change psychotropic drugs. So that's yes. The short answer next question has been used on. Articular necrosis. Vascular? Yes. Avascular, avascular necrosis in the bone? Yes. One case. It was a practitioner who treated herself. She had radiation therapy. Gali 25, 25 some odd years ago and that resulted in avascular necrosis 25 years later. She's pretty stubborn and it was a shoulder that got the avascular necrosis and shoulder replacements are not successful. So she got determined and treated avascular necrosis on herself and was successful in reversing it. I've only had one patient who had

avascular necrosis in both hips and I did not treat him with FSM, so I don't have any personal experience with it. So we have that in of one.

[00:55:12] It really depends on how bad the bone is, what caused it, and whether or not it's safe for the patient to treat it. Just because we have frequencies doesn't mean that you can treat everything with it. It's great. It fractures, though. Osteoporosis, good stuff. And there's a third one, Parkinson's. Yes, because we can increase secretions. Also not covered in this webinar. Depends on how advanced the Parkinson's is. Level of medication. The results in Parkinson's are temporary. So reducing the tremor, improving gait, improving facial expression, all of that improves within an hour of treatment. So you treat for an hour at the end of the hour. The patient is usually improved, but to maintain that it only lasts about two or three days. And one of our limitations are we can't put tissue back. That's not there. That's the limitation that we have in Parkinson's. Same thing to some extent. In stroke, patients can put tissue back that's not there. But if the stroke is in, a young person that still has a lot of nerve growth factor. We do pretty well with that and those results last longer. And you can make some permanent changes in older Parkinson's patient, you have to patient will have to have a home unit and we don't have anything published and they don't have a lot of data on it, just anecdotes. So it's worth a try. It's not like anything else works and the FSM doesn't have the side effects that the medication does, so it's worth a shot.

[00:56:44] Pacemaker TENS devices are contraindicated in patients with pacemakers, but TENS devices have 1000 times more current than FM does back in 1997 six, 97, 98. When you can talk to the engineers at the pacemaker company, I would call them and tell them that we would be using millions of an amp and frequencies between one and 1000 hertz. And every engineer I talked to in the tech support department at the pacemaker company said, Oh yeah, that's not a problem these days. You can't get a hold of an engineer. You talk to a secretary who's reading from a binder that was written by the legal department. So trying to get an answer like that these days is not possible. We did have Medtronic's come out to one of our practitioners offices and they found that if you use the Microcurrent above the collarbone and below the waist, it doesn't impact the pacemaker at all. So most of the new pacemakers are really well. Dr. Simon's used them for the last five years of his life. While we were married, he was completely patient dependent. So that's the pacemaker conversation and we cover all that during the course. Anybody else? I think there is. Those are all good questions. Come back again

some other month. All the webinar changes every now and then. If you come and take a course or check out the website, you can see more of the webinars and some other videos on Frequency Specific Microcurrent on YouTube and. Yeah. It will change your life. Have a great day. Thanks for joining us.