Carolyn McMakin: The Resonance of Repair (LBP 030)

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Years ago I trained with Dr. Carolyn McMakin in Frequency Specific Microcurrent and then worked in a holistic medical clinic administering it. I witnessed some pretty crazy miracles, so today I talk with Dr. McMakin about FSM, our bodies as electromagnetic systems, the history of electromagnetic medicine, and the dramatic results of Frequency Specific Microcurrent on a diverse range of things from inflammation to shingles. And as an expert in Fibromyalgia and chronic pain syndromes she also talks about the range of causes of fibromyalgia, and how we must understand what prompted an individual to develop fibromyalgia in the first place if we ever hope to resolve it.

Brooke: Why don't we start by describing or having you describe what Frequency Specific Microcurrent is?

Carolyn: Frequency Specific Microcurrent is microamperage current that's delivered with a machine that allows you to have a frequency on each of two channels. Those frequencies intersect in the patient's tissue and they change the way cells and tissues function.

I got a list of frequencies from an osteopath who bought a practice in 1946 that came with a machine that was made in 1922 and that machine came with a list of frequencies. I got the list and we had a microcurrent machine in the office and we were just sitting around musing one day and Dr. Douglas, who's a chiropractor that worked with this old osteopath said, "You know, I wonder if Harry's frequencies would work on that precision microcurrent." "I don't know. We could try it."

In 1995, we tried the frequencies on the machine for the first time. We made the assumption and it proved correct that the frequency on the list was to neutralize this pathology or this thing that was wrong with the tissue.

Frequencies for certain conditions were combined with frequencies for certain tissues. Then we just observed the effects. First, we found out that if you run a frequency that was not useful, it didn't hurt anything, so it was the first two or three months when we were using on each other and on my friends and on my kids.

Then we took in to the clinic and we found out all clinically what the frequencies did when you use them on patient's tissues. Probably the most dramatic was somebody had come in with rheumatoid arthritis. I had 19, 20 year old rheumatoid arthritis patient and she's now 40 and she would come in with her knee the size of a grapefruit or a cantaloupe. I'd run the frequency for reducing inflammation all over the joint and her knee would go from the size of a cantaloupe to normal in 45 minutes. We just discovered through use what was effective and how it worked.

The first year, we focused on treating myofascial trigger points and muscle pain. That was the first two papers I published and then the second year, 1998, we found out how to treat nerve pain. Nerve pain is a nerve that's inflamed, so it's inflammation, remove inflammation from the nerve. You could treat sciatica and radiculopathies.

Then ’99, we found out how to treat the spinal cord. The patients would come in with full body pain and the

only thing that made any sense was if their bodies all in pain, the only nerve structure that goes from your toes that carries information from your toes clear up to your neck is your spinal cord. We ran the frequency for inflammation in the spinal cord and those patients got better.

We didn't have any luck at all treating diabetic neuropathies and then I looked at what the pathology was. It doesn't have anything to do with the nerve, it has to do with the blood supply. The blood vessels are inflamed and congested and clogged up.

In '99, we started treating the blood vessels in diabetic neuropathy patients and we were able to not only correct the neuropathy and take away the pain, but it healed the wounds as well.

The advantage and the disadvantage is that the frequencies are very, very specific. They do exactly what they are alleged to do, whether that's what you think they're going to be doing or not.

Over the last 17 years, we really figured out that there's very little placebo effect at least on the part of the practitioner. You can have the best intentions in the world and if you're not treating the right thing with the right thing, things don't change. It's fascinating.

I had a patient with pelvic pain. She had painful intercourse every since the delivery of her second child, so have been unable to have intercourse for a year and a half. What I did find was that her pelvic floor muscles were in spasm, they were just rigid. I treated for the muscle. I treated to quiet the nerve, figuring maybe the muscles had been traumatized during this traumatic birth. It softened a little bit and I went to the other side and it softened a little bit. By the time I went back to the first side, it was rigid again and exquisitely painful.

During this treatment, she's talking and I'm using the frequencies to the muscles and she's talking and she said, "My uterus never had time to heal from the birth of the first child." Her first child was premature, it was very difficult, and she had her second child 9, 10, 11 months after the first one.

I thought, "Well, I have a frequency for the uterus and I have a frequency for removing the fact of trauma from the uterus. I wonder if that would do anything because treating the muscles is not working."

I shifted to the frequency to remove the fact of trauma from the uterus and her entire pelvic floor got soft. 20 minutes later, she had absolutely no pain, no spasm, no nothing.The next night she had absolutely normal and pain-free sex. One treatment and one fix and this has been almost a year.

Carolyn: It's almost not sensible that these people in 1922 somehow discovered frequencies that resonate with particular tissues and that they're correct. It's just like, "Really? Seriously?" I do things all the time that even I don't believe.

Brooke: A lot of what we talk about here at Liberated Body tends to be in the manual and movement therapy fields. A lot of the treatments that we're doing in our own practices or that people are seeking out, they're accomplished hands-on or through verbal lessons. This is really a big shift in how tissue can be affected and that it can be affected by microcurrents. Is there a model that you can use to describe how does the current effect the tissue?

Carolyn: Back in the 30s, the medical community decided that drugs and surgery was the way that medicine was going to go and the whole concept of electromagnetic therapies were shut down in 1934. It was a big part of medicine up until 1934 from about 1890, 1900s, so for almost 40 years.

We've lost the concept until Becker and Jim Oschman. The body is an electromagnetic system. We think of ourselves as a chemical entity because we know the biochemistry of how tissues put together and which are hormones look like and all the chicken wire diagrams, but your body when it functions is an

electromagnetic system.

There is a natural current flow in every tissue, every cell. Cells are semiconductors because of the water molecules that line the cell. Every cell in your body is a semiconductor like a computer chip.

Your brain has chemical signals that we're aware of, but the processing of information in your brain and your nervous system happen by orders of magnitude more quickly. I want to say 10 times, but it may be more than that. It's orders of magnitude more quickly than is possible by straight chemical conductivity, so you are an electromagnetic system.

The current is physiologic. Microcurrent is millionths of an amp. It's the same kind of current that your body produces on its own. You can't feel it and when you use current that's below 500 microamps, it increases a ATP production by 500% in rat scan. That was done in 1982.

2001 and 2002, Seegers reproduced that study and she too found that current from 10 to 500 microamps increased energy production, ATP production by five times or 500%. It increased waste product removed, it increased amino acid transport, and it did it in living cells, not just rat scan, not just in culture, but it did in lymphocytes, human lymphocytes. Your body is able to use the current directly to increase energy. That's one effect, that's just the current.

The second effect has been the effect of the frequency, so just unmodulated microcurrent at 3/10ths of a hertz or 6/10ths of a hertz, that's been used since the 70s. People use probes, they'll use adhesive pads. People have used microamperage current for 40 years.

The addition of the frequencies added dimension to the treatment that has been extraordinary. It's as if the current gives your body all of the energy it needs to make the changes that the frequency is telling it to do.

The frequencies appear to resonate probably with the messenger RNA inside the cell or the cell membrane protein receptors which are then connected to the DNA and RNA in the cell.

The frequencies resonate with those structures in such ways to change their function. We're used to using a key to open up a door lock and we're used to drugs and even nutrients as operating like a key in a door lock to change cell function.

The frequencies operate like a key beeper to open the door lock electromagnetically from 20 feet away. It's a model that holds up and it accounts for all of the data that we have.

I injured my achilles in January for some year, 2011, and I treated it twice a month, three times a month with the frequencies for inflammation and chronic inflammation and after a while scarring and it just kept getting worse. I was back on a cane and my achilles was triple the size of normal. It was exquisitely tender. We went to a medical meeting, I had a booth and it was during one of the quiet times and one of our practitioners was working at the booth and I said, "Can you try treating this? I haven't gotten any place with it."

She happened to pick the frequency for torn and broken. She said, "This just feels yucky like there's little micro-tears in it." I said, "What?" She put on the frequency for torn and broken on Channel A, 124 and the frequency for the tendon on Channel B, 191. The pain started to go down and the tendon almost immediately inside of a minute.

The gloves that she was using were graphite gloves we use to conduct the current, they got warm and we sat and talked for an hour because that one frequency combination kept working. By the end of the hour, the tendon was normal size, completely not painful, no pain, normal size and never needed another treatment.

When you look up the mechanism for tendinopathy, the inflammation and hypertrophy in the tendon come from the fact that there is micro-tearing in the tendon that the tenocyte cannot repair, let's say, overnight. The tenocyte begins to express the genes for inflammation and that's why it hurts. It's not of its nature an inflammatory condition, so treating it for inflammation works for 30 minutes but it doesn't do anything.

There is a treatment in a paper that we have where fibromyalgia- people that have full body pain associated with spine trauma- these are your fibromyalgia patients that are exquisitely tender to touch. Light touch makes them sweat. It's probably the most painful of the kinds of fibromyalgia.

The one frequency that takes down that pain is 40 hertz on Channel A, reduced inflammation, 10 hertz on Channel B, the spinal cord. We have data from an immunochemist at NIH showing that all of the inflammatory cytokines go down by factors of 10 and 20 times in 90 minutes.

People that are familiar with cytokines will tell you that cytokines do not change easily. They're hard to change and they change slowly. With FSM, they reduce by factors of 10 and 20 times in 90 minutes. It is unheard of.

What's interesting is they all stop in the normal range, all of it. None of them went below the normal level. The original idea that I had was that somehow the frequencies were unwinding the cytokine peptide. That couldn't happen because they stopped in the normal range. This model where the frequencies changed cell signalling and normalize it is probably correct and we'll be able to test it eventually.

For bodyworkers, let's say every muscle in the right shoulder is tight and tender and has trigger points in it. We've all treated patients like that with our hands. We assume that the muscles were the problem that it's mechanical dysfunction in the shoulder. Most of us have also had the experience of doing that and being able to improve that tissue by 10%, 15%, 20% in an hour long bodywork session.

When you understand that the C5, C6 nerve roots innervate virtually every muscle in the shoulder and we treat inflammation in the nerve and 90% of the muscle tightness, muscle spasm and almost all of the pain disappears in 15 to 20 minutes.

With FSM, the inescapable conclusion is that you run the frequency to reduce inflammation in the nerve. Inflammation in the nerve is what's causing the increased muscle tone and muscle pain and you correct that dysfunction in the nerve and the muscles just quiet down and then treating the muscles easy.

Brooke: I trained with you many years ago and I worked at a holistic medical clinic in Napa that had a lot of pain patients. I was sort of the person who administered the frequency specific microcurrent.I saw it accomplish things that I just couldn't then and cannot now accomplish with my manual therapy practice. You mentioned fibromyalgia from cervical injury, neuropathy, things like that and just seeing people who are dealing with these debilitating pain conditions that respond to very little get better in this non-invasive, very easy way. It was really profound, so it's special stuff.

Carolyn:It continues to improve and shift. You took the course really back before I got good at teaching it and before we had discovered a lot of the things that we're using now.

There is a section on the visceral causes of myofascial trigger points in pain. I had a patient last week and among his complaints, he had sciatica and he had shoulder pain that was associated with a thing from his neck, but he had this area of exquisite tenderness from about T7, to about L2. You would touch him and he would just flinch.

Structurally, from T7 to L1 or L2 is among the most stable, hard to injure places in the body. The only thing that's there is the kidneys. I ran the frequency. I set him up, we treated the nerve with one machine and treated the neck and shoulder with another machine and the third machine up right over his mid-back and

ran the frequencies for kidney stone pain.

The muscle was completely non-tender in 10 minutes. I ran it for an hour. When he came back this week, there's a little teeny hint on one side, but that mid-thoracic pain is gone, never came back.

He had kidney stones that he did not suspect. The visceral causes; How do you deal with trigger points in the rectus abdominis that are causing back pain when the triggers points were caused by inflammation in the small bowel because the patient is eating gluten and milk and they're allergic to it?

You can do anything you want to the rectus abdominis. You can treat it for hours and you'll make 5% to 10% improvement. You treat inflammation of the small intestine and it just disappears. That is probably what's changed and refined in the 14 years since you took the class. It's been a voyage of discovery that has just been extraordinary.

Brooke: Somebody who I worked with when I was doing FSMgave me a permission those years to share his story at any point. He was somebody who had a severe injury; He was almost decapitated, and had fibromyalgia from cervical injury, so you know what that means. Extreme burning pain in his hands and feet. He had been a park ranger so he was on disability for years, just miserable stuff.

We did the Frequency Specific Microcurrent and that was it. He get better. He got a home unit and he used it at home. He went back to work as a park ranger in California doing some pretty heavy duty stuff.

Carolyn:We had a police officer, same thing. He has been a motorcycle police officer, he got hit by a car, broke both his arms. He had four surgeries on his forearms. At the end of the third surgery, he woke up with full body pain.

He had been at OHS in the fibromyalgia department for four years using all sorts of meds. He came in, I treated him with that same protocol that you just described, the 40 and 10, and his pain went from a seven and a half or an eight down to a zero. He came back three days later at a four and left it to zero and he cancelled his third appointment.

He came back in a month later and said, "I don't need to be treated. I just came in to say thank you. I've spent the last month taking myself off of all of my medications and my pain level is a two and it never recurred."

Brooke: A lot of people hear about currents and they're going to be thinking about things like a TENS unit or maybe even thinking something like ultrasound. Can you describe how Frequency Specific Microcurrent differs?

Carolyn: TENS is milliamps, it's thousands of an amp and it's enough to cause muscle contraction. Basically, TENS works by putting so much sensory input from the tingling and the muscle contraction. You put in so much sensory input above the level of the pain generators that you block or compete with ascending pain signals. That's how TENS works.

What's interesting is the three studies, Ngok Cheng in 1982 and Seegers in 2001 and 2002, those three studies all show that current levels between 500 and 1000 microamps caused ATP production to level out and current levels above 1000 microamps actually decreased the ATP production. ATP increases by five times if the currents between 10 and 500 microamps.

Microcurrent works locally by increasing ATP production, it changes cell structure.

Ultrasound just makes things vibrate and heats them up. It's like, "Why would you want to heat anything up?"I know there are people that are advocates but it's never made any sense to me. Ultrasound just

makes the water molecules in your body vibrate and it creates heat and that would create vasodilation and increased circulation and it's … It's a completely different mechanism.

Brooke: Shingles is one of the things that I saw a lot of people get remarkably better from, and you have some good research on that as well.

Carolyn: We have a published case report. Not good research, but at least there's something finally in print. The patient has shingles, let's say they're in pain for week or two, then the blisters break out. At that point even or when the blisters first break out for the first two weeks or so, you run that frequency, they are out of pain in 10 to 20 minutes.

If they have blisters, the blisters dry up and are gone within 24 to 48 hours. The case that I published … I was married to David Simons, the Trigger Point Manual textbook author. I was married to David for the last four years of his life and David had a rash on his head. His dermatologist had said was actinic keratosis. I had a booth at this event and he came to the booth and he said, "You have got to treat me. This is driving me crazy and this medicine he gave me to put on this rash isn't helping."

I treated him for actinic keratosis, his inflammation in the skin. I ran the frequencies for inflammation in the skin and it made his pain worse. If somebody has an infection and you reduce inflammation, that's going to make the infection worse, so that's what told me it was shingles instead of actinic keratosis.

He had the shingles in the ophthalmic branch of the fifth cranial nerve. It was on his scalp down over his eye, down to his ear. The full distribution of the fifth cranial nerve ophthalmic branch was involved.

I treated him at the booth for an hour, the pain was gone, it didn't come back, we went back to our room that night and he fell asleep and I treated him for two hours while he was asleep because shingles in the ophthalmic branch of five in an 85 year old man does not get better, it turns into postherpetic neuralgia virtually 100% of the time and it is what they die of or what they die with. It is horrible.

The anti-virals are incredibly expensive and they make it better after maybe a week at which point it might have gotten better on its own anyway, but this is they are out of pain in 20 minutes and it's gone in two hours. It's crazy.

Brooke: One research study was about the inflammation, reducing inflammation in mice ears. That was pretty clear too.

Carolyn: It was at the University of Sydney in the veterinary science department. There's a researcher down there who had a colony of mice and her professional career as a veterinary researcher had to do with studying the effects of anti-inflammatory drugs and processes on inflammation in this mouse model.

They paint arachidonic acid on the mouse's ears that follows a well-known, well documented inflammatory pathway and lipoxygenase mediated inflammation increases it. Then you do something to the mouse. You give it a drug or you inject it with something and you feed it something and you see what happens to the inflammation.

She painted arachidonic acid on the mouse's ears. The Health World Naturopath picked up the mouse with these graphite gloves and around 40 hertz on Channel A and 116 hertz on Channel B which is the frequency for the immune system. The swelling went down by 70%. The researcher shut down the lab, shut down the study. She had been doing this for 18 years and in 18 years she had never seen any

prescription or non-prescription drug that had reduced inflammation by any more than 45%. Anything that did it by 75%, it was suspicious like there's no earthly way that that's working.

She blinded everybody in the lab. She moved the guy who is painting the arachidonic acid on the mice's

ears. She moved him into one room and closed the door. She moved the people who are measuring the mice in another room and closed the door and she went in with the guy that was treating the mice, turned the machine away from him so he couldn't see it and she put in a placebo frequency.

With all of those controls, it still reduced inflammation or reduced the swelling by 62% in four minutes. It was time dependent. Half of the effect was present at two minutes, the full effect was present at four minutes.

Then she did a cyclooxygenase mediated inflammation. They paint myristyl cerate on the mouse's ears,the ears swell out and you can measure that swelling. That's a COX mediated pathway and they ran 40and 116 and it reduced the inflammation by 30% which doesn't seem good except that that was equivalentto injectable Toradol when it was studied by the same researcher in the same animal model.

We have data that supports the use of frequencies and Frequency Specific Microcurrent in every inflammatory condition; asthma, pancreatitis, cirrhosis, liver enzymes, irritable bower, Crohn's, ulcerative colitis. Anything that is not infected; rheumatoid arthritis. Anything that is associated with inflammation; most of the dementias, most of the neurologic conditions that are associated with inflammation.

It was an extraordinary breakthrough and the only unfortunate thing was that she had 20 mice that were in this first group and the end wasn't big enough to satisfy the critics and the skeptics and so she wouldn't publish it. We have this beautiful piece of research. She is completely ethical and objective and she assures me that it is reproducible that if we found somebody with a mouse colony in the same sort of expertise, we could reproduce the findings.

The cytokine data shows that we can reduce inflammation in the nervous system. Between those two things, any inflammatory process … Ovarian cysts, you can feel them shrink and it's you running the frequency for inflammation in the ovary and you can feel the ovary if you're trained in that kind of palpation. You can feel the ovary go from the size of a grapefruit to the size of a golf ball or loquat in 15, 20 minutes.

Brooke: Circling back a little to fibromyalgia, one of the thing about that. When I had trained with you, you differentiated different types of fibromyalgia which I think is so helpful that they don't all get lumped in to the same thing. Can you speak to that a little bit?

Carolyn:It's a neuroendocrine pain problem. Patients end up with very similar appearance and difficulties at the end of it, but how they got there …

There's one group that's probably 30% to 40% of fibromyalgia patients get there because they have a spine injury, a neck injury, and that inflames the spinal cord and that gives them full body pain.

Then after you've been in pain for one to two months, your endocrine system just gives up the ghost and you end up with the endocrine difficulties, but there are patients that don't have that. Their mechanisms are different, so there are patients who get full body pain because they have been exposed to organicchemicals or pesticides, their liver can't handle the detoxification just because of their genetics.

The organic chemicals get in to the nervous system membranes and change the firing characteristics and create pain and the pain takes you down. This endocrine stress cycle that creates the other symptoms we associate with fibromyalgia.

There are some patients where they have fibromyalgia but what they have was poorly managed

menopause. They are estrogen dominant, progesterone deficient that gives them a sleep disturbance and fatigue and then they have trigger points in the neck and their low back and that gives them the body pain.

Then the combination to the pain, the fatigue, the estrogen dominance that ends up creating this milieu

that we call fibromyalgia. There are some patients who have it because they're vitamin D deficient.They have vitamin D levels of 7 or non-detectable or 12. You get their vitamin D levels up to 50 or 60 where they belong and the fibromyalgia goes away. Then they still have to transition off of all the drugs they're on to be able to have a life.

There's another group that has full body pain because of basically food sensitivities. It's serum sickness, it's not IgE food allergies where you eat a peanut and you turn bright red and you fall over. It's macrophage mediated food sensitivity.

The IgG antibodies have multiple sites for antigen to stick to. Let's say you're sensitive to gluten and you've got these IgG antibodies and if you put your hand out in front of your face, you're going to see five fingers and each one of those fingers has room to hook on to a little gluten peptide and they stick to each other.

The IgG antibodies form circulating mats when they stick to each other and make little antigen antibody complexes. The macrophages are kind of like your clean up guys. Macrophages come along and hoover those up, vacuum those up and the macrophages are not great at appetite control. They eat as much as they can and then they explode and they release histamine everywhere.

Histamine stimulates class C pain fibers which are the slow multi-modal achy pain fibers. The pain can get quite intense. That creates the pain and you can develop these food sensitivities at the age of 20, 30, 40, any place in there once your body gets in pain. Histamine stimulates alertness in the brain which is why anti-histamines make you sleepy.

Histamine interferes with sleep. The histamine creates pain and once you're sleep deprived and in pain, it doesn't take three to four months and you'll develop fibromyalgia. The way to fix that group is to put them on an elimination diet, get them off of the most likely foods with no cheating for six to eight weeks. Body pain goes down, you treat them with microcurrent, you treat their gut, you treat the muscle pain, quiet down the gut, treat the liver, treat the adrenals.

The studies that we had out of my clinic takes about four months for fibromyalgia patients to recover. You get their pain down and the neuroendocrine system just writes itself. Their energy levels come back, they start getting tired at night instead of waking up at night. Their digestion improves. Their allergies settle down. It's pretty extraordinary.

There's another group that gets immunized so they get a flock of immunizations to go to China or Africa and they are never well after that. There's another group that will get a viral illness of some sort, some sort of retrovirus and they had immune system compromises after that.

There's six or seven different ways I think in my textbook Frequency Specific Microcurrent in pain management. In the textbook, there's a chapter on fibromyalgia and those types and how you diagnose someone, really how you treat them is included in that chapter on the textbook.

Brooke: It's so helpful, because I feel like it has been wrongly just dumped into the same basket for so long which is why so many people struggle with it and don't know how to get out of it.

Carolyn:They're told it's unfixable. It is not a Prozac deficiency, it isn't an Advil deficiency, it's not a Celexa deficiency. You have to be willing to look in the history and find out where it came from.

One patient comes to mind, she lived out in Hood River which is an agricultural area and she had brain fog and body pain and she gained 80 pounds and she had fibromyalgia. She was a mess.

The history took an hour and a half. I kept looking for what would have caused it. No auto accidents, no

food sensitivities that she knew about or she was already on in an elimination diet. I said, “Well, have you ever been exposed to organic chemicals or pesticides?” “No.” “When did your symptom start?” “2000.” “Have you ever lived on or near a farm or near an orchard?” She said, “Well, yeah. We live in a house in the middle of an orchard.”

I said, “An organic orchard?” “Oh, no, the men come in moon suits twice a month and sprayed the trees and they tell us to just stay inside for an hour or two and it will be fine.” I said, “Do you have city water or well water?” “We drink water from a well that’s on the property.”

“When did you move in to this house?” “’99.” Her symptoms started in 2000 and she never associated the two because her onset was so gradual. I said, “You have to move.” We treated her for toxicity and her pain went down but it wouldn’t last because she kept going home.

She went on vacation, went to stay with an aunt for a month, took the husband and kids with her. She got better. She moved back, she got sick again, they move and she recovered and she was fine after that.

It comes from some place. It does not just land on you from space. It is not just central sensitization, it is not a Celexa deficiency, it’s not a serotonin deficiency most of the time, sometimes it is, but it’s fixable.

I confess I got a little frustrated with the fibromyalgia community because they don’t want it to be fixable. It’s like they can’t get their head around the concept that it comes from some place and then if you address the place that it comes from, you can fix it. That is my contention.

Brooke: Is there anything on your mind or in your practice these days?

Carolyn: This has been the year of the relationship between the cerebellum, the spinal cord, and the neuromuscular system. It’s also been the year of the visceral connection to myofascial pain.

This lady with the pelvic floor spasms, the man with the thoracic pain where it comes from kidney stones and the pelvic floor spasm where it came from the uterus. That’s been the last couple of years, but this last year, dealing with patients who have spinal cord myelopathies or spinal injuries and …

Basically rebuilt a peripheral area like the shoulder or the hip and the leg, you’ve changed all the scar tissue, changed the mechanics and then the brain has to figure out how to get this region to function normally biomechanically to have all the muscles fire in the right order.

The shoulder muscles have to fire in a certain order in order for the shoulder to move properly in a coordinated fashion. We treated the shoulder, that wasn’t doing anything and I was out on the exercise floor and we had the microcurrent around my neck and around my upper arm and we ran the frequency to increase secretions in the cerebellum and the shoulder coordination mechanics completely changed in 10 seconds. It was crazy. It was like, “Did that just do what I think it did?”

The PTAs are watching me go, “Yes.” We exercised with that running for about five to ten minutes and so the muscle coordination was good but it was still hard for me to find the muscle. She’d say, “Okay, now move us or contract that.” It was hard to locate it.

There’s a frequency for the sensory cortex, so I ran the frequency being my own guinea pig, increased secretions in the sensory cortex and in a way that is very difficult to describe, all of a sudden I could find my shoulder. I could find the muscles.

We started doing this with patients who were in rehab, increased secretions in the sensory cortex, have them move it and they can find it then increased secretions in the cerebellum and the spinal cord and the nerve and you can follow that whole train from the brain down to the extremity.

When you get to more elaborate RSD kinds of neurologic dysfunction or spinal cord injuries or brain injuries, a little more complex peripheral injuries, when you can manipulate the brain to connect with the periphery, it's a total game changer. It takes eight months worth of work and compresses it to about an hour.

Home play!

Some goodies on resonance to watch and ponder:

First, from The Gentleman Physicist

Next, an artist using sound resonance to make art with water

Last, one more crazy sound/water experiment

Resources

Frequency Specific Microcurrent website

Frequency Specific Microcurrent in Pain Management textbook

video of FSM

Seegers ATP research

Microcurrent Experimental Results (mouse ear research)

Microcurrent Treatment of Myofascial Pain in the Head, Neck, and Face

Cytokine Changes with Microcurrent Treatment of Fibromyalgia Associated with Cervical Spine Trauma

Microcurrent Therapy: A Novel Treatment Method for Chronic Low Back Myofascial Pain

Non-Pharmacologic Treatment of Shingles

Non-Pharmacologic Treatment of Neuropathic Pain Using Frequency Specific Microcurrent

Visceral and Somatic Disorders

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