John Myers, D.C. Research Program

Dr. John Myers' Biography

John Myers, D.C. was born in Kansas City, MO. He received his degree from Palmer College of Chiropractic in 1976. After several years of practice in which he specialized in clinical nutrition and began research in cancer, Dr. Myers accepted the position of Clinical Nutritionist at the Jasper County Medical Center in Eastern Texas. There he continued his experimental research in cancer, and also began development of the work which is now his central focus, that of Frequency Resonance Therapy, or FRT.

His work in frequency resonance therapy has led him to do additional experimental work in many areas of health, including cancer, spinal cord injury including spina bifida, atherosclerosis, Lyme arthritis disease, dissolving of internal scar tissue, and many other infectious diseases.

Dr. Myers has been a consultant for The Arthritis Trust of America since 1983. (The Arthritis Trust of America is an IRS approved 501(c)(3) organization.)

Introduction

The following information has been prepared by Dr. Myers for possible use in obtaining approval for children's oncological studies in the Ukraine sponsored by The National Foundation for Alternative Medicine.

To the extent possible, The Arthritis Trust of America has helped to fund this important research. However, Dr. Myers is working directly with The National Foundation for Alternative Medicine to bring about valid scientific studies in the Ukraine.

Most have read or heard about the near-miraculous remissions and cures brought about by Royal Rife in years past. (See http://www.rife.org/) As a consequence there are literally tens of thousands of health practitioners worldwide using some form of Rife phenomena, either computerized or not, with or without EAV according to Vol or the Vega system, with or without homeopathic remedies, and so on.

There are, in other words, many variations of means for identifying ill-health causations, and also for attempting to rectify the problems encountered through use of some form of "frequency resonance therapy."

When addressing the correct electromagnetic frequencies, none of these thousands of practitioners have access to the marvelous microscope reported as Dr. Rife's main guidance system in determining such frequencies. In other words, when the correct frequencies were established, Dr. Rife could view the explosion or implosion of a microorganism directly.

Lacking such a guidance system, most honest followers of Rife technology are severely handicapped.

Dr. Myers has lived in virtual poverty for many years developing his "guidance system," a means of determining exactly what wave form, polarity and precise frequency (however many significant digits required) to kill intransigent microorganisms and/or to help the body to erase internal scar tissue, including that of cancer cells.

Sometimes poverty is a blessing, because it can lead to very simple means for accomplishing an end that otherwise big industry might pour in tons of assets to reach a similar but more complex solution.

It was a very brilliant writer and essayist of an earlier generation, John W. Campbell, Jr., who pointed out that the development of a new science is always preceeded by the understanding of function of the new phenomena prior to understanding the structure of the new phenomena. Developing "structure" is best left to those who like getting into the nitty-gritty of scientific detail.

It is my belief that many otherwise valuable contributions are lost when the discoverer prematurely attempts to explain "why" something works as opposed to simply demonstrating the fact that it does work, that is, the "how" of it's working. Since the discovery of a new phenomena is yet to be rigidly structured, any explanation is bound to reflect badly on the known postulates of science, and thus badly upon the explainer.

In this report that follows, please keep in mind the following principles about Dr. Myers: He's never sought to gain wealth or status through his work; he's more than happy to help others to learn his technique and, indeed, has several on that road at this time; he's a humble person who sincerely believes that God has given him this gift, and that his chief duty in what remains of his life is to pass his knowledge along to others.

Unfortunately, for the most part, his work has been among the grateful poor and medically forsaken. Which is to advise that John Meyrs has never deterred from his research regardless of detractors or for lack of proper funding.

Many times Dr. Myers has expressed the wish to do double-blind studies in a proper scientific setting. Aside from the fact that such valid studies would begin at about $100,000, and then spiral upward, there has always been the shadow of an ominous FDA looming over his shoulder.

Therefore, Dr. Myers has travelled to the patient, wherever one might be; and, he's never charged any of them for his work; but he has from time to time lived off of donations from grateful patients.

Now he's compiled these anecdotal summaries covering chiefly (1) cancer, (2) lyme arthritis disease and associated microorganisms and plaque, (3) atherosclerosis, (4) chronic fatigue syndrome, and (5) non-surgical spina bifida scar tissue resolution.

I've known Dr. John Myers for many years and have found him to be an exceedingly honest and trustworthy individual. So in reading these reports, I believe them to be true.

His work, however, must be duplicated by many others, that is, must be shown to be reproducible, and must eventually be placed under the narrow scrutiny of scientific evaluation.

Dr. Myers will train anyone with the patience and eagerness to learn; and, his Ukrainian trip, if approved, should satisfy initial scientific requirements.

Dr. Myers can be reached at Dr-John8@MSN.com.

Cordially,

Perry A. Chapdelaine, M.A.
Executivie Director/Secretary
The Arthritis Trust of America

To whom it may concern:

Dr. John Myers met with Dr. Zozulya and his associates in Kiev (Ukrain) last November to propose that they cooperate in a controlled clinical trial of his Frequency Resonance Therapy (FRT) program in the treatment of malignancy. It was suggested that the initial pilot study involve children with advanced brain cancer.

Dr. Zozulya and the other doctors who met with Dr. Myers were very interested but requested that the proposal be submitted in writing at his earliest convenience, complete with appropriate data. The following presentation constitutes that formal proposal, on behalf of both Dr. Myers and the National Foundation for Alternative Medicine in Washington, D.C. The presentation includes the following:

- Introduction and the Cancer Protocol
- Explanatory papers on the *Bio-Electro Brain Interrogation Technique* ("Brain Talk"), the guidance system of the FRT program.
- Successful cancer cases from Dr. Myers preliminary clinical trials. In most cases these reports are supported by the personal endorsement of the patient as well as several additional witnesses to the cure.
- Brief descriptions of other possible supportive remedies, which may or may not be included in the different treatment programs.
- A preliminary report on the treatment of advanced Lyme disease by Dr. Myers, using the FRT protocol. The programs for cancer and Lyme are quite similar, so this report is valuable in giving considerable further detail concerning the practical application of the FRT program.

We trust this material will be sufficient to facilitate a favorable response to our proposal. if not, and/or for details as to exactly how the initial trial will be conducted, we are open for further discussion.

Sincerely

Dr. John Myers

Berkley Bedell
The National Foundation for Alternative Medicine

The Frequency Resonance Therapy (FRT) Cancer Program

The **enclosed material constitutes an appeal to major medical centers outside *the* United States of America to cooperate in conducting a controlled clinical trial of a new cancer protocol. In preliminary testing this protocol has proven to be approximately eighty percent effective against most forms of cancer, many of which were in advanced stages. The program is equally significant in that it is non-invasive, completely benign, relatively short term and exceptionally cost-efficient.**

This protocol has been developed by Dr. John Myers, an independent medical researcher. Dr. Myers has served as a Scientist Advisor with the *Rheumatoid Disease Foundation (aka Arthritis Trust of America)* since 1983. He is now also working in conjunction with the *National Foundation for Alternative Medicine (NFAM)* in Washington, D.C. in their search for a successful and cost-effective program for worldwide cancer control.

Introduction

Over the years a good number of alternative cancer programs have emerged, propelled not only by the desperate need of a cure for this dreaded disease, but by the apparent inadequacy of the current orthodox protocol. Some of these alternative programs have been quite successful. But none, so far, have stood out as the clear-cut answer we've been looking for. ***Something has been missing.***

More than thirty years ago President Richard Nixon launched his famous War on Cancer. Literally billions of dollars have been spent since then and still we face virtually the same dismal picture we faced in Nixon's day. Whether in mainstream medicine or alternative medical circles, there has not yet emerged a truly successful and cost-effective program.

What exactly is it that we need? What kind of a program will have the necessary qualities—and possess the sheer vitality—-to break through all the confusion and the array of hindering factors to really arrest the attention of the open-minded, honest, and desperately afraid world out there? Obviously, what is needed for any such breakthrough is a clear-cut, reasonably simple and straightforward protocol that is not only at least eighty percent successful with most forms of cancer, but is non-violent and painless, completely safe, reasonably short term, and last-but-not-least, *inexpensive.* Once such a program is identified and we begin to rally the above-mentioned open, honest and spirited minority to support it, we will have a viable nucleus to work with. We can then focus our ingenuity and resources to perfect that program. .

Where is such a protocol? Is anyone really seriously looking for such a protocol? Well, for one, the *National Foundation for Alternative Medicine* in Washington D.C., headed by ex-Congressman, Berkley Bedell, is doing so. Have they found it? Yes, it just may be that they have, and it is that protocol which we wish to set before you in this paper. Look closely—put it to the test in clinical trials— and you will see that this protocol has the potential to fulfill most, if not all, of the qualifications outlined above.

The program is relatively simple and straightforward. It is also non-violent and painless, completely safe, reasonably short term, and definitely inexpensive. But is it truly successful? It definitely is! Since perfecting the overall protocol a little over a year ago, we have witnessed at least an eighty percent success rate, often with an unusually short treatment time. Actually, even previous to this period the program was very successful. The new protocol simply produces more dramatic and rapid dissolution of many types of cancer.

Where Do We Go From Here?

What is needed now? Where do we stand? The nature of this program, coupled with its unusual success, has brought it to the attention of the above mentioned NFAM *(National Foundation for Alternative Medicine)* in Washington. In fact, Berkley Bedell himself has been closest to the project. As a result the Foundation is now taking steps toward setting up controlled clinical trials at a major medical center.

Such trials are designed to firmly demonstrate and document the value of a program. This, of course, is the obvious next step, and is absolutely necessary if this protocol is going to prove to be that special one we so desperately need. We have in mind several different medical centers in different countries, but at present the university hospital connected with the University of Kiev in the Ukraine is our tentative choice. The present plan there is that at least the initial trial be conducted with children who have been diagnosed with serious brain cancer.

NFAM originally thought of sending Dr.Myers to a major medical center in South America to conduct these trials. However, because of his strong personal interest in the Ukraine, he persuaded

them to alter their plan. Therefore, the opportunity to be the first to prove out the efficacy of this protocol is being offered to the medical community in Kiev.

I am sure everyone will realize the profound significance of this. It is not only an honor to step out in a bold pioneer venture for the good of mankind, but in this case much more is involved. If this program is as successful as we predict, it will be an unprecedented medical achievement. The news will spread quickly, and practically overnight the Ukraine could become known as the brain cancer center of the world. That is certainly an honor worth reaching for. But it will only be the beginning. As we expand the program to include other forms of cancer, especially with children, the attention of the world will increase dramatically. Our goal will be that Kiev become like a giant lighthouse — a lighthouse of long-awaited hope, which thousands of desperate people throughout the world will not fail to see.

Please understand. We do not say the above to be sensational. It is just that we are convinced that it will take this kind of an "explosion" to break through the multiple walls of resistance and arrest the attention of the world — at least that part of the world we are interested in. So we shall plan to do just that. And if so, *we'll have our critical nucleus.* There will be something definite around which to rally and put our energies into perfecting.

So if this trial is successful — and we have ample testimony, even if mostly anecdotal, that it will be — the benefits to all involved are obvious. But what if the program should fall short of our expectations? What is there to lose? Of course, there would be the considerable monetary cost to the Foundation in Washington. But to the medical center where the trial takes place, almost nothing. All we are asking is that the medical facility cooperate and perform the necessary testing on at least ten children with serious cancer. The children will receive a relatively short-term treatment program that is painless and completely benign. Even if some of the children do not get well, they certainly won't be harmed.

With everything to gain and virtually nothing to lose, we believe it is obvious that there is only one sensible choice.

The Protocol

By Dr. John Myers

Frequency Resonance Therapy (FRT) has been a central focus in my research since 1983 when at the Jasper County Medical Center in east Texas, I first theorized that scar tissue in the spinal cord is responsible for much of the paralysis in paraplegics. Working with another doctor, we were able to prove out this theory in two young men's lives, using nothing but an instrument that delivered a single, harmless frequency.

That day, when we realized that the scar tissue had indeed dissolved, and much, if not all, of the paralysis had vanished as well, I knew we had something very important. Since then much of my continued research and clinical trials have centered in this technology. *It is this same technology that is the primary factor in my work with cancer.*

I should add, however, that although electronics is clearly the bottom line, in order for it to be effective there must be an accurate guidance system. For this reason I now employ another technology as well. So when I speak of, Frequency Resonance Therapy I a*m* really talking about two distinct technologies, each of which equally flow together to form *one* performance mode. But there is yet another factor — I also consider prayer and dependence on God an integral part of this protocol.

The first technology, of course, is state-of-the-art electronics. But then there is the all-important "guidance system", which I have named, the *Bio-Electro Brain Interrogation Technique* ("Brain Talk" for short). The actual physical, mechanical application that interfaces with the patent is electronics, but this would be of little effect without direction, so the bio-feedback technique, which I call "Brain Talk," is of equal importance and actually, apart from faith in God, is the key to my success. .

The Guidance System

This "Brain Talk" (the *Bio-Electro Brain Interrogation Technique),* regardless of the rather innovative way I employ it, is actually not unique. It is a natural, biofeedback system employed by thousands of physicians, chiropractors, and other health professionals worldwide. Few, however, realize the full potential of the technique, nor understand what is involved. In my work I have simply gone further. Rather than going into a lengthy explanation here, I have written two lay papers on the technique (attached). These will explain what is involved and give a brief history of its development.

Therefore, this program, which I generally sum up under the one name Frequency Resonance Therapy, or FRT, is actually at least a two-fold technology: first, the electronics, but then that which makes it work — the Guidance System. However, since electronics is clearly the basic and final, application, as it relates to the patient, let me explain what is involved.

Frequency Resonance Explained

The very name, "frequency resonance" reveals the basic nature of this treatment form. We simply utilize a state-of-the-art frequency generator to produce *a specific* frequency (complete with a specific low-level electronic carrier wave, wave-form and polarity). This frequency is designed to "resonate", or perfectly match, the frequency of an offending microorganism or an unwanted tissue [such as scar tissue (adhesions), tumor growth, etc]. The effect of this resonance is profound.

It is a well-known phenomenon in physics that when two identical frequencies meet (or resonate), a burst of energy takes place. Since this small burst of energy happens in every molecule of the substance involved, it begins to break down (or dissolve) that substance. In this way, the physician can "dissolve" virtually any microorganism or any unwanted substance in the body, including benign and malignant tumors. And this is done without damaging any other surrounding tissue.

When I say the therapy does no damage to surrounding tissues, I mean just that. Consider the very nature of the technology — we are *only* really dealing with frequency. The electronic carrier wave is deliberately kept to a minimum, producing virtually no harmful EMF fields in the patient. But also even the frequency itself is completely benign, *with the exception of* the *particular tissue or substance it "resonates" with.*

You see, it is the *resonance* that produces the burst of energy. Thus, the frequency *will* definitely be disruptive to that particular tissue which it resonates with, but to no other tissue or substance. Scientifically, there is simply no way a frequency (at the levels we work with) can, in itself, damage *anything* other than that which it resonates with.

In my work the desired frequencies are produced by the well-known Hewlett Packard model 33120A. The frequency range I work in (electronically) is between 100 mHz (milihertz) and 1000 Hz (hertz). Once I obtain the correct frequency (utilizing the above mentioned guidance system) that frequency is then coupled with a precise voltage level and either a sine or square waveform and polarity. The voltage levels almost always range between 150 mVpp (milivolts peak to peak) and 750 mVpp (milivolts peak to peak). I call this combination of frequency, voltage, polarity and waveform an "electronic signature".

The complete electronic signature is then downloaded into a

special Programmer, which is capable of holding up to three separate electronic signatures. This means I can treat three things at once. When the download to the Programmer is complete, all three signatures are intermingled into one in the Programmer.

The next step is to download the whole three-fold signature package into a smaller, delivery unit (about 2-1/2"X4"X3/4"), which the patient wears on a special conductive belt. From this belt the entire program is radiated into the patient in specified time doses.

Although custom made, both the Programmer and the patient delivery unit are also state-of-the-art, having been designed and built, in accordance with my specifications, by Mr. Tom Kayhill; a top-flight electronic engineer. Tom was the chief outside consultant, working with the team of engineers at McDonnell Douglas in St. Louis, Missouri when they designed and built the well-known F117 Stealth Fighter for the US Air Force.

Active-H

Although FRT is the primary focus of this program, there is one other factor that I consider critical to the complete success of the treatment form, at least in the treatment of cancer. I refer to a natural, non-toxic, over-the-counter formula called *Active-H,* which was developed by the well-known scientist, Dr. Patrick Flannagan. I have found this supplement to be very important in enhancing the effect of the electronic program.

Each capsule of *Active-H* contains millions of negatively charged Hydrogen ions, which when released in the body exhibit an unparalleled antioxidant effect. The Hydrogen ions are suspended in what Dr. Flannagan calls "Microclusters" (tiny colloids made with food grade minerals).Our testing indicates that there is a free radical cloud surrounding many types of cancers. This veritable wall of free radicals acts as a protective shield against the phagocytes that would normally attack the malignant growth. *Active-H,* uniquely performing in its role as the super antioxidant, effectively strips the cancer of this defense shield, making it vulnerable to phagocytic activity. The cancers which exhibit this free radical shield are especially vulnerable in this regard, which accounts for the rapid dissolution of their structure. Other cancers are much tougher, making the reduction of the tumor mass more problematic. In such cases we concentrate on destroying the life (DNA) of cancer, even while the structure persists.

But that isn't all. *Active-H* also performs several other important functions. The following is a list of the formula's additional proven benefits:

- Increases production of NADH — ATP (source of energy).
- Reduces surface tension of drinking water from 73 dynes to 45 dynes, making it similar to intracellular fluids.
- The above enhances hydration (carrying necessary water to cells and tissues). This assists in the removal of toxins, as well as cellular nutrition.
- Increases conductivity in water from 10 to 895 micro moles/cm, helping to balance minerals and enhance cell to cell communication. This also no doubt increases the effectiveness of our electronic carrier waves.
- Reduces lactic acid after exercise, enhancing recovery time and reducing muscle soreness.
- Raises body pH levels (essential in a cancer program).

The Supportive Phase of the Program

The rest of the protocol is either supportive or designed to eliminate possible factors which might prohibit the *Frequency Resonance* and *Active-H* from working. The importance of this support will vary with each patient, and is especially needed in older adults who often exhibit a number of secondary health problems, which in themselves can upset the equilibrium of the program.

Detoxification

This involves strict diet control during the treatment phase, as well as the use of whatever measures appear necessary to eliminate excess toxins from the body.

Identify Other Helpful Non-Toxic Cancer Remedies

Utilizing the *Bio-Electro Brain Interrogation Technique* (Brain Talk), we go through a list of possible formulas (or perhaps modalities) which might be significantly effective against the *particular* cancer involved. If we find such, depending upon relative importance, we add one or more to the program. Possible choices are a custom homeopathic remedy, a custom herbal formula, Shark Cartilage (or Shark Liver Oil), MGN3, Lactoferin, Graviola, the Cantrol program, etc..

Identify and Control any Geopathic, Physical, Spiritual, or (Emotional) Factors Which Will Interfere with the Success of the Program

This can include many possible things, such as:

- Ongoing exposure to geopathic stress factors
- Blocked meridians (Chinese acupuncture meridians)
- The Hypercoagulation Defect*
- Systemic acidity
- Highly stressed (compromised) organs, or other health problems
- Low brain voltage and/or depressed essential Chi (Chinese term for basic, "electrical" life force)
- Mental, emotional, or spiritual blocks to healing (such as "death wish" etc.)

For the most part, these factors can be very effectively assessed by the *Bio-Electro Brain Interrogation Technique,* although objective testing is advised whenever possible.

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* This condition I refer to as "The Hypercoagulation Defect" is found mostly in adults who are chronically ill. It constitutes a condition where the blood is too thick, either because too much fibrin is being produced and/or there aren't sufficient enzymes to dissolve and control the fibrin content in the blood. The pathological result is lack of blood supply to cells throughout the body, causing a generalized compromise of virtually all body systems. See literature (enclosed).

"Brain Talk" The Bio-Electro Brain Interrogation Technique

I used to refer to my work as research in the *Vega Test Method.* Realizing, however, that what I do is reaching far outside the boundaries of the German discipline, I decided to adopt a new name. That name is *The Bio-Electro Brain Interrogation Technique,* or *"Brain Talk"* for short. But it is simply a further development of the *Vega Test Method.*

Actually, the *Vega Test Method* itself is in reality a variation (or further development) of the brilliant work of the late Heinrick Voll of Germany who invented the technological system known as *Electro-Acupuncture According to Voll,* or "E.A.V.". Both techniques are part of a broader field, often referred to as *Energy Medicine.* That term, of course, takes in any technique or theory that utilizes one or more form of electromagnetic energy (or the so-called "subtle" energy forms). This would broadly include everything from standard physical therapy instrumentation to X-ray and the M.R.I. However, the term is usually limited to newer applications, most often espoused by *Alternative Medicine* doctors.

First let me say that the term "Vega" has no descriptive meaning whatsoever. It is simply the name of the German com-

pany who produced the first instrument used in the technique. My work, under the title referred to above, is merely an innovative development of what we might term classic *Vega*. By this I mean that my research has produced a system which is more comprehensive than basic *Vega*. It is also explained by a somewhat different interpretation of the scientific principles involved.

Since the technology is completely foreign to anything being done in conventional medicine, at least in the United States, it is difficult for the average American mind to understand it. As always, that which is new and foreign to our present orientation fosters skepticism and fear.

The Technology

Essentially, one could summarize the technology as a method of interrogating the patient's autonomic nervous system concerning his or her particular health problems. A teenage girl coined her own description when she announced, "I am going to get a brain reading!" I laughed when I heard this, but actually had to admit that she was quite accurate in her simplistic explanation. Each of us have two brains, or two parts to our one brain. What we might term our "front" brain is our conscious mind, or that part of our brain of which we are aware and consciously use in our everyday life. The "back" brain, on the other hand, is that part of our brain of which we are not conscious. It is that part of our total brain which controls the internal mechanisms of our body in order to maintain our health and well being. This part of the brain, although `invisible" to our conscious mind, is in many ways more complex than the front brain.

We are familiar with methods of interrogating the front brain, such as a test at school, or perhaps a police interrogation concerning one's knowledge of the events relating to a crime. However, until recently, we had no idea how (or even if it were possible) to interrogate the back brain.

Your front brain contains cognizance, memory, hearing, speech, etc. If I want to find out something relating to these things I must inquire of that part of your brain. In order to do this I would look into your eyes, where I can most readily sense your response, and then utilize a very complicated technological system called "talking" in order to project into your front brain my questions. In doing this I depend on your being equipped with an equally complicated technological system which we call "hearing." If all these systems are working properly, I quickly read the response to my questions from the expressions in your eyes and/or perhaps from your speaking back to me.

On the other hand, the back brain — the autonomic nervous system — is involved with our *physical* well-being and knows a great deal about what is taking place in that particular sphere of our being. Therefore, if we want to find out things relating to health or pathology, we must find a method of communicating with the back brain. That is precisely what the *Bio-Electro Brain Interrogation Technique* is all about.

The Mechanism Involved

The actual mechanism utilized in communicating with the autonomic nervous system (back brain) varies considerably. However, in E.A.V. (Electro-Acupuncture According to Voll), as well as in classic Vega, one factor is constant: That is the utilization of electromagnetic signals as the vehicle for "talking" (conveying questions) to the back brain. This has proven to be the mode in which the back brain is "at home" and can freely operate. Since this is definitely not the mode in which our front brain operates, it will at first be a little difficult to grasp. However, if we look at certain basic scientific facts, it will begin to take the mystery out of it.

First, it is a proven fact that our bodies are intrinsically an "electrical" organism. This fact is more basic than the fact that we are histological (material substance) beings, made up of trillions of cells. It is also more basic than the fact that our bodies could be described as "chemical factories" in which an almost infinite number of different chemical-like substances are acting and interacting to produce much of what we call "life". In recent years we have become familiar with the material and chemical aspects of our physical beings, but not so familiar with the fact that intrinsically intertwined with all this material/chemical activity (and even more basic to our root being) is a dynamic, pulsating electrical energy. It is true that this "electrical" energy is very weak compared to what we normally call electricity and are accustomed to in our everyday life. In fact, we are talking about electromagnetic currents and fields that to the unenlightened mind would not appear to be electricity at all.

In the fall of 1991 two German scientists won a Nobel Prize in medicine. These men not only proved the existence of this "electrical" aspect of our being (that was already known), but they were able to measure the level of this electrical energy. But what is even more significant, they went on to demonstrate that every cell in our body has between twenty and forty "electron tunnels" (as they called them) through which the electrical impulses flow back and forth between the cells. In other words, these scientists conclusively demonstrated that every cell in our body has between twenty and forty electrical connections, like telephone lines, through which each cell communicates with the other cells, and with the body as a whole.

This outstanding work gave solid scientific basis for the medium in which the *Bio-Electro Brain Interrogation Technique* ("Brain Talk") operates.) It demonstrates exactly how, when we introduce a minute electronic signal (in any form) into the body, that such a signal (or "message") is immediately conveyed to the whole body. *Think with me here.* If the body is a complex, interlinked electrical system, then it naturally follows that any type of electronic impulse introduced to the body (anywhere or in any manner) will immediately find its way throughout the entire system. Such an impulse can then be equivalent to "talking" to the body as a whole — or, at least, talking to that part of the body which can interpret the meaning of the impulse.

If in a modern business office today we have two, three, or perhaps four telephone lines, plus as many as three or four computer terminals, we think we are well "hooked up" with the world. Imagine each office having twenty to forty lines — and all of them continually open — allowing a constant flow of communication, with all the other business offices of the world. The sheer complexity, as well as the completeness, of such an interrelated communication system is truly amazing. Yet that (and more) is exactly what our Creator has built into each one of us as an important part of our total being.

At this point let's take a step further and consider the fact that every substance in our universe is essentially "electrical" in nature, being made up of a dynamic interplay of protons, neutrons and electrons. Also, each of these different substances constantly emit a specific electromagnetic energy field — an energy field peculiar to that particular substance (because of the unique number and arrangement of the protons, neutrons and electrons of which it is made). When I say "peculiar," I mean just that. The electromagnetic energy field of each substance is unlike that of any other in the entire universe. Like the fingerprints of a man, each and every substance can be individually identified by its unique electrical emissions. This phenomenon is demonstrated in the well-known MRI *(Magnetic Resonance Imaging)* instrument. The principle behind the ability of an MRI to "see" inside the body is essentially

as follows: *First*, each different type of tissue in the body gives off it's own individual field of electromagnetic energy. *Second*, by a complicated process the MRI "reads" these energy emissions, distinquishing each of the different tissues by their particular electromagnetic "fingerprints." That difference is then converted by a computer into a picture the doctor or technician can see and understand.

The radio telescope operates in a similar manner. Unlike an optical telescope, this powerful telescope does not "see" an object in space as we think of seeing. Instead, it measures the difference in the various electromagnetic waves radiating from an object and then, with the aid of a computer, translates the varied individual signals into a picture.

It is interesting that not long ago when the newest and most powerful optical telescope became operational from a mountain top in Hawaii, the scientists immediately focused it on what is believed to be the most distant galaxy, and even got a picture of it. When asked how they knew where to look for such an obscure pinpoint of substance in the broad expanse of the heavens, they answered, "Oh, we had already identified it with a radio telescope sixteen years ago. But now we can actually see it!"

The radio telescope, you see, had picked up the electromagnetic signals radiating from that far away collection of gas and material substances and identified them as being a galaxy long before we could develop an optical instrument strong enough to see it. It is said that if the circumference of the earth wasn't in the way, one could read a newspaper between New York and San Francisco with a radio telescope. The method is simple. The telescope would simply differentiate between the electromagnetic signals emitting from the black ink and those coming from the white paper and then with a computer convert those emissions back into a picture so that you could actually read the newspaper.

Practical Application

Now let's move on to another point which will also help in taking the mystery out of "Brain Talk." Although literally everything has a different electrical signal — whether it be different tissues in our bodies, inanimate objects, virus, bacteria, etc .— the back brain can easily "hear" them all and interpret their meaning. In other words, that part of our brain can not only pick up on all these varied electrical emanations, but can recognize from the signal what entity each signal represents. It may be something *inanimate*, like a particular chemical (pesticide, etc.), a vitamin, or even a complex mixture as seen in refined food products, On the other hand, it may be *a living* substance, such as a virus, amoebae or pathogenic mold. But whatever it is, the brain recognizes it by the specific electromagnetic field it emits and then utilizes the memory banks of the front brain to identify it by name and association.

To illustrate how this principle is applied in the *Bio-Electro Brain Interrogation Technique*, let's assume that you have a pain on the right side of your body, near the bottom of the rib cage. This would suggest liver involvement, so we might start by placing a liver ampoule in circuit with the body. The "liver ampoule" would be a small glass ampoule containing a 4x homeopathic solution of healthy bovine liver tissue. The electromagnetic emissions from the ampoule, therefore, would be that of a healthy liver.

By placing this ampoule in circuit with the body we would be asking the back brain if your liver is as healthy as the liver in the ampoule. That is, we would be saying, "Is your liver emitting the same healthy electrical signals as this perfect specimen of liver?" If not, the brain would respond with a negative indicator. By this I mean it would answer, "No". The nature of this negative response from the back brain will be discussed later. Right now suffice it to say that we have a negative response.

To follow up we would then "ask" if the problem is a bacteria, virus, chemical toxicity, cancer, etc. These questions can be asked in different ways, but perhaps the most simple would be superimposing on the liver ampoule a series (one by one) of additional ampoules, each containing a possible pathological condition. When the ampoule containing the correct pathology is added, its electronic frequency will resonate with (or match) the frequency of the actual pathology in the liver. When this happens the brain will again react, or respond, to indicate a "Yes" answer.

This, in essence, is what I call "interrogating" the back brain as to what is wrong in the body. There is more to it, but this essentially illustrates the methodology. German scientists have prepared thousands of ampoules (which we can purchase), each containing a different substance. With these a doctor can "ask" almost every possible question in order to arrive at a precise diagnosis.

When the pathology is established, we can then suggest to the brain (using the same basic procedure) possible remedies for treatment. The back brain will respond in a similar manner to tell us which remedies will be effective. It is true that the brain cannot always evaluate a "remedy" immediately. It may not be apparent how the substance will perform after it metabolizes in the body. However, usually the brain's first estimate is quite accurate. But if after a few days (when the body has had a chance to "experience" the effect of the remedy), if we again ask for an evaluation, the answer will no longer be an estimate but approach 100% accuracy.

High Tech Instrumentation

Earlier I stated that the use of ampoules (giving off specific electromagnetic signals) to ask the questions of the body is a "constant" in all applications of the German method. This is true, in the sense of specific electromagnetic signals being used to ask the question. However, ampoules are not necessarily needed to do this. At Heidelberg University, Vega scientists have developed computerized instrumentation to accomplish the same objective.

The instrument is attached to the patient's body via electronic leads. It is programmed to itself interrogate the brain as to what is happening. The answers then come out of the instrument printed on graph paper. Does this sound like "Buck Rogers" or "Star Trek" medicine? Well, actually, it is almost just that. However, even though the program is quite practical and effective as far as it goes, it is still not complete. Much of the work is still left for a more simplistic, hands-on application by the doctor.

I might add at this point that although the use of electromagnetic signals (whether by computer or ampoules) is basic to all German work (and classic Vega or E.A.V. goes no further than this), there is actually at least two other methods of "talking" to the back brain. One of these has come out of my research and is what I use for the most part. The technique constitutes a major advance in widening the scope and effectiveness of the work. However, I shall not include an explanation of this special application at this time, but it will be included in Part II of this paper.

Three Methods of Brain Response

Having now explained how we *ask* questions, the next step is to look at exactly how the back brain responds, or answers, our questions. Actually, three different methods are presently employed.

First, in Germany (and classic Vega goes no further than this) the methodology for this involves a brain-controlled fluctuation of skin resistance to an electrical impulse. Both the computerized and the standard instruments utilize this principle. To explain this I will simply say that when an electromagnetic signal (the question) is propelled by a low-level electrical impulse from either of these instrument types to the surface of the body, the tissue (under the control of the brain) either "resists" that current or "opens" to allow free conductivity. This alternating effect constitutes a "yes or no"

answer system.

In other words; to answer "yes" the back brain usually allows a free flow of the electrical signal containing the question. To indicate a negative response the flow of current is restricted. The instrument registers this alternating resistance or conductivity to the signal and you thus have a "yes or no" answer system.

In this paper I will not attempt to address the complexities involved in how the body accomplishes this physiological change of resistance or conductivity to the electrical current. However, there is a lot that could be said, since some of the greatest scientific minds in the world have spent many years working with this particular methodology.

The second method involves the use of another scientific method called *Applied Kinesiology.* This technique was developed primarily here in the United States and is rapidly gaining recognition as an alternative approach for listening to the back brain. The method is simple. When an ampoule is introduced into circuit with the body, asking a particular question, the brain responds by either noticeably strengthening or weakening a given muscle. What is called "The 0-Ring" method is usually employed, where the patient holds two fingers together and resists as the doctor or technician attempts to pull the two fingers apart.

This interesting phenomenon has been demonstrated many times in public meetings by the lecturer calling a strong young man out of the audience and asking him to hold out his right or left arm horizontally while the lecturer attempts to pull it down. Of course, he can't do so, as the young fellow determines to show-off how strong he is. The lecturer then asks him to take a small sip of ordinary white table sugar from a spoon. When he does so, to everyone's amazement, this strong young man can no longer resist the downward pull on his arm. His muscles suddenly became weak when this "bad" food substance was introduced to the body. In effect, the brain was saying "no" to the thought of this healthy young man eating refined sugar.

The third method was introduced into the Vega technology through our research. It involves the use of a well-known chiropractic "phenomenon", often referred to as the "reactive leg test" or the "leg check". Chiropractors have long known that when a patient is positioned on the doctor's table, either prone or supine, one of his or her legs will be shorter than the other one. In the course of the chiropractic treatment the patient's legs will automatically change to a balanced state. In fact, nearly every doctor will pointedly check the patient's leg length at the close of the treatment session to make sure they *are* in balance. If they are not, he knows that the patient will be calling back to say he or she is either worse or no better.

In Chiropractic whole techniques have developed around this "leg check" principle. One such technique limits all manipulation of the spine to this "guidance system" of the body. In that particular technique, when the doctor wants to know which way to adjust a vertebrae, he first lightly pushes on the bone (as if to move it in one direction), then he watches the patient's feet. If the direction he pushed is the correct way to move the bone, the "reactive leg" will change and the legs will become equal in length. If, however, he pushes in the wrong direction, the "reactive leg" will draw back even shorter. In essence, the back brain is either contracting or relaxing muscles in order to shorten or lengthen the "reactive leg".

When we introduced this last methodology into the Vega work, we found that the brain would immediately answer any question we asked by moving the so-called "reactive leg" back and forth.

The Back Brain is Intelligent

It was then that I suddenly realized that what was happening in all this was not merely a "phenomenon." I realized that I was dealing with an intelligent brain, a brain that *wanted* to "talk" to me and tell me what was wrong and what to do to help the patient. After further experiments I became assured that this was true, and that the brain would respond to any method I could conceive in order to communicate with me.

Now, I must admit that at first I resisted this concept. After all, everyone knows that the back brain doesn't contain the type of cells which would enable it to possess intelligence. That is why we call it the "autonomic" or the "vegetative" nervous system. However, I continued to test, and my tests clearly indicated that this part of the brain *did* have intelligence and was responding to questions in a manner similar to the front brain.

Finally the light dawned. We know that the front brain has little or no access to the back brain, so we assumed that the back brain had no access to the front brain. There was our error! Although the front brain has no conscious access to the back brain, the opposite is *not* true. The back brain has full access to the front brain and can use any part it needs. Once this dawned upon me I knew that I was truly dealing with a brain that has the same intelligence capacities as our conscious mind.

Further experience soon demonstrated this to be a fact, and eventually this, in turn, opened the door of my thinking to another very important step. This step involves what I referred to earlier as another method of "talking" to the back brain. Although I must refrain from going into an explanation of this now, suffice it to say that this extremely important breakthrough has almost infinite possibilities, especially in the realm of diagnosis. Nor is that all from which I will refrain. There is *a lot* more, but we shall save it for a later paper.

In essence you now know what "Brain Talk" *(The Bio-Electro Brain Interrogation Technique)* is all about. It is essentially a method whereby we can interrogate the autonomic nervous system — literally converse with that amazing intelligence —and thus enter into a whole new world of unprecedented opportunity in medicine.

Innovative Science Part 2
The Bio-Electro Brain Interrogation Technique in Action

The following case history reports involve people whom I have successfully treated for various unusual and difficult conditions, using as my sole guide the *Bio-Electro Brain Interrogation Technique,* which *I* call "Brain Talk" for short.

These testimonies will serve also to demonstrate the effectiveness of natural, alternative medical treatment — but the primary purpose is to verify the accuracy of using "*Brain Talk*" and the importance of its use in medical practice. Names have been changed to protect the privacy of patient-doctor relationships, but within certain discretionary guidelines, most (if not all) of the patients referred to in these reports are available for comment.

Brief summary report on Janelle Brown

In this report I will briefly describe three unusual medical confrontations involving Miss Brown. Each were quite different, but each provide a good example of the value of "Brain Talk" as a diagnostic tool.

Janelle at age 15:

The Complaint was a mysterious series of breast infections. Since approximately twelve years old, Janelle had suffered from recurrent, acute episodes of breast infection. These episodes were so severe that initially the doctors even had to lance one breast in order to drain the pus. Subsequently, aspi-

ration proved adequate. but on every occasion massive doses of antibiotics were necessary. Each occurrence would persist about two weeks,

Even with no active infection present, *the Bio- Electro Brain* Interrogation *Technique* immediately identified the causative agent as an unknown (to science) bacteria, latent in the breast tissue. This bacteria would recurrently go acute and she would experience an episode. Utilizing a blood sample, I isolated the bacteria and confirmed the "Brain Talk" diagnosis. Then, under the sole guidance of "Brain Talk," I prepared a specific homeopathic antidote. By this I mean that the technology led me to the *specific* dilution of the bacteria which would produce the specific frequency for a successful homeopathic solution. As I commenced this treatment, almost immediately she experienced an acute episode and went into the typical symptomatic syndrome.

With no aspiration, or even the use of antibiotics, I brought the infection under control in only a few days using massive doses of the homeopathic remedy.

She has never had a single recurrence of the infection in either breast since that day. I might add that both breasts tested pre-cancerous at that time. Subsequent testing has shown no pre-cancer condition whatever, and her breasts are perfectly normal.

Janelle at age 17:

Another episode with this same young lady took place when she was about 17, She developed something similar to "Pinkeye." The infection had persisted for approximately two weeks. She'd gone to two medical doctors and taken all kinds of medication but with little or no results. Finally, one night she came to me, lamenting the fact that she was supposed to go to Six Flags with her boyfriend for her birthday *in only 5 days.*

She knew she couldn't wear her contacts, couldn't stand the dust, or anything. Almost in tears, she said she simply would not be able to go unless the infection cleared. Utilizing "Brain Talk," I identified the specific microorganism and made a specific homeopathic remedy. "Brain Talk" then told us it would take 5 days to bring the infection under control, which was exactly the amount of time she had before the planned trip. Sure enough, with her diligent application of the homeopathic remedy (and nothing else), she was perfectly well on the day of her birthday. She was able to go to Six Flags, wore her contacts and had a good time.

Janelle at age 19:

Finally, on a subsequent occasion when Janelle was about nineteen, she called to tell me that a routine blood test (performed by Dr Michael Taylor in Tulsa, Oklahoma) indicated that she had an extremely high alkaline phosphatase. This greatly disturbed her, because she knew enough to realize that in an adult this indicated bone destruction and was usually associated with serious bone disease. Dr Taylor had simply brushed the report aside saying, "You don't have bone cancer. *You're simply growing!"* (He was referring to the fact that in an adolescent, when they are still growing, the Alkaline Phosphatase will normally be high, simply indicating that the bones are growing). Janelle told me emphatically that she *knew* she wasn't growing. She had stopped growing 2 years previously and certainly did not want to grow. She was obviously quite worried.

I told her to come to my office and we would check it out. She did, and in just a few minutes "Brain Talk" indicated that she was on some type of drug (or chemical) and had become hypersensitive to it. The hypersensitive reaction was taking place in her bones, causing a measure of bone destruction. The brain also indicated that the condition was highly pre-cancerous. I stopped the testing and immediately asked what she was on. She said she wasn't on anything except Thyroid. We tested , but the Thyroid medication proved benign. She insisted she was not taking any other type of drug. Since "Brain Talk" had indicated the agent was being taken orally, I next thought of a food additive and asked her if she had changed her diet. At first she said no, but then (after thinking) she looked up at me and said, "Could it be *NutraSweet?"* I said that it certainly could and tested (asked her brain). Sure enough, that was it. She'd started using *NutraSweet* for the first time in her life 5 months before when Dr Taylor told her to omit all sweets from her diet because of a blood sugar problem. She said she had been eating quite a lot of *NutraSweet,* on a regular basis, since that time.

I think you get the point. In each of theses instances "Brain Talk" quickly told me *exactly* what was causing the problem, then identified the precise vector — *and it all proved to* ***be true.***

Brief summary report on Betty Jones, female, age 48, with Multiple Myeloma

Mrs. Jones was diagnosed with Multiple Myeloma in the late fall of 1994.

The disease — which is a vicious form of bone cancer — came on suddenly and progressed very rapidly. I saw her briefly once before, but my first real contact with Betty was when I was called to her home two days before Christmas of that year. I found her in a hospital bed in the middle of the living room literally writhing in pain. At least two vertebrae had partially collapsed, and even morphine was unable to contain the pain she was experiencing.

A large Christmas tree was set up in the room and several of her children were standing around wringing their hands. I was faced with the dilemma of attempting to do something to help. Actually, if it hadn't been a sort of a "do it for a friend" situation, I would have immediately stated that obviously her condition was too advanced for me to do anything about and left. Even as it was, I decided only to quickly attempt to test (using "Brain Talk"), just in case one of my cancer remedies might be at least somewhat effective.

With her twisting and turning in the bed, there was no way I could test her directly. I had to do surrogate testing through my assistant, Marj Mathis. My intention was to run through some of the thirty or forty remedies in my test kit — remedies which at one time or another had either cured or helped in cancer cases. If any of them tested as somewhat effective I would suggest they be utilized. However, I really had no hope. All the local doctors (oncologists) involved had given up and already turned her over to Hospice. One of the principal doctors involved even stated that he didn't believe that she would live till Christmas.

I had hardly started testing before the patient's brain indicated that her condition was a virus. In essence it told me to forget my cancer remedies *and simply treat the virus.* This came as a complete shock to me and at first I could not accept it. Repeated testing, however, confirmed the diagnosis. In fact, her brain seemed to almost scream at me, "It's a virus — *treat the virus!"*

I'd had a Multiple Myeloma case several years earlier. It was a young woman in her early 30's who came out from California. She was in a very advanced, though relatively chronic, stage of the disease. At that time I worked with other doctors and we literally did everything imaginable, including daily I. V's. Nothing worked and she finally died.

During the course of treatment with that young woman, I had, of course, studied Multiple Myeloma in an attempt to find some special approach we might have overlooked. In this perusal of the literature I did not remember reading *anything* about there being a virus involved. *Now, here I was with the brain of this patient telling me that the disease was nothing but a virus!*

After several attempts to get a different response, I finally gave

in and had Marj get a sample of blood to enable me to isolate the virus. We were successful, and "Brain Talk" then followed up by giving me the *exact* titration needed for preparing the custom homeopathic remedy.

I want to digress here to say that I often make what I call a "custom" homeopathic remedy. By this I mean that I utilize "Brain Talk" to guide me to one or more (usually several) effective remedies which I then put together into a single homeopathic solution. These special custom remedies, which are electronically titrated and combined, have been extremely effective in case after case of various disorders. That is precisely what I did in this case, only instead of one or more particular homeopathic remedies, I isolated the virus itself from her blood. Then I simply utilized "Brain Talk" to guide me to the proper homeopathic titration for an effective remedy.

Homeopathic solutions can successfully treat virus as well as bacteria and other microorganisms. As you know, antibiotics are not effective against virus. This, however, is not true with homeopathy. It is just as effective against viruses as any other organism

So in Homeopathy, we first isolate the precise microorganism and then get the exact titration. Also, many times I have had to use drastic measures to raise the "impact" of the dosage. I used to prescribe what I term a "super fast dosage" level (referring to drops under the tongue as often as every 15 minutes), as well as intramuscular injections. More recently I find that using the HPI (Homeopathic Projection Unit) to intensify the effectiveness of my remedies is even more successful.

The anti-viral remedy was not all that I found needful that day. A special form of Pycnogenol was called for, plus after finding the patient's bed in a harmful geo-pathic stress zone, we insisted that it be moved (even though that meant moving their large Christmas tree). Then, too, the brain guided me to administer large amounts of magnesium, which quickly relieved much of her pain. In fact, when I visited her the next morning she was virtually out of pain and resting quietly. The same was true on Christmas Day. **To make a long story short, within two weeks she went out to dinner with her husband.**

To summarize, all that was needed to arrest this form of cancer was to bring the previously unknown virus under control. This we did (for the most part) in just two or three weeks, even though we stopped too early and it multiplied back on us at one point. Later, as I searched the literature in an attempt to find some justification for my findings, I did stumble upon some supporting evidence. I discovered that some scientists had found viral particles scattered here and there in the lesions of the disease. These suggested that a virus was involved, but since microscopic studies could not locate the virus, the supposition was dismissed. Also one scientist pointed out that a peculiar disease of minks called *The Aleutian Disease* had proven to be caused by a virus. He pointed out that the symptoms of this disease in the minks was very similar to Multiple Myeloma

At this point let me again digress to mention that when science identifies a microorganism in a particular disease it does so through the particular microorganism being identified by microscopy. However, this can only be done if there is a stain available which will stain the particular microorganism. I have found that in the case of several microorganisms responsible for different conditions, there is no stain which will affect them. Consequently, researchers have not been able to identify these microorganisms. The disease they cause is therefore listed as unknown in etiology.

Utilizing "Brain Talk", I bypass this limitation and can easily identify such micro-organisms, regardless of whether or not there is a stain to stain them (making them visible to the human eye). For example I have done this in both *Chronic Ulcerative Colitis* and *Crohn's Disease.* Having once identified the microorganism in this way, I can go ahead with successful treatment.

Brief Summary report on Debbie Facette, age 33 Chronic Ulcerative Colitis

In the summer of 1991 Debbie Facette came to me complaining of severe Chronic Ulcerative Colitis. She had been suffering from this disease for six years and was in a very advanced stage — so advanced that my testing indicated secondary colon cancer to be present also. The case was also greatly complicated by painful arthritis, duodenal ulcer and chronic viral infection, to say nothing of a very depleted immune response.

This being my first case of Chronic Ulcerative Colitis, I needed to isolate the micro-organism involved so as to prepare a custom homeopathic remedy. This I did, and it proved to be an amoebae (just as the *Bio-Electro Brain Interrogation Technique* — "Brain Talk" -- had indicated it would be). My next step was to *again* utilize "Brain-Talk" to direct me to the exact titration of the specimen sample so as to prepare the precise homeopathic remedy.

I should point out that because of the extreme severity of the disease in Debbie's case, it would have been impossible to use strong, toxic herbs against the microorganism. But massive doses of the homeopathic remedy proved both tolerable and successful. Using-the same basic methods, I also cured both the cancer and ulcer.

Without "Brain-Talk" all this would have been impossible. But it is also particularly important to note the effectiveness of using custom homeopathy in such instances, especially where other medication would not be applicable. This was before the HPI *(Homeopathy Projection Unit)*, so massive oral doses, many times a day, plus injections at least once a day, were necessary.

I should point out that now I would add *Frequency Resonance Therapy* and greatly speed up the process. In fact, I am quite sure that *Frequency Resonance Therapy is* superior to the homeopathic approach, although both should be used if possible.

This testimony is typical of many others where I have used "Brain Talk" to successfully isolate and prepare effective treatment for unknown, or unidentifiable, microorganisms.

Brief summary report on Sharon Strough, age 32 Mercury Toxicity

Mr. Guy Strough, a businessman in Tulsa, Oklahoma, asked me if I would utilize the *Bio-Electro Brain Interrogation Technique* to find the cause of a mysterious decline in his daughter's health. He told me that she had been a strong, energetic young woman, and quite amiable, until a year or so earlier when she began to obviously experience a reverse in her general health. He complained that she was now tired all the time, very "cranky" and generally disinterested in life.

When I began testing this young woman, almost immediately her brain indicated that she was suffering from mercury toxicity, and that the toxicity was coming from her teeth. When I told her this she immediately resisted, saying, "No, that can't be! I do not have any `mercury' (amalgam) fillings. I only have three porcelain fillings and one crown."

I checked again, but the brain definitely indicated that she was indeed suffering from mercury toxicity — and that the toxicity *was* coming from her teeth.

She immediately went to her dentist and told him what I had said. At first he seemed puzzled, but then, as he studied her chart, he said, "It looks like there might be a small filling under this crown. We'd better remove it to take a look".

Sharon agreed, and upon removal the dentist was astonished to find a very large amalgam filling. Apparently the assistant of a

former dentist had failed to properly indicate the filling on her chart.

Stating that this filling was old and indeed ominous, the dentist immediately removed it. However, not having been properly orientated in the correct procedure for removing mercury, he did not use a rubber dam, etc. Consequently, some of the toxic material apparently spilled into her mouth. The reaction was dramatic. Sharon was in bed for a week, and it was about four months before she fully got over the effects of the accident.

I have seen this sort of thing many times. She was already hypersensitive to the mercury. Therefore, a sudden, rather massive exposure was simply overwhelming.

The conclusion is obvious. If the *Bio-Electro Brain Interrogation Technique* had not "forced" the diagnosis on us, the young woman would have never found the cause of her declining health. Even if other doctors might have suggested amalgam toxicity, she would have immediately rejected the idea and no investigation would have followed.

"Brain Talk" indeed saved the day in Sharon's case.

Introductory Comments:

It is regrettable that in most of the cases presented here I cannot submit the usual medical documentation to support my brief patient reports. This is because these were unofficial, preliminary clinical trials, conducted personally by me outside the sphere of the orthodox medical system. They were all experimental in nature, with little or no access to supportive laboratory testing, except as the patient obtained such themselves from their attending physicians.

To offset this deficiency, in most cases I have obtained the signed, sworn signatures of the patients involved asserting that the report is accurate. I have also attached additional sworn signatures of eye-witnesses when such were available. Then you will note that these patients have all remained cancer-free over a period of at least two years. Finally, in every case addresses and phone numbers have been included to facilitate any interested party in checking the current status of each patient.

Although not the usual pattern in medical circles, the sworn testimony of eye-witnesses is acceptable as evidence in any court of law, so there is really no reason such should not be honored in this instance. In fact, this is the very reason for our need to conduct a controlled trial in a responsible medical setting. These testimonies simply constitute the evidence that such an orderly and fully documented trial is now warranted.

The number of successful cases is limited, simply because I haven't been able to locate others who could be represented here. Primarily this is because all my case files prior to the year 2000 are inaccessible to me at present and the fact that after several years people so often move, leaving no easy trace as to their whereabouts. In my very busy life, traveling continuously, with no secretarial help available, I have simply done the best I

Dr. John Myers

Gail Minor-Holton, age 48,
Lyme-induced Hodgkin's Lymphoma

In the summer of 2002 I went to Central Florida to undertake a new program to assist in the control of chronic Lyme disease. However, among the patients submitted to me I discovered that two had serious malignant cancer and another had an advanced benign brain tumor. Cecil Seymour was the one with the brain tumor, while Susan Murray and Gail Holton were the cancer cases. All of their sworn statements are included in this proposal.

Gail Holton is an RN who had been critically ill with chronic Lyme disease for ten years. But approximately a year before I came to Florida this condition deteriorated into what is now called Lyme-induced Hodgkin's Lymphoma. Ironically, the severe chemotherapy (ABVD) given for the cancer completely eradicated the Lyme disease. However, the cancer program proved unsuccessful for the Lymphoma and she was last stage terminal when I met her.

I immediately put Ms. Holton on the FRT program in its present stage of development, and in approximately thirty days the massive tumor in her chest had completely vanished. This caused a considerable stir among the oncologists at the large medical center in Ocala, Florida. Gail, however, refused to tell them what she had done to effect this dramatic change in her condition for fear of putting me in jeopardy. My patients all understand that my program is a secret research project and that they are not to discuss it with the medical profession.

Even though the tumor itself had dissolved, the cancer was still present and it took another month or more of my treatments to achieve an apparent complete remission. I say "apparent" because I had to leave the area at this time and did not get back for nearly three months. During that time the cancer had reoccurred and advanced quite rapidly.

However, upon starting treatment again she soon tested completely cured, which has proven to be true. To this day Gail has no further return of the malignancy and is living a vigorous life.

Affirmed by signature:

Gail Minor-Holton, 10053 C12117, Oxford, FL 34484.

Cecil T. Seymour, 220 Willow Brook Drive, Leesburg, FL 3478; (352) 315-1477; (352) 787-9709

Dr. Manulani S. Lyall, DVM, 12484 NE 72nd Blvd., Lady Lake, FL 82162.

William L. Lyall DVM, 12484 NE 72nd Blvd., Lady Lake, FL 32162.

Minica G. Olexson, 58 Westwood Drive, Leesbrg, FL 34748.

Shirley T. Holton, 5126 C.R., 125, Wildwood, Fl 34785

Leandra N. Kissinger, 4877 Cr 117A, Wildwood, FL 34484

See the Appendix for further supporting documentation.

Marti Blake, age 30 years old, lung cancer

In my report on Gail Minor-Holton I stated that she refused to tell the medical authorities what she had done to affect such a dramatic tumor reduction in only about three weeks. A little later, however, when she was at the Robert Boissoneault Oncology Institute talking to one of the radiology technologists, Barbara Roberts, she felt impelled to tell how she got healed.

As she recounted the story of her being on a secret research project, where she simply wore a small black box attached to an electronic belt every other day, the tech suddenly began to cry. This surprised Gail, but she soon found out what was happening. Barbara told her that her very best friend, Marti Blake, had advanced lung cancer and was given only thirty days to live. She said Marti was coming the very next weekend to give her two and one half year old son to Barbara to raise. She then began to plead with Gail, asking if her friend could be put into the secret program.

That Saturday, in Gail's home, we met with Barbara and her friend Marti and put Marti on my program. Again we had an almost miraculous result in about a month. The tumor in Marti's lung vanished. Medical testing revealed that her lungs were virtually clear.

As in Gail's case, this did not mean that the cancer was completely gone, and I attempted to follow up with Marti, even though she had to go back to her home in Indianapolis, Indiana. However,

this has proved impossible, since Marty has failed to cooperate. Therefore, we do not have a successful conclusion to this case.

I might mention here that there is a special reason why the tumors in Gail and Marti's cases dissolved so rapidly. My testing indicates that certain cancers give off a free radical shield to protect themselves from white cells that would attack them. These cancers are particularly vulnerable to such an attack, so when I administer *Active-H* and destroy this free radical shield the phagocytes are free to attack. Their activity, added to destructive FRT program, results in a rapid dissolution of the tumor substance. Other cancers do not have this shield and are much more resistant, so we do not see this dramatic effect.

Dr. John Myers

Affirmed by signature:

Gail Minor-Holton, 10053 C12117, Oxford, FL 34484.

Sam Kissinger, 4877 Cr 117A, Wildwood, FL 34484

Susan Murray, 49 years old, pelvic cancer

In late September 2002, Mrs. Murray was taken to the hospital emergency room in acute pelvic pain. Examination (MRI) revealed a large mass in her pelvic cavity, which the doctors assumed was malignant. No further testing or treatment (other than palliative) was done. This was because Susan had no insurance and wasn't yet a permanent resident in the state of Florida. This meant that the hospital could not receive any financial remuneration whatever beyond the immediate emergency care. She was told that they would call her back in later.

A few days later, on October 1, 2002, I identified the mass as malignant. She also exhibited a secondary bacterial infection, as well as advanced parasitic infestation. I put her on one FRT frequency signature, targeting the life (DNA) of the cancer. The other two signatures I used to destroy the bacteria and parasites.

On October 6th I checked and found all the infections coming under control, as well as some definite progress with the malignancy. On November 4th I returned to find the cancer and infective processes almost gone and Susan feeling much better. She had also been back to the hospital by then, *and the doctors reported that the mass had disappeared*

I was not able to get back to Susan again until the next February, 2003 (four months later). I found the cancer quite advanced and Susan in moderate to severe distress. It turned out that only three weeks after I left her the previous November she had gone in for a surgery (left-over ovary from former hysterectomy). At this time the doctors reaffirmed that the mass detected on her first visit was truly gone. However, partly because of this and partly because she thought maybe she shouldn't be on the FRT program after the surgery, she had discontinued my treatments. This, of course, allowed the depleted cancer to grow again.

I immediately put her back on the FRT program. Three weeks later, on March 8th I returned to check on her. She was feeling much much better and in very good spirits, and the cancer was way down, almost completely under control. On both this and the previous visit I had Michelle Walters with me, and she can attest to this remarkable turn-a-round.

On June 18th (three months later) I again say Susan and the cancer tested as completelyeliminated. No doubt it had been so since shortly after I left on March 8th. I have visited several times since and she is completely free of malignancy.

Dr. John Myers

Affirmed by signature:

Susan Murray, 9121 Florida Bay S Ranch Rd., Clermont, FL 34711; (352) 241-9451

Gail Minor-Holton, 10053 C12117, Oxford, FL 34484.

Sam Kissinger, 4877 Cr 117A, Wildwood, FL 34484

Cecil Seymour, age 70 years, benign tumor in the brain (acoustic neuroma)

I first saw Mr Seymour on July 23, 2002. He had been diagnosed with a fatal benign tumor of the brain, which the doctors at Mayo Clinic, and Rochester, Minnesota, and other major medical centers, all agreed was inoperable and intractable. They stated that they have never seen a tumor of this type recede. The prognosis for this was very grim. Cecil was already experiencing intermittent severe dizziness, etc.

I put him on a FRT treatment to dissolve this benign growth, as well another signature to dissolve a swelling (enlargement) of the seventh and eighth cranial nerves.

September 26, 2002, I again saw Cecil and found we were making steady progress in dissolving both abnormal growth factors.

December 11, 2002, I returned to check on Cecil and found that the FRT program was going quite well. Testing indicated that the life of the tumor was now dead, but we still needed to dissolve its structure, and that would take some time. The enlargement of the cranial nerves was also down considerably.

February 14, 2003, I did get back to see Cecil and found every phase of the program was doing very well. Testing indicated the tumor was very much depleted, although still present. As indicated above, the life of the tumor had long since been irradicated.

March 11, 2003, On this date Mr. Seymour had a MRI done to determine the state of the benign acoustical neuroma. This MRI revealed that the tumor was reduced by 75%. This so astounded the radiologist that he said he would not give a written report stating this clearly, for fear of getting in trouble. He said this has never happened before and to all practical purposes it could not happen. All of the obvious symptoms of this neuroma had long since disappeared, and have never returned. However, after this, I discovered a second growth which began to produce symptomatic results of a different type. I treated this and made good progress.

All of the obvious symptoms of this neuroma had long since disappeared, and have never returned. However, after this, I discovered a second growth which began to produce symptomatic results of a different type. I treated this and made good progress.

Dr. John Myers

Affirmed by signature:

Cecil T. Seymour, 220 Willow Brook Dr., Leesburg, FL 34748; (352) 787-9709

William L. Lyall, DVM, 12484 NE 72nd Blvd., Lady Lake, Fl. 32162

Monica K. Olexson, 58 Westwood Drive, Leesburg, FL 34748

Gail Minor-Holton, 10053 C12117, Oxford, FL 34484

Shirley I. Holton, 5126 C.R. 125, Wildwood, FL 34785

Diane Sullivan, age 70 years, colon cancer

In the spring of 2002, Mrs Sullivan came to me with advanced colon cancer, which was almost completely obstructing her rectum. The tumor was quite extensive and her condition terminal.

I put her on the FRT program and in approximately four to five months the tumor tested as dead. However, we were not able to dissolve the tumor itself, and my testing indicated that it was a part of rectal wall and would be impossible to dissolve without disrupting the colon. This meant that she needed surgery, since the tumor was causing serious problems in obstructing her ability to eliminate.

Mrs. Sullivan refused to have surgery, feeling she was not strong enough, and also did not want a colostomy. She hoped that we could partially dissolve the tumor giving her some relief from the obstruction. However, as I continued treatment this proved to be impossible. In the mean time, she developed a serious infection in this area, which upon my return from a trip, I was able to bring back under control in a short time. This brought temporary relief but did not solve the obstruction problem.

I give this testimony in spite of the fact we have not been able to resolve her suffering from the tumor. However, the malignancy itself has been cured. If successful surgery could have been performed, Mrs. Sullivan would probably be in good health today.

Dr. John Myers

Henry Berry, age 72 years old, brain cancer

October 22, 2002, I discovered malignancy present in the brain, although we had no medical confirmation, Henry wanted me to treat him, without consulting orthodox medical doctors. I put him on **a** single signature to destroy the life (DNA) of this malignancy.

January 16, 2003, I returned to check on Henry and found that the cancer was considerably better but still definitely present. I adjusted the signature and preceeded with FRT treatment.

April 20, 2003, I returned to check again on Mr. Berry. I found that the cancer had been completely eliminated.

Since this time there has been no further reoccurrence or evidence of a malignancy.

This is a case where there was no medical consultation, so we only have the *bioelectro-brain interrogation* (brain talk) to guide us.

Dr. John Myers

Affirmed by signature:

Henry Berry -- AKA Vernon Perry

Notarized: Carol A. Shiverdecker, Notary, State of Ohio, Commission Expires 5/14/08

Tanner Moer — Age 10 months, Fall of 1999, Brain Cancer

Jamie Moer, accompanied by her mother, Penny Moer, came to me in Park Rapids, Minnesota where I was holding a ten day clinic in a home. She brought her ten month baby girl, Tanner, who had been diagnosed with brain cancer five months earlier. They lived in Fargo, North Dakota, but the child was receiving chemo therapy, administered by the famed Mayo Clinic in Rochester, Minnesota. The treatment obviously wasn't working, for the mother and grandmother reported that little Tanner was steadily deteriorating.

When I examined her, she was virtually comatose and apparently blind. (Mayo Clinic had told Jamie that the child was probably blind). I put the child on two frequencies, one to resonate with the DNA of the cancer and one to dissolve the structure of the tumor. I did not have my present system, so we had to attach electrodes to her legs and administer three hour treatments at the treatment location. Aside from the FRT, I only gave her a small amount of liquid herbal, anti-cancer tincture in her milk each day.

I was able to administer four or five treatments before having to return to Tulsa, Oklahoma. However, although Tanner did not yet show any visible signs of recovery, Jamie and her grandmother felt like my treatment was the only hope. Therefore, they followed me to Tulsa. They told the father they needed to go to Tulsa to see a specalist, but they told the onocologist in Fargo they were going on a brief vacation.

In Tulsa, I continued treatments on a daily basis. By the third week, little Tanner was dramatically improved, her paralysis was almost completely gone and she could obviously see. She was the talk of the clinic as she made cute little baby sounds, wiggling around, and looking at everything with her big blue eyes. By this time, the family had to return to Minnesota for they were already late for the child's next appointment at Mayo Clinic. In the United States, if the parents in any way seem to neglect their child when it is ill, the DHS (Department of Human Services), can remove the child from the parents custody. This is especially true in the case of a single mother, like Jamie Moer.

When the family arrived at Mayo Clinic the MD was very angry, reprimanding them for being gone so long on what they assumed was only a vacation. Jamie and her mother told me later that a nurse practically snatched Tanner from Jamie's arms. However, after an hour or so the MD returned practically dancing with joy as he exclaimed that the tumor was greatly reduced and the child was doing very well. Jamie and her mother did not dare tell them that she was being treated by me, so they could only let the MD believe that the chemo had become effective.

The situation was not good when they returned to Fargo, North Dakota. The local oncologist there and the father had compared stories and found out Jamie had lied to them. Then when the family did not return at the agreed time they notified the DHS. Jamie almost lost custody of her baby and was forbidden under any circumstances to leave the city again. I had returned to Park Rapids by this time, but they had to sneak at night over eighty miles between the two locations for me to continue treatments. Even that did not fully work, because I again had to leave the area and they could not follow me this time.

It was two years before I again could return to the area and search out little Tanner. Amazingly, although the cancer was still active, it had not progressed like it had before. One side of her body was still paralyzed but I did find her quite moible and still able to see. She had turned into a beautiful and adorable child, however she still wasn't talking and her mental accuity was as of yet unknown.

I promptly put her on a program and stayed with her until I was assured that the cancer was completely gone. Testing indicated that there was a lot of scar tissue, which needed to be dissolved. I could do this with the FRT, but it was counter-indicated until the shunts were removed. Thus I had to leave her, hoping the MD's would become aware that the cancer was dead and remove the shunts. I yet hope to get back to this beautiful child and follow up. I know from experience that I can dissolve all scar tissue from the brain and/or the spinal cord since scar tissue is a principal cause of paralysis, I trust we'll see significant improvement.

Dr. John Myers

Affirmed by signature:

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Rebecca Ode, 1252 Dutch Ridge, Augusta, KY 41002, (696) 756-3452

Vonnie Sciortino, 608 Surrey Dr., Findlay, OH 45840, (419-423-1700; VonForeverYoung@aol.com

Lynn Hartman, 650 Bridge St., Park Rapids, MN 56470, (717) 274-9010

Erna de Wet, 650 Bridge St., Park Rapids, MN 56470, (717) 274-9010

Hope Boudreau, 1109 Meriwether Rd., Clarksville, Tn 37040

Affirmed by signature:

David S. Brock, D.C.

Notarized: Casey Lowther, Tulsa County, Oklahomaq, Commission #101327, Comm. Exp. 06-20-2005

Affirmed by signature:

Audrey A. Tothberry

Notarized: Christine M. Youngblood, Ohio, Com. Exp. 02-04-

Affirmed by signature:

Mary J. Donavan, 4730 S. Granite Place, Tulsa, OK 74135; (918) 641-0777

Notarized: Carla Robinson, Oklahoma, Tulsa County, Com. #03007653, Com. Exp. May 12, 2007

Hope Boudreau, age 38, benign brain tumor

In 1999 I closed my research practice in Tulsa, Oklahoma and moved to Park Rapids, Minnesota to undertake a three fold research project. I leased a two bedroom, two bathroom home on a lake, and settled in. But after only a month or two, I found my daughter, Hope Boudreau, who lived in Clarksville, Tennessee, had become seriously ill. This illness turned out to be a serious, chronic viral infection probably the Simeon 40 virus), plus a serious benign brain tumor.

At first I attempted to bring Hope up to Minnesota, which she did for one month, but it became apparent her condition was more serious than I could handle in a brief period up there. I ended up abandoning my research in Minnesota, moving to Clarksville, Tennessee, in order to be with my daughter. By the time I got there, she was almost at the point of death. I literally worked with her night and day for weeks in order to save her life. We consulted with many doctors, but no one could do anything for her, other than my program.

I put her on a frequency resonance program to destroy this almost intractable virus, as well as a program to dissolve the brain tumor. This program proved completely successful, and my daughter continues to be in good health today, except for residual brain damage from the brain tumor. This residual brain damage, however, is relatively slight, so Hope is living a normal life with her husband and two children, in essentially excellent health.

Dr. John Myers

Affirmed by signature:

Hope Boudreau, 1109 Meriweather Rd., Clarksville, TN 37040

Shawna Walters, age 13 years old, paralysis and loss of bowel control from Spina Bifida (Tethered cord syndrome)

In 1999, I conducted a week long clinic in Park Rapids, Minnesota, prior to making the decision to move there for research study. One of the patients that presented was a young girl named Shawna. Walters, who was crippled from Spina Bifida. She had had five operations since birth, and was due for the sixth very soon. She could walk, but with great difficulty, dragging her right leg. A further complication was she had lost her bowel control and had to wear diapers. This condition was stated to be permanent.

I put Shawna on FRT to dissolve scar tissue on the spinal cord, hoping this would clear everything up and we wouldn't find any permanent damage to nerves. Fortunately, my prognosis proved true and after approximately sixteen treatments Shawna walked normally and no longer had to wear diapers. (Her need for diapers had been dependent on damage from surgical involvement.)

Many months later she was struck in the back by some boys at school and this trauma caused scar tissue to form again on the spinal cord. By the time I reached the area on another visit, I found her in great pain. She was not able to go to school and was suffering not only from pain to her back but also severe headaches, as scar tissue was pulling and causing pressure. I again put her on FRT and after only four treatments she was back to normal again, without pain and without any apparent evidence of being crippled.

Then approximately a year later, she fell off a horse and again the scar tissue started growing. This time her family drove from Minnesota to Tennessee to bring her to me since she was in great pain and could not attend school. Once again we found that FRT was successful in dissolving the scar tissue in her spinal cord. In four treatments (the exact number done earlier) she was completely normal again. This has remained stable to this day.

I realize this is not a cancer testimony, but I decided to include it, to show the power of frequency resonance therapy (FRT). This very successful treatment form has a much wider application than just treating cancer. For example, I can destroy any micro-organism, even including those that medical science cannot identify, because they have no stain for them and therefore cannot see them under a microscope. I can identify such "invisible" organisms through the Bio-Electro Brain Interrogation Technique (Brain Talk) quite easily and set up frequencies to destroy the offenders. As mentioned in one of the other patient reports, we can also dissolve plaque out of arteries in atherosclerosis. In this case, however, we have not as yet had much documentation to verify this, so although no doubt true we will have to wait for confirmation.

As in Shawna's case, we have had many patients with various types of internal scar tissue (adhesions) causing pain. These have always been completely successful. There also has been two cases of paraplegia where we saw success by, dissolving the scar tissue in or on the spinal cord (similar to Shawna's case).

This has demonstrated the veracity of my theory that much, if not most, paralysis in the spinal cord is caused not by nerve damage, but by scar tissue hindering the conduction of the nerves. The pathologic sequence is: first, free radical pathology as a result of the trauma. This then causes protective scar tissue to form, blocking the flow of nerves, causing paralysis. When we dissolve the scar tissue the nerves flow again in a normal way.

Dr. John Myers

Affirmed by signature:

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Affirmed by signature:

Michael Walters (Mother)

Notarized: Jon P. Smythe, Minnesota. Com. Ex. Jan. 31, 2005

Shawna Walters .... a testimony by her mother

Concerning scar tissue dissolution in the spinal cord

This report was originally a statement sent to Fox News Television. We quote it in full:

WHY am I writing this e-mail?:

I am looking to pass this information on to the young man who was interviewed on *Weekend Magazine* on Sunday, May 4, 2003. According to the interview, he is in a wheel chair due to a motorcycle accident. The program said he is paralyzed from the waist down and showed him getting physical therapy for his legs.

WHO AM I?

My name is Vicki Walters. I am wife of Michael and mother of 4 daughters. We live in Northern Minnesota. My address is PO Box 355, Osage, MN 56570. Our physical address is 55298 210th Street, Osage, MN. My telephone number is 218-5734080. My e-

mail address is questor@eot.com

I am the former school board chairman of our local high school. A former township board director. I teach the missionary lessons at our church and serve on the Park Rapids Nazarene Church board.

I am also the mother of a 17 year-old daughter who has received effective treatment for dissolution of scar tissue from her spine and I think that this treatment has the possibility of helping the man in the wheel chair from a spinal injury.

WHAT is my daughters health history?

Our third daughter, Shawna, was born with Spina Bifida and Tethered Cord Syndrome (re-occurring spinal scar tissue growth) in December 1985. From 1986 to 1998, she has had 5 surgeries on her back to remove scar tissue from her spine, stop the debilitating effects of the scar tissue on the nerves, and restore function. After the 5th difficult surgery to remove the scar tissue, we sought out a 2nd opinion from a Pediatric Neurosurgeon, in Salt Lake City, Utah in January 1999, about how to deal with the re-occurring scar tissue. His advice was to wait until the scar tissue growth threatened her ability to walk anymore, and then go in and surgically "harvest the nerves." As we drove home from Salt Lake City to Minnesota, *we knew one thing:* Another surgery was not what we were willing to do, we were not willing to give up on her ability to walk. Surgeries remove the scar tissue, but they also cause more scar tissue to grow. The last two surgeries caused significant nerve damage and we were not willing to risk damage from another surgery. On the way home we prayed, we asked, ***"Lord, in this whole world, there has to be a way to deal with this scar tissue other than surgery which will further damage Shawna's nerves and threaten her ability to walk. Help us to find this."***

- The scar tissue in Shawna's back would make her legs tighten up so that she was not able to fully straighten her legs. The tendons were tight and so we tried physical therapy to help keep her tendons stretched. It also reduced muscle strength in her legs. We went to a local chiropractor and he did some form of Frequency Resonance Therapy. With one treatment, she was able to completely and immediately straighten her legs. The effects of the treatment only lasted for a day or two, and then her legs were back to being tight again.

- Then our hometown dentist, who followed Shawna's medical treatment, (his daughter was Shawna's same age and the girls were playmates) told us that there was a man who claimed to be able to non-surgically remove scar tissue. He knew that scar tissue removal was why Shawna had repeated surgeries, and he wanted her to see this man for the non-surgical treatment. I was skeptical about this treatment at first. I wanted to know that it was safe and so I did not immediately follow up on the information about this treatment that we had received from our dentist.

- Then this man, who is a researcher, and developed this treatment, was in our hometown and we went to see him. He evaluated Shawna and said that he felt that he could help her. He treated Shawna about a half a dozen times. The tightness of the tendons left and she regained full strength of her legs. The results of the treatments were permanent. Whereas the Frequency Resonance Therapy from the chiropractor was a "sweeping signature," which had temporary results, this researcher had developed a guidance system to locate the exact electronic complex or signature Shawna needed, was able to treat and monitor her progress with 100% success!

- Since those initial treatments, Shawna has had scar tissue grow back in her spine three times, due to trauma to her back. She was Sumo Wrestling at a church camp and was repeatedly thrown to the-floor during the "wrestling match." About a month later she had symptoms of scar tissue growth in her spine. The effects of this for Shawna are that her legs tighten, lose strength, interrupting her ability to walk. The pulling of the scar tissue on the nerves also produced a constant headache, and pain in her spinal area. She was seen by her pediatrician and neurosurgeon. After MRI's, they recommended surgery. We told them that we were going to try the natural therapy treatments first and see if they would again help Shawna with the scar tissue. *EACH TIME*, with a few treatments, the scar tissue and the effects of the scar tissue in her spine were completely removed, removing the headaches and restoring her ability to walk.

- Shawna's most recent treatment was October 2002. In September, Shawna was bucked off her pony she is training and landed on her neck. About three weeks after the accident, she again had symptoms of spinal scar tissue growth. Shawna had a constant headache for a month, had decreased muscle strength in her legs, and tightened tendons in her legs. We went to Shawna's pediatrician with these symptoms. He recommend that Shawna see her neurosurgeon for evaluation. We told the pediatrician that we were again going to contact the technician/researcher* who had helped her before, when she had the scar tissue, and try the Frequency Resonance Therapy treatments again, before we would even consider seeing a surgeon. We called the technician and we were not able to get to treatments until about 2 weeks after we called him. Once we traveled to southern United States to see him, she had about a half a dozen -- treatments and again she was restored to health! The travel time to see the technician took longer than the treatments! She was able to, once again, attend school and was without any headaches! Her legs straightened and regained strength. We called her pediatrician and told him, once again, the therapy worked and she would not be needing surgery again!

- Last Friday, my daughter, Shawna, attended a clinic in Fargo, N.Dak. called the Coordinated Treatment Center where, annually or as needed, about 15 health care professionals examine her in a day and then come up with a coordinated plan for treatment for her. During this clinic, I talked with her pediatrician about this natural therapy treatment and initiating clinical studies on patients with scar tissue. We know the treatments work to remove internal scar tissue, because we have seen it work three separate times for Shawna since 1999. He said that Shawna was his only Spina Bifida patient with the re-occurring spinal scar tissue growth that he knew of, and did not know of a pool of patients [upon which] to conduct the studies. He also said that he would talk with the Orthopedist who sees Shawna at the Clinic to see if he knew of a patient population who would have scar tissue complications for Clinical Trials.

- I told the pediatrician that I was going to actively pursue other people who would have internal scar tissue growth because I knew that the treatment worked and wanted to help other people with scar tissue complications. We know this treatment works 100% of the time to remove scar tissue complications and wanted to share this information with others. We know how much it meant for Shawna and wanted others to know about this treatment to help them also!

- I wrote the technician and asked him what other kinds of scar tissue he has dissolved. He said that he has treated many internal adhesion cases, of the worst kind, and had 100% successful results. He talked about a female abdominal surgery patient, who had internal scar tissue, and who had tremendous pain. He treated her, scar tissue gone, pain gone. He also said that he had worked with two paraplegics/quadriplegics. Both men were in wheel chairs, without any feeling in their lower extremities. One man completely restored his ability to walk. His injury, was complicated by scar tissue growth following his initial accident. With only 6 treatments to remove scar tissue, the man fully regained his physical functions, including bowel and bladder control. I think the other man regained feeling and some movement of his arns. With each person treated for internal adhesions, he has accomplished 100% of the scar tissue removal

WHAT is this natural therapy treatment that removes scar

tissue?

- Bear in mind, that I am not a doctor, but the mother of a child who has successfully had scar tissues removed. I do not know how to medically explain how it works, *I just know it works*. I will try my best to explain what I have learned about the treatment.
- First of all, the technology to remove the scar tissue is non-invasive, painless, and completely benign. It is Frequency Resonance Therapy. What makes this treatment different from the treatment that the local chiropractor did for my daughter in 1999, is that the technician has developed a special guidance system to locate the exact electronic complex or signature and ability to monitor the scar tissue dissolution progress. The technician can evaluate a patient in about an hour [of] time. After that the technician discusses with you the Frequency Resonance program he recommends for you, with the exact "signature" your body needs to dissolve the scar tissue and gives you the treatment. I think the one quadriplegic received only 6 treatments before he was up and walking. I know Shawna has responded very quickly with each of her treatments.

WHO is the technician?

- The technician is not a clinical doctor in practice, but a full time independent researcher. A true servant desiring to help people be restored to health, he never charges for his work. (We however, were so grateful for the success in treatments, that we did give him a donation to help in continuing his work.) He has seen 100% success in the removal of internal scar tissue and desires clinical testing for FDA approval for the technology and instrumentation for dissolution of scar tissue. He is currently working with an engineer to improve his technology. [Notice Mrs. Walter's endeavor to keep my identity secret so that I won't get in trouble with medical laws.]

WHY am I **telling you this?**

- Because I know personally this treatment works to remove scar tissue and the resulting complication caused by that scar tissue, and these treatments have the capacity to help other people. I am so grateful for our opportunity to meet this technician/researcher, and for the good he has done for my daughter, I want to share it with others who may be helped by it also.
- In just 30 minutes to one hour of evaluation, which takes no special equipment, the technician can give you his opinion about the success of your ability to be helped by this process or not. The treatments work quickly and completely to remove the scar tissue. The results changed my daughters life. We know it will change anyone's life who has paralysis or complications, due to scar tissue growth in their spine. (Or any person who has any internal scar tissue that is causing complications.)

When I watched the young man in the interview, something in my heart urged me to write Fox News and try to get this information to him about a treatment for scar tissue, that may help him, if the continued paralysis he is experiencing is due to scar tissue complications following his spinal injury. I listened to his determination of continued physical therapy with the hope of being able to some day walk again. If it is scar tissue that is interfering with nerve function, that is common following spinal injuries, this technician/researcher will be able to identify it, find the exact [electronic resonance] signature necessary to remove scar tissue, and monitor progress to completion, in. a very short period of time.

- First of all I ask that whoever receives this at Fox News will forward this information to the man in the interview from yesterdays program.
- To the man in the Sunday interview, I urge you to prayerfully read this. If you feel like this is a treatment you would like to be evaluated for, please contact me. My contact information is at the beginning of this e-mail. I will answer any questions you may have to the best of my ability and if you would like to find more about being evaluated and/or treated I can tell you how to get in touch with the technician/researcher:

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* Note: The "technician" referred to in this paper was Dr. John Myers

See the Appendix for further supporting documentation.

Erna de Wet, age 44, SjÖgren's Syndrome

Erma had been a missionary in Europe for several years when SjÖgren's Syndrome became more aggressive in her body. She sought treatment at the Glasgow Royal Infirmary, where she was treated by Professor Rdsturrock. Along with all the other doctors, his diagnosis was primary, systemic SjÖgren's Syndrome. Concluding that there was no cure, Dr. Rdsturrock recommended palliative care and released her. At that time her hemoglobin was 11.1, her white blood count 6600, ESR elevated at 54, platelets normal, antinuclear antibody weakly positive, rheumatoid factor strongly positive with a titer of 668, extractable nuclear antigens positive, with positive RO and positive LA antigen. Her IGg was elevated at 37.8. Her symptomatic picture included almost all the usual symptoms of severe SjÖgren's, including moderate to severe arthritis in most joints.

Being released by the medical doctors in the fall of 1998, she was taken to the home of a fellow missionary, Ms. Lynn Hartman, in Park Rapids, MN.

When I first saw Erna on May 25, 1999, she was somewhat better as the result of an intensive nutritional program, but still exhibited serious debilitation and constant pain. Upon examination, utilizing the *Bio-Electro Brain Interrogation Technique*, I discovered that the root of this disease is a virus, which attacks only glandular tissue. I put her on an FRT program and within 6 weeks she was literally a new person. She was able to return to her missionary work and apart from some residual damage from the disease, has been able to live a normal life until this day.

Rebecca Ode, 1252 Dutch Ridge Rd., Augusta, KY 41002; (606) 756-3452As indicated in Shawna Walters' testimony (Spina Bifida paralysis), I realize this is not a cancer case but deem it important in illustrating the unusual effectiveness of the FRT program, coupled with our bio-feedback guidance system. I have demonstrated many times over that we can locate and destroy virtually any microorganism. In Shawna Walters' case we demonstrated that the program is capable of "dissolving" any and all internal scar tissue (internal adhesions), including scar tissue in the spinal cord.

Dr. John Myers

Affirmed by signature:

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Affirmed by signature:

David S. Brock, D.C.

Notarized: Casey Lowther, Tulsa County Oklahoma, #0101327, Com. Exp. 06-20-2005

Vonnie Sciortino, age 51, breast cancer

Vonne first came to me in late 1998 after being diagnosed

with breast cancer, (infiltrating-ductal carcinoma). I put her on FRT and we began to see very favorable results, although the treatments seemed to be going slower than usual. One of the factors in this turned out to be the high mold count in the residence in which she was living. When we corrected the mold, her progress increased and by the summer of 1999 she appeared to be healed. She did not elect to go in for medical confirmation, so we relied on the Bioelectrico-Brain Interrogation technique (braintalk) to determine her status. Also conditions at her home in Ohio made it necessary for her to return at that time.

I did not have contact with Vonnie again until late 2003. At that time she testified to me that for three years she felt good and had no evidence of return of the cancer. However, in recent months she had developed symptoms and testing indicated that she again had breast cancer, with metastasis to the lung. At this time she is on the FRT program again and we expect good results.

Dr. John Myers

Affirmed by signature:

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Affirmed by signature:

David S. Bock, D.C.

Notarized: Casey Lowther, Tulsa County, Oklahoma, #0101327, Com. Exp. 06-20-2005

Affirmed by signature:

Audrey A. Fothberry

Notarized: Christine M. Youngblood, Ohio, Com. Exp. 02-04-08

Affirmed by signature:

Mary Jo Donavan, 4730 S. Granite Pl., Tulsa, OK 74135; (918) 641-0777

Notarized: Carla Robinison, Oklahoma, #03007653, Com. Exp. May 12, 2007

To: The National Foundation for Alternative Medicine
Patient: Mary Yvonne Sciortino
Summary Of Treatment

After receiving the diagnosis of Breast Cancer in 1998, I had a Lumpectomy done. During the Lumpectomy, they removed a tumor but found that there were still margins of cancer left. Their recommendation was to have radiation and chemotherapy. It was at this time I went to see Dr. John Meyers. I began his protocol immediately as I had already decided I did not want to take the conventional treatment.

Dr. John Meyers put me on a detoxification program and a nutritional program as well. He used different forms of herbal and homeopathic remedies. He attacked the life of the cancer by using his Frequency Resonance Therapy backed up with the use his Bio-Electro Brain Interrogation Technique.

We were having great success and I began to feel much better. Dr. John felt good about the progress but we both felt that it was taking longer than it should. The incision of the Lumpectomy was not healing. There seemed to be something that was blocking progress.

During the last month of my treatment, I discovered that the place I was living had very toxic mold. After this was discovered, I moved out immediately. My progress began to improve quickly. The incision began to heal and Dr. John felt that the cancer was gone. It was at this time I had to leave Tulsa where I was staying and move back home with my family. I was feeling great and the incision was healing nicely. It was also at this time that Dr. John was moving to Minnesota. It was time for us to part. I was more than grateful for what Dr. John had done for me.

Back in Ohio, I was doing well. The incision was almost healed but for some reason it never completely healed. I found out later that there was also mold in our home. We had it taken care of but now the incision had started to grow. This was three years after I had come back from Tulsa. I went to see a naturopathic doctor here in Ohio. He was able to help and the incision began to improve. But again, I found myself in a very toxic situation. The building where I was working had a water leak and they found a lot of mold. I had started an insistent cough and when I went to the doctor, he diagnosed me with lung cancer. They now expect lung cancer and my incision has grown worse.

This is where I am now. I contacted Dr. John and he is planning to stop and see me when he gets back from the Ukraine. I have complete confidence in his abilities and his protocol. After talking with him, I realized his protocol has grown and even improved since I have seen him 5 years ago.

Mary Y Sciortino

See the Appendix for further supporting documentation.

Audrey Fothberry, age 50 years, liver cancer

Ms. Fothberry came to me in the fall of 1998 suffering from almost a complete breakdown of her health. As I treated her she seemed to only deteriorate further. It became obvious that something was seriously wrong, beyond what I had first diagnosed, and it soon became apparent that it was cancer. In this case, it was cancer of the liver.

Ms. Fothberry had no money at the time, or any insurance coverage, plus she had serious problems at her home in Ohio which demanded her presence. All of this greatly hindered our program, including lengthy interruptions, while she traveled back to Ohio. In any case, sometime in mid 1999 the cancer was under control and she has had no reoccurrence since.

Dr. John Myers

Affirmed by signature:

Audrey A. Fothberry, 217 Water St., Seville, OH 44273; (330) 769-0450

Hope Boudreau, 1109 Meriwether Rd., Clarksville, TN 37040

Affirmed by signature:

Vonnie Sciortino, 608 Surrey Dr., Findlay, OH 45840; VonForeverYoung@aol.com

Notarized: Christine M. Youngblood, Ohio, Com. Exp. 02-04-08

Affirmed by signature:

David S. Buck, D.C.

Notarized: Casey Lowther, Tulsa County, Oklahoma, #0101327, Com. Exp. 06-20-2005

Affirmed by signature:

Mary Jo Donavan, 4730 S. Granite Pl., Tulsa, OK 74135; (918) 641-0777

Notarized: Carla Robinson, Tulsa County, OK, #03007653, Com. Exp. May 12, 2007

November 24, 2003
The National Foundation for Alternative Medicine
1629 “K” Street NW
Suite 402
Washington, DC 20006

Attn: Suzanne Restrepo-Martinez

Direct, Clinical & Med. Antro. Research

Gentlemen:

Enclosed are the documents for Patient Questionnaire and my story when I was healed of liver cancer and brain tumors while on Dr. Myers Cancer program. The program that I was on is a little different than what he now does, but it was just as effective and what I needed during this crisis when my liver was about to go into failure.

I am sorry this is so late, but I have been traveling on the road since I talked to you -- in and out-of-town ministries in Columbus Ohio and Michigan. Your letter and questionnaire arrived while I was on such a trip. I only have been home a few days, trying to get ready for a mission trip to Africa.

I answered each question on a separate sheet to give as much detail as possible. In addition, I have enclosed a general overview of the sequence of events and treatment processes.

I am taking the liberty to send a Questionnaire to the lady in Findley Ohio, I spoke to you about -- who was my FRT partner and was being treated at the same time as I was. She had medical documented proof of breast cancer in which I personally could see the two breast lumps. Under Dr. Myers' cancer treatment program, she was completely healed from the cancer and the tumors completely gone. Her name is Vonnie Sciortino, so look for her response. I will be mailing her questionnaire to her the same day I mail this letter.

I have been rejoicing of your funding his trip. I trust it will be successful and he will have the opportunity to return and get his clinic and clinical trials set up. He can be trusted to accomplish what he set out to do. Thank you for funding his first trip to the Ukraine. I hope more trips will be provided for him to set up the clinic for clinical trials.

I am preparing to leave in early December for a mission trip to Africa, to preach in a conference and teach in Bible Schools for at least a month. I have sermons and class courses to prepare yet. However, should you have any questions or need clarification, I would be happy to answer any questions you may have regarding my submitted information.. I will be back in January, 2004.Enclosed is background information explaining "Frequency Resonance Therapy" (FRT) and "Brain Talk" plus his current Protocol for Cancer treatment. He may have already provided these. ALSO enclosed are copies of my medical reports of Dr. Myers' daily testings on the liver cancer and brain tumors, plus other testings.

Feel free to contact me any time for further information or questions, at (330) 769-0450. If I am gone (in Africa), it might be good to send a letter, with your phone number, letting me know you wish to speak to me.

It was really nice to speak to you also. Please keep me posted as to what is going on. Looking forward to hearing from you again. I hope this letter was not too long, but I felt impressed to give a general overview.

Sincerely,
Rev. Audrey Fothberry
Enclosures - as stated

HEALING FROM LIVER CANCER AND BRAIN TUMORS

Audrey Fothberry

General Overview:

In October, 1998, as I was taking my friend home from the hospital, 50 miles out of Tulsa, I felt like a rod had been run through my back. My right side and upper torso had been aching and hurting with intermittent shooting pains all day. As I stooped to lift an oxygen tank, but never lifting it, the sharp pain threw me into the floor of my van, in confusion, blurred vision and sporatic, hard breathing, gasping for air. The details of the events following are described in two enclosed letters from friends: Rev. Linda Yocom and Dorothy Pearson, my roommate.

I stayed at Rev. Yocom's home, not being able to continue to drive, barely making it to her home a short distance from the hospital. Was taken back to Tulsa in the morning, after I heard a strong voice in my inner ears to not go into the hospital . . . for surely I would die. Being a minister and knowing the Lord's voice, I obeyed, not knowing what really was happening to me, except trusting the Lord. I am graetful I did obey . . . for surely I would have died.

I was driven back into town, and taken straight to Dr. Myers office. I immediately was sent to a lab for tests. Since I had no insurance and my income completely stopped, as I was too ill to take care of daily routine the only conventional test I had was the lab tests. I never had a copy of the lab test and no one seems to know what happened to these test results. Hospital no longer has the file on the sonogram, since I was an "Indigent patient" -- with no expectancy to pay, they did not keep the file for very long and incinerated the file.

However, as I pointed out in the questionnaire, the physical signs were so dramatically evident, (yellowing of skin, secretions from eyes, whites of eye turned yellow, general weakness to walk, [couldn't] drive safely, due to confusion and memory loss, etc.) tests did not seem necessary to go to such an expense of further tests for something we already knew, especially through Dr. Myers' Brain Talk Techniques.

After having the tests, I immediately was taken back to Dr. Myers' office, where he immediately began testing me through "Brain Talk," My "crisis" condition was confirmed by "Brain Talk." From that point on, I never sought any further conventional medical testing. I was satisfied his findings were accurate and therefore, placed complete confidence in Dr. Myers' technique, because I saw and felt immediate results. And I wanted to heal and cure the condition, with detoxification, not mask up the symptoms with medication that would only maintain, and probably eventually take my life.

As the Lord told me that day when I hung in-between a decision to go into the emergency room or go home . . . "You go in there (emergency room) you will surely die." Not knowing any more than I did probably also kept my hope and faith at a high level that supported and prodded me on to recovery as well. Because of this, I had hope and was determined to follow his program diligently no matter the price to pay. I was able to see for myself the accuracy of his testings. When there were setbacks, either physical, emotional or spiritual attacks, I knew it before Dr. Myers revealed it through testings . . . This to me was another confirmation we were on the right road to recovery and his techniques and cancer protocol was working.

When Dr. Myers left his practice in Tulsa, I was turned over to Dr. Bruce Frye, another innovative Chiropractor, with a degree in "Parentology" -- parasite infestation. He used a type of machine similar to Bio-feedback, but a modified form of it which he himself may have designed or modified. He also invented the Frye Activator, which allows healing energies to flow without bone manipulations. He picked up on further detoxification one year after Dr. Myers had treated me.

I have kept in contact with Dr. Myers and he, out of friendship and concern for me, continues to monitor my health conditions. I have had some chronic conditions that appeared as a result of my

immune system being compromised through the cancer condition. My liver tests out to be the best organ in my body. I praise God for this and for Dr. Myers.

I held some special meetings for importation and empowerment of gifts and talents for Dr. Myers, his friends, colleagues and patients. Since this meeting, Dr. Myers cancer research grew and his knowledge and understanding through the clinical research he was doing increased. I believe his vast knowledge and understanding of scientific methods -- state of the art techniques, is coupled by the Wisdom and Giftings of God, which makes his research even more valuable for medical advancement to heal. Man's wisdom and knowledge can only go so far; God's Wisdom knows what mankind needs or will need in the future.

If only the medical doctors could grab a hold of this technique, and its principles, it would be wonderful. Many, who are getting dissatisfied with taking medicines and still remaining ill, would venture out into this field -- if they themselves either saw the results or received results where they could not get results before. This may make some medical facilities disgruntled to say the least. But if they grabbed a hold of this, and merged this with their vast medical knowledge and got results, many would embrace it; and it could enhance the medical profession. Why? Because they would be getting [people] well and more healthy instead of just "maintenance." People would want this.

Most of our foods are now genetically modified to where just eating "good" food does not supply all the nutrition a person needs for good or better health. Therefore, supplemental programs are becoming a "must." There would still be the need for both conventional medical doctors and Alternative Medicine/Doctors. If "Brain Talk," was adopted in both fields of medicine, and used, there would still be the need for supplement/vitamin and other types of nutritive products for health support would still bring in a lucrative industry. This is my opinion of the value of Dr. Myers' innovative "Brain Talk," letting you know I am totally sold on his techniques. My life and health completely changed having met with Dr. Myers and getting involved with his work, not only in time of crisis, but in general.

Although I am on supplements -- through Dr. Myers' programs, for some chronic conditions, I am neither on, nor require any medications. My bowels -- the doctors from conventional testing stated would never heal, and I had to live with it, [they] sent me home with "Milk of Magnesia" -- are now being healed -- slowly, but healing is coming. By the way -- I did take their advice anyway and tried the Milk of Magnesia for a month -- and it did not work.

Had I not chosen to turn to Dr. Myers and his "strange" testing method. which I knew nothing about when I first came to him, my bodily functions were so affected by the crisis of cancer, that I am convinced that I would have died within a few weeks. If survived, would have permanent liver damage, requiring medications with no hope of getting off them, with a future of dying with liver failure -- had I gone into the emergency room that evening in October, 1998 and walked down the path of conventional medicine care.

I have already been told, by medical doctors, that "no one ever recovers from liver damage or liver cancer." How grateful I am that I listened to the voice of the Lord, for had I heard this at the time of my "crisis" it would have shocked me down a path of no return . . . being sucked into the "System" of the spirit of no hope and death. Dr. Myers' protocol offered hope and added strength daily, with results and being ignorant that conventional medicine gives a death sentence for liver failure due to cancer. It. is difficult to go any other way. I pray that God strengthens Dr. Myers, gives him extension of his life and strength -- lengthening of his days -- so that he can give to the world in the medical field what he has learned, sacrificed so much for, to those who have "ears to hear" and receive. He can't do it alone.

In some ways I wish I had further medical proof, because it was a phenomenal recovery, from a disease that virtually no one ever recovers from. I do not have any real documented proof from the Medical establishment. However, I do have letters from a few "eye witnesses" who knew me well, and experienced first hand the drama of that eventful day, when I felt like a rod had gone through my back and instantly I became incapacitated. I have enclosed those letters.

When reading those letters, as the story unfolds, gives the indications of the classic symptoms that verified Dr. Myers' findings. Without Dr. Myers' quick action response and his extra time spent with me, along with the expensive special medications that boosted my immune system, bringing some increased strength, I truly believe, as I am sure he does, the liver would have gone into failure. I also believe his testing method of all products and food was a life saver to keep the liver out of as much stress as possible. (Somewhere in his testing notes, he indicated liver going into failure) Enclosed are copies of my medical records, of Dr. Myers daily testings.

He spent a lot of time with me even after office hours and on weekends -- especially when I got worse and/or had setbacks -- he was right there and ready to go beyond what most doctors would do. My only priority for eight (8) months was getting as much treatment on the FRT as possible, taking the supplements and detoxing, including colonics. From my standpoint, there were three (3) phases of the healing process that I went through. These phases overlapped the other phases, but I could see a switch over in my overall health at these intervals of my functioning at these three stages of healing:

a) Phase 1: The cancer in liver died fairly quickly -- within two weeks, but the cancerous destroyed tissue was still there, with the cancer as "dead." causing many infections, pain in body, bile seepage, headaches and eyes crusting over. The liver was blocked/ congested. This was causing tremendous toxicity. We embarked on intense detoxification, plus continuing on FRT and testing everything I was taking in the mouth -- supplements and food.

b) Phase 2: The next phase was the detoxification and continue FRT. It was. during this phase brain tumors were discovered, because the confusion and extreme dizziness/vertigo continued and got worse. Driving was getting dangerous, as when an unexpected dizzy spell would occur, I was immediately totally incapacitated, and phased me out of recognition of what I was doing through the confusion of mind.

FRT was intensely used, even after the brain tumors were gone. It took at least six (6) months for all these symptoms to clear up enough to function more safely. However, it took one year to get rid of all head trauma and symptoms, with sporadic reoccurrences. This was due to candidasis that had gone systemic and the toxicity still in body. Bowel problems added to this and metal in teeth. I developed a tooth abscess -- all which added to the toxicity.

c) Phase 3: Suffered all this time with continued extreme pain in body, hips, weakness in legs and arms. Brain Talk showed a serious infection attacking the myelin sheath bone covering. Dr. Myers was concerned about this due to what the complications could develop into: bone cancer.

In August 1999, I had a definite healing during a conference in which I totally went out in the spirit and saw a vision of heaven and hearing a heavenly choir singing that I thought came from the church service. But no such instruments were present in the music team.

When I came out of this, the swelling in legs and all the pain

in my body was gone; never returned to this day. This I knew was my final victory over "death." I was in extreme pain that day, to where I could not eat at the luncheon that day. I was with three other friends who attended with me together at this conference.

Brain Talk indicated I had a definite healing. The condition attacking the myelin sheath was healed and bone mass damage was healed. However there was still toxicity and infections, which FRT took care of. There was also systemic candidasis and viruses. FRT took care of in this area.

It was at this point I then began to function more normal and returned to normal activities. This total healing time was 10 months for total body healing. However, the cancer and brain tumors died quickly through the FRT treatments. Some of these phases overlapped each other.

Recommendation and Character on Dr. Myers:

Dr. Myers is very focused in what he does. His whole life is centered around his research and what he might be able to do to improve his technique. He is always searching and trying new ways to improve his technique and new products that are more effective.

He has paid a heavy price -- leaving personal and home comforts -- to pursue his "vision." He is diligent and focused, always placing others before himself.

I have often seen him give so many products away then not have the money to buy his own products for himself. He is not frivolous and lives a very simple life, nor is he materialistic. He makes do on little if he has to, never complaining. He always rejoices when he has victories. He had tears in his eyes and held me, when he told me of my diagnosis. We cried together, and decided to go together for a journey of victory.

He is a gentleman, kind-hearted and sensitive with much compassion for those who are infirmed. Sometimes, he is more concerned for his patients to get on a FRT program and supplement program than the patient is. He goes out of his way to orient each person and train them in healthful choices that will bring life. I have learned so much from him myself.

He is also a man of integrity and honesty. I know he would have high integrity with any funds or money he has -- however much or however little. When he has more money, he is not frivolous. I have seen him stretch a "little to become much."

When he had some extra money, I have seen him put out the money on tapes, xeroxing and newsletter. His goal was/is to keep his patients/friends/ministers informed, who are interested in his work and alternative medicine approach.

If he finds a new product that seems to be good and working, he would send tapes or literature to respective friends and patients. He keeps people informed of his discoveries in research, along with successes and failures and victories in his vision and goals. This shows me his life is very focused on his research and patients, over and above personal comfort and luxuries.

I am delighted and so happy that you have funded his first visit to the Ukraine. This has been his heart's desire. Any funds he would receive, would be used wisely and for the exact purpose for which it is intended. I believe he will take the project serious and pour himself into it. He has a good understanding of himself, and human nature.

He is certainly an honest gentleman.

His personality is calm and steady; everyone who meets him loves and respects him. He will go out of his way to accomplish a task -- even if it costs him something, he is willing to go the extra mile. When we set up clinical trials in Ohio, he is very accommodating to his patients and their needs, even rearranging his own schedule to help them. He has come to my and my dad's rescue many times, interrupting his schedule or swinging by on his way back to his home base.

There are very few people like Dr. Myers. I have come to know Dr. Myers very well and we consider each other as true friends, so I know him fairly well. To me -- and others -- who know him would agree, Dr. Myers stands in the place of greatness -- forerunning a new work. I have not met any Alternative Doctor who has received the wisdom, and understanding of scientific principles as Dr. Myers has acquired through study, research and prayer. He has been endowed with many gifts and talents. By the way, he uses the FRT, ATP (adeno tri-phosphate inductor) and same supplements he recommends to his patients. He too, is not on any medications.I was happy to hear of your funding his first visit. I believe there needs to be an "impartation" of his work and research, by setting up such clinics to teach and train others to "duplicate" his wisdom and carry on his work and findings for use in the the Medical profession, so that in this day and age we can benefit from his wisdom, knowledge and sacrifices.

I strongly urge the National Foundation for Alternative Medicine to do all it can to fund his project. Any funding and help that the Alternative Medicine Foundation could give Dr. Myers would be a tremendous blessing, not only to him in fulfilling his vision and dream, but also a blessing to other doctors who would be willing to learn his technique and duplicate it -- to train others. This needs to be done, before his vast knowledge is lost.

See the Appendix for further supporting documentation.

Janice Lawrence, age 55, lung cancer with bone metastasis

In the spring of 1997, Janice Lawrence came to me in the last stages of lung cancer, which had metastasized to her bone. Prior to her visit, she had been under treatment for several months at the University of Oklahoma Medical Center in Tulsa, Oklahoma. The physicians at the medical center had recently considered her terminal and ceased to treat her.

Upon examination I found there was an advanced fungal infection in her lungs, which in itself would prohibit my being able to stabilize the cancer. I first put her on a portable ozone instrument, which she used in her home, this completely cleared the fungal infection in her lungs in weeks. At the same time I put her on a complete cancer program, to cover both the lung and the metastasis to the bone.

In approximately four to five months Janice tested clear to the lung cancer, but it took us perhaps six more months to bring the bone cancer under control. Finally however, early in the fall of 1998 Janice was completely well. At that time, she returned to the medical center and met with her original treating oncologist. He was absolutely astounded to find that she was well, when she should have been dead a year before. Almost at the same time her records were transferred to the Springer Clinic in Tulsa, Oklahoma where she was to continue treatment for another condition. The doctors there, however, had looked at her lung x-rays taken a year or so before when she was discharged from the main medical center. They immediately took new x-rays and at first would not believe that she was the same person. They too where astounded to find her lungs clear after viewing her condition and reading her reports from the year previous.

I was in touch with Janice for at least a year after completion of treatment and she showed no signs of recurrence of the cancers. In fact, in mid 1999, she referred her sister to me who had a non-treatable occlusion of an artery at the base of her brain. She had treatment for atherosclerosis of the carotid arteries earlier, but the Doctors told her that there was no way to reach this artery in the

brain. She was having serious symptoms of dizziness and nausea. She became my first case to demonstrate that frequency resonance can dissolve the plaque out of an occluded artery. In only a few treatments the artery cleared and she immediately, and permanently, experienced complete freedom from all aberrant symptoms.

Dr. John Myers

Affirmed by signature:
Marjorie A. Mathis, 5616 S. Pittsburg Ave., Tulsa, OK 74135
Affirmed by signature:
David S. Bock, D.C.
Notarized: Casey Lowther, Tulsa County, OK, #0101327, Com. Exp. 06-20-2005

George M. Ode, age 39, Lymphoma with bone marrow involvement

George Odee came to me in May of 1994 when I was practicing in Tulsa, Oklahoma. He had been diagnosed with Lymphoma and had received several chemo therapy treatments without any effect. He decided that he wanted to undertake my alternative medicine, natural cancer program. George was a very good patient, coming out from Cinncinnati, Ohio area once a month until he was well. It was late August when I was able to tell him he was completely cured.

Over the years I have been in close touch with George and his wife Becky. Until 2000 he always returned for a check-up every year. There has been no reoccurence of this cancer and George is in good health.

Dr. John Myers

Affirmed by signature:
Marjorie A. Mathis, 5616 S. Pittsburg Ave., Tulsa, OK 74135
Affirmed by signature:
David S. Bock, D.C.
Notarized: Casey Lowther, Tulsa County, Oklahoma, #0101327, Com. Exp. 06-20-2008
Affirmed by signature:
Mary Jo Donavan, 4730 S. Granide Pl, Tulsa, OK; (918) 641-0777
Notarized: Carla Robinson, Tulsa County, #03007653, Com. Exp. May 12, 2007

See the Appendix for further supporting documentation.

Peter, age 4 Brain Cancer

I treated this child in 1994 but all clinical records have been lost. The family came from Florida to Tulsa where I at that time had a small clinic. The boy was completely paralyzed and could not talk.

Within a week of my commencing treatments, Peter said his first word. In approximately four months he was completely well, with all his faculties restored back to normal. I had a letter from the mother stating that the same doctors who had originally treated him, removed all shunts and pronounced him completely cured.

Unfortunately, Peters chart, along with all the other brain cancer cases up until then, were lost when in the summer of 1996 we moved the clinic to another location. Earlier that year, I had taken all the brain cancer charts with me to Princeton, New Jersey, where I was to testify in a court trial concerning a brain cancer case. When I returned, the charts where left in a stack of my desk, and when we moved the office they somehow ended up in the trash.

Photograph attached
Dr. John Myers

Affirmed by signature:
Marjorie Mathis, 5616 S. Pittsburg Ave., Tulsa, OK 74135

Young Lady, approximately 30 Years of Age, Brain Cancer

Another case of brain cancer, of which the file has been lost, concerns a young woman who had fled to Tulsa, Oklahoma to be free of an abusive husband. She turned up at a church were one of my patients, Pat Palmer, happened to attend. In the process of interviewing her at the church, Mrs. Palmer found she was homeless and invited her to stay in her home. They then found that the young lady was suffering from very severe headaches, so Pat and her husband promptly brought her to my office to see me.

Upon examination, I discovered the young lady had brain cancer and immediately put her on a program. As the program progressed, she tested well but because of edema (swelling) as the cancer died, she began to have symptoms of ataxia, which alarmed Pat's husband at the home where she was staying. Because of these symptoms, she could no longer drive, or go up and down stairs safely, so the husband was quite upset, having to take care of her continuously.

She became very concerned about his negative attitude. Although I tried to control the adverse symptoms, they persisted. All the while, her cancer was becoming under control, and all my tests were good. However, because of the conflict in the home, the young women stopped the program, hoping the symptoms would leave. At first, I thought all would be lost because of this action on her part, but it soon became apparent we were so close to victory that everything [went] right on through. She was soon free of the cancer.

After two weeks, the young lady was able to enter a vocational training program and had no further problems. She later became a patient of a doctor friend of mine, Dr. Michael Taylor, in Tulsa, Oklahoma and I was able to keep track of her progress. It was obvious that the brain cancer had been completely arrested and he was only treating her for muscle skeletal problems.

Dr. John Myers

Affirmed by signature:
Marjorie Mathis, 5616 S. Pittsburg Ave., Tulsa, OK 74135
Affirmed by signature:
Patsy A. Palmer, 5310 S. Atlanta Ave., Tulsa, OK 74105; (918) 743-1310; patpalmer40@yahoo.com
Notarized: Letha Gibson, OK, Com. Exp. 6/26/2004

Mary Mathis, age 20, brain cancer

When I was in private practice in Tulsa, Oklahoma, before Marjorie Mathis and her husband had retired and she came to join me, her daughter, Mary, decided to come to Tulsa and become an apprentice under my training. This she did, but in a short time she began to miss training sessions and not turn up at the clinic regularly. I found out that she was suffering from severe headaches. Upon examination, it was determined that she had a malignant brain tumor.

Dr. Harold Hall was with me in the clinic at this time and we immediately put her under our program. Also her mother, Marjorie, came to Tulsa to stay with her daughter during this whole period. In just four months this brain cancer was completely cleared up, and Mary has had no recurrence since that time. As mentioned in

the testimony concerning her mother, later, Marjorie came to join me in this work Tulsa.

Dr. Hall conducted this case, but he used the same treatment I used.

Dr. John Myers

Mary Jo Donovan, age 48, Breast Cancer with metastasis

Mary Jo was perhaps my first patient in Tulsa, Oklahoma, after I moved there from Guymon, Oklahoma.

She had advanced breast cancer with obvious metastasis and under-went my program, which at the time consisted primarily of the Harold Manner protocol. I was, however, beginning to use FRT. Mary Jo was one of those persons who have a very depressed immune response and consequently there were a lot of secondary problems. Her treatment stretched out over a year, and even then when she seemed stable, she would suddenly exhibit another cancerous growth. As I remember, I treated her over two or three years, at least, and finally brought the end to her battle with cancer. She has not had any reoccurrence since that time.

Dr. John Myers

Affirmed by signature:

Marjorie A. Mathis, 5616 S. Pittsburg Ave., Tulsa, OK 74135

Vonnie Sciortino, 608 Surrey Dr., Findlay, OH 45840; (419) 423-1700; VonForeverYoung@aol.com

Affirmed by signature:

Mary Jo Donavan, 4730 S. Grande Pl, Tulsa, OK 74135 (918) 641-0777

Notarized: Carla Robinson, Tulsa County, OK #03007653, Com. Exp. May 12, 2007

Affirmed by signature:

Hope Boudreau, 1109 Meriwether Rd., Clarksville, TN 37040

Notarized: Carla Robinson, Tulsa County, OK, #03007653, Com. Exp. May 12, 2007

Affirmed by signature:

David S. Bock, D.C.

Notarized: Casey Lowther, Tulsa County, OK #0101327, Com. Exp. 06-20-2005

Affirmed by signature:

Audrey A. Fothberry

Notarized: Christine M. Young, Ohio, Com. Exp. 02-04-0

Special attachment to the report on Mary Jo Donavan...

Just a quick note regarding Dr. Myers' credibility. I am 69 years old and have met many men in my lifetime. However, I can honestly say that I have never met one man that even begins to compare with Dr. John Myers.

I came to Tulsa, Oklahoma after my divorce in 1989. I met Dr. John and was one of his very first patients after he opened his research practice in that city. I had cancer, and he treated me, using several different remedies (as his "Brain Talk" indicated). I was a stubborn case, developing new cancers on at least two occasions. But we finally got the job done, and I haven't had any sign of cancer now for years.

Dr. John and I are true friends, and he is like a brother to me. I have walked with him step by step, observing his progress through instrument after instrument, treatment plan after treatment plan. There is no question but that he has saved my life more than once. Also, as I have watched him, not once has he ever taken advantage of a patient financially or in any other way. In fact, John's work has always been practically on a "gift" basis. Unfortunately, many people have "used" him, taking advantage of his generous spirit. Over and over I have seen him with not enough money to get by on.

Dr. Myers is nothing short of a genius in about three areas. He could have gone ahead in any of these areas, but his sincere desire to help people and research new disease forms has always been his only focus. I highly recommend him for the proposed clinical trials, and will be glad to answer any questions anyone may have.

Mary Jo Donovan

4730 S. Granite Place, Tulsa, OK 74135; (918) 641-0777

See the Appendix for further supporting documentation.

Marjorie Mathis, age 50 years, breast cancer

Marjorie was my first patient after receiving training in cancer control from the Metabolic Research Foundation, under Harold Manor, PhD from LaOla University in Chicago.

When Marjorie first came to me I hesitated to accept her for a patient, since I knew a mastectomy could possibly spare her life, while leaving the cancer untreated (or my treatment not working) would surely result in death. Her local MD, whom she knew personally in the town of Gaymon, Oklahoma, had come over to her house on a Sunday afternoon to plead with her to have a mastectomy. However, she refused to listen to him or me, and demanded that I treat her.

I put her under my program, which at that time was the Manner Protocol, and in approximately eight months she was completely well. She continues to be in good health today.

Later, her husband Ewing, presented with colon cancer. He also underwent my program and was completely cured in several months.

Marjorie also witnessed two or three other advanced cancer patients being cured in my clinic. She was so impressed that in January 1994, when she and her husband retired and sold their farm, they moved to Tulsa, Oklahoma (where I was) and she volunteered to be my nurse (assistant) without any remuneration. She continued in that capacity until late 1997.

In this capacity she witnessed many more cures, since cancer was a specialty in my research during those years. She will be adding her confirmation to several of the testimonies included in this packet.

Dr. John Myers

Affirmed by signature:

Marjorie A. Mathis, 5616 S. Pittsburg Ave. Tulsa, OK 74135

George Ode, 1252 Dutch Ridge Rd., Augusta, KY 41002 (606) 756-3452

Rebecca Ode, 1252 Dtuch Ridge Rd., Augusta, KY 41002, (606) 756-3452

Affirmed by signature:

Patsy A. Palmer, 5310 S. Atlanta Ave., Tulsa, OK 74105, (918) 743-1310; patpalmer40@yahoo.com

Notarized: Letha Gibson, Oklahoma, #00008153, Com. Exp. 6/26/04

See the Appendix for further supporting documentation.

Lyme Disease Project Report
August 2004

Clinical trials indicate Frequency Resonance Therapy to be the treatment of choice for all infective agents involved in acute and chronic Lyme disease.

Starting in September 2003 I have been conducting clinical trials with advanced Lyme disease patents, using a specialized version

of FRT *(Frequency Resonance Therapy)*. This progress report will demonstrate the success of these trials, which I propose is sufficient evidence to warrant instituting a controlled clinical trial in a responsible medical setting.

In the trials outlined below you will find one case of early onset Lyme, with serious symptoms. In fact, the first indication of infection was only approximately two months prior to my initiating treatment. The rest are all classic examples of chronic Lyme, ranging from four to fifteen years since onset. All are serious cases, only two not exhibiting debilitating symptoms at the onset of our treatment program.

The following are brief case histories of the above patients. Their full names are omitted, but complete access to each patient is available as needed. The listing is complete, with no "failure" cases omitted.

Take note that we are treating *all* of the varied microorganisms involved in Lyme disease, not just the spirochete. The statistics and projections are based on this, so success means elimination of all infectious agents. You will see that this protocol is achieving approximately 15% to 20% over-all control per treatment period (the time between re-testing and adjustment of the program). With the ideal treatment period being three weeks in length, we are talking about the prospect of *complete* stabilization in five to seven months. As most of you know, this is unprecedented in the treatment of chronic Lyme disease.

Before outlining the current cases, I wish to refer back to my first encounter with chronic Lyme in June of 2002. The patient was an elderly lady who lived in the Detroit,. Michigan area. She had already seen several physicians and been clearly diagnosed as having Lyme disease, but I had the privilege of having a highly credentialed local microbiologist closely monitor my treatment program.

I instituted an intense FRT program, and in two or three months this lady tested as completely clear of all Lyme microorganisms. (In her case this included the spirochete, the spirochete plaque, and Babesia). This lab work was repeated by at least one other major laboratory on the east coast, verifying the results. Since that time I have followed the case, and additional testing over the next eighteen months showed no evidence of any infective process whatsoever.

The interest aroused by the above success led to a loosely organized Lyme project in Florida. Although serious internal problems developed, bringing that project to an early end, it did prove to be a valuable learning process. Also it was there in Florida, during that time, that we saw four terminal cancer cases almost miraculously turn around, which proved to be the catalyst to spark my present involvement in a proposal to perform controlled clinical trials with brain cancer at the University of Kiev in the Ukraine.

Another significant event during that same period was the major breakthrough in the technical area of my work. Instead of having to sit in a doctor's office, attached to an instrument, patients now are given a small, portable unit, attached to an electronic belt. They conduct their own treatments at home. The new system also produces three programs, all at once, instead of only the single program we were limited to before.

It was out of this background of events that the present Lyme clinical trials emerged. Now, let's look at each case and evaluate the results:

Glen . . . age 28 years Jacksonville, Florida

Glen suffered an acute, sudden onset of Lyme in September of 2003. Symptoms were neurological and so severe that he was first diagnosed as having acute Spinal Meningitis. An aggressive antibiotic program brought some relief, and although the first diagnosis was soon dropped, the doctors still did not know what they faced. Nearly two months later, when I was contacted, Glen was continuing to exhibit serious symptoms.

I met with Glen on October 26, 2003 and my testing (the *Bio-Electro Brain Interrogation Technique)* indicated a massive infection with the Lyme spirochete, accompanied by Babesia. I ordered the Bowen test, which confirmed the diagnosis.

I put him on the FRT (Frequency Resonance Therapy) program. This program is a unique version of frequency resonance therapy, which consists of combining two technologies into a single technique.

First is the guidance *system — The Bio-Electro Brain Interrogation Technique -- where we* identify the target and establish the correct procedure to address it. And I might add that it is this "guidance system" which distinguishes this work from other endeavors along this line. Although it is the electronic signature (frequency, voltage, and wave form) that does the work, finding the correct signature and knowing exactly how to apply it is the key.

In our work, basic to all else is the invisible hand of God, graciously intervening and guiding in answer to prayer. But outwardly, it is the *Bio-Electro Brain Interrogation Technique* (which I call "Brain Talk" for short) which delivers the desired information. Actually, apart from our specialized system of application, Brain Talk, in itself, is not unique to this protocol. It is a bio-feedback technique employed at least in part, and under different names, by thousands of doctors and health practitioners worldwide.

If you should desire to pursue this further, I have written a paper briefly outlining the history of the *Bio-Electro Brain Interrogation Technique* and discussing the scientific principles involved. It is free for the asking.

Having successfully utilized our guidance system, the next step involves downloading into a programmer three separate electronic signatures obtained with the guidance system. The programmer then downloads all three signatures into a small, portable unit which is attached to an electronic belt to be worn by the patient.

The patient is given a specific treatment schedule, which varies according to the situation. In chronic conditions it is usually three or four hours every other day. In acute infections the application will be every day for up to six hours, or in some cases even continually (night and day) until the infection is controlled.

In Glen's case we developed electronic signatures to address the spirochete, the spirochete plaque, and the Babesia. The "spirochete plaque" is my name for a form of plaque (crude) that the Lyme spirochete gives off. It is very toxic, and although the body can eventually eliminate it when the spirochete is gone, it is very advantageous to dissolve it as soon as possible. I can do this with one of the electronic signatures.

Glen also went on a complete array of natural supplements, similar to those taken by many of the chronic Lyme victims.

I was not able to follow up with this young man until December 15, 2003, nearly seven weeks after our initial visit. This, of course, is not satisfactory, as I have found that three weeks is the ideal time between testing and adjustment of a patient's FRT program.

Subsequent visits have been on February 12, 2004 (seven weeks later), May 25, 2004 (nearly fourteen weeks later), June 25, 2004 (four weeks later), and July 17, 2004 (three weeks later), making the average time between visits seven weeks (over twice as long as ideal).

Although Glen was completely symptom free by 2-12-04 (the 3**rd** visit) and the Babesia completely eliminated by that date also, we have continued to gradually destroy the spirochete and the spirochete plaque, monitoring our progress at each testing.As of 7-

17-04 the spirochete is 83% eliminated and the plaque 87% destroyed. This represents an average rate of 16% per treatment period for the spirochete and 17% for the plaque. If our treatment schedule could have been ideal (3 weeks apart) we no doubt could have reached this level of cure in approximately five months instead of nine. Thus, complete stabilization would probably occur in less than seven months.

James....age 50 years Northeast Georgia

In James' case the onset of Lyme was in 1990 and followed an up-and-down, disastrous course until 11-2-03 when I met with him and initiated the FRT program. He had completely given up on any form of treatment ever working and was, by his own admission, seriously contemplating suicide.

Aside from the spirochete, James exhibited the spirochete plaque, mycoplasma, a chronic virus, and early pancreatic cancer. I put him on one unit, initially treating the spirochete, the plaque, and the mycoplasma.

By the second visit (12-7-03), five weeks later, the spirochete tested as clear and he was feeling *much* better. He had even stopped his antibiotic program. Needless to say, he was elated. However, the cancer tested as worse, so in place of the spirochete I added in a program to bring that under control.

Subsequent visits were on 2-7-04, 3-10-04, 5-1-04, and 7-10-04. James was virtually symptom free all during this time. By 5-1-04 the spirochete plaque was gone, and by 7-10-04 he was also cancer free. The mycoplasma is all that is left (78% eliminated), aside from two repair signatures.

Usually the spirochete is the last thing to go, but in James' case the spirochete was apparently quite attenuated and the mycoplasma has proved to be the toughest culprit. Consequently, we will figure our percentage of progress based on it. We have had an average of 15.5% per treatment period, with an average time between visits a little over 6 weeks (twice as long as ideal).

Madalyn . . . age 45 years Atlanta, Georgia

I started Madeline on the FRT program on October 2, 2003. She had suffered with severe Lyme disease symptoms since September 2001, but following an aggressive, all-inclusive program had gradually brought her into a state of fair stability, although still testing positive for the Lyme spirochete, Erlichia, HPV-6 (Human Papaloma virus), EBV (Epstein Barr virus), the Hypercoagulation Defect, and some spirochete plaque. Between her second and third visits she had both the Western Blot and the Bowen tests run. Both were positive, with the Bowen test showing the highest titer possible (1/128). My testing indicated the spirochete to be greatly attenuated, but still profuse and active.

On the third visit (12-11-03) we started dissolving the spirochete plaque. The spirochete itself was 45% destroyed by this time.

By the fourth visit (2-3-04) the Erlichia had been eliminated and I decided to address the HPV-6 and the EBV, along with the spirochete. This proved to be a mistake. She experienced a severe Herxhiemer reaction and was forced to discontinue all treatment on 3-1-04.

I returned on 4-5-04 and put her back on the program, addressing the spirochete, the EBV, and the spirochete plaque.

Subsequent visits have been on 5-4-04 and 7-7-04. The last testing revealed EBV still persisting and the spirochete 96% destroyed. The spirochete plaque was completely gone by the 5-4-04 testing.

We have averaged 16% per treatment period in eliminating the entire Lyme disease group in this nine month period. Visits have averaged 6 weeks apart (twice as long as ideal). Apparently we could have reached this level of cure in approximately 4.5 months if testing and adjustment of the program could have been only three weeks apart.

Christopher . . . age 10 years Knoxville, TN.

I first saw this young boy on October 18, 2003. A year previously doctors had diagnosed him with Lyme disease. In his case the disease had only manifested as a severe arthritic condition, affecting mainly his elbows and especially one knee.

Christopher tested positive for both the spirochete and the spirochete plaque. We put him on a unit, but limited the treatments to four hours every third day.

Second Visit 12-10-03 (7 weeks later)

This visit proved to be only a check-up, for we did not have to in any way change the program, except his treatments were to be every other day instead of every third day.

Third Visit 2-3-04 (7 weeks later)

The spirochete plaque was completely eliminated by this visit. We adjusted the spirochete signature and continued with only that one frequency.

The spirochete tested 87% destroyed. This evidenced an average of 43.5% per treatment period, which obviously indicated that either this spirochete was a weak strain, or that it was already greatly attenuated when we started. In checking the different patients, my testing has pin-pointed several different strains of the spirochete.

Fourth Visit 4-23-04 (11 weeks later)

Christopher tested completely clear of all aspects of Lyme disease on this visit. Of course, there also were no symptoms whatever. My testing was also confirmed by Evolyn Black, the child's grandmother, who is proficient in the "Brain Talk" guidance system. She stated that he had been clear for at least three or four weeks prior to my coming. So according to her testing, he had cleared after only 7 weeks into this last treatment period, a total of 21 weeks from our initial treatment.

So Christopher averaged 33.3% progress per visit, with an average of 8 weeks between visits. The total treatment time to complete cure was 21 weeks, or a little over 5 months.

Trisha . . . age c 40 years Macon, Georgia

Initial testing and treatment began November 1st, 2003.

Trisha has had Lyme disease for many years, with especially severe symptoms, including now almost complete paralysis of her lower extremities. She is so pain sensitive that I could not test her directly, but have had to do surrogate testing through her husband.

She tested highly positive for the spirochete, the spirochete plaque, mycoplasma, the Hypercoagulation Defect, and a Lyme-induced degenerative condition in the connective tissue. There were also four blocked meridians and a moderately active virus relating to glandular tissue.

Since each of my units holds only three electronic signatures, we started with the spirochete plaque, mycoplasma, and a repair signature for the connective tissue. Obviously, in this case we ideally should have employed two units, but this did not happen.

Second visit 12-13-03 (5 weeks later). We dropped the plaque and started treating the spirochete itself this visit.

Third visit 2-8-04 (7 weeks and 2 days between visits). We started with the virus and continued the spirochete and mycoplasma.

Fourth visit 4-18-04 (8 weeks between visits). We discontinued the virus and went back to the connective tissue program again.

Fifth visit 7-5-04 (10 weeks and 2 days between visits). The mycoplasma is now eliminated and the spirochete is 94% destroyed. We have averaged 31% per treatment period with the spirochete. We are now continuing to treat the spirochete, the virus, and the connective tissue repair. This connective tissue problem is still a formidable challenge, as well as the virus (which has grown back considerably).

Overall the prognosis is good, considering the very long peri-

ods between visits (average 7.5 weeks) and the fact that we did not employ two units. Trisha is very positive and determined, although we can't yet report any evident improvement in her symptomatic picture.

Rus . . . age 40 years Ocala, Florida

I first saw Rus August 29, 2003 and he was obviously the most severe case I'd yet encountered. Three weeks earlier Ms. Gail Holton RN had written, "I have talked to Rus and it doesn't look good. I am afraid you are his last hope in this world."

This man contracted Lyme disease in 1990 and experienced multiple symptoms for years before finally being diagnosed. At Mayo clinic he tested positive for Lyme, CMV (Cytomegalovirus), Lupus, Rheumatoid Arthritis, and EBV (Epstein Barr Virus). Two later tests were positive for Lyme. By 2001 his condition was deplorable and he felt he was losing his mind.

Before I saw him he had been on a very aggressive antibiotic program since September 2002, and was hardly improved. He was still on the program, which included moderate to heavy steroid therapy as well. Aggressive anti-yeast therapy had helped some, but he still evidenced moderate Thrush (*Candida albican*) symptoms.

My testing indicated high positives for the spirochete, the spirochete plaque, an unknown systemic virus, and stage 5 Candida. He also exhibited a highly stressed liver and moderate cardio vascular disease.

Candida albican is pleomorphic, going through five stages. I have found that if I can treat (with FRT) whatever stage the disease is in, plus all the stages above that (all at the same time) I can eliminate the disease entirely. Then, if we are diligent to re-seed the colon with friendly bacteria the patient will continue yeast free.

I put Rus on the FRT program for the spirochete, the virus, and 5th stage Candida.

Second visit 10-21-03 (7 weeks later). Rus was very much encouraged, for in spite of a rather severe Herxheimer reaction (including passing some kidney stones) he stated that for the first time in years he felt that something was beginning to happen. On this visit the Candida tested definitely better and the spirochete significantly subdued.

We continued the same program. Third visit 12-15-03 (7 weeks later). The unit Rus had broke after only about three weeks into the period. However, he reported that he had done well until that happened, so was still encouraged. I found that the virus had been completely eliminated by this time.

Fourth visit 2-12-04 (7.5 weeks later)

Rus had a difficult time this period, after initially doing quite well for about three weeks. He experienced a number of Herxhiemer-like reactions, including severe head and sinus pain, accompanied by boil-like sores in his nasal passages. This latter, however, proved to be an acute infection, which a round of antibiotics had partially brought under control by the time I arrived.

Undaunted, Rus said that if he had ever before discontinued all Lyme antibiotics (which he had done early in the program) he would be in terrible shape (or dead) by this time. So in spite of considerable pain and misery, as far as he was concerned, we were still in track.

My testing agreed, since the Candida tested clear this time, and the spirochete 93% destroyed. We continued the spirochete signature, plus adding now a signature to eliminate the spirochete plaque.

Fifth visit 3-10-04 (4 weeks later)

Again I found Rus had experienced a very tough time in my absence. He had contracted pneumonia and was still feeling bad and on a lot of medication. But again, in spite of all, he said the particular symptoms associated with Lyme were improving.

The spirochete tested negative, but the pleomorphic L-form was still present. We continued the program, along with the others.

The sixth visit 7-15-04 (16 weeks and 5 days later)

Nearly everything that could go wrong had gone wrong and I could not get back to central Florida to see Rus for over four months. I feared that nearly all would be lost, but I found his condition better than I expected, except for a marked increase in the developing cardiovascular disease I'd taken note of earlier, but had not yet treated.

I continued addressing the spirochete (still in the L-form stage) and the spirochete plaque, which now was 51% eliminated, but dropped the repair signature (48% improved) in order to begin dissolving the plaque in his arteries. I also put him on a more aggressive supplement program for the cardiovascular threat and urged him to get really serious about improving his lifestyle, since dietary issues are of paramount importance in this condition. So in spite of the very long period between tending to his program, Rus's prognosis is still quite good, except for the significant atherosclerosis threat.

The average time between visits has been 8.4 weeks (6.4 even before this last 16.5 week interval). We averaged 25% per treatment period in destroying the spirochete, which has actually been better than in most other cases.

Barbara...age c 60 years Atlanta, Georgia

I started Barbara on September 31st, 2003. She was in an advanced stage of chronic Lyme, with multiple symptoms and in a state of obvious depression. She tested high positive for the spirochete, the spirochete plaque, Babesia, and mycoplasma, with serious liver stress.

I put her on a program addressing the spirochete, Babesia, and the spirochete plaque. Her essential Chi (life force) was exceptionally low too, so Super EFF (Standard Process) was added to her supplement program along with Active-H (which tested as a "vital").

Second visit 11-3-03 (4 weeks and 3 days later).

There was no improvement in symptoms, but the program seemed to be progressing satisfactorily. We continued the same program.

Third visit 12-11-03 (5 weeks later)

Barbara had definitely improved by this time, even symptomatically. She stated that she felt 70% better than when we first started.

I reluctantly omitted the spirochete plaque signature this time in order to begin treating the mycoplasma. It was obvious that she needed two units.

The Fourth visit 2-3-04 (7 weeks later)

In spite of the long period between visits, there was some improvement at most levels. We continued the same program.

The Fifth visit 4-5-04 (8 weeks and 2 days later)

On this visit we finally added a second unit. This enabled us to add back in the spirochete plaque [program], address a viral condition, and begin dissolving an important unwanted tissue.

The spirochete was 59% controlled, the Babesia 93% , and the mycoplasma 68%. Her liver stress was higher, however, being aggravated by the spirochete, the virus, the mycoplasma, and treatment stress. I put her on L-Glutathione 500 mg. per day, Milk Thistle, 6 capsules per day, and Cholacol (Standard Process) 6 tablets per day, plus a high dosage of Active-H, which tested as a "major" now.

Sixth visit 4-28-04 (3 weeks later)

The Babesia has been eliminated. In its place we added a signature to control a new infection. The spirochete is now 68% under control, mycoplasma 77%, the spirochete plaque 77%, and the vi-

rus 18%.

Seventh visit 6-20-04 (7 weeks later)

By this visit Barbara stated that at times she feels she doesn't even have Lyme disease anymore. The spirochete is now 89%, mycoplasma 93%, spirochete plaque 46% and the original virus (see visit #5) 51%. Overall, we have averaged 12.7% control of the spirochete per treatment period.

Meredith . . . age 26 years Knoxville, TN.

This young lady has suffered greatly from an extreme case of Lyme disease for approximately four years. No treatment apparently has been more than somewhat palliative.

First visit 2-4-04

I saw Meredith for the first time on February 4th, 2004 and put her on the FRT program, addressing the spirochete, a critical viral infection, and internal scar tissue, which in her case was vital. Supplementation with Active-H was a major. She also tested strongly for supplementation to help correct hormone imbalance, adrenal exhaustion, high liver stress, and a chronic bacterial infection.

Second visit 3-26-04 (7 weeks later)

Testing indicated that we had reached 45% control of the virus, but because of the long period between visits had fallen back to only 30% control. The spirochete was 32% destroyed, which was very good progress. The scar tissue was 15% dissolved. There was no apparent symptomatic improvement as yet.

Meredith decided to quit the program after the second visit, saying she wanted to pursue a new antibiotic program instead. She stated that she may want to come back into the program later if it is still available.

In one treatment period we got 32% of the spirochete, which is exceptional.

The Big Picture

Looking at the total picture with this grouping of patients, we so far have an over-all average of 21.3% progress per treatment period. These periods averaged 6.75 weeks apart, which is well over twice the ideal time. This suggests that if we could have seen each patient every three weeks, all of them (on an average) might have been completely clear in about fifteen to twenty weeks, or approximately four to six months.

Since we are talking about *all* of the different infections usually involved with Lyme, this indicates the potential of an unprecedented breakthrough in the control of this vicious plaque. In the light of the present dismal picture with especially chronic Lyme, such a potential — a complete wipe-out of all infection in four to six months — is most heartening. I am anxious to have these results proven out in a controlled study, so that widespread application of this protocol can be made available as early as possible.

Actually, we have witnessed essentially the same picture with any infectious disease. And the same applies to cancer. I mentioned at the beginning of this paper that plans are presently moving ahead to institute controlled trials (at least with brain cancer in children) in Kiev, Ukraine.

April 25, 2005

To Whom It May Concern,

Hayden was born on April 4, 2004. His delivery was considered normal and both mother and child checked out in top condition. After three or four weeks, I, his grandmother and RN, noticed that Hayden did not appear to be looking at his mother while nursing. Since Hayden was three weeks premature, I watched his development for another two weeks and noticed no apparent change in his vision. During one of his regularly scheduled well-baby visits with his pediatrition, I mentioned my concern. The pediatrition said she was not concerned. Three more weeks went by and there was no change in his vision. I made an appointment with a local eye doctor who after examining Hayden determined Hayden was blind. There was an appointment made for the following week with a pediatric eye specialist in Winter Garden, Florida. That specialist examined Hayden and determined that Hayden was blind. His eyes were considered normal in every aspect and a MRI was ordered to determine if a tumor was causing the blindness. The MD decided to delay the MRI until Hayden reached five months of age due to the requirement of sedation during the process.
Dr. John Myers tested Hayden one week after. Dr. John determined that Hayden had a cancerous growth near his optic nerve. Hayden also had an obvious infection in both eyes that had been present since his birth. Five days after treatments began with Dr. John Myer's technology, Hayden began to respond to his surrounding environment. One month after treatments began, Hayden could see as well as any other baby his age. Hayden went back to his scheduled appointment with his eye specialist who stated that no extra testing was required because Hayden's sight was normal for a child his age. It was also noted that his eye infection that had been resistant to all treatment was much better.

We do testify that the above statements are true.

C. Gail Marshall

LaDra B. Minor

Shirley D. Walton

Appendix

tic Radiology
nd

RADIOLOGY ASSOCIATES OF OCALA, P.A.
MEDICAL IMAGING CENTER OF OCALA
1490 S.E. Magnolia Ave. Ext.
Ocala, Florida 34471
(352) 732-7400

RADIOLOGY REPORT
Magnetic Resonance Imaging
Computed Tomography

MINORHOLTON, GAIL L
DOB: 01/01/1954
Date of Exam: 04/01/2002
X-ray #: 381462649

MAURY BERGER MD
433 SW 10TH
OCALA, FL 34470

4/1/02

WHOLE BODY F18-FDG PET SCAN

HISTORY: Staging lymphoma.

TECHNIQUE: PET scan was performed with 4.10 mCi F18-FDG intravenously with 56-minute rest period. Examination is compared with previous CT scan of the chest performed 03/18/02 at Ocala Regional Medical Center. Standard images were obtained in the coronal, sagittal, and axial planes with three-dimensional reconstruction using corrected and noncorrected technique.

FINDINGS: Exam shows markedly increased uptake along the entire right half of the mediastinum with some extension of abnormal uptake noted crossing the midline overlying the left aspect of the heart. There are additional foci of increased uptake in the anterior mediastinum to the left of midline which appears separate and I believe correspond to some additional separate adenopathy in that region. The patient also has a focus of increased uptake in the left supraclavicular region which is suspicious for an additional lymphomatous or metastatic lymph node. Distribution of radionuclide otherwise shows a focus of increased uptake on the extreme lowermost aspect of the right lobe of the liver which could represent an additional metastatic focus. This is not readily seen on CT scan which included the upper abdomen but may not have been included in the field of view. Distribution of radionuclide is otherwise unremarkable. Other possibilities are that this represents a focus of otherwise normal uptake in the colon which is a physiologic phenomenon. I have no CT scans of the abdomen and pelvis for verification. This may be helpful for further evaluation.

IMPRESSION:
INTENSE FOCAL UPTAKE OF THE MEDIASTINUM WHICH CONFORMS TO THE BULK OF TUMOR OR ENLARGED LYMPH NODES NOTED ON CT SCAN. THE BULK OF THE UPTAKE LIES TO THE RIGHT OF THE MEDIASTINUM WITH SOME INVOLVEMENT ACROSS THE MIDLINE TO INVOLVE THE LEFT SIDE. ADDITIONAL PRESUMED ADENOPATHY IS NOTED IN THE SUPERIOR LEFT MEDIASTINUM AND THE LEFT SUPRACLAVICULAR AREA. POSSIBLE FOCUS OF INCREASED UPTAKE IN THE LIVER AT ITS LOWERMOST ASPECT VERSUS PHYSIOLOGIC YET OTHERWISE NORMAL COLON UPTAKE. A DEDICATED CT SCAN OF THE ABDOMEN AND PELVIS FOR COMPARISON WITH ONE PREVIOUSLY PERFORMED WHICH IS NOT AVAILABLE CURRENTLY MAY BE OF BENEFIT.

LPT:ejr
LANCE P. TRIGG, M.D.
Dictated: 04/02/2002
Transcribed: 04/02/2002 1:18pm Signature electronically affixed

1/12/04

Clinical P.E.T.
OF OCALA, LLC

PATIENT:	**Gail Minor-Holton**	**DOB: 01/01/1954**
CHART NUMBER:	**0210**	
DATE OF EXAMINATION:	**01/05/2004**	
REFERRING PHYSICIAN:	**Dr. Mabanta**	

Examination: Whole Body PET CT Fusion Scan

Indication for Study: Restaging of Hodgkin's lymphoma. Status post chemotherapy and radiation therapy.

Date of Service: January 5, 2004

Technique: Whole body PET CT fusion imaging was performed using the GE Discovery LS Circular Geometry PET Scanner and Multidetector CT Scanner. The patient was injected intravenously with 15.29 mCi of 18 fluorodeoxyglucose. Delayed whole body PET and CT image acquisitioning was performed. Multiplanar reformatted PET and CT images were recorded in the transaxial, coronal, and sagittal planes. A whole body 3D reconstructed PET image was also rendered. The CT study was done both for attenuation correction purposes and for diagnostic reasons.

Findings: The patient's prior CT scan of the chest with contrast done at the time of initial staging for bulky nodular sclerosing Hodgkin's disease is not available. Previously, involvement in the mediastinum was noted.

There is a report from a CT scan of the chest done without contrast on March 18, 2002 at Ocala Regional Medical Center which describes a multi-lobulated soft tissue mass lesion in the middle mediastinum, extending more to the right above the hilum.

Comparison today is made with the patient's previous PET scan done at this site on March 10, 2003.

Injection is made into the left antecubital vein today and some residual increased activity is seen in the left axillary vein; cessation of activity at the thoracic inlet level would be compatible with the presence of a partial obstructive phenomenon/pooling in the vein which may be positionally induced behind the left clavicle and anterior to the first rib on the left. There is no evidence of abnormal axillary nodal activity.

There is some mild residual increased soft tissue density in the anterior mediastinum which measures about 6 cm x 2 cm x 5 cm overall; this area is not associated today with any increased FDG uptake and so would be compatible with residual scar tissue. No abnormal uptake is seen in the hila or mediastinum today where no enlarged lymph nodes can be seen on the CT images today. No abnormal pulmonic activity is seen. There is no evidence of pulmonic infiltrate or mass lesion.

Activity in the neck is unremarkable.

Below the hemidiaphragms, liver and spleen uptake are normal. Normal excretory paths are otherwise mapped in the abdomen and pelvis. No enlarged intraperitoneal or retroperitoneal lymph nodes are seen on the CT images, and no focus of increased uptake is seen to suggest the presence of recurrent lymph nodal involvement below the hemidiaphragms.

No other abnormality for patient age is appreciated.

1/13/04

1/12/2004

IMPRESSION:

MILD RESIDUAL SOFT TISSUE DENSITY IN THE ANTERIOR MEDIASTINUM COMPATIBLE WITH SCAR. THERE IS NO EVIDENCE OF RECURRENT LYMPHOMATOUS DISEASE.

Electronically verified by:

Richard A. Amato, MD

RAA:srb:djh
Dictated: 01/11/04, 1818 hours
Transcribed: 01/12/04, 0804 hours

The National Foundation for
Alternative Medicine

Consent To Release Patient's Medical Record Information

Shawna Walters ☐ Male X Female 12/28/85, residing at
Patient's Name Date of Birth

55298 210th Street, Osage, MN, 56570, (mailing address is PO Box 355)
Patient's Address (Street, City, State, Zip Code)

Hereby authorize the release of my medical records, accompanying this document, as listed

MeritCare Hospital and Clinic, Fargo, ND (1-800-437-4010)
and Dr. John
to release any and all medical records relating to Spina Bifida and Tethered Cord Syndrome

To: The National Foundation for Alternative Medicine
1629 K St NW, Ste 402
Washington, DC 20006

Solely for the purposes of collecting information on the treatment NFAM is investigating.
To apply both now and in the future
Further use of the information such as publishing information, if agreed upon by the patient, will always be done with the patient's name anonymous for confidentiality issues.

I VOLUNTARILY UNDERSTAND THAT MY MEDICAL RECORD INFORMATION WILL BE USED FOR THE PURPOSES STATED ABOVE.

I UNDERSTAND THAT THIS CONSENT CAN BE REVOKED BY ME IN WRITING AT ANY TIME. I UNDERSTAND THAT THIS INFORMATION MAY NOT BE REDISCLOSED WITHOUT MY PERMISSION.

SIGNED (check one): ☐ Patient
X Legal Guardian

Mrs. Michael Walters 11-27-03
Print Name Date
Mrs. Michael Walters 11-27-03
Signature Date

The National Foundation for
Alternative Medicine

The National Foundation for Alternative Medicine is a not-for-profit clinical research organization supporting international projects to decrease the economic burden and increase the effectiveness and safety of treating degenerative diseases. The Foundation does not support preclinical research, but focuses on human clinical studies of the most promising "breakthrough" alternative therapies from around the world.

Patient Questionnaire

(If extra space is needed to answer any question, please continue on a sheet of paper. Please do not forget to put your name and the question number at the top of each page.)

I. General Demographics

1. Name (First, Middle, Last):
   Shawna Elizabeth Walters
2. Address: PO Box 355 Osage, MN 56570
3. Tel: 218-573-3080
4. Email: questor@eot.com
5. Would we be able to contact you if we had more questions: X YES ☐ NO
6. Male ☐ Female X
7. Birthdate: 12/ 28/1985 (Mon. Day Year)

II. Illness-related Questions

8. What was your Diagnosis/Prognosis (type of cancer/stage)?
Spina Bifida with Tethered Cord Syndrome. The re-growth of scar tissue in the spine following surgery and/or trauma to the back.

9. When were you first diagnosed (date)? 12 / 28 / 1985 Date of birth (Mon. Day Year)

10. Do you have a family history of cancer (type, who, relationship to you)?
No. Problematic Diagnosis is the reoccurrence of scar tissue in the spine, Tethered Cord Syndrome.

11. Did you consider your lifestyle back then healthy, unhealthy, or fairly healthy?
Lifestyle, Healthy. Surgical removal of scar tissue; Very damaging to body. Invasive surgery was the only way traditional medicine knew to remove scar tissue, until we met Dr. John and were treated with the Frequency Resonance Therapy (F.R.T.).

12. What conventional and alternative treatments did you undergo/ when/ for how long?
Five surgeries to remove scar tissue from the spine, prior to age 13. Following age thirteen, Frequency Resonance Therapy (F.R.T.).

13. What was your response to each of these treatments?
Each surgery to remove scar tissue, exacerbated scar tissue growth. Surgery begets scar tissue. F.R.T. provided a non-invasive process, with immediate, long-lasting, successful results from the effects of scar tissue re-growth, precipitated by trauma to the back.

14. Which treatment did you respond to the least? Did you stop with one treatment and start up with another (which ones)? Surgery on the spine risked further nerve damage. At age 13, discovered F.R.T. and successful results were immediate.
15. When did you first start feeling a positive change in your condition? F.R.T. gave immediate, lasting relief from the progressively debilitating presence of scar tissue. Shawna is able continue to walk, today, because scar tissue has been removed with F.R.T.
16. When did you first learn of your remission? Results are immediate with F.R.T.
17. Which treatment (or combination of treatments) do you feel "cured" you? Frequency Resonance Therapy (F.R.T.).
18. When/How did you consider alternative treatments? January 1999, a second opinion was sought from a specialist, a Pediatric Neurosurgeon, from Salt Lake City, Utah. He recommended that surgery on the spine be delayed until scar tissue permanently damaged the nerves of the spine, and a surgery would accomplish a "harvesting of the nerves," rendering patient without the ability to walk. This was an unacceptable option. The discovery of Dr. John and the method of Frequency Resonance Therapy were an answer to prayer.
19. How do the alternative treatments that you used work (in your opinion)? F.R.T. removes scar tissue and the effects of scar tissue growth in the spine.
20. How long have you been in remission? October 2002.
21. When was the last time you had any medical tests that confirmed your remission? September 2002 was the last time that the pediatrician recommended surgery for scar tissue removal. Following the October 2002 F.R.T. treatments with Dr. John, the pediatrician was notified of the successful F.R.T. results.
22. Have you kept medical records like scans, pathology reports, and lab tests results? ☐ YES X NO All medical records are at the MeritCare Clinic and Hospital in Fargo, ND, or with Dr. John.
23. Would you consider releasing your medical records to us for study? X YES ☐ NO Copies of your medical records should please accompany this questionnaire. *****PLEASE REMEMBER TO SIGN THE "AUTHORIZATION FORM FOR THE RELEASE OF INFORMATION".*****
24. Would you consider letting us publish a synopsis of your case on our website? X YES ☐ NO
25. Would you be willing to talk to cancer patients to provide your perspective and "journey" toward healing? X YES ☐ NO I would be willing to talk to anyone who has the need of scar tissue removal. F.R.T. restored body function that scar tissue presence interrupted. Shawna is a walking testimony that F.R.T. is a non-invasive, successful alternative to surgical scar tissue removal. F.R.T. removes scar tissue allowing restored body function.

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Patient Questionnaire

(If extra space is needed to answer any question, please continue on a sheet of paper. Please do not forget to put your name and the question number at the top of each page.)

I. General Demographics

1. Name (First, Middle, Last): Mary YVONNE SCIORTINO
2. Address: 608 Surrey Dr., Findlay, Ohio 45840
3. Tel: 419-423-1700
4. Email: VonForeverYoung@aol.com
5. Would we be able to contact you if we had more questions: ☒ YES ☐ NO
6. Male ☒ Female ☐ 7. Birthdate: 3 / 31 / 46 (Mon. Day Year)

II. Illness-related Questions

8. What was your Diagnosis/Prognosis (type of cancer/stage)? Stage One Breast Cancer - infiltrating ductal carcinoma of the Right Breast.
9. When were you first diagnosed (date)? 3 / 31 / 98 (Mon. Day Year)
10. Do you have a family history of cancer (type, who, relationship to you)? NO
11. Did you consider your lifestyle back then healthy, unhealthy, or fairly healthy? No
12. What conventional and alternative treatments did you undergo/ when/ for how long? Lumpectomy and treatment by Dr. John Theyus Protocol.
13. What was your response to each of these treatments? The lumpectomy did not get all the cancer. Refused Chemotherapy and started Dr. John Theyus treatment.

14. Which treatment did you respond to the least? Did you stop with one treatment and start up with another (which ones)? I followed Dr. John's treatment only which lasted about eight months.
15. When did you first start feeling a positive change in your condition? a month or so after being on Dr. John's treatment.

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Consent To Release Patient's Medical Record Information

Mary Y. Sciortino (Patient's Name) ☐Male ☒Female 3/31/46 (Date of Birth), residing at

608 Surrey Dr. Findlay Ohio 45840
(Patient's Address (Street, City, State, Zip Code))

Hereby authorize the release of my medical records, accompanying this document, as listed Report from Young C. Choy MD
Report from V. R. Stiffle MD

To: The National Foundation for Alternative Medicine
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Washington, DC 20006

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SIGNED (check one): ☒Patient
☐Legal Guardian

Mary Y. Sciortino (Print Name) 11/5/03 (Date)

RUN DATE: 03/05/98
RUN TIME: 1606

BLANCHARD VALLEY REGIONAL HEALTH CENTER
PATHOLOGY/CYTOLOGY DEPARTMENT

PHYSICIAN: STRIGLE T R

NAME: SCIORTINO,MARY YVONNE PATH: 98:SU1455

DOB: 03/31/46 AGE/SEX: 51/F ACCOUNT#: 009694100
UNIT: 752508 LOCATION: SDS
PHYS: STRIGLE T R ROOM:
STATUS: REG SDC

SERVICE: 03/04/98 RECEIVED: 03/04/98 1042

TISSUES:
1. RIGHT BREAST - MASS EXC FS

ATTENTION REPORT OF MALIGNANCY

HISTORY/OP:
Right breast biopsy with frozen section / Right breast mass.

GROSS DESCRIPTION:
Received fresh for frozen section labeled 'right breast mass' is an ovoid segment of fatty breast tissue measuring 3.8 x 3 x 2.5 cm. On palpation, there is a firm indurated area. On sectioning, there is a pinkish fibrous scarlike lesion measuring 1 x 1 x 1.5 cm. A representative portion is submitted for frozen section and subsequently submitted in Cassette A. A portion of the tissue is submitted for hormone receptor studies. Additional sections are submitted in Cassettes B through D.

[FROZEN SECTION DIAGNOSIS]: RIGHT BREAST, BIOPSY: INFILTRATING DUCTAL CARCINOMA.

MICROSCOPIC DESCRIPTION:
HISTOLOGY: Infiltrating ductal carcinoma

GRADE/DIFFERENTIATION: Moderate

NUCLEAR GRADE: Intermediate

SIZE OF INVASION: 1 x 1 x 1.5 cm

IN SITU NEOPLASM: Minute focus

LYMPHATIC/VENOUS INVASION: None

MARGINS OF RESECTION (MICROSCOPIC): Tumor present at one inked margin.

ER/PR: Pending

LYMPH NODES: N/A

COMMENTS: The sections show a fibrous scar like lesion infiltrated by

BLANCHARD VALLEY REGIONAL HEALTH CENTER
DEPARTMENT OF PATHOLOGY (419)423-5322
145 W. WALLACE ST. FINDLAY,OHIO 45840

PHYSICIAN: STRIGLE T R

NAME: SCIORTINO,MARY YVONNE PATH: 98:SU1455

DOB: 03/31/46 AGE/SEX: 51/F ACCOUNT#: 009694100
UNIT: 752508 LOCATION: SDS
PHYS: STRIGLE T R ROOM:
STATUS: REG SDC

SERVICE: 03/04/98 RECEIVED: 03/04/98 1042

MICROSCOPIC DESCRIPTION: (Continued)

cords and nests of malignant ductal epithelial cells. Some of these form obvious tubular glandular structures. Others form sheets and cords without obvious glandular differentiation. The cells infiltrate into the adjacent fatty tissue and extend to one of the surgical inked margins. A small focus of intraductal carcinoma in situ is present.

DIAGNOSIS:

Right breast, biopsy: Moderately differentiated infiltrating ductal carcinoma, 1 x 1 x 1.5 cm., extending to surgical margin.

ATTENTION REPORT OF MALIGNANCY

Signed _____ SORRELLS,JIMMY R. MD 03/05/98

BLANCHARD VALLEY REGIONAL HEALTH CENTER
DEPARTMENT OF PATHOLOGY (419)423-5322
145 W. WALLACE ST. FINDLAY,OHIO 45840

PATIENT NAME: SCIORTINO,MARY Y
UNIT NO: 752508

E.C. ZIEGLER
1818 CHAPEL DRIVE, SUITE C
FINDLAY
OH
45840
424-1055

EXAMS: 000124638 FILM/SCREEN DIAG. MAMMO BILAT.

CLINICAL DATA: RIGHT BREAST LUMP

DIAGNOSTIC FILM MAMMOGRAM: CC and mediolateral oblique views of both breasts were obtained and additional CC and mediolateral oblique cone down compression views of the palpable lump in the right breast were obtained. There is a 1.3x1.5cm sized spiculated mass in the outer upper quadrant of the right breast, suggeting infiltrating ductal carcinoma. There is minimal fibroglandular densities in both breasts. The skin and axillary area appeared to be unremarkable.

IMPRESSION: 1.3x1.5cm sized spiculated mass in the outer upper quadrant of the right breast, suggesting infiltrating-ductal cardinoma.

REPORTED BY: YOUNG C. CHOY, M.D.D.A.B.R.

CC: CANCER CARE COMMITTEE; E.C. ZIEGLER

TECHNOLOGIST: ANN STALEY, R.T.R.,M.
TRANSCRIBED DATE/TIME: 02/26/98 (1615)
TRANSCRIPTIONIST: RAD.MAM
PRINTED DATE/TIME: 02/26/98 (2010) BATCH NO: 2105

Blanchard Valley Regional Health Center

NAME: SCIORTINO,MARY Y
PHYS: ZIEGLER E C
DOB: 03/31/46 AGE: 51 SEX:
ACCT NO: 009655812 LOCATION: RADI
EXAM DATE: 02/26/98 STATUS: OUT
RADIOLOGY NO: -

The National Foundation for
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Patient Questionnaire

(If extra space is needed to answer any question, please continue on a sheet of paper. Please do not forget to put your name and the question number at the top of each page.)

I. General Demographics

1. Name (First, Middle, Last): Audrey Ann Fothberry
2. Address: 217 Water St
   Seville Ohio 44273
3. Tel: (330) 769-0450
4. Email:
5. Would we be able to contact you if we had more questions: ☑ YES ☐ NO
6. Male ☐ Female ☒ 7. Birthdate: 06 / 03 / 42 (Mon. / Day / Year)

II. Illness-related Questions

8. What was your Diagnosis/Prognosis (type of cancer/stage)?
   Cancer in Liver; near-failure, congestion. Cancer "burst" put Body in shock. Mastasized to Brain w/Tumors
9. When were you first diagnosed (date)? 10 / 06 / 98 (Mon. / Day / Year)
10. Do you have a family history of cancer (type, who, relationship to you)?
    No one except My Mom - tumor in Lung
11. Did you consider your lifestyle back then healthy, unhealthy, or fairly healthy?
    Had Bowel problems & some chronic conditions
12. What conventional and alternative treatments did you undergo/ when/ for how long?
    Followed exact CANCER Protocal Program with extra FRT TIME
13. What was your response to each of these treatments?
    See Attached. Responded well.

SEE ATTACHED QUESTIONS Response.

14. Which treatment did you respond to the least? Did you stop with one treatment and start up with another (which ones)? Used all Simultaneously: Brain Talk, FRT, Chi machine, ATP, Supplements, Colonics, Immune Builders De-Tox

15. When did you first start feeling a positive change in your condition?
Immediately - but still not cured
2 weeks; 2 mos, 6 mos were out standing marks

16. When did you first learn of your remission? Thru Doc's Brain Talk, but still had to use de-tox & herbals to rebuild & heal. I am Healed-cured NOT Remission.

17. Which treatment (or combination of treatments) do you feel "cured" you?
MAINLY using FRT & Brain Talk that monitored each phase See Attached

18. When/How did you consider alternative treatments? From onslaught - to least Root Causes not Symptoms. I refuse conventional Methods because they don't cure - only mask Symptoms.

19. How do the alternative treatments that you used work (in your opinion)?
Continue to Build up Immune System & neutralize out chronic degenerative conditions

20. How long have you been in remission?
Dec 1998 for Liver; April Mar 1999 - Brain 2003 TO PRESENT

21. When was the last time you had any medical tests that confirmed your remission?
By Dr Myers 2003, August

22. Have you kept medical records like scans, pathology reports, and lab tests results?
☒ YES ☐ NO Docs files & Treatments for Cancer & all other conditions Enclosed - Earliest records on bottom - Latest on TOP

23. Would you consider releasing your medical records to us for study?
☒ YES ☐ NO Enclosed with my submittal
Copies of your medical records should please accompany this questionnaire.
****PLEASE REMEMBER TO SIGN THE "AUTHORIZATION FORM FOR THE RELEASE OF INFORMATION".*****

24. Would you consider letting us publish a synopsis of your case on our website?
☒ YES ☐ NO

25. Would you be willing to talk to cancer patients to provide your perspective and "journey" toward healing?
☒ YES ☐ NO

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Consent To Release Patient's Medical Record Information

Audrey A. Fothberry ☐Male ☑Female 8-3-42, residing at
Patient's Name Date of Birth

217 Water St Seville OH 10 44273
Patient's Address (Street, City, State, Zip Code)

Hereby authorize the release of my medical records, accompanying this document, as listed Patient has copies, I will submit with This application. Any of Dr Myers files may be released

To: The National Foundation for Alternative Medicine
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SIGNED (check one): ☑Patient
☐Legal Guardian

Audrey Fothberry 11-18-03
Print Name Date
Audrey A. Fothberry 11/18/03

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Patient Questionnaire

(If extra space is needed to answer any question, please continue on a sheet of paper. Please do not forget to put your name and the question number at the top of each page.)

I. General Demographics

1. Name (First, Middle, Last): George M. Ode
2. Address: 1252 Dutch Ridge Augusta KY 41007
3. Tel: 606 756 3457
4. Email: ode@ckns.net
5. Would we be able to contact you if we had more questions: ☑ YES ☐ NO
6. (Male) ☐ Female ☐ 7. Birthdate: 12 / 15 / 45 (Mon. Day Year)

II. Illness-related Questions

8. What was your Diagnosis/Prognosis (type of cancer/stage)?
   Medium grade lymphoma – active in bone marrow
9. When were you first diagnosed (date)? 12 / 1 / 93 (Mon. Day Year)
10. Do you have a family history of cancer (type, who, relationship to you)?
    Dad – colon
11. Did you consider your lifestyle back then healthy, unhealthy, or fairly healthy?
    unhealthy & stressful
12. What conventional and alternative treatments did you undergo/ when/ for how long?
    Chemo – 3 treatments 3/94 – 4/94 – Alternative 5/94 – 8/94
13. What was your response to each of these treatments?
    due to improved diet chemo ? Alt. treatment very successful

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14. Which treatment did you respond to the least? Did you stop with one treatment and start up with another (which ones)?
    Once I decided on Dr Myers I did not switch.
15. When did you first start feeling a positive change in your condition?
    Within the 1st week w/ Dr Myers

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The National Foundation for
Alternative Medicine

Consent To Release Patient's Medical Record Information

George Ode (Patient's Name) ☑Male ☐Female 10/15/45 (Date of Birth), residing at

1257 Dutch Ridge Augusta KY 41002
Patient's Address (Street, City, State, Zip Code)

Hereby authorize the release of my medical records, accompanying this document, as listed Contact KY — 606 756 3457

To: The National Foundation for Alternative Medicine
1629 K St NW, Ste 402
Washington, DC 20006

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SIGNED (check one): ☑Patient
☐Legal Guardian

George Ode 11/3/03
Print Name Date

George Ode

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9/03

The National Foundation for
Alternative Medicine

Mary Jo Donavan
4730 S Granite PL
Tulsa OK 74135

Consent To Release Patient's Medical Record Information

Mary Jo Donavan (Patient's Name) ☐Male ☑Female 12.03.33. (Date of Birth), residing at
4730 S. Granide Pl. Tulsa, Ok 74135
Patient's Address (Street, City, State, Zip Code)

Hereby authorize the release of my medical records, accompanying this document, as listed Dr. Myers does not have them now. I had treatment in 89.

To: The National Foundation for Alternative Medicine
1629 K St NW, Ste 402
Washington, DC 20006

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SIGNED (check one): ☑Patient
☐Legal Guardian

Mary Jo Donavan (Print Name) Nov. 03-2003 (Date)

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Patient Questionnaire

(If extra space is needed to answer any question, please continue on a sheet of paper. Please do not forget to put your name and the question number at the top of each page.)

I. General Demographics

1. Name

Marjorie A. Mathis
5616 S. Pittsburg Ave.
Tulsa, Oklahoma 74135

2. Telephone

918-745-6004

Available for questions? Yes

3. Female Birthdates: 12-10-28

4. Diagnosis: Lump in breast, tested via biopsy to be malignant, 11-1-79

5. Family history of cancer? Yes, one aunt.

6. Did you consider your lifestyle back then healthy, unhealthy, fairly healthy?

Unhealthy

7. What conventional and alternative treatments did you undergo?

No conventional treatment at all, only biopsy and diagnosis. I went on Dr. Myers' program and was completely cured in about a year.

8. When did you first start feeling a positive change in your condition?

Spring of 1980 (about five months after treatment with Dr. Myers began)

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The National Foundation for
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Consent To Release Patient's Medical Record Information

Marjorie A. Mathis (Patient's Name). ☐Male ☑Female 12-10-28 (Date of Birth), residing at

5116 S. Pittsburg Ave Tulsa OK 74135-4230
(Patient's Address (Street, City, State, Zip Code))

Hereby authorize the release of my medical records, accompanying this document, as listed Surgery and lab test Nov 1979. Surgery done by Dr. Hallford, Guymon, OK.

To: The National Foundation for Alternative Medicine
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SIGNED (check one): ☑Patient
☐Legal Guardian

Marjorie A. Mathis (Print Name) 11-5-03 (Date)
Marjorie A Mathis