

100% Antibiotics Free, Very Effective FCT® Approach to Lyme Disease and Co-infections.

By Savely Yurkovsky, MD

The Power of a Conflict in Science

In the summer of 2014, I met a very pleasant young woman with a PhD degree, as a new patient at my office. She was previously treated for Lyme disease by a medical doctor whose alleged expertise in this field and as reflected in his book, has earned no less than the following titles and adulations, from both impressive media outlets and medical experts. *‘A national expert on Lyme and other tick borne diseases’, ‘one of the country’s foremost doctors’, ‘revolutionary treatment plan and an overarching approach to treating all chronic illness’, ‘his provocative insights apply to chronic illness writ large’, ‘one of the most prominent Lyme literate physicians’, ‘...is known for his pioneering work with Lyme disease: If you have suffered from unexplained, chronic or hard to treat health illness, this book is your pathway to health’, no less than – ‘his approach reflects the future of health care’ – and even more, ‘medicine would be much better if all doctors understood and treated illness like Dr. Horowitz.’*

Yet, in spite of such esteemed remarks, following her prolonged 18 month treatment with multiple antibiotics, herbs and numerous ‘natural’ supplements to “kill” ‘Lyme and co-infections’, ‘detoxes’ and many sophisticated tests, all costing tens of thousands of dollars, she was not, even, nearly cured from Lyme disease.

Also, before she came to see me, she had already started losing faith in the famed expert’s ‘pioneering and revolutionary treatment’ by virtue of the fact that she opted for a different treatment, with another Lyme ‘expert’. Even though his approach seemed to be

sophisticated and, even, esoteric, in the way of bio-photon, homeopathics remedies and intravenous ozone treatments, yet still buttressed by a good blast intravenous antibiotics. Following these, as it has been the usual case with all prevailing Lyme treatments, she felt initially better, and then, worse again. When I have tested her through bio-resonance testing, which is capable of noninvasive screening of all internal organs for causes of illness, the answers to failures of such 'experts' was as obvious as usual. This patient had Lyme disease and its co-infections, the residues and severe side effects of antibiotics, including multiple yeast or fungal infections, plus toxicities from mercury and EMF, all rendering her immune system suppressed or incapable of overcoming Lyme disease. Here is only a handful of numerous other victims, who I have seen over many years, of many 'sophisticated' Lyme treatments, as commonly prescribed by the alleged Lyme 'experts', from 'Lyme literate doctors' to others.

"I have been whole-heartedly referred to Dr. Yurkovsky by an acquaintance of mine. I looked around the website and found with amazement a lot of information and principles that are concurrent with my experience and philosophy. I'm not a medical professional but I did learn a lot while dealing with my own health issue. I went through many therapies, Lyme literate doctors, healers, naturopaths, nutritionists, homeopaths. Even did a prolonged course of antibiotics for about 9 months, herbs, structured water, Rife machine, hyperbaric oxygen chamber, bio-resonance (also Spinor/Metatron). The list goes on and on. I'm better now, but I still have lingering symptoms like brain fog, small fevers, migrating joint pains which come and go, excessive sweating, headaches, lack of energy, photophobia, etc. It comes and goes like with all Lyme there are good and bad days but even in the good days, I'm not 100% well and in the bad days I'm still incapacitated" Ms. A.

"I have been on antibiotics for 8 years now... in many ways they have helped me to regain some sort of life back but there have been other issues that have gotten worse and new problems that have come up that medical doctors are having a very hard time figuring out. I am sick and homebound more than not and I remain on Lyme and Babesia treatment... I am looking for someone who can help me get to the core of what is going on. My biggest problem is my severe sensitivities to alternative treatments, as well as prescription meds. I have tried to do different alternative treatments through the years but they seem to make me much worse and set me back, causing me months to try and get back to baseline... this includes everything from supplements, energy work, and types of detoxing." Mrs. B

Before we are to indulge into analysis and corrections of gross mistakes and harm of such treatments, lest I am necessarily being viewed as the sole spoiler of high images of Lyme experts, here is another row of the same sobering facts presented by another physician in one of the alternative medicine periodicals¹.

"Our average patient has been to anywhere from 10 to 50 physicians, but has not returned to his/her baseline level of functioning."

"Lyme literate doctors' really means that you have gone to a couple of conferences... These are a good starting place, but do not make one tick infection literate in any serious manner."

"Routine speed IV treatment of most new patients is a mistake."

"The most common treatments for Bartonella lead to a relapse, even when they appear to work for variables periods of time."

¹ Why Lyme Treatments Fail by James Schaller, MD. (For the record, I do not believe that his answer to Lyme disease is any better or worse than all others.)

"Following the guidelines of practitioners with famous names, university titles, or organizations leadership positions is an error in judgment."

"No single organization or group of organizations can provide people with authoritative instructions in how to treat an individual patient."

"The human body when infected with a cluster of tick-borne pathogens is a billion times more complex than any automobile."

"Antibiotics, rifampin, azithromycin, HBOT, Rife machine, special saunas, ozone, IV nutrients to 'boost immunity', chelations, confused detox formulas, Artemisia derivatives, essential oil combinations, IV medications, various weak alcohol-based herbal programs, various energy machines, and 100 other options found in chat rooms and Lyme disease 'information' sites are not meant to be the sole or primary style of all patient treatment."

"And finally, the great philosopher of science, Thomas Kuhn, has shown that there are so many variables affecting all scientists, the notion that any group of physicians can give unbiased pure scientific recommendations is impossible. Obvious errors are present in all current tick and flea-borne infections guidelines."

Following this last quote, I must state that we all better beware of statements that we choose as our support because these can also lead to just the opposite. This is particularly true when bringing the philosophy of science into the battle by quoting its Professor Thomas Kuhn, since one of the main objectives of the philosophy of science is "to protect science from scientists." And this is because that the latter are often afflicted with 'human weakness', quoting the killing term of American Nobel Laureate in physics, Professor M. Gel-Mann.

"Dear Dr. Yurkovsky, I watched your DVD series on Lyme, and at this time I am learning very much toward following your program. I've done oral antibiotics, antimalarial, and

antifungals, in rotation for over a year. I've considered Rife machine and medicines (intramuscular injections, plus orals, plus supportive treatments) and your approach, and I'm still confused as to where to place my confidence, but my strongest feeling is right now to commit to your approach. I am honestly quite overwhelmed, and frightened, as I feel I am continuing to get worse." Ms. C

Other scientists, like Einstein, used less mild terms by referring to most the scientists (read us doctors, too) as materialists who have also been trying to solve problems through the same manner of thinking which have created these in the first place. The scientist who Einstein revered the most, the father of quantum physics and Nobel Laureate, Max Planck – had gone a little further in stating that new ideas in science had the best chance only after most of the ‘good old scientists’ leave us for an even better world. However, since this is not exactly the primary objective of this article to prescribe electric chairs for scientists or doctors with the same manner of thinking, but rather rehabilitate such medical scientists and doctors from this.

Such a manner of thinking, we need to understand, first, how they have fallen prey to and become infected with it in the first place. In the next

- (science and sc. Sm, relation and Re WG – + 4)

section I, as a rehabilitated victim myself of such infections, will share the relevant information along with effective recipes on how to disinfect one’s brain from these (infections) manners of thinking. Most of us are intelligent enough so that we can only be fooled through a very intelligent fooling or fashionable nonsense.

I find this very interesting that one of the endorsements of Dr. Horowitz’s books recommended it only for ‘medically literate audiences’, including ‘health science professionals.’ Yet, the tragic reality of our medical education, both conventional and especially alternative,

does not offer true and real medical literacy to health science professionals. Just as tragic is that ‘medically literate audiences’, as the result, are not only unaware of this but, automatically, do not even exist, themselves.

This intersecting and unique for science paradox or oxymoron that has existed in medicine forever, has resulted in the proverbial blind leading the blind cheerful movement where alleged experts in countless chronic diseases, have been impressing or intelligently fooling audiences of both doctors and patients.

- (airplanes – the angle of take-off)

These diseases extend far beyond Lyme with many impressive and fooling books written on chronic fatigue, autism, fibromyalgia, pain, yeast and parasitic infections, food allergies, and of course, weight loss, and you name it.

Here is just a brief analysis how the intelligent fooling has emerged and been blossoming, ever since.

The foremost condition for intelligent fooling is to convince your audience that your approach is correct just because it connects links together from a few or several 100% formally scientifically existing facts. The true essence of fooling here is that yes, these facts do exist, yet the idea, theory or speculations

- (sustained – Wilson – fell in love and practical gain)

Whether these (facts) findings have been connected properly belongs to just as entirely different field of science as a warehouse full of some parts, on one hand and well-built car or airplane, on the other. In other words, when a scientist or doctor points a finger at a warehouse that has even if many necessary parts for, this does not mean at all that he has a flying airplane or moving car. Here is the main expert witness to this, our conventional or Western medicine, where over 1,300

chronic diseases are being approached and strictly so based on formally correct scientific findings between these diseases and treatments, yet, all treatments have failed to cure (or prevent) a single disease. So, unless we understand the true essence of this treachery, let us not jump into alternative medical land before you realize who, how, and why they exactly overcome, or fallen into the same trap.

Quite paradoxically, but one of the naïve obstacles of this trap is exactly what the trap keeps exponentially expanding while it is getting bigger and deeper itself. It is asking for more and more scientific findings and therefore more and more research to produce these findings, or just a bigger warehouse with parts. Yet, this all only (increases) enhances the futility of turning these already overloaded warehouses into flying airplanes, moving cars, or working computers or anything that works well, for the following reasons.

1. No sound machines in science, (material – ?) physical or theoretical, have ever been built without their corresponding sound theories or blueprint(s) drawings.
2. Just a sheer increase in parts of findings can even significantly delay a creation of such a sound theory because it offers or confuses scientists with, simply, too many parts to choose from.

Without such a sound connecting theory, just reading or adding more findings into one's head may automatically lead to the increased odds of connecting these incorrectly or ineffectively, whether in Lyme or 1,300 other chronic diseases. As an example if Thomas Edison faced 125 million of wrong connections to choose only five correct elements out of 100 to construct a working light bulb we, doctors, face trillions of wrong connections between thousands of data for Lyme or any disease. Moreover, but quoting my acquaintance, an expert in decision science, MIT physics Professor George E. Pugh, 'there is no exact formulas that even exist how to properly engineer or connect data into viable theories.' Professor of immunology

from Columbia University Medical School, Stuart Firestein, Ph.D., among other medical scientists underscored this issue of a sheer piles of scientific information: "Neither I nor my colleagues can keep up with all the findings in our field, these confuse me and we are just trafficking in findings."

Next, gastroenterology professor and book author, Michael Gerson, MD, from Columbia University Medical School: "Half of what I teach (e.g., scientific findings and theories) today will be obsolete tomorrow." That is why the foremost authority in the philosophy of science, and whose work has been revered by many Nobel laureates in science, Austrian Professor Carl Popper said: "Accumulated knowledge, by and of itself, paradoxically, is not as important as people think. It is only a sound theory that determines and connects only the most important findings that counts." And Einstein, himself, said that piles of facts do not have much to do with good science.

(In addition) That is why scientific rules of engineering sound theories stress only proper connections between parts of a problem and offered solutions but to address only the most important parts of such problems, also to four star generals in rank in military, and, likewise to address these with the corresponding solutions to their own ranking in the choice of solutions.

In practical sense, this means that if we want to accomplish a space mission to Mars we need to determine all of the main obstacles for it and match these correspondingly, not just with some vehicle that can scientifically fly above ground for some time, whether air balloon or a motorcycle, and meet it with a capable space rocket. Whether scientists fail at this or in any other task they judge this by their actual results, not by pep talks about doing something scientific. And when the results are not there, they go back to the drawing board and analyze whether the wrong

parts have been connected, better parts have been missed or their mathematical calculations have been off, and all together are they even being close to (an) the expected solution.

So, when any theory yields poor outcomes in Lyme or other treatments, we ought to suspect that it is either has misconnected some formally correct medical findings, or that it missed more important ones, or both. (The more important ones science views as being akin to the rank of a four star general, versus sergeants and lieutenants.) Professor Popper, also specified a sound theory as capable of offering a superior understanding or explanation of a problem, as well as sound reasons for occurred failures. Scientists or doctors who are unable to explain and admit to their failures, but, instead, only purport their good results, are looked upon as some enthusiasts and buffoons. This is simply because, as it is impossible for any, even, perfectly constructed piece of technology work under any circumstances, e.g., computers under water, submarines in the air, neither can any treatment, including this, can work under any circumstances, either, however, there is a bigger difference between those treatments which do not work under any circumstances, and those which do not work (at all) under all circumstances. Sound reasons do not imply a mere lack in more scientific activity or treatments, per se, because since there is no end to scientific findings in medicine, then, there logistically can be no end to just ‘more and better research and treatments’, for better or worse.

Yet, sighing relief just saying that all we need to construct a sound theory in medicine in order to solve the problem of Lyme and chronic diseases, would be certainly a premature act once we learn what is necessary to construct sound theories, in science, in general.

For these, even though only the (two) few parts are necessary – pertinent knowledge concerning what exactly needs to be corrected, and ingenuity or creativity in connecting these – there are no diplomas or certificates in the entire medical education that would just (enable)

(assure) this accomplishment. The main reasons for this is that conventional medicine and 99% of alternative are based on biochemical-pharmaceutical approach or paradigm. In simple terms, this means that we establish main problems of disease through biochemical or any lab tests (short of tumors and lesions via imaging tests) and then we match these abnormalities with the corresponding drugs or ‘natural’ pills, or, even, haphazard energetic treatments such as homeopathy, electrocutions, etc.

The problem here is that such diagnoses, often, only determines within or adds to the pile of facts yet, is unable to determine which ones of these are four star generals or the most important from just privates or sergeants or the proverbial red herring.

The main reason for biochemical tests – blood, urine, and stool – to turn up findings in the red herring (lead) breed (category) that (as this is the case with) both toxicological agents or environmental pollutants, and (aggressive) vicious infectious agents, such as Lyme, intestinal and other parasites, candidiasis, and aggressive viruses tend to conceal themselves inside the internal organs. Therefore, lab tests usually miss these and even when they detect some traces of these it only raises more questions than answers. Among these questions:

- a) How many organs and tissues these agents affect?
- b) What is the hierarchy or priority in the treatment? Should all of these be treated at once or if only the main four star generals get treated the body will flush others out on its own?
- c) How many other important findings have been missed?
- d) Can the treatment harm if we do not have most of the important relevant information?
- e) Have even chosen the most effective therapeutic means to treat Lyme and environmental pollutants where the latter true created and sustained the state of immunosuppression that has and will sustain present and future vulnerability to Lyme?

- (science → on a unifying journey = in chronic diseases = encompassing model)

(antibiotics, autism)

f) Can the treatment be conducted safely or without inflicting short and long term side effects?

g) And back to square one, how does such a limited diagnostic approach can even confirm if any of these objectives have been met, or Lyme and other microbes treated are gone, still there or, even, have been transformed by the treatment into their mutated and more aggressive forms? The generic and only correct answer is that such tests cannot answer these important questions and such treatments, therefore, are left to 'take my word for it, that they (may) work.'

However, science does not operate on words but on facts, the facts are that the great majority of patients treated with such haphazard treatments are still sick and will continue with chronic illness, quite a few, even more so, due to the side effects of treatments.

Besides other misgivings, this element of 'weakness' often prompts scientists and us, health practitioners, quoting Harvard biology Professor Eugene Wilson, to confuse sound scientific with just plausibly sounding speculations, whether concerning any disease or any scientific field. Unfortunately, the thorough scientific criteria to distinguish between the two are not taught in medicine. As the result many spirited arguments for or against different methods within such inherently inexact science like medicine, often resemble soft science of blowing one's own trumpet, rather than true science.

Even though most of the actual clinical outcomes of the prevailing Lyme and all chronic infections do concur with Dr. Schaller's statements, yet, some of his assertions do conflict with the rules of science concerning the subject matter.

Starting with the 'famous names', even though, yes, there is a general herd mentality in medicine to blindly follow some prevailing method or authority, a blanket statement concerning an authority being necessarily wrong should not be made, because strictly speaking, if the rules of science do not prevent even a village fool from being correct on a good day, why can an authority not be correct sometimes too?

Just because many of us have not studied Dr. Schaller's writings, who has 'read thousands of articles', this does not make anyone medically inferior, per se. For one, it is impossible for an average practitioner to read millions of pages of medical material published only yearly, and for two, the rules of science, paradoxically, tell us that the mere consumption of large amounts of data may end up with its consumers becoming more confused than enlightened. This is simply because no single piece of data, per se, can solve any problem but only if *properly* connected with other relevant pieces of data, by a *sound scientific theory*.

What have I found in my practice as a superior or FCT theory to treat Lyme and co-infections? Presenting it in points:

Point 1

The infectious agents Borrelia, Babesia, Bartonella, Ehrilchia, Mycoplasma, etc., are neither the primary nor the most important causes of Lyme disease and co-infections, but are only their triggers, or the proverbial final straws which broke the camel's back. Besides other supporting scientific theories, one of the most significant of these dissipative structures in biological evolution by Russian born quantum chemist and Nobel Prize laureate, Professor Ilya

Prigojin, states that it is a preceding history, as imbedded in the current state of an organic or living structure, that determines how it will or will not change or evolve in response to any external influence. In our case, an external influence can be any infection, Lyme, herpes, parasitic, yeast, HIV, HPV, EBV, or thousands of others, where a change becomes a given disease.

Q: What usually determines the preceding history of our bodies in our modern environments before we may encounter Lyme or other microbes?

A: Good and bad genetics, higher or lower amount of toxic environmental pollutants, including mercury and other heavy metals, higher or lower number of mercury fillings, higher or lower side effects from antibiotics and other treatments, higher or lower number of other infections present in the body, higher or lower consumption of sugar and other substance abuse, of junk food, higher or lower levels of stress, high and even higher levels of electromagnetic fields (EMF).

Q: How such a preceding history and current state will influence physiologic response of a corresponding living system to having contact with a given microbe?

A: It will make its susceptibility to it, depending on an individual combination of the aforementioned factors, correspondingly, high, very high, moderate, low, or very low. Just between mercury and EMF alone, with both being ubiquitous in populations, the immunosuppressive effects of these have been cited in hundreds of scientific reports.^{2, 3}

Likewise, if an infection develops it might become severe, very severe, moderate, or mild.

² Clin Exp Immunol. 2007 August 2; Ekerfelt, C, et al. *Mercury exposure as a model for deviation of cytokine responses in experimental Lyme arthritis: HgCl(2) treatment decreases T helper cell type 1-like responses and arthritis severity but delays eradication of Borrelia burgdorferi in C3H/HeN mice.*

³ Electromagnetic Field Effects on Cells of the Immune System: The Role of Calcium Signalling. Jan Walleczek. *From the Symposium "Recent Advances in Understanding Electromagnetic Energy Interactions With Biological Systems."* 75th Annual Meeting of the Federation of American Societies for Experimental Biology, April 24, 1991, Atlantic, Georgia.
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If it is mild, many even if imperfect treatments antibiotics, herbs, immune enhancers, oxygenative, electrocuting, etc. may succeed, at least in the short run. If the infections are severe or very severe, the aforementioned treatments, as a rule, fail. With moderate infections it can go either way, but the trend is towards recurrence.

That is why FCT first seeks, besides the infectious agents, all the key factors which have impaired the system's resistance to these infections in the first place.

Point 2: Using effective diagnostic means to determine most of the factors which undermine resistance to current and future Lyme and other infections.

Since neither imaging nor lab tests are able to identify most of these factors and their resulting damage where it counts the most or inside the immune or endocrine systems, brain, or other organs, FCT uses noninvasive **bio-resonance testing** to obtain this crucial information right from the internal organs themselves. Here, too, only a handful of the most important data, or the 'four star generals' are sought and addressed, such as: mercury and other heavy metals, certain organic environmental pollutants, electromagnetic radiation, residues of antibiotics, parasites, candidiasis, and some viruses. The rest, usually, is overcome by the body on its own, given also proper patient compliance.

Bio-resonance testing serves also other crucial clinical goals. One, is to diagnose Lyme bacteria and its' co-infections, since the lab tests often issue false negative reports. Two, is to determine the end point of the treatment, whether antibacterial, anticandidiasis, or detoxifying of mercury or other toxicants. This is regardless of the nature of a treatment, e.g., allopathic, homeopathic, herbal, antibiotic, chelator, electrical, or any other, since a simple, very important question – what has, the treatment actually accomplished, or not, – is not an idle question to ask.

Point 3:

The homeopathic treatment used is based on up to date conventional medical knowledge, not classical or complex homeopathy, along with healthy well-balanced diet, EMF reduction guidance, and effective, versus just presumed, EMF stress reducing technology such as Memon™.

Point 4:

Based on the aforementioned reasons and very successful outcomes, which confirm this agenda of treating the *total* patient with Lyme, rather than Lyme without a patient, one is to only approach Lyme and co-infections as *strictly and always individual* disease. It is because every combination of the many aforementioned factors have played a crucial role in the history and state of each individual patient's disease. That is why, strictly speaking, pure or "Lyme disease", by and of itself, does not even exist. What does exist and matters the most is a unique mosaic of these factors in the body, including the severity of the microbial invasion. Thus, if we have a million patients formally diagnosed with Lyme disease, we have a million different Lyme diseases. That is why many of these patients also present numerous problems which are not part of your medical textbook Lyme disease: different degrees of chemical or electromagnetic sensitivities, food and mold allergies, gastrointestinal disorders, cycle problems in women, sinus, skin, genitourinary, or other infections.

Numerous clinical examples attesting to the efficacy of this FCT approach even in the very severe and great variety of cases.

Case #1

Mrs. B (see her quote above) returned to an active lifestyle and work. However, the treatment course was neither easy nor quick, primarily due to the massive doses of antibiotics received prior in order to kill Lyme and co-infections, with the both having successfully survived

all of the 'killings'. In this regard, besides a wise admonition of the famed French physiologist, Claude Bernard – *the state of the body or terrain is everything, the microbe is nothing* – his landmate microbiologist and Nobel laureate in medicine, Dr. Luc Montagnier with his colleagues have also alerted the infectious disease specialists to the following sobering facts.

*"Pathogenic microorganisms in this day of age are not only submitted to high selective pressure by the immune defenses of their hosts but also have to survive under highly active antiviral or antibiotic treatments. Not surprisingly, they have evolved in finding many ways to escape these hostile conditions, such as mutations of resistance, hyper variability of surface antigens, proverbial biofilms, latency inside cells and tissues."*⁴,

To note, that Professor Montagnier research in homeopathy, based on conventional medicine, has yielded positive responses against microbes. Concerning treatment protocols to, allegedly, 'better' overcome biofilms, cyst forms and other bacterial defenses, paradoxically, scientific literature states that the antibiotics themselves can lead to the development of bacterial biofilms! This is because antibiotics lead to candida infections with promote bacterial biofilms. Even though as an 'insurance' anti-fungal drugs, herbs, probiotics, and other substances are added to antibiotics, yet, there are dozens of candida species and to presume that an antifungal regimen is equally effective against all of these species equals to acting more in faith than in science.

Furthermore, not only do antibiotics lead to mutated bacterial infections which are far more difficult to treat, but candida or yeast species can mutate and turn into more aggressive forms too, following long term antifungal treatments.

Considering the fact that human DNA evolutionarily originated from bacteria, viruses, and other microorganisms and the DNA of our mitochondria have still retained bacterial genes,

⁴ Interdiscip Sci Comput Life Sci (2009) 1:81-90 – DOI: 10.1007/s12539-009-0036-7, Luc Montagnier, et al., *Electromagnetic Signals Are Produced by Aqueous Nanostructures Derived from Bacterial DNA Sequence*
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antibiotic treatments represent a potentially high threat to both human immunity and health in general. Perhaps, that is why there is a direct, documented relationship between antibiotic use and cancer.

Scientific literature also states that antibiotics or any antimicrobial or meant 'to kill' agents grant zero future host resistance against the infections being treated for. All these reasons are why I exclusively use homeopathic Lyme, Babesia, Bartonella, and other microbes, because besides being very effective in the short run and while restoring one's immunity, homeopathic antimicrobial stimulation can also lead to much better future immune resistance. This has been confirmed by scientific studies, with one involving even as many as 2.3 million people to prevent a deadly infectious disease where an effective long term anti-microbial resistance was successfully achieved.^{5,6}

The latter fared even more effective than a conventional vaccine while being ten times cheaper, but conventional medical journals refused to publish this study without offering any reasons for rejection. However, in chronic diseases such as Lyme, use of homeopathic vaccines alone can fail or even backfire if one is to ignore the state of existing immunosuppression. Many other non-Lyme infections, as it was the case with this and other patients, were identified and treated because these greatly add to and sustain the state of immune deficiency, due to several main mechanisms:

1. They overburden the immune defenses.
2. They, in addition to Lyme, release mediators which impair different immune defenses.

⁵ *Biological, Chemical, & Nuclear Warfare - Protecting Yourself & Your Loved Ones: The Power of Digital Medicine*, Savely Yurkovsky, MD

⁶ Bracho G et al., *Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control*, Homeopathy 2010;99:156-166

3. They enhance the state of general inflammation that often leads to the increase of electromagnetic sensitivity, which both by and of itself and in conjunction with mercury and other toxic metals, exert significant immuno-suppressive effects.

Case #2

Woman in her sixties presented in a state of formal Morgellon's disease with colorful fibers coming out of her face and scalp, plus a slew of debilitating symptoms: fatigue, pains, depression, hypertension, and other, for years. All prior treatments for Morgellon's have failed and Lyme diagnosis was missed. A good quality of life has been returned to her following the series of treatments, along with significant progress in her overall health, with Lyme disease not being an issue anymore.

Case #3

Man in his forties diagnosed with Lyme shortly prior, yet stating that he likely had it since he was in his 20s. His state of poor memory, anxiety, neurological symptoms, decreased vision, poor energy and sex drive, head and back pains. Tried many natural treatments without success. After a fairly short series of FCT treatments he reported feeling the best he had in years and being, practically, symptom free.

Case #4

An alternative practitioner in her 40s with a state of head to toe problems for several years: decreased memory, burning mouth, fears, knee and back pain, headaches, hypoglycemia with sugar cravings, thyroid problems, poor energy and inability to lose excessive weight. Only after a few treatments, she reported feeling 'the best ever in my life'.

Case #5

Woman in her 40s with massive body breakdown, over the years, and a diagnosis of possible Lyme. Her state: periodic fevers, debilitating back pains, fatigue, headaches, phobia, anxiety, abnormal space perception, food allergies and cravings, multiple infections – parasitic, bacterial, viral – enlarged lymph nodes, and a neurological voice disorder. Many prior treatments of no help. Yet, in spite of her inconsistent dietary efforts and poor genetics, after some dozen FCT treatments, she reported: "I feel so much better than when I started with you. I keep being amazed by it."

Case #6

Woman in her sixties with generalized joint pains, chronic anemia and fatigue, treated by her rheumatologist with two anti-inflammatory drugs for rheumatoid arthritis, for years. Diagnosed through bio-resonance testing as having Lyme, among other causes. Within a year, she came off both drugs, has had her anemia resolved, and quality of life progressed to normal.

Case #7

Man in his fifties frequented emergency rooms with typical heart angina pains. All heart tests, including coronary artery catheterization performed at a prestigious university heart center, turned normal and his cardiologists were puzzled. Following brief FCT treatment for Lyme, based on bio-resonance testing findings, his chest pains ceased.

Case #8

Middle aged woman suffered from debilitating migraine headaches for many years. The big part of this was missed Lyme infection in the brain. The outcome – no more migraines.

Case #9

Woman in her 60s, a former and very intelligent UN executive, in a state of complete personality change with severe depression, anxiety, panic attacks with crying, obtrusion of

cognitive function, blurred vision, sensation of inflamed brain, arthritic pains, fatigue, dizziness, inability to read due to poor focus and not retaining information afterwards. After two years of unproductive rounds through conventional specialists, she was finally diagnosed with Lyme and co-infections by an integrative MD. Weeks of several antibiotic treatments along with supplements resulted only in a mild improvement of depression and anxiety.

She was advised by me to stop all of her antibiotics, due to the detected side-effects by bio-resonance testing, and supplements. However, even though out of fear she wanted to finish the course of antibiotics she had to discontinue one of these, anyway, admitting that she did feel its side effects. Following her first FCT treatment she reported that her arthritis, panic attacks with crying, and inflamed brain were gone, much increase in energy and focus, with brain fog and dizziness becoming almost a non-issue. She also stated: "I can tell you that on your drops, especially the Lyme ones, I felt much more Herxheimer reaction than on my antibiotics." Following discontinuation of her second antibiotic and receipt of another FCT treatment, she reported that her problems were gone.

Case #10

A young woman who reflected her invalid like state reflected in the **Ms. C** quote at the beginning of this article. Following her visit she, very reluctantly followed my advice, to stopping all of her antibiotics for Lyme and co-infections. Following only her first treatment, with two successful and in total so far, she reported having ceased looking and feeling like a corpse, and even experienced the return of her sex drive which she had lost 5 years prior, from the onset of Lyme. She also reported much improvement in her pains and decreasing her narcotic pain killer, and in her internal body vibrations and muscle twitches which she had

suffered after using some electrocuting machine for Lyme. She too, noted stronger Herxheimer reaction to homeopathic drops, compared to all of her prior antibiotic regimens.

Case #11

Man in his early 60s with multiple medical problems: sinusitis since infancy, fatigue in the afternoon for decades, brain fog, arthritic pains, and chocolate cravings, all for years. All these have been resolved in 8-9 visits.

Case #12

15 year old boy treated with several courses of antibiotics for Lyme disease. However, all of the complaints persisted: fatigue, headaches, arthritic pains, shortness of breath even when only walking, low appetite, difficulty keeping up with school work. All of these have been resolved after 2-3 treatments.

Case #13

Man in his late 20s, athletic trainer, complaining of fatigue, depression, panic attacks, left sided body heaviness and brain fog, all for many years, a decrease in short term memory, motor speech problem and brain-body detachment for years. He has received more than half a dozen psychotropic drugs, over the years, and was still on a few. After 8 months of the treatment, reported being off psychotropic drugs, for four months by now, for the first time in the last 12 years. Most of the problems are gone, others are better or much better, but by his admission: “My work place is so loaded with computers and fluorescent lights which drain me and I feel it slows my complete recovery.”

Case #14

A woman in her 30s, with debilitating symptoms for years, diagnosed as Lyme disease and Bartonella, some two years prior to this visit. She was unsuccessfully treated with bouts of

multiple and prolonged antibiotic treatments, as well as alternative approaches by her integrative MD. Her state carried massive pains, severe neurological symptoms and fatigue, gaining much weight, food intolerance, respiratory and vaginal infections, severe mental impairment and brain fog, falling down after making even a few steps, experiencing auditory hallucinations of birds chirping, loose bowel movements and depression. Her integrative MD was planning on placing her on a special Alzheimer's alternative and conventional (pharmaceutical drug) program.

But, besides Lyme, my bio-resonance testing, as always, detected a slew of other unhealthy items especially affecting her brain. These were: pesticides, herbicides, (she lived in farm country), solvents, mercury, and one of the flu viruses. Following a single treatment, she reported that she stopped falling down, had substantial increase in energy, her auditory hallucinations of chirping birds disappeared, her bowel movements normalized, and she experienced a disappearance of the obtunded Alzheimer-like mental state with an increase in mental clarity and words recall, as well as overall feeling much healthier and happier.

Case #15

A middle aged woman in a state of chronic facial pains and twitches, fatigue, anxiety, fears, headaches. She was treated by an osteopathic doctor, a book author and specialist in chronic pain disorders, but without success. Among other causes, bio-resonance testing identified Lyme affecting her trigeminal nerve in the face and TMJ. She responded to the treatment very well and has attained normal life as well as her osteopathic doctor's unselfish support for FCT.

Case #16

A 9 year old girl was referred to a psychiatrist for psychotropic medications, by a surrendered child psychologist because of the girl's restlessness, OCD, aggression, moodiness

and overall unpredictable behavior, all continued getting worse over the years. Bio-resonance testing found Lyme infection present in the brain, among other causes. She was 90% cured after a single treatment and completely after the second one. “She is just normal. Huge change, huge, huge, since we came here,” said the mother.

Summary

From these reported and many other tested and treated patients over the years, it deems evident that Lyme disease and co-infections represent only a segment, however significant, but not even nearly a total disease. That is why the success of these reported cases was predicated on identifying and properly addressing other important segments of this total disease. These, among others, include: toxicological agents and other infections, electromagnetic stress and many dysfunctional exhausted organs. That is why, in these cases anti-Lyme therapeutics were not used alone, but only in conjunction with other important measures to address the totality of the *individual* sick state of the body.

Concluding where we started, lessons from the philosophy of science, it is to state that it is not bio-resonance testing, per se, that makes the difference in important diagnostic findings, as too many alternative practitioners still seek or even claim that they have found the best one, as if there was some Kentucky Derby winner in this field. But the truth is such ‘best’ bio-resonance technique, machine or method, including FCT’s, does not even exist. It is a **theory** behind the test, like quality of questions asked through a microphone and not the microphone itself, which matters. The same with treatments, it is not just ‘homeopathics’ or ‘homeopathy’ or ‘special remedies’, all of which can be used in hundreds of different ways, but a sound theory that dictates which ones are the most effective based not on ‘homeopathics’ at hand, but on the primary needs of individual patients’ disease states.

So, keeping all of these important elements in mind and even while Lyme disease with co-infections do represent a notorious, powerful multi-headed hydra with its uncanny ability to regrow its heads, following medical attacks, yet it can be successfully defeated through a more encompassing and different medical approach, as the experience presented here has deemed.

About the Author

Savely Yurkovsky, MD, graduated from II Moscow State Medical Institute in 1975 with a degree in pediatric medicine. He completed his training in internal medicine and cardiology at Coney Island Hospital of Downstate Medical School, and is Board Certified in Internal Medicine. He has been in private practice since 1984 with a special focus on identifying and successfully treating the main causes of chronic diseases via bio-energetic modalities – bio-resonance testing and homeopathy, correspondingly, or FCT.

Dr. Yurkovsky has founded a teaching organization “SYY Integrated Health Systems, Ltd.” dedicated to training in FCT. It was presented extensively in the US and Europe to medical practitioners, since 1999, and has demonstrated numerous documented reversals, in a variety of chronic diseases.

His book, “*Biological, Chemical, and Nuclear Warfare Protecting Yourself and Your Loved Ones: The Power of Digital Medicine*” was endorsed for scientific validity by two prominent physicists: MIT Professor George Pugh, PhD., and former chairman of materials science at Stanford University, Professor William Tiller, PhD., and also by Mehmet Oz, MD from Columbia University Medical School. Its diagnostic and homeopathic aspects were also presented at the annual BTR conference, in 2005: “Unified Science & Technology for Reducing Biological Threats & Countering Terrorism,” affiliated with Homeland Security and the US

Army, as well as at the Department of Psychiatry of Massachusetts General Hospital, Harvard Medical School, and many other professional symposia.

In collaboration with the Department of Gastroenterology of Johns Hopkins University School of Medicine, he has contributed a chapter on homeopathy to the textbook of Integrative Gastroenterology (Oxford University Press, 2011); and authored numerous articles on different medical topics.

Dr. Yurkovsky's seminars on DVDs, devoted to autism, other brain disorders and Lyme disease, serve as a virtual step by step textbook classics explaining the fundamental nature of all chronic diseases, www.yurkovsky.com. His book in progress explains the inevitability of the current epidemics of Lyme, autism, and numerous other chronic diseases and how to solve them.

Contacts for health practitioners training can be made through this website and/or email.



