

Field Control Therapy: Successful Approach to Lyme Disease and Coinfections Part 1

by Savely Yurkovsky, MD

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, bioresonance (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

Dear Dr. Yurkovsky, I watched your DVD series on Lyme, and at this time I am leaning 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

Besides encountering countless e-mails like these and their authors, I have also encountered similar statements by J. Schaller, MD, published in this periodical underscoring the failures of the prevailing treatments for Lyme disease and coinfections.¹

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. Finding someone who knows how to use a wide range of labs, has read thousands of articles, and checks for a direct and indirect presence of the infections in ticks is extremely rare in the world.

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 variable periods of time.

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, 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.

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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 had 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, because the latter are often afflicted with "human weakness," to quote American Nobelist in Physics Professor M. Gel-Mann. Besides other misgivings, this element of "weakness" often prompts scientists and us health practitioners, according to Harvard biology Professor Eugene Wilson, to confuse sound scientific hypotheses with just plausible-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 a result many spirited arguments for or against different methods within such inherently inexact science such as 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 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 volumes of data may end up with its consumers becoming more confused than enlightened. This is simply because no single datum can solve any problem per se, but only if properly connected with other relevant data by a *sound scientific theory*.

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 1300 other chronic diseases. As an example, if Thomas Edison faced 125 million wrong connections to choose only 5 correct elements out of 100 to construct a working lightbulb, we doctors face trillions of wrong connections between thousands of data for Lyme or any disease. Moreover, quoting my acquaintance, expert in decision science and MIT physics Professor George E. Pugh, "There are no exact formulas that even exist how to properly engineer or connect data into viable theories." Columbia University Medical School immunology Professor Stuart Firestein, PhD, among other medical scientists, underscored this issue of 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, 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."

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. 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. 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.

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

Point 1

The infectious agents *Borrelia*, *Babesia*, *Bartonella*, *Ehrlichia*, *Mycoplasma*, and so on are neither the primary nor the most important causes of Lyme disease and coinfections, but are only their triggers, or the proverbial final straws that broke the camel's back. Besides other supporting scientific theories, one of the most significant of these dissipative structures in biological evolution by

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Russian-born quantum chemist and Nobel Prize laureate Professor Ilya Prigogin states that it is a preceding history, as embedded 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 will such a preceding history and current state influence physiologic response of a corresponding living system to 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.

If it is mild, many treatments, even if imperfect, such as antibiotics, herbs, immune enhancers, oxygenative, and electrocuting, 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 toward recurrence.

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"Medicine has failed to solve chronic diseases because of its inability to find their cause." Prof. Colin Alexander, MD

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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 can 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 bioresonance testing to obtain this crucial information right from the internal organs themselves. Here, too, only a handful of the most important data, or "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.

Bioresonance testing also serves other crucial clinical goals. One is to diagnose Lyme bacteria and their coinfections, 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;

for example, allopathic, homeopathic, herbal, antibiotic, chelator, electrical, or any other, since a simple, very important question – what has the treatment actually accomplished? – is not an idle one.

Point 3

The homeopathic treatment used is based on up-to-date conventional medical knowledge, not classical or complex homeopathy, along with a healthful well-balanced diet, EMF reduction guidance, and effective (vs. 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 coinfections as strictly and always individual disease. It is because every combination of the many aforementioned factors plays a crucial role in the history and state of each individual patient's disease. That is why, strictly speaking, pure or "Lyme disease" by 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 that 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.

Notes

1. Why Lyme treatments fail. *Townsend Lett.* Part 1 July 2009; part 2 July 2010.
2. Ekerfelt C et al. Mercury exposure as a model for deviation of cytokine responses in experimental Lyme arthritis: HgCl₂ treatment decreases T helper cell type 1-like responses and arthritis severity but delays eradication of *Borrelia burgdorferi* in C3H/HeN mice. *Clin Exp Immunol.* 2007 August 2.
3. Walleczek J. Electromagnetic field effects on cells of the immune system: the role of calcium signalling. Presented at "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; Atlanta, GA.
4. Montagnier L et al. Electromagnetic signals are produced by aqueous nanostructures derived from bacterial DNA sequence. *Interdiscip Sci Comput Life Sci.* 2009;1:81–90. doi:10.1007/s12539-009-0036-7.
5. Yurkovsky S. *Biological, Chemical, & Nuclear Warfare - Protecting Yourself & Your Loved Ones: The Power of Digital Medicine.* Science of Medicine Publishing; 2003.
6. Bracho G et al. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control. *Homeopathy.* 2010;99:156–166.



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 bioenergetic modalities – bioresonance testing and homeopathy, correspondingly, or FCT.

Dr. Yurkovsky has founded a teaching organization, SYI Integrated Health Systems Ltd., dedicated to training in FCT. It has been presented extensively in the US and Europe to medical practitioners since 1999 and 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 (bioterrorism) conference in 2005: Unified Science & Technology for Reducing Biological Threats & Countering Terrorism, affiliated with the Department of 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 *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 classic explaining the fundamental nature of all chronic diseases (available at www.yurkovsky.com). His book in progress explains the inevitability of the current epidemics of autism and numerous other brain and somatic diseases and how to solve them.

Contacts for health practitioner training can be made through information provided in the FCT ad on page 101.