

# Guided Digital Medicine™ and Addictive States

by Savely Yurkovsky, MD

It is obvious that substance abuse addictions, like all pathologies, represent synthetic states between common triggering factors and an individual, the reactor himself, who responds to these factors and chooses to be controlled by and sustain the morbid habit. It follows, therefore, that truly effective medical approach has to be capable of proficiently identifying and addressing all the major constituents of the state. This article offers a brief overview on the subject as it concerns diagnostic and therapeutic capabilities within the realm of the author's paradigm of practice.

## An Individual and Substance Abuse

In spite of the ultimate common endpoint of substance abuse – attainment of euphoria – as well as the common means of reaching that state, one cannot escape an obvious observation that there are some striking psychological differences between the common patterns among individuals who are consumers of mind-altering agents. These differences concern the means of sustaining the habit; the frequency and intensity of use; the reasons for and even the ways in which a person expresses the pharmaceutical effect of a substance.

While conventional psychology offers just a few generic reasons for substance abuse – mainly low self-esteem and addictive personality – I personally find that the knowledge derived from homeopathic psychology is far more elucidating for our understanding of the basic psychological types of the individuals involved. I refer specifically to the theory of miasms (genetic and

*Guided Digital Medicine™* is a term that encompasses a medical system based on diagnostic extraction and delivery of precise therapeutic information through the most fundamental domain of human physiology – energy fields. Although neither the diagnostic method, bioresonance testing, nor the therapy, homeopathy, are new *per se*, the innovator, Savely Yurkovsky, MD, has made numerous novel contributions to these modalities that have helped transform them from “hit or miss” specialties into an exact medical science. Guided by his science mentor, Professor Emeritus William A. Tiller, PhD, of Stanford University, Dr. Yurkovsky has been able to expand the unlimited potential of both bioresonance testing and homeopathy while also utilizing knowledge gleaned from alternative and conventional medicines.

acquired taints), originated by the great Hahnemann<sup>1</sup> and expanded by his capable followers. In this section, we will focus only on some key mental-emotional characteristics of the most common miasms.

## Psoric Miasm

Psoric miasm (inherited scabies) is often accompanied by a variety of skin rashes and eczema with annoying itching and scratching. People with this miasm, which encompasses several subtypes, commonly act as if they suffer from psychological itch too. They display much anxiety, fear, and restlessness, not unlike the proverbial neurotics well-portrayed in Woody Allen movies. The epicenter of their anxiety revolves around the perception that they have only a limited capacity to *survive* in this precarious world and that they may die or become sick and destitute at any time. As a result of this perceived vulnerability, they spend their lives attempting to fortify themselves, using good foods, vitamins, latest health fads, practical clothing, saving money – all these to hold at bay fears about what might possibly

go wrong. Indeed, control is a huge issue for these individuals, since they worry about just about everything: cholesterol, money, children, pollution, jobs, war, weather, or shortage of flu vaccine. They experience a constant nagging notion that some pending disaster is knocking on their door. And, even if for the time being their own household seems in order, they will project their worries onto their loved ones. They are very attached to their family and relatives, since they see those relatives as their main source of custodial and emotional support. If the expected support falls short, these individuals will nag, threaten, or use guilt in order to obtain it. They need to have friendships primarily for supportive and nurturing purposes, so that they can vent their anxieties and fears while receiving reassurances they badly need. They continually need to hear that things are or will be “okay” and that they are “okay,” too. The possibility of others not reassuring them or thinking less of them translates into a feeling that their survival is at risk.

These individuals feel they walk a tightrope and cannot afford any mistakes and, thus, constantly change their mind, always trying to think of “better” choices, ones that will afford them more security and peace. However, due to their nature, and unbeknownst to them, these individuals cannot possibly attain either security or peace for longer than a fleeting moment. Thoughts of “better” – car, doctor, job, environment, or water filter – may initially serve to reduce the anxiety, since the thoughts keep those influenced by a psoric miasm occupied, but that state quickly passes since none of the external attributes are the real roots of their neurosis; they are just the diversions meant to take their minds off the true source of their curse – a perceived poor ability to survive. Whatever choices they make, they soon become convinced that there might be something even better, cheaper, healthier, or just more abundant that they have not discovered yet. Or they decide that someone is taking advantage of them and find themselves plunged into a state of continual turmoil again. Even when they project an appearance of contentment and confidence during those brief times when they feel that they are in complete control and things finally are how they want them, these happy times pass quickly as the next wave of “what if?” washes off the short-lived tranquility. In a way, the diversions that lead to continual conflicts over decision-making and worries, in general, become sort of therapeutic as these finally exhaust and leave them incapable of generating any more worries, for the time being.

Naturally, many psorics have an expressed fear of dying; they dislike wars and even become physically sick watching accidents, horror, or crime scenes on television. Therefore, it only follows that a psoric individual would not be the most ardent, to say the least, enthusiast of substance abuse, because the endeavor meets little resonance within the psoric’s psyche, as doing drugs is unhealthy and depletes one of energy and money.

Yet, psorics do indulge, even if temporarily, in the habit, in order to harness their perpetual internal turmoil, release their anxieties in company, or just to fit in by looking as “cool” as their peers.

### Sycotic Miasm

The sycotic miasm, according to Hahnemann, refers to physical and mental conditions that arise as the result of sexually transmitted diseases, primarily gonorrhea. One of the hallmarks of this condition is discharges in immoderate or excessive quality. If left untreated, they will remain extremely copious and last for weeks, months, and even years. When checked by the suppressive treatments – or the treatments that do not cure the underlying problem completely but succeed only in abolishing their outward manifestation: discharges – the disease still retains its excessive quality but shifts it inward against

suffer from obsessive thoughts that there is something wrong with them. However, that “something” has to do with some foreign entity that resides within their body. The root of this miasm, a venereal disease acquired by a person himself or through the “sins of the father” genetically, may result in a nagging strain on the patient’s psyche; those with a sycotic miasm feel as if they harbor a foreign entity inside, even though they may not exhibit any outward signs of that entity. Soon, they become convinced that they are different from and inferior to others. As a result, their sense of self-worth is low, so low that they may even doubt their own identity and are not sure, at

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deeper structures of the body. It seems to conform to the famous physics law – the First Law of Thermodynamics – that states that energy never disappears but only transforms by changing its form. Whatever the case might be, the quality of excess and energy behind the disease miasm may never leave a person (unless treated homeopathically) and often passes onto offspring in the form of any somatic or psychological ailment that bares one common trait – *excess*.

This excess may manifest itself in unusual hardness of genital or other lesions, e.g., warts, polyps, or tumors, or in copious respiratory, gastrointestinal, or genital discharges. Any somatic manifestations of sycotics, e.g., pains, fever, or chills, all tend to be very intense and exaggerated, too. In addition, the chronic inflammation that is accompanied with heightened blood influx to the region, urogenital in this case, often results in heightened sex drive and sexuality on the whole.

In the psychological sphere, the miasm’s trait of excess is evident through a tendency toward unrestrained passions and obsessions. There are two major psychological groups into which sycotics can be subdivided: weak and strong. The weak sycotics are often the ones who have also inherited a good deal of psoric miasm. They cannot help but

times, who they really are. The weakest of them become estranged from society and turn into loners brooding silently over their inadequacy. Those who are somewhat more daring try to hang on to society but only if they manage to cover up their perceived “strange side”; otherwise, they feel that, “if found out,” they would not be accepted. They attempt to join this or another group, a club, a movement, or “self-empowerment” program but, deep inside, always feel like imposters.

Sooner or later, this constant struggle with camouflaging themselves exhausts sycotics. They realize its vanity and immerse deeper and deeper into the favorite outlet of all sycotics – sex. With the weak group, this presents a problem, too, since due to their low self-esteem, they have difficulty enjoying healthy relationships with the opposite sex. As a consequence, many indulge in pornography, excessive masturbation, pedophilia, exhibitionism, or sadomasochistic experiences. Unlike psorics who engage in substance abuse to feel less anxious about life in general, this group engages in substance abuse to seek approbation and to affirm their identity, either by fitting into a group or by discovering identity during a high.

The other, strong group of sycotics is free from the phantom of a foreign element, but the vice in the ancestry

seemed to have affected them in an action akin to a stimulant, speed-like substance, which expresses itself in high energy states, including their sexuality. This stimulation is their driving engine on all levels: mental, emotional, and physical. It endows them with great strength. They feel compelled to let their abundant energy out, and they need others to bounce off that energy—company with whom to exchange tricks, jokes, experiences, wild ideas, and, of course, sex. Their heightened senses yearn for an outlet that can be found through just about any activity in which they engage. They approach just about anything as a competition—athletics, business, or professional careers—since competition is an adrenaline-producing activity that makes them feel high. Their strong egos yearn to win. If brought up with sub-optimal moral values, winning by whatever means or rejecting defeat at any cost are the rules. From here, we can observe seemingly irrational acts of some multi-millionaires or even billionaires cheating on taxes or defrauding investors where it often involves a sum of money that is considered meager in relation to their wealth, even at the expense of risking jail. (A double gain: “screwing” the IRS makes you a winner, taking risk kicks in adrenaline). A builder, as an example, might be content with making a good living from building houses or even buildings. A strong sycotic builder, on the other hand, has to develop entire cities and have his name displayed all over to make sure that everyone knows who won the competition. Politics and religion are no exceptions, since when taken to the extreme, they seek to conquer the world or be idolized. Strong sycotics are usually attractive people and have talent for show business, self-promotion, and sports as they do possess tremendous physical energy.

Sycotics are children of the night, who often go to bed when others get up for work. These are the proverbial “sex, drugs, and rock n’ roll” people; their motto in life is “We live only once and we gotta try it all.” Their revved-up psyches crave stimulation on any level and of any kind: from the wildest orgies to climbing mountains, from gambling to becoming stunt men who jump with a single rope off skyscrapers

or go soaring on a motorcycle over parking lots filled with cars. They live off adrenaline, to which they are addicted, and testosterone, both of which require an outlet of any kind—the riskier and wilder, the better. Many of them are endowed with great talent as entertainers and are noted for their flashy appearance with outward sexuality. Multiple sexual encounters is the norm for the individuals with this expressed trait. The high energy level boosts their confidence, making them feel they can accomplish anything and are indestructible. Their yearning for stimulation and new experiences combined with robust energy and sense of indestructibility makes this group common, willing, and dedicated addicts.

### Syphilitic Miasm

The center of gravity of the syphilitic miasm has to do with the issue of *death* and its close mate—destruction. Due to the impaired emotional and cognitive spheres in the brain, as well as neurological centers, areas that the syphilitic process is known to destroy, these individuals have a tendency to feel as if they are half-dead and half-alive. The cause of this sense of split existence is the dullness of their senses, which prevents them from experiencing the full array of perceptions and emotions, including the most essential ones for enjoying life: joy, happiness, and contentment. Because of this formidable physiologic deformity, they are doomed, in essence, to a life of gloom and depression, in which the world they perceive lacks color. This can make them not only angry and vicious, but also numb to the point where they would have very little regard for life, whether their own or that of others. They rarely use the words, “I feel sorry,” or “I feel bad,” simply because they can’t feel, and therefore they can’t experience either sympathy or pity for others. Risking their own lives, committing suicide, or killing others may not be an important issue to them, nor is torturing or slaughtering people or animals. Most mass murderers, such as Ted Bundy, Timothy McVeigh, and the children who carried out recent killings in American schools, have all possessed strong syphilitic traits. Among recent world

leaders, Joseph Stalin and Idi Amin are the best representatives of the prominent syphilitic miasm. All were numb, depressed, and cold-hearted murderers.

Unlike the sycotics who do drugs, alcohol, and all sorts of mind-altering “fireballs” just for the thrill of it, or psorics, who join in so that they will feel better about themselves while suppressing their anxieties and fears, syphilitics may also blend in by doing the same “fun things,” but with one key difference: for them, these engagements represent desperately needed escape from a deadened and painful daily existence. They want to experience something, even if it lasts only for the fleeting short moments. They need to feel, something that others normally do and take for granted. They are able to attain this only through mood-altering agents, such as recreational drugs or alcohol, and also through intense, arousing experiences. From a young age, they tend to become steady consumers of movies and other media filled with horror, murders, and sado-masochism. Later on in life, they, in one form or another, need blood, torture, screaming, moaning, the sufferings of others or even themselves, as they immerse into sado-masochistic experiences of the worst kind—all again, in the dire quest to *feel something*.

Unlike sycotics or psorics, they do not need others to get high, since it is hard for them to connect with others. They possess numbness along with a painful awareness that they do not mix with the rest of humanity who might find them weird. The only exception might be a small fellowship of another syphilitic. Thus, they often prefer using alcohol or drugs alone in the isolation of their homes or in a distant corner of a bar. The majority of hard-core recalcitrant alcoholics or drug addicts are syphilitics for whom psychotherapies or rehab programs are senseless. Their only chance for recovery is either through homeopathy or through some miraculous religious experiences.

It is hard for syphilitics to persevere at anything, even at things of a thrilling and risky nature that magnetize the strong sycotics. Risking their lives does not mean much to them; they simply seek whatever means they can find to break through their deadened endorphin receptors. And even when they succeed in turning on those receptors, the receptors “cool

off" quickly, and the syphilitics find themselves back in the daily stillness of numbness and dejection.

Nighttime is the worst for those with the syphilitic miasm, because it intensifies their internal coldness and darkness; they lose the only source of natural light and warmth in their environment – the sun. That is why many of them end their lives at night. They choose the most violent means, syphilitic in nature too, to close the last page of their sad journey in this world – shooting a gun or crashing their car against a building or tree or flying it into a river. Unlike other psychological types – psorics, for example – who will just talk endlessly to everyone about killing themselves because, "life sucks and I can't take it anymore," the syphilitics will not share their suicide plans with anyone, not even with their therapists. If anything, once they have reached the decision to end their painful existence, they often brighten up. They feel they have found a solution to ending this torture: life. If they are in therapy, this suddenly emerged cheerfulness often fools their psychiatrists or therapists into believing that their client is making progress, only to find out shortly that he no longer exists.

It is only natural, and just as therapeutic, that syphilitics resort to mood-elevating substances, drugs, or alcohol and often carry the habit through to the bitter end – death or destitution – whichever comes first. The most hopeless "junkies" and drunks laying on the streets and homeless are, as a rule, members of this unfortunate and misunderstood family of humanity.

**Tuberculinic Miasm**

Unlike syphilitics whose senses resemble damaged antennae that receive very little, or sycotics, who strive off the sensory overload, the members of this major miasm need to do very little to make themselves feel to capacity. The tubercular bacilli, present in their ancestry, heightens perception of the sensory, emotional right side of the brain and enables these people to be the intense recipients of their surroundings and worshippers of beauty. Not surprisingly, many renowned artists, musicians, and artists like Chopin, Mendelssohn, R.L. Stevenson, Poe, Chekhov, Modigliani, and others carried this trait.

Those with the tuberculinic miasm

are extremely sensitive, romantic, and excitable. The downside of this miasm is that it erodes one's state of physical and psychic stamina. The destructive properties of the bacilli on the whole organism have been well-observed in the past. Most afflicted live short lives, barely into their thirties and forties, and know in advance that their days in this world are numbered. Their

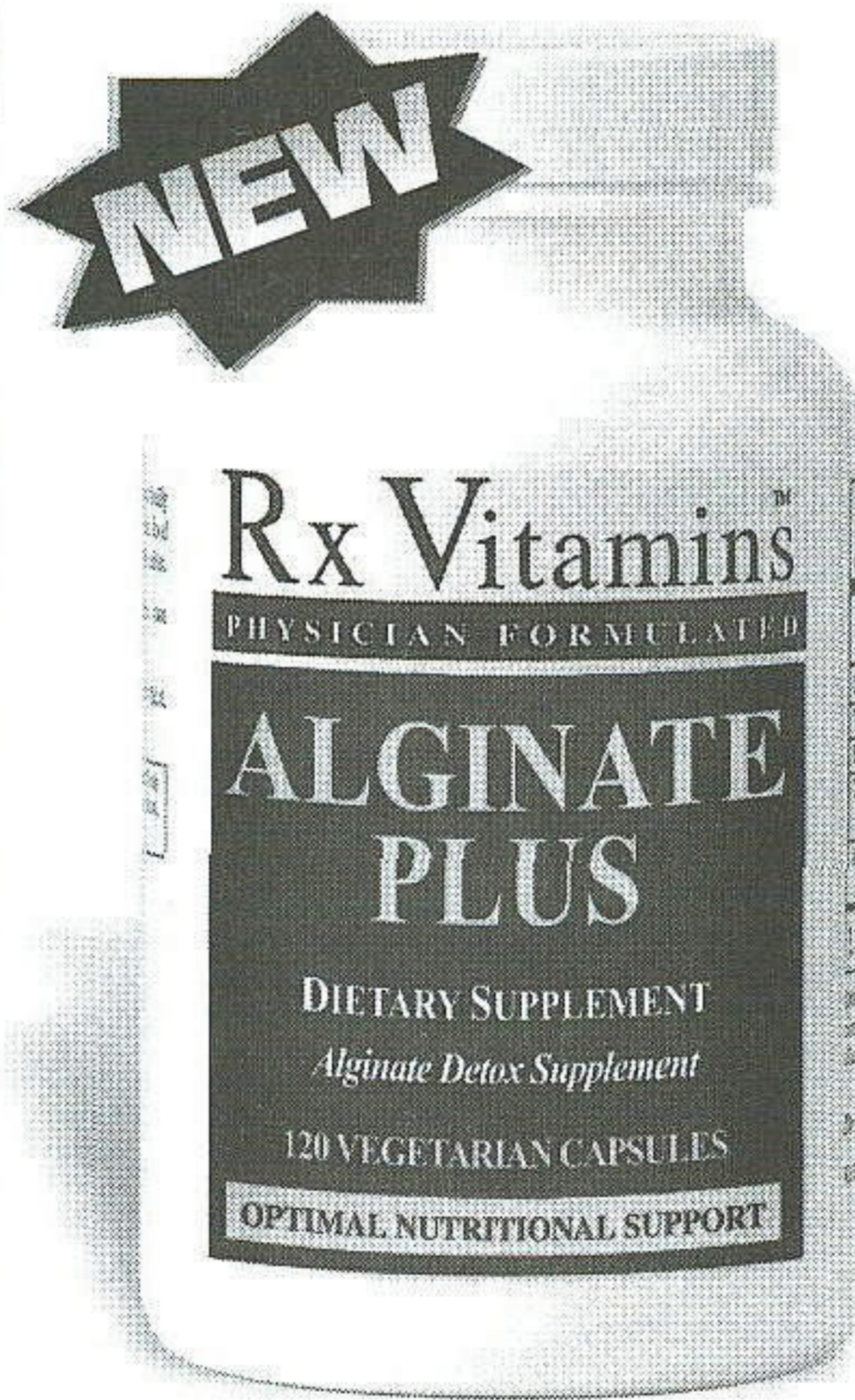
progeny have inherited both weak stamina and a subconscious awareness that life is short. The former often precludes them from materializing their talents to the fullest, for lack of vitality and perseverance; the latter leaves them with a sense that they need to experience and see it all before it is too late. They will rarely engage in athletics

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or physical labor because of their frail physique and, as a rule, lack the tenacity in their pursuits due to limited endurance even while compensating for it with their talents. If they happen to overextend themselves, they suffer an inevitable mental or physical burnout and become ill. If they engage in debauchery, they, unlike the strong sycotics who may go on for weeks without getting much sleep, exhaust their limited reserve rather quickly and collapse.

On the whole, due to their heightened perception, they get rapidly inspired and enthusiastically engaged. Yet, because of the lack of their stamina, tuberculinics just as quickly burn out and fatigue. Their senses quickly reach a saturation point, which may lead to boredom, which rapidly transforms into restlessness as the antennae yearn for new waves, usually of aesthetic nature, or simply change. This is one of the major reasons why many tuberculinics enjoy traveling and exploring. Some even become compulsive movers, continually changing their place of residence. Their senses are attuned to the point of clairvoyance as they anticipate, often correctly, upcoming events. They receive other people's vibes, and if their friends or family members are stricken with migraines or heart attacks or other maladies, they too experience, sympathetically, the same sensations – headache, chest pain, or other – and can anticipate news of the original sufferer even before it arrives.

Tuberculinics are not good at persevering or being organized or structured (“there is no time for this”) and come across often as being flighty, often late for projects or appointments. It is difficult for them to hold on to regular mundane jobs requiring the monotony of a routine and perseverance. Likewise, they get just as quickly overwhelmed with life or family chores or problems. Their minds, or rather senses, are preoccupied with beauty and harmony, and in spite of their rich talents, they misjudge people, because they tend to be idealists, e.g., leaders of peace movements, who believe that there are no enemies, only our misunderstood brothers “on the other side of the fence.” Tuberculinics engage in

substance consumption mainly for the sake of curiosity, “experiencing” another facet of a “wonderful life journey,” and enhancement of their bohemian perceptions. Their health, however, as well as sufficient interests and outlets in life, makes them unlikely candidates to become hard-core addicts.

Concluding this section on miasms, I must add that all of us possess these miasmatic traits in one form or another, yet the miasms represent pathological entities only if present in their immoderate or unbalanced form. Besides, these miasms have served, and continue to serve, a very important evolutionary role necessary for survival and a fulfilling life's journey (another topic that exceeds the framework of this discussion).

### Acquired Agents and Factors Conducive to Addictive States

As much as one does not wish to negate the role of emotional assaults and life's calamities that may pave the road to substance abuse, one has to be aware of noxious agents, which, in addition to constitutional miasmatic states, greatly compromise a person's capacity to cope and his emotional and physical resilience on the whole.

Even though the number of these agents (from this author's experience) can be considered limited, their impact on a person's psyche and quality of life overall can be staggering. There are two categories of noxious agents: heavy metals and infectious agents.

Among the first group, mercury and lead are the most common, and among the second one, we find streptococcus hemolyticus Group A and Lyme Disease. Epstein-Barr and Influenza, candidiasis and parasitosis are the common strikers, too, in that second category. As a rule, one will not encounter the infectious agents without heavy metals staging immunosuppression first. Certainly, addictive substances themselves often perpetuate the cycle by causing downregulation of the receptor sites in the brain; the latter become exponentially sluggish in response to their own physiologic neurotransmitters. From this perspective alone, and based on my clinical experience, one can hardly agree that smoking pot is just a benign

fun. Indeed, many addicts would share that they started out with pot initially, but then the “kicks” hit a plateau, and they had to climb up the ladder of the “hard stuff.”

Speaking of mercury, once it has invaded the emotional and cognitive centers of the brain, this toxicant alone can solely produce a morbid picture of any miasm category presented earlier – namely, severe anxiety, insecurity, poor self-esteem, mental fatigue, panic attacks, mania, depression, suicidal thoughts, and others. The primary sources of mercury are dental fillings and vaccines.

### Diagnostic Considerations

In spite of the abundance of medical diagnostic technology, none can tap directly into the emotional and cognitive centers of the brain except for bioresonance testing. The skill and scope of knowledge on behalf of the practitioner in eliciting and prioritizing the findings plays a primary role here, as well as in any other disease-state, not so much the test itself. Overall, miasmatic assessment should be carried out based on a solid knowledge of classical homeopathy.

### Treatment

Based on the findings elicited through bioresonance testing and a general assessment of a person and his environment, a treatment primarily with homeopathic remedies should proceed according to the clinical and strictly individual patient-based priorities. Otherwise, severe aggravations or lack of response will follow. This holds true when initiating deep miasmatic-constitutional homeopathic prescribing too early (with occasional exceptions) and addressing infections or mercury or mercury fillings.

It is very important to understand the prevailing miasmatic state of a person in order to offer the patient a proper reason to become motivated in relinquishing addiction. In relation with this, the author cannot help but recall his own and rather humorous “Freudian” experience in the past. A good number of years back I, as a conventional cardiologist, failed to convince a patient to comply with a low cholesterol (and, looking back, dubious) diet. She shared with my receptionist privately that the reason for my failure was my lack of a scare tactic – e.g., “if you don't do what I say,

you'll have a heart attack or something." Having learned such a valuable lesson I could not wait to unleash it on my next patient, also a woman of the same age. "Listen up, Woman," I said to her, in essence, with an ominous look on my face, "if you don't do this bloody diet, you're gonna drop dead at any time!" At the time, I thought highly of my piercing and convincing message, until I learned from the same receptionist that the patient was quite upset and was not going to return anymore because of my use of despicable, intimidating tactics to boss her around. Later on, after a study of classical homeopathy, I realized that the first woman was a psoric, whose main psychological strain centered around health-life fears, while the second one was sycotic, who did not wish to be willed by others.

I don't wish to oversimplify the issue, since the personality of every individual is a complex state endowed with its own sets of outlets for pain and pleasure, level of education, intelligence, interests in life, etc., but general knowledge of the prevailing miasmatic state can often find just the right path toward the right "button" in the person.

For psorics and tuberculines, this button would be health and death-related reasons; for sycotics, it would be an impetus to spare their energy from waste, to excel in some other areas of life in which they can relate; for syphilitics, the button might acknowledge their pain and give them hope that the treatment can relieve them of their curse.

### **Application of Field Control Therapy®/Guided Digital Medicine™ in Clinical Practice**

#### **Case #1**

A professional and good family man in his early forties had become an alcoholic. This state had nothing to do with a middle-age crisis, but apparently was a severe mental-emotional state in which he found himself. He had never been quite well and suffered from serious obsessions, anxiety attacks, and worries since his teens. This was ascribed to a traumatic childhood inundated with consistent fears, threats, and emotional blackmail by his family members to make sure that he'd be doing "the right things." Years of psychiatric and psychotherapeutic care did not afford much relief nor did

alternative treatments. Lately, all of his symptoms, including longstanding Tourette's syndrome, had drastically intensified, and the Obsessive Compulsive Disorder (OCD) had become so severe that he lost sleep even as the same "recorded" messages were reentering his brain hundreds of times, making him sleep-deprived. He

became completely exhausted, gained 30 lbs., and turned, by his own words, into a basket case, crying and panicking at the drop of a hat and unable to work. The only reprieve he would find was by increasing his consumption of alcohol, on a daily basis at that time. Even the sleeping pills dispensed by a psychiatrist did little. ➤

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He was tested with bioresonance testing – Applied Kinesiology – by a very experienced MD with a specialty in neuropsychiatric disorders, but the treatment brought no relief. The patient pointed to the renovation project in his house as a possible trigger event. Bioresonance testing revealed heavy mercury and silver amalgam loads in his emotional center, pineal gland and the rest of the brain, peripheral nervous system, and many organs, as well as the presence of solvents in the brain and elsewhere. Appropriate homeopathic treatment according to Field Control Therapy (FCT®) approach was dispensed, and his response within even the first 24 hours was dramatic.

At a later time, his constitutional state and childhood abuses were addressed through a deep psoric remedy *Calcarea carbonica* in a very high potency; streptococcal infection in the brain was also addressed, likewise, homeopathically. His course overall was very gratifying as he discontinued all medications and alcohol consumption and got rid of his OCD, insomnia, and Tourette's. Generally speaking, he became a normal man.

### Case #2

A high school student was experiencing psychotic spells following exposure to even secondhand pot

smoke. Based on the bioresonance testing findings, she was treated homeopathically for residues of mercury and marijuana in the brain and, later on, with a constitutional remedy *Argentum nitricum*. She made excellent progress and was cured.

### Case #3

Case #3 was a high school dropout, due to anxiety, suicidal depression, severe phobias, insomnia, ADD, and chronic fatigue, with a history of molestation as a child. She was under psychiatric care, counseling, and several psychotropic medications. Nonetheless, the patient was doing very poorly, using recreational drugs, acting out, and suffering from poor self-esteem. Based on the bioresonance testing, the priority was her constitutional state, with additional features of self-loathing, self-destruction, and cruelty toward others – i.e., family members. The homeopathic *Anacardium* was prescribed. The reaction was very good, but hit a plateau until residues of recreational drugs and mercury in the brain were addressed at a follow-up. Her overall response, while under the care, was excellent, as she became clear of all problems, discontinued psychotropic and recreational drugs, resumed and finished high school, and began planning to enter college.

### Case #4 (managed by FCT® students)

A man in his thirties with the following history prior to treatment with FCT®: clinical depression; suicide attempts; ADHD; heroin addiction for many years; alcoholism; heavy smoking; sugar and junk food addiction; gambling addiction; compulsive lying and stealing; smoker's cough; insomnia; history of recurrent ear infections; history of seizures; liver pain following paracetamol overdose. He was born as a "gray baby," almost dead, presumably from amalgam poisoning from mother, who had dental work performed while pregnant. He underwent six regimens with the treatment, including, as advised and when appropriate, replacement of seven mercury amalgam fillings in several sessions. The treatment addressed mainly the presence of mercury in the brain and practically the rest of the body, residues of antibiotics, and candidiasis in the brain. He also sought religious guidance.

The end result: still moody, but no more clinical depression; leading an active, creative, social life; able to concentrate and study; no drugs for over a year; has cut down on all other addictions; less addictive/compulsive in general; cough, insomnia, and liver pain gone; honest, open and caring towards others, affectionate, empathetic, wants to be a nurse to help drug addicts in the future. In his own words: "I no longer feel dead. It was difficult to be around people; it feels like a cloud has lifted."

Savely Yurkovsky, MD, is internationally known as an author, teacher, and expert in integrative medicine. He has founded a teaching organization, *SYI Integrated Health Systems, Ltd.*, which is dedicated to sharing his medical system under the concept of FCT – Field Control Therapy® or Guided Digital Medicine™. This system has been presented at the annual Bio-Terrorism (BTR) 2005 conference: "Unified Science & Technology for Reducing Biological Threats & Countering Terrorism," with affiliation to the Homeland Security Office. At the present time, he is writing his second book, concerning solutions to an alarming rate of multiple health problems in children in the US and other developed countries. Dr. Yurkovsky offers training to capable health care professionals.

1. Samuel Hahnemann, MD, founder of homeopathy (1755-1843)

