

Guided Digital Medicine, Lyme Disease, and Petri Dish Mentality

by Savely Yurkovsky, MD



"Le microbe n'est rien, le terrain est tout"
(The microbe is nothing, the terrain is everything)

Louis Pasteur
(1822-1895)

This article is based on the novel medical system – **Guided Digital Medicine™**, which operates diagnostically and therapeutically on the most fundamental level of Man's body – Energy. Its author, Savely Yurkovsky, MD, is internationally known as a teacher and expert in Bioenergetic Medicine. His recent extraordinary book, *Biological, Chemical, and Nuclear Warfare – Protecting Yourself and Your Loved Ones: The Power of Digital Medicine*, presents fascinating clinical cases and scientific basis that explain the nature and the tremendous power of this system in all diseases.

Conceptual Considerations

Since its first detection in 1975, Lyme disease has become increasingly recognized as one of the most vicious, common, and resistant infections of our day. Moreover, thanks to serious deficiencies in medicine and, most importantly, a lack of proper understanding of the background state concerning the reactor to an infection (i.e., the patient), Lyme has evolved into a wide spectrum of chronic diseases. Today, besides its well-known skin and arthritic afflictions, it presents itself through a polymorphic picture

that is anticipated the least and missed commonly by the medical community: ophthalmological, cardiac, neurological, and even emotion and mental afflictions. As a member of a spirochete family that has begot *Treponema Pallidum*, the originator of the great masquerader, syphilis, Lyme's *Borrelia burgdorferi* (Bb) is capable of staging just as diverse pathological acts. Table 1 attests to the diversity of Bb's effects.

One should also not neglect suspecting Lyme disease in children with inexplicable mood swings or changes in behavior. In children or adults, the characteristic skin bull's eye lesion or joint complaints need not be present.

All in all, Lyme has been found to mimic over 40 diseases. To complicate matters even further, it is also known for the huge variety of its strains; a long-latent symptom-free period (up to even years from the

Table 1: Manifestations of *Borrelia burgdorferi*

Physical Manifestations	Mental-Emotional Manifestations
ALS	Anorexia Nervosa
Alzheimer's disease	Anxiety
Arthritis	Bipolar disorder
Blindness	Change in personality
Cardiac conduction abnormalities	Confusion
Conjunctivitis	Dementia
Encephalitis	Depression
Fatigue	Hallucinations
Insomnia	Irritability, anger
Meningitis	Mood swings
Migraine	OCD
Multiple Sclerosis	Panic attacks
Myocarditis	Phobias
Parkinson's	Psychosis
Pericarditis	Schizophrenia
Scleroderma	
Seizures	
Strokes	
Tourette's syndrome	

Lyme Disease

day of infection); an ability to mutate and break down cellular barriers; an ability to penetrate and exist deep in the tissues; a capacity to not only elude immune surveillance but cause severe immunosuppression itself, which would lead to secondary infections, confusing the clinical picture entirely. As a result, Bb often evades standard laboratory detection. It shields itself skillfully from antibiotic bombardments, and, even when it seems to have succumbed to the latter, Bb is able to resurge weeks, months, or even years later in as many as up to 50% of treated cases. Needless to say, these properties made this infection one of the most misleading to suspect, most elusive to detect, and most challenging to treat even for the experienced Lyme's specialists who often find themselves defeated by the crafty germ.

Not surprisingly, treatment strategies are being constantly tossed and changed in order to find some way out of the therapeutic deadlocks, where antibiotic regimens become exponentially stretched to run even for months at a time. Holistically minded practitioners endeavor to enhance the antibiotic regimens by adding herbal or other natural substances aimed at immune enhancement or spirochete-killing actions, but the outcomes, still, remain erratic at best. Why? And why doesn't a prolongation of antibiotic regimens amount to a radical difference in the outcomes against Lyme disease, even when, in the short run, the response appears to be encouraging? Such an approach doesn't work because it is based on the fundamentally flawed and myopic medical model that has spawned conceptually primitive decisions to accomplish the objective. One might refer to this flawed allopathic model as a Petri dish mentality that has also failed with all chronic diseases. It naively purports an existence of and focuses exclusively on just two isolated factors: a perceived culprit, let it be a microbe, cholesterol, autoimmune,

inflammatory, or allergenic process, on one hand; and a therapeutic agent to attack the "demon," on the other. What are the chief conceptual shortcomings of such an agenda, and why did the renowned Louis Pasteur himself, the discoverer of microbes, state emphatically, "The microbe is nothing, the terrain is everything"?

Even if we are to examine such a simple entity as a Petri dish itself – never mind the human body with its 50 trillion cells and unfathomable interrelationships between them – inescapably, we face the fact that any germ can only take in the media that it finds favorable for its growth. This simple observation, per se, makes the equation of *Borrelia burgdorferi* = Lyme disease incomplete at best. For even the history of lethal epidemics, such as cholera, typhus, plague, and others, attests that many among the exposed were spared.

What are the main favorable factors, one might ask, for rendering Bb's cultivation within the human body, and why does only a limited populace out of all who are exposed to the spirochete get the disease? The answer is obvious: immunocompromised state. How does this state come about? Several factors – chief among these, toxicological agents that undermine the immune system directly by invading the organs that are supposed to produce defense agents against Lyme, other microbes, and cancer cells – produce this state. Also, overburdened and inefficient immunity can come about due to chronic infections, with candidiasis and parasitosis being the most common, thanks to the compromised gut immunity and flora due to the onslaught of antibiotics as well as foods rich in refined carbohydrates, sugar (and its substitutes), and preservatives. Other indirect means to compromise one's immunity play a large role, also. Among these would be a compromised endocrine system – the main powerhouse of the entire body, including the immune organs. Endocrine glands are usually

impaired by the same toxicological agents, chronic infections (due to overtime support of the immune system), and the most prevalent and invisible among these – candidiasis – as well as by faulty (junk food) diet, lack of sleep and rest in general, or undue stress level.

The continuous and skyrocketing load of electromagnetic pollution in our daily environment is not to be discounted either as it is known to alter DNA structure, act as a major stressor, and interact also with toxicological agents – heavy metals and mercury, in particular – harbored within the body. Certainly, in children, one is not to neglect the ever-increasing burden of vaccinations which, even very recently, have contained poisonous organic mercury, thimerosal, and still contain other toxic substances.

How common, one may (and should) challenge the author, is the incidence of toxicological agents being present in the body? According to the Environmental Protection Agency (EPA), traces of toxic chemicals, including outright carcinogens, have been found in the bodies of practically every average American. The National Cancer Institute (NCI) believes that at least 98% of all cancers are caused, indeed, by these agents as a result of immunosuppression and DNA damage. From the experience of this author, 100% of children born to mothers who had mercury fillings prior to conception are all born with mercury in their bodies that never leaves them. Furthermore, the storage of that mercury is augmented via practically unavoidable mercury fillings and consumption of contaminated seafood. Lead, another common and potent immunosuppressant, is also known to cross the placenta and lodge in the body of newborns. In addition, both mercury and lead and other organic chemicals are richly present in mother's milk.



Lyme Disease

> A word on some successful responses (initially, at least) to antibiotic therapy, primarily in acute stages of Lyme Disease. This population was, apparently, sufficiently immuno-compromised to develop the disease, yet the decline in immunity was mild enough so that they were able to regain control following the course of an antimicrobial agent. Still, knowing the ability of Bb to remain dormant in the body for an indefinite period of time, these individuals, on the whole, are in a constant risk of Lyme's resurgence, particularly once the spirochete senses a decline in immune vigilance. Furthermore, I consider antibiotic regimens themselves, in the long run, as a major factor in the decline of health, a promoter of chronic disease in general, and a potent trigger behind a recurrence of many chronic infections.

So far, the only study that I know supports some of these contentions is a study that has correlated an incidence of breast cancer and frequency of antibiotic regimens in women. In general, I liken antibiotic treatments to loans with negative amortization; one is under the illusion of getting ahead while making the payments, yet one becomes very surprised one day when an even bigger debt returns to haunt him. Profound, inevitable, and destructive candidiasis, a serious subject for another discussion, is our equivalent of the "negative amortization" in cases of infections being treated with antibiotics.

Guided Digital Medicine Management of Lyme Disease

Guided Digital Medicine
Management of Lyme Disease
consists of four main components:

Stage I

Component #1 is Bioresonance Testing, which aims at identification of all possible immunosuppressive

and energy-draining agents being present in the body. These also include residues of antibiotics.

Component #2 assigns the respective priorities in the treatment as it sorts out the primary key toxins, those that have to be addressed and in what sequence, vs. the secondary, less important ones, which will dissipate on their own.

Component #3 is composed of homeopathic remedies (not classical or mixed/complex kind), which aim at clearing the main offending agents while supporting all the weak and other organs which, according to the testing, are vulnerable to either being re-intoxicated or having a shift of toxic agents (unfortunately, a common occurrence in prevailing "detox" regimens).

Component #4 addresses blocks and potential blocks to the treatment: diet, reduction of electromagnetic pollution, emotional stress, etc.

Stage II: Further decrease of immune burden and augmentation of energy reserve

Treatment of opportunistic yeast and parasitic infections primarily with the same novel homeopathic system. This also is accompanied with adequate and multiple organ support to prevent reinvasion by the anticipated release of heavy metals due to yeast's die off. This is owed to a rather obscure phenomenon of fungi's ability to bind metals.

Stage III (and the easiest): Treating Lyme itself

Homeopathic isodes, prepared of Bb, itself, in ascending potencies are administered, only a few times, as guided by the bioresonance testing

Stage IV

Periodic maintenance testing/treatments, not only so much against Lyme itself but as a general preventative measure against the morbid factors which, in the long run, if allowed to amass, would inevitably lead to the development of chronic degenerative diseases

A Sample of Patient Cases Case #1

History: A young gifted man in his early twenties with a history of Lyme disease for 11 years was treated with massive antibiotics for a five-month period and still has Lyme disease and many symptoms which are ascribed to it: severe depression, anxiety, severe fatigue, poor memory, difficulty concentrating, Tourette's syndrome, dizziness, fainting spells, Obsessive Compulsive Disorder (OCD), ruminating thoughts, insomnia, difficulty urinating, difficulty breathing, chest pain, GI bloating, nausea, poor appetite, and constipation. All these problems have lasted from few to many years. As a child, he had a history of several pneumonias treated with antibiotics and had eczema and food allergies. He has one mercury filling; his mother has many. Also, several years ago, in addition to Lyme, he was diagnosed with Babesiosis and Bartonellosis, for which he was treated with a heavy drug regimen. Furthermore, he had four psychiatric hospitalizations for suicidal depression, improved after massive psychiatric medications and treatment for Babesia and Bartonella, and eventually discontinued psychiatric drugs. In the past, he was seen and treated at a renowned university center by a famous allopathic specialist in the neuro-psychiatric complications of Lyme disease. He was also treated by several reputable alternative physicians with specialty in immune dysfunction, Lyme disease, and orthomolecular psychiatry. But, in spite of some definite benefits of these treatments, he still presented with a long list of debilitating complaints, as indicated above, and a history of being disabled for years.

Treatment course: The management was definitely complicated by the fact that, at this stage, besides suffering from severe depression and cognitive impairment, he also assumed an attitude of total indifference to the treatment and the guidelines offered, for the reason

of being through the proverbial mill while not having gotten that far ahead. Yet, in spite of his poor compliance with the diet and other lifestyle modifications, and his erratic visits, he, right from the outset and several months into the treatment, has made gigantic progress. At this time, while the treatment is still in progress, bioresonance testing does not pick up presence of Lyme (which will be confirmed by a blood test, too), and all of his ailments have been reduced down to only mild depression and sub-optimal energy level, at times. All of the other problems have vanished. Certainly, given better compliance and based on the experience of other similar patients, he would have progressed even further by now.

Case #2

History: A young woman in her early twenties, her problem list encompassed three full pages with the number of symptoms and problems totaling over 100, the proverbial head-to-toe medical presentation. Some of these have begun in childhood, and the rest have joined in years later. The main culprits thought to be heavy metals and mercury toxicity as well as Epstein-Barr Virus (EBV) infection. She had been treated by conventional and alternative physicians with negligible, if any, improvement.

Treatment course: Bioresonance Testing (BRT) revealed presence of mercury in multiple organs, residues of antibiotics, and presence of candidiasis, streptococcal infection, and EBV, parasitosis, and to everyone's surprise, Lyme infection in the brain and the rest of the body. The Lyme was the least expected finding since she came from a West Coast state, which is not known for its prevalence of Lyme disease. Right from the start, following only a few treatments, she made tremendous progress, which continues with barely any symptoms/problems remaining.

Case #3

History: This patient was a woman in her thirties, who deserves her medical ordeal to be presented in book format. This case also serves a good illustration for those allopathic "revolutionaries" in the treatment of Lyme disease who advocate a prolonged antibiotic administration, up to nine-month regimens at a time, as a solution to the problem. For their references, this woman was

Lyme Disease

on continuous antibiotic treatment for a period of 15 years: F-I-F-T-E-E-N Y-E-A-R-S. The regimen consisted of four antibiotics, which were supposed to contain Lyme and her other chronic infections: Bartonella, and constant sinus and urinary tract infections. Also, she



Health Through Restoration of Cellular Fields

Medicine has already turned its page. Which page do you want your practice to be on – past or present?

Intensive Post-Graduate Clinical Training in the groundbreaking medical system: Guided Digital Medicine™ by Savely Yurkovsky, MD

October 12-14, 2007

At the Crowne Plaza • White Plains, New York
(For the graduates of Basic and Advanced live or videocourses).

The sickest and most diverse patients-pathologies:
Diagnosis, Treatment, Analysis, Insights.

Just a few comments from our students:

*"It's a dream!!" • "Getting to the root cause of illness!"
"... an ingenious system, a true revolution in medicine."
"Thanks to your teaching, after 30 years of practicing alternative medicine, I know what's been missing."
"Unique!" • "Brilliant!" • "This is a phenomenal system!" • "Worthy of the Nobel Prize in Medicine."
"...The more I read your work, the more I am completely convinced of how amazing a modality it is. I have been getting some fantastic results at this end on patients who otherwise were at the end of their tether with their health issues. Thank you so much for your incredible contribution to the 'new medicine'!!"
"Dr. Yurkovsky says that he has created a new medical system. That is a big claim. In order for that to be true, his work must allow doctors to diagnose and treat patients in ways which are not incremental improvements from previous techniques but rather based on a truly new understanding of how the body works. That is exactly what FCT® has achieved and as such it represents a huge step forward in treating chronic disease."*

For registration contact:
SYY Integrated Health Systems, Ltd.
S. Yurkovsky, MD, President
Phone (914) 861-9161 - Fax (914) 861-9160
37 King Street - Chappaqua, New York 10514
E-mail: info@yurkovsky.com

For more information, visit the most informative website in medicine: www.yurkovsky.com

Lyme Disease

➤ was receiving other drugs (11 total) for years to contain her chronic Babesiosis, chronic herpes infection, chronic candidiasis, peptic ulcer, and endless other ailments. In addition, she was on intravenous mineral and fluid infusions on a daily basis for severe fluid/mineral imbalance and dehydration, while at the same time, the rest of her bodily tissues were chronically edematous.

She has suffered from a myriad of symptoms and was practically bedridden for many years with her quality of life being reduced to a miserable level. She was seen over the years by several prominent Lyme/tick-borne disease conventional specialists, where her clinical course, in spite of the multiple drug regimen, was so poor, that she was even advised to seek alternative practitioners. Unfortunately, the latter either did not make a difference or changed things for the worse.

Treatment course: The initial BRT course indicated an even greater number of chronic bacterial and viral infections in her body. Most importantly, it revealed the background state, one of mercury toxicity (thanks to her mercury fillings), including thimerosal (apparently received with a "preventative" flu shot years ago which, incidentally, made her deadly ill), and massive generalized candidiasis present in every tissue in her body. Ironically, during further follow-up the test indicated persistent Bartonellosis (cat scratch fever) due to one of her cats being the carrier. Later on, a blood test confirmed that the

suspect cat was indeed the villain. Needless to say, the combined iatrogenic damage in this case was of such a monstrous magnitude that it would take years to mitigate it completely. However, within only the first two months of the treatment, she was able to discontinue all the drugs and intravenous infusions, keeping in mind that any attempts of diminishing her drug intake in the past would lead immediately to painful aggravation of all of her chronic infections and other ailments as well. Today, nine months into the treatment, she reports having more energy, stamina, positive outlook, and better quality of life on the whole than she has known for many years.

Conclusion

I cannot emphasize strongly enough that one is to never begin a treatment of chronic infection with treating the infection itself, unless one is absolutely determined to fail. Even if in the presence of acute infection, including Lyme, after addressing it first – without the use of antibiotics – one must immediately address an underlying state. Otherwise, a recurrence and potential tendency to become chronic will become a reality.

The author has shared this very successful system – and in a far greater clinical and scientific detail – with the number of renowned Lyme specialists, who themselves admitted to their prevailing failures. The correspondence has also carried a proposal for a formal clinical trial. To my dismay, and more importantly to the plight of the many unnecessary sufferers of Lyme disease, the proposal has been ignored.

Savely Yurkovsky, MD, is internationally known as an author and teacher with an extensive background in the thorough study of scientific principles behind the numerous alternative and conventional approaches. Having realized that the primary source of health and disease, according to physics, stems from the corresponding cellular energy fields, he adopted a revolutionary new medical model, one that interfaces the theories of biology and physics established by his mentor, Professor Emeritus William A. Tiller, PhD of Stanford University.

Having evolved a unique bio-energetic medical system that integrates a great deal of pertinent but, until now, underused knowledge from medical and non-medical sciences, Dr. Yurkovsky's system has been able to transform the often vague nature of medical specialties from "hit and miss" paradigms into a far more effective, exact and predictable science. Dr. Yurkovsky has founded a teaching organization, SY Y Integrated Health Systems, Ltd., which is dedicated to sharing his medical system under the concept of FCT – Field Control Therapy® or Guided Digital Medicine™. Since 1999, he has taught this curriculum to medical doctors and licensed health care professionals with special emphasis on energy-based diagnostic and therapeutic modalities aimed particularly at toxicological, biological, or nuclear agents. These, as a rule, elude conventional and most of the alternative diagnostic methods, yet represent the primary source of all chronic diseases. His book, *Biological, Chemical, and Nuclear Warfare – Protecting Yourself and Your Loved Ones: The Power of Digital Medicine*, is an excellent illustration of both the scientific basis and effective practical means to combat the ravages of acute and chronic diseases in our toxic world. His system is the only alternative medical modality that has drawn attention from one of the departments of the Homeland Security Office. This year, along with several other doctors from premier medical schools in the US, he has been nominated for the prestigious Bravewell Leadership Award for "significant contributions to the field of medicine" and "compelling vision for the future of medicine."

Dr. Yurkovsky offers training to capable health care professionals. For enrollment, contact: SY Y Integrated Health Systems, Ltd., website: www.yurkovsky.com, e-mail: yurkovsky@PowerOfDigitalMedicine.com, 914-861-9161, fax: 914-861-9160. ◆

***The Townsend Letter Offices
will be closed
June 22 through July 8
for our summer holiday.***