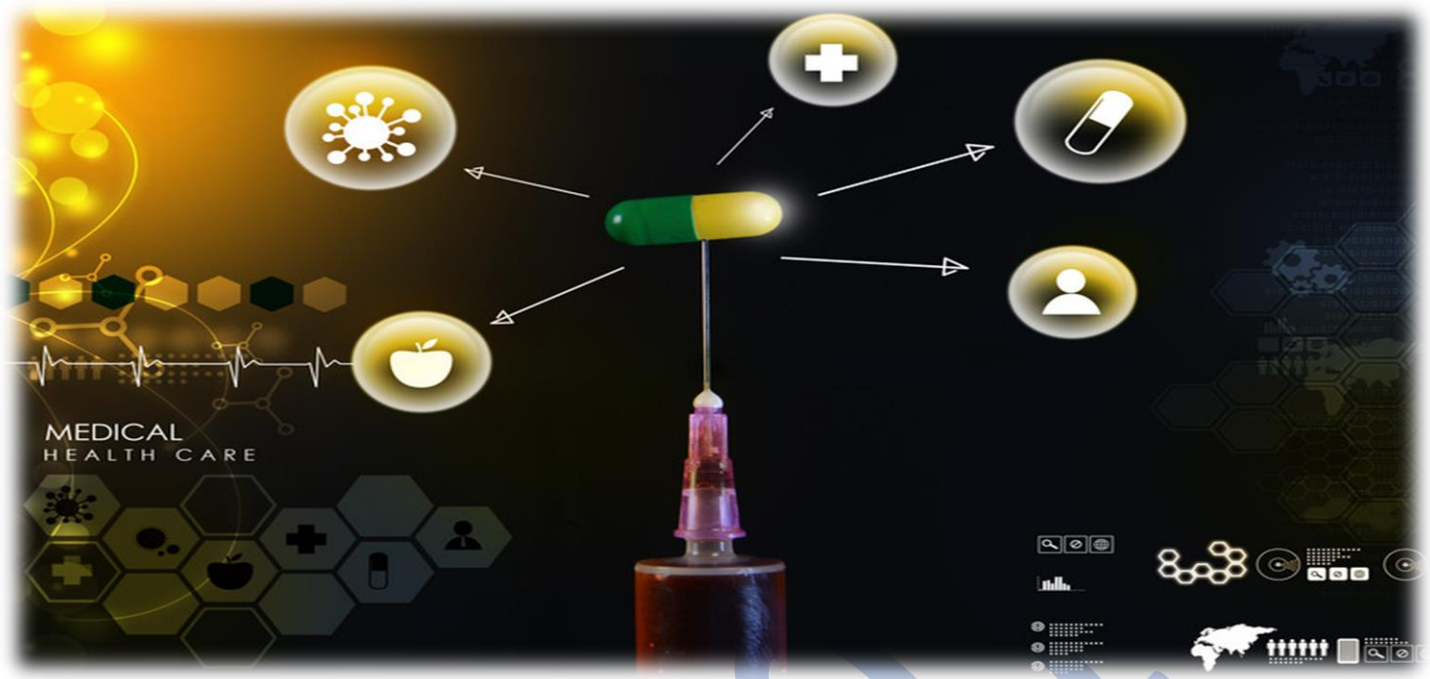


LYME DISEASE



**CONSIDERATIONS FOR A STRATEGIC & TARGETED
APPROACH TO GUIDED SELF-TREATMENT**

Jimmie Holman and Thomas Drake



LYME DISEASE

LYME DISEASE OVERVIEW

Lyme disease, both diagnosed and strongly suspected, is becoming one of the most prevalent issues the alternative health community is facing today. Unlike most traditional diseases, this “affliction” is one that is rarely recognized by conventional medicine until it is too late to be effectively addressed by conventional treatment. Originally named after Old Lyme, Connecticut, where it was allegedly discovered, Lyme disease has been reported all over the globe where it has been known by other names. Europe is actually where the disease has been previously seen most often, but numbers of Lyme cases in the U.S. have begun to escalate recently as well. There are many symptoms associated with Lyme disease and a wide number of potential sources for them; not only tick-borne. Although there are testing methods currently in place to determine whether someone is infected or not, results may take some time to return and doctors may also misdiagnose the symptoms as something else – a common issue experienced within the Lyme community. However, developments over time have produced new assessments that can generate more definitive answers on the spot, though many problems still rotate through the Lyme community despite much progress.



Lyme patients are met with constant suffering when their symptoms worsen and the disease advances. Yet, their community is often looked over by many as the issue is difficult for conventional medical doctors to approach. As we will read later, many issues arise when treating Lyme disease. What may be considered limitations established by the CDC determining the “surveillance definition” and inadequate diagnosis of and medical care practices with Lyme disease regularly appear to lead to the systematic failure of patients’ health and recovery.

CONVENTIONAL THOUGHT

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is allegedly transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, the nervous system and more. Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks. Laboratory testing is helpful if used correctly and performed with validated methods. Most cases of Lyme disease can be treated successfully with a few weeks with antibiotics if properly diagnosed and aggressive treatment is immediately administered. *(Editor's Note: This is unfortunately the downfall of conventional treatment as this rarely happens in a timely manner.)* Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, applying pesticides, and reducing tick habitat. The ticks blamed for transmitting Lyme disease can occasionally transmit other tick-borne diseases as well.¹

DESCRIPTION

Conventional medical thought holds that Lyme disease can only be transmitted via tick bites. This is untrue however. Recent research has shown live spirochetes have been found in fleas, mites, and mosquitoes. Not only can it be transmitted by these insects, live spirochetes have been found in human blood, urine, tears, breast milk, cord blood, semen, and vaginal secretions. Doctors who specialize in treating Lyme are convinced the spirochete can be passed from an infected person to another by several means including sexual transmission.² Researchers have admitted before, and confirmed by the CDC, that Bb bacteria can survive the purification process of donated blood and could be passed through blood transfusions.³ It has not only been found in our medical supply, but also our food supply. Researchers at the University of Wisconsin have found dairy cattle infected with the Bb bacterium, which raises the question of whether milk or other dairy products in our food chain may also be a danger.⁴



Patients who have contracted Lyme disease theoretically can be treated simply with only a month's worth of antibiotics. Because of the standard of care for Lyme that has been outlined by the Centers for Disease Control and Prevention (CDC), it is difficult for many practitioners to properly diagnose the disease and then also treat their patient effectively and in a timely manner. Many issues arise with the testing for Lyme disease that is administered by conventional doctors; the Western Blot Test being the most used test for diagnosis, as it was arranged by the CDC. (The Lyme community and Lyme literate doctors, however, are aware of more definitive tests to diagnose Lyme disease.) While using the Western Blot test, a blood sample is taken to identify the number of antibodies present, which increases over time after infection. The test measures these antibodies in the person against specific Bb antigens [proteins], and indicates the results as numbered bands. The accuracy of this test is often called into question, however, because it has proven problematic as a means for diagnosis for several reasons, to include: regional variations of different strains are used – European strains instead of US strains on WB; insufficient antibiotic exposure during early infection leads to antibody levels below the threshold of detection; there has also been a removal of the two most specific bands that indicate persistent infection from the CDC surveillance criteria in preparation for the release of a Lyme vaccine.⁵ In a way, the standard clinical definition and the criteria for diagnosis testing that have been set by the CDC have created a diagnostic Catch-22 that cannot be resolved without a way of confirming the physical presence of *Borrelia burgdorferi*.

¹ <http://www.cdc.gov/lyme/>

² Rheum Dis Clin North Am 89;15(4):657-77

³ J Infect Dis 90;162(2):557-9, Transfusion 89:29(7):646-5

⁴ Am J Vet Res 94;55(9):1228-31, Int J Food Microbiol 91;14(3-4):247-60

⁵ Zackrisson, Leila H., MD "Lyme: the Saga." Lyme Disease Against All Odds: A combines Approach, Las Vegas 4-8 Nov. 2009 Lecture

THE GREAT IMPOSTOR AND THE PROBLEM OF MISDIAGNOSIS

Lyme disease is commonly known as the “Great Impostor” or “Great Masquerader” as it mimics over 350 different medical conditions including, but not limited to:

- Rheumatoid arthritis (RA)
- Fibromyalgia (FM)
- CFC
- Lupus
- Reactive arthritis
- Reiter’s syndrome
- Vasculitis
- Chronic neck pain
- Chronic back pain
- Multiple Sclerosis
- ALS/Lou Gehrig’s disease
- Dementia/Alzheimer’s
- Chronic headache
- Migraines
- IBS/UC/Chron’s
- Interstitial cystitis
- RIs
- Chronic Sinusitis
- Chronic bronchitis
- Asthma

Chances of being MIS-DIAGNOSED with ONE OR MORE of the above before being or IF EVER being diagnosed properly are VERY GOOD!

The issue of misdiagnosis largely stems from a great lack of “Lyme-literate” doctors. When doctors meet patients complaining of symptoms that are in fact caused by Lyme, it is often unrecognized as the culprit due to potential problems that are common with the standard Western Blot test used for its diagnosis. Afterward, patients continue suffering the effects of Lyme all the while taking antibiotics or other drugs to address an issue that may not even exist (co-infections are a common occurrence though).

Doctors are limited in offering treatment for Lyme due to the “surveillance case definition” of the disease that was established by the CDC as well. Their definition, which has never changed, is based on early findings from the disease despite that new research has shown that many of the original assumptions concerning Lyme were in fact wrong. For example, the bull’s-eye pattern, initially considered to be the definitive diagnostic marker, may occur in only one-fifth to one-half of those patients.⁶ However, most doctors still feel that the patient must meet the criteria of the CDC definition in order to consider a diagnosis of Lyme disease.



⁶ Williams, David G., Dr., “The New Great Imposter”, *Alternatives for the Health-Conscious Individual*, 10.18 (2004): 137-44. Web 25 Apr. 2015

LYME DISEASE – SYMPTOMS AND COMPLICATIONS CHECK-LIST

The following is a list of the many symptoms and disease complications that Lyme patients are subject to facing:

Nervous System Complications:

- ☐ Tingling and “Buzzing” of Extremities
- ☐ Change in Sensation of the Skin (Prickling, Burning, or Scalding Feeling, Numbness, etc.)
- ☐ Popping Sounds in Head and Neck Regions
- ☐ Muscles Pulling into Uncontrollable Knots
- ☐ Extremely Painful Muscles over Entire Body Especially Arms and Legs
- ☐ Bell’s Palsy with Numbness in Face
- ☐ Difficulty Swallowing
- ☐ Choking
- ☐ Red Painful Throat
- ☐ Swelling of the Brain
- ☐ Swelling of the Brain Covering and Spinal Cord Inflammation
- ☐ Loss of Taste, Smell, Hearing, or of Feeling in the Extremities
- ☐ Memory Loss
- ☐ Difficulty Concentrating
- ☐ Dizziness and Vertigo
- ☐ Extreme Fatigue
- ☐ Extreme Depression
- ☐ Raised Anxieties and Feeling of Severe Stress
- ☐ Loss of Reflexes
- ☐ Temporary and Permanent Nerve Damage
- ☐ Seizures and Convulsions
- ☐ Dementia

Eye Complications and Visual Disturbances

- ☐ Double vision
- ☐ “Lazy Eye”
- ☐ Retinal Damage
- ☐ Conjunctivitis
- ☐ Nystagmus
- ☐ Extreme Sensitivity to Light
- ☐ Difficulty Focusing or Following Movement
- ☐ Moving Shadows

- ☐ Poor Night Vision
- ☐ Difficulty Gauging Distances
- ☐ Iritis and Iridocyclitis
- ☐ Chorio-retinitis
- ☐ Optic Atrophy
- ☐ Cranial Nerve Palsies
- ☐ Blindness

Body Systems and Organs

Invasion of the tissues of the:

- ☐ Brain
- ☐ Central Nervous System
- ☐ Kidneys
- ☐ Liver
- ☐ Skeleton
- ☐ Lungs
- ☐ Eyes
- ☐ Other Organs

Skin

- ☐ Recurrent rashes
- ☐ Itching
- ☐ Eczema
- ☐ Burning

Pregnancy

- ☐ Premature Birth
- ☐ Stillbirth
- ☐ Miscarriage
- ☐ Birth defects

Arthritis and Bone Damage

- ☐ Pain in Muscles (Myalgias)
- ☐ Pain in Bones and Joints (Arthralgias)
- ☐ Swollen Joints (Especially in the knees)
- ☐ Extreme Bone Pain in the Back
- ☐ Back Pain Migratory Between the Cervical Spine and the Lumbar Spine Regions
- ☐ Popping Sounds in All Joints Including the Neck Region
- ☐ Migratory or “Moving Pain” (Quite Common)
- ☐ Increased Red Cell Count or Occasionally White Cell Count

- ☐ Extreme Pain in Feet often Diagnosed as Plantar Fasciitis
- ☐ Deep Bone Pain Coming from Inside Bones
- ☐ Hip and Elbow Pain
- ☐ Or Pain in ALL Bones

Other Symptoms and Complications

- ☐ Insomnolence (Inability to Sleep)
- ☐ Cannot Remember Dreams
- ☐ Strange Taste Sensations
- ☐ Extreme Sensitivity to Loud Sounds
- ☐ Oily Feeling on Skin
- ☐ Polycythemia
- ☐ Irritability
- ☐ Ear Infections
- ☐ Balance Disorders
- ☐ Changes in Smell and Hearing
- ☐ Allergies
- ☐ Personality and Mood Swings
- ☐ Severe Feelings of Depression with Simple Tasks Becoming Extremely Difficult
- ☐ Persistent Cough or Difficulty Breathing
- ☐ Profound Fatigue
- ☐ Pharyngitis
- ☐ Lymphadenitis
- ☐ Hepatitis
- ☐ Temporary Paralysis (often involving the left side)
- ☐ Vertigo
- ☐ Anorexia
- ☐ Nervosa-like Illness
- ☐ Amyotrophy
- ☐ Blurred Vision and Other Cranial Nerve Palsies
- ☐ Multiple Sclerosis-like Symptoms
- ☐ ALS (Lou Gehrig-like) Symptoms
- ☐ Similarities with Syphilis and Other Spirochetal Disease
- ☐ Disease Symptoms Resembling Alzheimer’s Disease

Finding a “Lyme literate” doctor may be one of the most difficult initial hurdles a patient may face. As experience has repeatedly shown, the disease is frequently (more often than not) misdiagnosed as something “ELSE” long before a Lyme diagnosis is confirmed. By that time, the disease has progressed to the point ***conventional “standard of care” simply is not effective even though it might have been if diagnosed properly in its early stages.***

ANTIBIOTICS USED IN THE TREATMENT OF LYME

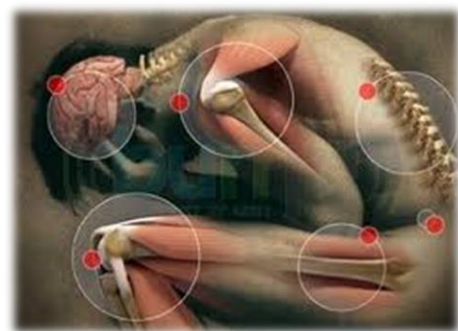
- | | | |
|--------------------------|------------------------|-----------------|
| • Amoxicillin | • Doxycycline | • Bactrim |
| • Augmentin | • Minocycline | • Suprax |
| • Cefuroxime/Ceftin | • Tetracycline | • Ceftin |
| • Cefdinir/Omnicef | • Ceftriaxone/Rocephin | • Spectrobid |
| • Azithromycin/Zithromax | • Cefotaxime/Claforan | • Roxithromycin |
| • Clarithromycin/Biaxin | • Vancomycin | |
| • Telithromycin/Ketek | • Imipenem/Primaxin | |

Because of such potential inaccuracy with the Western Blot test and CDC guidelines, what typically follows for patients is a misdiagnosis for an illness that produces similar symptoms. As time passes during treatment for the misdiagnosed disease, patients’ conditions worsen until the *Borrelia burgdorferi* (Bb) or related bacteria have driven the production of antibodies that a Western Blot test would need to detect the true diagnosis of Lyme disease. After the Lyme diagnosis, patients are then prescribed a 30-day regimen of specific antibiotics by the doctor. However, because the patients’ conditions have typically become so severe by this point, the drugs are often ineffective and practically useless. Taking antibiotics at this stage of the illness would help little and actually amplify bacterial resistance, which, in turn, strengthens the Bb bacteria and any of its mutations from the Lyme spirochete.

DAMAGE FROM ANTIBIOTICS

While antibiotics are/may be capable of ridding Lyme disease from the body, the use of antibiotics still has its price: negative side-effects. Side effects include everything from headaches to shakiness and diarrhea to vomiting. Even the shutdown of organs. The list of side effects is remarkably long and devastating. The website www.Drugs.com is a good resource to view the list of side effects for these antibiotics as well as to learn more about them. We urge you to at some point go view the extensiveness and severity of some of the side effects. The thought of possibly contracting those more severe side effects is even frightening to consider. To clarify, the lists begin by warning: “In addition to its needed effects, some unwanted effects may be caused by ‘said antibiotic’”. In the event that any of these side effects do occur, they may require medical attention.” The list itself is rated by level of occurrence using descriptive words such as ‘More Common’, ‘Less Common’, ‘Incidence not known’, and ‘Rare’ as distinguishers.

Another potential issue that Lyme patients encounter with conventional treatments are adverse reactions to their prescriptions. The Jarisch-Herxheimer reaction can be described as an acute reaction whereby Lyme symptoms increase after the administration of antibiotics. During the early stages of killing the Lyme spirochete with antibiotics, this reaction may be found if looked for. It may also appear at different times depending on the antibiotics used and how they are taken (i.e. orally or intravenously) and can be noted within days to weeks of treatment. When these antibiotics begin destroying the Lyme spirochete, a toxin is given off causing either direct or indirect reactions through the stimulation of the immune system and by neurotoxins released by the bacteria. Symptoms can vary from drop in blood pressure and other systemic reactions to headaches and fever or even, in general, a reversal or worsening of the Lyme symptom complex.⁷



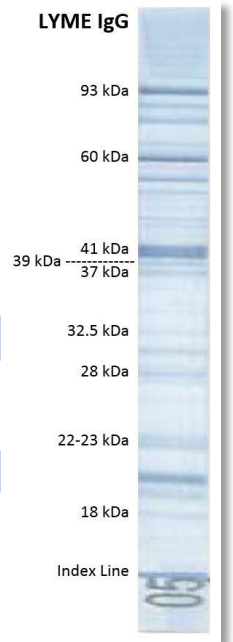
⁷ Katzel, James H. MD, “The Jarisch-Herxheimer Reaction” *Lyme Disease*, 1991

Conflicts of the Western Blot Test

As mentioned earlier, there are issues with conventional means of testing for Lyme disease via the Western Blot test. The specific bands highly indicative of the Bb bacteria are:

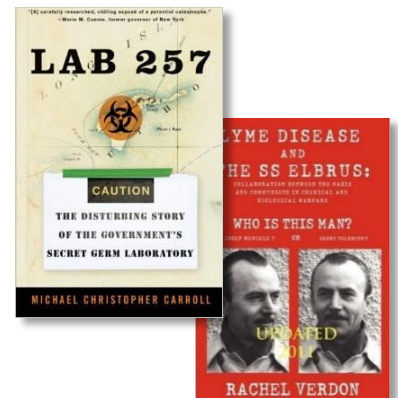
- 21 -24 [23 ospc]
- 31 [ospa]
- 34 [ospb]
- 39
- 83 – 93

The Centers for Disease Control and Prevention (CDC) has stipulated that certain “bands” in the Western Blot test must be positive in order for a Lyme test to be declared positive – the problem is that these bands were chosen for statistical, rather than diagnostic criteria. However, the CDC has removed the bands 31 and 34, the more specific bands for Lyme disease, because they were used to create the Lyme disease vaccine. The ironic fact here though is that the Lyme disease vaccine is no longer available, and the bands 31 and 34 have not been added back into the WB test to measure against. If you have not received the (non-existent) Lyme disease vaccine and you test positive (“+”) or indeterminate (“IND”) to bands 31 and 34, you probably have Lyme disease. The CDC testing criteria actually includes a number of bands which are not specific to Lyme disease, which increases the chances of a false-negative, but only if the CDC criteria for test reporting is used.⁸



LYME DISEASE AS A BIOWEAPON

Another concerning discovery about Lyme disease is the government’s vested interest and commitment to study this disease along with others in a \$10.6 million bioterrorism research facility. In 2005, the CDC opened up the Margaret Batts Tobin Laboratory Building at the University of Texas at San Antonio for the study of bioterrorism agents and diseases such as Lyme disease, anthrax, tularemia, cholera, desert valley fever, and other parasitic and fungal diseases. This was the first admission by a US government body that Lyme disease is a biological warfare agent. It can be assumed that this is the reason hundreds of thousands of men, women, and children around the world have been left to rot with wrong diagnoses, or have had their Lyme disease acknowledged, but been left shorthanded when treated, making recovery impossible.



THE HARD REALITY

The reality is that Lyme disease is far more wide-spread than has been reported, and hundreds of thousands of people are suffering needlessly due to misdiagnoses and the treatment prejudices of many doctors, the government, and the conventional health industry. It is an ideal bio-warfare agent because it evades detection on routine tests, has an enormous range of different presentations, and can mimic symptoms from ADHD to multiple sclerosis to carpal tunnel syndrome to chronic fatigue syndrome. Lyme disease is a chronic, incapacitating disease producing crippling fatigue, constant pain, memory loss, possible paralysis, psychosis, blindness, and even death.

⁸ Williams, David G., Dr, “The New Great Imposter”, Alternatives For the Health-Conscious Individual, December, 2004, Volum 10, No. 18

ALTERNATIVE & INTEGRATIVE SOLUTIONS

The preceding overview of Lyme disease provides a brief examination of its effects, treatment methods, statistics, and implied costs for patients. Whether patients have depleted themselves physically, mentally, emotionally, even financially, the accepted conventional methods of recovery can paint a very dark picture.

Readers of this document likely fall into one of several categories, although there are exceptions:

- **GROUP 1** - Persons who have been through the conventional treatment system for years that has totally failed them.
- **GROUP 2** - Persons who have successfully been through the conventional treatment system for years, but the Lyme symptoms have “returned”
- **GROUP 3** - Persons who have witnessed the conventional treatment system at the side of a friend or loved one
- **GROUP 4** - Persons who have educated themselves enough to realize there are alternative solutions and question the wisdom of the first 3 groups.



Life is a “learning experience” and dealing with a scenario of Lyme disease is no exception. Groups 1 and 2 are pretty much the same, but still fighting symptoms. Group 3 is experiencing an education of the system that they hopefully will never need to use, but depending on activities and how closely they are involved, possibly will within time. Groups 1, 2, and 3 have likely taken the path they were educated to take, unaware of or understandably skeptical of any alternatives. Admittedly, there are good justifications for that skepticism. However, there are just as many (if not more) reasons for skepticism toward the conventional medical path as well if a person seeks out responsible information. In many ways, Groups 1 and 2 are “victims” of the very conventional system they blindly or desperately trusted. Group 3 can also become victims or ideally transition themselves into a Group 4 member as a result of their experience and what they have personally witnessed and learned along the way.



As unpopular, but realistic as this may sound, it is important to say. There actually is another group largely consisting of Group 1 and Group 2 “survivors” who approach the “alternative and integrative” modalities with the same mindset as they did the conventional treatments which failed them. Again, they are basically delivering their body and placing all efforts to someone else. (This is called “transference”.) Still, essentially not taking responsibility for making personal changes in diet, lifestyle, exposures, and etc. could possibly leave them doomed to fail no matter what route they take. This scenario is discussed somewhat in “Lure of the Magic Box”⁹. This group, without help and change, is doomed for failure and unnecessary suffering. The conventional treatment strategies ravaged their bodies, their health, their minds, their bank accounts, their lives; leaving few “resources” to work with. This is just an unfortunate FACT, and we see this scenario almost every day! Group 4 (especially those “experienced” and who have transitioned from Group 3) are the absolute best candidates for alternative and integrative modalities.

The Group 4 members, as well as those with experience who transitioned from Group 3, historically are ideal candidates for these new alternative and integrative technologies and strategies. They are also likely to be the ones who get the very best results as they are not beginning with the physical handicaps and devastation introduced by conventional therapies experienced by Group 1 and Group 2.

Regardless of what category a person falls into, the body, in almost any condition, has an AMAZING ABILITY TO HEAL ITSELF if given a chance! Over the last two decades we have witnessed many “hopeless” cases make full recoveries, even for those who had been devastated by more than a decade of conventional treatment. Effective solutions DO EXIST!

⁹ *Lure of the Magic Box*, Holman & Dorneanu, <http://www.pulsedtechresearch.com/wp-content/uploads/2013/12/Lure-of-the-Magic-Box-Holman-Dorneanu.pdf>

There are several areas and strategies that seem to work quite well with electric modalities such as Rife and other resonant frequency technologies as a resource. Some are frequency specific. Others are not, but rely on certain characteristics of the waveform itself to occur. These are specific methods by which the electronic protocol operates to both target disruptive pathogens and restore an optimal environment for health and recovery.

- **Destructive Targeting** – When folks think of Rife or resonant frequency technology, this is usually the one and only mechanism they are aware of. Unfortunately, it has been erroneously analogized with the old Ella Fitzgerald Memorex commercial where by her perfect pitch voice breaks a wine glass. While this is able to convey the idea of destroying pathogens based on target frequency, the methodology is oversimplified to the point of being deceptively **WRONG**.



- **pH** – While most people think of pH in terms of an Acidity-Alkalinity scale, few realize it is largely an electrical measurement corresponding to the available electrons associated with Hydrogen. While diet of course plays a big part, the electronic modalities can also help move the pH toward the healthiest alkaline areas. A combination using both is ideal!

- **Electroporation** - a phenomena whereby exposure to certain electrical fields and electrical potentials, the cell membrane (wall) becomes more porous, allowing the cell to receive materials that it would not otherwise be able to receive in its current state. Oxygen, nutrients, and even prescribed medications may be more effectively delivered to the cells that are temporarily in this enhanced state. There is a caveat here, however! While delivery and utilization of oxygen and nutrients is ideal, this can also cause toxic medications to be even MORE toxic. With dosage often prescribed right up to the limit of what a person's body can tolerate in its diminished state, this more effective delivery can actually put the person over their "tolerable" threshold. This is a case where more is not better.
- **Cellular Voltage** - The chemistry of the body and its metabolic functions are actually ELECTRICAL in many ways. The processes of the body rely on this electrical power to effectively operate. This electrical energy is stored within the cell walls and within various structures inside the cell. Without it, normal metabolic processes simply do not take place or do a terrible job of what they are trying to accomplish. Normal cells are believed to operate between -40 to -80 mV while some functions are even more. Dysfunctional cells operate at much lower levels.
- **Sticky Blood** - It is believed by many that the clustering of blood cells is, at least in part, a function of the cellular voltage. This effects what it will and won't allow to attach to its receptors. Lower voltage potentials (volts) are believed to encourage the individuals to stick together. This mass clustering hinders circulation which makes it understandable that patients often report being cold. More importantly, however, oxygen, nutrients, supplements, or medications are at best primarily delivered to the outermost layer leaving the vast majority "unserved". As voltages rise, oxygen, nutrient, and even medication delivery seems "enhanced" and the overall result is the person seems to feel a LOT BETTER!

- **Electronic Antioxidant** – “Antioxidants are intimately involved in the prevention of cellular damage -- the common pathway for most disease, aging, etc.”¹⁰ Free radicals are just molecules that are missing an electron. They steal an electron from a nearby stable molecule, which then steals from another, causing a chain reaction of “electron stealing”. It is this disrupted environment which leads to both cellular and genetic damage. Antioxidants are molecules which have extra electrons. These energetic “donors” can easily give up an extra electron to slow down or even stop the chain of electron stealing and metabolic disruption. Electricity is the “stuff” of electrons. Although it is no substitute for the source of other micro-nutrients within antioxidant rich fruits and vegetables (especially those rich in Vitamin E, C, and Beta-carotene), it is suggested electronic modalities can easily supply a stream of available electrons to supply the needs of the free radical thieves.

FOCUSING ON ALTERNATIVE WHOLESOME ROUTINES

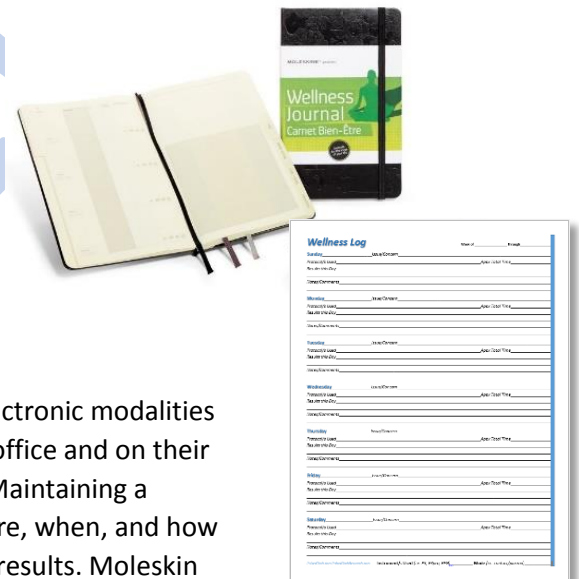
Considering the choices someone has, conventional treatment normally seems very unrealistic. Most folks are never presented the full range of available treatment options. After reading available statistics over conventional therapy, alternative therapy appears as a healthier path which provides better quality of life and results. When looking at the few successes that utilized conventional methods, consider how many of those survival cases also integrated the use of alternative holistic therapies.

Recovery success is normally achieved when a patient has made the healthier decision to use wholesome routines early after diagnosis. The limits that conventional treatment may impose on someone and their wellness - such as instability, organ dysfunction, etc. – are often very difficult to recover from, if at all. Be it full body or localized application, the electronic protocols may provide many results without the negative side effects that can be experienced with conventional methods. Specific application methods should be tailored to each user’s individual needs. This can largely be guided by an experienced practitioner or advisor.

In the case of Lyme disease, treatment should be carried out every day. Electronic modalities allow for the user to “self-treat” in the convenience of their own home or office and on their own schedule. Daily record keeping can be very helpful and enlightening. Maintaining a personal wellness tracker may help to visualize progress and highlight where, when, and how health is effected through treatment, and what causes helpful or negative results. Moleskin makes an excellent Wellness Journal that is great at keeping track of daily progress.¹¹

A thorough understanding of the biological mechanisms that are functioning can really help the user strategize and most effectively approach their unique condition. Effective/proprietary frequency protocols, unless you have obtained your own, are best acquired through a practitioner or researcher. It cannot be emphasized enough that frequency protocols from public lists should only be considered as starting points and not relied upon as a fully effective recovery strategy. Pulsed Technologies Research has developed proprietary scripts for Lyme and its related issues. They are the Lyme A, Lyme B, and Lyme C scripts available through select practitioners and other private research channels.

It is vital to consider that restoration includes more than the application of frequency protocols. Many factors must be addressed while conducting treatment in order to ensure a healthy rejuvenation of force and energy. Toxins may build



¹⁰ Antioxidants and Free Radicals, <http://www.rice.edu/~ienky/sports/antiox.html>

¹¹ <http://www.pulsedtechresearch.com/wp-content/uploads/2015/01/Personal-Progress-Journal-Holman.pdf>

up as frequencies destroy pathogens and their debris gathers. Flushing and detoxifying the body can be done through a variety of ways.

In order to make sure that someone has chosen the right methods, tools, and supplements for their health regimen, it is recommended that they seek initial guidance from a skilled practitioner, researcher, or possibly any certified and well-recommended online resources (though it may be wise to bring the information that was found to a practitioner as well for confirmation on its use or effectiveness).

If a person only considers frequency instruments to target pathogens or a virus in a destructive manner, they are missing out on nearly everything that the technology may offer. Intended effects include vast changes to the pathogens' environment to make their reproduction and survival difficult or impossible while at the same time encouraging healthy stimulation of normal cells. While the pH level is a very important in promoting a healthy biological environment, the bio-availability of electrical energy may be more important, as it is the "currency" by which all metabolic functions occur.

Ideally, results should be seen at a slow and steady rate, as opposed to a fast and abrupt rate.

LYME PROTOCOL APPLICATION CONSIDERATIONS & PROCEDURES

During your guided routine, if your practitioner recommends coming in only 2 or 3 times a week for supervised treatment sessions, ***GET A DIFFERENT PRACTITIONER!***

This off-time provides opportunity for mutations while not aggressively attacking the known problem. This could create a situation which may be more difficult, if not virtually impossible, to address and would certainly take far more time than it should.

A knowledgeable and ethical practitioner would likely recommend an instrument for your unique issues which also fits in with your lifestyle and budget. Lyme is a serious issue, and how you are going to deal with it also deserves serious consideration.



Radiant Plasma, Direct Contact, or BOTH?

While many people may assume that product quality can be measured through higher cost, this is simply not the case where Lyme is involved. A well designed function generator system in "contact mode" delivering a clean signal into the higher ranges closer to the actual pathogen MOR is excellent for this type of work.



The majority of direct contact devices being marketed today typically use some form of handheld cylinders or plate contact schemes. We do not recommend this arrangement for a number of reasons which will be outlined in an upcoming technical brief. However, for health, safety, convenience, and performance reasons, we strongly recommend medical grade electrode pads (the common reusable/disposable type used for TENS/FENS). This is an example of when the more expensive approach is usually neither the most effective nor appropriate to address the issue. The direct contact method requires the user to be

tethered to the instrument for the length of the session although it can be easily paused or broken into smaller, convenient sessions.

Plasma instruments provide a convenience that contact does not. While you forfeit the ability for precise localized application, you gain a “whole body” exposure while also gaining mobility to move about and continue with daily tasks.

Thoughtful consideration about your unique condition and possible future needs is important to long term recovery and maintenance of health and wellness once restored. Careful planning and consultation, even before acquisition, can help save money and satisfy long term needs at the same time. *Radiant Plasma vs Direct Contact* is available in **The Electric Human**, Section 3, Strategies and Considerations briefs.¹²

The following table provides a comparative list of Pulsed Technologies equipment and the application capabilities of each instrument:

Pulsed Technologies Equipment	Contact Only	Plasma Only	Both Contact & Plasma	
	PFG	P3+	P3/PFG	P3Pro
Localized Application	Y	N	Y	Y
Requires subject(s) being tethered to instrument	Y	N	N	N
Full Body Application	Y	Y	Y	Y
Allow user freedom of movement during session	N	Y	Y	Y
Single User	Y	Y	Y	Y
Multiple Simultaneous Users	N	Y	Y	Y
Allows Attachable Accessories (ICS, Immersable electrodes, etc.)	Y	N	Y	Y

Note: Pulsed Technologies instruments have understandable use in chemistry, science, electronics, research, and industry outside the realm of this document. The chart provided here is specific only to the topic of this document.

Equipment

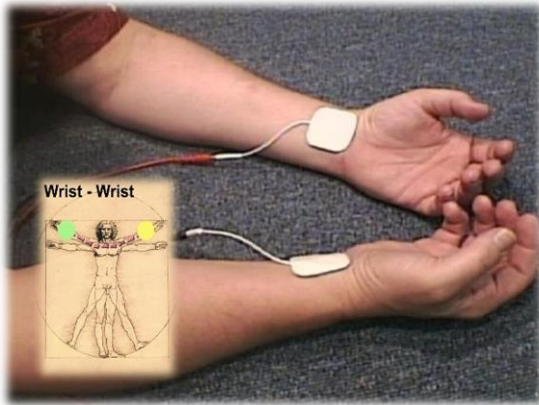
Once the appropriate strategy is determined, and instrument(s) have been obtained, it is important to familiarize and get comfortable with the instruments and the condition being addressed. It is also helpful in many cases to understand the actual mechanism of relief these tools can provide. This is typically done in both documents like this, and/or the operation manuals, which are often available on CD or embedded in a “Help” menu within the software. It would be unlikely and legally irresponsible that a manufacturer would provide



¹² <http://www.pulsedtechresearch.com/wp-content/uploads/2015/01/Radiant-Plasma-vs-Direct-Contact-Holman-INWORK.pdf>

medical instruction or recommendations for specific use with the equipment, even if it were a medical device as they cannot possibly fully understand each and every medical scenario. These instruments are universal “tools” that provide a broad spectrum of uses and should be considered specifically only as such.

Electrode Placement

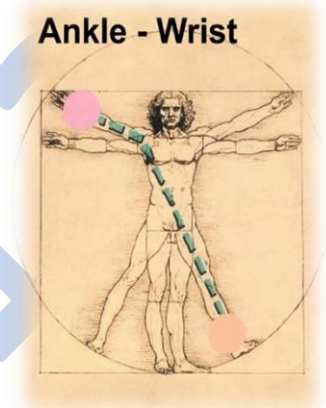


When working with Radiant plasma, there is little decision over electrode placement as it theoretically provides “whole body” application. A detailed article on sample electrode placement strategies, “Where do I place the electrode pads?”¹³ is freely available in **The Electric Human**, Section 3, Questions and Answers area.

In general, however, when using electrode pads, one should imagine a conductive pathway between them. In the example shown here, the inner wrist provides close proximity contact to the conductive pathway of the circulatory

system. This can be an excellent strategy for blood-born or circulating targets since all blood theoretically passes through these points approximately every five minutes. An example of whole-body coverage with the same circulatory strategy is shown here on the right.

The best results are obtained when an individual strategy is developed and utilized for the recipient’s unique situation.



THE ELECTRODES SHOULD NEVER BE PLACED ON THE HEAD OR HEART!

Accessories

Certain specialized accessories are available which can enhance delivery for certain situations. Your practitioner can assist you where appropriate.



Monitoring & Guidance

While most processes can be done at home, regular assessments and guidance from a skilled practitioner or counselor can be invaluable. Frankly, it can make the difference between life and death. A skilled practitioner can recognize and measure by simply testing many of the metabolic and chemical changes occurring that a patient might not even be aware of. In many cases, regular assessments can be done remotely. Although, occasional office visits are recommended. This monitoring and the frequent protocol adjustments, be it in either electronic scripts or dietary recommendations, are very beneficial to a timely and thorough recovery.

¹³ <http://www.pulsedtechresearch.com/wp-content/uploads/2015/01/Where-do-I-place-the-electrode-pads-Holman-1.pdf>

Strategies and Scripts

Some manufacturers, such as PulsedTech, are associated with companies doing extensive research in the realms of biology, chemistry, energy, etc. using exactly the same equipment for dramatically different uses. Hardware and software, in the case of all PulsedTech instruments, are NOT designed for exclusive use in any specific field, but include capabilities exceeding what is needed in most areas of use. When used for personal resonant frequency research and experimentation in areas of biology, it can be very helpful to enlist the guidance and/or services of a skilled practitioner or more experienced researcher to help assist you.



Pulsed Technologies Research, in conjunction with numerous doctors, practitioners, researchers, and their patients, have developed an extensive and broad spectrum protocol that gives a thorough approach to the problem of Lyme disease. Like the previous PulsedTech Research Arthritis paper published in 2014, this new Lyme document and strategic protocol focuses not on symptoms, but the underlying cause, repair and restoration.

While a detailed and itemized account of this proprietary protocol will not be forthcoming, it should be stressed that its intent is to not only address (multi-strain) Bb bacteria, but co-infections, mycoplasmas, and mutations as well while also addressing terrain and energetic issues in a systematized manner.

The Protocols Lyme A, B and C were meant to be used sequentially in order to attack the Lyme pathogens and associated co-infections as well as help deliver needed energies for nutrient delivery and tissue repair. This sequence was also designed to help provide a strategic approach to expected mutations as well.

These were meant to be used in succession - ideally on a daily basis – and followed by the Support HF protocol to help eliminate any accumulating toxins and debris as rapidly as possible. Depending on pathogen and toxin load, it is understood that not everyone can tolerate or even logically endure all the sessions with the follow up Support HF session each day. This will help to stimulate kidney and liver functions that will flush contaminants out as quickly as possible. These toxins, neurotoxins, and the resulting inflammation and disruptions are responsible for much of the pain and impaired thinking that are typical of Lyme subjects.

The most intensive strategies may NOT be the "best" strategy to begin with. Besides being very time consuming, it could inadvertently provide too much overload to the body. To begin with a lighter session and work your way up as time and the body permits is really the best strategy.

MARGINAL - This may act as a good starting point to minimizing Herxheimer reactions and toxic overload when beginning an intensive course of applied sessions. In some subjects, it may take some time to lessen pathogenic load in the beginning but may provide the intermediate step to more aggressive attack on target pathogens. Note the sequential pattern of application:

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Lyme A	-	✓	-	-	✓	-	-
Lyme B	-	-	✓	-	-	✓	-
Lyme C	-	-	-	✓	-	-	✓
Support HF	-	✓	✓	✓	✓	✓	✓

ACCEPTABLE - provides a more intensive, but reasonable approach. Note that although all 3 protocols are not used every day, there is a systematized rotation of session coverage

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
<i>Lyme A</i>	-	✓	-	✓	✓	-	✓
<i>Lyme B</i>	-	✓	✓	-	✓	✓	-
<i>Lyme C</i>	-	-	✓	✓	-	✓	✓
<i>Support HF</i>	-	✓	✓	✓	✓	✓	✓

IDEAL - providing full extensive sessions but still allowing the subject one day of retreat and rest from the routine. This aggressive protocol likely needs to be worked up to gradually from a "lesser session"

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
<i>Lyme A</i>	-	✓	✓	✓	✓	✓	✓
<i>Lyme B</i>	-	✓	✓	✓	✓	✓	✓
<i>Lyme C</i>	-	✓	✓	✓	✓	✓	✓
<i>Support HF</i>	-	✓	✓	✓	✓	✓	✓

OPTIMUM - Every session every day is a lot and admittedly unrealistic except for those patients using plasma systems. It is likely beginning with this strategy might be too much exposure for some users, especially until pathogenic loads are lessened significantly.

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
<i>Lyme A</i>	✓	✓	✓	✓	✓	✓	✓
<i>Lyme B</i>	✓	✓	✓	✓	✓	✓	✓
<i>Lyme C</i>	✓	✓	✓	✓	✓	✓	✓
<i>Support HF</i>	✓	✓	✓	✓	✓	✓	✓

NOTE: Those who cannot commit to a routine or, for instance, can only arrange treatment one day a week probably are NOT good candidates for electrical and/or electromagnetic modalities. Irregular and casual sessions, while addressing some of the present pathogens, will encourage mutation without addressing these mutations until well after they have been established and begun reproducing. The newly encouraged/established pathogens may be outside the range which would have been addressed in the subsequent session.

The proprietary protocol session and arrangement were carefully designed to provide optimal addressing and prevention of this scenario.

Actual Session Application

The most effective form of session application is usually, but not always, direct contact via electrode pads. By this method the user is able to concentrate on specific areas, specific joints, or even full body placement strategies to suit their unique personal needs and situation. While

requiring the person to literally be tethered to the device, this need not be terribly intrusive and can be worked in with other daily activities, such as reading, watching TV, meditation, etc.

While our personal preference is via direct contact methods, this understandably does not fit in well with many family lifestyles. Radiant plasma application methods allow general freedom of movement throughout the home and for the Plasma unit itself to run the session sequences for extended amounts of time with little effect on lifestyle.

The unfortunate truth is, regardless of the CDC's information and policy regarding transmission and contagion issues, we are personally hearing from many folks who describe situations where it is no longer just one person in the family who has acquired Lyme ... eventually it becomes that ALL are suffering from obvious Lyme symptoms. There simply aren't enough hours in a day, or enough available equipment for each family member to separately self-administer adequate sessions. Plasma becomes the obvious and practical option. It is for that reason specifically that much extensive focus on waveform details were addressed in the contact versions of instruments while allowing for the modular expansion into plasma if/when needed.



CONTINUING SESSIONS AND SELF-TREATMENT AFTER LYME RECOVERY

Because someone may not be experiencing any symptom effects, does not mean they are free of the Lyme disease. A lot of damage has been done not only by the Lyme spirochete and its release of new bacteria and toxins, but also by any mutations that have (likely) grown and even kill off from treatment that may not have been flushed from the system quickly. This is why it is so important to maintain sessions after treatment of Lyme and recovery.

THE MOST COMMON MISTAKE

Making sure that someone DOES NOT OVERDO the sessions is just as important as remembering their applications! Although highly subjective, only the subject/patient can really make this determination. Overdoing the sessions will likely mean overloading the body with toxic debris much faster than the body can process it out via kidneys, liver, etc. Remember, these are poisons that include tissue-damaging neurotoxins. As self-treatment sessions progress, this appears less and less, and symptoms ideally begin to subside if there has not been too much neural and tissue damage.

THE SECOND MOST COMMON MISTAKE

It is a common mistake that many folks find their “convenient application time” to be just before bedtime or after they go to bed. This is absolutely the WORST time to run sessions and is NOT recommended under any circumstances. Late evenings should be avoided any daily sessions should already be completed by this time. The organs should already have processed the majority of kill off and be eliminating it by the time one turns in for the evening. It is believed that as one enters the rest state, the body shifts out of the “processing state” into one of repair that utilizes the nutrients and information collected during the day. The interruption forces the body to deal with toxic elimination problems and puts off all nutrient-absorption and processing until the next undisturbed sleep cycle. The recuperative tissue restoration is just as (if not more) important as the elimination of the cause.

MODIFIED PROGRAM TO ADDRESS MUTATIONS **[IMPORTANT]**

After apparent successful completion, it is extremely important to address mutations. The patient may likely be unaware of them because of their relatively low level. These mutations may not have actually multiplied enough to become any sort of problem or even be indicated on many tests. It is likely these mutations haven’t actually been targeted as they are outside the realm of the frequencies administered so far. These **NEGLECTED MUTATIONS** are those which so often come back and are viewed as a “REOCCURANCE”, when in actuality they are entirely new targets with slightly different and **NEW** resonant frequencies and MOR (Mortal Oscillatory Rates).

Unsophisticated users typically use the same protocol that “worked the first time”, but now seems to fail. At this point in their final clean-up and maintenance stage, they should be using a broadened form of the script that worked well for them. That is, adding the other frequencies just below and just above the original ones to address the mutations. While this may seem like a much longer script, it should not have to be done for extended times.

This modified maintenance stage might be done only two or three times a week at first, then once a week, then once or two times a month, and finally only when the subject feels it necessary.

The comments made by other manufacturers implying sessions “must be continued throughout the rest of a patient’s life in order to maintain control over the disease” are not only **WRONG**, but actually encourage mutations which those systems do not address and in many cases are not able to address.

While PulsedTech Research has developed quite a successful protocol over the years, they have also developed the ever important “extended” frequency script as well to assist in that final “clean-up” process to help assure a person does **NOT** need to continually combat this issue the rest of their life.

HAZARDS OF HEAVY METAL EXPOSURE

Heavy metal exposure and overload can greatly worsen symptoms and pain of Lyme sufferers. Its presence can cause:

- Significantly weaker immune responses
- Inflammation
- Trigger autoimmunity
- Unmasking latent infections and increase in susceptibility to many new infections
- Acceleration of degenerative disease
- Increased risk of cancer

Ultimately, heavy metals will lead to a sicker patient who experiences slowed recovery and may fuel an unhealthy internal environment that would promote more toxicity and bacterial growth. Exposure can also lead to more growth in free radicals as well. If a patient’s recovery does begin to slow or if they begin to show signs of neurologic symptoms, the presence of heavy metals can be suspected and the situation should be quickly addressed.

Diet creates more impact on recovery than most realize. Maintaining healthier eating habits will help rebuild an active probiotic environment within the digestive system. This will help the system grow suitable for boosting immune function, helping minimize Lyme progression and its symptoms. This is achieved by regularly eating citrusy fruits and a variety of vegetables to create a more alkaline environment within the stomach and taking active (live) probiotics to maintain healthy utilization of food consumed.



It is highly recommended to eat a variety of colorful fruits and vegetables and other non-processed foods along with healthy amounts of proteins and also meat-provided nutrients. Because processed and cooked foods have altered or bad cells in them (altered through the process of heating and cooking – which does change cells' forms - or through chemical ingredient mixtures, preservatives, etc.), their steady consumption can potentially lead to a block in metabolic pathways.

If any toxin is overlooked, especially asbestos and fiberglass, it is likely to find its way into your joints and permit bacteria to return and cause pain (spirochetes cause inflammation in the areas they have settled in). Monitor and correct your body acid levels using inexpensive pH test strips.

Arthritic deposits contain a large amount of phosphates combined with calcium. This calcium came from some other bone, such as the base of your spine or the wrist. Here the bones are getting weaker due to this calcium loss. Calcium was taken out of your bones for the simple purpose of neutralizing the excess phosphate in your diet. **Reduce phosphate consumption** (meats, soda pop, and grains) by eating fish, milk, vegetables and fruit instead. Drink more water. Switch to toxin-free body products.

[This area to be developed further as time permits]

IN CLOSING...

Conventional medical practices for the treatment of Lyme disease have led to a pattern of failed results and inadequate care that leave many patients feeling completely abandoned by those who should have the ability to treat them. Disappointment is growing rapidly in the Lyme patient community because of restrictions placed by the CDC that not only limit the definition of the disease and its proper diagnosis, but also its treatment. Much like the function of the cancer industry, sufferers are drained to their weakest (physically, mentally, and even financially) as they are put through a conventional treatment model that often excessively extracts personal resources while rarely providing a positive long-term solution for therapy.

Many of these former patients have chosen to investigate the capabilities of alternative recovery methods. In lieu of monthly prescription routines of antibiotics (which not only contribute to bacterial resistance but may often cause adverse reactions and complications), savvy Lyme patients are using electronic modalities paired with other wholesome and nutritional regimens to battle against the disease. These methods incorporate resources such as healthier diet and fitness habits; the use of beneficial frequency modalities that may strengthen immune system qualities and also attack pathogens; reduction in exposure to environmental hazards such as chemicals and other natural treatments as well – all of which help contribute to a successful recovery. As information about effective therapies spreads, so should the hope that Lyme disease may become a health risk of the past.

Copyright 2015, Pulsed Technology Research, all rights reserved. This article and art may be freely distributed without notice for non-commercial use only if used in complete and unedited form. All graphics and photos have been provided by license or permission of Pulsed Technologies Research, LLC, and CanStockPhoto.

About the Authors:



Jimmie Holman – is affiliated with Pulsed Technologies Research, (USA) as well as Bioenergetics & Pulsed Technologies, (EU). As primary research & design specialist for all project planning, coordination, and implementation, Mr. Holman brings to the group an extensive background of Research and Development in particularly “hi-tech” fields of technology and is responsible for most PulsedTech concepts and designs.

Thomas Drake – is primarily affiliated with Pulsed Technologies Research (USA). Mr. Drake provides primary engineering, product planning, and active coordinator for Pulsed Technologies US and EU logistical operations. Additionally, Mr. Drake serves as Mr. Holman’s primary research assistant in all matters regarding protocol research, coordination, and publication.



Editing by **Justin Allen**