

Sound Healing Project

Frequency Specific Microcurrent and effect on Canine blood sugar.

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Summary:

Paper presents a brief overview of Frequency Specific Microcurrent (FSM) and an attempted case study of diabetic dog.

Frequency Specific Microcurrent (FSM) overview:

Frequency specific microcurrent (FSM) applies specific frequencies thought to address specific tissues and conditions. The effect is thought to work through bio-resonance, by resonating the tissue/condition back to health. It is non-invasive, low risk and very effective.

The frequencies came from an osteopath who was using them in the 1920's. Interestingly, this is about the same time that Royal Raymond Rife was developing his system. The politics of the time discouraged this type of medicine, so both methods fell out of favor. Rife used light in much higher wavelengths to target pathogens and explode them. FSM uses much lower frequencies to support body tissues.

Carolyn McMaken was given the frequency list and the first FSM machine in 1995. She is a chiropractor who is blessed with a very scientific mind. Her impeccable approach to creating controlled studies showed that her results were not only safe and effective, but reproducible. She took on the legalities of this time by getting the FSM machines categorized by the FDA in the same category as TENS units (Transcutaneous Electrical Nerve Stimulation). This also ensured the device would be controlled primarily by medical personnel. A practitioner must be licensed to use a TENS machine on clients. So, the device is used primarily by physicians, chiropractors, acupuncturists and physical therapists.

For comparison, TENS units can deliver about 200 milliAmps of electrical current. FMS uses 200 microAmps, so is about 1000 times less current. (Our house current is about 220 Amps.) The body's processing is in the microamp range.

The way these two modalities work on the body are quite different. If you have ever used a TENS machine, you know the level is often turned up until the underlying muscle is stimulated and may move. It can be uncomfortable. This current seems to exhaust the muscle and get it to relax. It blocks pain messages from being sent up the spinal cord to the brain. In contrast, FSM is such a low current, the cutaneous nerves don't actually recognize the current, so you don't feel it. At this low current, the ATP actually increases in the cell. As long as the current is

below 500 microAmps, the ATP actually increases 500%. This effect decreases with increasing current.

I have been practicing FSM for about a month and have had impressive responses with clients with pain and PTSD. So, I was hoping to have a positive response with my diabetic dog.

Case:

The subject: 10 year old male canine (Odin).



History: Odin ate a corn cob when he was one year old which resulted in a bowel obstruction. He had surgery to remove the parts of his bowels where the corn cob essentially acted like Velcro and formed a blockade. The surgery took several hours and the vet kept him warm with a heating pad rather than the appropriate heating device. This resulted in a severe, 3rd degree burn that removed the skin down to the muscle on 80% of his back. The recovery took many months.

Diagnosis: Odin was diagnosed with diabetes one year ago and was maintained on insulin since. Three weeks ago, his insulin requirements changed dramatically. The dose required to maintain his blood sugar levels decreased by over half. Also, the low levels between doses dropped dangerously. He's had several hypoglycemic episodes mid-day. My vet and I are struggling to figure out why the change.

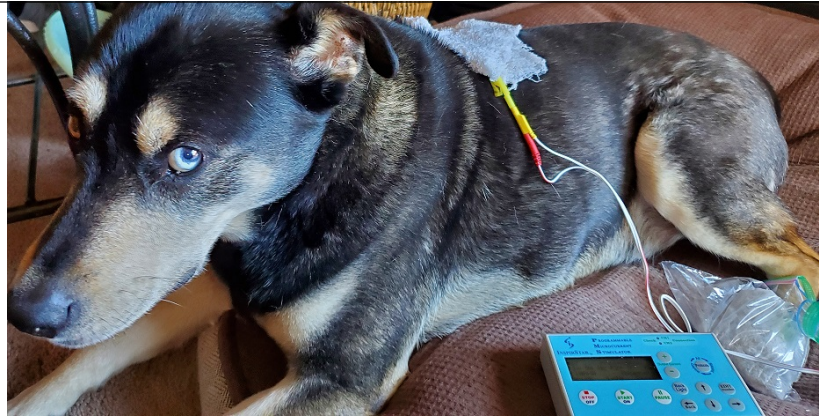
After doing some research on the effects of burns on people, I found several studies that seem to indicate that many people develop insulin resistance after a severe burn. FSM has a protocol for insulin resistance and one for pancreas rebalancing. The insulin resistance protocol focuses on removing toxins from the fat.

The pancreas protocol focuses on removing inflammation from the pancreas and stimulating secretions on endogenous insulin.

My plan to test this protocol.

- Give Odin a couple of days off of insulin to verify he really needs it. (His sugar's were off the chart, so yes, he needs diabetes treatment.)
- Run the insulin resistance protocol daily to see if this will keep his blood sugar in a normal/reasonable range.
- If blood sugars remain high, we will get him restarted on insulin and get his blood sugars normalized. If I need to restart insulin, I will start with a new bottle of insulin. (His latest problems seemed to start when I opened a new bottle of insulin, but my vet thinks I'm nuts.)
- Retry the protocols once Odin has been stabilized.

To attach the leads, I had to be a bit creative. I used two wet cloths. One wrapped around a hind foot. Dog foot pads do not have hair, so they are easier to run current through. I put his foot in a baggie to keep the surrounding area dry. For the other lead, I used a damp washcloth on his back, at the front of the scars.



As you can see, he wasn't exactly thrilled.

Data:

Day 1: Ran Insulin resistance protocol. Blood sugar before was 356, after 368. Not much change, but I would have hoped it would go down.

Day 2: Ran insulin resistance protocol as well as pancreas reset. Before blood sugar 276, after 286. Again, very slight increase.

Day 3: Ran insulin resistance protocol. Before blood sugar 367, after 386.

Conclusion:

At this point, it looks like the insulin resistance protocol has either not worked, or may have caused a slight increase in blood sugar.

Because Odin has been in diabetic crisis for the last couple of weeks, this was a poor time to try to do any type of controlled study. Also, this paper was due after only a few days of trial. So, I really don't have enough data to really make a solid conclusion. I would prefer to have at least a week or two of data.

I will try again once he is back on insulin and his diabetes has been stabilized.