

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior pray at each step of the developing program.



The Dual-Harmonic Frequency Resonance Program

Let us look at exactly what is involved in this, our newly designed DHFRT program. I will also go step-by-step through the performance procedure. But first let me say that except for one software program which we designed ourselves, from start to finish we are using state-of-the-art computer-based sound engineering software and instrumentation

(The well-known Edirol UA-25 sound frequency generator and two software programs: The *NCH Tone Generator* and *Wave Lab*).

This means that everything except the electronic belt the patient wears is commercial, off-the-shelf equipment which we, or each student, can simply purchase. It also means that it is all standard electronic equipment, operating in the sound frequency range, at very low voltage (less than one volt). We believe this falls within the FDA's acceptable guidelines, and are starting the application procedure for FDA approval.

The program is designed by entering data obtained from testing the patient into the specialized software, where it is organized and processed through the Edirol UA-25. When complete we download the entire program into a small, computerized delivery unit which the patient attaches either to an electronic belt or (in the case of children or anyone confined to bed) to an electronic pad which the patient can lay on.

The Two-fold Technology Combination

The program itself is a two-fold technology combination. There is first, and most basic, the actual electronic program which the patient receives from the delivery unit. But this would be of little effect without direction. Therefore, the *Bio-Electro Brain Interrogation Technique*, a special bio-feedback procedure which I refer to as our "guidance system, is of equal importance.

The bio-feedback guidance technique, regardless of the rather innovative way we employ it, is actually not at all unique. Although used in different ways and under several different names, it is a natural, bio-feedback system used by thousands of physicians, chiropractors, and other health professionals worldwide. However, few who do so realize or utilize the full potential of the technique, nor do they understand all that is involved. In my work I have simply gone a bit further. But rather than go into a lengthy explanation of this aspect of the program here, I have written two papers on the technique. These papers give a brief history of its development, explain what is involved, and share some case illustrations. Both papers are free upon request.

Therefore, this program, which I generally sum up under one name, The *Dual-Harmonic Frequency Resonance Program*, is actually a two-fold technology. However, since electronics is clearly the basic and final application as it relates to the patient, let me explain.

How the Program is Performed

The actual, step-by-step process is as follows:

First, prayer is offered for guidance and Divine intervention, as well as God's blessing on the patient and his or her family. I also

Then, utilizing the *Bio-Electro Brain Interrogation Technique*, we obtain a three-fold electronic signature—this consists of a precise frequency, a precise voltage and a precise wave form (sine, square, etc.). This data is entered into the computer. However, it is important to note that the *initial* frequency I receive is always a frequency in a very high energy level, such as Megahertz, Gigahertz, or Terahertz. I call this our "Phantom" frequency.

This "phantom" high energy frequency is entered into a separate computer program, which gives its exact harmonic counterparts on the hertz level. There are usually at least three choices. The Brain (our guidance technique) indicates which of the group we should use (almost always under 500 hertz) and that frequency, plus the precise voltage (always under one volt) and wave form, is entered into the actual electronic program.

This step is repeated until all necessary electronic signatures are entered. It is not uncommon to have four or five, even up to eight, of these electronic signatures. This, then, constitutes a complete program. But on rare occasions the patient might require two such programs, depending upon what all we wish to accomplish.

All of the above is processed through the Edirol UA-25 as we develop and organize the data in the two sound engineering software programs. When complete, and tested on the patient, we download everything into a small delivery unit (like a Tens unit, or MP-3 player), which is attached either to an electronic belt to be worn by the patient, or to an electronic pad which the patient lays on.

The treatment schedule (which the patient administers on their own) is indicated by the *Bio-Electro Brain Interrogation Technique*, and is usually three or four hours every day or every other day.

The program deteriorates with time, so we must re-test and adjust the program, usually within three to four weeks.

An Open Letter,

Winter 2006

A bold new advance...the challenge of obtaining the controlled trials in a major medical center...the ever-present demand for renewed faith and vigor....Your prayers very much needed.

This will be a rather comprehensive newsletter, going back a couple of years, then with a brief overview bringing things up to date. The letter will conclude with a separate attachment detailing the latest development in the frequency resonance program itself—*a complete equipment upgrade*. That paper will include a step-by-step explanation of exactly what is involved and how the program is implemented.

The upgrade I speak of is truly, as stated above, a "bold new advance". Except for one software program which we developed ourselves, everything is re-designed, using state-of-the-art computer-based sound engineering software and equipment. This frees us from the limitations and instability of custom equipment, which in itself is a major step forward. We have top quality at a much lower cost. For example, for a student wanting to train in the technology, the initial up-front savings on equipment will be in excess of two thousand dollars.

A Brief Look at the Past

I will begin by reflecting on the challenge I found myself facing in the spring of 2003. I referred to that challenge as "My Dilemma of Success" and sent out a newsletter with that title. The issue was clear: In informal, behind-the-scenes clinical trials, with little or no hard copy documentation, my work had reached an impressive degree of success, but that very success had become my "dilemma".

I had just read the highly acclaimed book, *E=MC²*, by David Bodanis and was deeply moved by the implications in the narrative

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior which shed light on my own work. By this I mean that the stirring message of that book marked a profound change in the way I saw both myself and the research God had so graciously entrusted to me.

David Bodanis is professor of Interpretative History at Cambridge University, and in the book he takes the reader on an incredible journey. His stated goal is to step-by-step expound Einstein's famous equation, " $E=MC^2$ ", the equation that in 1905 astounded the world and unlocked the greatest natural force in the universe. But it is *how* Bodanis does this that makes this book different. Instead of a didactic explanation of the physics behind the equation, he goes back in history and with a fascinating biographical style takes the reader through a step-by-step, gradual unfolding of the various discoveries that formed the foundation for Einstein's world-changing discovery. Building on this foundation, he then shows how Einstein "put it all together," added his own stroke of genius, and penned his famous equation. I highly recommend the book and urge you to obtain a copy (ISBN 0-425-18164-2). Also *Nova* has recently made a very interesting movie of the book, which is not nearly as good as reading the book, but still very good. The DVD is called, "Einstein's Great Idea" (\$14.95 at Best Buy).

Einstein, as with all of us, was standing on the shoulders of a long line of brilliant, dedicated men and women who often at great personal sacrifice reached out to grasp the next rung in the ladder of truth. Nor were all of them applauded in their day. In order to achieve their particular "miracle" of perception, they often had to fight their way through apathy and prejudice or the bitter jealousy of self-centered peers. A number of these pioneers were even misrepresented and in some cases subjected to outright ridicule.

What is True Greatness?

As I contemplated Einstein's experience and then the lives and discoveries of these other daring, innovative minds, I saw more clearly than ever before what it is that makes a man or woman truly great — and it was obvious that this has little or nothing to do with status-quo, credentials, or the tinsel of superficial, outward success. As never before I understood the true nature — *the nobility* — of the long struggle which so often one must endure if he or she refuses to settle for lesser, immediate gain, but instead reaches for the best, *reaches for the true gold!*

With this thought in mind I saw my own life and work in a new light, realizing as never before something of the scope and value of what God has given me. I found myself staring in awe at the unique significance of the synergistic network of spiritual and scientific factors which have come together and gradually matured in my research. But please do not misunderstand. I personally take very little credit for this. Only God could have woven together the combination of natural and spiritual skills, as well as the technology itself, to bring about the present level of expertise in the procedure which I now call the *Dual-Harmonic Frequency Resonance Program*.

Truly, I am deeply grateful and so glad that, by His grace, I found my way through it all and somehow have been able to persevere to see this day. But in 2003 that was not the end of the story. Yes, I was reporting success, but even success can bring with it formidable problems. It was these problems, and the dilemma they presented, that occupied my thoughts at that time.

Challenging the Giants

In order to clarify what I was trying to say, I went on to relate part of a story about two scientists at a major university who achieved a notable breakthrough in a technology which had the potential of endangering the monopoly enjoyed by the petrochemical industry, as well threatening the stability of the automobile industry.

A closed meeting was called, with only a few key university

personnel and the project's principal investors being invited. After one of the scientists presented the impressive technical evidence pointing to the success of their work, the moderator took the podium and began to talk about the obvious technological upheaval he feared would follow the implementation of such a technology into the world marketplace.

He summarized his remarks by saying, "These industries are mature and established, and they possess very deep pockets. While it might be possible for a maverick inventor with a better mousetrap to play David and Goliath with the likes of General Motors, the battle would be fierce and bloody. As much as I enjoy rooting for the underdog in an "impossible" fight, I also recognize that a young firm — one in control of a technology proposing to change how so many things in our world are done — could instigate a very serious economic war."

When I read the above, the realization hit me — and was intensified by the historical facts revealed in David Bodanis' book — that I too share this same dilemma. The medical applications of the technology package the Lord has enabled me to develop are multiple and clearly revolutionary. Although not threatening the petrochemical industry or the big automakers, this technology does pose a threat to some very powerful vested interests, as well as a major segment of the western medical establishment.

What Are We Talking About?

I base the above statement on what I (along with a fair number of witnesses) have actually seen demonstrated in a great many informal clinical trials. If I am right — and I urge anyone who doubts to refute what I say after examining the evidence — we are talking about a technology program with the potential of virtually revolutionizing the field of medical oncology (particularly pediatric oncology). The same is probably true in the field of cardiology as well. Perhaps to a lesser degree this also includes the field of infectious disease. And, for sure, it includes control of internal scar tissue pathology (internal adhesions) — and this involves a good segment of sports injury and spinal paralysis problems.

When you consider that we are talking about a treatment form that is relatively short term, non-invasive, completely safe, and also inexpensive, I think you will agree that we have something worthy of serious attention.

Each one of the medical problems mentioned above is, of course, important. However, as you will see, our initial focus is pediatric oncology, especially brain cancer in children and young people. So far, we have had six cases, every one of which has been successful. But I will discuss this in more detail later in the letter.

My Dilemma....and the Lord's Answer

Back in 2003 I simply did not know what to do with all this. I was alone, outside the system, with no credentials except my D.C. degree. I had no money and my only influential contact was Perry Chapdelaine, head of the *Arthritis Trust of America* (aka, *The Rheumatoid Disease Foundation*). I had been in association with this foundation since 1984 when for two years I was involved in research at the Jasper Country Medical Center in east Texas. Perry has continued to observe my work over the years since, and by 2003 he had seen enough to realize the strategic potential of what I was doing. But aside from moral support, at that time there was little he could do.

It was in this situation and mood that I wrote the newsletter in 2003, with its urgent appeal for prayer. The Lord answered quickly, partly by turning a supposed Lyme Disease project in Florida into a series of spectacular cancer victories. This brought my work to the attention of Berkley Bedell, the ex-Congressman from Iowa who heads up NFAM (*The National Foundation for Alternative Medicine*). Berkley was impressed and suggested that the answer to my

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dilemma would be to perform controlled trials in a major medical center. He pointed out that this would scientifically document the efficacy of my program. To this end, he proposed sending me to a medical center in South America where the Foundation had already done some work and had good connections.

Of course, I thought this was great, but before anything could develop God suddenly intervened, speaking what I believe to be His mind in the matter. I was in Florida again, where the four “spectacular” cancer/tumor victories had taken place. One of these was Gail Holton, R.N., who by this time was sensing a call from the Lord to associate with me in this ministry. One evening she was watching TV when something came on about children with brain cancer. She was suddenly forcibly struck with the thought, “This is what Dr. John should do!”

At the same time, in another part of town, with no knowledge of Gail’s experience, I was contemplating Berkley’s offer, when suddenly it was as though something leaped inside me. “No,” I thought. “It is not South America. I should go to the Ukraine to perform the controlled trials!” I was recalling how five years before the Lord had led me in a most definite way (unusual guidance and miraculous financial provision) to go twice to the Ukraine. At that time the top doctor at the University of Kiev neurological center, Dr. Yuri P. Zozulya, had agreed to do a pilot clinical trial with my program, *stating that it would be with children with brain cancer.*

To my dismay, at that time I was not able to follow up on the offer. This had greatly distressed me back in 1997, but that night in Florida in 2003 I suddenly knew why — *I simply wasn’t ready then.* Now, however the Lord was again moving to open that door. “Yes!” I thought. “It is the Ukraine — *and it is children with brain cancer.* This will best demonstrate the program and bring the recognition I need!”

The next day I went to see Gail and found that we were both bursting to tell the other what we had seen. Needless to say, this unity of guidance was awesome, and I felt assured the Lord had spoken. Immediately I wrote a letter to Berkley, telling him all about my trips to the Ukraine five years earlier and how Dr. Zozulya had agreed to do the pilot study. I urged him to consider sending me there instead of to South America. To make a long story short, NFAM agreed and I have now again gone twice to Kiev, endeavoring to set up the arrangements for this. However, it is not as simple there as it was in 1997, so we have met with some problems relating to their medical system and their rules of procedure. But apart from that the Lord has amazingly opened various doors, apparently assuring us that He is still saying, “Go!”

Open Doors in Kiev

From the beginning I was warmly welcomed by YWAM (*Youth With A Mission*) and they have made their base in Kiev “like home”. And it is this Mission I plan to work through later as the ministry develops.

But it was on my last visit, that YWAM added a very special new blessing. For some time I had felt the need of an M.D. who could speak both Russian and English to work closely with me there. But to find such a doctor who would be free from other commitments was like finding the proverbial needle in a haystack. But suddenly there she was! Dr. Olya Savvychna, who is associated with YWAM, had just come down from St. Petersburg, Russia and was free and even desirous to work with me.

Another outstanding breakthrough involved Guenna Khyniak, the Russian translator with whom I worked back in 1997. This brilliant and exceptionally talented young man caught the vision of what we are after and has willingly assumed the position of my representative, working directly with the medical authorities there

Then, too, other very interesting and promising doors opened for outreach to children with cancer outside the medical center, including a Christian group actually planning to open a clinic there soon and inviting me to work with them. Guenna recently mentioned in an email that he was continuously being asked by different ones working with children with cancer, “When is Dr. John going to come?” When I read that my heart was wrenched by the thought of the desperate life and death struggle those young lives are going through. My eyes flooded with tears and I looked up to God. “Oh Lord. If you want, I will drop everything else and just go to the Ukraine as a missionary doctor!”

But even as I prayed, my heart replied, “If you did this, what about the rest of the world?”

As I speak of this, remember that we are not just talking about the children with brain cancer who will die. There are all too many of these. But it is also the ones who survive, whose minds are seriously and permanently impaired by inflammation of the brain tissue from radiation, or they are left hopelessly crippled, etc. In their own literature concerned medical personnel are lamenting this pathetic aftermath of mangled lives they are leaving behind, even in their victories. How do you think it makes me feel when I know that the implementation of my program will very probably end most, of not all, of this?

The above mentioned “open doors” happened within the time frame of just those two recent ten day visits to Kiev. It would be difficult to mark this up to mere coincidence and not Divine providence. *And if providence, then it means God definitely has a plan for this work in the Ukraine.* Hopefully it will include the controlled trials, but perhaps much more.

Pediatric Oncology

I have pointedly referred to brain cancer in children. This is where my heart is and also, as I mentioned earlier, it is the treatment area in which I believe the technology can best be demonstrated. But there is more. Berkley Bedell and NFAM have in mind a *major* breakthrough which can be used to arrest the attention of the Western world. They envision a success so remarkable that it will just naturally break into the media and thus reach the public at large. Such a scenario, along with hard copy documentation from a major medical center, could enable the Foundation (among other things) to persuade a major center here in the United States to agree to duplicate the trial.

The idea is to create a virtual avalanche which will sweep away all opposition and not only lead to FDA approval but to a nationally recognized alternative to the present inadequate cancer treatment system. Not long ago Berkley said to me, “John, do you realize the importance of this? *If you can get into a major medical center and succeed in the controlled trials, it could change of the face of Western medicine!*”

Well, I do indeed see the importance of it. In fact, what Berkley has envisioned (and much more) has been my passion and my determined goal for many years. In fact, it has been in the pursuit of this that I have gladly given up almost every prospect that a “normal” person in my position might aspire to. But also I feel assured that in this I am responding to a specific mandate from God.

The Present

I have now pretty well brought you up-to-date. *The big immediate challenge is being able to arrange for the controlled trials.* Besides the Ukraine, we are also now thinking of the University of Guadalajara in Mexico (and even possibly Ecuador). Perry Chapdelaine (*Arthritis Trust of America*) has for many years been in contact with an influential Medical Doctor at the large university

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But even more immediate is the challenge of finalizing all the details involved in getting settled into our new equipment package. This includes funds to purchase equipment and patient delivery units, as well as problems involved in getting my two students up to speed with the program. But God has already appeared on the scene! With no money to pay for engineering advice, things were limping along at a slow pace. A brilliant young sound engineer had volunteered to plan the program at no cost to us, which he did. Then later he met with us for a couple of hours to implement its execution. But there remained questions and many details to iron out. It was then that the Lord wonderfully stepped in, bringing me into contact with Andrea Ortega, a local graduate student in computer engineering. This young man has become very interested in my work and is more than eager to do whatever is necessary to see the new program through to success. *What a tremendous blessing!* His parents are doctors in Ecuador and it is his idea that we also consider the university there, where his parents have influence.

I trust you will pray with us concerning these special needs, but also I want to ask you to pray for all that is involved in this very strategic, and heart rendering, focus on children and young people with brain cancer. I am confident that when I finally get the opportunity to perform the controlled trials which we envision, I will achieve unprecedented success. I base this confidence on God's blessing, but also on my past experience. The situation is similar to the Bible narrative of David when he confronted Goliath. He had present-tense faith that the Lord would give him the victory over the giant, but he also looked back on his past experience with the lion and the bear. Likewise, in order to accomplish this, I certainly must look to God, *but also I really only need to achieve what I have already done on several occasions, with no failures.* .

It is true that in my behind-the-scenes clinical trials I have only thus far had six children (or young people) with brain cancer. But most of these were very serious cases, and in every case I was successful (no failures). Then, too, presently, it is apparent that I am succeeding with a little four-year old girl with leukemia. Also, things are looking good with three more, presently in-progress, cases of children with brain cancer.

Of course, over the years there were many more adult cancer cases equally successful (but not 100% like with the children). At least three of these were also brain cancer. I have prepared a "Presentation Notebook" for the medical authorities in the Ukraine which contains detailed accounts of many successful cases of serious maladies, mostly cancer, demonstrating the efficacy of this work. These are accompanied by numerous sworn signatures of witnesses, attesting to their authenticity.

In a separate paper I will review in some detail the six cases I refer to above, adding more as the work goes on. If you wish to read this paper, please ask. But I feel enough has been said here to emphasize the importance of getting behind this venture with definite believing prayer. ***The bottom line is that I believe we have sufficient evidence to warrant a reputable medical center opening the door for the controlled trials we see as he necessary next step.***

For more information, or if you want copies of the following "attachment" articles to this letter, contact us at P.O. Box 1318, Roswell, GA. 30077, or phone 931-237-3767, or email me at Dr-John8@msn.com

1. The step-by-step explanation of the *Dual Harmonic Frequency Resonance Program*
2. The two articles, explaining the *Bio-Electro Brain Interrogation Technique* (my guidance system in this program).
3. The full story of the six successful cases of children with

brain cancer, including any additional ones, as we go on.

4. A special additional attachment to this letter for those who are particularly interested in the spiritual side of all this.

Sincerely,

Dr. John Myers