

INTERNATIONAL  
JOURNAL OF  
HOLISTIC MEDICINE

~

2017

EDITORIAL

# First Issue

In 1971, over a decade after completing a neurological surgery residency at Massachusetts General Hospital, Shealy had reached a sense that conventional medicine was fairly good at managing acute illness and pretty bad at taking care of chronic problems. This thinking had begun while in training and seeing the barbarian culture of cutting the front half of the spinal cord with a broken off piece of a razor blade! When he introduced the first out of the box solutions to chronic pain as spinal cord stimulation, Transcutaneous Electrical Nerve Stimulation and Electro Acupuncture in 1966, at first neurosurgeons were appalled that my initial work had been in animals. When he presented his first few cases in humans in 1969, the gates were open. He was suddenly receiving 400 patients a year for spinal cord stimulation, but found that 94% of them were far too damaged by 6 or more unfounded surgeries and supplemental Valium® and Percodan®. Finally in October, 1971 he opened the Pain Rehabilitation Center to offer behavioral modification, TENS, Electroacupuncture, physical exercise, drug withdrawal, massage, spiritual counseling and a wide variety of physical therapy. In June, 1972, a feature article on his clinic in PARADE, assured the success of this alternative approach. Very quickly he learned that pain patients had a wide variety of chronic diseases—hypertension, diabetes, obesity, anxiety and depression, all of which were being horribly and ineffectively mismanaged! He suddenly realized that virtually all chronic disease management was not only inadequate but often harmful.

In the spring of 1972 at the first national acupuncture meeting at Stanford University, with Dr. Felix Mann, the great British acupuncturist, Drs. Bill and Gladys McGarey introduced the work of Edgar Cayce and Association of Research and Enlightenment, Dr. William Tiller, the Chair of Physics/Materials Science at Stanford, and the world's most scientifically studied spiritual healer, Olga Worrall, to some extent created a first major holistic medial meeting

In the fall of 1972 Shealy attended his first meeting at the Edgar Cayce Association of Research and Enlightenment. He learned about and experienced Past Life therapy, autogenic training, biofeedback, nutrition, light and sound therapy, spirituality and had his first out of body experience! These were immediately added as therapy at the Pain Rehabilitation Center, making it the first broad based holistic clinic.

As experience increased, working with at least 400 new chronically ill patients each year, the concept of Holism grew. In the fall of 1977 a meeting of Holistic Healers was held at University of California, San Diego, with many truly flakey activities—herb tea and foot massage as “holistic”. Five physicians then met to discuss the need for Holistic Medicine and in May, 1978 the American Holistic Medical Association was founded. From the beginning the establishment rejected the idea, with the AMA refusing to allow advertisements for that founding meeting. A couple of years later Charlotte McGuire started the American Holistic Nurses Association. There was steady growth in attendance at annual meetings of AHMA up to 800 during the first 4 years. Then annual attendance was generally under 300. Meanwhile, other terms began to creep in, such as Complementary and Alternative Medicine, with even the National Institutes of Health adding such an Institute. But the trend to avoid the word Holistic continued with the side line of Energy Medicine being very comprehensive but not accepted. Eventually the buzz word became Integrative Medicine, with many hospitals adding such a term, while offering such minor therapy as hot stone massage and claiming to be Integrative! In general, only the Academy of Comprehensive Integrative Medicine is broad enough to be considered Holistic! AHMA wimped out and became the Academy of Integrative Health and Medicine.

Meanwhile, Shealy was joined by Dr. Sergey Sorin to develop the continuation of the longstanding work in management of chronic pain, depression and anxiety to open the International Institute of Holistic Medicine. In June 2017 they will host the International Holistic Medicine Summit. That meeting will allow many papers to be published. Meanwhile we begin with these.

C. Norman Shealy, M.D., Ph.D.  
Sergey Sorin, M.D.

# Is Transgender Karmic?

Morris Netherton, Ph.D.

During fifty years of clinical practice as a past-life therapist, I identified patients who believed they had been born into the wrong body, living as the wrong gender; males who identified with female sexual desires and women who wanted to be male. They identified as a transgender group of people who wanted to live their life as the opposite sex from which they had been born.

This ultimately brought them into conflict with their parents and the world around them. The little boy who wanted to play with dolls only to anger his parents who wanted him to play baseball, football, and with train sets. He becomes frightened by his father's anger and his mother's insistence that he be more like "a little man". Little girls who will have no attraction for dolls and dresses with pretty ribbons on them.

The teenage years are tumultuous as parents and child are incapable of adapting to the behavior that is needed to live in a complex society with understanding, as transgender is unknown to most people.

After high school, many go to college, others seek jobs and more move away from home. Many join the homosexual community and live the gay life.

There is a difference between homosexual and transgender. The homosexual person wants to have sex with someone of their own gender. The transgender person needs to change from the gender of their birth and have sex with the opposite. The transgender male needs to transition to female and have sexual relations with a male. It is their need that creates the decision to undergo the transgender process from male to female.

Their transition can be very difficult as it involves one year of living in public in female attire and a regimen of medication to change the male body to female. It

also causes many family members to react to the change with cruel remarks and hurtful name calling such as “freak, queer, queen”.

A good friend of mine is the abbot of a Korean Monastery in Los Angeles. She called me with an urgent request regarding one of her female priests that was showing signs of instability. No one could reach her with logical thinking as she was determined to kill herself in the desert outside of Los Angeles.

I agreed to see her the next day. She arrived at my office showing signs of confusion and depression. I realized that Sarah had been Sam until surgery five years earlier. She had a difficult time with the surgery even though she had completed the mandatory one year of therapy and female hormone medication. She was allowed to undergo the procedure at a hospital in Los Angeles. The hospital had become known for transgender surgeries.

I decided to start our sessions by working with her surgery, as she had described the procedure as painful and difficult to heal. She felt put down by the staff of nurses and doctors.

In session, Sarah discussed the surgical procedure including the words and attitude of the staff around her. She became very emotional when she heard the cruel, sarcastic things that were said about her. A nurse was particularly sarcastic about the genitals Sarah was having removed. A doctor was cruel in his remarks about creating “a freak that belongs in the circus”.

I asked Sarah to access the past life experience that is the source for her surgical experience. She went into a scene in Japan. She was a little girl with her father selling goods from a push cart on the street. She felt uneasy; people on the street around her seemed anxious and frightened. Her father was taking the cart home as no one was buying anything.

Suddenly there was a huge flash of light with smoke filling the air. Her father was no longer with her as she began running through the smoke and confusion trying to find him. As she could see when the smoke blew away, the buildings were gone and no people were on the streets. She ran a little farther until she saw people

coming towards her. They ran around her and past her, ignoring her yelling for help. Soon she was standing alone amid the devastation of the city. They had not seen her.

She realized they had not seen her as she was not in physical body. She existed in spirit body only and could feel nothing, which gave her no boundaries. Feeling terror, she rushed to the only peace she could find intact, the headstone at her mother's grave. She sat against the stone trying to feel anchored to her mother.

She told herself that her father would find her if she only stayed here and waited. She knew he was looking for her and would soon come and take her home. The wait became unending until she felt herself slowly moving away.

Our next session began with Sarah hearing voices and the sounds of surgical instruments. She realized she was in her birthing experience into her current life. She listened to the voices around her. A nurse's voice was telling her mother to breathe deeply as she counted from one to ten. Mother started counting as her breathing took her into a deep sleep. Sarah felt her mother's breathing put her to sleep, which put her back to mother's tombstone.

Sarah soon felt herself being pulled back to her mother in her current life. She felt joy when she realized she was joining her mother in this life. She heard voices talking to her mother to awaken her telling her, "You got your wish, it's a little boy".

Sarah waited for father to come to her. She wanted to hear his voice and feel him hold her. But father didn't come. The only man in the room was the doctor. "No, no, I don't want to be a boy. My father will never come back and find me unless I'm a girl. I've got to be a girl." When he did meet his father, he was the wrong man. His real father was still missing.

Thus began Sarah's life as a boy, Sam, with a total stranger for a father. This man expected him to do all the things little boys were supposed to do. Sam lacked the skills that boys were expected to have. He was constantly humiliated when he was lacking in the ability to catch a ball or hit a ball. As he grew older, he was constantly referred to as "sissy" or "Momma's boy". During his senior year in high school, Sam was strongly attracted to another male who responded to his attraction. It was only

one time but it made Sam know this was what he wanted. He could never pursue it at home or with his friends around, but he knew he had to be a girl. Sam realized he could no longer live under the influence of Sarah. He began researching the transgender possibilities for his life.

Sam finally told his parents that he wanted to undergo the transgender process and become a female. Much to his surprise they had already discussed it and were wondering what to do. Transgender was unknown to them but they knew their son was very unhappy and needed help with his life. They both agreed with the transgender process after researching and study. His father was surprised to find that his company's group insurance would pay for the surgery. His mother began researching surgeons. Soon Sam was involved in the process of becoming female. It took one year for him to be ready for the surgery.

After the surgery, Sam began living as Sarah. She moved to a town near her mother and began presenting herself to the world as female. Her father died of a heart attack shortly after she moved. This was unexpected and restimulated her fears and reactions to losing her father. He was gone and she knew he would never come back. The past-life father and the current father became one and she was, once again, waiting for him to come back. She decided he could find her as a girl if she went back to the streets of Japan where she had last seen him.

She was planning to re-create the experience that took her father away. She wasn't aware that the plane, the Enola Gay, had dropped the atomic bomb on Hiroshima at 8:15 a.m. on Saturday, August 6, 1945.

As we worked through this session, Sarah realized that it was this past-life experience that she had been reliving in her life now. She needed to resolve her death in Japan and release her father. She did this in a session where she talked to both of her fathers and released both from her life now.

Our next session began with Sarah telling me that she could no longer be in therapy. I asked her "why". She said, "If I had this therapy before I had surgery, I would never have had the surgery". She wanted to put away all the surgery, the past-life events, everything that had been so difficult for her for years. She was thankful for the surgery that made her new life possible.

A few months later my friend, the Abbot, called to tell me of Sarah's wedding and good life with a good, understanding man. They were very happy together. This second study involves therapy with a family. The father, Jason, was undergoing transgender transformation. The family consisted of the man, his wife, and two children, a boy of 14 and a girl of 12.

The wife, Cena, came for therapy after learning that her husband had been cross-dressing and living as a female when traveling on business. She discovered his behavior when she walked in on him at home. He thought he would be alone for three days. He finally admitted to female feelings.

They sought counseling from the family minister, which proved to be a profound mistake. The minister preached to them for one hour, during which time he told them what they had to do. The father had to stop all behavior that was not sanctioned by the church. Cena had to pray morning and night and the children had to promise to follow the teachings of the children's gospel. This was all to be done daily and they were to all report back to him in two weeks. They left feeling dismissed. They knew that what the minister had said came from some very deep fears and concerns about himself. They also knew that what he said had no significant meaning for their problems.

Without telling Cena, Jason began the procedure that would change him to female. He planned the surgery one year from the start of the process.

When I first saw Cena she was desperate. She felt left out and isolated from Jason's life. He was afraid she would try to stop him and quietly went on with this process. His children were hurt and confused. Without knowing how to relate to their father, they became sullen. Jason was totally unaware of the impact his behavior was having on his family.

The first time I saw Jason, the female hormone medications were influencing his appearance. He was considering plastic surgery to soften his face into a more feminine appearance. He spent the entire session justifying his decisions and blaming his family for their reaction to him. He showed no interest in learning the source of his decision to become female.



He began dressing as female when at home. He was male only at work in his law office. Cena reported that rumors were spreading throughout his office staff and the court personnel. Cena was threatening to leave him, take the children, and file for divorce. This got a reaction from Jason that prompted him to ask for sessions to change their behavior, not his own. I was at the point of canceling his sessions until he took responsibility for his own life. However, this was not necessary as he went into a past life where he had leprosy. He was living in a colony of lepers where he could see his wife and children only from a distance. He was nearing the time of his death and was being tended by other lepers. He had no feeling in his body and had been losing fingers and toes. Death came soon after he went into unconsciousness.

Jason was a man who died alone, in sickness, with no one to help him. He had been apart from his wife and children.

The birth of his second child in this life restimulated his past life, the past life where he was a man who was dying with leprosy. His unconscious mind started repeating the past life experience in his life today. He had to find some way to avoid being the man. He discovered transgender and became determined to escape into the world of the female.

His birth into his current life came as his mother delivered him while on drugs. The drugs took away his ability to feel anything in his body. This was coming from his death by leprosy except he would start feeling in about four days.

As we continued therapy, Jason resolved the issues that had lived deep inside him. He finally realized that he did not need to be a woman to keep his family safe. The man that he was at birth could be free of memories and live a happy life here and now.

The sessions in this third example start with a very attractive, intelligent young man sitting before me in my office. His appearance is well groomed and he presents himself as a well spoken, intelligent young man. Except she isn't a young man, she's a young woman in the final stage of transformation from female into a masculine identity. Her name is Jaime and she needs help in making her final decision

with regards to surgery. Having arrived at the point of taking the final step, she is uncertain and confused. Her decision now seems to have a difficult finality about it.

Her parents strongly object to the surgery transforming her sexual identity to male. They refuse to support her in her efforts to complete her transformation. They insist she stop seeing the gays she met in college. She cannot convince them that her masculine feelings started before high school.

Our first session finds her at the time of conception at the onset of this current life. She is conceived and becomes aware of her mother surrounding her. She feels secure with mother and father as she felt her mother doing things that offered her security. Two months later the family doctor confirmed her mother's pregnancy.

Mother and father were concerned with regards to the pregnancy. They were concerned as to the grandfather's reaction when they told him of the pregnancy. The grandfather was vastly wealthy and controlled the family with his money. They knew that he was adamant that his first grandchild be a boy. He would bestow a large inheritance on a boy, as was always done by the grandfather. He would give nothing to a girl as she could have a life supported by a husband, thus, in no need of family funds.

This is exactly what happened. The grandfather made it clear that a grandson would inherit great wealth. A granddaughter would get nothing at all.

Mother became obsessive in wishing for a boy. Daily she wished to avoid all conflict with her father by giving birth to a boy.

Two or three times weekly, the grandfather met with mother and father to plan the life of the baby boy and discuss the several bank accounts that would be opened in the boy's name with the grandfather as trustee. He even decided that his grandson's name would be Charles Joseph.

The traditional all-boy schools were discussed to determine which would guarantee the best education. The high school would be a live-away that was known for the quality of its teaching scholastics and athletic programs. As soon as the baby was

delivered, the grandfather would arrange the pre-enrollment in the chosen school. Jaime was born believing that a boy had everything, a girl nothing.

The grandfather died one month before the baby's birth and never knew the child was born a girl. His lawyers tried to invoke his will but the court denied the petition and mother inherited everything.

Jaime came for sessions again and began hearing the things her grandfather had said during her mother's pregnancy. The more she heard his demands and orders, the more confused she became. I finally was able to get her to hear his demands to her mother and realize that what he was saying formed the basis for her beliefs in her current life. She realized that grandfather was still giving orders and making demands. It was coming from the things grandfather said while Jaime was in her mother's uterus.

Our next session included her parents. A lot of her confusion and resentment had lifted and she was thinking more clearly now. She wanted to talk honestly with them who were more than willing to hear her. She explained her confusion coming with her decision about surgery. She told them that now her decision was to remain female. She wanted to move from their house and live alone for a while to test her feelings as a female.

Over the next few months, Jaime called me to report on the events of her life. She was dating men, testing her feelings for males. Her mother also called to talk of her feelings for her daughter. They grew closer as Jaime grew free of her grandfather.

I see only those needing help with the transgender process as they are the ones that need to clear confusion and uncertainty. They feel trapped in the wrong body but unsure as to how to correct this. Transgender is growing to increasing numbers. It is becoming more publicly known and recognized. Only recently, the transgender person has been allowed to join the armed services. They can legally change their name on their driver's license. They appear on television and are members of police forces.

The first known transgender person was Christine Jorganson, an armed service male that underwent surgery in Denmark. She was greeted by large groups of

people on her return to the United States. She was treated badly for several years until she finally faded from the public view and was seen no more.

Through the years many have chosen to live as a transgender, the latest being the Olympic Champion, Bruce Jenner. He has changed his name to Caitlin Jenner. She chose not to undergo surgery but live as a female with the help of medication, make-up and clothing. She is making a profound statement for the transgender community.

On the other hand, it appears that the transgender syndrome may be the result of past life influences and may be successfully resolved with past life therapy.

### **Editor's Notes**

A recent publication by the American Academy of Pediatrics addresses the issue of Political Correctness about transgender.

<http://www.acped.org/the-college-speaks/position-statements/gender-ideology-harms-children>

Furthermore the rate of suicide before and after sexual change is astoundingly high. The Holistic approach of Past Life therapy is highly superior! CNS 40% of transgenders have attempted suicide!

[www.vocativ.com/culture/lgbt/transgender-suicide/](http://www.vocativ.com/culture/lgbt/transgender-suicide/)

And the rate of suicide attempts goes up after surgery!!!

Long-Term Follow-Up of Transsexual Persons Undergoing Sex ... - NCBI  
<https://www.ncbi.nlm.nih.gov> > NCBI > Literature > PubMed Central (PMC)

# The Biochemistry and Physics of Healthy Longevity

**C. Norman Shealy, M.D., Ph.D.**

5607 S. 222nd Road  
Fair Grove, MO 65648  
417-267-2900 FAX 417-267-3911  
norm@normshealy.com

**Sergey Sorin, M.D.**

International Institute of Holistic Medicine  
2840 East Chestnut Expressway  
Springfield, Missouri 65802

Key Words: Telomeres, biochemistry, longevity

Study results presented at the Annual Meeting of the Southern Medical Association in October 2015.

## **Abstract**

Three easily available biochemical tests are the best known biochemical indicators of aging problems---DHEA, calcitonin and free radicals. The ultimate test is the granulocyte/lymphocyte length of telomeres. Biochemical optimization of DHEA, calcitonin and free radical production has been demonstrated with electrical application of human DNA frequencies of 52 to 78 GHz at a billionth of a watt and also with Transcutaneous Acupuncture of three acupuncture circuits. Interestingly, telomere regeneration has also been demonstrated earlier with the same electrotherapy and now telomere rejuvenation is reported with the same Transcutaneous Acupuncture.

## Introduction

Ten years ago in reviewing the metabolic search for longevity, it was suggested that maximizing DHEA, calcitonin and minimizing free radicals should contribute the greatest potential for increasing the length of human life (1).

According to Ronald Klatz, D.O., President of the American Academy of Anti-Aging Medicine, “DHEA is undeniably one of the most crucial predictive factors in diagnosing aging-related diseases.” Indeed, DHEA levels are significant indicators of accelerated aging, atherosclerosis, cancer and reduced immune competency (2).

Although there are numerous studies attempting to influence aging by oral replacement of DHEA, there are no outcome studies that prove its effectiveness; and there are some indications that oral replacement may be harmful. On the other hand, rejuvenating the body’s ability to produce DHEA, providing one of its usual roles in balancing the level of cortisol, appears to be safe and useful. This has been accomplished by stimulating an acupuncture circuit, the Ring of Fire, with significant improvement in rheumatoid arthritis, diabetic neuropathy and migraine. This option raises DHEA 60% (3).

Osteoporosis is another major feature of aging, with death from hip fractures a major factor in those over 80. Indeed 61% OF WOMEN AND 38% OF MEN ALREADY HAVE SOME OSTEOPOROSIS BY AGE 50 (4, 5).

Although there are many factors, low levels of calcitonin are major contributors to osteoporosis. Interestingly, stimulation of a different acupuncture circuit, Ring of Earth, enhances rejuvenation of calcitonin (6).

Finally, the cumulative ravages of excess free radicals accelerate the multiple degenerative features of aging. Activation of the Ring of Crystal reduces free radical production by 80%, far greater than any other known technique. (7, 8)

Individuals are born with a significant variation in the genetic potential for length of life. This potential is perhaps best reflected in the length of telomeres, as measured in lymphocyte and granulocytes. The range at birth is approximately 12,700 to 8,000 kb. With the healthiest lifestyle, telomeres shrink an average of one percent

each year of life. One study of heritability of longevity reported the lower limit of life expectancy for men at 75 and the lower limit for women at 85 years of age. (9) There are numerous genetic influences, including the age of parents at time of conception, socioeconomic status, diet, exercise, and mood. One specific gene, Klotho, a unique protein, has been called the longevity gene, and is interestingly related strongly to the frontal cortex center for planning and decision making.(10)

Interestingly, THE LONGEVITY PROJECT, an eighty year study of 10 year old children, reported that 75% of longevity was related to the single personality trait of conscientiousness (11), those who are significantly more organized and responsible. This trait appears to require an optimal oxytocin receptor gene with optimal nurturing from conception through at least early childhood. (12)

Equally importantly, longer telomere length is associated with ability to overcome stress. Those with shorter telomeres overcome stress far better if they have low levels of telomerase, rather than high levels of telomerase! (13) High levels of telomerase are also found in many cancers. (14) Thus, increasing telomerase raises significant concerns of increasing risk of cancer. On the other hand, shorter telomeres are ultimately associated with increased incidence of cancer, wrinkling, atherosclerosis, coronary artery disease, osteoporosis, cataracts, glaucoma, diabetes, hypertension, obesity, dementia, and chronic inflammation.(15) Thus, a major focus for antiaging should be on safe rejuvenation or lengthening of telomeres.

During the late 20th century, three acupuncture circuits which uniquely increased DHEA and calcitonin and lowered free radicals were described. Unfortunately, the technique of electrical stimulation for activating these circuits electrically required an hour daily. The discovery of transcutaneous acupuncture with essential oils, allowed stimulation of these three circuits to be accomplished in three minutes or less.(16, 17 ,18)

## Research Procedure

Measurement of telomere length was done initially and then after one year of daily Transcutaneous Acupuncture of the Fire, Earth and Crystal in a total of 13 individuals. There were 6 men and 7 women, ranging in age from 48 to 90 years of age. The acupuncture points used are:

Fire: K 3 bilaterally, CV 2, 6, 18; B 22 bilaterally, MH 6 bilaterally, LI 18 bilaterally and GV 20

Earth: K 1 bilaterally, B 60 bilaterally, B 54 bilaterally, LI 16 bilaterally, S 9 bilaterally, TH 16 bilaterally, GV 20

Crystal: SP 4 bilaterally, CV 8.5, GV 4.5, CV 14.5, GV 8, CV 23, GV 14.y, GB 7.5 bilaterally, GV 20

## Results

Daily application of the specific essential oils on the Rings of Fire, Earth and Crystal led to rejuvenation of telomeres averaging 3.5% in one year, instead of the expected 1% usual shrinkage each year.

## Discussion

Only 2.7% of Americans have the 4 basic requirements for health: no smoking, moderate physical activity, healthy nutrition with adequate fruit and vegetables and the healthiest Body Mass Index 18-22.5 (19, 20) Indeed all-cause mortality is strongly related to overall healthy lifestyle. (21) Ultimately telomere length is the single best indicator of longevity. Telomeres shrink 1% every year of life, in those with the best health habits; they shrink much faster in those who smoke, are overweight, do not exercise, eat fewer than 5 servings of fruits and vegetables daily and sleep less than 7 hours. Telomere length is correlated with positive psychological characteristics, DHEA levels, bone mineral health, higher blood levels of vitamin D, oxidative stress and inflammation, (22, 23, 24, 25)



Stimulating 3 acupuncture circuits, Fire, Earth and Crystal, optimizes DHEA and calcitonin and lowers free radicals, while also rejuvenating telomeres. The biochemistry of longevity and the rejuvenation of telomeres are accomplished with this one approach. Of course, it requires a positive attitude which includes the basic health habits!

## **Conclusion**

Natural rejuvenation of DHEA, calcitonin and reduction of free radicals is associated with regeneration of telomeres, with the potential of increasing healthy longevity.

## **References**

1. Shealy CN. Life Beyond 100 – Secrets of the Fountain of Youth. New York, NY: Tarcher/Penguin 2005.
2. Smith Timothy J. Renewal: The Anti-Aging Revolution, Mass Market Paperback, 1999.
3. Shealy CN and Myss CM. The ring of fire and DHEA: A theory for energetic restoration of adrenal reserves. *Subtle Energies* 1995;6(2):167-175.
4. Osteoporosis Or Low Bone Mass at the Femur Neck Or Lumbar Spine in Older Adults, United States, 2005-2008. AC Looker, National Center for Health Statistics (US) – 2012.
5. Sutton AL and Dian L. Osteoporosis in men: An under recognized and Under treated problem. *BCMJ* 2011;53(10):535-56.
6. Shealy CN and Borgmeyer V. Calcitonin enhancement with electrical activation of a specific acupuncture circuit. *American Journal of Pain Management* 2003;13(1): 29-32.
7. Shealy, CN, Borgmeyer V and Thomlinson P. Reduction of free radicals by electrical stimulation of specific acupuncture points. *Subtle Energies & Energy Medicine* 2004;13(3):251-259.
8. Shealy CN, Borgmeyer V and Thomlinson P. Reduction of Free Radicals for Health Enhancement. *Subtle Energy & Energy Medicine* 2008;18:35-39.

9. Murabito JM, Yuan R and Lunetta KL. The search for longevity and healthy aging genes: insights from epidemiological studies and samples of long lived individuals. *J Gerontol A Biol Sci Med Sci.* 2012;67A(5):470-479.
10. Dubal DB, Yokoyama JS, Zhu L, et. al. Life extension factor klotho enhances cognition. *Cell Reports* 2014;7:1065-1076.
11. Friedman HS and Martin LR. *The Longevity Project.* New York, NY: Penguin Publishing 2011.
12. Krueger F, Parasuraman R, Iyengar V, et al. Oxytocin receptor genetic variation promotes human trust behavior. *Front Hum Neurosci* 2012;6:4.
13. Zalli A, Carvalho LA, Lin J, et al. Shorter telomeres with high telomerase activity are associated with raised allostatic load and impoverished psychosocial resources. *PNAS* 2014;111(12):14519-4524.
14. Blackburn EH. Telomerase and Cancer. *Mol Cancer Res* 2005;3:477.
15. Alschuler L. Optimal longevity hinges on telomeres. *Natural Medicine Journal* 2013;5(6).
16. Shealy CN. Transcutaneous Acupuncture. *SMA Pulse* 2013;1(5):15.
17. Shealy CN. Transcutaneous Acupuncture. *SMA CME Digest* 2013;1(2).
18. Shealy C. Management of Depression and Anxiety with Transcutaneous Acupuncture for Oxytocin Enhancement. *SMA Pulse* 2014;2(10).
19. Veronese N. Combined associations of body weight and lifestyle factors with all cause and cause specific mortality in men and women: prospective cohort study. *BMJ.* 2016 Nov 24;355:i5855. Doi: 10.1136/bmj.i5855.
20. Fazel – Tabar Malekshah A. The Combined Effects of Healthy Lifestyle Behaviors on All-Cause Mortality: The Golestan Cohort Study. *Arch Iran Med.* 2016 Nov; 19 (11): 752-761.
21. Schutte NS. The relationship between positive psychological characteristics and longer telomeres. *Psychol Health.* 2016 Dec;31(12):1466-1480. Epub2016 Sep 10.
22. Dismukes A. Diurnal and Stress-Reactive Dehydroepiandrosterone levels and Telomere Length in Youth. *Endocr Connect.* 2016 May; 5(3): 107-14. Doi:10.1530/EC-16-0007.

23. Bekaert S. Telomere length versus hormonal and bone mineral status in healthy elderly men. *Mech Ageing Dev.* 2005 Oct;126(10):1115-22.
24. Richards JB. Higher serum vitamin D concentrations are associated with longer leukocyte telomere length in women 1'2'3. *AM J Clin Nutr.* 2007 Nov; 86 (5):1420-5
25. Correia – Melo C. Telomeres, oxidative stress and inflammatory factors: partners in cellular senescence? *Longev Healthspan.* 2014 Jan 16; 3 (1): 1. Doi: 10.1186/2046-2395-3-1.

# The Effect of Energy Genesis Photo-Audio Therapy on Diabetic Neuropathy

**C. Norman Shealy, M.D., Ph.D.**

International Institute of Holistic Medicine

Key Words: Energy Genesis, sound, light, diabetic neuropathy

## **Abstract**

Energy Genesis is a device that uses a combination of light, music and the vibration of the music to impart a frequency of 2 to 3 cycles per second (delta frequency) to the brain and body while you are in a conscious state. Twenty-three individuals with diabetic neuropathy received 9 sessions of Energy Genesis therapy over a two month period. Pain and vibratory sensation improved 25% and touch sensation improved

## **Introduction**

Energy Genesis is a device that uses a combination of light, music and the vibration of the music to impart a frequency of 2 to 3 cycles per second (delta frequency) to the brain and body while you are in a conscious state. Delta frequency is the slowest of the brain frequencies and is experienced in deep, dreamless sleep and in very deep, transcendental meditation where awareness is fully detached. Delta is the realm of the unconscious mind, and the gateway to the universal mind and the collective unconscious, where information received is otherwise unavailable at the conscious level. Among many things, deep sleep is important for the healing process – as it's linked with deep healing and regeneration. Hence, not having enough deep sleep is detrimental to health and associated with increased frequency of most diseases. The intent of Energy Genesis is to balance the autonomic nervous system

## Research

In the current study 23 individuals with diabetic neuropathy were enrolled in an Institutional Review Board approved study. There were 17 males and 6 females, aged 40 to 84. Each agreed to have three EG sessions of 45 minutes on 3 consecutive days, no treatment for 21 days, and another 3 consecutive days of treatment, 21 days off and a final 3 consecutive day treatment period.

Neurologic exams were done initially and at conclusion. Hemoglobin A-1c blood tests were done initially and at conclusion. A zero to 10 pain analog scale was used for evaluation of pain intensity.

## Results

Initial pain analog 5.3

Final pain analog 4.0

Improvement 25% reduction

Initial vibratory perception 37%

Final vibratory perception 46.5%

Improvement 25%

Initial touch perception 46.5%

Final touch perception 76%

Improvement 64%

Initial pain perception 84%

Final pain perception 84%

Change: none

Hgb A-1c no change. Since the study lasted only 72 days, this is to be expected since the test represents average blood sugar over 90 days.

## Discussion

Photostimulation has been known to affect EEG frequency since the development of electroencephalography. Shealy has previously demonstrated the benefit of photostimulation in reducing pain as well as altering a variety of neurochemicals. (1, 2, 3) Music and various modulations of sound have also been useful in comprehensive pain management. Energy Genesis allows the blending of light and sound in a unique combination that appears to alter pain and facilitate healing.

Pain severity decrease of 25% and overall sensory loss improvement of 30% suggests significant improvement in the neuropathy. Obviously, a much longer study would be ideal, since diabetic neuropathy is a very progressive disease. Nine treatments in 72 days might best be done once a week and continued for up to 6 months. There were no negative effects. Although there are several drugs that help decrease the pain of diabetic neuropathy, the underlying disease is not reversed by drug therapy. Significant improvement especially in touch perception suggests the potential for reversal of this often debilitating disease.

## References

1. Shealy, C.N. (1996). The reality of EEG and neurochemical responses to photostimulation – Part I. *Light Years Ahead: The Illustrated Guide to Full Spectrum and Colored Light in Mindbody Healing*. Celestial Arts Press: Berkeley, CA. Edited by Brian Breiling.
2. Shealy, C.N. (1996). The reality of EEG and neurochemical responses to photostimulation – Part II. *Light Years Ahead: The Illustrated Guide to Full Spectrum and Colored Light in Mindbody Healing*. Celestial Arts Press: Berkeley, CA. Edited by Brian Breiling.
3. Shealy, C.N., Cady, R.K., Veehoff, D.C., Burnett-Atwell, M., Houston, R. and Cox, R.H. (1996). Effects of color photostimulation upon neurochemicals and neurohormones. *The Journal of Neurological and Orthopaedic Medicine and Surgery*, Vol. 17, No. 1, pp. 95-96.
4. Shealy, C.N., Cady, R.K., Veehoff, D.C., Cox, R.H., Houston, R. and Atwell, M. (1993). Non-pharmaceutical treatment of depression using a multimodal approach. *Subtle Energies*, Vol. 4, No. 2, pp. 125-134.