My Approach to Medicine - Part One (feature article)

by simonrees - Thursday, 17 February, 2011

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Simon Rees, ND LSM FCT HOM TCM

The Phoenix Healing Centre, Galway, Feb 2011

This article is one of my exclusive "feature-length" pieces which I am offering to the public for free. Don't forget it can easily be printed (see above right).

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A Few Introductory Words^

You may skip this introduction unless you're interested in the background and objective of this article.

I will set out to write frankly and share with you, as I might with a friend on a stroll or by the fireplace, some reflections on the approach I take clinically. For details of what exactly it is that I offer in my clinic, where I trained as a healthcare practitioner, what qualifications I have, and what services I offer, you may see, "Simon Rees – Services, Pricing, Training and Background," which is available for reading or printing at this website, along with other information and resources about the people who have inspired this article, including above all Savely Yurkovsky, M.D.

Note for patients or prospective patients: It is unnecessary for you to read this article in order to benefit from attending my clinic. This is only an "added extra" based on some patients' requests I've received over the years, who said they wanted to read more about my thoughts on medicine and approach to treatment. So I put this together for those who enjoy reading and have an interest in deepening their understanding of the approach. If that is you, then I hope you find my article useful, and I also hope that, in the course of perusing the text below, you may also gain a feel for what type of person and practitioner I am and what my current (albeit ever-evolving!) “take” is on a number of health-related topics.

Just in case, as a result of what you read below, I trigger questions rather than answers in your mind, and/or doubts or even points of disagreement, then don’t feel shy about letting me know, as misunderstandings are common when reading an article such as I’ve composed below – and you might find that by discussing something with me directly, it is not as you thought I had intended, or may simply be clarified better.

My aim in writing this article is not to provide scientific references for my points – an objective better suited to more formal or specific articles which we will continue to write and publish elsewhere – so if this is what you seek, then I suggest you go to my website and follow the links to explore other online websites and the articles and resources which we make available there. In this case my desire and aim are simply to discuss my
approach to medicine in a more personal manner – perhaps as I might in discussion with a friend – allowing my imagination to take the helm in my choice of illustrative analogies or metaphors, or in reference to real life examples.

For ease of reading, I have arrived it into a series of chunky bullet points in blocks, rather than regular flowing text. It will also be relatively unstructured, as I would like to give my mind free reign to wander "where it might go," rather than pinning it down to some sort of prefabricated "plot"! As a result, you may find many asides, in true non-linear fashion. I do not claim that all of my points and examples are 100% correct in all respects, but I will do my best to ensure they are as accurate as possible. I hope that as a whole these asides might end up helping to paint a picture – and this is all I will seek to do in this article: not to deliver a single cohesive argument, but merely to paint a picture composed of a series of random reflections on medicine as I see it today after over a decade of study, research and clinical experience and well over fifty thousand euros spent on my training in various branches of natural medicine. This will also open up many potential threads which might even later see the light of day as more focused articles on specific issues.

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The Bone Marrow and Clinical Prioritization

I seek to base everything I do clinically on some core principles, evolved through personal experience of the negative (or sometimes even terrible) consequences of the common pitfalls and oversights of many healthcare approaches employed, sadly, by a majority of other practitioners in both the alternative and conventional medical fields:

- First of all, by addressing priority issues first and seeking to get the order of priorities right for the individual – as I have seen countless practitioners addressing issues in an unproductive or even disastrous order:
  - To give just one example, if I find mercury in a patient's bone marrow, this might tend to be a higher priority for precision treatment than other issues – and yet this is an issue which is not addressed in other approaches. It is one which is not only overlooked in most therapies, but for which there are not even any means of addressing on the whole. If you were to ask the average healthcare practitioner, whether conventional or alternative, to help you remove mercury toxicity from your bone marrow, the response would generally have to be, at best, a turn-down, and at worst, a mystified rise of the eyebrows, because in a majority of cases they would lack the means to either assess or address the problem – or even to understand why it is significant – unless they have studied Field Control Therapy (FCT), the brainchild of my medical mentor Savely Yurkovsky, M.D.
  - This is one of the many reasons why I came to love and depend on Field Control Therapy to enable me to better help my patients. For me the transition from other therapies to Field Control Therapy was literally (to quote an analogy which my mother coined for this comparison) like going from a horse and cart to getting a modern car. Can you get places in a horse and cart? Yes, you can. Note that a horse-and-cart system represents the best available healthcare modalities out there, not even the majority! But I think it is safe to say that if a modern car were available, most people would prefer that to a horse and cart.
  - The reason why the bone marrow is key is because it is the foundation of the immune system (our white blood cells) as well as vitality (our red blood cells) – and therefore the foundation of good health and healing in a wide range of different conditions. It is said that over 100 billion blood cells are manufactured in the average human body daily, and most originate in stem cells in your bone marrow.
  - Presence of mercury, lead or other toxins in the bone marrow itself (an extremely common finding – because according to toxicology research the skeleton is one of the first places that the body deposits heavy metals that it is unable to excrete) disturbs this process of blood manufacture, hindering the body from self-healing to a wide range of illnesses.
  - And yes, the body does continually seek to self-heal. . . Think about when you break your leg: Is there any
doctor in the world who can fix your leg? No – but a good doctor can ensure you get a cast to cover it, to keep it in the right position while your body self-heals. This simple example demonstrates the nature of the human body as a living system which self-governs – which basically looks after itself as best it can and whenever it is able to – and therefore this fundamental concept also defines the role of the doctor or other healthcare practitioner not as a healer but merely, at best, as a facilitator on the side-lines.

That’s right, in my work as a clinician I cannot storm the football pitch with my nimble moves and nifty skills – even though this is what most medical practitioners, both conventional and alternative, have been taught to do – because that would actually put the whole game at risk. If I really want to help a football team to win time after time, the most I can ever be in relation to another human being’s health situation is just a guy off the pitch who’s helping out. More about that key distinction later!

Furthermore, if I’m really crafty about helping the football team to win the game, then my most intelligent strategy won’t be to try and interfere directly in the game or give live instructions telling any players what to do next while the game is on, but instead to speak directly with the team manager about game strategy. This is because only the manager knows all his players and how they work together! As an outsider, once I start interfering too directly, I run a rising risk of ruining whatever strategies the players have already been taught to play under, and the most likely result will be a worse score and maybe even a complete failure in game after game. I’ll return in more depth to this central theme of “delivering intelligence to the manager rather than applying brute force to individual players” later in the article!

For now, in relation to the bone marrow and this soccer analogy, we can see that the bone marrow forms a key part of the immune and other key bodily systems, and as such it forms a central component of what we would describe as the body’s own self-organising “football team manager” – thus in regularly prioritizing our efforts to help the bone marrow, as frequently one of the first areas of the body we look at in Field Control Therapy (FCT), this is one of the practical ways, in medical practice, that we get to “speak to the manager”. . . rather than merely interfering with his players randomly while he is laid up, let’s say, in the changing room after an accident that other healthcare practitioners are not even paying any attention to. Helping the manager stands a higher possibility of helping the whole team’s future scores.

It therefore comes as no surprise that following removal of toxins found in the bone marrow – using Field Control Therapy – alongside treatment and support of a range of other organs according to priority and individual need – this typically lays a foundation, in an average case, for good to excellent results in the successful treatment of many illnesses. Certainly, many other issues may also need to be addressed, each in their right places and with appropriate timing, depending on the case, but here I am referring to the bone marrow issue for the sake of example – and as a fundamental issue of primary relevance in many cases I see.

To extend this example a little further: Let us imagine that a patient reports a problem not in the bone marrow, but, say, in the adrenal glands, or in the lungs (or it might be any of hundreds of other body compartments). If you like, you may also translate that to symptoms, if it would help the examples seem more real – so perhaps we have one person with chronic fatigue due to sub-optimal adrenal function, and another person with asthma due to sub-optimal functioning of the bronchioles of the lungs. Logically, you would then think that it would be better to treat the adrenals or the lungs, respectively (which, of course, we would also do in a plan of treatment using Field Control Therapy), rather than the bone marrow, right?

Perhaps, but then I would also ask you the following question: All healing, repair and immune cells which are “doing their thing” in the adrenal glands and lungs are dependent on which system in the body? The answer is (among other bodily systems too): the “haematopoietic” (blood-manufacturing) system, incorporating primarily the bone marrow, and secondarily also other areas such as the thymus, lymphatics and spleen, all of which we also prioritize in Field Control Therapy treatments, according to need. By optimizing the function of this haematopoietic system, clinical experience has shown us repeatedly that this tends to then optimize function in all other body organs, or at least set the scene for that to become a significantly higher probability following further treatment for other issues.

Complicated though this issue may sound, with long words such as haematopoietic (don’t let that sort of
thing put you off! – instead just think “blood factory”), I have tried, here, to boil it down to make it as simple as possible – and I have chosen this as my very first example in this article – literally because it is that important. If you asked me to name the single clinical point of greatest importance in medicine today, out of everything I have ever learned and explored, then this issue of addressing toxicity in the bone marrow would certainly have to be one of the top contenders for that Number One position! So, just in case by any chance the point hasn’t penetrated or made sense up till now, let me make it even more plain by summarizing:

§ There are many (although not all, of course) cases of illness which cannot and do not find their way to cure or recovery until heavy metals in the bone marrow have been appropriately addressed.

§ I know of no other method to assess or treat this issue at all, outside of Field Control Therapy, let alone treat it effectively.

§ Addressing this issue has led to phenomenal clinical results in FCT clinics in the treatment of a wide range of conditions, including ones conventionally considered “incurable” such as, for example, ALS, autism or chronic fatigue syndrome, to name just three random examples.

§ It would be hard to find or name any other health issue of higher clinical importance, these days, in practically every form of illness than heavy metal toxicity in the bone marrow. If you, as a reader, are a healthcare practitioner, let me share candidly from my experience and say that if this is not at the top of your agenda of investigation nearly every time a patient walks through your door, then you are missing a huge and foundational issue. Furthermore, and in a friendly manner, may I say that since you are reading this article, this means that you no longer have an excuse not to offer this service to your patients, since thanks to Dr Savely Yurkovsky’s wonderful work, it is possible – as I did – to learn these fantastic new medical tools. If you, as a reader, are a patient or lay person, then I would warmly suggest that if you or someone you know has an illness which has not yet responded to any form of treatment (or which has, in fact, worsened following the treatments so far received – an all-too-common scenario), and for which you or they may be looking for a solution, then heavy metals in the bone marrow are in FCT one of the most commonly identified obstacles hindering healing, and so there is a possibility that it might be helpful to find a practitioner who is trained to assess such issues in order to see whether or not they are relevant to a given case or not. Let me be clear, again, in saying that this is not a cure-all, but is nonetheless a foundational issue that should be at the top of every doctor’s agenda.

To give an extreme example from my own practice, which I hope may carry the point by putting a human face on it, it was Dr Yurkovsky's bone marrow remedy which I used last year to revive a terminal cancer patient. I’ll tell you right away that she is no longer with us, for reasons I won’t go into but will allude to further below, but that while I knew her, she told me quite clearly that she wanted her case to be shared as an example to help others. For this reason, and in tribute to her, I will share a few interesting notes from her case in this article, in case you find it interesting or even inspiring, and also to try and illustrate a number of points about what makes FCT unique.

With fourth stage breast cancer metastasized into her lungs, spine and lymphatics, she was very close to death, and her family and solicitor were all gathered round saying their last farewells, expecting her to die any hour. This was when I first met her. I found her incredibly emaciated, in great pain (but still refusing to take morphine), coughing up blood, delirious and barely able to speak or look at anyone, and unable to even sit up in bed. A relative of hers had called me in, on a professional house visit, and by the very next day, after an FCT test and then direct administration of a small number of key FCT remedies, including FCT treatment of her bone marrow, she practically came back to life. What better example to illustrate what I am saying about the importance of the bone marrow? Here we had a clinical situation demonstrably way beyond anyone else’s power to help – what more extreme example could I have chosen to illustrate that? – and yet FCT not only helped but there is a precise and logical reason why it was so – which I have already explained above in my bone marrow discussion.

Within days, she was out of bed, in her chair, cheerful, focused, able to converse, energetic, with greatly reduced pain and coughing, etc. In a matter of only a few days after this, I remember clearly one house visit I paid where I found her and her husband so lively, optimistic and energetic that before I began my consultation,
they gave me a wonderful mini-concert, right there and then in chairs outside the bedroom, she on the accordion and he singing. They were musicians of professional standard, and playing so well that tears came to my eyes to see them in this way. It is quite possible that this was the last time they played, although I don't know that for sure. Anyway, I felt it was a deep honour to hear them playing, after no one would have imagined it possible any more at least on her part.

I was amazed, myself, at the speed of her revival, as were her relatives at the time, who also became, as far as I could observe, rather disorientated by her repeated subsequent revivals. After all, I imagine that when you have done your best to make peace with a loved one's imminent death, and then on repeated occasions an FCT practitioner pays a visit and your loved one rallies significantly, you end up losing any sense of timeframe, i.e., not knowing when to be prepared for the worst or what's going to happen. But the bottom line, of course, is that the extra lease of life gives more time to prepare oneself for any eventuality, especially as her deterioration before my arrival on the scene had been rather unexpected.

Before I had been called in, she had experienced a steady, progressive decline in health for many months in spite of many interventions from the cutting-edge of the supposedly “best” therapies available anywhere. Most interestingly, she and her husband had themselves studied with some of the most famous names in alternative medicine around the world and had been leading figures in the practice and teaching of a range of alternative therapies for many years, and reported many clinical successes under their belt, and yet the one important therapy which neither of them had ever studied or used was FCT. This was, of course, why I was called in, as they had heard positive reports about FCT. As it turned out, every other therapy had either been powerless to prevent her decline or in some cases may have actively contributed to it, and FCT immediately reversed this trend at the eleventh hour. And ah, if only I had been called in sooner!

I should also clarify, although it should already be clear, that she was far beyond any help from conventional medicine, and in fact one day I met her GP in the kitchen downstairs, out of ear-shot of the patient herself, and asked him his assessment. He told me that it was near the end – a matter of hours – and that he would be very surprised if she survived more than 48 hours. He added that he had seen many such cases, and it was clear she didn’t have much time left, and that of course there was nothing that he could offer now except morphine if she would accept it. This was his “pronouncement” on one of the various occasions when she had not been doing FCT in the preceding days, leading to a worsening whenever she wasn’t taking FCT remedies, and so then I tested her and once again helped to revive her by re-starting a daily programme of intensive FCT, so that weeks later she was going strong and improving again instead of worsening, yet again out of bed and relatively lively.

What happened in the end is another story, and a complex one. But the bottom line is that while she was continuing FCT I was able to constantly monitor the state of her internal organs – the very ones which were most in danger of failing and leading to her demise, such as her lungs, liver, heart, brain and kidneys – and to use Dr Yurkovsky’s clinical algorithm to assess the priorities from day to day – or at times, where necessary, from hour to hour. This was true at least on days when I was available, and I did my best to remain available but didn’t always manage to, plus there were times when she fell into decline yet no one contacted me – a complicated question of which family member was taking turns to care for her at home each week and how clued in they were as to what was going on.

Two key observations I made during our time working together were as follows: First, so long as she continued under my care, I kept her alive and several more times averted disaster in moments of emergency. Secondly, it was not only that I was keeping her in relative stability at these times, but furthermore any time she was doing only FCT and no other alternative therapies, she was improving in her state and symptoms. Who knows what we could have achieved if she had chosen to focus simply on FCT, instead of trying to spread her chances by straddling what I realize in retrospect were too many horses mid-stream – a common and human error when people feel desperate, I think: “I don’t want to put all my eggs in one basket” – and then all the eggs end up breaking because of too many baskets. And in saying this, I am not knocking any other therapies, in respect to other cases, but merely confronting the truth of her particular situation, which was that they had not helped her before and subsequently continued in some cases to drag her down, with a few notable exceptions such as when her husband offered classical homeopathic inputs or acupuncture for successful pain relief, which were certainly supportive.
Not counting these positive exceptions, in a serial fashion she kept trying a range of other alternative treatments too, intermittently, namely when relatives and friends pressed them upon her and she didn’t want to say no. And I sympathize with her – how difficult it must be, in her shoes, to say no to a dear relative or friend who is only trying to help and says, “I have something which is bound to work!” And so these other interventions several times brought her back to death’s door, leaving FCT to once again revive her internal organs and bring her back to life. Whenever things got really bad, it was to FCT she would have to “go running” to try and clean up the mess, so to speak. Sadly, even though this pattern repeated a number of times, until it became a recognizable one, the family still did not give FCT enough confidence to withdraw the other stuff and just let FCT do its job. The other therapies, to them, familiar, tried and tested methods (even though, as I said, none had worked for her, either before or subsequently!) – but people are slow to let go of their ideas, I suppose! – whereas to them FCT was a new kid on the block which they didn’t understand too well, so they were too slow to trust FCT and me to do things on our own. Otherwise – and sad to say, as I am not perfect either, I don’t say this without some suffering of my own in recalling it – she might well be alive today – and probably would be, judging from what I repeatedly observed in her state of health whenever she was having periods of intensive FCT. What moved me most were the ways she had decided to completely transform her life after getting well. She also wanted to go on television to talk about her recovery.

The most important observation I have, though, in connection with this is to say that if she had been given access to an in-patient FCT facility where it was easy to pursue FCT and be taken care of, she likely would not have made this decision at this time. As such, this lady’s experiences have alerted me to the fact that our societies are crying out for FCT in-patient facilities, and if our health services providing that kind of service out of taxpayers’ contributions wouldn’t be well-invested money, then I don’t know what would be! Instead, it seems that most people in the health professions these days want to make a living out of nursing the sick, and almost no one is actually interested in true cures. Indeed, even to speak of cures is considered a taboo subject in some circles, e.g. in the professional associations of certain “incurable” diseases! Two examples of this which I have discovered is that I know of professional bodies of support for autism and chronic fatigue syndrome, respectively, one is actually interested in true cures. Indeed, even to speak of cures is considered a taboo subject in some circles, e.g. in the professional associations of certain “incurable” diseases! Two examples of this which I have discovered is that I know of professional bodies of support for autism and chronic fatigue syndrome, respectively, that take this stance. And as to the “C” word, I won’t even go there! History, I am sure, will one day record the stupidity of all of this: “You know, son, there was once a time when degenerative illnesses were commonplace, and not only were many not cured, but at times it was not the done thing even to discuss the idea of cure, for fear of being ostracized! Can you believe that? It’s like when you break a leg, if someone were to immediately put you in a wheelchair for life and prohibit any talk of putting a cast on your leg, because of the nature of collective delusions!”

At this time, instead of pursuing treatment, she asked me for a one-off session (her first and only) of Tibetan Pulsing Yoga – which is more of a spiritual meditation practice I am keen on – and this was, in fact, as it turned out, a goodbye not only to me but also to her life in general. I mention this because, incidentally, I was pleased at this opportunity to engage in meditation through Tibetan Pulsing Yoga with someone this close to death – because Tibetan Pulsing Yoga is a system which was designed specifically to assist people in preparing for death, as in the Tibetan Buddhist tradition. This, in turn, is based on the ancient Tibetan idea of the afterlife “bardo” – a journey of the soul believed to take place when we die, and for which they believe we can prepare, so as to utilize the journey for spiritual awakening rather than travelling the journey blindly. But I digress, because the focus of this article is not my lay interest in Oriental spiritual traditions as a personal hobby, nor even the way she began her interest in it herself so near the end (which reminds me of a line from a poem by T. S. Eliot, where he wrote, “In my end is my beginning”), but rather the medical facts of the case. Regardless of your own religious or spiritual beliefs, I want the medical message to resound clearly, without getting lost in any unrelated talk about
spiritual practices, as that is not the intent of this article and I don’t want to dilute our focus.

o  At her voluntary withdrawal from FCT, I gave her a clear warning about what was likely to happen to her organs once she withdrew the daily FCT organ support I had her on. But I did not, of course, dispute her decision – so as to respect the sovereignty of my patient. As I described earlier, I am only working as a guy on the sidelines, in more ways than one! I never heard from her again, but some time later I learned from the family that immediately following her decision to cease FCT, she then began directly to decline again, and two weeks later died. I was pleased that no one invited me to the wake, as for a while I felt sad and, more to the point, frustrated about the way things turned out for her. Now I feel I have made peace with what happened, but still wanted to share this astounding story here, to demonstrate to you, my reader, the full scope of what could be possible in modern society if FCT were brought out of the shadows and into the mainstream of medical care.

o  The point of this aside is thus to demonstrate a pragmatic example of what I mean by Living Systems theory applied to medicine – a subject I will be returning to a number of times in this and future articles. It is through what we refer to as Systems Theory case analysis, organ interrogation, and a systems understanding of organ interrelationships, that I was able to focus on the priorities in her case in any given moment, and thus achieve amazing things repeatedly. At first it was the bone marrow, but in subsequent days the adrenal cortex assumed a key role, and at other times the lungs, and so on and so forth.

o  This degree of accuracy, focus, prioritization and depth would not have been possible using any other known methods. I want to dwell a little longer on this last point, by way of another recent example in my clinic. I got phonecalls just the other day from several people in a row, all of whom knew a particular lady who was in that moment hospitalized with swine flu, and in a near-terminal stage already, in a coma, on a drip and other life support equipment including a kidney bypass. But no, don’t worry, this is not going to be another example of how much I helped a patient! In this case, I never met the patient. But the reason is interesting, in my view.

o  Because of the disapproving attitude of this lady’s doctor in the conventional medical hospital towards any form of alternative medicine, combined with their inability to offer the lady any type of supplement, relatives were in despair as to what to do. Finally, one sought advice from some alternative healthcare practitioners, one of whom recommended she contact me. I spoke to this relative on the phone, and we discussed the treatment options. We made a plan concerning how to work with the doctor on giving the patient FCT, and it looked like things were going to go ahead, when the next morning I got another phonecall; “Simon, sorry to waste your time, but we have just learned that we can, in fact, give herbs to her via her drip, and so that means we don’t have to resort to FCT, since we can use herbs instead.”

o  I will be frank with you, and hopefully in the context of my previous case example you will understand why: Although I cannot fault her for her politeness in informing me of her decision, I was nonetheless a little annoyed about what I viewed as her misunderstanding of why FCT would be indicated in a situation like this. Or perhaps I was at fault myself for not having explained it properly. My annoyance was, of course, motivated by my own perception of what held the most likelihood of saving her relative’s life, and herbs were not where it was at, in my view. Yet clearly, in her mind FCT was an inferior second cousin to better methods such as herbs, and the only reason she would conceive of needing FCT would be when the avenues of other treatment were made impossible due to a physical impediment to administering things like herbs or other supplements.

o  Now why on earth would I suggest that FCT is in a whole different class from herbs or other alternative treatment options when there is a medical emergency? There is a quite specific reason for my logic, and it is this: Dr Yurkovsky has many times taught us, at seminars, that the most effective medical system will be the one that stands up even under the most pressure – and thus which is capable of working even in the most difficult situations where other systems fail. Imagine, for a moment, that you want to go hang gliding off a small hilltop and then drift a short distance before landing – in this case, it would not matter that much whether your hang glider is the best quality one available, or not, because even a poor quality one may serve the purpose – since the purpose is not, after all, a very challenging one. But next imagine a different situation – one which will tax your hang glider far more: you want to jump off a high mountain and travel a long distance in your hang glider, and under ominous weather conditions. For this, would you choose any old hang glider, or the best available? Dr Yurkovsky’s point is that more or less any therapy can have sporadic successes, but when a clinical situation is
more challenging, a therapy has to have extra-special tools available in order to “crack” the nut. This, in a “nutshell,” so to speak, is the reason why I chose to go into so much detail above about a very challenging case in my clinic, so early in my article, rather than dwelling instead on plentiful other successful cases of less difficult nature. This was a situation that, in my estimation, was truly beyond the capability of any other therapy I have ever studied or heard about, as I hope my account has demonstrated.

- Of course, I am not saying that FCT is fool-proof, either, because all any systems are capable of failing, since every situation is unique, and the possible variables involved in influencing the health or sickness of an individual are practically infinite – thus even the very best medical system cannot be 100% watertight in its capability. But in the case of FCT, it can at least avoid causing harm, while having a tendency to be able to help where other systems have nothing left to offer, and at the same time offering a useful analysis of the current health status of key internal organs at any given time.

- Thus even or especially in a situation where nothing has ever worked (such as in my first case example above), FCT then represents an investigative system – a way of playing medical detective systematically in order to discover what factors or obstacles are blocking or slowing progress. Then the likelihood is that FCT will itself bring results. But the separate issue, which I am seeking to emphasize, is that unlike other therapeutic systems, FCT is not exclusively about “results” but, just as importantly, about the “why” of past failures.

- Let’s imagine that you have a car problem and want to get it fixed. At first, you might be willing to try any local mechanic. And that may work at least some of the time. Most mechanics have at least something to offer, or they’d be out of a job. So far so good. But now let’s imagine that it turned out your car had a very unusual problem, or perhaps the problem was not unusual but something was blocking the success of the repairwork. At this stage, you will begin to be more discriminating. This, incidentally, is the phase most of my patients are already in when they come to see me. Suddenly, you don’t want to find just any old mechanic who can report “successes.” Now what you need is a mechanic who can analyze failed repairs and find out why they failed. In short, you don’t need just an offered solution, of the “one-trick pony” sort that in my experience typifies most therapies. Instead, you want a genuine problem-solving system. There is a fundamental difference between a solution versus a problem-solving system. That difference is this: If you have a supposed solution but it doesn’t work, then you’re basically stuck after that, because you don’t know why and you’ve already “done what it said in the manual.” This is essentially where most alternative and even conventional therapies are at, broadly speaking. They have some useful solutions which work some of the time, but are not true problem-solving systems capable of analyzing failures and deriving new, superior strategies consistently. It is because they have not been built up on failure analysis and innovative strategizing. Yet this has always been the “bread and butter” of FCT.

- Why, then, is FCT capable of performing beyond the limitations of other systems? There are a number of precise reasons. Think back to that GP who felt that a 48-hour prognosis was optimistic, who I then proved to be woefully wrong in his analysis and not for the first time. In his conventional medical training, was he ever taught a method to evaluate the status of a patient’s bone marrow, determine whether or not it was a priority for treatment, and address it? Could the same be said about a host of other internal organs, the very ones responsible for keeping the patient alive? As another analogy, it is perhaps like trying to keep a rowing boat afloat and reach a destination before supplies run out, and in the boat there are 12 people at the oars. These rowmen are one by one growing fatigued and in danger of collapsing, and along comes the GP and says, “The rowmen are collapsing, it’s not long before we won’t have anyone left rowing,” and thus he pronounces the situation hopeless when in fact it is not – it’s just that no one has ever taught him a method for coping with such events. In contrast, using FCT tools, I am able to assess the rowman situation more exactly, by identifying which ones are in most immediate danger of collapse, and then to administer something to them at timely moments, in an ongoing sequence of tests and administrations, sufficiently that they can be revived to continue rowing for longer, time and time again, until the destination is reached.

- In essence, as I hope this analogy reveals, it is surprisingly simple: Each of us has organs inside which overcome illness and keep us alive and well, and FCT has tools to assess, detoxify and support these exact organs in a powerful yet non-invasive way. That is the bottom line – and yet, in comparison, we find that other medical approaches lack this basic capability, either for the bone marrow or a range of other organs and the
toxins or other pernicious factors ailing them. Never mind the GP who had nothing left to offer my patient – what about the herbs chosen for the lady dying of swine flu? – for whose life I had been feeling relatively hopeful until I heard about the family’s decision to resort to herbs instead – at which, I’m sorry to say, my expectations for success took a pessimistic turn – since although I have nothing against herbs in less serious cases the fact remains that they are neither as exact nor as deep as FCT treatments for treating the internal organs in the powerful way that would in my view have held the highest chance of success in a situation this dire.

In giving such extreme examples, I am not writing this as an invitation for people to refer to me nothing but their most “up that creek we all know without a paddle” cases! On the contrary, and as I hope Dr Yurkovsky’s logic makes clear, the hang glider which proves most reliable on the most difficult journeys is also, we are safe to assume, the one which we would also be best to use in any other situation, too. Why wouldn’t it be? Is there any reason we would prefer a poor quality hang glider just for the short glides?

Take, for comparison, Isaac Newton’s Laws of Physics, versus Albert Einstein’s later theories of Relativity. It was discovered that Newton’s Laws only work because they are valid for certain situations – whereas Einstein’s new theory accounted for both these situations and others where Newton’s fell down. In the face of such a rival, did physicists cling to Newton’s bastion resentfully, and cast Einstein out into the cold?

On the contrary, they embraced Einstein’s new model as a superior new basis for the future of physics research, and thus it came to supersede Newton’s model – as, I might add, I predict FCT (and Living Systems Medicine more generally, of which FCT is a brilliant example) are destined to do in superseding many of today’s customary medical practices. Yet, as with Newton’s Laws, which haven’t been chucked out of the window completely, but remain handy for the sake of convenience in some industries, similarly I am not saying that FCT will replace conventional medicine; but rather, that the two will, in this hypothetical future improved state of modern medicine, co-exist in harmony and greatly assist each other, within a greatly revolutionized new medical model of the future, of the type I am describing in this article – which I have learned from Dr Yurkovsky and which can be referred to generally as Living Systems Medicine.

Why so bold in my predictions? Because on the one hand, in cases of the type as described in the opening of this article, FCT proves itself where other systems tend to find themselves out of options; and on the other hand, the underlying Living Systems model of medicine on which FCT is based has “built its house” on a design which frankly makes the most scientific sense – a model which incorporates more up-to-date scientific research than any other. You might be surprised to learn this (which is yet another complex subject for a rainy day!), because many of us have been falsely led to believe otherwise, but modern conventional medicine, like Newtonian physics, is actually based on an out-of-date nineteenth century theory of health and disease, and over a century of scientific research in multiple fields since that time have built up, at last, to an overwhelming crescendo which is shouting from the hilltops, “We cannot steer the boat up this creek any longer, because the mass accumulation of multi-disciplinary scientific evidence now indicates the ocean lies in another direction! No wonder so many people are developing so many chronic diseases for which there are no answers conventionally – we are going in the wrong direction up this creek!!!” Naturally, the best of us – never mind the worst of us – find it difficult to admit when we’ve made a mistake, but that’s exactly what will need to happen for modern medicine to grow and improve: not to reject everything as a mistake, but to admit the mistaken areas in order to make way for “fresh” input from left of field. Sadly, although physics has had about a century to slowly adapt itself to Einstein’s input, medicine has not kept up but has stayed behind in the nineteenth century as if Einstein never lived: Such are the hazards of over-specialization, where the physicists do their work on one side, and the doctors are on another side as taught an outdated model of science. Eventually, though, medicine will have to catch up with modern physics – and when it does, the fruits of this meeting will lay the path for a new medical model much like the one we now know of as FCT.

So, having launched this article with the long list above of reflections concerning the bone marrow and related matters, let’s return now to my original list, and move on to the second point I like to emphasize in my clinic:
Secondly, I like to proceed by using only non-invasive methods without side effects or unnecessary interventions — again, owing to the many mistakes I have seen practitioners making. For example, one of my mottos is “Less is more!” so you won’t see me prescribing patients bag-loads of supplements of ANY kind, as I tend to take a more minimalist approach, only prescribing what is deemed necessary and useful — which leads to superior patient progress than overwhelming the system with too many therapeutic inputs as the majority of both conventional and alternative practitioners tend to do.

Thirdly, I seek to engage routinely with the deepest level of human physiology first — bio-information and energy — since every human cell emits informational, quantum and electromagnetic fields which control (or, if you’d rather I word it as though in a political fashion: govern) every function, process and structure that exists in the body — and many therapies work at much more superficial levels, with correspondingly limited results.

Last, but not least, throughout the process my aim is to assist patients towards holistic healing at all levels, including the deepest normally beyond the reach of most prevailing approaches and healing practices:

- To give an example, I tend to take a thorough approach (more thorough than most practitioners do, or so I have been told) which aims at evaluating the global picture of a patient’s health situation, taking into account many of the factors and variables that may have been having a current and/or past influence on it.

- This might, for example, involve taking a close look at toxicological factors such as sources of heavy metals and chemicals in the patient's daily environment, as well as infectious factors such as parasites, fungi, bacteria and viruses; or radiation; drug (or supplement) residues or side effects; lifestyle stresses such as sleep quality, electro-magnetic fields (EMFs) and diet; emotional stress or traumas; history of physical injuries; genetic-constitutional factors; structural issues; digestive issues; autoimmune reactions or allergies; and the list goes on and on.

- All such issues may be considered either in terms of treating existing health issues, and/or maintaining health and preventing future illness.

- Above all, though, and in addition to this thoroughness in terms of breadth, are the twin issues of depth and priority: knowing what to treat when, and in which sequence, and using deep, safe, non-invasive, powerful means appropriately. These issues can all be evaluated through advanced bio-resonance testing (i.e., Field Control Therapy testing) combined with clinical experience and a thorough case questionnaire.

- Overall, this process involves assigning a greater perspective to problems, and addressing them in a highly individualized way, rather than viewing or addressing them in isolation or in a limited and/or generic or formulaic fashion. Imagine, if you will, that you were to try to understand and explain the function and state of a leaf cell without looking at the whole leaf, or of a leaf without looking at the branch, or of a branch without looking at the tree, or a tree without looking at the environment with which it interacts. Or vice versa — to understand the tree without looking at its branches, or its branches without looking at its leaves, etc. Each of these is a different level of perspective — and here I am borrowing from systems science — which will form a key topic of other articles another time in greater depth, as this is the foundation of Living Systems Medicine — which I regard now as the backbone of my clinic. For now, let us just say that in order to gain the best understanding of any given level of perspective, it is necessary to look also at the neighbouring levels of perspective — those a bit larger and those a bit smaller — so for example, to understand the tree, we should consider its environment too (one step larger), and the parts of the tree such as the branches and leaves (one or two steps smaller). Failing to do so will lead to a very limited assessment, like trying to cross the street when you are purblind. Naturally, making medical decisions when your perception is this narrow will lead to constant mistakes, no matter how well-meaning the medical practitioner is. This, sad to say, is the current state of most forms of both conventional and alternative medicine! The simple reason is that systems science (which could be described as the science of perspective for the above reasons) has not been applied to modern medicine, as yet, except, ingeniously, by Dr Yurkovsky in the FCT model.
The Eight Guiding Principles of Medicine, Based on FCT

- As a part of the FCT Graduate training programme, and as a teaching tool, a number of years ago I got together with my colleague and fellow lecturer Kevin Eakins, ND, and we summarized for our students the Eight key tenets / guiding principles of FCT practice (which are also the guiding principles of my clinical practice), some of which are mentioned above already in passing.

- We defined these ourselves as our own perception and expression of a number of the key points of Dr Yurkovsky’s lifework. (Actually, we originally summarized only seven, but later added an eighth!) For the current purposes of this article, this is not a comprehensive or systematic treatment of the subject, but instead I am going to draw freely and imaginatively from these guiding principles in order to make a number of clinical points, with examples. Each of the guiding principles, in turn, is based on the properties of living systems, derived from systems science as applied to medicine, since the human body is a living system. Before I dive in, may I again express my gratitude to Dr Yurkovsky for establishing and teaching these ingenious concepts in the first place and applying them to clinical practice for the treatment of many illnesses and betterment of humanity.

- They are listed as follows:

1) Perspective

§ In treating a patient, I won’t be looking at their symptoms in isolation from what is happening in the entire body, as there are many organs that are inter-related in various key ways, and better clinical results tend to come from treating the whole body rather than only problems in isolated pockets. The bone marrow example above is one of many such examples. For the same reason, my interest in symptoms does not confine itself only to the primary complaint, but extends also to all and any other signs and symptoms of potential interest, even if it is only something common and generic such as a want of energy or vitality.

§ The true meaning of “holistic medicine” is thus to look at each symptom within the context and perspective of what is happening in all of the rest of the bodily organs too, and to formulate as complete a picture as possible of the health status of the various bodily systems.

§ Our objective in Field Control Therapy, then, is not simply to remove or cure a symptom or disease, although this often occurs as a part of the process. Instead, we aim to evaluate and optimize the functioning of the entire organism. So a useful way of looking at a Field Control Therapy consultation may be like taking your car in for a check-up: Whether or not a piece needs replacing here and there, the main target is to analyze the whole system, assess its status and make further recommendations to ensure it remains road-worthy till the next check-up.

§ In short, this is why you might attend a Field Control Therapy practitioner for help with (for example) sciatica, but may end up talking about a range of other interrelated issues which then arise in the consultation such as your history of recurring bronchitis, or your backache, or your family history of breast cancer, and so on and so forth. This process is all helpful as part of the practitioner’s task of piecing together a picture of your overall health status, perhaps like a jigsaw puzzle composed of many bits, and after the discussions relating to the health history, a bio-resonance evaluation will then fill in many more key details via direct testing of the various internal organs.

§ As you will have seen already, from various earlier mentions in this article, reported symptoms are then closely related, in my analysis of a case, to the organs and organ systems most likely to be involved. Thus where I see bronchitis, the lungs will of course be included in the list of organs that I suspect are affected. Each organ, then, is broken down, in FCT, to its key functions, and then linked to symptoms rather than merely (as in conventional medicine) to disease labels. The emphasis of this approach is, therefore, somewhat different. A conventional doctor might, for example, know all about a disease such as Parkinson’s Disease, and
range of symptoms and signs associated with it. In contrast, we would break down each of these symptoms and signs, in every individual, to corresponding organs. So, to further this example, depression can develop in Parkinson's Disease as a concomitant (i.e., secondary accompanying) symptom, and a conventional doctor would merely note it as a concomitant of the primary disease label and perhaps medicate for it with some anti-depressants if deemed appropriate. Where our approach differs, then, is that if depression is present, we don't stop at simply writing this down as a symptom of a disease label or syndrome, but prefer to link it to the actual organ or tissue involved – in this case, typically the emotional centre of the brain. This was only a simple passing example of what I mean, but the variations are endless. Every case is unique (another tenet we will encounter again further down!), and so displays not only a unique set of symptoms, but also a unique set of affected organs, and in a unique hierarchy of treatment priority from month to month.

§ Having linked symptoms to likely organs, I then make two further important steps. One is the process of bio-resonance testing which I have already mentioned in passing – an organ interrogation which we practise in FCT that enables us to assess the current status of these suspected (or any other) organs and tissues, by subjecting them to a process of bio-information inquiry involving test vials and muscle response evaluation. In essence, the autonomic nervous system gives involuntary responses via certain muscle groups in response to the bio-informational stimuli of a series of test vials which are designed to "prod" different organs and tissues in specific ways. It is a precise and objective process, and is complemented by the initial patient history that I will have already taken. That is all I will say about it, for now, since it is a complicated subject in its own right that could be addressed in a separate article devoted exclusively to this, but for the current purpose imagine, if you will, that this is a physical method of evaluation which enables us to double-check and deepen the symptom-organ relationships already listed as suspicions from the initial evaluation. At this stage, we will start finding some of our suspicions confirmed, while others are proven wrong, and other issues in turn which we didn't think of in the first place will arise. Thus although depression, for example, is most often linked to the emotional centre of the brain, we might find in a given case that this suspected link is incorrect, and that it is instead a suppressed adrenal function that is causing the depression – thus actually a state of mental fatigue due to adrenal insufficiency rather than "true" depression. This process of "correcting" our suspicions, and grounding and deepening our assessment, is completed through the bio-resonance test, and at the same time – which brings me on to another important step I take – not all organs are treated with the same degree of priority.

§ George Orwell fans will remember, from his 1940s novel, "Animal Farm," the parable of how when the animals overthrew the humans at the farm, they established a new rule declaring that "All animals are equal"; but that later on, when the pigs took control of the other animals, a second comment was added, stating, "But some are more equal than others!" In like fashion, you might say, we do not view all organs in the body as of equal importance: we do assign a hierarchy. This is partly borne of clinical experience (as in the case of the bone marrow, already discussed at the start of this article), and partly as verified individually in each case through the bio-resonance test. These two sources of information are constantly improving each other, since clinical experience ensures that we employ bio-resonance testing using the test vials in the most intelligent and relevant sequence of inquiry; while on the other hand, the bio-resonance testing itself feeds back into our clinical experience, as each case reveals something new, and as practitioners we are therefore continually learning and every day I am upgrading my skills based on every patient I meet.

§ This also, by the way, makes clinical practice constantly interesting and stimulating. I find that FCT is never boring, as every day holds new surprises and allows me to be continually learning and improving as I work.

§ How, then, are the organs and organ systems sorted into their respective priorities, and why is that so important? This, part of the essence of the issue of perspective, is something so important that we will return to it, in its own right, as a tenet further down this list! If you remember the analogy of the tree, we could easily identify certain branches that are more central than others, and which play a more central role in maintaining the health of the tree than more peripheral branches. To take an extreme example, certainly the trunk itself is more important to the tree's health than any given twig on the tree. The question in medicine, then, is how to distinguish the trunk and central branches from the peripheral branches and twigs, and how to do it in every single case on an individual basis? That complex but essential question forms the heart of FCT clinical practice.

2) Caution
All testing and treatment procedures employed in Field Control Therapy are non-invasive and intrinsically harmless and free from side effects.

This is, sadly, not something that can be said about most other forms of medicine or therapy. There is a term, coined by the writer Ivan Illich back in the 1970s, “iatrogenesis,” which refers to diseases and symptoms which have been CAUSED by medical treatments. In the original Greek, “iatros” means doctor, and “genesis” means “originating”, thus the word refers to problems “originated by the doctor,” or in other words, harm caused by doctors.

In my view, this concept has become so central to modern society – for anyone who seeks to understand the basic nature of illness and its common causes – that everyone should know the meaning of this word – so that’s why I paused to explain it here in detail. But why am I making such a big deal out of this word? Well, according to several statistical studies of death rates in, for example, the USA, iatrogenesis is actually the leading cause of death in modern societies, far out-stripping the competition from numbers 2 and 3 on the list, heart disease and cancer. Not a lot of people realize this, but it is a very serious and concerning fact about modern medicine.

This means that yes, you are more likely to die because of something your doctor did than because of heart disease or cancer or any other illness or accident! Admittedly, this has been statistically confirmed to be true of the USA, and not necessarily to the same degree in other countries, although it would likely be true to a comparable degree in most modern nations. It is especially notable, then, that it is precisely in the country (the USA) which spends the most money per capita on modern medicine that iatrogenesis has been demonstrated to be the leading cause of death. Furthermore, another study came out recently (which we will reference one of these days, along with plentiful other studies and news of interest, at our blog on www.systemsrevolution.com) in which a number of factors were statistically ruled out, one by one, to account for the high rates of illness correlating in the USA with the high rate of spending on modern medicine, and it was concluded that the only possible explanation is iatrogenesis: that the more a country spends on modern medicine, and the more modern medicine people receive, the higher the rate of many illnesses.

This does not mean that conventional medicine is not useful. You should always seek a professional evaluation from a good conventional doctor concerning any health complaint!

It does mean, though, that it has a wide range of dangerous side effects, including death in a large number of annual cases. Death as a side effect of “correctly” prescribed medications alone, if counted separately from other forms of iatrogenesis, is still in itself the third leading cause of death in the USA!

I am not, therefore, advocating that we boycott modern medicine entirely. I am simply advocating the practice of a far greater caution than most people are exercising in relation to it – and that is the essence of this tenet. Overall, medical interventions, because of the issue of iatrogenesis, need to be kept as much more minimal, and much less invasive, than is currently customary.

Alternative medicine is not free from blame, either.

On the one hand, it certainly out-shines conventional medicine in terms of being far less fatal in general. In fact, while it is very common for conventional medicine to kill you, it is extremely rare to find a case where alternative medicine killed someone – and in the extremely rare cases where it happens, the mass media naturally tend to over-react and make a big deal out of them: “Oh, yes, millions die every year courtesy of conventional medicine, but we will not mention that because it is officially endorsed death; on the other hand, we will report rare, sporadic cases of harm from alternative medicine merely because it is not an officially endorsed form of death.” You thought we lived in a free society? Perhaps not – because apparently it is not considered okay, in many people’s book, for us to choose our form of medicine – or even our form of medical death. Personally, if I am to take the tiny risk of medical death via an unsanctioned route, versus an officially sanctioned route with a very high risk of medical death, I would throw my chances in with the unsanctioned boat ride! However, it seems that most people prefer to do what they’re told, rather than question authority and make their own decisions.
Things are getting so bad that there is a trend gathering at present of increasing monopolization of the medical “industry,” via squashing of the financial “competition,” an outrageous trend which deserves lengthier treatment elsewhere. It is my firm belief that every human being has an inalienable right to the medical care of his or her choice, right up there with any other basic human right. So I would encourage you, as an individual, and as a human being, to uphold this basic human freedom, and there is no government in the world which has the moral right to take it from you. In spite of this, the EU and other legislative bodies are increasingly impinging on this right. This is a human rights scandal of the first order brewing right here in Europe.

On the other hand, I am not arguing that alternative medicine is, in general, as non-invasive as it should be, either. Yes, every citizen has a right to choose whatever form of medical healing it risks and all – that he or she wishes. However, I should also observe that a great many practitioners of alternative medicine use methods which are in my view unnecessarily invasive, too, and which can easily make a situation worse instead of better. As an example, if a therapy involves throwing bag loads of supplements or medications at a patient, then the likelihood is that this tenet of “caution” and minimalism is not being applied, and that there will likely frequently be “unintended consequences” not only on the wallet but also on the health!

Take, for example, the case that Dr Yurkovsky used himself in an article once to illustrate the point – a patient of his who had started with a relatively minor health complaint, then went to 32 health specialists one at a time, both conventional and alternative, and ended up with dozens of new and worse complaints in addition to the original one, and what’s more at a cost to her wallet in the six figures! Can things get any worse, when such cases become the norm? In FCT practices around the world, we encounter cases like that all of the time. We are literally the “mechanics” that people bring their engines to after other mechanics all around town have already made a botch-job of things, as when things get really bad and “messed up,” we seem to be the only ones with the skills to “put Humpty-Dumpty together again” through a proper systems analysis of what is going on.

Within this context, I am happy to state that, at the very least, Field Control Therapy is not in any way contributing to this mass infliction of harm through iatrogenesis. And I believe this is a huge (and relatively unique) compliment of the approach! Even compared with other alternative therapies, it is far safer. Not only is Field Control Therapy non-invasive, but it does not incorporate any possible means of causing harm or side effects – the remedies do not even have any active chemical ingredients, which is a part of what makes them so powerful, because they are instead providing bio-informational / vibrational inputs that elicit healing responses in human cells but are not capable of directly altering, harming or destroying anything in human physiology.

An analogy I have used during teaching, to explain this phenomenon, is that with a Field Control Therapy remedy, it is like fighting a war by having a direct dialogue with the generals in command of the enemy army, rather than trying to influence only the foot-soldiers. Of course, like all analogies, this is of limited helpfulness, but if you bear with me, I’ll do my best to explain the relevance of it! Medical treatments based on chemical and structural interventions can be viewed as foot-soldier methodologies. Foot-soldiers can certainly change the course of a battle, in very rare moments of valour and heroism, but at the same time, let’s face it – they’re small fry. They’re just pawns in the chess game. Overall, they hold far less influence on the end result than the generals in charge of the foot-soldiers. In addition, a battle strategy based entirely around throwing foot-soldiers into battle, without much strategizing based on intelligence on what is happening behind enemy lines, holds a high chance of leading to a high death rate accompanied by a low success rate. Taking a more intelligence-based approach to war will not only minimize deaths of your own foot-soldiers, but will also increase chances of success in the overall war.

The foot-soldiers, in this analogy, are the many chemical pathways in the human body; the generals are the bio-informational and energy fields in human cells which govern these many chemical pathways.

For anyone who saw the film, “Braveheart,” you might remember a scene in it which is a possible example of this battle analogy. Braveheart, played by Mel Gibson, achieves an amazing battle victory, against the odds (as they are hugely outnumbered), because the enemy forces are throwing lots of foot-soldiers into the field without much intelligence, whereas Mel gathers his limited resources into a far craftier battle strategy which wins the day. Conventional medicine and many prevailing forms of alternative medicine end up being like that enemy force which is throwing its soldiers into the field to try and win the day by brute force and numbers alone: This is
the route of trying to influence the body by adjusting its physical and structural contents – altering biochemical pathways by force using medications, or making structural changes. In contrast, the Field Control Therapy approach to a diseased organ or organ system is like Mel’s small but intelligently governed army: The thrust is not about brute force, but intelligence of strategy. Correspondingly, a Field Control Therapy remedy does not deliver biochemical brute-force inputs, but instead bulletins of physiological intelligence – like providing the internal organs of the patient’s body with key maps, compasses and other useful tools – rather than fighting its whole battle directly using brute force.

§ Or, to use another analogy, I remember Bob Geldof explaining back in the 1980s how Comic Relief aimed not only to provide clean water to certain African villages, but to teach them how to build and maintain their own wells. That, again, is the difference between giving a physical input to a system (in this case, building a village well) versus an input of intelligence (teaching the skills to the villagers themselves). The village in this analogy, or the battle in the previous one, represent the “system,” in the language of systems science, and the categories of living systems input, as recognized in systems theory, constitute either “matter-energy inputs” (the brute force, physical ones) or “informational inputs” (the ones which represent a delivery of some form of intelligence).

§ Given this context, I might add in passing, for those who have been following the so-called “controversy” about homeopathy in the mass media in recent years, especially in Britain where a politically-motivated hate campaign was launched against it, that this discussion sheds a whole new light on the nature of homeopathic remedies, too. In their hate campaign fought against homeopathy, there has been a single main pseudo-argument used to condemn it for years. This has centred around ridicule directed at the idea of making a medicine by extreme dilutions of substance, to the point where a solution passes what we refer to as “Avogadro’s Number” – the point beyond which diluted water no longer has any actual molecules of original substance left in it. This, in essence, is part of the method of making a homeopathic remedy via the traditional method (N.B. there are in fact other totally different methods, so I don’t use the traditional one myself), along with a process of cyclical shaking up of the liquid, considered to be a key part of the process, known as repeated “succession.” This latter part is rarely mentioned in the media, since the extent of knowledge of homeopathy displayed by the self-appointed “experts” does not extend very far! Homeopathy is a very sophisticated four-year medical training, and many of the reference books of homeopathy extend way beyond a thousand pages in length, yet in these “witch-hunting” times, everyone and anyone can declare him- or herself an expert on witches or homeopaths after a matter of perhaps 5 minutes or less of superficial investigation!

§ Now on the face of it, the way they describe it, they make the practice sound ludicrous: “So these charlatans are diluting a substance into water so much that there is none of it left in the water, then they are making false claims about this water having medicinal properties!” Ah, but hold on a moment: Before you make such a judgement, are you an expert in the properties of water, or have you carefully researched the work of those various modern scientists who have devoted their lives to examining the properties of water? What gives you the expertise to comment on water’s natural properties, in so unscientific a manner? Water does, indeed, display some amazing properties, some of which have been demonstrated in scientific studies repeatedly in recent years in a number of different ways. I am not going to list the scientists, studies or theories here, as this is not the main topic of this article, but that would be of interest for another article sometime!

§ To summarize, the primary thrust of these discoveries pertaining to water is that it has the capacity to store and even magnify and deliver not only physical molecules but also information. It is not surprising that the average “Joe” in the British media, who is so keen to jump on the bandwagon of those scapegoating homeopathy for fallacious reasons, would not have an appreciation of these issues, since those unjustly criticizing homeopathy don’t appear to have any qualifications to comment on the physics of water!

§ So what is “information” in a physical sense? For that, we need to turn away from the field of chemistry (so beloved of the media in any medical discussion), and refer instead to the more fundamental scientific field of physics (which is conveniently almost never mentioned in the context of homeopathy).

§ Take rays of sunlight, for example, or electromagnetic radiation, or sound waves passing through the medium of the air: Here we find things which are “real” but cannot be reduced to or explained merely in terms of the building blocks of chemicals. When you listen to a song on the radio, how did that music reach your ears,
from the broadcaster far away? It reached your ears as packets of information which were delivered through a medium. When you think about it, it's not a very difficult concept to grasp, but in the context of medicine it's just an unusual application of a familiar idea. Homeopathic remedies – and FCT remedies likewise – are not biochemical remedies which depend on biochemical ingredients for their medicinal action; instead, they are informational remedies, which depend on the capacity of water to store and deliver packets of information of medical relevance to the recipient organs and tissues.

§ Furthermore, not only has homeopathy demonstrated an excellent track record of clinical success dating back over 150 years, with an enormous library of homeopathic literature which has built up around it, and not only has homeopathy also been proven in a large scientific review of recent years to be valid, but in addition the photon emission patterns and other informational properties of homeopathic remedies have been investigated and demonstrated in a number of interesting studies (again, rarely if ever quoted by the ignorant commentators in the British media on this subject, at least to date!)

§ However, my points here are not primarily just to defend the practice of homeopathy – although I do think this defence is relevant to this article, since I am also a homeopath and because of the current climate where there is a powerful lobby group trying to silence the homeopathic community as much as possible – and not for the first time in history – and I think you, as my reader, will quite likely be interested in some of these issues too. My main points are, first, that if we look at homeopathic remedies – and FCT remedies – in light of this new informational model of medicine, as taught in the FCT curriculum, then it all begins to make sense, and not sound so ludicrous after all; and, secondly, that if we understand my battle analogy above, then it also begins to make sense why this type of information medicine would be not only less invasive (and hence more cautious, with less propensity to death by medicine, better known as iatrogenesis) but at the same time also more effective because of being a superior battle strategy in the face of illness. If you refer back to the case history I described in the opening passages of this article – how else could I have rescued her bone marrow, in the nick of time, from "drowning" in a flood of toxins in her state of extreme immuno-suppression and poor vitality? What other tools could have achieved that remarkable job? Only one – information medicine targeted at her bone marrow specifically.

§ These points, alone, hold the potential to transform modern society as we know it, because we are literally holding in our hands the tools to transform medicine as it is currently practised and greatly reduce or even abolish some of the scourges of terrible degenerative illnesses spreading through our civilization at present. Oh, for the day!

3) Individuality

§ This tenet can be explained in a short and sweet fashion, but that does not make it any less important than the others: Every human body, as a living system, is individual, and thus every state of health or illness is, correspondingly, individual; and so in order for treatments to be effective, they should not be formulaic, but based on a recent individual assessment each time, tailored to each individual body’s changing needs.

§ This means, among other things, what Dr Yurkovsky describes as the "non-disease treatment of diseases." For example, whether a man reports to me that he has a given disease – let’s say for example cancer – or whether he tells me that the doctors have no explanation for why he feels so dreadful – in either case, the label or lack of a label is not based on the individuality of his state. Thus, the practice of FCT is not based around disease labels. If you have X condition, I will not be treating X condition. Instead, I will be treating you.

§ By you, I mean you as a living system. Condition X may be a label used by doctors to describe a cluster of symptoms and signs which have been verified in your living system, or perhaps they have no label to describe what is going on, but either way, illness to me is not a label or name or syndrome but a system dysfunction or system breakdown. As such, my attention will be going not to the disease label so much as the following more meaningful questions: Which organs are affected, and why? How can we assess that and prioritize the plan of treatment accordingly?
§ To clarify, I am not expressing any kind of antipathy towards disease labels. They have uses. However, what I am saying is that in my approach to medicine – the FCT approach – I am less interested in these labels (or lack of them), and more interested in the current status and problems and needs of your internal organs. It is simply a different clinical approach – an individualistic one – and an organ-based one – and one which has proven extremely effective. Instead of selling the same jacket to everyone, what we are doing is customizing the jackets in terms of size, shape, colour and style, to meet individual requirements. Naturally, this will lead to greater “customer satisfaction.”

§ It sounds good, but one of the reasons this is not done much in conventional medicine is that the tools to do so are not readily available – in favour of more pragmatically achievable generic, formulaic or even hit-and-miss treatment plans (“Shall we see if this anti-depressant works for you? Ah, it didn’t, so shall we try this other one instead? No, that didn’t work either, so now let’s move on to this other one here….”) Meanwhile, the manufacturers of these drugs are raking in profits for their sales, and the patient with the depression still is none the wiser as to why he or she became depressed in the first place, because the approach is not aimed at causes. I chose, for this example, anti-depressants since they are, after all, one of the most frequently prescribed groups of medications of any – up there in the top five – in this simple example we see that not only is it rather hit-and-miss and generic, but that there is no room or place for any kind of true detective work in terms of investigating the actual causes of the state of depression in a given case). Thankfully, the tools to individualize medical care have become easy to learn and administer in the field of alternative medicine, and particularly in the case of FCT, where the individualization of medical care is uniquely based around an in-depth investigation of the status of key internal organs. As such, medicine is at last in a position to incorporate true individuality of approach, and need no longer rely on profitable but hit-and-miss approaches which overlook individuality and causative analysis.

4) Priority

§ I have referred to this earlier in the article. Another example of the importance of priority is that whenever any detoxification takes place (e.g. in response to a form of treatment), it is essential to provide timely concurrent support to a range of bodily organs on the same day as when the toxins (such as mercury or lead) are being released into the bloodstream.

§ A key example is the kidneys. Any time you are detoxifying mercury, for example, the kidneys should be assessed and supported specifically. The same may apply to the bowel, lymphatics, liver or a range of many other possibilities.

§ There are many products on the market which claim to “detoxify” and/or “remove” toxins such as mercury or others. The universal problem with these products, as well as chelation therapy (a conventional method used for heavy metal detoxification), is that they all focus on the use of substances and NOT on the individual organs involved! In my experience, this is both unsafe and relatively ineffective, as a general strategy. It does not matter WHICH type of substance or “new and greatest” formula we are talking about: If the method is based on the use of substances, and not on targeting the individual organs involved, then it is by definition an inferior strategy.

§ To illustrate this very interesting and important point: I have thousands of studies on file, including the world’s largest database of mercury-related scientific studies (which I have collected thanks to several world-experts who are colleagues of mine in various research projects), and one of my all-time favourite studies is one which showed how, following 18 months of chelation therapy to “remove” mercury, a man was pronounced “mercury free”, and then after another 17 years he died of lung cancer and they performed an autopsy. They discovered that not only his lungs (hence the lung cancer!) but also his brain and many other organs were toxic with mercury – and not only did they contain mercury but the study reported that his nervous system was “saturated” with it.

§ While it is conceivable that this mercury had accumulated there in the 17 years interim, this was rejected as a likely possibility, and I am aware of at least four clear reasons: No new mercury exposures had been identified since then; the original mercury exposure had been a significant and notable occupational one at the time, which subsequently ceased; no evidence, as it turned out, had ever demonstrated that the original mercury had ever
been cleaned out – because only bogus urine testing was used (see below); and all other available scientific literature shows that mercury has a very long half-life in bodily tissues, making it not only likely but in fact inevitable that after 17 years the original mercury would still be in the tissues.

§ How, then, 17 years earlier, had the doctors fooled themselves into thinking that this man was free of mercury, merely because he had done 18 months of chelation therapy and there was no more mercury appearing in his urine samples?

§ It was because they did not understand the inadequacy of chelation therapy – or any substance – to penetrate the deepest layers of the body (such as for example the bone marrow) where mercury is often hiding – or to remove it safely, lacking any system of support for the kidneys and other organs, or any form of organ-specificity – and, likewise, they failed to understand that a lack of mercury in the urine samples is no indication of the presence or absence of mercury in the internal organs.

§ The only way to scientifically determine the levels of mercury in your internal organs is, sadly, through autopsy, which is why I found this study to be so particularly useful and illustrative. In contrast, Field Control Therapy not only provides that organ-specificity lacking in these other methods of “detox,” but in addition, through the bio-resonance testing in a Field Control Therapy evaluation, we are guided as practitioners to the organs and tissues most in need of “detox,” be it the bone marrow or any other place. Field Control Therapy does not show the exact levels of toxins in organs (there is no way to do this, short of an autopsy – any volunteers please?), but it does provide information of an even more clinically important nature – which is: Which toxins need to be addressed as first priority, and in which key organs, and how can we achieve that?

§ The elimination pathways are a key priority (hence kidneys, lymphatics, bowel, liver, skin, etc.), and likewise any organs which are especially weak and vulnerable in an individual case should also be prioritized. So if someone is asthmatic, then when mercury is released in the body, the bronchioles may need to be specifically supported. Or if someone has a history of seizure disorder, then the brain may need to be specifically supported. And the list goes on. This tenet, as you can see, is closely related to the previous one, since in order to determine the priorities, an individualized assessment is needed.

§ Field Control Therapy makes use of a wide range of powerful organ-specific informational remedies for this purpose. In most other therapies, this is simply not an option as it is not available. The other therapy which comes closest to achieving this is Traditional Chinese Medicine, which does incorporate treatments and concurrent support for a range of key organs in the body, and it is a relatively good therapy compared to most. Another would be certain other forms of homeopathy and bio-resonance therapy which incorporate organ remedies, but in a very crude, shallow and simplistic manner compared with FCT treatment methods. However, whereas only a very small range of organs are delineated, assessed, understood and addressed in Traditional Chinese Medicine or other branches of homeopathy and bio-resonance – and furthermore not in a systems-based method of prioritization – in Field Control Therapy we assess and address hundreds of different body compartments, on a level which is more precise, deep and powerful – and, perhaps most essential of all, and most uniquely of all, prioritized according to a Living Systems analysis.

§ I used to practise Traditional Chinese Medicine as my primary favored therapy at one time – and I still hold it in enormous esteem as a medical system – and of course it continues to influence my thinking from day to day – but Field Control Therapy gradually came to replace it in my clinic, therapeutically, because of its great superiority of depth and organ precision, combined with superior results. Traditional Chinese Medicine still influences aspects of my clinic, such as each patient evaluation (and sometimes I still also like to do certain forms of Traditional Chinese diagnosis – such as Chinese organ diagnosis, identification of patterns of disharmony, tongue diagnosis and pulse diagnosis), and I also find it to be a useful guide in terms of helping people to achieve a balanced lifestyle that is conducive to health. But when it comes to treating illnesses, I have ended up turning to FCT instead, most of the time, because out of the options available to them, it is usually what my patients most need and deserve. To speak frankly, I don’t want to give my patients second best.

§ Thus here, too, we have an example of prioritization of therapy not based on my personal tastes as a practitioner or human being but based simply on what is in the patient’s best interest.
This is the end of Part One of this article, having covered above the first four out of the Eight Guiding Principles of Medicine, as I see them. In Part Two, I will continue where I left off, and present a further stream of reflections on my approach to medicine, within the framework of the remaining four Guiding Principles, followed by a conclusion.