



Rapid Treatment of the Go-Go Combat Stress Reaction (PTSD) using FSM Microcurrent & MASERS©

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All rights reserved. No parts of this original work may be copied without permission from <operationfirehawk991@gmail.com>. Except that the Ace Score, Scars and Wounds, Tapping Points®, TEIPAT®, TAT, and Warriors Reading List ® may all be copied and distributed to the warriors for nightly drill-tapped in front of a mirror. Felitti's Ace Score should be included in all treatment records. The original research work of all the scientists is acknowledged and held to belong to them. Without their dedication we would not be here.

This manual was prepared as a hands-on training source for medics, medical operatives and all military combat health care workers to respond quickly in the field to the sympathetic overdrive state using Chinese medicine- manual, full point, bilateral meridian tapping. The background clinical data was from 39 years of working with women abused in their childhoods who were having disruptive panic attacks in the operating room and gynecology clinics. Its functionality is based in Epigenetic Medicine which is imported from Europe from work done by cellular biophysicists. This is 'trauma surgery'. Supervised MASER® training to acquire a '**manual skills**' level is needed. This is not psychotherapy. Advanced training in FSM microcurrent requires a health care provider's licensing or working either as a trained technician or nursing assistant of that provider. Operation Firehawk, PLLC and the author are not responsible for any outcomes from anyone who chooses to apply these techniques. FDA has not studied MASER, TEIPAT, FSM microcurrent protocols. Clinical trials by medics or combat nurses treating warriors are needed to 'validate success of outcomes'. This is to be held as an investigational tool set until trial data is completed.

Rapid Treatment of the Go-Go Combat Stress Reaction (stimulus triggered PTSD) using FSM Microcurrent & MASERS© in 58 minutes.

Definitions: 1] MASER© [manually amplified stimulation of emission of radiation. Radiation consists of sending energy particles and waves from your hands]. MASERS© is not “EFT”. It is a combination of manual training and skills from the following professionals.

- John Upledger, DO - Cranio-Sacral Massage Therapy, *Cell Talk*
- Allan Botkin, PsyD - Core focused EMDR, *Induced-ADC*
- Roger Callahan, PhD – TFT (Thought Field Therapy)
- Gary Craig – EFT (Emotional Freedom Technique)
- Dawson Church, PhD – In his writing and EFT training, Dawson always asks, “What can I do to make EFT more effective?”
- Training from four visually gifted, hands on energy healers:
 - Donna Eden (*Energy Medicine for Women*)
 - Alberto Villoldo (Four Winds Society)
 - James Jealous, DO (*Bio-dynamic Healing*)
 - Linda Tellington-Jones, PhD (*T-Touch*)
- Dietrich Klinghardt, MD, PhD (trained in Germany) –presented *Neural Therapy* (the injection of 0.5% procaine along the scar) from R. Kidd, MD. I switched to manual acupuncture tapping of the scar and got good trauma releases without drugs. Traumatic emotional issues are stored in every damaged tissue just waiting to be removed.
- All the physical examination trainings during medical school, advanced residency and surgical fellowships. I am now trained to move energy with just my hands.

MASERS© is a treatment “hybrid.” It is military grade, bilateral and bimanual 28 point meridian/chakra tapping/chanting; tapping over scars and wounds; releasing frozen eye and jaw muscles; and doing pelvic/rectal exams when the history indicates to release sexual violations. Clearly, only nurse practitioners, midwives, and DO and MD trained physicians and surgeons qualify to do the pelvic exams- while we are running molestation protocols targeting specific tissues. (I suggest the use of 5 ccs. of 2% lidocaine jelly applied locally 5 minutes before the exam.) Effective use of MASER may result in the typical *fatigue-nausea* detox reaction just as seen after good massage therapy. Detox is easily treated with hydration.

2] FSM (or FTM)- programmable frequency specific microcurrent is a 2 channel FDA approved tens device which uses microcurrent (1/1,000,000 amp) from batteries as a carrier for programmable frequency waves. This level of amperage (uAmp) is physiological, or the same level that the body uses in its own electrical fields. By combining appropriate frequency cycles called Hertz (*Hz* is number of cycles/second) for each of the two channels, the practitioner programs specific frequency waves into a healing sequence. These sequential waves *neutralize* abnormal vibrational patterns in body tissues, thus restoring biological balance so the body is able to “reboot” itself. Using the same mechanism the AED, by adding 360 joules of electrons, reboots the myocardial energy system. Specific protocols are ‘written’ for specific issues in specific tissues. Because it is very focused on a specific tissue, I call it my *sniper’s rifle*. You

know if there is no improvement with a protocol you have not sent the effective frequencies into the tissues via skin conduction. Ask for help! Every tissue and living thing has its own default frequency. So try different frequency that works better! The side effects of FSM are a bit stronger detox reaction than MASERs alone. Abated by good hydration the common symptoms are headaches, fatigue, nausea, dizziness, rarely diarrhea. Occasionally, a patient has developed delayed local itching and redness that is usually from the negative leads application site. Now I am applying *Helichrysum italicum*, essential oil, known to be a strong antioxidant to the skin after removing the treatment wraps.

Medic Training Part I: Rapid Treatment of the Go-Go Combat Stress Reaction [‘ptsd’ combat flashback] with FSM and MASERs

Combat soldiers know it as the *1000 Yard Stare*. They could see it in the faces of their war buddies and they knew that it was only a ‘matter of time in grade’ before everyone got it. The first published paper from a Civil War medical doctor labeled it *Soldiers’ Heart*- disruption of the autonomic nervous system regulation. In WWI they called it *shell shock*; in WWII it became *battle fatigue*; in the Korean War it was called *acute combat stress reaction*; in Viet Nam was known as *Agent Orange syndrome* and *substance abuse*. After Viet Nam the research psychologists named it ‘Post Traumatic Stress Reaction’ and included 12 behavioral symptoms; basically hyper and or hypo-reactivity and flashbacks. They used *PTSD* in their diagnostic code system *DSM-III* for these symptoms so they could bill for ‘treating it’ using *talk therapy- CBT*. No physical examination was performed.



WW II Marine after Eniwetok

The warriors saw it differently, from a physical perspective. Training to be a warrior is based on physical conditioning- repeating a skill until it is ‘mastered’. Mastery means that that skill is encoded in *muscle memory* (or ‘procedural memory’ by neurologist, R. Scar, MD.) “Drill creates skill, for effective smooth coordinated sequential actions!” After 3000 rounds a hand gun becomes part of your arm-eye muscle system. Warriors’ lives and the lives of their unit are dependent on acquiring muscle memory battle skills through drill, which are not different than the muscle memory skills of good surgeons, gifted athletes, jockeys, race car drivers. As a surgeon I call ‘it’ being in the ‘zone’- your muscles not your brain controls your action making surgery, an ‘unconscious skill’. After completing 900 cases, the surgeon’s complication rates drop to minimal. ‘The Zone’ is a space of peak performance! It is only in the combat zone, where real ‘fear’ is present, that cell muscle memory encodes ‘fear’. The cells feel that they will die! In battle, the cells instantaneously react to either attack or run from the death threat. The brain does not order that behavior, the behavior is a result of the cell ‘membrains’ responding in unison to fight or give flight, and is faster than the brain can process the data. When you are in the ‘zone’ your body is in an alert healthy state controlled by the cell membrane system to maintain the life of the cells while doing their job. Bringing those fear memories which cause: disruptive acting out flashbacks, distancing intimacy relationships,

isolation, withdrawal, abandonment, use of substances to self-medicate, employment issues, and homicidal or suicidal behaviors, back home is the problem. Removing these fear memory 'thumb drives' which were developed by all animals to protect themselves from a death attack, is the goal. Behavioral suppression drugs do not remove the source of the fear arousal behavior. Now cell physiologists using electro-magnetic microscopes have watched the 'muscle memory' being implanted on the cells 'membrains' as they respond to environmental stimuli of all types. Carrying traumatic microtubules on your cells lowers your body's resiliency after multiple deployments as US Army studies have demonstrated. Fearful energy waves running in the body cause construction of memory microtubules - so positive energy frequencies are needed to dissolve those microtubules.

The warriors recognize the 1000 yard stare, the muscular hyperarousal state, the monotone speech, and the lack of pre-frontal cortex control of behavior that is situationally inappropriate [dissociation]. They know these signs. They call 'it' the 'Go-Go' combat stress reaction, the 'Go-Go' for short. The untreated Go-Go can cause homicide, suicides, bar fights, or disappearance into the woods for weeks or years in attempt to remove trauma triggering. It is not safe for them to hold a weapon during the Go-Go. Go-Go is 'standardly' treated by IM Thorazine and a 48 hour hospital lock down. Thorazine is suppressive therapy that stops the behavior without eliminating the cause of the behavior. The best time to really 'treat' the Go-Go, to remove the memory microtubules, is while the traumatic microtubules are erect and driving the body's behavior. As any good rifleman knows- the enemy can only be shot if it stands up from behind the rocks. That is exactly what this energy medicine treatment does. Electrons and frequency waves from the battery units and the medics' hands travel to the cell memory microtubules at just below the speed of light and literally, unravel the traumatic microtubules.

“The basic skill set remains, the fear arousal is gone.”

You, military trained health providers have remarkable manual life-saving skills! Learning to use simple tapping on meridian points from ancient Chinese medicine will be very easy for you. The positive physiological results from using just your hands alone will amaze you, as it did to me. 'EFT' has already been shown to be clinically effective at home and abroad! And there are no contra-indications to its use. The best part is once learned- you carry these skills around with you for any new emergency, any time, for life!

Medic Training Part I: On your smart phones watch: Medics Basic Training video (16 minutes) <https://youtu.be/mUzbvJqGuc> . As you noticed the Lt. Nurse practitioner sends the Sergeant home with packages of antioxidant powers- 'Greens to Go' or 'Emer'gen-C' to mix in 2-3 liters of water/day for hydration. The take home paper work is the Tapping Points© figure, TEIPAT© – the home self treatment drill directions to be used nightly with the Scars & Wounds list, the ACE Score, a Warriors Reading list, and the TAT© - a head hold plus deep breathing pose- to calm panic attacks in the middle of the night. [A male who had been physically abused by his father found the TAT to be most calming for him and he no longer suffered bruising on his chest from his strong tappings to try to relax his body when he was in a panic state from stress.] It is very important to train the warrior in self-healing tools that he can use when 'under attack' by his triggers.

Clinically important points from the 'Go-Go' combined treatment:

- 1) NO WEAPONS! I have a list of all active duty personnel killed while trying to 'talk down' a combatant in the 'Go-Go' who was carrying a weapon. Evacuate civilians and call for the Swat team. ROE: lethal force engages lethal force.
- 2) Use the 'sub-buzz' micro-amperage for each protocol. Start at 400 uAmps and turn it down until he NO longer feels the current. Chart that level as it will change with more healing.
- 3) In the drugged warrior, unconscious from Thorazine or propofol use the full MASER tapping for 45 minutes to treat the muscles and connective tissues during an acute Go-Go/panic attack. This is quantum energy medicine and it by-passes the brain's control. Ask his battle buddy to tap on one of his fist points and 'help' you with the tapping cadence.
- 4) Check in with him in 24 hours. Help him finish his medical history. Hydration is continued.

Follow-up Sessions:

- 1) After the fatigue has stopped (2-4 days) he returns to clinic for a review, top to toes physical, vital signs, brief neurological with reflexes and dorsal column stability. Draw painful areas and scale 0-10/10 before and after targeted treatment protocols are done.
- 2) Review his TEIPAT (self-tapping drill) as you do MASER work on his body issues or a new issue he brings in. You doing the MASER tapping often 'feels' more effective to him than when he self-taps on his issues at home. Run PTSD, Concussion Go-Go[®] and protocols to clear surgery sites, old fractures, back pain, brain fog. Consider running adrenal calm, tendency to have chronic pain, liver kidney lymph detox, clearing early emotional trauma. Headaches (old TBI?) and sleeplessness are big issues. Chart his 'sub-buzz' uAmp level and show it to him so he can watch for "improvement" (his high levels should drop down to ~100 as his body starts to heal).

Usually I am running 3-6 units and each session lasts between 2- 4 hours depending on his drive to get through and the amount of bodily pain he has been 'sucking up'! My favorite 'trick' is to take his worst pain site and clear it in one hour. That gets his attention. When it comes back we can clear it again, hopefully with a longer 'hold time'. Have him walk around exercising the body parts while they are being treated. Hydrate with 1-2 liters of water mixed with antioxidant powders. I prefer he does not drive his car because of that fatigue factor.

- 3) Teach him to journal his fatigue durations, duration of pain reduction, any dreams or panic triggering. Remind him to tap-in and deep breathe any time he feels 'JOY' or 'BEAUTY'. Service dogs are good assistance here. Smile with him!
- 4] Plan on at least 6 sessions with the Dr. Harris' long 2 ½ hour PTSD protocol and other tissue protocols to solve major problems from his S&W list. The next session may start after he has cleared his fatigue, that's once or twice a week for 3-6 weeks.
- 5) Supplementations: Paint on an iodine skin patch to watch for absorption in < 24 hours to test for functional iodine levels. Start him on vitamin D3 5000 units (draw a blood level in 3 months. Normal is 30-90), Mitochondrial support: magnesium orally (or spray for muscle cramps), ubiquinone, L-carnitine, R-lipoic acid, and PQQ (It regrows new mitochondria.) The

myocardium has 2500 mitochondria/cell like the brain. Each muscle cell has 2000. Mitochondria are the energy work horses of the body. They require lots of electrons, Mg⁺⁺, iodine (iodoral), thyroid and Dr. A.Vasquez's (www.FunctionalInflammology.com) big four list above. Add coconut oil, butter, nut oils, and phosphatidyl choline (900 mg) to his diet to build new cell membranes.

6) Schedule him for yoga classes (Camp Lejeune).

7) Send him to non-GMO whole foods nutritional classes if available. He could take a cooking class. If nothing is available he can go to Dr. Mercola's encyclopedic health and wellness site (www.drmercola.com) which can guide and educate on how to avoid environmental/chemical toxins and even make Mercola's 'fav' dark chocolate sugar free candy. Mercola also has lectures by scientist and medical health experts to keep folks informed about what they can do to stay healthy.

8) Home health supplies for reducing inflammation and pain, the EARTHING pad (from Dr. Mercola) to promote healing and Far Infra-Red heating pads (BIO-MAT & VITA-MAT) for home care of pain and sweat detox. After he is started on Iodoral I have a short effective bromide and fluoride (30 minutes each) FSM 'detox'.

9) Finally before he leaves your session re-balance his cerebellum: Face to face take hold of his forearms and drive him around like he was a shopping cart in figure of eights, left and then right. He is walking backwards. You are steering. This is the exact maneuver my dad used to teach me to ice skate backwards. It is the only thing that works! Daddy pushed me until my cerebellum 'taught' my legs muscles how to do it.

After structural microcurrent therapy you should always *retrain* his cerebellum.

10) See the www.operationfirehawk.org site for more references on treatment. Neither this manual nor OperationFirehawk.org is a substitute for local professional health care. The skills of NDs, ODs, detoxification specialists, massage therapists, research scientists, yoga instructors and geneticists need to be called in to heal the body.

Operation Firehawk.org is not responsible for any unexpected outcomes from treating the Go-Go with MASERs and microcurrent.

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ACE SCORE -origins: Developed by Vincent Felitti, MD, MPH at Kaiser in the early 1990s, he now has 440,000 patients in the study. Summarily, the more childhood abusive experiences he lived through, the more adult illnesses plague his body: diabetes, psychological disorders, suicide, hypertension, heart disease, smoking, obesity, teenage smoking, chronic pulmonary disease, IVDU and drug addictions, teenage pregnancy, early death, HIV/AIDS, poor work performance, and significantly more emergency and total health care costs.

<https://www.youtube.com/watch?v=tMXtOxXBCRo>.

“If the treatment implications of what we found in the ACE Study are far-reaching, the problems of integrating this information into clinical practice are absolutely daunting!”

Felitti laments. Below is Felitti’s 90 minute in depth lecture on ACE’s.

https://www.youtube.com/watch?v=Me07G3Erbw8&ebc=ANyPxKo_iLoUiSIqIqcUOSMuQaOefN6O AQ3W8n1fdIbqyBW8_N2T2AyFNuXdXN4oCJQ5jd1IcfTX_sMvbD_9P_4S9rne_4mmQ

Using the ACE gives you information for the treatment of his childhood traumas. This is the phase two screening questionnaire. The original Ace did not include neglect.

ACE SCORE: You receive one point for each categorical positive response: 0-10

In the first 18 years of your life:

TOTAL:___

- 1-Were you frequently beaten or struck?
- 2-Were you frequently humiliated or insulted (bullied)?
- 3-Were you ever sexually molested or raped?
- 4-Was your mother or stepmother treated violently?
- 5-Was any member of your household imprisoned?
- 6-Was any member of the household depressed, mentally ill, or suicidal?
- 7-Was any member of the household an alcoholic or a drug user?
- 8-Were you *not* raised by both your biological parents?
- 9-Were you emotionally neglected or abandoned?
- 10-Were you physically neglected or abandoned?

'TAT' = Tapas Acupressure Technique

*'TAT' Hold:

Put your thumb and ring finger on the bridge of your nose, and your middle finger on your third eye.

Put your other hand on the back of your head, cradling your skull

[or Children may hold one palm low on the forehead and one behind the skull and just breathe deeply.]

Step 1:

Think of a distressing belief, emotion or event and do the *TAT hold on that for up to four minutes or until you feel something shift

Step 2:

Think of the opposite belief or statement (i.e. it is over) and do the TAT hold on that for a minute or until you feel something shift

Step 3:

Do the TAT hold and say:

*I am now healing all the origins of this belief/emotion/problem or
God is now healing all the origins of this belief/emotion/problem*

Step 4:

Do the TAT hold and say:

*I am now healing all the places in my mind, body and life where this
belief/emotion/problem is stored/held/resonated or*

*God is now healing all the places in my mind, body and life where this
belief/emotion/problem is stored/held/resonated*

Step 5:

Do the TAT hold and say:

*I am now healing any part of me that is afraid to let go of this
belief/emotion/problem or*

*God is now healing any part of me that is afraid to let go of this
belief/emotion/problem*

Step 6:

Do the TAT hold and say:

*I forgive everyone I blame for this belief/emotion/problem... including
God and myself.*

'TEIPAT' = TAP ENERGY INTO POINTS - ANNIHILATE TARGETS

TEIPAT TECHNIQUE: GOAL: 'SHOOT MEMORY TUBULES OFF THE CELLS'

TOOLS: 'MASER' - Manually Amplified Stimulation of Electromagnetic Radiation is

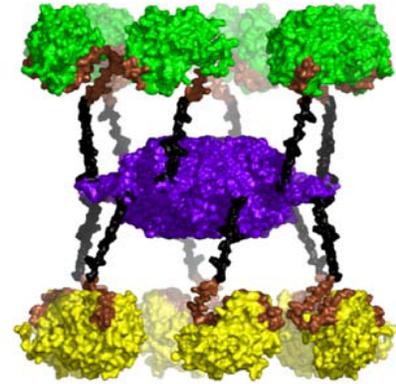
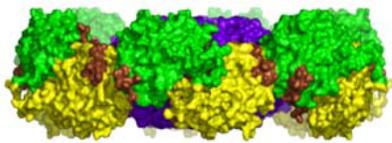
Bi-Manual tapping with first 2 fingers [barrel] of each hand; must load 21 clips into each Maser before each round of 'shooting'. Your rounds are electrons sent into all 26 meridian points.

The ENEMY is all the activated memory microtubules on each cell membrane. This is self treatment.

TWO STEPS: 1] TARGET ACQUISITION: FIRST ACTIVATE THE CELL MEMORY TOWERS

2] SHOOT: WHILE THE TUBULES ARE STANDING UPRIGHT!

3] RELOAD AND SHOOT AGAIN UNTIL TUBULES ARE DESTROYED!



A: RESTING CELL- MEMORY TOWERS HIDING

B- ACTIVATED CELL- TOWERS UP

** TAP WITH TWO HANDS ON BOTH SIDES OF BODY!! [see Tap Chart for all 26 acupoints]**

1] PICK A PROBLEM OR PAIN: REMEMBER EVERY SENSATION FROM THE TIME OF THAT PAIN /PROBLEM. FIX YOUR SIGHT ON IT AND ONLY IT. FOCUS ON IT TOTALLY.

2] RANK THE LEVEL OF DISTRESS 0-10: (10 is the worst) /10. Keep focused! Name the pain.

3] STARTING WITH PANIC POINT-TAP THE PAIN'S NAME INTO BOTH HANDS 5-7 TIMES.
i.e.: 'WAR IS HELL!'- tapped in seven times- keep focused on your distress-keep those towers up!

4] NEXT TAP 'war is hell'-seven times into the 25 other points--start at your fingers and work up.

5] TAKE 3 DEEP BREATHS. Exhale all the 'bad stuff' from your body. Rank your level of distress after the first tap. Keep focused on your pain/problem.

6] NEXT TAP a POSITIVE phrase into all 26 points 'war is hell, but I AM SAFE'! Replace the pain/fear/rage with sets of POSITIVE ENERGY ROUNDS.

7] REPEAT THE FOCUSED TAPPING AND BREATHING UNTIL YOUR RANKING SCORE COMES DOWN TO 0-2/10. When new sensations come to you, name them and repeat the tapping sequence focused on any new sensations until the ranking is 0-2. DO NOT FORGET TO DEEP BREATH! [When you are done drink at least 2 quarts of water to rinse out those toxic memory protein particles so you don't get a headache or nauseated. Deep tiredness is also part of that "Detox reaction".]

ALWAYS START WITH A SIMPLE 'PROBLEM/PAIN' from the bottom of your list that just 'bugs' you- smoking, traffic rage, pain from a broken bone, or a surgery scar. [When working on bones or scars you MUST tap over the scar/bone and tell yourself the story of what happened to your body including all fear-rage-pain-'thought I was going to die' feelings from that time.] Learn to clear those simple memory scars first. Practice this drill:-tap on some simpler problems every night for a month. Go to EFT's excellent 'tapping practice' site: www.battletap.org, and use all 26 points not just their nine.

*DO NOT TARGET YOUR 'WORST PROBLEMS' WITHOUT YOUR BUDDY OR PARTNER WITH YOU TO HELP 'SAVE YOUR LIFE' BY DOING 'RESCUE TAPPING' ON YOUR BODY.

ref: **Cytoskeletal Signaling: Is Memory Encoded in Microtubule Lattices....Craddock & Hameroff, March 2012
trauma tubules In Action: www.multimedia.mcb.harvard.edu/media.html [run: 'inner cell-slow version']
https://www.youtube.com/watch?v=8_24UyJc-qw at 3 min/8min.

WARRIORS READING LIST: 'Go-Go' Cytopathology, Physiology and Treatment Bibliography- 2016 *must reads

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Hammeroff, Craddock TJA, Tuszynski JA,,: Cytoskeletal Signaling: Is Memory Encoded in Microtubule Lattices by CaMKII Phosphorylation? PLoSComput Biol 8(3): e1002421. doi:10.1371/journal.pcbi.1002421

BIOLOGY OF BELIEF-Lipton, Bruce, PhD: 'Computerized animation of cellular memory tower formation' in "What the Bleep Do We Know!? Seminar, Aug 12-14, 2005, Canada [20th Century Fox movie]; &, 2005,www.hayhouse.com, p192

THE TAPPING SOLUTION-Ortner, Nick, 2013, www.hayhouse.com, p216

*ENERGY MEDICINE IN THERAPEUTICS AND HUMAN PERFORMANCE-Oschman,PhD 2003, www.elsevierhealth.com,p345

*TAPPING IN-Parnell, Laurel, PhD, 2008, Sounds True Boulder,CO p290 and 2 CD guide, effective home trauma help

CELL TALK-Upledger, J, DO, OMM, 2003, www.northatlanticbooks.com, p487, tissues 'hold the trauma', C/S massage

**ACCIDENTAL CURE- Yu, Simon, MD, Col/MC/USAR, 2010, www.preventionandhealing.com,p458; Voll's EAV¶sites

Internet and video resources: ** = MUST SEE

*BATTLETAP- Warrior Stress Reset Protocol; easy on line EFT tapping training: www.battletap.org

***Harvard Dept. of Cellular Biology: 'Inner Life of the Cell', 2006-medical student training audio/video with microtubulin formation and destruction and 'Mr.'Motor Protein 'walking on the microtubule path' at 3:00/8:00 minutes, a 'must see' https://www.youtube.com/watch?v=8_24UyJc-qw

FOR CIVILIANS ONLY-Kubrick, Stanley, 'FULL METAL JACKET', 1986, scene 14-15 [combat stress-flash back reaction-the 'Go-Go' response with 1000 yard eye stare, monotone voice, and muscle control dissociated from pre-frontal cortex].

***Levin, Peter, PhD: National Geographic's Polar Bear Recovery 1982: (shaking off trauma physiologically): <https://www.youtube.com/watch?v=H5LyRrJimal>

*Lucas Film, 'Star Wars II-Attack of the Clones', 2002, scene #46- Yoda's blue light Masers in action

Military References:

WHEN WAR CAME HOME-Bannerman, Stacy, 2006, www.continuumbooks.com, p 228, Reservist's family story

8 WEEKS to SEALFIT: a Navy Seal's Guide to Unconventional Training for Physical and Mental Toughness- Divine, M, 2014, p251

*TOP DOG-Goodavage, M, 2014, Marine IED sniffing dog, purple heart, retired, glorious, www.penguin.com, p301

**ON COMBAT-Grossman,D, LCol/USA,2008, Physiological arousal/combat performance,www.warriorscience.com,p402

*ONCE A WARRIOR ALWAYS A WARRIOR-Hoge, C, MD, Col/MC/USA(ret), 2010, www.GlobePequot.com, p296

AMERICAN SNIPER- Kyle, C, USN Seal, 2012, www.HarperCollins.com, p378; & Eastwood, C, 'American Sniper', 2015 film

*WHAT IT IS LIKE TO GO TO WAR- Marlantes, Karl, USMC, 2011, www.groveatlantic.com, p256

*'UNTIL TUESDAY-Montalván, Luis Carlos, Capt/USA,2011, his beautiful service dog *TUESDAY*, www.hyperion.com p252

WAR AND THE SOUL- Tick, Ed, PhD,2005, www.questbooks.com, p341; also 'Warrior's Return', 2014, p316

Part II: MASERS Tactical Training: Rapid Treatment of the Go-Go Combat Stress Reaction –[‘ptsd’ combat flashback] with FSM Microcurrent and MASERS- presented and recorded 10 Oct 2015 for the 9th Annual Microcurrent Conference for civilian microcurrent practitioners.

Here are two basic science videos you should see before the training begins:

1] Watch Mr. Polar Bear ‘shake-off’ his helicopter trauma. He naturally knows how to immediately remove trauma memory from his cells. Peter Levine, PhD circulated this National Geographic ‘Discharge Observed in Nature’ from 1982 : Watch the eyes, his shakes and the breathing: <https://www.youtube.com/watch?v=H5LyRrJimal> . Bipedes have forgotten how to do this.

2] Then watch Harvard’s Cell Biology medical school training video on the construction and evaporation of the microtubules. Note the tubules are ‘hollow-filled without a doubt with ‘Emoto’s HADO’ charged water. The ‘bad emotion’ water and those broken off tubulin ‘dimers, I posit, are the source of our expected ‘detox’ reactions. Go to the 3”/8” to see tubule birth and death. https://www.youtube.com/watch?v=8_24UyJc-qw

3] **MASER Tactical Training:** oral visual presentation is next. <https://youtu.be/RLjevsZ1kEg>. As a stand-alone tapping treatment I have successfully used it to treat panic attacks in the OR & clinics, on airplanes and for doctors giving presentations because it works fast. Even just tapping on the fist ‘panic point’ (KC) can be very calming. Watch, standing up and practice the MASER Drill with the DI (27 minutes).

Part III] Here is the formal white paper© with references for all you readers-

MASERS Training for the Rapid Treatment of the Go-Go Combat Stress Reaction [PTSD] using MASERS [bilateral bimanual 28 point meridian tapping – military grade “EFT”] and FSM microcurrent protocols [3 units concurrently running]:

MASERS Training Drill:

Introduction: Shannon Goossen, acupuncturist, massage therapist and microcurrent instructor at (www.myofascial.net) asked me to present my combined physical-energy medicine treatment for severe ‘PTSD’. During the 39 years I spent as a gynecological surgeon there were daily, in clinic or the outpatient surgery units, between 1-40% of the patients who had mild, moderate or severe panic/anxiety reactions (PTSD from childhood trauma). We had to be able treat them in real time! After discarding many unhelpful therapies, in 2006 I brought Chinese meridian medicine into the clinics because it just melted their stress away. One morning the nurse called me to the vital signs room because our surgical instrument tech’s blood pressure was 197/139. He was an Army bazooka thrower, three tours in Iraq, on ‘2 hand fulls’ of pills from his VA, and someone had ‘got into his 6’! My hands immediately started ‘the olde MASER tapping drill’. About fifteen minutes later he was ‘SMILING’ and his blood pressure was 137/89.

This tactical training was developed for Medics, navy field corpsmen, PJs, combat RNs, RNP’s, PTs, PAs, and SOPs-special forces, all of whom work hands-on with trauma daily. Military combat veterans don’t see ‘PTSD’ the way the rest of the world does.

Basic Training: The rest of you civilians are going to Camp Lejeune, North Carolina so you can learn some basic military culture. When you go to basic training you are assigned a drill instructor, that's me, your 'DI'. The DI's job is to train 18 year old kids to become Marines- 'killers'. He does that by 'drilling' muscle exercises into them until every possible experience that they will encounter in battle has been transferred into 'muscle memory'. This memory, implanted on the cells of the muscles, is ready to be used at all times. They do drill, drill, drill, skill, skill, skill so they can kill, kill, kill-because that's what warriors do to protect us! Not only does a drill instructor teach them to be strong warriors, he also trains them how to get their team and themselves back to the FOB (base) alive.

MASER TRAINING for the GO-GO Combat Stress Reaction Treatment- Stimulus Triggered Hyper-sympathetic Reaction [PTSD] treated in 60 minutes by FSM muscle scar protocols & MASER s [military grade EFT]



Trauma Physiology and Physics: Look at my lamb chop [fig #1], the muscle bundles are pulled apart. That pale wet shiny myofascial tissue you find is what Jim Oschman calls the 'extracellular matrix conduction system'. Through that tissue go the meridians and autonomic nerve endings.

The meridians are conduction pathways connecting the fingers' tapping points and chakras, through your body and are hard wired into all the cells. The advantage of using the meridian system when you're in battle is that the speed of information data transfer is about 186,000 MILES per second as opposed to the femoral nerve which only conducts impulses at 180 METERS per second. This fast signaling speed gets you 'the hell out of the way'- as your body uses your meridian system to move your muscles out of harm's way. This is faster than your 'brain' can respond. [ref: Energy Medicine in Therapeutics and Human Performance, 2006, James Oschmann, PhD, cellular biologist]

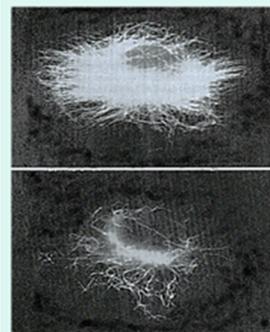


CRYSTALLINE EXTRA CELLULAR MATRIX CONNECTIONS in LAMB CHOP
[thin white opalescent myofascial tissue]
ELECTRONS, PHOTONS, PROTONS & OTHER SUBATOMIC PARTICLES
CONDUCTED AT THE SPEED OF LIGHT OR SOUND

PTSD lesion (fig #2 seen from Alberts 1989 work.) It took a cellular biologist using an electron microscope to find this. That is a cell and all those hairy things (microtubules) are trauma memory recorded at the time of the attack. Note that in the chronic view those microtubules have re-organized.

In 2006 Bruce Lipton, cellular biologist, put 'happy' cells in a petri dish under EM and exposed them to *fear*. LO and behold he watched trauma

#2 CELLULAR MICROTUBULES 'THUMB DRIVES'



- A- 'Highly Dynamic' Microtubule Population: (short term memory storage)
- B- 'Relatively Stable' Microtubule Population: (long term memory storage)

Alberts, et al, 1989

microtubules grow on the cells, a pathological tissue diagnosis at last! [ref: Biology of Belief, 2006, B. Lipton, PhD, geneticist see 'Epigenetic Medicine' <https://www.youtube.com/watch?v=7pJwYcK08iQ>]. Gynecologists love pathology slides because then we can 'see' what we are treating. More importantly Bruce defined the mechanism of how fearful energy drives production of traumatic signaling memory towers. And thus it defines the treatment. Bad energy created all this stuff. Lipton showed me, a CO2 and Neodymium-YAG laser surgeon, the way to get trauma memory out. JUST shoot it!

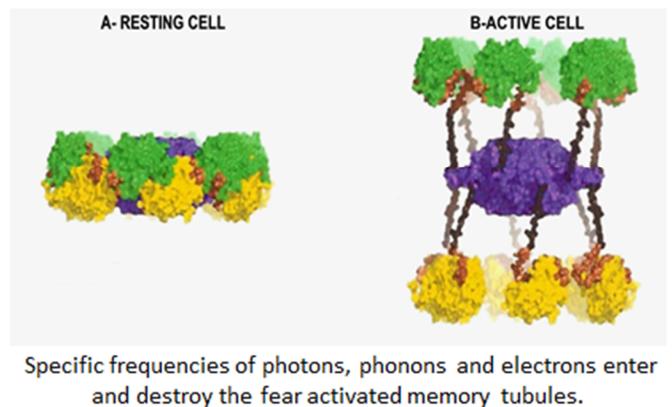
Fig #3 Since 1993 Hammeroff has been working on microtubule conductivity[ref:

<https://www.youtube.com/watch?v=liLplTc8rQY>

The important information is that in the resting cell its microtubules are collapsed. When the fear trigger signal comes in all those microtubules get into the erect 'alarming' position! Watch as I'm buzzing off those microtubules [using my laser pointer directed at each stem]. Any good rifle man knows you can't shoot enemy until they stand up from behind the rocks. When you watch their destruction under the EM it looks like a huge floral firework has exploded, and all the little pieces fly off.[ref: *Harvard's Dept. of Cellular Biology: 'Inner Life of the Cell', 2006-medical student training video with microtubulin construction and destruction at 3:20-3:45 minutes/8:11 total: www.multimedia.mcb.harvard.edu/media.html. Or on YouTube- https://www.youtube.com/watch?v=8_24UyJc-qw]. That's the fate of the microtubules if you attack them during the active arousal state. I suggest you read the introduction for medics in 'ATTENTION ALL!' and 'ALL HANDS ON DECK' [see www.operationfirehawk.org].

Physical Symptoms of the Combat Stress Reaction: I'm going to define what the Marines call the 'Go-Go'. [Go! Go! is the field command to 'move out']. It's all about the muscles and the triggering signal. The arrival of the sensory triggering signal(s) activates the cellular microtubules which independently and immediately tell each cell to respond. The warrior's fine motor control is lost. Then he gets that 1,000 yard stare. The eye muscles are affected- near vision is gone. His throat is affected. He has a monotone voice and can't talk. Then the muscles in his chest, arms, in fact, all the muscles in his body expanded with what I call 'brawny edema'. You can feel it on his chest. Now with all the muscles' memory responding simultaneously- muscles are already moving to get out of the way of the attack perceived by the trauma trigger. There is no connection between the muscles' life-saving learnt behaviors and the prefrontal cortex normal control of the body. The muscles are reacting to what happened in the past in real time. It's cellular memory. **FOR CIVILIAN EDUCATIONAL VIEWING ONLY- NOT for veterans** [*ref: Full Metal Jacket©1987, Kubrick, scenes 14-15: 'Full Metal Jacket'- "the Go-Go". *This is extremely *triggering*!]

The '**ENEMY**': MICROTUBULE MEMORY on Cells
Fig #3 Craddock and Hameroff 2012



The Combined Treatment: I will demonstrate how to effectively treat the “Go-Go Combat Stress Reaction” which is a stimulus triggered response, hyper sympathetic ‘PTSD to the extreme’. It can be rapidly treated using a combination of two energy medicine techniques.

Part one requires 3 programmable frequency specific 2 channel microcurrent units (FSM or FTM); running the muscle go-go, betrayal go-go and the concussion go-go simultaneously with tapping. Training in this European and Chinese origin electrotherapy is available to professionals who are licensed to use ‘electrical stimulation devices’ like Bovies, AEDs, TENS units, LASERs and their designated technicians and nursing staff. Training is available through www.FrequenciesThatMend.com and www.frequency-specific.com. Learning to ‘speak’ this electrical language in order to program the treatment protocols is like learning to speak Russian, at first. Then as you are able to see the tissues respond by rapidly losing pain and increasing function protocol writing becomes very easy to do as you become ‘hooked into’ what the frequency pairs can do and do rapidly. While you are tapping, you should probably wear latex gloves to insulate your body from the electrical effects of his current protocols.

Wrap 3 electrodes pairs on each wrist [covering 12 meridians] from the 3 units and sequentially turn each unit on at 400 micro amps. Step down the microamperage until he is not feeling the ‘buzz’. Repeat and chart the ‘sub-buzz’ level for each unit’s protocol. Oral hydration is needed for rapid effective electron conduction through the extra-cellular matrix system in the fascia throughout the body.

Part two of the treatment is ‘MASERS’ -standing for Manually Amplified Stimulation of Electro-magnetic Radiation- is bilateral bimanual 28 point meridian tapping/chanting by a health professional. It is a ‘military grade’ Emotional Freedom Technique (EFT) (www.eftuniverse.com), EFT is ‘clinically effective’ using only 9-12 points of self-tapping. Also see www.battletap.org –EFT’s home training site for veterans.

[A visual demonstration is best for you to learn MASERS tactical tapping technique. Order a copy of the MP4 training video from backcountryrecording@gmail.com. Or watch it and please ‘subscribe’ to ‘MASER Training’ (27min) at <https://youtu.be/RLjevsZ1kEg>. Or find all research, 2 training videos, supplies and hands-outs for the vets in www.operationfirehawk.org. Practicing the ‘TEIPAT’© drill nightly on yourself will develop your MASER skills in 90 days.]

The healing process requires a combination of manual and battery driven energy sources. This is NOT a ‘plug and play’ experience. You have serious PTSD going on and you have to actively engage with the physical body.

MASER Technical Drill:

TZ: “Now you microcurrent professionals in the audience are all official privates in my platoon. I need a male volunteer to be the sergeant who has the ‘Go-Go’. I will be tapping on your hands, chest and face without running current today. Private, what is your name?”

Gary Gordon, DO, MD: “Gary Gordon”. [See www.gordonresearch.com for his research on EDTA detoxification and much more.]

TZ: “Private Gordon, think of some stressful issue going on in your body, something you didn’t like. On a SUD scale of 0 to 10, I want it to be over 5. The entire time I am tapping on your body, you must be focused on your problem.”

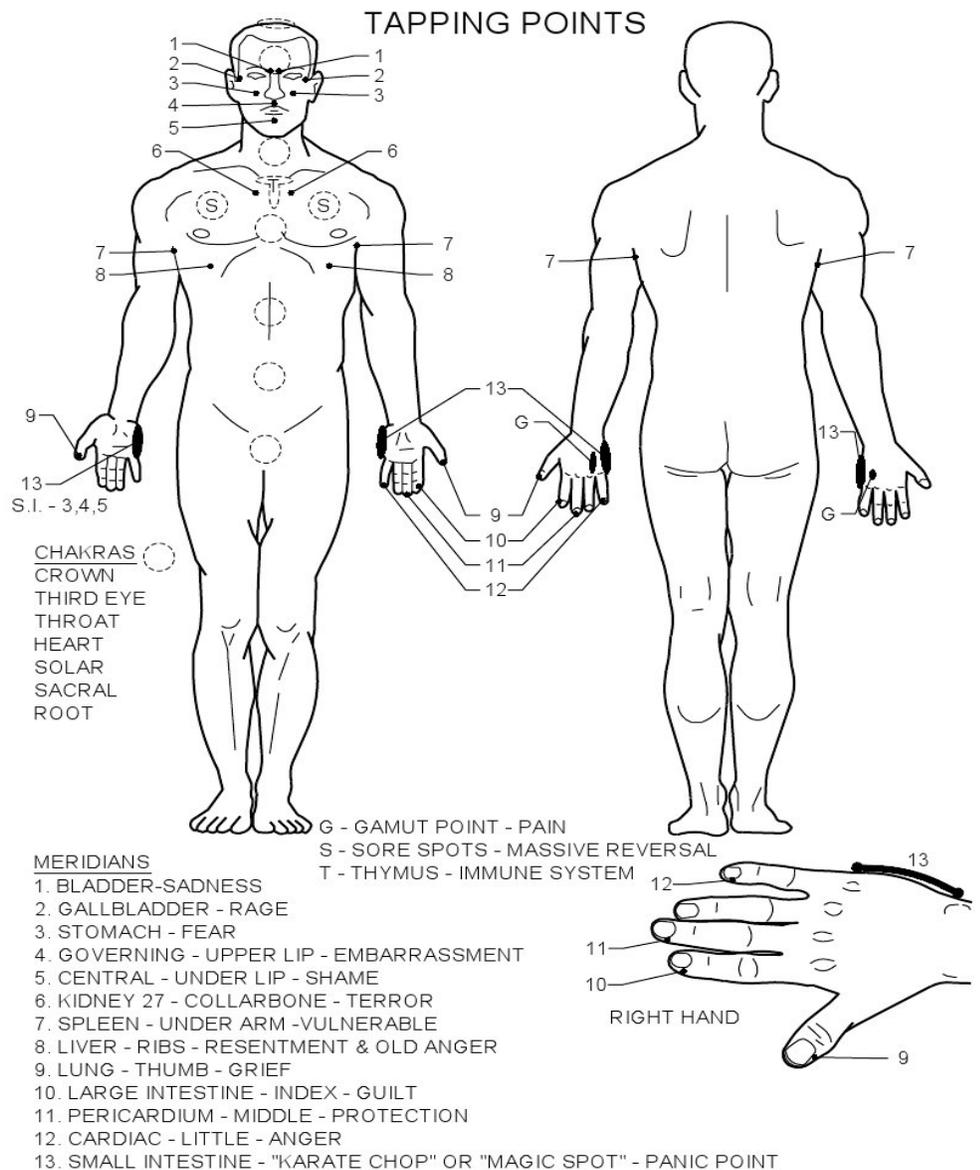
This is the ‘prep’. “Platoon, first pull out your masers [hands]! The maser has a barrel [thumb and first 2 fingers] where you shoot the electrons out, and it has a grip. Before you shoot we’re going to ground ourselves and focus your intent-just like you focus at the rifle range. You hold your focus the entire time on what is the ‘highest good for the sergeant’! This is rifle range focus-deadly serious. Now, before you shoot, you have to load your gun. Can’t shoot without rounds in your gun. Start tapping 7or 15 times on the outer fist, both hands. That loading point is the small intestine meridian. By tapping there you stimulate your parasympathetic calming system which lowers your own heart rate. Before you start treating someone, it is important to calm yourself first.”

This is the treatment. The MPs just brought the sergeant to me. They found him walking the perimeter. They got his rifle. So I can treat him because he has no weapon. He’s been frozen in this for 12 hours. Take his vital signs. Apply and start the FSM units and adjust the current levels and chart all 3 levels when they are available.

I say ‘Sergeant, I heard you got the ‘Go-Go’. I’m able to treat you for that. Is it all right if I hold your hand?’

Sergeant Gary Gordon:
“Yes!”

TZ: “I’m going to tap on your outer fist [Karate Chop point in EFT language. See slide #4 the tapping figure for the tapping points]. This is Chinese medicine- I know that it calms your heart rate down. We want to calm your heart so you get under better control. I want you to put your hands together in a prayer position so I can tap on both hands at the same time. I move from the fists [KC]to tapping on the inside little finger by the



nail bed[heart], then the 3rd finger nail bed [pericardium], then the upper nail bed index finger [large intestines] and the thumb upper nail bed [lungs]. The hands have 5 points on each hand. Next ask permission to tap on the chest.

Then I move up to the liver points directly down from the nipple over the liver [EFT tappers leave the 'liver' out when breasts are present]. Under the arm pit at the 'bra-line' is the immune system [spleen] and where the clavicles join the sternum on each side is the powerful kidney points. [The chest has 3 points on each side.]

After asking permission, I move to the head to tap on 12 sites. Start tapping over the upper lip [governing meridian] and under the lower lip [central meridian] then move to the bony eye socket directly under the pupil [stomach]. On the bony socket lateral to the eyes is the gall bladder meridian and its 'septic field' - a series of points that snake backwards and forwards over the parietal bones, tapping with all 5 fingers, forward and back, over each side. Then switch to the orbital bones above the nose where the eyebrow attaches [bladder]. The last 2 points are in the center of the forehead [the 3rd eye] and on top of the head [the crown chakra]. Then I pick up the hands and tap on KC or the thumbs while I instruct him on doing the US Navy Seals box breathing which also downregulates the heart rate. Box breathing requires a maximum inhale to the count of 8 followed by a 'hold-hold-hold' for the same 8 count and a deep exhale using the belly for an 8 count then a 'hold-hold-hold' for the last 8. Repeat the box 3 times chanting and tapping KC. This is the basic tapping sequence, now for the chants.

Step #1 Basic Cadence: [Chanting phrases are in italics.]

TZ: You're going to say to him, '*You are safe!*' [Repeat 'safe' 7 times tapping the KC when starting off]. *You are strong! You are smart!*' as you are tapping. You're going to say this in a 'field command voice'! His muscles memorized the field command DI yelling at him, so when I start 'ordering' him, his muscles will respond to that tone of voice. Tap the chant into each set of points with the barrel of your masers [3 or 4 fingers]. From the crown chakra return to tapping on KC and direct him through the box breathing. You will have to switch to coaching his inhales, holds, exhales and holds to get them long and deep. It is a good idea for you to do 3 cycles of the box breathing with him. [ref: The Way of the Seal, US Navy Seal Mark Divine]

Step #2 Time/Date/Place Orientation Cadence: TZ: "Sergeant, you are at *Dr. Kondrot's Microcurrent conference... October 10, 2015... In Carefree Arizona...10-10-2015.*" [Again you are tapping with both hands on all 28 points and finish with the box breathing].'

Step #3 Unlocking the Eyes:

TZ: "Sergeant, you need to have your eyes open. We are going to work on your eye muscles and help them to relax. I'm going to tap right here over your sternum [the heart chakra area using non-dominant hand] and I want you to follow my fingers with your eyes. [I am tracing a lazy figure of 8- on its side.] *You're safe, safe, safe!* Don't move your head. Follow my fingers. [When they return to the center send them '*far*' over your shoulder and '*near*', back to 10 inches in front of his nose. Then trace the figure of 8 backwards.] "Now look *far*, Sergeant, then *near*. Now follow the circle I am making with my fingers [as the fingers hit 12'o'clock sweep the

fingers down to the floor. Then reverse the direction of the circle and pull down from 12 o'clock. All of these 'moves' can be seen clearly in the video.]

As I move my fingers, I'm checking to see the pupils constrict and dilate and the eyes come together and diverge. If you find a 'flutter', you switch to tapping on the eye's bony orbit at the fluttering position and using the 'SAFE' chant until you tap that flutter out. That flutter is the angle of incidence of the oncoming projectile or whatever was attacking him when he was traumatized. We want to get rid of the trauma 'freeze' in his eye muscles." [Always finish each step with the box breathing.]

Step #4 Talking Trauma Memory Up:

TZ: "Sergeant, now keep your eyes closed. It would be very helpful if you could tell me what went on during the past incident because the more you can make it alive again, right now, the more you can knock these memories out of your body. Remember every sight, smell, sound, taste, feeling, motion!" [While tapping in 'you're safe'; I am checking to make sure his eyes stay closed.]

Private Gary does not know this story, so I will tell it to you. The sergeant was in Fallujah. It was his first deployment, a green private, and he was point on patrol. Point is the lead person. He was walking along, and all of a sudden there was an explosion. He was pushed forward, picking up his rifle; he turns around, 'NO! MAX! NO! NO!' Max is his battle buddy and has just been blown to smithereens by the IED. The smell of blood is overwhelming, but he looks over to his medic. The medic is badly bleeding, so he grabs the dressing pack and presses it on the medic to stop the bleeding. He waits for the chopper to dust down. They come over to get the medic who goes back to the hospital and is alive because the SGT had stopped that bleeding. Then he has to pick up Max in pieces.

"Max, I KILLED YOU! I should have died. I KILLED you!" He took him to the rotor and came back for the legs and arms. Ever since then he's not been able to sleep at night for thinking about Max! They were battle buddies from basic training and he KNEW he was responsible for Max's death. While he is telling his story, I'm tapping the safe chant on all his 28 points. I want to blast those memory tubules out while he's reliving it because his past is really driving this reaction.

After I get him calmed down with more 'you're safe- safe -safe' tapping; I ask him, "Has Max ever come back to you in a dream? That would be normal if he did. He says, "Yes, once!" I say this tapping cadence, "That's good! Max has come back because he's telling you that he HAS your back. *MAX HAS YOUR BACK, MAN!* Max damn well knew that he was NOT following your foot prints. He was off to the side when he caught the IED. *It was not your fault. NOT YOUR FAULT! Max LOVES you and he's got your back. Max has your back for ever!* Then start box breathing with chanting- '*Max has your back!*'"

During this cycle, there was a whole lot of physical release going on in it. You should feel his chest and arm muscles now. They are all 'soft', if all of that trauma stuff has evaporated. Then

it's okay now to go on to the next step #5. [If not soft go back with closed eyes to more of any trauma SGT remembers and repeat the 'You are safe' tapping chant set again.]

Step #5 Protection Cadence:

TZ: "SGT, you can keep your eyes open or closed. I'm going tapping into the 28 points; '*You are LOVED, NURTURED, PROTECTED, EMPOWERED, FORGIVEN, and HEALED!*'" [For this SGT, I repeated "*FORGIVEN*" by itself during the box breathing. The tone of voice should shift to being very supportive].

Step #6 The Smiling Cadence:

TZ: "In the last step, SGT, you can open your eyes or keep them closed. [To the platoon: 'Everyone smile! You all should be tapping in cadence: '*You are safe! You're strong! You're smart and you're smiling!*' The tone of voice should be 'joyous!'] As you are tapping that smile into the sides of his mouth make sure his eyes are open so he can see you smiling at him and feel the whole platoon smiling. [Private Gary smiled]. Tap 'smiling' into the box breathing cycles. That's the MASER tap chanting drill."

"Private Gary, tell me your distress number of your 'issue' when you started out."

Private Gary: "It was about an 8".

TZ: "What is your number now?"

Private Gary: "It's 2"!

Evaluation of Treatment TZ: When Private Gary was 'acting' the Sergeant's role and being tapped, we got his stress level down from 8 to 2. The platoon who actively 'set its intent' helped. Thank you. You're dismissed, private. Good job! [The next morning Private Gary told me that his distress was zero. Three months later it was still gone.]

Outcomes: What I didn't tell you is that the Marines know of only five outcomes for the "Go-Go". The **first one** is the muscles go out and kill somebody because that's what their muscles are trained to do. The **second one** is the muscles commit suicide. The **third one** is the muscles go down to the bar, drink a lot, tear the bar apart and go to jail. The **fourth one** is the muscles go out into the woods and stay there for 25 years because they never want to be 'triggered' ever again. The **fifth outcome** for the 'Go-Go' is to go to the emergency room where he gets a huge dose of Thorazine. He drops and they put him in a lockdown cell for 48 hours while his body metabolizes off the sympathetic chemical blood bath.

Today, Gunny Sergeant would like to report to you that there is a **sixth outcome**. That outcome was, "Feed me! Feed me! I am starving to death, haven't had ANYTHING to eat for 20 hours!" The effect of this combined treatment is that the sympathetic system that was driving him was totally switched over to the parasympathetic system, blood pressure drops and he became acutely hungry. He actually reached for his antioxidant water and chugged the whole gallon! It is one of the Navy Seals' beliefs that 'If there's something worth doing, it's worth over doing!'

Marines and Seals are pretty similar that way. The Gunny Sergeant went to his bed and slept for 2 days straight, drinking lots of water, while actively detoxing.

This treatment removed the combat trauma memory triggers that one of America's best talk therapists who is experienced working with vets could not clear.

Slide #5 Disclaimers: It is very difficult for civilians to be able to treat the 'Go-Go' reaction because the DOD and the VA control warrior treatment options, thus limiting clinical trials even more.

Conclusions: MASER therapy is easily learned by any medic, combat corpsman, or pararescue jumper, in fact any Marine Gunny, who can step in and easily treat the 'Go-Go' before any collateral damage occurs as a stand-alone treatment outside the wire. These same providers, very talented military health care professionals, can rapidly learn to use the FDA approved, FSM 'tens' units. The combination of both the FSM microcurrent units and the MASER drill will power a rapid successful defusing of what could otherwise be a lethal situation accompanied by the removal of the traumatic memory from the cells. 'Company is dismissed!'

- #5 DISCLAIMER:
- The FDA has not reviewed the FSM protocols nor have they been placed in a formal clinical trial.
 - Warnings exist against the use of FSM during pregnancy & with pacemakers.
 - Standard 9 point 'EFT' is '**clinically effective**' as 'PTSD' therapy. See www.battleap.org for easy on-line EFT training.
 - No clinical trials have been done using 'military grade MASER' bilateral 28 point tap/chanting.
 - It is very difficult for civilians to treat the 'Go-Go' Reaction because the VA & DOD control warriors' treatment options; thus limiting clinical trials even more.
 - I have no financial conflicts.

Final draft, 24 January 2016

Copy right 25 January 2016

*Third Place Prize Presentation/ "MASER Training for the Rapid Treatment of the Go-Go Combat Stress Reaction [PTSD]", T. Zumwalt, MD, in Proceedings of the 9th Annual Microcurrent Case Conference, Editor; Ed Kondrot, MD, 2016, ADVANTAGE Media Group, Charleston, SC.

[*Because this is an oral scientific case report, my references were added to the white paper for integrity.]

Respectfully submitted TZ

My hope for military medicine:

The medic has applied 4 FSM units in the field onto the wounded special ops: one for the right leg tib/fib fracture, one for stopping abdominal bleeding (liver and spleen), one for concussion, and one for soft tissue right arm injury.



He has an extra unit in his ADU's thigh pocket if something else needs to be treated during the 'golden hour' of transport to the FOB hospital. As they are waiting for the dust down, the fracture, bleeding, concussion, and soft tissues injuries are being taken out of the acute inflammatory stage and moved on into the healing phase. This removes the typical acute edema stage seen in fractures. The fractures can heal in 50% faster time without swelling or excessive pain. These units go into the OR with him to help during surgery. A wound healing protocol is started as the belly is being closed. Since 2006 I have wished that every medic had a supply of FSM/FTM units to use to respond to acute injuries. I am impatiently waiting for the military trauma surgeons to start using FSM/FTM units and then wonder what they ever did before without them.



Back at the FOB, Lt. Lee is working on an old left shoulder injury and running the PTSD and Concussion protocols while he is ambulatory, going to chow, or doing paper work, or light PTs. In real time he would have plastic grocery bags over his wet rayon wraps to hold the water in and keep his ADUs dry. These rayon electrode wraps were designed to solve the problem of obtaining effective electrical conduction in the field over dirty, sandy, bloody skin without detaching.

MASER Debriefing at the FOB: There is the exact moment during a post combat debriefing (2004) after a death in the team when the captain SHOULD have been leading his team in MASER tapping on their KC-fist points while he is talking. [**Watching this video is triggering** <https://www.youtube.com/watch?v=diuuhejwcf5>]. The team SHOULD have then spent 10-15 minutes full point tapping cadence, 'Safe! Smart! Strong!' on their battle buddies to clear the sympathetic overdrive. Marines can easily master this!

Summary: This work is from 35 years of looking for a cure for 'vaginal body memory', severe panic attacks in the OR in women sexually molested as children. Everything that did not work is not here. Since 2006 my 7 assistants and I using MASERS in the clinics have melted panic away like nothing else (including drugs) could.

Conclusion: The next step is for medics, corpsmen, PJs, and SOPs to start clinical trials to establish MASER's efficacy for healing Combat Stress (*PTSD*) using their own hands both with and without effective FSM/FTM microcurrent protocols assistance.

OPERATION FIREHAWK

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MEDICS Drill- <https://youtu.be/mUzbvJqGuc>

MASER® Drill- <https://youtu.be/RLjevsZ1kEg>

Publication: *"Maser Training for the Rapid Treatment of the Go-Go Combat Stress Reaction (PTSD)®"*, Zumwalt, MD, 3rd Place Prize winning presentation, in the Proceedings of the 9th Annual Microcurrent Case Conference, ed: Ed Knodrot, MD, 2016, Advantage Media Group

Financial Disclosure: Operation Firehawk, PLLC is a medical not-for-profit devoted to education, research, training and treatment for the Combat Stress Reaction and other panic hyperarousal states for medics, all medical operatives and first responders.



Buzzboy makes those blue rayon wrap lead connectors sold as the Soldiers Set from www.buzzboym.com. My son and I own the company. As it is a very small shop, I construct these re-usable rayon wraps.