

QLaser Solutions

February 2008

Still hoping to hear back from more of you about Dr. Lytle's new book **Energy Transcendence!** We'd love to have your feedback! Please email me at kip@rapid-net.com or fax your comments to me at 605-342-5739.

Dr. Lytle is one of the smartest men alive! His book (Energy Transcendence) is great.
Tony Balistreri

Thank you for the gift of the book "Energy", A Guide for Living Beyond the Ordinary Range of Perception. I have been involved in a philosophy called Concept Therapy for many years. The book parallels the path toward Cosmic Consciousness from a science viewpoint and was very enlightening. Thank you again Kip.
Best regards, Dr. Bob Oerzen

Laser Training with Dr. Larry Lytle

Note: the opinions and ideas presented in the "Laser Training with Dr. Larry Lytle" section of this newsletter are those of Dr. Lytle only. No medical treatment claims are made or implied by the manufacturer of this laser equipment, Business Wizards, Inc., QLaser Solutions, nor any distributor associated with this equipment. This equipment is sold and intended for veterinary use.

Today I spoke with a friend who has SLS Lupus that is so severe they are treating her with a Chemo every 3-4 weeks for the past 3 years, thru a Medical port in her chest. I have read to her the protocol in the Laser users manual. Would you have more to add to this....She would like to know how LLLT can improve her condition and get her off Chemo and perhaps live a normal live again.

One of the most important things that must to be done in any Autoimmune Disease is to change the proprioceptive signal from the brain to the rest of the body. This is done by placing proprioceptive devices in the oral cavity. The type of device depends on what teeth are remaining. Remember our laser system works at the cell level but it is important to

change the faulty signal system and to detoxify the gut. The best I have found for this is Belly Gelly and re-inoculate with Geneflora.

I have a friend who has had a range of health issues for the past 20 years including: slow transit constipation (not enough nerve endings in her colon), chronic back pain from degenerative disk disease, abnormal facet joints, Fibromyalgia type syndrome with soft tissue pain. She is a psychiatrist, who has not been able to practice medicine due to her health issues. Over the past 20 years she has been to numerous specialists, alternative and traditional, with little or no relief. When I met with her, we reviewed the protocols in the manual, and I explained proprioception. I lasered the 6 proprioception points. She noted a feeling of relaxation after the 4, and even more after the 6 points. I used mode 1 on the soft tissue and the 880 probe on the deeper areas. She noted some relief in her back and shoulder pain. I used mode 3 on her colon, ascending, transverse and descending. She used the popsicle stick as directed. We talked about Belly Jelly and probiotics. Initially she was concerned that all the detox products she has tried have not worked, and she does not want to regress with her digestive issues. She is taking a probiotic, and some fiber type products. I can get a list from her as appropriate. Digestively, she can get backed up very easily, and she is maintaining her regularity right now.

This sounds like a proprioception problem that has affected the ANS Has she lost teeth other than wisdom teeth? I strongly suggest proprioceptive guides be placed at once. You are using the correct modes but she must wear MBT at all times except eating and buy and use her own laser on a daily basis. A demonstration is not enough. If she is concerned about if it works – offer to buy it back from her at 5 or 10% restocking fee in one to two months providing she uses it as

directed. This works the same as renting

I went to a dentist who sells the miracle bite tabs and he charged me \$500 dollars for them. I see them on your website for \$60, did I get ripped off?

You are right - Miracle Bite Tabs retail for \$60. This provides the raw material and written instructions for you to make your own MBTs and do your own adjustments. If the dentist has actually made the same type of proprioceptive guide called MBTs for you, then he/she is entitled to a professional fee for making them and adjusting them. In dentistry they are called splints and the price varies from coast to coast and \$500 may be in line in your area. Your challenge now is to find a dentist that can replace the MBTs with more permanent restorations. It is possible that the dentist you are currently seeing can do this, but it is your responsibility to make sure you have selected a dentist that understands neuromuscular or proprioceptive dentistry. For more education in this area I invite you to go to www.laserinformation.com and read about proprioceptive dentistry and then register for one of my Healing Light Seminars where you can learn more about faulty proprioception to the brain and how it affects the Autonomic Nervous System which controls most of your structural problems as well as internal diseases.

TOOTH LOSS LINKED TO INCREASED STROKE RISK...*JADA, Vol. 134, Feb 2003*

Tooth loss and periodontal disease may increase the risk of ischemic stroke, according to a report in the January issue of Stroke: Journal of the American Heart Association. Six earlier studies had examined the link between stroke and periodontal disease, tooth loss or both but had conflicting results. Harvard researchers sought to clarify the relationship by using a more uniform study population with more participants and by collecting data about whether the tooth loss and periodontal disease occurred before the stroke. They studied 41,380 men who were mainly white dentists, veterinarians, pharmacists, optometrists, osteopathic physicians and podiatrists who were 40 to 75 years of age at the start of the 12-year study. The men completed questionnaires

mailed to them every two years about their medical history, health behaviors and the occurrence of cardiovascular problems or other adverse health events.

Researchers documented 349 ischemic strokes among the subjects and found that men who had fewer than 25 teeth when they entered the study had a 57 percent higher risk of experiencing ischemic stroke than did those with 25 or more teeth. *"The association of ischemic stroke with tooth loss persisted even after we controlled for periodontal disease history, which could reflect severe periodontal disease in the extracted teeth," said lead author Dr. Kaumudi J. Joshipura of Harvard School of Dental Medicine and Harvard School of Public Health.*

Above is some older research that I often quote in my Healing Light seminar concerning loss of teeth and heart attack and stroke. The 1986 research that I quote showed that when 10 or more teeth were lost, it increased the risk of heart attack by 67%. When this research is correlated with the Japanese research, then it can be deduced that even the loss of vertical dimension will cause the same serious end results. While this 2003 study did not say which teeth were lost, statistics show (excluding wisdom teeth) the most common tooth lost is the lower 1st molar. This allows for the arch to collapse and subsequently more loss of posterior support. I feel quite certain that the 57% increase in stroke by those subjects that have lost three or more teeth (excluding 3rd molars) is due to the tightening of the 68 pair of "dental muscles". This not only reduces blood flow to the entire head including the eyes, ears, teeth, jaws and of course the brain but also pushes the mandible up and back and constricts venous blood return from the brain. When this happens pressure builds up and something will eventually blow – called a stroke or cerebral vascular accident. This builds a very strong case for keeping the 68 pair of muscles released on a daily basis with the Q1000 laser and altering the faulty proprioception immediately with Miracle Bite Tabs. The eventual permanent correction is with Neuromuscular/Proprioceptive Dentistry. My teacher Dr Fonder would be happy to see that his work is finally being reproduced and pub-

lished in a refereed journal.

Jamie is recovering from an accident that nearly severed her foot in an ATV accident. At this point, 3 weeks later, they are most concerned about degeneration of tissue (dying/dead) in the area of the arch such that they would do a bone graft and skin graft in a third surgery. Gina is a nurse and concerned that using the laser now will accelerate the healing such that it may move too quickly so that in the following surgeries (considering undoing one of the bone fractures they sutures/wired together) they will run into trouble. Is it possible to complicate things?

There have been similar cases to this on which mode 1 of the Q1000 has worked very well. A similar case from London where a semi ran over the entire leg of a woman and it is healing. Apply mode 1 of the Q1000 every other day for one cycle to each area moving it to cover the entire foot. To keep the wound from healing over too fast, cover the 660 Enhancer with a plastic wrap, insert it to the depth of the wound and leave for 30-60 seconds. I can assure her that the laser will only help and will not make things worse. LIGHT HEALS - she has nothing to lose. If nothing is done she may lose her foot.

I attended one of your presentations last year in Seattle WA. I purchased a Q1000 laser from you then, and have been using it on a regular basis. My main medical challenge is glaucoma, and while the pressure is being controlled with eye drops, I would really love to see the day when I could stop using the drops, and possibly restore the vision that I have lost. I remember while talking to you then that you have a condition of macular degeneration that you are treating. I read recent news of a company that has been using a laser to regenerate retina tissue, and was wondering if you had heard of them, and if it's possible to have the Q1000 laser programmed with the frequency's that cause the bio-regeneration?

Yes I use a special set of frequencies to help control my macular degeneration and it has arrested it but I am not like my eyes used to be. I have read the articles on using low level lasers for retina degeneration and the reports are favorable.

For now I suggest that you apply mode 1 of the Q1000 for 6-8 breathes (about one minute) over each closed eye every other day for two weeks and then get the pressure rechecked. If mode 1 does not do the job, call 605-342-5669 and get a PO, then send your laser back and have the special glaucoma mode programmed into one of the empty modes. While this has worked for others, I cannot be responsible for modes that others say have cleared up their glaucoma.

A friend's employee had her foot crushed in a traffic accident. It would normally have been amputated but she got to the best hospital, whose surgeons saved her foot with all the bones broken. Now, two months on, she has a black toe, which they are waiting to fall off. Am I right not to suggest that she lasers the black toe directly? But just around it. Dr Murphy, an acupuncturist, says she should laser the opposite toe as well.

For the black toes – obviously they have not gotten enough blood supply. There is undoubtedly a lot of extra cellular debris that could be preventing the new visualization. I recommend that she take 3 Inflamm-A-Way between meals on an empty stomach 3 times a day and then apply mode 1 of the Q1000 to the groin and any place on the leg that is sore to palpate as often as needed as determined by Circles or palpation. I am sure the physical therapist is exercising the leg to increase circulation and she should be getting massage therapy – if not – start both immediately. Apply mode 1 of the Q1000 directly to the black toes as often as Circles testing indicates. I have heard about contra side therapy as suggested by Dr Murphy but have never had an opportunity to try it - so I say “go ahead” – certainly can't hurt.

Clinical Research Summaries

Effectiveness of Helium-Neon Laser Irradiation On Viability and Cytotoxicity of Diabetic-Wounded Fibroblast Cells.

Photomedicine & Laser Surgery, Vol 25, 6, 2007, PP. 474-481

This study investigated the effectiveness of helium-neon laser irradiation at increasing intervals on diabetic-induced wounded human skin fibroblast cells. *Conclusions: wounded*

diabetic WS1 cells irradiated to 5 J/cm² showed increased cellular repair when irradiated with adequate time between irradiations, allowing time for cellular response mechanisms to take effect. Therefore, the irradiation interval was shown to play an important role in wound healing in vitro and should be taken into account.

Effect of Lower-Level Laser Therapy on Rabbit Tibial Fracture.

Photomedicine & Laser Surgery, Vol 25, 6, 2007, PP. 487-494

The purpose of this study was to demonstrate the biological effects of low level laser therapy on tibial fractures. *Conclusions: the study suggests LLLT may accelerate the process of fracture repair or cause increases in callus volume and BMD (bone mineral density), especially in the early stages of absorbing the hematoma and bone remodeling.*

Nd:YAG and Diode Laser in the Surgical Management of Soft Tissues Related to Orthodontic Treatment.

Photomedicine & Laser Surgery, Vol 25, 5, 2007, PP. 381-392

The aim of this clinical study was to observe and evaluate the surgical management efficiency of soft tissues during orthodontic treatment, using three different wavelengths (810 nm, 980 nm and 1064 nm). *Conclusion: the use of these wavelengths of laser energy was a noticeable aid in the surgical management of soft tissues before or during orthodontic treatment. The benefits of laser treatment include reduced bleeding during surgery with consequent reduced operating times and rapid postoperative hemostasis, thus eliminating the need for sutures. The lack of need for anesthetics and sutures, as well as improved postoperative comfort and healing, make this technique particularly useful for very young patients.*

Laser Phototherapy (780 nm), a New Modality in Treatment of Long-Term Incomplete Peripheral Nerve Injury: A Randomized Double-Blind Placebo-Controlled Study.

Photomedicine & Laser Surgery, Vol 25, 5, 2007, PP. 436-442

This study was conducted to prospectively investigate the effectiveness of low-power

laser irradiation (780 nm) in the treatment of patients suffering from incomplete peripheral nerve and brachial plexus injuries for 6 months up to several years. *Results and Conclusions: the analysis of motor function during the 6-month follow-up period compared to the baseline showed statistically significant improvement in the laser-treated group compared to the placebo group. This pilot study suggests that in patients with long-term peripheral nerve injury noninvasive 780-nm laser phototherapy can progressively improve nerve function, which leads to significant functional recovery.*

Low-Level Laser Therapy (GaAs = 904 nm) Reduces Inflammatory Cell Migration in Mice with Lipopolysaccharide-Induced Peritonitis

Photomedicine & Laser Surgery, Vol 25, 4, 2007, PP. 245-249

Peritonitis is a potentially life-threatening inflammatory condition that may be suitable for studying anti-inflammatory effects of infrared lasers. *Results and Conclusions: The 3-J/cm² exposure group showed the best results at 24 hours, with reductions of 77% in neutrophil and 49% in leukocyte counts. Low-level laser therapy (904 nm) can reduce inflammatory cell migration in mice with LPS-induced peritonitis in a dose-dependent manner.*

New Testimonials

I have a patient who has gotten pregnant TWICE using the Q1000 (she wanted to but was experiencing fertility problems). Her low egg count was fully documented prior to treatment, and the Q1000 was the only modality used!

Dr. Steven Hect.

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Tony Balistreri

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Today I took a tour of the Qlaser factory in Rapid City, SD. Everything was surgically clean and in its place even though my visit

was unexpected. The company can plug in my Q1000, view the internal log and find out if I was naughty or nice to my laser. It logs if there were any errors in its computer system, temperature spikes and unusual laser placements (yikes I hope not!) He has a sensor that looks like the business end of a doctor's stethoscope that is lowered on to the face of the laser to assure that the intensity and frequency of the laser light is perfectly within tight parameters. It is also at this bench that the disease and purpose specific frequency modes are programmed in. There are about 20000 lines of computer programming instructions packed into this handheld wonder. It is loaded with temperature sensors, failsafe devices and just plain heart and soul of the engineers determined to make a device that seems to be built more for military duty than the cushy environment of my home. They also showed me the robotic machines that place about 400 tiny electronic components perfectly on their circuit boards and solder them in place. The new robotic technician they were setting up even keeps track of every part and every circuit board's serial number. If even one small resistor turned out to be defective out in the field they could track all the other lasers with resistors from the spool that may have other defective parts. If it looks like other lasers may be affected they can be recalled and repaired before a surprise malfunction shows up. Now that's customer service for you. Finally the parts are sealed in there places to keep out the snowy weather of football fields and the dust kicked up from fidgety horses. Thanks for my tour - it has given me a new perspective of how lasers should be built ... and how well built my QLaser actually is!

John Winter
Distributor QLaser Systems

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Since undergoing a vulvectomy I have had constant nerve pain to the vulva and inner thigh. Despite repeated requests for a solution my Consultant was unable to offer any treatment apart from painkillers, which did not help at all. I used the Q1000 and found that one of the worst aspects of the nerve pain, a constant feeling which felt similar to an elec-

tric shock, has eased considerably. I would advise any one with ongoing nerve pain to try laser light therapy as it has certainly helped me.

Mary Davies, age 55.

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Just wanted to let you know that 99% of the Pagets has been removed by the Photo Dynamic Therapy. A really amazing result. There is one tiny spot remaining and the plan is to go back on March 18th to see if it decreased or possibly disappeared altogether. If not that small area will need another PDT treatment. I really had no idea which way it would go and was very uncertain before my appointment on Tuesday ... it's so good to know that there is a non invasive, non scarring treatment that requires no anesthesia etc if the Pagets should ever reoccur.

Regards, Sheila

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Best regards, Dr. Bob Oerzen

YOUR TESTIMONIAL may help another person realize the huge, life-changing benefits available to them with low level laser therapy!

You just can't imagine how many times people have had success in positively changing their lives because they read about someone else with their problem.

Help Dr. Lytle "help mankind" by sending in your success story today!

Email (kip@rapidnet.com), fax (605-342-5739) or mail (520 Kansas City St., Ste 201, Rapid City, SD 57701). Thank You!

Kip

