

QLaser Solutions

November 2008

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.

Dear Richard: It was a pleasure visiting with you and learning more about your health needs. The Q1000 works at the cell level and therefore is beneficial for any disorder. Increasing blood flow to the brain is necessary in any disorder. At least once a day or more often if the muscles are tight, apply mode 1 of the Q1000 laser to proprioceptive points 1, 2, 3, and 4 as shown on pages 6 and 7 of your manual. For more information on proprioception please read appendix A in your Low Level Laser User's Manual. For heart conditions of any type, apply mode 2 of the Q1000 laser over the heart for one cycle and under the arm for one cycle as shown on page 77 daily as needed. There are no contraindications for using the Q1000 over the heart including pace makers. For the pain in your neck apply mode 1 of the Q1000 directly over the area of pain for 3 to 6 cycles daily or as needed for pain relief. Richard, when you have multiple conditions, controlling stress is necessary. Practice breathing rhythms as described in appendix F during your waking hours is an excellent way to control stress.

According to a "Dr. Worth", LED wavelengths are longer than laser light and penetrate deeper to increase energy metabolism at the cellular level. Is this true?

Remember – all light works – even on animals, but I still believe the Q Laser System is superior to any LED. "Dr. Worth's" statement does not make sense to me from a laser physics standpoint. When dealing with conventional lasers it is true that longer wavelengths such as our 808 do penetrate deeper than visible wavelengths such as the 660 but most of the research I've studied shows that LED waves will only penetrate a few centimeters into tissue. Remember the soliton waves created by the Q10 and Q1000 products penetrate through the body.

I was intrigued by a Dr Witt describing the use of Gingko biloba as a photosensitizer prior to laser therapy. The herb was injected but I wonder if an oral dose (if high enough) would work? Did you know this and would you recommend its use?

I do not know if taking Gingko Biloba orally would enhance the Q1000 or not but I do know that applying the Q1000 will enhance the uptake of Gingko Biloba. As usual the nutritionist gets the cart ahead of the horse when it comes to the Q1000 laser and how it works to re-energize the cell membrane and help the osmosis of all nutrients including Gingko Biloba.

Can you suggest a protocol for post surgical use of the Q1000, when colon cancer is involved.

For colon cancer surgery start immediately before surgery and follow the protocol in the laser users manual. Apply mode 3 of the Q1000 daily for one week; then every other day for one week; then twice week until healed; then follow the maintenance schedule. Be sure and apply the laser to the surgical scar. Don't forget the proprioceptive device(s), Belly Gelly and very definitely the Inflamm-Away (3 tabs – three times a day on an empty stomach). Practice breathing rhythms to help control fear.

Is there any way to measure how many supplements to take?

The best way to determine how many supplements to take is by using "circles" method of self-kinesiology. The instructions are in the appendix of the lasers user's manual and in my books. The Q1000 laser energizes the trillions of cell membranes and therefore allows for better osmosis of nutrients through the cell membranes – therefore you should be able to reduce the supplement intake. Excess supplements need to be excreted and can put a burden on the excretory system.

I am treating a young lady of 27 years, who has had Lymes for seven years now. Have you personally treated any one successfully with this condition and would she become weak before gaining strength in the first few treatments.

Since Limes is an autoimmune disease, you need to follow the protocol in the Low Level Laser User's Manual. Some Questions are: (1) Are you applying the Q 1000 as directed using the correct mode? (2) Are you detoxifying with Belly Gelly and re-inoculating

with GeneFlora? (3) Is she wearing Miracle Bite Tabs and keeping them adjusted? (4) Are you applying mode 1 of the Q1000 to Proprioceptive Points 1 – 6 as shown on page 6-8 in the Low Level Laser User's Manual? (5) I also suggest that during all her waking hours she follow the breathing rhythms in Energy Transcendence as well as the visualization exercises in Chapter 11. If you are following the all of the above directions and results are still not satisfactory, some people require more energy and some need less energy so I suggest you follow the directions in the appendix and do the "circles" self-testing to see if you could get better results by using the Q1000 more often and longer or less often with smaller amounts of joules. If you have done all these things and results are still not satisfactory then check and see if the subconscious can suggest an alternative frequency? Teach patience - she did not get sick over night and it may take some time to get better.

One member of my family has degeneration of the bone in the hip joint, problems with disk hernia in her back and consequently a great deal of pain. The medical people offers her only one solution: hip replacement and then removal of the herniated disk.

Would using a Q1000 Laser be beneficial?

Serious cases like you have explained can get relief from the pain with the Q1000 and 808 Enhancer used as described in my Low Level Laser User's Manual. Don't forget to use the 808 as accupoint therapy on Brennan's points (listed in the manual.) The following are also important to heal the condition: *How old- the older they are the longer it takes. *Take Laser Assist Compound - the Glucosamine Sulphate acts as the seed to grow new cartilage. *Take Inflamm-Away to reduce the extra cellular debris. *Practice daily stretching or Yoga and apply mode 1 of the Q1000 to tight muscles in the legs and butt to keep the muscles released. *Practice breathing rhythms during the waking hours as outlined in chapter 10 of Energy Transcendence.

Note from Dr. Lytle, "For years, I have been telling you that to have maximum health, you MUST control and/or eliminate your fear - that how you think is how you are. I have mentioned that in my opinion, being 'die-agnosed' [mis-spelling intentional] is possibly the worth thing you can do. The following article brings to light what I believe is the plague of the American Medical System, and why I'll continue to fight on your behalf to encourage you to take back control of your own health. All highlights are mine."

The Nocebo Effect: Placebo's Evil Twin

By Brian Reid, Special to The Washington Post
Tuesday, April 30, 2002; Page HE01

Ten years ago, researchers stumbled onto a striking finding: **Women who believed that they were prone to heart disease were nearly four times as likely to die as women with similar risk factors who didn't hold such fatalistic views.**

The higher risk of death, in other words, had nothing to do with the usual heart disease culprits -- age, blood pressure, cholesterol, weight. Instead, it tracked closely with belief. Think sick, be sick.

That study is a classic in the annals of research on the "nocebo" phenomenon, the evil twin of the placebo effect. While the placebo effect refers to health benefits produced by a treatment that should have no effect, **patients experiencing the nocebo effect experience the opposite. They presume the worst, health-wise, and that's just what they get.**

"They're convinced that something is going to go wrong, and it's a **self-fulfilling prophecy**," said Arthur Barsky, a psychiatrist at Boston's Brigham and Women's Hospital who published an article earlier this year in the Journal of the American Medical Association beseeching his peers to pay closer attention to the nocebo effect. "From a clinical point of view, this is by no means peripheral or irrelevant."

Barsky's target is drug side effects, which cost the U.S. health system more than \$76 billion a year, according to a 1995 University of Arizona study. If even a small percentage of those costs are caused by patient expectations of harm, addressing the nocebo effect could save a nifty sum.

But convincing doctors that their patients' problems may be more than biochemical is no simple trick. The nocebo effect is difficult to study, and medical training leads doctors to seek a bodily cause for physical ills.

"Nocebos often cause a physical effect, but it's not a physically produced effect," said Irving Kirsch, a psychologist at the University of Connecticut in Storrs who studies the ways that expectations influence what people experience. "What's the cause? In many cases it's an unanswered question."

Looking for Trouble

The word nocebo, Latin for "I will harm," doesn't represent a new idea -- just one that hasn't caught on widely among clinicians and scientists. More than four decades after researchers coined the term, only a few medical journal articles mention it. Outside the medical community, being "scared to death" or "worried sick" are expressions that have long been part of the popular lexicon, noted epidemiologist Robert Hahn from the Centers for Disease Control and Prevention in Atlanta.

Is such language just hyperbole? Not to those who accept, for example, the idea of voodoo death -- a hex so powerful that the victim of the curse dies of fright. While many in the scientific community may regard

voodoo with skepticism, the idea that gut reactions may have biological consequences can't be simply dismissed.

"Surgeons are wary of people who are convinced that they will die," said Herbert Benson, a Harvard professor and the president Mind/Body Medical Institute in Boston. "There are examples of studies done on people undergoing surgery who almost want to die to re-contact a loved one. Close to 100 percent of people under those circumstances die."

But the nocebo effect can lead to more subtle outcomes as well.

Fifteen years ago, researchers at three medical centers undertook a study of aspirin and another blood thinner in heart patients and came up with an unexpected result that said little about the heart and much about the brain. At two locations, patients were warned of possible gastrointestinal problems, one of the most common side effects of repeated use of aspirin. At the other location, patients received no such caution.

When researchers reviewed the data, they found a striking result: **Those warned about the gastrointestinal problems were almost three times as likely to have the side effect.** Though the evidence of actual stomach damage such as ulcers was the same for all three groups, those with the most information about the prospect of minor problems were the most likely to experience the pain.

Despite the smattering of doctors' anecdotal reports and a few modest clinical studies, research on the phenomenon has not been robust, mostly for ethical reasons: **Doctors ought not to induce illness in patients who are not sick.**

Changing ethical standards have made it difficult to even repeat some of the classic nocebo experiments. In one century-old effort, conducted long before anyone thought up the word nocebo, doctors set an allergy sufferer wheezing by showing an artificial rose, proving that at least some aspect of the allergic response is stimulated by visual cues. In a study from the early 1980s, 34 college students were told an electric current would be passed through their heads, and the researchers warned that the experience could cause a headache. Though not a single volt of current was used, more than two-thirds of the students reported headaches.

Medical Distrust

But resistance to in-depth study of the nocebo effect rests on more than ethical reservations, said the CDC's Hahn. Belief, he said, does not have a strong place in the anatomy-centered world of modern medicine.

"The fact is that phenomena that essentially come down to what people believe are conceptually difficult in our medical system," Hahn said. "Health is thought to be a biological phenomenon. More psychosomatic

elements are hard to deal with."

Science is wearing away at the wall between mind and body. With the aid of high-tech imaging devices, neurologists are getting better at taking pictures of the brain in action. In one blinded study last year, researchers found that patients with Parkinson's disease given a placebo released a brain chemical called dopamine, just as the brain exposed to an active drug would do.

That flood of brain chemicals, it appears, has everything to do with what the mind expects. In most cases, like the Parkinson's study, the outcome is positive -- the placebo effect in action. But for some patients -- depressed, wary of medication or worried about drug side effects -- getting a prescription filled is an angst-ridden experience. And such patients appear even more likely to exhibit those side effects.

Barsky has even sketched out a profile of the kind of patient likely to experience the nocebo effect -- worse side effects and poorer outcomes -- on a given drug. When Barsky sees a patient with a history of vague, difficult-to-diagnose complaints who is sure that whatever therapy is prescribed will do little to battle the problem, he says, those low expectations are inevitably met. The treatments usually fail.

"Whether you trust your doctor or not probably makes a huge difference in whether you report side effects, but there's almost no data on that," Barsky said. He hopes to include information about a person's psychology in an upcoming placebo-controlled clinical trial to see if patients with a particular outlook on life fare better or worse than other subjects.

Far more esoteric factors may also shape both the placebo and nocebo response. A Dutch study, for example, found that most people considered red and orange pills to be stimulating, with blue and green-colored pills more likely to have a depressant effect.

"One of the most important things about a pill is [its] color," said Daniel Moerman, an anthropologist at the University of Michigan-Dearborn who has studied the placebo and nocebo effects across different cultures. "That seems to be fairly widespread."

But the mind is a funny thing, and generic responses to color go just so far in explaining the placebo or nocebo response. Consider this: In Italy, Moerman says, blue placebos made excellent sleeping pills for women but had the opposite effect on men.

The apparent reason? "The Italian national football team's color is azzurri," he said. "Blue."

Research

Laser acupuncture effective against headaches in children

The July 2008 issue of *Pain*, a prestigious peer-reviewed medical journal published by the International Association for the Study of Pain (IASP), featured a German study conducted by eight pediatric doctors and clinicians. The researchers attempted to determine whether or not laser acupuncture would prove effective in relieving the symptoms of chronic headaches in 43 children.

The treatment for each child was individualized and completely based on the traditional Chinese medical theory. The theory contends that bioelectricity, or the electrical current that is produced by living organisms, has a tendency to follow paths of higher conductivity within the human body. These paths, called meridians, have been shown to be composed of points that have a higher electrical conductivity (lower electrical impedance) than other parts of the body.

Laser acupuncture, a relatively new method of stimulation, uses low-energy lasers to influence the flow of current at the acupoints. The German study, a double-blind, randomized, bicenter, placebo-controlled trial, specifically focuses on the effect of laser stimulation compared to placebo-stimulation.

The conductors of the study took 43 children suffering from either chronic migraine headaches (22 patients) or chronic tension headaches (21 patients) and gave them four randomized treatments over four weeks.

The results of the study were analyzed in three ways. The first method examined and compared the number of "headache days," or days that the children suffered from headaches. The researchers took the average number of headache days before the treatments and compared them with the average number of headache days after the treatment in both the placebo and the true treatment patients.

The second method compared the severity of the pain using a Visual Analogue Scale (VAS). The VAS is a medical tool that helps a person rate the intensity of certain sensations and feelings, such as pain. The VAS is obviously highly subjective; however, researchers commonly use this tool in order to examine changes in individuals over periods of time. In the scientific community, using the VAS to catalogue changes in perception over extended periods of time is seen as more reliable than using it at a single point of time.

The final method for analyzing the results was to compare the amount of time each child experienced headaches before and after the treatments. The changes in the amount of "headache time" were then examined for the true treatment cases and the placebo treatments.

The results were as follows: **the mean number of "headache days" decreased by 1.0 day in the placebo group and 6.4 days in the treated group.** The VAS, in contrast to the placebo group, showed a **significant decrease in the children's perception of the severity of the headaches.** Finally, the **children's total amount of time with headaches was found to be much lower** than the placebo group.

In other words, the children who received true laser acupuncture had less days where headaches occurred, felt less pain when headaches did occur and experienced much less time with headaches than the children who thought they were getting treatment but in fact were not.

The German researchers concluded, "that **laser acupuncture can provide a significant benefit for children with headache**, with active laser treatment being clearly more effective than placebo laser treatment."

New Testimonials

I have a 70+ yr old lady that I've been treating for dry Age-related Macular Degeneration. She'd had AMD for 10 yrs, but it didn't start worsening until 1 yr ago. She takes a herbal called '4sight' per a Chinese MD that she sees. She had been on the herbal remedy for 3 months with no noticeable benefits when I started treating her with the Q1000, one cycle on each eye every visit, alternating between Mode 1 & Mode 3. I also use the 660 Enhancer on the Large Intestine # 4 acupuncture point each visit, which is the main energy point of the upper body, and do auriculotherapy (8 eye-related points on each ear) on each visit. I initially saw her at a frequency of 2 visits per week for 4 weeks. Between the herbal, the auriculotherapy and the LLLT she reports at least 30 % improvement after 8 visits. She says that it is easier for her to read smaller print on the TV screen now, and it is easier for her to read her mail too. I wanted to let you know. Carpe diem! Todd W. Austin, D.C., Virden, IL

A "text" message received on 10/19/08 at 3:09 p.m.
I just burned my finger on a hot glue gun ... three laser cycles and NO PAIN. Love my laser! Amy Beaumont, Rapid City, SD