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Dr. John Myers
Bio-Electro Brain Research
Dr-John8@msn

P.O. Box 13
Roswell, GA.

The challenge is before us....

It's been two years since I wrote my last newsletter. The title of that letter was *The Dilemma of Success*. My "dilemma" was being aware that the Lord had enabled me to develop a very successful technology in FRT (*Frequency Resonance Therapy*), but no idea as to how I could get it out of the underground research stage into something substantial. That letter was an appeal for prayer.

The Lord answered quickly, partly by turning a supposed Lyme disease project in Florida into a series of spectacular cancer victories, which in turn brought my work to the attention of Berkley Bedell, the ex-Congressman from Iowa, who heads up NFAM, the *National Foundation for Alternative Medicine*, in Washington D.C. Berkley was impressed and suggested that maybe they should send me to a major medical center in South America for a controlled clinical trial to prove out my program.

For five years NFAM had been looking for the ideal cancer program, wanting to create a viable alternative to the obviously inadequate conventional protocol. Nothing, however, had materialized — there was always something missing — so now Berkley was thinking that perhaps my FRT program would prove to be that special one they were looking for.

I, of course, thought this was great, very probably the answer to my dilemma. But then I believe God suddenly intervened, speaking *His* mind. I was in Florida again, where the four "spectacular" cancer/tumor victories had taken place. One of these was Gail Holton, R.N., who by this time was sensing a call from God to associate with me in this ministry. One evening she was watching TV when something came on about children with brain cancer. She was suddenly forcibly struck with the thought, "*This is what Dr. John should do!*"

At the same time, in another part of town, with no knowledge of Gail's experience, I was praying and thinking about Berkley's offer. Suddenly it was as though something leaped inside me. "No," I thought. "It is not South America, but the Ukraine, where I should go to perform the controlled clinical trials!"

I was recalling how five years before the Lord had led me in a most definite way (unusual guidance and miraculous financial provision) to go twice to the Ukraine. At that time Dr. Yuri P. Zozulya, the top doctor at the University of Kiev neurological center, had agreed to do a pilot clinical trial, *stating that it would be with children with brain cancer*. I was not able to follow up on the offer then, and at the time that greatly distressed me. Now, I suddenly felt that I knew why — I wasn't ready then. But now the Lord was again moving to open that door. "Yes!" I thought, "Certainly it would be children with brain cancer that would best demonstrate my program and bring the needed recognition I am praying for!"

The next day I went to see Gail, and found that we were both bursting to tell the other what we had seen. Needless to say, this was awesome, and I felt assured that the Lord had spoken. Immediately I wrote a letter to Berkley telling him all about the trips to the Ukraine five years earlier, and how Dr. Zozulya had agreed to do *a pilot clinical trial with children with brain cancer*. I urged him to consider sending me there instead of to South America.

To make a long story short, NFAM agreed and I have now gone twice to Kiev seeking to set up the arrangements for this. However, it is not as simple as it was in 1997, so we are facing some problems with the medical system and their rules of procedure. But apart from that, especially on my recent visit, the Lord amazingly opened doors before me.

From the beginning, I have been warmly welcomed by YWAM (*Youth with a Mission*) and they have made their base in Kiev my "home". The director of the base, Kelly Hoodikoff, has become a counselor and friend, completely identifying with my plans and heart burden. Also, Oxhanna Terlestsky, the wife of one of the principal base leaders, has unselfishly given of her time to be my secretary, as well as guide and interpreter, working with me literally night and day whenever necessary. But on this last visit something more—a very special "miracle" — has also come out of YWAM.

For some time I have felt the need of an M.D. who could speak both Russian and English to work closely with me there. But to find such a doctor who would also be free from other commitments was like finding the proverbial needle in a haystack. Yet, on this trip I immediately found just such a person. She is Dr. Olya Savvychna, a licensed M.D., associated with YWAM, right there in Kiev, and she is completely free to work full time with me!

Dr. Olya had been in St. Petersburg, Russia working in a woman's clinic. But when she ran into a problem relating to her not being a Russian citizen, she suddenly felt led to return to her native land and believe God to establish a much needed woman's clinic in Kiev.

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. Being associated with YWAM, she came to their base in Kiev. But at the moment she doesn't have the money to move ahead with her vision, so she is free to work with me. And, actually, it appears that our association will eventually lead to the fulfillment of her dream as well as mine, since one of my ultimate goals is to see a complete missionary medical facility established right there in Kiev, perhaps at the YWAM base.

The only problem with the arrangement is that Dr. Olya has only a limited grasp of the English language. To remedy this need, as well as have opportunity to begin her training in my technology, I want to bring her to the USA as soon as possible. Once I return to the Ukraine our work should start immediately, so there won't be time for language study and initial training. We should already be ready to mesh together as a team.

Do pray with us about this, for at present we have no funds to affect such a trip. Hopefully, later, the Foundation (NFAM) will finance the actual clinical trials at the University of Kiev medical center, but it is very improbable that they will respond to advance funding for such as this. And it seems apparent that we need to do this now.

Dr. Olya was not the only strategic breakthrough during my recent visit. Guenna Khyniak, my Russian translator, with whom I also worked back in 1997, has come forth, sharing our vision and widening his voluntary involvement. He is now acting as my official representative, working directly with the medical authorities to get my custom electronic equipment registered for medical use, as well as continuing our negotiations to obtain the approval for the clinical trial. He is a dedicated Christian and an unusually brilliant and talented young man. To have him so willingly join me in the venture is truly a God-send!

And it was through Guenna that I found myself face-to-face with a heart rendering, but amazing, potential opportunity. It is a Christian group whose ministry is to love and in every possible way help the children with cancer from two hospitals who have been completely given up. Some are in a sort of "hospice" ward and others having been simply sent home to die. These dear ladies have offered to approach the parents of these desperate cases to offer them the opportunity of getting on the FRT program.

Actually, a good number of the successful cancer cases I have treated would have fallen in this category, and I feel that if given the chance we will surely be able to save some of these precious ones. Apparently, the hospitals wait until very near the end before they release these children, for the ladies say that many die within a week or two. That is pretty far gone! But God . . .!!! We can, however, look to the Lord healing as well as God-anointed treatment.

There is another group of children this same group has access to. These are children with cancer who for one reason or another (not sure yet why) are not going into the hospital for medical care. Of course, we will definitely reach out to this group. Then too, I also believe that once we are set up and the word gets out, there will be children from other hospitals and perhaps from other parts of the country who will come to us. Through the different churches news of such a ministry as this will travel fast.

Being able to treat such patients as this will not only be a most important and rewarding experience, but success at this level will make a tremendous impression on everyone concerned. This could go a long way in opening the door for us at the large medical center.

And all of the above is a good example of the signal value of my association with Dr. Olya. I could never do this without her. It will be her position as a licensed physician that will give us legality and make such a ministry possible — which *highlights the importance of my being able to bring her to the USA for training and exposure to the English language.*

As if this were not enough, I also met with the representative of another Christian group who are planning to open a clinic within six months expressly for the purpose of establishing the value of both prayer and alternative medical procedures. They have the support of a doctor, whom I understand is an instructor at the large medical college connected with the University of Kiev. This young lady went out of her way to meet with me, and was very interested in our working together.

Brain Cancer in Children

I have pointedly mentioned brain cancer in children, not because I do not want to treat children with other forms of cancer (or adults as well). It is just that I feel the Lord has centered my attention and burden here. But also this is where my most outstanding success has been. From every standpoint this is definitely the ideal place to start.

The National Foundation for Alternative Medicine (NFAM) has in mind a major breakthrough which they can use to arrest the attention of the Western world. They ideally envision a success so remarkable that it will catch the attention of the European media, then spill over into the rest of the world. Such a scenario, along with hard copy documentation from the University of Kiev medical center, could enable the Foundation (among other things) to persuade a major center here in the States to agree to duplicate the trial. The idea is to create a virtual avalanche that will sweep away all opposition and finally issue in FDA approval of the technology. Not long ago Berkley Bedell, ex-Congressman from Iowa who is the head of NFAM, said to me, "John, I wonder if you realize the importance of this. If you can get into that medical center and succeed in a controlled clinical trial, it could change the face of Western medicine!"

Brain cancer, especially in children and young adults, yields to my program much faster than other forms of cancer. So I am sure you see the picture: *Children with brain cancer being cured quite quickly and in unprecedented numbers!* Nothing could be more impressive and give the Foundation a more poignant story to herald in accomplishing their goal. And they would not be the only ones who would be

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Now, I have voiced a strong confidence that if I can just get the opportunity to tackle it in controlled trials, the Lord will enable me to achieve *unprecedented* success in this particular area with the children. I base this confidence on God's blessing, but also on my past success, just like David did when he confronted Goliath. He had present-tense faith that God would give him victory over the giant, but he also looked back on his experiences with the lion and the bear. Likewise, in order to accomplish this, I only need to achieve what I have *already* done, on several occasions, with absolutely no failures.

It is true that in my independent, behind-the-scenes clinical trials I have only had five children (or young adults) with brain cancer. But most of these were very serious cases, and I was completely successful with every one of them. I had no failures! And I feel it is also important to point out that we are talking about a program that is simple, painless and safe. These children and young people I treat are spared the chaotic, invasive and terribly distressing treatment forms so often employed in conventional medicine. And needless to say, my program is also a hundred times less expensive.

Now, let me briefly review the five cases I refer to (I will use only first names, but more detail is available if needed):

Mary Ann

First, there was Mary Ann, age 20. I had cured her mother of breast cancer, and the family had also witnessed several other successful cases. The girl asked if she couldn't come to Tulsa, OK, and apprentice with me. I agreed, but after a short time, she began failing to show up at the clinic. I discovered that she was suffering from recurrent, severe headaches, which proved to be a malignant brain tumor.

Dr. Gerald Hall was with me at the time, and he put her on our program. In just four months she was cancer free and has had no recurrence in the years since that time. I might add here that four years later, when her parents retired and sold their beautiful farm in western Oklahoma, Mary's mother came to me and volunteered to work full time without wages. Her name is Marjorie Mathis. She became my head nurse and served with me for five years. We saw many people of all ages cured of cancer during those years.

Alice

But before this, two or three years after Mary's cure, there was a young lady in her late twenties. She had come to Tulsa, practically penniless, fleeing from an abusive husband. Immediately upon arrival in the city she went to a service at the church where Pat Palmer, one of my patients, was a lay worker. Pat met her that evening and seeing her plight invited her to stay in her home. This she did, but soon it became apparent that the young woman was suffering from severe headaches. Pat brought her to see me.

Upon examination I discovered that the headaches were from a brain tumor and immediately put her on a program. This proved successful, but an unfortunate side effect occurred. As the tumor died it began to swell, putting pressure on surrounding brain tissue. This caused symptoms of ataxia to a degree that the young lady could no longer drive her car or safely go up and down stairs. This new development alarmed Pat's husband. He wasn't sure what it meant, and he now had to drive her to appointments and even stay home to make sure she did not fall on the stairs.

His negative attitude greatly distressed Alice. I tested and assured her that nothing serious was wrong and that she was progressing exceptionally well. But after another week or so, because of the conflict in the home, she decided to stop the treatments in hope that the ataxia would diminish so that she could leave the house on her own. This took me by surprise and before I could do anything, she had not only stopped treatment but moved out and temporarily disappeared (going into a shelter for homeless women we found out later).

I was dismayed by this turn of events, fearing that the cancer would begin to grow again and all would be lost. But, to my great relief, that did not happen. We were so close to closure that the tumor just went on and died on its own. In any case, within two or three weeks the young woman was able to enter a vocational school, and had no further problem. She later became a patient of Dr. Michael Taylor, a doctor friend of mine, and I was able to keep track of her progress. The brain cancer was completely arrested, and he was only treating her for a muscular-skeletal problem.

Little Peter

Peter, aged four, was brought to me from Florida in 1994. The child had been diagnosed with brain cancer. He was completely paralyzed and could not talk. The parents had placed him under conventional treatment, but seeing that he only grew worse, they decided to come to Tulsa.

Within little more than a week after commencing treatment, Peter said his first word. It was "Da Da", spoken to his daddy. But the next morning when they arrived at the clinic, he said his second word. It was when he saw me, and it was "Doctor!" I'll never forget that moment, for I knew that this little guy realized that I was helping him and was expressing his gratitude. Needless to say, he progressed rapidly and in approximately four months was completely well, with all his faculties restored to normal. I received a letter from his mother stating that the same doctors who had originally treated him removed all the shunts and pronounced him completely free of cancer.

Little Tanner

In the fall of 1999 I undertook perhaps my most memorable case. It was little Tanner, aged ten months, the daughter of a lovely young lady named Jamie Moer. The doctors had discovered her brain tumor when she was five months old and she had eventually been

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I was holding a ten day clinic in Park Rapids, Minnesota, some eighty miles away, but Jamie and her mother, Penny, brought the child in for treatment about four times during my stay there. Something encouraged them enough so that they made arrangements to follow me down to Tulsa, Oklahoma. Within about five weeks after they arrived, little Tanner was making cute little baby sounds, wiggling around and looking at everything with her big blue eyes. The paralysis was essentially gone and she could see! Needless to say, it was the talk of the clinic there, where I was doing my research trials. Everyone was amazed and thrilled.

By the time the family managed to get back up to Mayo Clinic in Rochester, Minnesota, they were two weeks late for their appointment to have Tanner checked. The doctor came out to the waiting room with a nurse, and they were furious. They had been told that the family was on a vacation (Jamie and her mother had to keep my treatments secret).

“Don’t you know that this is a critically ill child,” the doctor said sharply. “How dare you go off on a vacation and neglect her care!” And with that the nurse almost jerked the tiny girl out of the mother’s arms and they hurried off down the hall.

Later the doctor came back, and the family told me he was practically dancing. “Oh!” he exclaimed. “The tumor is greatly reduced and the child is recovering wonderfully!” All Jamie and her Mom could do was meekly say, “We told you she was doing fine.” Because of fear that the DHS would take the child away from them, they did not dare tell him that they had taken Tanner to an alternative, “unqualified” doctor.

And even as it was their fears almost materialized, for when they returned to Fargo, ND, the DHS was waiting for them. It had come out that they had told the local physician that they were going on a little vacation, while telling the father (Tanner was born out of wedlock) that they were going to Oklahoma to see a specialist. In the light of this, when the family did not return at the agreed time, the DHS was notified.

Jamie almost lost custody of her baby and was forbidden under any circumstances to leave the city again. Later I returned to Park Rapids, and in order to continue treatments they had to travel the eighty miles between the two locations secretly at night. But this unfortunately was not enough. I again had to leave the area, and this time they could not follow me.

It was two years before I was able to return and search out the whereabouts of little Tanner. Although the cancer was still active, amazingly it had not progressed like it did before. Perhaps we had arrested it to such a degree that the chemotherapy was able to hold it in check. One side of her body was paralyzed again, but I found her quite mobile and still able to see. She was a happy child and simply adorable! However, she wasn’t talking and her mental acuity was as yet unknown.

I promptly put her on a program and stayed with her until I felt assured that the cancer was completely gone. Testing indicated that there was a lot of scar tissue, which very likely was the cause of much of her paralysis. I could have dissolved this with FRT, but at the time this was contraindicated because of the shunts which were still present. Therefore, I had to leave her, hoping that in time the doctors would become aware that the cancer was dead and remove the shunts.

In spite of many problems I still hope to get back to this beautiful child and follow up. I know from experience that I can dissolve scar tissue from the brain, as well as the spinal cord. Since scar tissue is a principal cause of paralysis, I trust we shall see significant improvement.

Little Hayden

The story of this precious little guy will best be told by his grandmother, Gail Holton, who is an RN and also one of my cured cancer patients:

“Hayden was born on April 4, 2004. His delivery was considered normal and both mother and child checked out in top condition. However, after three or four weeks, I noticed that Hayden did not appear to be looking at his mother, while nursing. Since he had been three weeks premature I decided to simply watch his development for another two weeks. But there was no apparent change in his vision.

“During his next regularly scheduled well-baby visit with his pediatrician I mentioned my concern, but the doctor said she was not concerned. Three more weeks went by and still there was no change, so I made an appointment with a local eye doctor. After examining Hayden he determined that the child was blind. Immediately an appointment was made to see a pediatric eye specialist in Winter Garden, Florida.

“The specialist examined Hayden and confirmed the diagnosis. Hayden was blind. His eyes, however, tested normal in every respect, which suggested that a brain tumor was the probable cause. The doctor wanted to order an MRI, but they decided to wait until Hayden reached five months of age due to the requirement of sedation during the procedure.

“It just so happened that one week after our visit to the specialist, Dr. John Myers came to town to check on his research patients. We had him test Hayden, and he determined that there was a cancerous growth near the optic nerve. Hayden also had an obvious eye infection since birth, which had been resistant to all treatment. Dr. John said he would put in an FRT program to address that as well as

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the tumor.

“Five days after treatments began with Dr. John’s technology, Hayden began to respond to his surrounding environment. One month after treatments began, Hayden could see as well as any other baby his age. When we returned for the scheduled appointment with the eye specialist, he announced that Hayden’s sight indeed was completely normal for a child of his age and that no further testing was needed. It was also noted that his eye infection was much improved.”

I feel that the above testimonies speak for themselves, and I might add that we have at least two eye witnesses, besides me, for each one. In Little Tanner’s case there were ten witnesses which I could locate. I include sworn statements for most of these in our presentation notebook.

I think you will agree that this evidence is sufficient to warrant putting the FRT program to the test in a controlled clinical trial at a major medical center. And, naturally, with all the outside support and other potential open doors there, I cannot but believe that the Neurological Center at the University of Kiev in the Ukraine is the ideal location for this.

We trust you will join us in prayer for this venture. Also, if you would like more information, and/or would like to in some way help, please contact us at the address below:

Dr. John Myers
P.O Box 1318
Roswell, GA 30077

May the Lord bless you as you consider this,

931-237-3767
Dr-John8@msn.com