How Frequency-Specific Microcurrent Restores Energy, Nerves & Healing Transcript

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Introduction to The Functional Edge

Our bodies are made of atoms and there's space in between the atoms, it seems chaotic when you look at it. And when frequency comes into our bodies, It manipulates the space between atoms.

If you manipulate the spaces in-between the atom, then you change the Atoms. So those frequencies are creating wavelengths that are changing changing maybe just temporarily, but hopefully temporarily enough for the body to say, oh yeah, I like that.

This is the way we're supposed to be. And it'll hold the change. Welcome to the Functional Edge. I'm Dr. Julia Ward, and this is where science meets real-world strategies for living healthier, sharper and stronger.

From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all. Ready to take control of your health and thrive?

Let's dive in. Hello and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Function Medicine.

Today, we're honored to welcome Dr Norrie Collier to our show. In this episode, Doctor Collyer will be sharing insights on frequency-specific microcurrent, or FSM.

a fascinating modality gaining momentum in both integrative and functional medicine. A chiropractor and integrator medicine practitioner at Opt for Wellness in Houston, she has been using FSM to support patients dealing with chronic pain, inflammation, and neurological conditions.

We'll explore what FSM is, how it works, and why it's proving to be such a powerful tool in patient care. So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness.

Dr. Collieru2019s Path into Chiropractic

Welcome, Dr. Collier. How are you today? I'm great this morning. Thank you. Awesome. Can you start by sharing a little bit about your professional journey?

What brought you into chiropractic and eventually to the use of frequency-specific microcurrent to your practice? I can. My journey started over 40 years ago.

I was searching for what to become in life as a young person going to school and working. And I changed my major a lot because I felt very lost. At the same time, my mom was having a line of radiating nerve pain.

She had done a lots to try to get better and nothing was working and unfortunately she was on a long medication. Lost her marriage. Things were just not going well for my Mom and she met a chiropractic intern who convinced her to come to the chiropractic college there in Pasadena and within six weeks my mother's pain was gone and I got my mom back.

She then encouraged me to become a chirapractor. You know, she paid for me go and get chirepractical appointments and at the time I was playing soccer and playing hard as we all do in our early 20s.

It made a huge difference. And when I was in the waiting room, I would look at the posters that they had that were explaining basically the philosophy of chiropractic, and I am amazed at how you could influence a part of the spine

to help a symptom go away.

Then one day, one of our chiopracting interns said, why don't you be a chiospractor? I thought, you know, that makes perfect sense. Every problem that I had in my life all of a sudden went away.

And I took a few more classes at the junior college there in Pasadena. I entered carburetic college in 1982, and I loved every minute of it. That's awesome.

You asked about frequency-specific microcurrent. I boasted that in the year 2000. So I had been in practice for about 15 years by that time. And I always take classes in my profession with regards to our techniques.

There's lots of different techniques that chiropractors can do. I was exposed to frequency-specific microcurrent at a seminar in Lubbock in 2000, and I saw one of my colleagues who had We call it central pain.

So he'd had a series of car wrecks and had an horrible whiplash that left him on one side of his body completely numb. He couldn't sleep at all. he had sciatica.

And I had spoken to him earlier in the day. I didn't even know that he was having all these problems. He was at the seminar and Dr. McMaken was doing the class and she treated him at one day.

I saw this man transform out of all of those symptoms in 30 seconds. She didn't hear anything, she put the machine on him. People were asking questions and all the sudden I see his body relax.

He moved his fingers so I could feel his hands. In fact she even stopped and said, what's going on? He said I can feel my hand. She said, okay, so she touched all around the right side of his body and he could feel all of that.

Then he said that my sciatica is gone. I was blown away, absolutely blown way. So I signed up for the next seminar that she had in Oregon, in Portland, and came home with the machine and started up.

That's great. For those who've never heard of frequency-specific microcurrent, how would you describe it in simple terms? What makes it different from other forms of electrical or energetic therapies?

Yeah, so it's a microcurrent. So that's 1 millionth of an amp. That is very close to the same energy, electrical energy that your body produces. Our cells do produce an electrical, but we don't feel it.

That encourages the mitochondria, the power producing part of your cell, to produce your gasoline called ATP by 500% and increases that. So that's one way that microcurrent helps.

The second way is it has a couple of channels. Channel A is for what's wrong or the condition. is for the tissue.

What Frequency-Specific Microcurrent Is

So I tell my patients that it's kind of like when you want to watch a television station, HBO or whatever station you wanna watch, you have to put a certain number on your box in order to that show.

Same thing with radio. That's why we call it frequency. because the frequency creates a wavelength that the body responds to and helps to normalize the tissue or normalise the condition.

Some of the numbers, some of frequencies actually increase the production of, let's say, secretions, like number 81 increases secretion in what tissue I put in channel B.

So that might be increases secretions in the basal ganglia, which has a number, or it might being increasing secretion in your liver. Just depends on, you know, what's wrong.

Every piece of you, every part of, has the number and every condition has number. My job is to figure out the

recipe, if you will. combination of A's and B's to make your body produce more energy and normalize its function.

Got it. And just to be clear, like when you put these on a person's body, they're not feeling shocks or they are not really feeling anything until something goes right.

That's right. It's not like galvanic or interferential that makes your muscles tense and relax. The person feel nothing. If I'm using the gloves, the wires are connected to gloves.

So I might put the glove on and put water on the globes because water is a great conductor of electricity. They might feel the wetness of the water. But when the body increases its biological resonance, so like music, you know, your resonate with music.

You feel the beat. So when a body feels the bead of that particular combination, a person might feel a warmth, relaxation. They might really tired, but they'll feel good.

And can you share a bit about the history of frequency-specific microcurrent, like when it was first developed, how it is used initially, and why it seemed to disappear from mainstream medicine for so many years before making a comeback?

Yeah, it's a part of the electro-medicine society back in the early 1900s. There's doctor named Albert Abrams who put together a lot of frequencies that we still use today.

And some people might be familiar with the Reif machine, Dr. Reiff, who had a machine that people use to day for all different types of problems. And the history, as I understand it, is the AMA president, Dr.

Morton Fishbine, thought it was a pretty good machine, and he went to make an offer to Dr Reith. And Dr Wreith refused it. He wouldn't buy it because the AMA was all about really taking things for themselves, I guess.

So Fishby went back to the American Medical Association and made it so that the Electro-Medical Society or a bunch of quacks, and this destroyed the reputation of those doctors who were using frequency generators.

And basically, that's why most of us never heard of it. But it is interesting that Dr. Abrams was interviewed by Upton Sinclair.

Origins and History of FSM

I think he was the author of the book called The Jungle, which was about child welfare and the destruction of children's bodies by putting them in way too young into manufacturing jobs.

Well, he was sort of like the, as we call it here in Houston, the Marvin Zinnler of the time. You know, He thought he had a real quack. So he went out to Dr.

Abrams office. He wrote an article called The House of Wonders. he stayed for six weeks. And in the article he said he would have stayed longer because he.

Was amazed at what Dr Abram's could do with the frequency generator. Not only that, Dr. Abrams treated people from afar. So he used what we would call a witness of blood on a tissue of a patient that was having trouble.

And he would use that with his surrogate in his lab. He would treat the person who was in a completely different city and state and that person got well.

Kind of amazing. So it was all but gone. Dr. Carolyn MacMacon found microcurrent, I think, in the Canadian area. There was a doctor who had the precision micro current units.

She was exposed to that as well as how the Japanese use micro-current for facials. So she was doing microcurent

facial as a young chiropractor. Because when you're a young chiropractor, you do anything to get your practice going.

So she was doing those and saw that people responded in their face, which what's your face? It's skin, but it's fascia and muscle and nerves and arteries.

She saw them respond. And so she used that technology on her chronic fibromyalgia patients and they go. They start getting well. So she's the doctor who developed it here in the United States and began to teach the rest of us and continues to teaching those seminars today.

Great. What was it about FSM that really caught your attention and convinced you it could help your patients in ways that other approaches couldn't? I think the problem with treating patients, especially people that have been in chronic pain, it has to do with time.

When they've been hurting for a long time and they'd been to a lot of people, the challenge for the practitioner is keeping them long enough so they can get better.

So microcurrent for me has shortened that time. I tell my patients, look, if I'm on the right track, then you'll respond within four to six treatments.

It doesn't mean that's all you'll need, but you will respond. And that is the hurdle for practitioners to get past. So I feel like microcurrent FSM treatments help my practice to treat people in a shorter time frame, get better results, and get long-time results and help people that would have taken me a really long time to help.

Yeah. And what kinds of patients or conditions tend to respond best to FSM? Are there particular symptoms or patterns that you look for that suggest someone would benefit?

Well, I could say that everyone can benefit from it. In my practice as a chiropractor, most people come to me because of pain. Usually it's radiating pain or maybe myofascial pain, something involving the nervous system.

So all of those patients respond fairly quickly, especially long-standing, chronic degenerative problems and people that have injuries that there's a lot of fibrosis and adhesions.

In other words, the joints really stuck and the microcurrents great for that. We have almost immediate results for sinus infections, colds, things like that, I can use micro current to pull people out of a really bad sinus problem.

And then I've been able to use it for people with chronic pain like stenosis. Stenosis is a squeezing down of nerves and spinal cord. I can help people very quickly with that.

Got it. Could you walk us through a real life case example, someone who came in struggling with a chronic illness or pain and how FSM helped them improve them over time?

Yeah, a young lady in her early 20s came into me. She had a flat affect, you know, which means she didn't really have much expression. she appeared underweight, really tired, Which is very unusual for, You know what, 20 year old.

She seemed depressed.

Why FSM Stands Out in Practice

She was having headaches, is what she described. When I talked with her in her history, which is where I find, and you probably do as well, Dr. Ward, you find the problem that people talk about what happened.

And what happen with here was she had a bad fall in here first year of college. where a party you know friend ran up and jumped up on top of her and they landed backwards so her friend landed on her in her head hit a cement

stair so she did go to the emergency room she didn't get stitches and that's about all she received.

So in the year and a half later, she developed all these other symptoms of fatigue and pain and headache and loss of appetite and lost of will. I used microcurrent to not only take away her cranial injury, but also restore the nervous system's flow of energy to the rest of her body.

I do cranial adjusting as well. Of course, I did chiropractic care and she returned to school. I think it was about six, seven months later. Completely came back to life, gained weight, happy, go lucky, and I haven't seen her in a couple of years.

That's amazing. Yeah, that's great. How important is sequencing when applying FSM? Starting treatments in the right order or preparing the body first, what happens when the sequencing is off?

So when a person has been sick for a long time, their nervous system has shut down a lot of other systems. They are functioning at a very low level. I guess a good analogy would be a car engine that's backfiring and oil hasn't been changed and there's a bunch of dirt in the gas.

There's no way you can put premium unleaded in there and just make an oil change and it be okay. So same thing with the body. You've got to bring good stuff in.

A lot of times we start with a concussion protocol, not like you just hit your head, but think of it as a deer in the headlights. where the lights are on but nobody's working back there.

So taking care of the concussion in all parts of body, not only the nervous system but even other body parts that were injured or organs. And then after that bringing in more of good stuff.

Conditions and Patient Types That Respond Well

Sometimes that means nutrition but with microcurrent it means going and slow enough to relieve the tension on the nerves and the corrosion that's happened on nerves.

When you get the nerve supply back, then the body can start to revive. It's getting power from the inside out. And that is how I look at it. I can't fix everything right away because the buddy won't hold it, you've got to get to a stable state.

which is where the body will make a change, hold it, and we take, you know, weeks. Our body's always making new tissues, so it's got to make that new tissue, pull that in and move on from there.

Got it. Yeah. I'm just thinking about the sequencing. If the sequence is wrong, then I think the answer is the bottom won't hold the change. It'll get better, it'll walk out, And then two hours later, they'll be back to where they were.

Okay. Yeah, that was my question. Are there situations where it might not work or even backfire if it's done at the wrong time or in the right context?

I haven't seen it backfired, but I have seen where the body just won't hold it, which tells me I missed a step. Okay, yeah. On a physiological level, what's actually happening when FSM is applied?

What do we know about these frequencies? How do they interact with the tissues of the cell? One way is about the actual electrons coming from the microcurrent.

Those are absorbed into the powerhouse of the cell, the mitochondria. It bypasses the first two thirds of Krebs cycle, which is the biochemical cycle that helps us create energy.

So it bypassed the two-thirds. You're going to produce more ATP. That's one way. The other way, is explained really with quantum physics. Our bodies are made of atoms and there's space in between the atoms, it seems

chaotic when you look at it.

And when frequency comes into our bodies, It manipulates the space between atoms. If you manipulate the spaces in-between the atom, then you change the Atoms.

So those frequencies are creating wavelengths that are changing changing maybe just temporarily, but hopefully temporarily enough for the body to say, oh yeah, I like that.

This is the way we're supposed to be. And it'll hold the change. Okay. Got it. Do you integrate FSM with other functional medicine approaches like detox, mitochondrial support, or limbic system retraining?

And if so, how do these modalities complement each other?

Case Study: Recovery After Head Injury

So I have integrated mold, you know, to relieve the mold detoxification of mold when those patients are referred to me from other practitioners, because I don't personally take on all of the chemistry of molds.

I leave that up to you guys. But I can help with the detoxification of it. I have also used it to help, I guess what you're talking about with brain or limbic retraining, by relieving the stress and helping the neurotransmitters in the different parts of the brain.

And how do you treat outcomes or measure progress in patients receiving FSM? Are there specific biomarkers, imaging, or just symptom metrics that you rely on?

Yeah, for me, it's mostly range of motion. You know, of course, the relief of pain, range emotion and the restoration of function. I use kinesiology, applied kineiology to check for, you know patterns that might be still glowing, as we say, in other words, not working.

Like when someone lifts their knee, It might make their arm go weak. So I try to work on correcting those patterns. But mostly for Me, its functionality and relief the pain.

Okay, yeah. And what does an FSM session look like for the patient? Like how long does it last? What does feel like and what kind of changes might they notice after one session?

Most everyone notices something after the first session. It's different, you know, depends on the person. Let's say it's someone that just came in to see me from an auto accident.

So I'm not going to manipulate their tissues with the gloves. Instead, I am going wrap the glove in warm towels. One around their neck, maybe one around the feet to treat the entire body and the nervous system.

what we call a new injury protocol. That would mean they would be lying on a table for an hour. I have other people where I'm treating a specific area like the sinuses.

Again, I am wrapping the towel, wrapping a glove with a towel putting it around their neck and then over their forehead.

Treatment Sequencing and Why It Matters

For people that I had that are degenerative disc problems or chronic fatigue or fibromyalgia, all those people that have that diagnosis. And I've got to add range of motion in with the microcurrent because the macrocurrent flows along the myofascial planes of the body.

You know, we're wrapped with fascia and we are connected with bascia. So I can run by holding the inside of foot and then the other side of neck if I'm long enough.

If not, I'll just wrap that glove in a towel and then I can run it along the fascia plane and move that body. Maybe ask the person to move in like a gait response or if I'm treating, let's say, a sciatica problem I might put the wrapped glove on the back and wrap the other one around the ankle and take that leg into what we call a straight leg test which is stretching that nerve root right through that hole created by the lumbar vertebrae, and that will help move that nerve.

So it does depend on what's going on. But most people, I would have to say, you know, it's not painful, doesn't hurt them. A lot of times they're like, oh, is it on?

Yeah. Yeah. And how many sessions are typically needed to see results and then how long do those results tend to last? I'm going for correction. So they are supposed to lasts.

Now that person, let's say that auto accident person they're going to need microcurrent twice a week for six weeks in order for that tissue to heal on its first phase.

Other people that maybe have had chronic injuries that maybe they need microcurrent treatments twice or three times a week. Those people I'm going to recommend a home unit that I programmed for them and then they can use on their own.

How FSM Works in the Body

Most people that have like a degenerative disc problem once we've got it lined up and we got that disc more mobile, given some exercises, then I am going recommend that the micro current has done the job after again about six to eight weeks and I'm going to recommend for them to keep coming to see me to that spine lined up and then use microcurrent as we need to.

For people that have chronic injuries, chronic problems, they've been hurting for a long time, I do like the home units. One, because I can program them.

There was a woman who was in her 80s, horrible scoliosis. Horrible sciatica pain, really weak standing up. And I was able to treat her with microcurrent so she could see that it helped.

Then I got her to get a unit. Now I haven't seen her. She's using the unit every day and she's able play cards with her friends and do things. Is she still hurting?

Some, but she can manage it now on her own. Okay. Oh, that's great. Are there any concentrations or patient types for whom FSM would not be appropriate?

No, we don't treat across a pregnant uterus. And we don't treat across a pacemaker. Now I can use microcurrent on someone that has a pace maker, but I need to stay away from that pacemaker.

So if they've had, you know, if it was on the left side and they had radiating left arm pain, I couldn't tree anywhere in this area. I would have to, do my other modalities, maybe use laser and all the other things that I do.

Integrating FSM with Functional Medicine

But I could treat their lower back. Okay. Great. For any patient who's skeptical or unfamiliar with the concept, how would you explain the science behind FSM in a way that feels approachable and credible?

That's a good question. And we can skip that one if we want. We could just on to the next one. Yeah, no worries. Where do you see FSM fitting in the broader landscape of integrative and functional medicine over the next decade?

I think that frequency-specific microcurrent is going to become a whole body treatment. I do believe that we're going get, and we might even already have these, maybe these med beds that were hearing about are using the

same technology.

where the computer actually picks up the frequency that you need, and then it gives you the frequencies that your need and the exact time that need. Yeah, I think that's what's going to happen.

That sounds really cool. I actually tease my patients sometimes about, you know, it's really Star Trek medicine. You know when you think about Dr. McCoy, he's a Trekkie.

Dr McCoi had that little box. He wrote it, he just, you know, kind of put it in the air over the person's problem and then he hit a button and he used the same machine to treat them.

Measuring Progress and What Sessions Feel Like

I think that's where we're at. Yeah. Are there any new developments or research findings in FSM that you're particularly excited about? What I've noticed with Dr.

McMakin, they're using it a lot more with brain problems. And we are seeing a long near people with not only just the ADHD, but the, you know, the Parkinson's and stroke victims and things like that are affecting the brain, not just concussion.

I think that's very exciting to be able to help people where medicine doesn't have really have a Yeah, yeah, absolutely. And then what advice would you give to clinicians or patients who are curious about FSM and want to explore it further?

One is get some treatments yourself so you can have the experience. I think that's important for any practitioner when you're looking at a modality, is you should experience it yourself.

Yes. Then Dr. McMechen, it's still doing her seminars. There might be some webinars, but I'd think attending those seminars are important. and you get to rub elbows with other practitioners.

And it's not just chiropractors that are going to our seminars. It's medical doctors, osteopaths, nurse practitioners, physical therapists, and then the company that I use for the home units is called InspireStar, or InspirStar.

Inspirstar does also have its own seminars as well. I say check in to either one of those companies and check it out for yourself.

Who FSM Is Not Appropriate For

And how do people find you if they want to explore getting treatments with you? Yeah, so I'm in Houston. So calling the office, I've kind of old school, been in practice for 40 years.

Kind of like calling The Office, but also we accept text and I am in Huston. I have treated some people out of town, just depends. Yeah. Okay, awesome.

And we'll put your contact information, your website on our show notes for people to reference. Well, thank you so much. It's been such an enlightening discussion.

I love how FSM bridges the gap between biochemistry and bioelectricity.

Future of FSM and Emerging Research

it really expands the way we think about healing. So again, for more people interested or to find out more about Dr. Collier, you can go to her website optforwellness.com.

and she's also on social media for more resources there. So thank you everyone for joining me today on The Functional Edge. I hope this episode gave you fresh insights and practical tools to level up your life.

If you found value on what you heard, don't forget to hit the subscribe and share the podcast with someone who needs it and leave a review. It's the best way to support our mission of bringing powerful health solutions to more people.

For more resources, updates, and behind the scenes content, visit drjuliaward.com. And until next time, stay strong, Stay healthy, And keep living on the functional edge.

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Advice for Clinicians and How to Connect

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