Introduction and Speaker Credentials

Hi, everyone. Welcome to the Reversing Type 2 Diabetes Summit. I'm your host, Dr. Beverly Yates, ND It's my real delight and honor to interview Dr. Carolyn McMakin.

Dr. McMakin has been a pioneer and a leader in the field of using frequency specific microcurrent, and she has taught many people the benefits and the application therapeutically of this particular therapy.

Carolyn McMakin is MA and a DC, who developed frequency specific Microcurrent FSM in 1995 and began teaching it in 1997. She has a part time practice that works on treating chronic pain, difficult situations, does clinical research and teaches FSM seminars in the US and abroad.

She's lectured at the National Institute of Health and at conferences on fibromyalgia and chronic pain in the US, Australia, England, Kuwait, Taiwan and Germany.

Her textbook frequency specific microcurrent and pain management was published by Elsevier in 2010. Penguin Random House published the resonance effect How Frequency Specific Microcurrent is Changing Medicine in 2017.

Dr. McMakin, Welcome to our summit. Thank you very much. It's a pleasure to be here. This is one of my favorite topics. I'm so glad. So glad you're doing this summit.

Thank you. You know, I'm looking at your work and your contributions. I just want to thank you in front of our audience for being a leader and for thinking outside of the box and being willing to put that clinical rigor and proof base the scientific evidence behind doing this.

Sometimes when people step out, they aren't always rewarded or embraced. So I just wanted to say thank you for that. You're very welcome. It's it became obvious pretty quickly that FSM was going to be effective when we started treating muscle pain and nerve pain.

And then things like asthma that in order to survive, you have to be evidence based in this world. So I started by teaching and then by publishing. And then thanks to Leon Chato, thanks to Leon Chato Elsevier published the textbook.

And then there were more publications that followed, including a controlled trial out of Ireland. And and then the consumer book had to follow. So in medicine, you have to do things in a particular order.

And in order to even qualify for a blinded double blind, placebo controlled trial, you have to have published case reports in order to even get some that are being.

So the important thing for me and I was a pharmaceutical salesman for 16 years, so I understand how medicine and the FDA work.

FSM Origins and Clinical Validation

So the important thing for me was the deficit to survive after I'm gone. And in order to do that, you have to be willing to put in the work. So it's it's been a labor of love and it's been really rewarding to watch practitioners get the same results with patients.

So it's reproducible those effects. And that's the important part. Absolutely. Having it be reproducible and helping people in the real world is always what we're after, right?

So here in our talk, we're going to go over your use and your development of frequency specific microcurrent to reduce insulin and leptin resistance and support.

The one of the key organs, certainly when we're talking about diabetes, which is the pancreas. Okay. All right. When you're ready, you're welcome to just share your screen and we will record your slides and your presentation.

Okay. Sounds good that we are so FSM can help reverse type 2 diabetes. I think so. First, FDA compliance. You can't make any claims about being able to diagnose, mitigate, treat or prevent any condition or disease.

But I can present data that supports our theoretical ability to be useful. I'm just a clinician serving my clinical experience with your clinicians. The devices we use are approved by the FDA in the category of tens devices, so for the treatment of pain.

So even though what you're treating is insulin resistance or type 2 diabetes, you have to have a pain diagnosis. So anybody, you know, an insulin resistant patient with a 45 inch waistline who doesn't have low back pain.

So we have evidence that we can reduce blood sugar levels, improve insulin resistance. I have no studies that show that we can reverse type 2 diabetes.

But the theory is there, and that's what we're going with in this presentation. I do teach seminars and frequency specific microcurrent, so there is a conflict of interest statement, but I really have an interest because I treat myself every night.

I'm 76 years old and it's really important not to be a Type 2 diabetic. So what is infrasound, frequencies Specific therapies were developed in the early 1900s by MD's and Osteopaths in the U. S., UK and Germany, and they were used by thousands of physicians until 1934 because of the Flexner Report.

Medicine labeled them all as and ineffective fakes. Drugs and surgery were to be the only tools of medicine. Nutrition, herbs, homeopathy and frequency therapies were all outlawed, and every medical intervention except for prescription medication was outlawed.

So any physician who use these tools would lose his license. The devices went in the back rooms of clinics. All the research in history was lost. How did somebody decide in 1920 that nine Hertz would address the pancreas and 91 Hertz would address the eyelids?

It's it's gone. When you cleaned out grandfather's library after he passed away, that's it. The elect copies of Electro Medical Digest ended up in the rare book room at the Naturopathic College.

Practitioners that didn't succumb were persecuted, put in jail, some of them. So FSM came about because Harry VanGelder This gentleman was an osteopath and naturopath from Australia in the UK.

He bought a practice in 1946 and walked into the back room of the clinic and found a device that probably looks something like this under a sheet. That device was made in 1922 and it came with the list of frequencies in 1983, my husband and partner George Douglas, worked with van Gelder and brought home a copy of the frequency list and put it in a drawer.

So the list looked like this. It was just numbers, and next to the numbers were words. So we assumed that 40 hertz would neutralize inflammation, not causes.

And we assumed that 22 hertz would address the small intestine, 97 hertz would address the adipose. So I met George in 91. I finished Chiropractic College in 93, and when we moved into my new clinic in 95, George was moving and he found the frequency list in a drawer.

So we had a precision micro to channels and he said, You know, we could use Harry's frequencies on this Microcurrent machine and see if it worked. And it turns out that it did.

But we have to live with the fact that information about how the frequencies were derived is lost. We're never going to find out. And the mechanism of action is hypothesized but not proven.

The 1920s equipment was not microcurrent in the 1920s, therapy was not FSM. So that's our history. We use two channels at one time that cross through a field, and in that field in the middle there is the frequency from Channel A, the frequency from Channel B they cross.

Then you get the sum of the two channels and the difference between the two channels, we're not sure which portion of the field produces the effects, but we do know from experience.

So literally it took 50,000 patient visits over five years to convince me that the frequencies always did what they're alleged to do. So we used them first in 95.

I taught him in 97 to find out if the results were reproducible because we were doing things in nerve pain and muscle pain and scar tissue that were just impossible and it turned out in June of '97 that the results were not only teachable but reproducible, and then research on animals and humans and clinical results have accumulated over actually, it's 30 years now.

Research on Inflammation and Pain Relief

We have 20 peer reviewed papers, a medical textbook and a similar book, and there are now 5000 FSM practitioners in 23 countries. So the blinded animal research we had at University of Sydney in Australia showed a 62% reduction in white box Sudanese mediated inflammation.

So they paint arachidonic acid on the mouse's ears, they measure the mouse's ears, then they do something to the mouse, they give it a drug, they do something before or after the arachidonic acid.

And we had originally a 70% reduction in LOX mediated inflammation and the researcher called the halt, sent everybody home and brought everybody back the next day and blinded everybody, but not literally, but put them in a room with cover the windows and with everybody being careful.

And she put in a placebo frequency. We had a 62% reduction in lox mediated inflammation like oxygen. ACE is one of the prostaglandins, mandatory prostaglandins, and she had never tested any drug prescription or non-prescription or reduced lip oxygenates by more than 45% in 20 years.

With the research, she had a 30% reduction in Cox mediated inflammation, which doesn't sound like good, but it's equivalent to injectable Toradol when she tested it in the same animal model, all the animals responded.

There were no exceptions and it turned out it was a four minute time dependent response. So half the response was present and 2 minutes. So response was present at 4 minutes.

Then she tested three other for other of our frequencies and including reduce inflammation 40 in the skin, which is a tissue on the mouse's ears and only 40 hertz on Channel eight and 116 herdsman Channel B reduced inflammation.

And then we had a treatment protocol for fibromyalgia associated with spine trauma. And I presented 27 cases at NIH By the time we published the paper that were 54 patients, we had blood sample data from an agent.

Six of them with a control patient had just myofascial trigger points, not full body fiber, myalgia. This is what the pain diagram looks like. And fibromyalgia is definitely one of the more difficult to conditions any of us treat.

We found that only one frequency combination reduced pain had to be rung from the patient's neck to the patient's feet, polarized, positive, current. And they came in with their pain at an average of a 7.4 and went to 1.3 in 60 minutes.

And the relief lasted inflation 2 hours to two weeks. All patients had pain relief, 58% recovered within four months. Recovery was individualized, of course, So we had FSM in the office.

Some patients needed a home unit to keep their pain below four at physical therapy reconditioning. Some of them took supplements. 13 of 54 patients discontinue treatment for reasons not related to treatment side effects.

And the biggest challenge actually is getting patients used to a drop in pain. Right? And then in diabetes, it's going to be getting them used to a change in diet.

And what they considered comfort foods. Right. So this is what happened to inflammation in that group. Interleukin one went down and from an average of 330 down to 80 plus or minus.

And look at the P-value with only six patients. So to do that, no statistic sticks. P-value of 0.004 is huge. And the other P value on time points to get this kind of a reduction in 90 minutes.

The P value actually is three zeros and one interleukin 6 to 0 and an eight. So a huge statistical significance in a small group, ten of alpha, two zeros and A to C g, r p is involved in insulin resistance and that we know about.

So that went down. It's a vasodilator and neurogenic inflammation that went down. And you notice that they all stop in the normal range. That's important because you don't want to take inflammation down too far or for too long.

So before we get into the diabetes stuff, I just need people to think about how it is that frequencies and microcurrent can do what we just showed that it did.

So Newtonian physics describes large objects, but it falls apart at the molecular level. So your body is a large object made of molecules, oils, atoms, subatomic particles.

So your body is theoretically a quantum object held together by electromagnetic bonds. And in physics, every bond has a frequency at which it resonates, including, let's say, insulin, right, and fracture and every connective tissue.

So how does the body conduct current? Your body is a semiconductor, so copper is a conductor, so ceramic is an insulator. And in your body, 85% of the water body is water.

Where does the water live? It lives in the blood and it lines the gel inside the cells. So we have an idea that the cells are just fluid filled sacs. Well, they're not filled with fluid.

They're filled with a gel matrix that holds all the organ organelles in a position. And these this matrix and the blood have structured water that forms a structure that's much like silicon with a space and a predictable place for an electron to flow.

So the flow of current inside the cell and outside the cell in the blood is very much like silicon. So your body is kind of like a big computer chip.

Quantum Biology and Resonance Theory

So water lines to go inside the cells and start form structures that act as semiconductors. This is a biophysicist named Saint George. You published this in 86.

So your body is an electromagnetic system that looks solid, but the cells function as a semiconductor network that conveys charge and information, and the form of signaling that's mediated by frequencies.

So what's the big deal with resonance? Resonance is the tendency of a system or a bond to oscillate, vibrate at large amplitudes in response to some frequencies and not others at the resonant frequency, very small forces can produce very large amplitude vibrations.

So they've found in the 17 and 1800s that soldiers marching in step could create a vibration that would collapse a bridge. That's a huge vibration made by just men walking and stuff.

So to this day, a company of soldiers walking across the bridge breaks step and then they go back and stop when they go across. So what's resonance to tuning?

Forks tuned to the same frequency will vibrate in resonance with each other from across the room. When one tuning fork is struck. So Resonance took down the Tacoma Narrows Bridge.

It wasn't a hurricane. It was a simple northwest storm, but the bridge was flexible. And when the swaying of the bridge reached the resonant frequency of the bridge, the thing, the sine wave and just came apart.

So biological resonance explains the effects on those living tissue. So we're used to drugs and even supplement that acts like keys in a lock to change membrane receptors and change intracellular function.

So you have to look at how a cell actually does its business. The outside of the cell is filled with protein receptors, and those receptors are sensitive to outside inflammation.

And the circulation pathogen associated molecular patterns, damage associated molecular patterns. They hit that receptor that signals the kinase is that signals the transcription factors, that signals that gene expression, and that is what makes the cell.

Any cell in your body can turn on the genes that create an inflammatory cytokine. You take ibuprofen and it acts like a piano lock to change this receptor.

Frequencies appear to change that configuration electromagnetically, like the key fob on your car. Key you now can open your car from across the parking lot and your key remote sends a signal.

Exactly. And only to one car. So there are 12 blue Subarus in a row, and your key fob opens only yours. And ever since seems to work like that with specific problems in specific cells.

So let's look at type 2 diabetes. Type 2 diabetes occurs when insulin reduced producing beta cells of the pancreatic islets are unable to produce and or release sufficient insulin to overcome the peripheral insulin resistance resulting in hypoglycemia.

So basically type 2 diabetes, Some people say it starts with a virus or some infection, but the general thinking about type 2 diabetes is that you are insulin resistant and the pancreas pumps out more and more insulin to try and overcome the insulin resistance in the peripheral tissue.

And the pancreas just wears out. It just gives up. So there's a lot of complicated chemistry in here that you all know about. That's not my specialty.

My specialty is to chain truffle resistance. So why do you want to reduce insulin resistance? Well, the metabolic effects are obvious, right? Immune compromised inflammation.

The insulin resistance is one of the major causes of Parkinson's amyloid plaques and white matter injury in the brain that lead to Alzheimer's, vascular cognitive impairment and vascular cognitive impairment.

So all of the late age cognitive deficits are related to start with the inflammation that comes from insulin resistance, vascular effects and the theory of dysfunction.

Arterial stiffness is a constriction in hypertension. So insulin resistance is one of the major causes of heart disease. So there's a lot of reasons to reverse type 2 diabetes and reduce insulin resistance, avoid Alzheimer's, avoid heart disease and stroke, kidney failure and macular degeneration.

So there's there's no good thing about insulin resistance. So I'm going to go through this because this is your specialty. So the pathogenesis of hypoglycemia and type 2 diabetes starts with insulin resistance.

And if you can reduce that improved muscle tone to increase glucose uptake and treat the pancreas, you don't necessarily need to produce more insulin because you already have insulin.

Type 2 Diabetes and Insulin Resistance

You need to repair the pancreas. In a perfect world, the 2 main factors that contribute to this long resistance excess body fat, especially around the belly.

And the fact of the matter is that when you are insulin resistant, the body puts excess adipose around about it, really lack of physical exercise. So what really causes insulin resistance?

So there's slides that your team can look through. The endoplasmic reticulum stress occurs when the capacity of the reticulum to fold proteins becomes saturated and that can be caused by factors that impair protein glycosylation So that means the sugar can't be put in the muscles.

Mitochondria to function. It's I think your team knows all of this slide. The liver produces sugar from glycogen and this becomes important when we start talking about treating the vagus nerve.

So here is TNF alpha in the adipose and interleukin one. TNF alpha interleukin one. And I've got data that says that we can reduce interleukin one and two of alpha.

So there's some more and your team knows about this. These slides will be available to them. So in our world there was an internist that created what we've called the insulin resistance protocol since 2003, and he gave us this protocol.

So treating the adipose for toxicity, inflammation, chronic inflammation and trauma, emotional factors and just getting it to work better, he felt that a virus was involved in insulin resistance and that's been proven since then.

And also nonspecific kind of infection that he identified. So 97 is the frequency for the adipose. So when I first brought this protocol home in 2003, I used it on my staff and myself and it caused everybody to reduce their appetite in general, especially for sweets, reduced waist size, and they became constipated.

So it caused constipation in every patient treated. And then this naturopath, the first time I treated it, he had his staff there and he found out that if he treated toxicity in the parasympathetic so there's toxicity in the adipose, the toxicity went into the parasympathetic.

And when we did that, it reversed constipation. So we've had the insulin resistance protocol since 2003. Now Yeah. Recently it became obvious what controls insulin.

Well leptin. What's the point of treating insulin resistance unless you treat what causes it exactly. So selective insulin and leptin, resistance, metabolic disorders.

This is the paper where your people can look up in cell metabolism. Volume 16 that was published in August of 2012. So there's a diagram of the the pattern where leptin controls insulin, leptin, resistance, leptin are released from fat cells, leptons are hormone and a cytokine.

So reducing inflammation in the adipose should reduce leptons. Leptons are secreted by added adipose to control insulin leptin and insulin directly regulate each other.

Right and leptin inhibits insulin. Yep. So this pattern insulin stimulates leptin synthesis and secretion. So as the pancreas drives more insulin to counteract insulin resistance, leptin goes up.

So it's a bad feedback loop, right? Leptin therapy, insulin sensitivity and glucose homeostasis. This paper was published also in 2012, so you can look that reference up.

Leptin increases insulin sensitivity, so leptin resistance increases insulin resistance. There's that paper that was published in 2008, inflammation interleukin six and sirup increases leptin resistance.

So this whole research based concept makes your brain hurt. But leptin and insulin enter the brain from the plasma. Leptin and insulin resistance are related to inflammation and stress so that the handle that FSM has is our ability to prove the ability to reduce inflammation.

So this is all related to interleukin six and interleukin one. So increased stress increases cortisol, increased cortisol reduces melatonin, it was made right, low levels of melatonin lead to leptin resistance.

So what low levels of melatonin lead to leptin resistance. Melatonin is made by the pineal gland and cortisol decreases melanin, melatonin increase it.

So if you can decrease stress, decrease cortisol, melatonin will go up. That leads to increased leptin sensitivity, that leads to insulin sensitivity.

And there's a paper published in 2005 relationship between melatonin and cortisol limit rhythms, leptin, resistance, stress and melatonin. And there's a point to all this hang in there.

Increased stress increases, cortisol given increased cortisol reduces melatonin, low levels of melatonin lead to leptin resistance, stress increases cortisol that decreases melatonin, higher cortisol and lowered melatonin lead to leptin resistance and leptin resistance leads to insulin resistance.

So it turns out that the way to reduce leptin resistance and insulin resistance is to decrease inflammation and decrease cortisol, decrease stress. So we have data, thanks to Roger Valentine.

He did a study with heart rate variability. This was after lunch. The parasympathetic were high because it was after lunch is a pretty sympathetically driven M. D.

with a busy practice. He was medical director of Nassr for ten years and he ran the frequencies to quiet the parasympathetic.

Leptin, Cortisol, and Vagus Nerve Protocols

Then he waited for 2 minutes and then he retested. So this is a 62nd treatment and the parasympathetic stopped by 50%. Then he increased the sympathetic and the parasympathetic Alex pretty much disappeared.

Right. One minute treatment. So this is 2 minutes, one minute each, two minute wait to make sure you're measuring what's happening in the system instead of the frequencies.

And then he increased secretions. That's what, 81 is for, increased secretions of the parasympathetic vitality and not very sympathetic. And everything returned to normal.

So we have data that shows that frequencies can reduce stress and return to Paris. Empathetic balance. So leptin, insulin, cortisol and melatonin. So cortisol should drop at night, melatonin should increase as insulin.

And since leptin sensitivity should increase. Okay, so this is a circadian rhythm. You're all familiar with that. So with FSM, we created a protocol you treat, observe, you create a protocol based on the research.

So we've always had since 2003, the insulin resistance protocol, leptin. Resistance was created based on the research, reduce inflammation in the adipose.

That's a given. Then quiet the sympathetic. That's true. Roger Billikens research Reduce cortisol by quieting the adrenals and I have on that that I haven't put up here, but we could reduce cortisol demonstrated that in 2001 and then treat the pineal gland.

Now this is theoretical, but this is to increase secretions in the pineal gland. But then the patient has to cooperate with good sleep hygiene, reduce light, relax, don't eat light.

But the Vegas in all of this is the missing piece. So the vagus nerve suppresses and controls the immune system and inflammation. The vagus nerve suppresses t cells and macrophages, and it suppresses the conversion of liver glycogen into blood sugar.

And the vagus nerve is suppressed by infection, stress and trauma. So the key to insulin and leptin is to keep resistance, is to reduce inflammation and keep the vagus nerve turned on.

So elevated cortisol and sympathetic neurotransmitters tell the brain there's stress. I run this protocol on myself every night and people ask why? And I said, Well, did you watch the news?

Did you drive on the freeway? Of course. Are stress so elevated insulin tells the breath brain there's stress elevated. Leptin tells the brain there is stress.

The brain suppresses the vagus nerve because it's suppressed by infection, stress and trauma. The vagus nerve reduces sympathetic tone. So the vagus nerve reduces inflammation and the Vegas suppresses glucagon into sugar from the liver.

When the sugar is high, the pancreas has to work super hard to produce enough insulin to drive it down. So we use FSM to treat the Vegas by quieting the midbrain.

And we know this works because we're able to reduce the limbic pain and reduce stress, reduce the activity of the limbic system, the cortex, which sense of stress, the medulla which is the source of the vagus nerve.

And then 40 and 116 which was the frequency, the reduced locks and cox in mice reduce inflammation directly and then turn on the Vegas. So reduce trauma, increased secretions and vitality in the Vegas.

We know that works because we've been able to reverse briefly ventricular tachycardia and stop atrial fibrillation by increasing secretions in the Vegas and that hasn't been published yet.

What turns down the Vegas infection, stress and trauma. So occult infection if you take it three D coming this won't show up on an x ray hidden infection activates the immune system, causes increased inflammation, reduces vagal tone and reduced vagal tone, increases the conversion of glycogen stored in the liver into sugar to combat those perceived threat by the immune system.

So the infections we deal with are root canals, mold, maybe chronic wine, right. What are this main stressors? Sleep deprivation, The idea that people think they can get by on 4 to 5 hours sleep a night, I don't know where that came from, but that's not according to the literature.

Work habits or requirements. Long hours on the job, alternating day and night shifts, or an inherently stressful job. Police officers, for example, Personal habits.

I don't go for a walk. Interpersonal conflict on a job at home or interpersonal relationships. Sleep apnea is a huge stressor. Sympathetic stress created by sleep apnea causes nighttime conversion of stored glycogen into sugar increases, sympathetic tone increases, blood pressure, risk of heart attack, risk of stroke, and increases daytime and nighttime sugar by increasing sympathetic tone.

And we never think of testing for sleep apnea when it comes to type 2 diabetes, and it's a primary driver. So in-home sleep studies are less expensive, more reliable.

I used watched, but there may be others, but Watch out is the one I use education, encouragement and support for the CPAP or appliance use I have. Patients and practitioners are just terrified of sleep sleep gaps and I've been using one for eight years and it's made a huge difference.

So sleep apnea is huge. There's a book called The Promise of Sleep by William DEMENT that everybody should read. It's huge. So insulin, a leptin resistance.

Here's the insulin resistance protocol. Then we treat leptin resistance, then we treat the bogus so reduced spectrum inflammation, leptin resistance, insulin resistance.

But there is also diet excess calories carbohydrates and fat that gets converted into sugar exercise, reduced muscle tone exercise. So you can ask a patient, do you have 10 minutes at night, 10 minutes to go for a walk is a reasonable thing.

If you tell them to go for a walk for an hour, they're not going to do it. But you ask them to change one thing and that's 10 minutes after dinner to go for a walk.

Genetics You can't change habit. You can change depression and anxiety will go down when you treat leptin and insulin resistance and inflammation in the brain because they contribute to depression and anxiety.

So it's collaborative. You and your patient form a team to educate the patient, motivate them. If you want to avoid Alzheimer's and early cognitive decline, you really need to take this seriously.

They need to understand that contributing factors of lifestyle and diet risks and long term consequences if they don't patient has to be educated. And I had one practitioner say it's easier to modify somebody's religion than it is to modify their diet, right?

It's like, no, but I have to eat French fries. No.

Lifestyle Support and Patient Compliance

Or how about right? I have to eat white rice. Well, how about wild rice? Nutritional support for blood sugar? Control your nature paths. Have a handle on that.

Berberine is the one that my doctor uses enjoyable, consistent, mild to moderate exercise. They don't need to run. They can walk. And then FSM is a helpful adjunct to reduce inflammation, insulin and leptin resistance and do an improved vagal tone.

Things that are impossible to do any other way, at least not in 4 minutes. So you need to convince the patient that reversing type 2 diabetes is worth the because it requires a huge change.

So the resonance effect is the book that North Atlantic Books and Penguin, Random House treated. You can get it on our website at frequencyspecific.com it's a page turner it's really takes about 4 hours to read It's pretty fun and then there's I teach a personal seminar so that's my conflict of interest but we do it takes five days.

I used to do it in three, then three and a half, and I finally gave up because I don't know what to send them home without. It all includes 4 hours, 10 hours of hands on practicum.

If you take the video training, you get 4 hours of individual training to learn how to use it. You're overwhelmed at the end of the five days, but you're saved.

You're not going to hurt anybody. And three months up to forever learning curve. In the last 12 months, I've used frequencies I've never used before. In 30 years of practice, we've got advanced courses, webinars, workshops, equipment is inexpensive compared to a lot of the stuff that you buy.

It's U. S. aid. It's not Chinese knockoffs. No, no offense to folks that have those 510 K approved ISO certified. So it has a CE mark for those of you practicing in Europe.

And it's possible it's easier with that person and it's definitely worth the effort efforts and makes it easier, faster and, more efficient. And then our seminars are listed at frequencyspecific.com during start with the book.

So there you go. Oh right the. Wonderful. Thing again. Does that makes sense? Yes, it certainly made sense to me. But I skipped over a lot of the part that you're an expert in, so I'll let you cover that. Yeah. Thank you.

Throughout the summit, we will cover the things that you skipped. I knew. I knew. I skipped them as we covered it elsewhere. But the things that weren't repeated elsewhere is what you covered and dove into.

So thank you so much, Dr. Carolyn McMakin, for making that clear and a great journey through the way to use frequency specific microcurrent to help people quickly make a difference in really a thorny, complex web of things that are wrong behind the scenes that make such a difference for reversing type 2 diabetes and pre-diabetes and achieving that blood sugar control and being able to maintain it.

I think when a lot of people are told what I call the old 1950s advice that no longer applies of eat less and move more, and you look behind the scenes and listen to your entire presentation, you realize, Oh, that's why eat less and more is inadequate.

In today's busy world that I sometimes call cortisol makes you. Yes, that's a good word for it. And part of the challenge with patients is that you tell them in a year they're going to feel better for it and we don't have the patience.

Patient compliance is the biggest problem you have in reducing type 2 diabetes changes. The diet. Fine. So do you have 10 minutes after dinner? Well, yeah.

I sit down and watch television, say instead, put down your fork, a knife, put the plate in the sink, grab your dog and go out the front door and walk for 5 minutes out, 5 minutes back.

You can do that right. Well, and then at their next visit in two weeks, you have them walk 15 minutes out and 15 minutes back. But if they don't see results in the first month or two, you're going to lose them.

They're not going to stick with it for a year. And however, helps you get that done faster, right? Absolutely. You know, I think bringing up the issue of people's ability to cooperate with a treatment plan and willingness to hang in there, and often we're taught certainly here in the U. S., that we should expect instantaneous results.

One pill will fix things in the next 30 minutes when we've actually spent years and decades in a destruction cycle, not even understanding perhaps, how much our health is being undermined, or maybe we're making choices that really don't support us.

And in that process, it's such a tragedy because there's so much harm that people are experiencing is completely unnecessary. And some cultures have that walk after dinner break.

Did they have a saying for it? I think in Italian it's perfectly passi giotto I probably didn't say that right. It's in the Chinese culture, it's in a variety of cultures and you just go, Wow, we need to be doing that globally.

Go for a walk after dinner. And those cultures have a body mass index that's so much less than ours. They're just they don't understand why Americans are so fat.

Yeah. And it's habit. It's the things that they eat. It's how they deal with toxins. Like they don't use glyphosate in Italy. It's not allowed in France, it's not allowed in Germany, It's not allowed.

Resources, Training, and Closing Remarks

And so you're in a less toxic environment and you go for walks and you eat differently. The stressors are different. I mean, the U. S., as you said, is just stress nation.

It's it doesn't serve us. It's a large part of the puzzle. And not everything can be quantified in a test tube. But sometimes the answers are right in front of us.

We really have to shift how we're living and take control of it. One of the things family did back in the early 2000s was I added a spinning bike to our living room.

And that way if we're listening to music or we're reading books or we watch a TV or just whatever. So if there's not good weather and I'm fortunate live here in California, it's usually wonderful weather, but on the occasions when we don't have it after dinner, just stick it on.

It's been like, you know, just, just do it. Get moving, you know? That's the way. Yeah. All right. Thank you so much, Dr. McMakin, for sharing your insights and your experience and your brilliance with our audience.

I'm really glad to have you be a part of the summit. I love being able to invite people who are pioneers, who are thinking outside of the box and have tangible, proven ways to support people, particularly for the things that they might not be aware of otherwise know about. And also to share that with clinicians.

Our audience is comprised of the general public as well as health and medical professionals. And your talk here is probably going to be at the level for the health and medical world.

But for anyone who watches, who's in the general audience, you know, please just take notes and really think about what doctor may be making us share with us, because these are parts of the puzzle.

You saw all those various hormones. You know, you saw leptin being talked about, cortisol, insulin. You know, there are all these players that affect that blood sugar regulation.

And so if you're watching this and you really, really, really struggled with your blood sugar regulation and you feel like you've taken care of the basics, I invite you to check out if this is something that might be supportive for you.

Makes it happen faster, is your less expensive, and it helps speed up the process and make everything you do be more effective. So it's it's a real privilege to be able to contribute to the health of the nation and thank you for what you've done to make this aware.

Yeah, you too. Thanks for having me. I appreciate it. Absolutely. All right, friends. So please check out what Dr. McMakin is sharing. Would you like to tell us where they can connect with you and your work?

I know you showed it in your slide, but I want to be sure we get this for the audio. Frequencyspecific.com is the website. And a good place to start is the resonance effect.

It tells the story of FSM and how it developed because otherwise it's hard to believe that now where we ended up after 30 years, when you read the story of how it started and it ends patient case reports, then you can see how it was developed and how it works and how it can help you recover.

The patients are perfect and our patients can find a practitioner at Frequencyspecific.com There's a find a practitioner and the devices have to be prescribed by a practitioner.

So there's there's a way that we can help. Great sounds like the quality control is baked in, which is so important. I understand why that matters to you. Yeah.

All right, great. Thank you so much. Good bye.