

## **MASERS Training for the Rapid Treatment of the Go-Go Combat Stress Reaction [PTSD] using MASERS [bilateral bimanual 28 point meridian tapping – military grade “EFT”] and FSM microcurrent protocols [3 units concurrently running]: MASERS Training Drill**

**Introduction:** Shannon Goossen, acupuncturist, massage therapist and microcurrent instructor at ([www.myofascial.net](http://www.myofascial.net)) asked me to present my combined physical-energy medicine treatment for severe 'PTSD'. During the 39 years I spent as a gynecological surgeon there were daily, in clinic or the outpatient surgery units, between 1-40% of the patients who had mild, moderate or severe panic/anxiety reactions (PTSD from childhood trauma). We had to be able to treat them in real time! After discarding many unhelpful therapies, in 2006 I brought Chinese meridian medicine into the clinics because it just melted their stress away. One morning the nurse called me to the vital signs room because our surgical instrument tech's blood pressure was 197/139. He was an Army bazooka thrower, three tours in Iraq, on '2 hand fulls' of pills from his VA, and someone had 'got into his 6'! My hands immediately started 'the olde MASER tapping drill'. About fifteen minutes later he was 'SMILING' and his blood pressure was 137/89.

This tactical training was developed for Medics, navy field corpsmen, PJs, combat RNs, RNPs, PTs, PAs, and special forces, all of whom work hands-on with trauma daily. Military combat veterans don't see 'PTSD' the way the rest of the world does.

**Basic Training:** The rest of you civilians are going to Camp Lejeune, North Carolina so you can learn some basic military culture. When you go to basic training you are assigned a drill instructor, that's me, your 'DI'. The DI's job is to train 18 year old kids to become Marines-'killers'. He does that by 'drilling' muscle exercises into them until every possible experience that they will encounter in battle has been transferred into 'muscle memory'. This memory, implanted on the cells of the muscles, is ready to be used at all times. They do drill, drill, drill, skill, skill, skill so they can kill, kill, kill-because that's what warriors do to protect us!

**MASER TRAINING** for the GO-GO Combat Stress Reaction  
Treatment- Stimulus Triggered Hyper-sympathetic Reaction  
[PTSD]  
treated in 60 minutes by  
FSM muscle scar protocols &  
MASER s [military grade EFT]



Not only does a drill instructor teach them to be strong warriors, he also trains them how to get their team and themselves back to the FOB (base) alive.

**Trauma Physiology and Physics:** Look at my lamb chop [fig #1], the muscle bundles are pulled apart. That pale wet shiny myofascial tissue you find is what Jim Oschman calls the 'extracellular matrix conduction system'. Through that tissue go the meridians and autonomic nerve endings. The meridians are conduction pathways connecting the fingers' tapping points and chakras, through your body and are hard wired into all the cells. The advantage of using the meridian system when you're in battle is that the speed of information data transfer is about 186,000 MILES per second as opposed to the femoral nerve which only conducts impulses at 180 METERS per second. This signaling speed gets you 'the hell out of the way'- your body uses your meridian system to move. This is faster than your 'brain' can respond. [ref: Energy Medicine in Therapeutics and Human Performance, 2006, James Oschmann, PhD, cellular biologist]

Fig.1



**CRYSTALLINE EXTRA CELLULAR MATRIX CONNECTIONS in LAMB CHOP**  
[thin white opalescent myofascial tissue]  
ELECTRONS, PHOTONS, PROTONS & OTHER SUBATOMIC PARTICLES  
CONDUCTED AT THE SPEED OF LIGHT OR SOUND

**PTSD lesion** (fig #2 seen from Alberts 1989 work.) It took a cellular biologist using an electron microscope to find this. That is a cell and all those hairy things (microtubules) are trauma memory, recorded at the time of the attack. Note that in the chronic view those microtubules have re-organized.

In 2006 Bruce Lipton, cellular biologist, put happy cells in a petri dish under EM and exposed them to *fear*. LO and behold, he

watched trauma microtubules grow on the cells, a pathological tissue diagnosis at last!

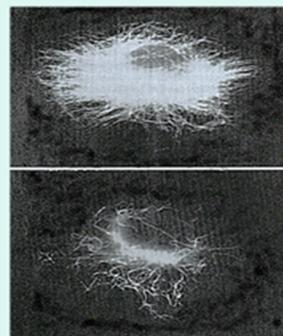
[ref: Biology of Belief, 2006, B. Lipton, PhD, geneticist, see 'Epigenetic Medicine'

<https://www.youtube.com/watch?v=7pJwYcK08iQ>]. Gynecologists love pathology slides

because then we can 'see' what we are treating. More importantly Bruce defined the

mechanism of how energy drives production of traumatic signaling memory towers. And

## #2 CELLULAR MICROTUBULES 'THUMB DRIVES'



- A- 'Highly Dynamic' Microtubule Population: (short term memory storage)
- B- 'Relatively Stable' Microtubule Population: (long term memory storage)

Alberts, et al, 1989

thus it defines the treatment. Bad energy created all this stuff. Lipton showed me, a CO2 and Neodymium-YAG laser surgeon, the way to get trauma memory out. JUST shoot it!

Fig #3 Since 1993 Hameroff has been working on microtubule conductivity

[Ref:

<https://www.youtube.com/watch?v=liLplTc8rQY>].

The important information is that in the resting cell its microtubules are collapsed. When the fear trigger signal comes in all those microtubules get into the erect 'alarming' position! Watch as I'm buzzing off those microtubules [using my laser pointer directed at each stem]. Any good rifle man knows you

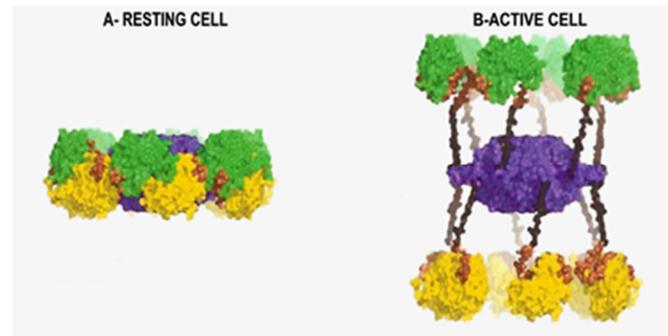
can't shoot enemy until they stand up from behind the rocks. When you watch their destruction under the EM it looks like a huge floral firework has exploded, and all the little pieces fly off. [ref: \*Harvard's Dept. of Cellular Biology: 'Inner Life of the Cell', 2006-medical student training video with microtubulin construction and destruction at 3:20-3:45 minutes/8:11 total: [www.multimedia.mcb.harvard.edu/media.html](http://www.multimedia.mcb.harvard.edu/media.html)]. Also see [https://www.youtube.com/watch?v=8\\_24UyJc-qw](https://www.youtube.com/watch?v=8_24UyJc-qw)]. That's the fate of the microtubules if you attack them during the active arousal state. I suggest you read the introduction for medics in 'ATTENTION ALL!' and 'ALL HANDS ON DECK' [see [www.operationfirehawk.org](http://www.operationfirehawk.org)].

**Physical Symptoms of the Combat Stress Reaction:** I'm going to define what the Marines call the 'Go-Go'. [Go! Go! is the field command to 'move out']. It's all about the muscles and the triggering signal. The warrior's fine motor control is lost. Then he gets that 1,000 yard stare. The eye muscles are affected- near vision is gone. His throat is affected. He has a monotone voice and can't talk. Then the muscles in his chest, arms, in fact, all the muscles in his body expanded with what I call 'brawny edema'. You can feel it on his chest. Now with all the muscles' memory responding simultaneously- muscles are already moving to get out of the way of the attack perceived by the trauma trigger. There is no connection between the muscles' life-saving learnt behaviors and the prefrontal cortex normal control of the body. The muscles are reacting to what happened in the past in real time. It's cellular memory. [\*ref: Full Metal Jacket©1987, Kubrick, scenes 14-15: 'Full Metal Jacket'- "the Go-Go". **\*FOR CIVILIAN VIEWING ONLY\*- NOT for veterans**]

The '**ENEMY**': MICROTUBULE MEMORY on Cells

Fig #3

Craddock and Hameroff 2012



Specific frequencies of photons, phonons and electrons enter and destroy the fear activated memory tubules.

**Treatment:** I will demonstrate how to effectively treat the “Go-Go Combat Stress Reaction” which is a stimulus triggered response, hyper sympathetic ‘PTSD to the extreme’. It can be rapidly treated using a combination of energy medicine techniques. Part one requires 3 frequency specific microcurrent units; running the muscle go-go, betrayal go-go and the concussion go-go simultaneously with tapping. Wrap 3 electrodes pairs on each wrist [covering 12 meridians] from the 3 units and sequentially turn each unit on at 400 micro amps. Step down the microamperage until he is not feeling the ‘buzz’. Repeat and chart the ‘sub-buzz’ level for each unit.

Part two of the treatment is **‘MASERS’ -standing for Manually Amplified Stimulation of Electro-magnetic Radiation- is bilateral bimanual 28 point meridian tapping/chanting by a military health professional**. It is a ‘military grade’ Emotional Freedom Technique “EFT” ([www.eftuniverse.com](http://www.eftuniverse.com)), which is ‘clinically effective’ using only 9 points of self-tapping. [EFT has a good, at home web practice site [www.battletap.org](http://www.battletap.org) for veterans. Just use our tapping figure and tap on all 28 points instead of EFT’s nine.]

[A visual demonstration is best for you to learn this technique. Order a copy of the MP4 training video from [backcountryrecording@gmail.com](mailto:backcountryrecording@gmail.com). Or watch it and please ‘subscribe’ to ‘MASER Training’ (27min) at <https://youtu.be/RLjevsZ1kEg>. Or find all research, training video, supplies and hands-outs for the vets in [www.operationfirehawk.org](http://www.operationfirehawk.org). Practicing the ‘TEIPAT’© drill nightly on yourself will develop your MASER skills in 90 days.]

The healing process requires a combination of manual and battery driven energy sources. This is NOT a ‘plug and play’ experience. You have serious PTSD going on and you have to actively engage **with the physical body**.

### **MASER Technical Drill:**

TZ: “Now you microcurrent professionals in the audience are all official privates in my platoon. I need a male volunteer to be the sergeant who has the ‘Go-Go’. I will be tapping on your hands, chest and face without running current today. Private, what is your name?”

Gary Gordon, DO, MD: “Gary Gordon.” [See [www.gordonresearch.com](http://www.gordonresearch.com) for his research]

TZ: “Private Gordon, think of some stressful issue going on in your body, something you didn’t like. On a SUD scale of 0 to 10, I want it to be over 5. The entire time I am tapping on your body, you must be focused on your problem.”

**This is the 'prep'.** "Platoon, first pull out your masers [hands]! The maser has a barrel [thumb and first 2 fingers] where you shoot the electrons out, and it has a grip. Before you shoot we're going to ground ourselves and focus your intent-just like you focus at the rifle range. You hold your focus the entire time on what is the 'highest good for the sergeant'! This is rifle range focus-deadly serious.

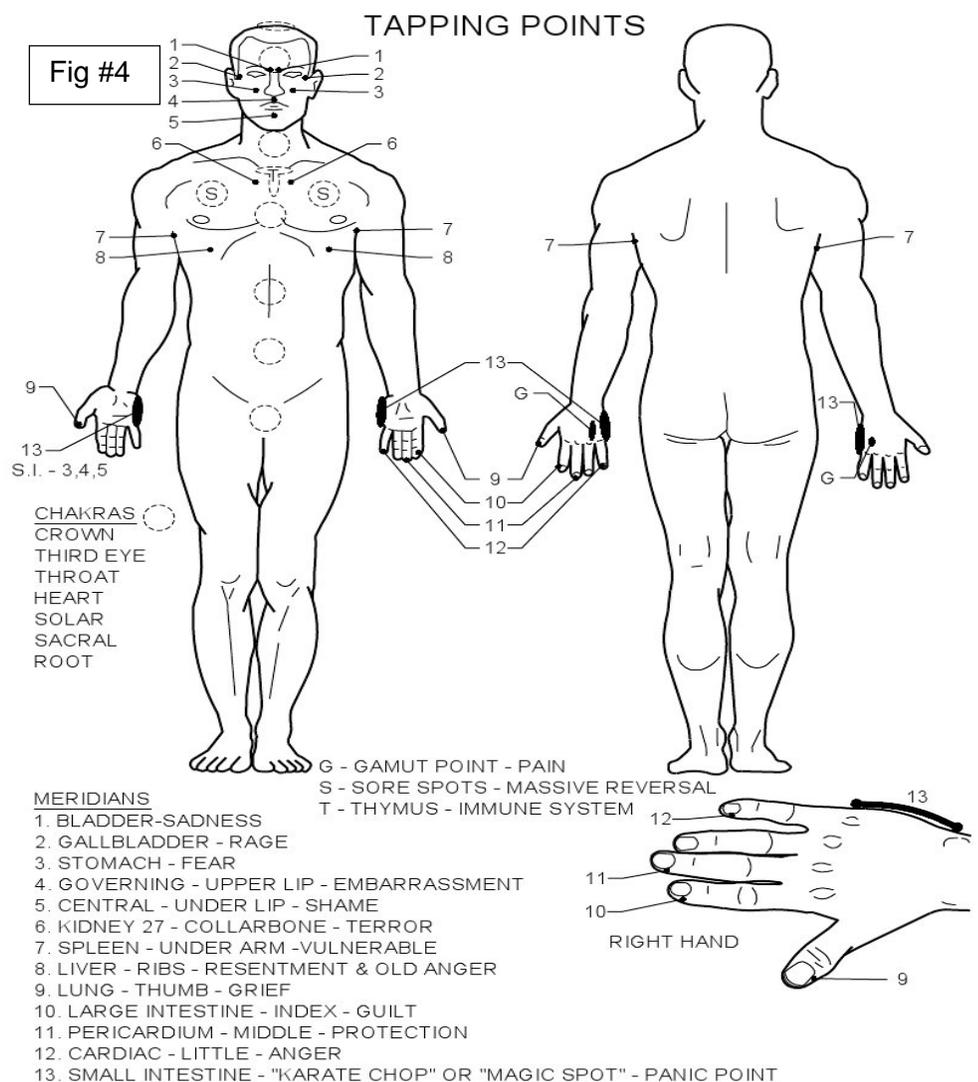
Now, before you shoot, you have to load your gun- can't shoot without rounds in your gun. Start tapping 7 or 15 times on the outer fist, both hands. That loading point is the small intestine meridian. By tapping there you stimulate your parasympathetic calming system which lowers your own heart rate. Before you start treating someone, it is important to calm yourself first."

**This is the treatment.** The MPs just brought the sergeant to me. They found him walking the perimeter. They got his rifle. So I can treat him because he has no weapon. He's been frozen in this for 12 hours. Take his vital signs.

I say 'Sergeant, I heard you got the 'Go-Go'. I'm able to treat you for that. Is it all right if I hold your hand?"

Sergeant Gary Gordon:  
"Yes!"

TZ: "I'm going to tap on your outer fist [Karate Chop point in EFT language. See slide #4 the tapping figure for the tapping points]. This is Chinese medicine- I know that it calms your heart rate down. We want to calm your heart so you get under better control. I



want you to put your hands together in a prayer position so I can tap on both hands at the same time. I move from the fists [KC] to tapping on the inside little finger by the nail bed [heart], then the 3<sup>rd</sup> finger nail bed [pericardium], then the upper nail bed index finger [large intestines] and the thumb upper nail bed [lungs]. The hands have 5 points on each hand. Next ask permission to tap on the chest.

Then I move up to the liver points directly down from the nipple over the liver [EFT tappers leave the 'liver' out when breasts are present]. Under the arm pit at the 'bra-line' is the immune system [spleen] and where the clavicles join the sternum on each side is the powerful kidney points. [The chest has 3 points on each side.]

After asking permission, I move to the head to tap on 12 sites. Start tapping over the upper lip [governing meridian] and under the lower lip [central meridian] then move to the bony eye socket directly under the pupil [stomach]. On the bony socket lateral to the eyes is the gall bladder meridian and its 'septic field'- a series of points that snake backwards and forwards over the parietal bones, tapping with all 5 fingers, forward and back, over each side. Then switch to the orbital bones above the nose where the eyebrow attaches [bladder]. The last 2 points are in the center of the forehead [the 3<sup>rd</sup> eye] and on top of the head [the crown chakra]. Then I pick up the hands and tap on KC or the thumbs while I instruct him on doing the US Navy Seals box breathing which also downregulates the heart rate. Box breathing requires a maximum inhale to the count of 8 followed by a 'hold-hold-hold' for the same 8 count and a deep exhale using the belly for an 8 count then a 'hold-hold-hold' for the last 8. Repeat the box 3 times chanting and tapping KC. This is the basic tapping sequence, now for the chants.

**Step #1 Basic Cadence:** [Chanting phrases are in italics.]

TZ: You're going to say to him, '*You are safe!*' [Repeat 'safe' 7 times tapping the KC when starting off]. *You are strong! You are smart!*' as you are tapping. You're going to say this in a 'field command voice'! His muscles memorized the field commands his DI was yelling at him, so when I start 'ordering' him, his muscles will respond to that tone of voice. Tap the chant into each set of points with the barrel of your masers [3 or 4 fingers]. From the crown chakra return to tapping on KC and direct him through the box breathing. You will have to switch to coaching his inhales, holds, exhales and holds to get them long and deep. It is a good idea for you to do 3 cycles of the box breathing with him. [ref: The Way of the Seal, US Navy Seal Mark Divine]

## **Step #2 Time/Date/Place Orientation Cadence:**

TZ: "Sergeant, you are at *Dr. Kondrot's Microcurrent conference... October 10, 2015... In Carefree Arizona... 10-10-2015.*" [Again you are tapping with both hands on all 28 points and finish with the box breathing].'

## **Step #3 Unlocking the Eyes:**

TZ: "Sergeant, you need to have your eyes open. We are going to work on your eye muscles and help them to relax. I'm going to tap right here over your sternum [the heart chakra area using non-dominant hand] and I want you to follow my fingers with your eyes. [I am tracing a lazy figure of 8- on its side.] *You're safe, safe, safe!* Don't move your head. Follow my fingers. [When they return to the center send them '*far*' over your shoulder and '*near*', back to 10 inches in front of his nose. Then trace the figure of 8 backwards.] "Now look *far*, Sergeant, then *near*. Now follow the circle I am making with my fingers [as the fingers hit 12 o'clock sweep the fingers down to the floor. Then reverse the direction of the circle and pull down from 12 o'clock. All of these 'moves' can be seen clearly in the video.]

As I move my fingers, I'm checking to see the pupils constrict and dilate and the eyes come together and diverge. If you find a 'flutter', you switch to tapping on the eye's bony orbit at the fluttering position and using the '*SAFE*' chant until you tap that flutter out. That flutter is the angle of incidence of the oncoming projectile or whatever was attacking him when he was traumatized. We want to get rid of the trauma 'freeze' in his eye muscles." [Always finish each step with the box breathing.]

## **Step #4 Talking Trauma Memory Up:**

TZ: "Sergeant, now keep your eyes closed. It would be very helpful if you could tell me what went on during the past incident because the more you can make it alive again, right now, the more you can knock these memories out of your body. Remember every sight, smell, sound, taste, feeling, motion!" [I tapping '*you're safe*' while checking to see if his eyes are closed.]

Private Gary does not know this story, so I will tell it to you. The sergeant was in Fallujah. It was his first deployment, a green private, and he was point on patrol. Point is the lead person. He was walking along, and all of a sudden there was an explosion. He was pushed forward, picking up his rifle; he turns around, 'NO! MAX! NO! NO!' Max is his battle buddy and has just been blown to smithereens by the IED. The smell of blood is overwhelming, but

he looks over to his medic. The medic is badly bleeding, so he grabs the dressing pack and presses it on the medic to stop the bleeding. He waits for the chopper to dust down. They come over to get the medic who goes back to the hospital and is alive because the SGT had stopped that bleeding. Then he has to pick up Max in pieces.

"Max, I KILLED YOU! I should have died. I KILLED you!" He took him to the rotor and came back for the legs and arm. Ever since then he's not been able to sleep at night for thinking about Max! They were battle buddies from basic training and he KNEW he was responsible for Max's death. While he is telling his story, I'm tapping the safe chant on all his 28 points. I want to blast those memory tubules out while he's reliving it because his past is really driving this reaction.

After I get him calmed down with more 'you're safe- safe –safe' tapping; I ask him, "Has Max ever come back to you in a dream? That would be normal if he did. He says, "Yes, once!" I say this tapping cadence, "That's good! Max has come back because he's telling you that he HAS your back. *MAX HAS YOUR BACK, MAN!* Max damn well knew that he was NOT following your foot prints. He was off to the side when he caught the IED. *It was not your fault. NOT YOUR FAULT! Max LOVES you and he's got your back. Max has your back for ever!* Then start box breathing with chanting- '*Max has you back!*'"

During this cycle, there was a whole lot of physical release going on in it. You should feel his chest and arm muscles now. They are all 'soft', if all of that trauma stuff has evaporated. Then it's okay now to go on to the next step #5. [If not soft go back with closed eyes to more of any trauma SGT remembers and repeat the '*You are safe*' tapping chant again.]

### **Step #5 Protection Cadence:**

TZ: "SGT, you can keep your eyes open or closed. I'm going tapping into the 28 points; '*You are LOVED, NURTURED, PROTECTED, EMPOWERED, FORGIVEN, and HEALED!*'" [For this SGT, I repeated "*FORGIVEN*" by itself during the box breathing. The tone of voice should shift to being very supportive].

### **Step #6 The Smiling Cadence:**

TZ: "In the last step, SGT, you can open your eyes or keep them closed. [To the platoon: 'Everyone smile! You all should be tapping in cadence: '*You are safe! You're strong! You're smart and you're smiling!*' The tone of voice should be 'joyous!'] As you are tapping that smile into the sides of his mouth make sure his eyes are open so he can see you smiling at

him and feel the whole platoon smiling. [Private Gary smiled]. That's the MASER tap chanting drill."

"Private Gary, tell me your distress number when you started out."

Private Gary: "It was about an 8".

TZ: "What is your number now?"

Private Gary: "It's 2"!

**Evaluation of Treatment** TZ: When Private Gary was 'acting' the SGT's role and being tapped, we got his stress level down from 8 to 2. The platoon who actively 'set its intent' helped. Thank you. You're dismissed, private. Good job! [The next morning Private Gary told me that his distress was zero. Three months later it was still gone.]

**Outcomes:** What I didn't tell you is that the Marines know of only five outcomes for the "Go-Go". The **first one** is the muscles go out and kill somebody because that's what their muscles are trained to do. The **second one** is the muscles commit suicide. The **third one** is the muscles go down to the bar, drink a lot, tear the bar apart and go to jail. The **fourth one** is the muscles go out into the woods and stay there for 25 years because they never want to be 'triggered' ever again. The **fifth outcome** for the 'Go-Go' is to go to the emergency room where he gets a huge dose of Thorazine. He drops and they put him in a lockdown cell for 48 hours while his body metabolizes off the sympathetic chemical blood bath.

Today, Gunny Sergeant would like to report to you that there is a **sixth outcome**. That outcome was, "Feed me! Feed me! I am starving to death, haven't had ANYTHING to eat for 20 hours!" The effect of this combined treatment is that the sympathetic system that was driving him was totally switched over to the parasympathetic system, blood pressure drops and he became acutely hungry. He actually reached for his antioxidant water and chugged the whole gallon! It is one of the Navy Seals' beliefs that 'if there's something worth doing, it's worth over doing!' Marines and Seals are pretty similar that way. The Gunny Sergeant went to his bed and slept for 2 days straight, drinking lots of water, while actively detoxing. This treatment removed the combat trauma that one of America's best talk therapists who is experienced working with vets could not clear.

**Slide #5 Disclaimers:** It is very difficult for civilians to be able to treat the 'Go-Go' reaction because the DOD and the VA control warrior treatment options, thus limiting clinical trials even more.

**Conclusions:** MASER therapy is easily learned by any medic, combat corpsman, or pararescue jumper who can step in and easily treat the 'Go-Go' before any collateral damage occurs as a stand-alone treatment outside the wire. These same providers, very talented military health care professionals, can rapidly learn to use the FSM, FDA approved, 'tens' units. The combination of both the FSM microcurrent units and the MASER drill will power a rapid successful defusing of what could otherwise be a lethal situation. The result is the removal of the traumatic memory from the cells in a 'detox reaction'.

'Company is dismissed!'

\* Final draft: Respectfully submitted

27 January 2016 TZ

Third Place / "MASER Training for the Rapid Treatment of the Go-Go Combat Stress Reaction [PTSD]", T. Zumwalt, MD, in Proceedings of the 9<sup>th</sup> Annual Microcurrent Case Conference, Editor; Ed Kondrot, MD, 2016, ADVANTAGE Media Group, Charleston, SC.

\*Because this is a scientific case report, my references were added to the white paper for integrity.



#5                   DISCLAIMER:

- The FDA has not reviewed the FSM protocols nor have they been placed in a formal clinical trial.
- Warnings exist against the use of FSM during pregnancy & with pacemakers.
- Standard 9 point 'EFT' is '**clinically effective**' as 'PTSD' therapy. See [www.battlemap.org](http://www.battlemap.org) for easy on-line EFT training.
- No clinical trials have been done using 'military grade MASER' bilateral 28 point tap/chanting.
- It is very difficult for civilians to treat the 'Go-Go' Reaction because the VA & DOD control warriors' treatment options; thus limiting clinical trials even more.
- I have no financial conflicts.

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[CDR/MC/USNR during Operation Desert Storm]

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[www.operationfirehawk.org](http://www.operationfirehawk.org)

[Educational training site for medics, et.al.

Download handouts, tap figure & supplies]

Email: [operationfirehawk991@gmail.com](mailto:operationfirehawk991@gmail.com)

"Rapid Treatment of the Go-Go Combat Stress Reaction (PTSD)" at [www.youtube.com](http://www.youtube.com)