

FCT[®] Training

The most edifying ground-breaking two-day seminar
you have ever attended.

Management of the most difficult patients which
have not responded to any other therapy except FCT[®] and why.

An overview and introduction to FCT[®].



Athens, Greece
September 27-28, 2008

Presented by:
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For early registration discount, contact:

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The Science of Medicine Teaching Company

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"The problem lies not in the intentions, nor in the dedication of individuals, but as so often in the history of science, from a limitation in the prevailing paradigm or model that governs and limits thinking in any given era."

*Thomas Kuhn, PhD (physics)
Professor, Philosophy of Science*

Dear Colleague,

The truth is that the sickest chronic patients represent the true measure of efficacy and value of the therapeutic approach in all chronic diseases.

The *sobering* reality, however, remains that in spite of an ever growing number of therapeutics and technology in both conventional and alternative medicines, there are millions of very ill patients out there who have failed to respond to either one. Even worse, when they did respond to the interventions, most of the time their symptoms deteriorated or became traded for new and more debilitating ones.

The *sad* truth, also, is that as our planet and our lifestyle become more unhealthy and iatrogenicity of medical treatments grow, so does the number of these unfortunate people who have yet to meet their demand for effective care. Furthermore, given this glaring shortcoming of medical treatments, even a population with less severe illnesses is being far from optimally managed as, commonly, behind the reduction or cover-up of symptoms, there is often only negligible progress being attained in what matters the most – state of health – while a permanent dependency on therapeutics is the case and serious illnesses do emerge over time.

The main reason for these deficiencies is the absence of a sound and truly encompassing scholastic model for medical practice but a utilization of specialty-oriented approaches instead which, in spite of being based on seemingly plausible ideas, in reality, all rest on incomplete and fragmented knowledge. Because of the latter, plausible ideas are viewed only in one-sided fashion or from their "sunny" plausible side while their concurrent flaws remain overshadowed. This, in its turn, is due to the fact that medicine lacks the breadth and multilayered structure of utilizing knowledge as exact sciences do and, as a result, is neither capable of scrutinizing its models of practice in a truly scientific manner, nor is it able to evolve a sound and complete model for medical practice on its own. From hence, when the

practices- paradigms which are based on these plausible ideas fail or lead to just partial successes, the latter only serves to sustain self-deceit in the assumption that true success can be within reach by simply augmenting one's efforts, skills, or adding "better and new" products or interventions. However, this merry-go-round has consistently failed as all these "better", "more" and "new" entities are being born malformed in the first place by the very unhealthy models which conceived them, thus, completing a circle of futility with no end in sight.

Speaking concretely, medical interventions operate within crippled models which fail to account for the numerous fundamental factors pertained to disease – among these, its complex and individual nature, understanding the main culprits which sustain disease vs. their domino effect; misguided diagnostic objectives, treatments which are nonspecific, superficial and unfocused, or inappropriate in their sequence, priority or timing. Not the least of it, numerous and intricate physiologic networks being ignored and inadvertently disturbed in the therapeutic process. This is not to mention the failure to address the numerous blocking factors in patients' environment and lifestyle. Another disabling byproduct of the defective models – void in the most valuable learning tool – an ability to pinpoint the reasons for failure in order to **learn** from mistakes and correct them. Not surprisingly, recent statistics have registered little, if any, medical progress in reduction of chronic diseases but, instead, the disturbing trend for both conventional and alternative approaches toward iatrogenicity, including mortality.

The presenter himself went through identical failures in the past in his own practice and that was the main reason for evolving a far more advanced and novel medical model and, based on it, system of medicine that he will share with you at this two-day eye-opening event.*

This seminar will introduce an outline of this new model and practice of medicine based on a great deal of invaluable knowledge from both the exact sciences and other relevant non-medical and medical disciplines that eluded medical training in both camps. Both the virtues and ostensible shortcomings of the corresponding conventional and alternative approaches, the correct objectives and direction of therapy, become automatically clear and logical. It will demonstrate practical and novel diagnostic and therapeutic tools for implementation in daily practice and how to make your own practice and specialty far more successful.

* This is not a product or technology-oriented presentation.

Attendees will undoubtedly find this seminar as thought provoking, revealing and that will spur them to further their conquest for a far more sound and successful medical practice. The professional benefits and resource savings in abandoning pursuits of needless technology, products or curriculums in the future will be enormous.

Not the least of it, the great majority of our student health professionals have found this system to be of great benefit to their own and their family's health.

Program and brief overview of the following topics

I. Human body as a complex bio-energetic system

1. Physics, our cells and DNA
2. Homeostasis, energy and information flows
3. Rules of complexity
4. Properties of complexity
5. Dynamic, diverse and individual nature of humans and their disease states
6. The Law of Unintended Consequences
7. How medical specialties and treatments violate or ignore the above rules and tenets.

II. Main factors that are primarily responsible for the disruptions of energy and information flows

1. Toxicological and infectious agents
2. Lifestyle, emotional, environmental and other factors.

III. Prevailing diagnostic methods and their serious limitations

1. Superficial and misleading nature of biochemical testing
2. Common errors and deficiencies in Bio-resonance testing (Applied kinesiology, EAV, Omura, ART, VEGA, others)
 - a. Subjectivity, physical and mental on the part of a practitioner in testing
 - b. Superficial, one-layer testing
 - c. Unfocused pursuit of the findings

- d. Findings of low importance
- e. Missing energetically muffled but crucially important sick organs and tissues
- f. Practitioners mental software and falsely positive and negative readings
- g. Disconnected gathering of findings
- h. Unawareness of multiple blocks in testing

IV. Therapeutic interventions

Severe limitations of the prevailing therapies based on:

1. biochemical interventions: conventional, herbal, nutritional, specialized products, oxygenative
2. energetic interventions: Chinese medicine, prevailing homeopathic approaches, neural therapy, mind-body techniques, color, sound, magnet-, Rife- and Mora type devices
3. body morphology-structure: Applied kinesiology, craniosacral and spinal manipulations
4. detoxification and chelating agents and their severe side effects due to uncontrollable spread of toxic agents in the body
5. generic errors in zeroing in on isolated targets while overlooking global and interconnected state of pathology
6. wrong timing, means and/or sequence of addressing serious pathological findings

V. FCT[®] system

1. Extracting valuable knowledge from diverse medical paradigms while omitting their limitations
2. Understanding and addressing complex nature of disease including genetic weaknesses
3. Identifying only the most pertinent pathogenic agents in relation to state of disease

4. Multi-layered Bio-resonance testing approach based on knowledge from bio-physics
5. Utilizing simple and unique homeopathic system rendering concurrent toxin release and removal via a novel organ/tissue support
6. Understanding crucial links between toxicology, infectious diseases, endocrinology, immunology and laws of systems
7. Proper timing, sequence and means in addressing pathogenic toxicological, infectious and other agents
8. Focusing on salient interdependency of immune, endocrine and excretory systems
9. Understanding and anticipating patient's response to therapeutic intervention
10. Avoidance of factors blocking and/or aggravating therapy in the patients environment
11. Addressing certain infectious agents capable of phenomenon of storing and distributing toxic agents in the body
12. Avoidance of ineffectual or aggravating treatments of chronic infections
13. Addressing blocking factors in the testing and therapy

VI. **Critical search for weak links within FCT[®] system**

VII. **Questions and answers part**

VIII. **Brief hands on demonstration of FCT[®] Bio-resonance testing and therapeutic method and testing actual patients or students blindly on request**

IX. **Attendees leave complaining that they are still hungry for more information.**