



Miraculous healing of Severe Chronic Debilitating Plantar Arthropathy Without the use of Surgery or Pharmaceuticals

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Abstract

While “miraculous healings” or spontaneous remissions of various disease states have been scientifically reported previously, the exact mechanism, which allow for these seeming miracles or spontaneous remissions is poorly understood. By contrast, I recently published a case study series, which included the “miraculous healings” of Sarcoidosis, Chronic Lyme Disease, Fibromyalgia and Parkinson’s disease without the use of pharmaceuticals or antibiotics where the mechanism of action used to initiate the “miraculous healing” appears to have a cause and effect relationship and thus is reproducible.

This case report now adds severe chronic debilitating plantar arthritis (case study #5) to the previous four case studies, which I have observed and now report to be successfully treated by a process, which Master John Douglas refers to as “Angelic Reformation”. These case reports are representative of the many hundreds of case studies I have documented (although most yet unpublished) over a ten-year period, while observing the work of Master John Douglas and the graduates of his Elite Development course. While certainly inspiring, admittedly all of these observations must ultimately be subjected to additional rigorous scientific methodology. Yet, the sheer number of miraculous healings I have observed and the fact that this body of knowledge can be taught to others who obtain similarly effective results is very promising, given our current confusion regarding the exact mechanisms of action and/or causation of autoimmune diseases, Parkinson’s disease and many chronic debilitating arthropathies in particular.

Keywords: Miraculous Healing; Spontaneous Remission; Chronic Plantar Arthropathy

Introduction

Case Study #5 (CS#5)

THIS PATIENT is a 36-year-old professional dancer living in New York City. In 2009, while still in college, she injured her right foot while doing classical point work. Unfortunately, she made the choice to keep dancing through the pain until point work was no longer possible at all.

In 2012 she reports fracturing her right big toe in three places, requiring her to wear a protective boot for eight weeks. She subsequently had physical therapy but was unable to ever do point work again and since that time has had to wear orthopedic shoes full time in order to even walk comfortably.

In 2015, the patient, who describes herself as, “a very fashion-conscious person”, attempted to wear high heels and sustained another recurrent fracture of her right foot.

As of June 2017, the patient was still unable to wear normal shoes and required orthopedic shoes at all times. She reports being unable to wear ballet slippers at all and describes having pain “like a hammer hitting her foot at all times”, 24 hours a day/7 day a week. In her attempt to cope with the pain she was taking Advil and using the over the counter remedies Bio freeze and Tiger Balm without relief.

She is under the care of a podiatrist who has reported to her that, “she has a poorly healed fracture, large calcium buildup surrounding the fracture, a dropped third metatarsal bone and a

pronounced bunion, (which the patient describes as very painful)". She reports that, "her podiatrist believes that she has severe arthritis and a totally immobile joint".

On June 22nd of 2017 CS#5 took a dance class and "as usual limped home to ice and take an Epsom salt bath". She was not aware that on that day, at the request of her mother, an energy healer named Master John Douglas had initiated a nonlocalized energy healing for her, which he calls a "remote faith healing". When questioned one week after the healing took place, she retrospectively reported that, "her pain was 75% better by that same evening, and 95% better within 24 hours of the healing". On June 24th, 36 hours after receiving the remote faith healing, a text from the patient says, "she taught a few yoga classes, went to a dance audition and danced in heels - then took a jazz class - all with very little pain, when formerly all of this activity would have been impossible".

Since the original "energy healing" of June 22nd, 2017, CS#5 has been clinically stable and able to sustain her high impact dance career and athletic regimen most of the time. On two separate occasions, she subjectively reported partial reoccurrence of her former pain and limited motion in the same joint area. At each of these two clinical episodes of "reinjury", a remote energy healing was performed in similar fashion to the first healing on June 22nd, 2017 and in both instances within a few hours she reported that, "the pain was gone, and I was able to resume all activities".

On a recent interview with Master John Douglas as a preparation for this case study, he reports, "that the same infectious agents were detected as the etiology of her disability at each episode". According to Master John Douglas, "by virtue of his clairvoyant perception, which allows him to detect and then kill infectious agents which are currently unknown to medical science, he was able to quickly and easily remove the root cause of her chronic foot pain and disability". He reports that, "there are three separate infectious entities all belonging to the same family which he designates as {rheumatoid negative animals} which cause pain, stenosis and tightness"; he believes that, "these rheumatoid negative animals are rather ubiquitous in nature and typically acquired by airborne dissemination". The method of eradicating the infectious agents has been described by Master John Douglas as, "initiating a sound wave which is highly focused and capable of shattering the infectious agent just as a select sound wave can shatter a crystal glass".

CS#5 thanks Master John Douglas for "giving her the ability to live out her dream again.

Radiographs

Radiographs of the right foot and ankle, taken 6 months before the first remote faith healing, which took place on June 22nd, 2017.



Figure 1



Figure 2



Figure 3

Examination: Right foot, 3 Views.

Clinical history: 35 y/o white female with long history of severe great right toe and foot pain. History of multiple fractures. Decreased range of motion and redness in the great toe area.

Technique AP, lateral, and oblique radiographs of the right foot.

Findings: There is moderate osteoarthritis of the great toe MTP joint with hypertrophy of the first metatarsal head, cartilage space narrowing and marginal spurring. Severe degenerative changes are seen between the lateral sesamoid and the ventral first metatarsal head with hypertrophy and severe proximal spurring.

There is also moderate osteoarthritis in the posterior subtalar joint with sclerosis and moderate posterior marginal spurring.

No fracture, dislocation, or lytic findings.

Impression

1. Moderate great toe MTP osteoarthritis.
2. Severe degenerative changes between the ventral first metatarsal head and lateral sesamoid.
3. Moderate posterior subtalar osteoarthritis.

Discussion

The x-ray report, clinical findings and the patient’s subjective reports all point to a severe, debilitating, chronic plantar arthropathy, secondary to severe degenerative changes and an inflammatory arthritis in the patients right big toe and foot.

Any injury creating significant tissue damage can create a fertile ground for opportunistic infections, as the body’s natural defense systems are compromised. As I have reported recently with miraculous healings involving other disease states and case studies, these opportunistic infections may be caused by infectious organisms, known or unknown to microbiologists, virologists and pathologists. Master John Douglas estimates that our current medical fund of knowledge is only aware of 20% of the worlds pathogens which are actually responsible as the root causes of many of our idiopathic diseases. In CS#5, the electromagnetic signals of the infectious agents identified them as belonging to the family of “Rheumatoid Arthritis Organisms”, creating different manifestations of stenosis, tightness or inflammation.

Master John Douglas reports that, “clairvoyantly he can visualize that these microbes emit a toxin that mixes with calcium and creates a ‘mortar-like substance,’ which then will stiffen the spaces between joints, impinge upon the nerve root or tug on the nerve to create chronic pain and disability. Once the infectious organism is killed, the production of these toxins ceases, and the healer can then help the body clear out the old toxins by energetically stimulating enhanced circulation and lymphatic drainage”.

In his experience with hundreds of similar cases involving these infectious agents he calls “rheumatoid negative animals”, he reports that, “after eradicating this family of inflammatory infectious agents, clinical improvement can occur very quickly, as seen in this case study of an otherwise healthy young, athletic patient. In older, less healthy subjects, clinically it may require up to five days to see manifest improvement”.

As I have recently reported elsewhere [1,2], Master John Douglas uses his clairvoyant senses to identify the infectious etiology and root cause of many “idiopathic” diseases. Although the infectious agents for these idiopathic diseases have not been discovered or reported in the scientific literature, he claims to be able to directly visualize the existence of hundreds of unknown infectious agents through his enhanced (clairvoyant) senses, no different than we observe ordinary phenomena in the material world, such as the leaves on trees.

The credibility of this assertion is supported by the fact that annually, open to the public, he teaches hundreds of students to replicate his findings at a seminar called the Elite Development Course. To date, over 500 people have been trained to detect these hidden infectious agents by a method called “scanning”,

which enables the observer, phenomenologically on the level of consciousness, to measure the unique electromagnetic wave signal emanating from each unique infectious agent.

While I am aware that no such infectious agent has ever been documented in the literature to date, the fact that many hundreds of Elite Development course graduates, including numerous medical doctors, nurses and other licensed health professionals all concur, regarding the measurement of the existence of these frequencies as the electromagnetic signal emanating from a distinct infectious agent, raises the possibility that our failure to identify such an etiologic organism may be a false negative and does not rule out the possibility of its existence as the root causative agent in many of the diseases I have reported as case reports.

Granted, these infectious agents have yet to be identified by virologists, microbiologists, parasitologist or any conventional medical apparatus. And while the inability to verify the existence of these infectious agents apart from consensus among Elite Course graduates is disruptive to our conventional medical paradigm, is this claim all that different from saying that prior to an electron microscope, many minute infectious agents were not seen with an ordinary light microscope or that the essential elements of quantum physics which were mathematically deduced could not be proven without the technological advancement which allowed for the building a linear particle accelerator? While admittedly this technology is consciousness-based and does not exist as an external device currently, philosophically I believe that there is no barrier to replicating these findings using an external device as technology advances.

Study Limitations

Admittedly, this case report has many limitations. While the original diagnosis was established by a podiatrist and correlated with x-ray findings, there was no second opinion, MRI or video demonstrating the patient's limitations as further corroboration; nor do we have a post treatment x-ray to document what if any objective radiographic changes correlate to the dramatic subjective improvement reported by this patient. Even the role of the placebo effect must be considered, although the patient was completely unaware of the request made by her mother for remote energy healing at the time of the initial resolution of symptoms. She was aware, however, of all subsequent requests for energetic healing when her symptoms reoccurred.

I also realize that as "scanning" is a consciousness-based technique, not common to the public at large, and only mastered by graduates of the Elite Development Course as taught by Master John Douglas, this limits the population of "experts" capable of confirming or refuting the accuracy of this report to under 500 current graduates. So it is entirely reasonable to question a "miraculous cure" that rests entirely on the resolution of symptoms as reported by the patient, except for the fact that 500 people are independently capable of measuring the presence of the frequency of an infectious agent which is killed by conscious intention and then observe that the resolution of symptoms is closely correlated in time with the disappearance of that infectious agent's electromagnetic signal (as measured by the process of "scanning").

Furthermore, the fact that the existence of this unseen infectious agent(s) which is diagnosed by "scanning" cannot be replicated by any known external device available to the scientific community and that the purported causative agent, i.e. a family of "rheumatoid negative animals" has yet to be reported in current scientific literature both raise questions as to the reproducibility of these findings, even though independently many Elite Course graduates have duplicated these findings and results in many other subjects suffering from similar clinical presentations.

Conclusion

Notwithstanding the obvious limitations of the study as listed above, I still believe that the sheer number of seeming "miraculous healing" which I have witnessed over a ten year period and the fact that this ability can be taught and reproduced by many licensed health professionals forces us to consider the possibility that a cause and effect relationship exists as the underlying mechanism of the "miraculous healing" which have been reported. Furthermore, given the risk of adverse events surrounding the conventional pharmaceutical treatment of chronic inflammatory arthritis with both steroidal anti-inflammatory and nonsteroidal anti-inflammatory agents, the downside of using remote energy healing seems innocuous by comparison to the risk of these known pharmaceutical adverse events.

It seems therefore prudent for all non-pharmaceutical and non-surgical options such as the technology described herein to be further investigated, whenever the credible probability of their improved therapeutic benefit is known. Our goal as physicians is

always to use the treatment option with the best therapeutic ratio, and thus minimize any iatrogenic component to our delivery of care. And while I realize that we are a long way off from having a solid scientific foundation to recommend the technology described herein, not to further investigate the reality of these observations in a more rigorous setting would be a mistake in my opinion [3]. If this report is further validated over time, how many more osteo-degenerative conditions will we find that have an unknown infectious etiology...?

Acknowledgment

I would like to acknowledge Master John Douglas for his tireless work ethic and his passion to save humanity from the unseen dangers, which threaten life on this planet and to the real people in our anonymous case studies who were willing to share their intimate medical experiences for the benefit of science.

Conflict of Interest

The author declares that no competing interests exist and that he has no financial gain from his relationship with Master John Douglas or the Elite Development course. While some peer reviewers may feel that a possible financial bias exists from even naming Master John Douglas or the existence of the Elite Development Course, in the interests of scientific transparency I do not see how this is any different from naming a proprietary pharmaceutical and dosage which is thought to have a positive effect for the amelioration of a given disease state. In both cases, proprietary issues notwithstanding, the roadmap which was undertaken by the patient to achieve improvement must be transparent to the reader.

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