



Case Report

Frequency Specific Microcurrent in the Treatment of Dense Breast Tissue: A Case Report

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Abstract

This case report follows the use of Frequency Specific Microcurrent (FSM) to treat a 54-year-old woman with dense breast tissue. Mammograms which were performed in 2018 and 2021 showed heterogeneously dense breast tissue, category C. The 2021 mammogram procedure was excruciatingly painful for the patient during the breast compression. FSM treatment involved using frequencies resurrected from the 1920's applied with a modern microcurrent device. The current and frequencies were applied through the breast tissue. The most effective frequencies used were described as working to remove calcifications and oxalate crystals from the breast tissue. This treatment caused immediate softening of the involved tissue and less pain with palpation of the breast tissue. Mammogram in 2023 post FSM treatment showed the patient did NOT have dense tissue, and rated the breast tissue at a category B. The mammogram performed in 2023 was pain free on one side and mildly painful on the other side. This study suggests that FSM is potentially a useful therapy to decrease breast tissue density and calcification and should be studied in a larger sample.

Keywords: Dense breast tissue; Microcalcifications; Frequency specific microcurrent; Breast cancer risk

Introduction

Research suggests that breast tissue density is a contributing factor to breast cancer risk [1,2]. Increased density of breast tissue is correlated with higher rates of breast cancer. Women who developed breast cancer had a higher proportion of microcalcifications and dense breasts than women who did not develop breast cancer [1,2]. This research suggests that reducing breast tissue density may be helpful in reducing breast cancer risk.

There is currently no medically recognized therapy in use known to this author that can be directly applied to breast tissue to reduce breast density and decrease calcifications. This case study shows that the use

of FSM reduced breast tissue density in a 54-year-old woman from a diagnosis of category C heterogeneous dense breast tissue to a diagnosis of category B non-dense tissue classification.

Patient information

A 54-year-old non-smoking female presented for treatment in November of 2021 related to extreme pain during a mammogram in March of 2021. She rated the pain at a 10/10 during the breast compression. She also reported generalized ongoing breast as well as lateral rib cage tenderness, not specifically related to the mammogram in March of 2021. She felt that her breasts had areas of hard lumpiness that were painful to compression. This patient had been previously treated for a painful knee issue that responded well to FSM frequencies for calcium deposits and oxalate crystals.

Previous patients who have presented to this author with stiff, hard, and indurated painful areas in various musculoskeletal tissues were treated with frequencies for calcium deposits and oxalate crystals. This resulted in both softening of the tissues involved and a dramatic decrease in pain with compression of said tissues. Therefore, a treatment plan was created to address calcium deposits and oxalate crystals in the breast tissues, with the hope of achieving the same results.

The 2021 mammogram results rated the patient as having category C heterogeneously dense breast tissue, on par with a previous mammogram done in 2018, which was less painful for the patient, but still rated at a pain level of 5-6/10 during the breast compression.

Comorbidities in this patient include diagnosis in March 2021 of yeast over-growth and mold exposure *via* an organic acids test. The test was positive for intestinal microbial metabolites indicating yeast over-growth and mold exposure, both of which are known to increase oxalate crystals in the body [3,4]. Laboratory testing revealed high normal oxalates being excreted in the urine. The patient was treated with binders and antifungals from April of 2021 through August of 2021. Breast tenderness and pain with compression persisted after this treatment ended.

Case Presentation

Treatment was delivered with a technique known as Frequency Specific Microcurrent (FSM) that developed in 1997. The frequencies used were found in 1946 on a list that came with a device made in 1922. The list contained a frequency listed as a number followed by a word describing either a tissue, or a condition that was thought of as interfering with the healthy and proper function of that tissue. The frequencies are applied using a modern battery operated Microcurrent device authorized by the FDA in the category of TENS (Transcutaneous Electrical Nerve Stimulation) devices. Microcurrent has been used in the category of TENS since 1971.

Frequencies from the list are thought to use biological resonance to neutralize the effects of specific conditions in a target tissue. Frequencies on a second channel are thought of as resonating with the electromagnetic structure of the target tissue to change cell signaling and thereby change cell function and perhaps structure. Frequencies targeting conditions and tissues are referred to as channel A and channel B frequencies respectively (Table 1).

Channel A	Condition	Channel B	Condition
217	Calcium oxalate crystals	13	Lymph
91	Calcium deposit	62	Artery
13	Scar tissue	77	Connective tissue
766,276,242	Mineral deposits	97	Adipose
294	Trauma	142	Fascia
321	Reboot	162	Capillary
9	Histamine	191	Tendon
970	Emotional	396	Nerve
284	Chronic inflammation	500	Mammary gland
40	Acute inflammation		
61	Infection		
124	Repair		
51	Fibrosis		
49	Increase vitality		

Table 1: Channel A and Channel B frequencies used.

Treatment

The patient was treated 7 times between 11/28/21 and 4/24/23. The initial round of treatments took place between 11/28/2021 and 3/12/22. There was a marked decrease after each of these treatments in palpable tenderness and lumpiness. Over the next 6 months, some tenderness and lumpiness returned. The patient then had 3 more treatments between 9/4/22 and 4/24/23. Channel A Condition frequencies used were primarily 91 for calcium deposits and 217 for oxalate crystals.

Previous treatments of various patients had demonstrated that direct palpation with gentle traction of the targeted tissue was required to achieve optimal results to reduce calcium deposits and oxalate crystals.

Treatment was applied in the following manner

Positive leads from both channels on the microcurrent device were attached to a wet contact on the patient's back, negative leads were connected to wet contacts on the patient's chest. Most frequencies were applied for 1-2 minutes, the time it took to palpate and gently traction the tissue for each frequency pair that required palpation. One

treatment used self-adhesive electro therapy patches instead of towels. The targeted tissue was bracketed by the pads in a square pattern per device specifications (Figure 1) (Table 2).



Figure 1: Treatment set-up.

Date	Frequency pairs	Comments
11/28/2021	217/97, 396	Left breast only. Tissue softer to palpation S/P.
2/19/2022	217/142,77,191,62,97,396,500 13/77	Gentle palpation/traction during treatments. Much softer S/P. All lumps seem to be gone after this treatment, except for lump in left lateral breast. This site is status post breast injury where the patient had mastitis 20 years previously.
2/21/2022	217/13,500 and 13/77 294,321,9,970,284,40,49/500	No lumps palpable in left breast S/P treatment.
3/12/2022	51,766,242,276,91,61,49/500	Left breast and lateral ribcage only. Much softening on 91,61/500. Patient felt very relaxed with 61/500. Patient reported she felt the breast tissue was very soft after treatments to date. Left lateral rib cage soreness resolved.
9/4/2022	217,91/500,13,77,142,97,62,162 13,217/162	95% decrease in pain in lateral rib cage. 70%-80% decrease in pain and lumpiness in breast tissue. 217/162 melted lumpy areas in the inferior breast tissue within seconds.
12/11/2022	91,217/77,142,500 217/13,97	S/P treatment a lump remained in the left lateral breast, but it was softer to palpation.
4/24/2023	217,91/500,77,142,97	Softening in breast tissue.

Table 2: Frequency specific microcurrent treatments and effects in breast tissue.

Results and Discussion

A mammogram was performed on 4/25/23. Pain level was 0/10 in the right breast and 4/10 in the left breast with the same amount of compression as previous mammogram screenings.

The 2023 radiology report post treatment with FSM rated the bilateral breast tissue category B with “scattered areas of fibroglandular density”, as compared to the 2021 finding of heterogeneously dense breast tissue as diagnosed per the radiologist report as category C. Post treatment with FSM the radiologist documented: the mammogram shows the breast tissue is NOT dense.

This finding correlated with the patient’s subjective findings, that the bilateral breasts were much less painful and much softer than before the FSM treatments (Table 3).

The changes shown on pre and post treatment mammograms suggest that FSM frequencies thought to reduce calcification and oxalate crystals in breast tissue may be useful in reducing breast tissue density. The response to treatment, assuming the description of the frequencies on the list from 1922 are correct, suggests that breast tissue density may be related to the presence of calcium and oxalate crystals in breast tissue. The significant reduction in the reported VAS (Visual Analog Scale) pain score suggests that pain related to breast compression may be related to the presence of calcifications and oxalate crystals. Oxalate crystals are known to cause pain and inflammation in tissues in which they are present [5]. Breast tissue density is correlated with higher risk of breast cancer. Research has demonstrated a link between oxalate concentration in breast tissue and the development of breast cancer [6].

Date	Right breast	Left breast	Radiology report of tissue
2018	5-6/10	5-6/10	Category C, heterogeneously dense breast tissue.
2021	10/10	10/10	Category C, heterogeneously dense breast tissue.
2023	0/10	4/10	Category B, no dense breast tissue, scattered areas of fibroglandular density.

Table 3: Comparison of mammography induced pain and tissue type found.

Conclusion

This case suggests that FSM may be a worthwhile treatment to do the following: reduce calcifications and oxalate crystals in breast tissue, thereby decreasing breast density; make mammograms more comfortable; and reduce breast cancer risk.

It is worth mentioning that while the 7 treatments this patient received were spread out over 18 months, the actual treatment time was less than 3 hours in total. Palpating a tissue while running the frequency for oxalate crystals resulted in a nearly immediate change in tissue texture. Many of the frequencies that were run were repeated over the 18 months because some, but not all, of the hardening and lumps returned.

Questions to answer include why oxalate crystals and calcifications returned to the breast tissue and what can be done to prevent this. After the final treatment the patient adopted a low oxalate diet that she hoped would be helpful in reducing recurrence of breast density and tenderness. The results in this case suggest that further study of FSM in treating painful, dense breast tissue and calcifications should be considered as a way of reducing breast tissue density, making mammograms more comfortable, and reducing breast cancer risk.

Conflict of Interest

Each author meets the uniform requirements of the journal and research criteria for authorship. The authors deny any conflict of interest.

References

1. Kim S, Tran TX, Song H, Park B (2022) Microcalcifications, mammographic breast density, and risk of breast cancer: a cohort study. *Breast Cancer Res* 24(1):1-1.
2. Azam S, Eriksson M, Sjölander A, Gabrielson M, Hellgren R, et al. (2021) Mammographic microcalcifications and risk of breast cancer. *Br J Cancer* 125(5):759-765.
3. Bennett AR, Hindal DF (1990) Mycelium formation and calcium oxalate production by dsRNA-free virulent and dsRNA-containing hypovirulent strains of *Cryphonectria Parasitica*. *Mycologia* 82(3):358-363.
4. Oda M, Saraya T, Wakayama M, Shibuya K, Ogawa Y, et al. (2013) Calcium oxalate crystal deposition in a patient with Aspergilloma due to *Aspergillus niger*. *J Thorac Dis* 5(4):E174.
5. Lorenz EC, Michet CJ, Milliner DS, Lieske JC (2013) Update on oxalate crystal disease. *Curr Rheumatol Rep* 15(7):340.
6. Castellaro AM, Tonda A, Cejas HH, Ferreyra H, Caputto BL, et al. (2015) Oxalate induces breast cancer. *BMC cancer* 15(1):1-3.