

# Deepening Understanding Through Dialogue

Hello ICP's Family:

It is always an opportunity for healthy dialogue having seasoned clinicians in related (or unrelated technologies) sharing their personal beliefs about other technologies, particularly one they often may know virtually nothing about, yet passing judgement on.

"OC" (Operant Conditioning) Biofeedback has celebrated its 70th birthday. From my perspective it seems to be a tried and true means of mindfulness training, and is a truly helpful approach as evidenced by Sue & Siegfried Othmer and their amazing Cygnet System. I know many who have spent months training in this sophisticated system and find it immensely helpful. There is no doubt that helping to teach individuals the tools to calm their CNS is invaluable.

There are many helpful approaches including OC, EMDR, Traditional Psychotherapy (and other models of psychotherapy), Hypnosis, Meditation, Yoga, and the list is endless for modalities that we all know assist one along their healing odyssey.

Understandably, all engaged in their chosen modalities believe theirs to be best, and from an apparent desire, or wish to school all who will listen (or protect unsuspecting innocent people from irresponsible practitioners), or to make their case for personal reasons, they espouse their take on modalities or technologies they know little about (about which they haven't chosen to learn).

This sort of communication can backfire on folks who think they know what's best for all, and in the process referred to by Carl Jung as "Constellating The Shadow", or as I call it, stirring the pot. Wise seeking minds ask questions rather than offering opinions (yes everybody has one of those too as the adage goes).

Dr. Ellie Campbell's colleague has a lot to say about how they classify IASIS MCN, as well as what it does and does not do. As ICP's, perhaps you begin to see through their comments, and I imagine, like myself wish to refute their comments. Consider resisting the temptation however.

Perhaps a more helpful approach might be to help illuminate others about IASIS MCN, rather than discuss what it does or doesn't do. People call me every day asking me to compare IASIS MCN to other related or totally unrelated approaches. As a rule, there are two things I never do: say a disparaging word about anyone or any healing approach, or to compare IASIS MCN to any technology which I know nothing about (or worse know so little about it might illustrate my own ignorance for having spoken of something about which I had no business doing).

I applaud ICP's Meredith Matics and Dr. Frederick Lowe for taking the energy and time to help others begin to develop a language for how to intelligently respond to such questions or comments. I've been noodling on this one for a while, because I wanted to be sure to carefully offer concrete help to assist you in how you might respond to and help reveal information about IASIS MCN.

In order to offer a few thoughts in response to the persons comments below I would invite you to consider that:

- ▶ Unlike many other related competing technologies, IASIS MCN does not place their system in the hands of non-licensed clinicians (with the exception that they may with signed liability work under the licensure of an individual under whom they are supervised.
- ▶ IASIS MCN versus any other modality is like comparing apples and guavas.
- ▶ Given the technology behind IASIS MCN it does not require years or months of training to get started. With an ever updated training manual, online forums, archived forums, an unpaid dedicated clinical team of ICP's, and a constant flow of articles like the ones you can find under 'Breaking News' on the website (thanks to recent contributing authors, Dudley Chewing and Wally Taylor), we endeavor to always do more ongoingly to expand awareness for every ICP, as we are only as strong as our weakest link. We invite all ICP's as contributors to our site, ever expanding awareness as a hub for deeply thoughtful e change of current or changing ideologies and research. Matter of fact, we require all members of our Clinical Team to write at least one or two times per year to expand knowledge of their insights and experience related to IASIS MCN.
- ▶ IASIS MCN has research that no Biofeedback or Neurofeedback or TES (Transcranial Electrical Stimulation) has with 4 studies currently and 2 additional studies currently being proposed by UT Tyler for Suicide Prevention & Opioid addiction using IASIS MCN.
- ▶ No other technology calling itself MCN has our protocols used for our research. IASIS TECHNOLOGIES owns these protocols and the brand IASIS MCN Micro Current Neurofeedback, and therefore may not use the name or claim participation in the research.
- ▶ The stimulation from IASIS MCN is both positive and negative, hence the flow of energy and information flow moves in a simultaneous constant loop. This helps define the feedback nature IASIS MCN, while offering the reminder that concurrent TES or transcranial electrical stimulation occurs.

- ▶ IASIS MCN signal consists of narrow pulses approximately 120 ns (nanoseconds) in duration, and 150 mv (millivolts) in amplitude; or 3 Pico-watts, (3 trillionths of a watt). A cell phone is about 3 watts or 1 million times stronger.
- ▶ According to Dr. Mingxiong Huang, IASIS MCN stimulates the body's production of all brain waves, in particular high amplitude Delta which is therefore the dominant frequency generated. The normal Delta signal stimulates cholinergic pathways, helping trauma damaged brains to recover after deafferentation, allowing and encouraging metabolic clearance; thus reducing excess alpha & beta amyloid proteins.
- ▶ IASIS MCN mediates its effects without maps, diagnostics or weeks and months of training to have it perform as the research has proven. Yes, the very complex systems used in Operant Conditioning Biofeedback takes long to understand and master. This doesn't mean one system over another is superior, it illustrates how they are entirely different technologies. The 5 preset protocols in IASIS MCN do their work. We don't need months to learn how to 'tell it' to do so, it does so by turning it on. Our learning curve is on the 'Guidelines of Care' to choose the appropriate protocol (along with all of the variables we teach).
- ▶ While it takes months training in other modalities and technologies, it takes days with IASIS MCN. Mastery and developing a high level of confidence will take months, but the patient/client observed changes are swift, enduring and in some cases permanent.
- ▶ We all learn at a different pace. How many newly trained ICP's reach out with miraculous stories within days or weeks of completing their Foundations of IASIS Training? Pretty much every single ICP.

The proof is in the pudding and experience preceded belief (I often say). It is my fervent hope that by sharing my humble experience here it will support you in your interactions with colleagues, patients, family and friends when discussing IASIS MCN. After all, we're all doing our best to be part of the solution and help assist those who've lost hope to choose life yet again. It's the greatest gift God's given us.

With deep respect for all,

Barry

Dr. Campbell:

“A very valued and trusted colleague who does traditional neurofeedback posted this in response to a thread in which I mentioned IASIS. How should I answer him back??”

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Trusted Colleague:

“I’m really glad that you’re offering electrical neurologic services in your clinic Ellie. And I couldn’t agree more that training should be mandatory but unfortunately any Tom Dick or Harry can either do this themselves or set up a shop and offer a brain wellness program. The device you’re mentioning I would not classify as neurofeedback but rather neurostimulation. Classical neurofeedback does not put any current back into the brain. This is a more aggressive approach and in my opinion is absolutely necessary to be overseen by a qualified medical professional. Neurofeedback should also be in the realm of Professional Care but it is a tool that teaches the brain how to learn to create new pathways rather than stimulate the brain. I use both in my clinic but feel the classical neurofeedback enables people to learn new skills and brain Pathways that had not been efficient before, whereas neurostimulation wakes up Pathways that have once been functional and our now asleep. I am wary of using electricity as a drug. And I would consider neurofeedback to be the steepest learning curve I have ever engaged,... steeper than functional medicine. So I am also a bit wary of a two weekend course being sufficient to be a competent neurostimulation practitioner. I say this, because I know that you have had a tremendous amount of training in all types of brain related conditions and functional neurology. You are one of the best well-rounded clinicians that exist and therefore two weekends for you are going to be placed into a very large context of understanding whereas that will not be the case for most other people who attend such a short course.