

## Long-term Remission of Secondary Nocturnal Enuresis achieved by eradication of presumed Central Nervous System Infectious Etiology

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Received: 27 April 2021; Accepted: 20 May 2021

**Citation:** Sarnat RL. Long-term Remission of Secondary Nocturnal Enuresis achieved by eradication of presumed Central Nervous System Infectious Etiology. Int J Psychiatr Res. 2021; 4(3): 1-3.

### 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 have recently published multiple case studies, which have included the “miraculous healings” of Sarcoidosis, Chronic Lyme Disease, Fibromyalgia, Parkinson’s disease, severe chronic debilitating plantar arthritis and Metastatic Squamous Cell Carcinoma without the use of pharmaceuticals or antibiotics and 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 long-term remission of secondary nocturnal enuresis to the previous six 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 These case reports are representative of the many hundreds of case studies I have documented (although most yet unpublished) over a twelve-year period, while observing the work of Master John Douglas and the graduates of his Elite Development course.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, chronic debilitating arthropathies, most cancers, and the wide variety of psychiatric disorders for which we have less than optimal treatment options.*

### Keywords

Secondary Nocturnal Enuresis (SNE), Miraculous healing, Angelic Reformation.

### Introduction

Secondary enuresis is a condition that develops at least six months or even several years after a person has learned to control his or her bladder. Secondary nocturnal enuresis (SNE) accounts for about one quarter of children with bedwetting. By age ten years, up to 8% of children will develop SNE.

Numerous studies report a variable but high prevalence of approximately 50% SNE in other family members of patients

with enuresis. Genetic analysis has shown that SNE is usually transmitted in an autosomal dominant fashion.

Secondary nocturnal enuresis in older children or teens should always be evaluated by a doctor as the occult etiology or root causes may include but are not limited to small nocturnal bladder capacity, overactive bladder or dysfunctional voiding, cystitis, constipation, psychological factors, acquired neurogenic bladder, seizure disorder, obstructive sleep apnea, diabetes mellitus, acquired diabetes insipidus and acquired urethral obstruction.

This case report is unique in that it provides the initial evidence that this disorder may be related to an occult central nervous

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system infectious etiology of unknown origin.

## Case Report

Our case study is a 22-year-old white male who reports a fourteen-year history of wetting his bed almost every night from the age of 8 years old. In the months immediately before the intervention of a “silent faith remote healing” by Master John Douglas, he was wetting his bed nightly, with few exceptions.

He attempted to correct this nightly dysfunction by the usual conventional treatment options and support strategies. These include but were not limited to:

1. Using a night-time alarm detector, which would alert him to increasing moisture.
2. The use of hospital grade sheets and absorption protectors.
3. Ayur-Vedic herbal remedies, which were taken orally, as well as aroma therapy oils placed in the nostrils and.
4. Counseling with standard cognitive therapy.

None of these treatment options decreased the frequency of his nocturnal enuresis, although our case study admits that “cognitive therapy did help me let go of some dark memories.” Preferring to find a natural cure, his parents chose not to treat him with the standard pharmaceutical regimen of desmopressin acetate or imipramine.

From the ages of 8 through 18, nocturnal enuresis was a nightly event, with the exception of a single grace period lasting ten days and occasional rare grace periods of 2-3 nights.

Past medical history is significant for the fact that our case study subject has been practicing Transcendental Meditation daily since he was 11 years old. He uses no pharmaceuticals, has no allergies and has had no significant past medical history aside from this issue.

Socially, he is the oldest of three siblings and is being raised by a single mom. As the oldest he reports that, “I do feel the stress of being a co-parent”.

In September of 2017, unknown to our case study subject, his father had arranged for an online “silent faith remote healing,” offered on the website of Master John Douglas, in the hope it would resolve this long-standing issue for his son. Master John Douglas later reported to the author that, “during the silent faith remote healing of our case study subject I was able to clairvoyantly see an infectious negative animal living in his brainstem and cerebral spinal fluid. This negative animal I believe affected his subconscious and may be the root cause of his nocturnal enuresis. As always, I directed an angelic reformation prayer to eradicate the infectious agents, by emanating a frequency tuned to the resonance of this negative animal, much like an opera singer shatters a crystal glass.”

Seven days after the silent faith remote healing occurred, our case study subject was first informed by his father that a “silent faith

remote healing” with Master John Douglas had taken place. Our case study subject reported that, “simultaneous with the healing, I experienced seven dry nights without bedwetting.” While this would have been noteworthy, as indicated, he had occasionally experienced grace periods of 2-3 nights previously.

However, since the “silent faith remote faith healing” was given, it has now been almost 4 years without a single nocturnal enuresis episode. Our case study reports that the resolution of his nocturnal enuresis is life changing and that he is happy to give interviews to any who would benefit to hear his story live.

## Discussion

Secondary nocturnal enuresis, while quite common, is a poorly understood phenomenon which can have many occult pathophysiological root causes. Underlying occult medical conditions may include but are not limited to small nocturnal bladder capacity, overactive bladder or dysfunctional voiding, cystitis, constipation, psychological factors, acquired neurogenic bladder, seizure disorder, obstructive sleep apnea, diabetes mellitus, acquired diabetes insipidus and acquired urethral obstruction.

In those cases where no occult physiological cause can be isolated, the presumptive etiology is thought to be stress or psychologically related. As this “silent faith remote healing” was triggered by the case report subjects father and took place without the case study subjects knowledge, the possibility of a placebo-induced cure is remote. Furthermore, the case study subject at the time of the “silent faith remote healing” intervention had no knowledge of who Master John Douglas was or the fact that many thousands of medical miracles have been attributed to his interventions. Therefore, the two variables of faith and/or placebo are both unlikely to be significant factors in the resolution of symptoms. The known fact that there seems to be an autosomal dominant pattern to the expression of secondary nocturnal enuresis only further confuses our understanding of this phenomenon. Why the variability of expression?

I believe this case study potentially sheds some light on these unresolved questions of variability and occult root causes, as to the best of my knowledge this case study is the first time in reported medical literature that we find evidence of a presumed central nervous system infectious etiology for SNE. Master John Douglas identified this infectious agent as a nano-sized negative animal living within the subject’s central nervous system. According to Master John Douglas, “negative animals are a discrete category of infectious agents identified by the frequency they emit, which is a fundamentally different frequency than would be seen in bacterium, viruses, molds, fungus, yeasts or parasites.”

As I have recently reported elsewhere [1-4], 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

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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 600 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 frequency or wave signal emanating from each unique infectious agent, analogous to the way each unique element of the periodic table has a corresponding unique molecular weight.

Granted, most of these infectious agents have yet to be identified by virologists, microbiologists, parasitologists 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.

Historically there was a time in our not-too-distant past where the idea of an infectious agent as the root cause of cancer would have been heretical. Yet now we know that in the developing world nearly 20% of all cancers are secondary manifestations of disease due to earlier antecedent infections, such as hepatitis B, hepatitis C and human papillomavirus infection [5].

### Study Limitations

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 600 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 600 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 frequency wave signal (as measured by the process of “scanning”).

### 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.

### References

1. Sarnat R. Miraculous Healings of Chronic Lyme disease, Fibromyalgia and Sarcoidosis without the Use of Pharmaceuticals or Antibiotics. OBM Integrative and Complementary Medicine. 2018; 3: 3.
2. Sarnat RL. Miraculous Healing of Parkinson’s disease Without the Use of Pharmaceuticals, Antibiotics or Surgery. Advances in Complementary & Alternative Medicine. 2018; 3: 4.
3. Sarnat RL. Miraculous healing of Severe Chronic Debilitating Plantar Arthropathy Without the use of Surgery or Pharmaceuticals. ACTA Scientific Orthopedics. 2018; 1: 23-27.
4. Sarnat RL. Miraculous Healing of Metastatic Squamous Cell Carcinoma - The Role of Adjunctive Energy Healing. J Complement Med Alt Healthcare. 2018; 8: 555745.
5. Plummer M, de Martel C, Vignat J, et al. Global burden of cancers attributable to infections in 2012: a synthetic analysis. Lancet Glob Health. 2016; 4: e609-616.