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Applying Subcellular Psychobiology Theory to Disease: Treatments for Dizziness, Asperger's, and Hearing Voices

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The lack of effective treatments for chronic disease and mental disorders is a tragic and growing healthcare crisis. Despite tremendous efforts by generations of researchers and substantial investments, little progress has been made. For example, in the area of psychiatric disorders, this situation has deteriorated to the point where drug companies have essentially abandoned efforts to find pharmacological solutions due to so many years of costly failures (Hyman, 2013; Miller, 2010). In our view, the lack of progress in these areas is primarily caused by two key problems: an inability to identify the underlying causes of diseases of unknown etiology, and the spiraling costs and difficulties associated with developing effective pharmaceuticals.

In this paper, the last in a three-part series (Lykkegaard et al., 2024; Lykkegaard et al., 2025), we present a practical solution to these intractable problems. Based on subcellular psychobiology theory (Lykkegaard et al., 2025), we start with a step-by-step approach for finding the underlying intracellular causes of diseases of unknown etiology, utilizing kinesthetic markers and regression to key developmental traumas. With this, we then show how to design effective treatments using trauma therapy techniques.

Extraordinary claims require extraordinary proof, and the best proof is empirical. Hence, we give three practical examples of medical and mental

The Institute for the Study of Peak States was founded in Canada in 1998 by Grant McFetridge, PhD (ORCID: 0000-0002-8917-6613). This privately funded international research, training, and clinical institute focuses on understanding the psychobiology behind exceptional mental and physical wellness. Many talented volunteers did this work without funding as part of the research efforts of the Institute. Kirsten Lykkegaard, DVM, PhD (ORCID: 0000-0001-7602-1578), directs the fundamental research team, and Mary Pellicer, MD (ORCID: 0000-0002-5335-7957), directs the psychoimmunology applications team. We have published five textbooks so far; in particular, the *Subcellular Psychobiology Diagnosis Handbook* (2014) for trauma therapists covers diagnosis and treatment for several intracellular diseases. This paper is dedicated to our inspiring research colleague and close friend, Adam Waisel, MD (Israel), who died of a heart attack in 2006. Please address all correspondence to kirsten@peakstates.com and learn more at PeakStates.com.

disorders of unknown etiology currently considered incurable (dizziness, hearing voices (intrusive thoughts), and Asperger's syndrome). By using prenatal regression and primary cell modeling, we show how the symptoms arise from intracellular pathology and describe simple, fast, and effective trauma psychobiology treatments. This is not just an academic hypothesis; these treatments have been successfully used for over a decade with clients worldwide.

The Subcellular Psychobiology Theory and Disease

Illness or disease is usually assumed to be due to intercellular pathogens, problems with biological pathways identified by lab tests, or structural damage. However, many chronic diseases and mental disorders do not have any of these obvious causes and do not respond well to pharmaceutical treatments. The subcellular psychobiology theory (Lykkegaard et al., 2025) says this conundrum exists because there are unrecognized, more fundamental intracellular biological causes for both diseases of known and unknown etiology. A core principle of the theory is that a disease can only be present in a person because of specific damage or dysfunction in their primary cell(s), and that repairing this intracellular problem results in immediate elimination of symptoms. This means that the real vulnerability to disease is at the intracellular level, not in the more obvious level of easily observed intercellular pathology. We have unknowingly been like the man who dropped his keys in the dark but searches under the streetlight because the light is better there. The theory also says that our immune system is more powerful than we ever imagined, because our concept of what is normal is based on observing a system in internal conflict. Once an intracellular cause is removed, the organism quickly eliminates both symptoms and the corresponding pathology.

From a practical application standpoint, this core principle implies that any disease or disorder can be eliminated using a psychobiology approach (given that the client can successfully use the relevant trauma psychobiology techniques). This includes chronic diseases of unknown etiology, mental disorders, and the more familiar pathogen infections we go to the doctor for. Over the last 20 years, we have successfully applied it to over 50 diseases and disorders, primarily in the area of mental illness (McFetridge, 2014).

Intracellular Pathogens

If we look at psychological client issues for a moment, the majority are simply due to ordinary trauma (generational, biographical, associational, or a mix of the three). However, every serious psychiatric disorder of unknown etiology we have examined has, surprisingly, been directly or indirectly caused by an intracellular pathogen (bacterial, fungal, etc.) living in or on the primary cell (Lykkegaard et al., 2024). Symptoms arise from pathogens in three main ways: 1) direct damage to an intracellular structure (for example, the noxious foreign coating that inhibits mitochondrial gene expression in dizziness, or cell membrane damage that causes pain); 2) indirectly via psychoactive structures formed by the pathogen (for example, the glass tube in Asperger's syndrome); or 3) direct psychoactive interactions, usually via toxins. In this paper, we limit our discussion to disease treatments that do not require pathogen immunity. Fortunately, this still covers a tremendous range of diseases and disorders. We extend the theory to psycho-immunology in a later paper.

Treatment Design

The subcellular psychobiology theory allows researchers to choose a disease or disorder and then design an effective treatment using targeted trauma therapy. The iterative steps below give a simplified design guideline. We then illustrate this design process using three actual diseases of unknown etiology, describing the outcomes of each step and the resulting successful real-world treatments.

1. Find a unique experiential marker. The key to successful psychobiology treatment design is in first finding an experiential psychobiology subcellular marker for the disease or disorder (Lykkegaard et al., 2025). These are kinesthetic, visual, or emotional symptoms that occur in, on, or around the client's body and are a unique indicator of the disease. Markers exist because primary cell damage from the disorder is overlaid onto the client's normal perceptions of their body. Markers allow us to do an accurate differential diagnosis. They also give us a definitive endpoint for treatment; once the marker is fully gone, so is the disorder.
2. Identify the marker biology in the primary cell. This optional step uses the uncommon ability to observe the interior of the primary cell in order

to understand the intracellular biology of the marker. This step can offer unexpected ways to treat symptoms and may reveal unanticipated intracellular interactions that impact treatment safety or effectiveness.

3. Regress to find the moment when the marker sensation first appeared. This shows how and why the developing organism causes the marker to form, generally due to an interaction with a pathogen. This moment usually occurs before conception and takes place for both sperm and egg.
4. Design the treatment. There are several psychobiology treatment approaches, e.g., regression healing, a focus on specific trauma, or direct primary cell interactions. For regression, identify key emotions, sensations, imagery, phrase, kinesthetic, postural, and musical cues. For direct trauma healing, choose the trauma types needed (biographical, generational, body associations) and their associated key feelings. Additionally, for some disorders, one can develop a psychobiology technique to directly eliminate the marker and hence the disorder. The three approaches have tradeoffs between simplicity, time, emotional pain, and completeness in treatment.
5. Test for safety and efficacy (phase 1 and phase 2 clinical trials). This is a critical step because we are dealing with techniques that modify the interior of our cells, rather than just addressing a psychological issue. As in drug testing, if any problems are found, this leads to iteration of the treatment design until the issues no longer arise, or we develop procedures to avoid or address those issues. We also recommend observing the primary cell during phase 1 trials with subjects trained to do so, in order to watch for any unexpected intracellular problems. For more information on testing and safety, please refer to our previous paper (Lykkegaard et al., 2025).

We measure psychobiology treatment outcomes very differently from traditional medicine. As in engineering, we expect a complete, immediate, and permanent removal of symptoms. If we do not get this result, we stop to find out why. We then iterate to optimize the technique further. Since a given disease treatment is the same for everyone, practitioner training, client delivery, and outcome measurements are straightforward. We use a pay-for-results billing model—if the treatment does not work, or only works partially, there is no fee. We expect treatments to work for most clients.

Psychobiology treatment design is a team effort. It requires skills in prenatal regression, extensive experience with trauma therapy techniques, knowledge of intracellular biology, and, for many disorders, a solid medical background at the MD level. It also requires the willingness to repeatedly face rather horrific prenatal traumas, a high tolerance for repeated failure, and much iteration with colleagues. In our experience, a small, experienced research and development (R&D) team typically requires at least a person-month of time (excluding clinical trials) to develop a psychobiology treatment. However, some diseases can take years of effort to work out their underlying biology. Of course, once the difficult R&D is finished, the resulting client treatments are extremely simple.

Example: Treating Dizziness (Vertigo) with Psychobiology (ICD-10 codes R42, H81.0-3)

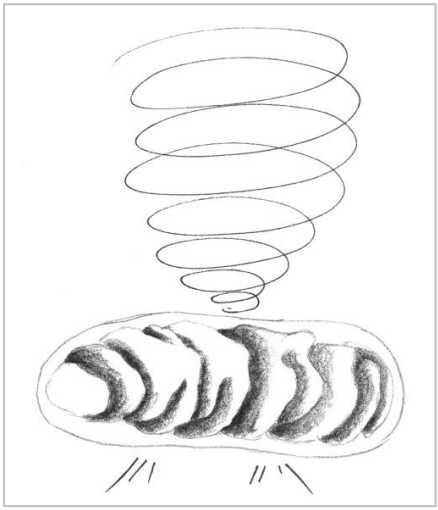
Dizziness, a term referring to the loss of the sense of balance and orientation, is one of the more common reasons adults see a healthcare provider (Wipperman, 2014). In this section, we address the specific form of dizziness known as vertigo, characterized by the sensation that the person or their surroundings are spinning (Della-Morte & Rundek, 2012).

The kinesthetic marker for vertigo is simply the sensation of spinning itself, akin to being caught in a tornado or vortex. If you are in the periphery, you spin. If you are in the center, your surroundings spin. People's awareness gets pulled into this vortex due to various triggers, such as excessive (alcohol) drinking, but it can also happen spontaneously.

The biological cause that we have observed in the primary cell is an actual whirlpool (vortex) in the cytoplasm. It is created by a damaged mitochondrion that continuously sucks cytosol into itself (Figure 1), creating a whirlpool or vortex of fluid. (A healthy mitochondrion will briefly suck in cytosol at its top, then squirt it out again from its bottom, as if it were breathing.) The client feels symptoms because they are experiencing themselves in the vortex of the cytosol. The source of the problem is a noxious foreign coating on an internal free-floating ring structure inside the mitochondrion. That ring structure is almost certainly mitochondrial DNA (Farge & Falkenberg, 2019), whose gene expression is inhibited by the foreign coating. This coating is deposited in an interaction with an intracellular fungal pathogen.

Figure 1

A Sketch of a Vortex Entering a Mitochondrion



Note. A sketch of a mitochondrion creating a vortex by continuously pulling in cytosol. This fluid is squirted out from several small openings in its bottom. (McFetridge, 2014)

Treatment is simple. We have the client kinesthetically go down to the bottom of the vortex cone. This brings them to what feels like the floor of a room (the interior of the affected mitochondrion). Once there, they put their awareness into something that feels damaged and injured on the floor. After about five minutes of accepting the discomfort, the damage dissolves, the mitochondrion is repaired, and the vortex stops. It is simple, fast, and effective. We then have clients search for more vortices to prevent symptom recurrence due to other unhealed mitochondria (Courteau, 2013). Alternatively, we can eliminate all vortices simultaneously by using a regression approach; however, the tradeoff is a slower and more complex technique.

Surprisingly, although there are various medical causes of vertigo, we have so far only observed this mitochondrial mechanism in our clients. In our clinical experience, even clients diagnosed with vestibular vertigo, such as benign paroxysmal positional vertigo (BPPV), have eliminated their dizziness through this process. We do not yet know if other common vestibular diseases with vertigo, such as Ménière's disease, vestibular migraine, or vestibular neuritis, would also respond to this treatment. As the etiology of each of these vestibular disorders is still being debated (Wipperman, 2014), the spinning sensation they

share might be due to mitochondrial vortices. A note of caution: In acute vertigo, it is essential to rule out causes that require urgent treatment, such as stroke (Tehrani et al., 2018).

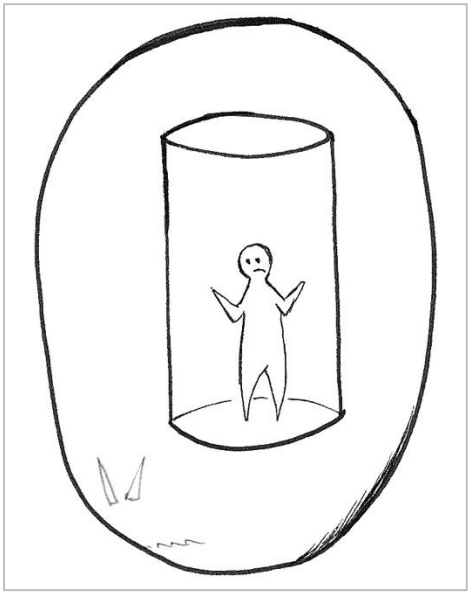
Example: Treating Asperger's Syndrome with Psychobiology (ICD-10 code F84.5)

People with Asperger's struggle to read social cues and have trouble recognizing other people's feelings, making social interactions difficult and exhausting. Among other symptoms, they may also develop an obsessive interest in a single subject and have problems with motor skills (Mirkovic & Gérardin, 2019). Asperger's is classified as a neurodevelopmental disorder that has no cure and is managed through support to address challenges (Motlani et al., 2022). In 2013, DSM-5 merged Asperger's into the autism spectrum disorder (ASD) (American Psychiatric Association, 2013), and the ICD-11 is doing likewise (World Health Organization, 2022). However, in our clinical experience treating clients, Asperger's and autism are completely separate disorders with very different subcellular biology and treatments. In this paper, we will only focus on the biology and treatment of Asperger's syndrome.

The kinesthetic marker was a surprise. People with Asperger's feel they are inside a closed tube of glass, and cannot kinesthetically sense anything in or through it (Figure 2). They think this is normal, as they are born with it. However, they can notice it by using a trick involving the small gap between the glass tube and their body, where they can sense things normally. Have them go through a doorway, or have someone bring a hand towards their body. If the doorway edge or hand suddenly appears in their kinesthetic awareness when it gets close enough, they have the marker. This is in contrast to people without Asperger's who will have a kinesthetic awareness of the doorway edge or hand from far away (no sudden appearance). Note that some people only have half the problem, either on their left or right sides, as if the tube had been cut vertically in half. These people compensate with their uncovered side, and aside from possible difficulty in playing some sports, do not typically exhibit Asperger's symptoms.

Figure 2

A Sketch of the Asperger's Syndrome Kinesthetic Marker



Note. A person with Asperger's syndrome is stuck inside what feels like a glass tube (sealed on all sides, including the top and bottom). The tube is a bacterial covering on a primary cell structure, whose presence is overlaid on the client's everyday perception. (McFetridge, 2014)

The biological cause that we have observed in the primary cell is a bacterial-induced covering on a key structure in the nucleus, which is acquired during an early sperm and egg developmental event. This bacterial covering in the primary cell is perceptually overlaid on the body, causing the affected person to feel emotionally and kinesthetically cut off from the entire outside world.

Treatment takes between 3 and 10 hours and eliminates both the glass tube marker and all Asperger's syndrome symptoms. Trauma healing at the originating event is used to eliminate the underlying damage that causes them to hang on to the bacterial covering. Alternatively, direct trauma healing on the marker can be used. Because the outside world is now accessible, the person will immediately have the full ability to read body language, interpret facial expressions, perceive the height of trees and the blue sky, as well as sense when people pass behind them (without looking or using their hearing). Notice that there is no need for training these abilities; they simply appear and must

therefore be intrinsic to human beings. We have been using this treatment successfully with clients since 2014 (McFetridge, 2014).

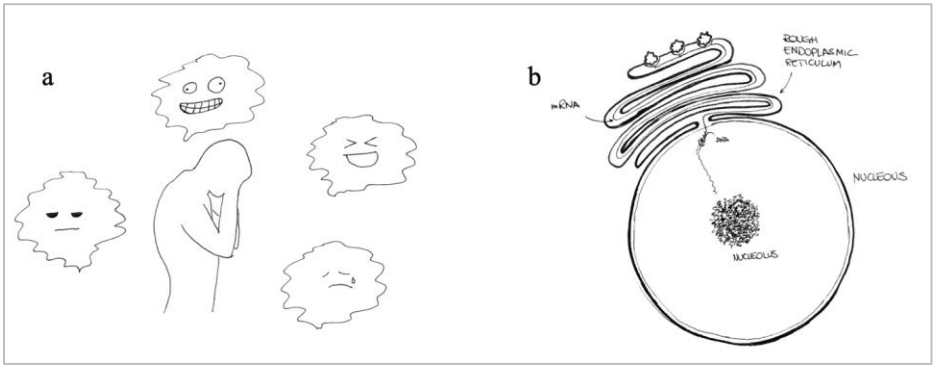
Example: Treating Hearing Voices (Intrusive Thoughts) with Psychobiology (ICD-10 codes R44.0, F42.2)

Surprisingly, mind chatter is a very common spectrum disorder. Intensity can range from mild background thoughts (as one might notice during meditation) to increasingly disruptive forms, variously called intrusive or obsessive thoughts, channeling, auditory hallucinations, or hearing voices. For example, intrusive thoughts are found in 94% of the general population (Radomsky et al., 2014). People generally mistake these voices for their own thoughts, but unlike regular thoughts, these voices do not shut off. In our clinical experience, some people shift from the mild to a more extreme form when an event in life is experienced as life-threatening. For example, it is not uncommon for women to experience unwanted postpartum intrusive thoughts triggered by the birth of their child (Fairbrother & Woody, 2008; Schene et al., 2017).

The kinesthetic marker is simple. Almost everyone can easily identify individual thoughts (or voices) located at fixed points in space (inside or outside their body), each with a specific and unchanging emotional tone (Figure 3a). The biological cause that we have observed in the primary cell for each voice is located inside a ribosome embedded in the rough endoplasmic reticulum (ER) (Figure 3b). People generally locate these *ribosomal voices* outside their body because most people's primary cell ER structure is superimposed onto the space around themselves (Lykkegaard et al., 2025).

Figure 3

A Sketch of Auditory Hallucinations in Space



Note. a) Voices are typically located in space around the client, and each voice has a specific emotional tone. A strong negative emotional tone (such as worry, contempt, or anger) will disturb a person more than a voice with a positive tone, but the biology is the same. b) A schematic of ribosomes stuck in the rough endoplasmic reticulum (ER) due to trauma. A typical person has about 15 ribosomes with voices in them scattered around the ER. (McFetridge, 2014)

Treatment for an individual voice is simple and takes less than 5 minutes. We dissolve the target ribosome using the body association technique (McFetridge, 2017), and the targeted voice disappears immediately. For many people who suffer from this problem, eliminating just the worst 1 to 3 voices is enough to change their lives. Other psychobiology treatment options exist. A slower, more complex treatment targets all the voice ribosomes simultaneously by using regression to the key event when these ribosomes first formed. This disorder is a good example of how an intracellular pathogen can be at the root of the problem. After years of work, we identified a widespread intracellular fungal infection that interacts with the ribosomes to create the voice. Thus, one can also eliminate all voices simultaneously (as well as several other problems that this fungus causes) by getting rid of this pathogen using psycho-immunology (McFetridge, 2017). These psychobiology treatments have had 16 years of successful use with over a thousand clients all over the world. For specific treatment steps, we refer you to our textbook, *Silence the Voices* (McFetridge, 2017).

Conclusion

In this paper, the last in a three-part series, we demonstrate the application of subcellular psychobiology theory in designing treatments for diseases and mental disorders. By giving practical, real-world treatment examples for three diseases of unknown etiology, we illustrated the design procedure and demonstrated that this approach works effectively. We now look forward to other researchers building on this approach and applying it to many other serious, currently untreatable diseases that so many people suffer from. In a future paper, we will extend the theory to psycho-immunology, which will broaden its usefulness even more for treating acute and chronic diseases.

To put this approach in perspective, psychobiology treatments have advantages and disadvantages when compared to medical procedures. There are no drug side effects or invasive surgeries. They can eliminate diseases and disorder symptoms that were previously untreatable. Treatment time is fast (ranging from 1 to 10 hours), and symptoms immediately and permanently disappear in the office. The treatments are simple, the same for everyone, do not require expensive equipment or drugs, and can be done by a single trauma therapist. However, there are also some drawbacks. Not every client is able or willing to feel their emotions or sensations, making the usual trauma techniques useless or only partially effective. Additionally, some disorders (like severe autism, Alzheimer's, coma, psychosis, or traumatic brain injury) leave the client unable to follow instructions. Although there are potential workarounds, treatment becomes far more difficult and time-consuming. Given this, one might envision a hybrid solution that utilizes psychobiology to identify any underlying pathogen, followed by the development of a corresponding pharmaceutical.

On a personal note, this series of papers marks the culmination of a 35-year odyssey to derive and refine the theory. Many talented and dedicated volunteers have donated their time and energy to test the theory's implications and the evolving treatments. Hundreds of therapists have taken our training and eliminated various previously untreatable diseases and disorders in thousands of people. We hope that you have been intrigued or inspired to consider this new approach to understanding health and treating disease.

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