

CASE STUDY: Neurosonic Therapy for Chronic Somatic Dysregulation in a Client With Morgellons-Associated Distress

Client: Maya

Study Period: December 04–08, 2025

Method: Neurosonic Therapy using voice-derived RPP/CP analysis, individualized Theta entrainment, and key-matched Bach WTK selections

Practitioner: Vladimir Kuliaiev (Evan Soundwell)

Maya presents with a long-standing condition she identifies as Morgellons, accompanied by chronic dermatological discomfort, altered scalp and hair sensations, and persistent experiences of “foreign material” on or within the skin. She reports widespread neuropathic tension, long-term autonomic hypervigilance, sensitivity to sound and electromagnetic environments, and chronic fatigue. Her history includes early-life trauma, emotional instability in her environment, and multiple somatic stressors resulting in deep muscular, fascial, and breathing-related contraction. Her history reflects decades of cumulative physiological and emotional load.

Over decades, her system appears to have functioned in a defensive, hypervigilant state. This is reflected in muscular contraction, breath restriction, sound sensitivity, and a tendency to absorb the emotional climate around her. She describes episodes of internal shutdown, withdrawal, breath-holding, and sympathetic dominance, with a recurring sense of disconnection from her deeper self. These patterns are consistent with a chronically loaded autonomic configuration marked by rigidity, tension layering, and reduced internal variability.

Neurosonic Therapy was initiated with the aim of reducing autonomic load, softening long-held tension patterns, restoring variability, and shifting her vibratory configuration toward a more regulated state, while documenting objective voice-based changes alongside subjective experience. No adverse reactions were reported at any stage of therapy, and the client remained within her window of tolerance throughout all sessions.

Before therapy, Maya completed four preliminary baseline recordings and six structured VFSP (Voice Frequency Signature Profile) recordings to determine her Neurosonic ID. Across all recordings, her Resonant Pitch Point (RPP) clustered with striking stability around 146.1 Hz (note D), and her Concert Pitch (CP, A) centered around 437.8 Hz.

Crucially, this Neurosonic ID was captured while her chronic condition and defensive tension patterns were fully active. Therefore, the ID reflects a locked-state autonomic configuration, not an ideal or healthy baseline. As therapy reduces tension, a new vibratory baseline may emerge that differs from this locked-state RPP. The high stability of RPP at

146.1 Hz across initial recordings supports the interpretation of a chronic fixed-state autonomic load, typical of long-standing somatic distress and trauma. For this case, the Neurosonic ID serves as a reference framework for analysis rather than an assumed healthy set point.

The intervention combined several components. Voice-derived RPP and CP were used throughout the process, with RPP serving as the primary autonomic marker and CP providing supportive contextual data reflecting momentary autonomic tone. CP is understood to fluctuate more widely due to breathing, emotional activation, and sympathetic load, and therefore is interpreted as a transient physiological indicator rather than an identity marker. Pre–post RPP values were treated independently from the locked-state ID RPP to detect movement toward a healthier, lower-tension range.

Theta entrainment frequencies (approximately 4.6–6.1 Hz) were employed to reduce rigidity and sympathetic overdrive, increase internal variability, and gently open emotional and somatic layers. Theta frequencies (4–7 Hz) are associated with reduced defensive activation, increased internal processing, and somatic/emotional unwinding, making them appropriate for this type of chronic dysregulation.

Musical selections were drawn from Bach’s *Well-Tempered Klavier*, with keys chosen to match harmonic pairs around the carrier frequencies derived from her RPP/CP. This ensured that the entrainment occurred within a musically coherent tonal framework, improving acceptance of the stimulus and reducing resistance or overwhelm.

Each session included pre/post voice analysis, with RPP shift used to measure tension release and CP shift used to monitor changes in autonomic tone and overall load.

Across five consecutive Neurosonic Therapy sessions, Maya received individualized Theta entrainment combined with Bach WTK material, all harmonically matched to her voice-derived frequencies.

Session 1 – December 04, 2025

Theta: 4.6 Hz

Bach: Eb minor

Pre: CP 448.5 Hz | RPP 147.4 Hz

Post: CP 427.5 Hz | RPP 142.9 Hz

Subjective response: Strong autonomic downshift with pronounced physical softening. She reported changes in glandular and vascular sensations (armpit glands, veins), coccyx

release, deeper breathing, and a return of expansive “light-body” states not accessed in years. Symbolic memory imagery emerged. Symbolic imagery is interpreted as subjective experience common during deep nervous-system shifts, not as literal events. Sleep was calmer despite environmental noise.

Session 2 – December 05, 2025

Theta: 4.9 Hz

Bach: E major

Pre: CP 438.7 Hz | RPP 148.1 Hz

Post: CP 433.7 Hz | RPP 145.3 Hz

Subjective response: Emotional material surfaced strongly from the chest/lung area, experienced as grief. She described symbolic dissolution of past verbal wounds and a calm emotional state after the session despite some sleep disruption due to noise. Regulation remained more stable than expected given the environmental disturbance.

Session 3 – December 06, 2025

Theta: 5.8 Hz

Bach: G minor

Pre: CP 446.4 Hz | RPP 147.6 Hz

Post: CP 429.0 Hz | RPP 142.7 Hz

Subjective response: This was one of the strongest downshifts in both CP and RPP. Themes of loneliness, belonging, and childhood emotional sensitivity emerged clearly. She reported uninterrupted sleep, renewed access to subtle energetic perceptions, and the reappearance of a “light layer” with golden-light qualities. Autonomic tone felt quieter and more organized.

Session 4 – December 07, 2025

Theta: 6.1 Hz

Bach: Ab minor

Pre: CP 430.2 Hz | RPP 141.8 Hz

Post: CP 444.6 Hz | RPP 144.3 Hz

Subjective response: Extensive myofascial and spinal unwinding occurred, including release patterns linked to a past physical accident. She experienced symbolic imagery of trauma extrusion, understood again as subjective phenomenology rather than literal content. Sleep improved, and her energy was calmer. The partial upward shift in CP was interpreted as a reorganization phase after deep somatic release rather than a simple return to tension. She noted slight improvement in digestion.

Session 5 – December 08, 2025

Theta: 5.1 Hz

Bach: F minor

Pre: CP 439.2 Hz | RPP 144.3 Hz

Post: CP 429.0 Hz | RPP 145.8 Hz

Subjective response: Focus shifted toward cranial and jaw relaxation, with progressively easier breathing and emotional quietness. She described a gentle, integrative state and symbolic imagery of a spherical “essence” preceding birth, perceived as a sign of contact with a more coherent core layer. Sensitivity to environmental noise persisted, but her overall energy was lighter and more relaxed.

RPP Pre/Post values (Sessions 1–5):

- 12.04: 147.4 → 142.9 Hz
- 12.05: 148.1 → 145.3 Hz
- 12.06: 147.6 → 142.7 Hz
- 12.07: 141.8 → 144.3 Hz
- 12.08: 144.3 → 145.8 Hz

These post-session values cluster tightly between **142.7–145.8 Hz**, which is lower than her locked-state Neurosonic ID RPP of **146.1 Hz**, indicating a reduction in chronic tension. A midpoint analysis identifies an emerging RPP baseline near **145.05 Hz**, a value that recurs consistently across all sessions. This suggests that Maya’s system stabilizes naturally toward this point when not influenced by extreme sympathetic load.

Graphically, the RPP Pre/Post Trend shows substantial downward corrections in the earlier sessions. The Midpoint Convergence graph displays progressive tightening around 145.05

Hz, supporting the interpretation that therapy is revealing a healthier vibratory configuration previously obscured by chronic tension.

Subjective and objective data together indicate a coherent progression: initial sessions emphasized muscular and autonomic release; intermediate sessions activated emotional and symbolic content; later sessions demonstrated quiet consolidation. Each session produced measurable RPP/CP changes aligned with reduced autonomic load and improved internal organization.

Among all sessions, **Session 12.08** (December 08) emerged as the optimal template for stabilization. It produced the smallest RPP spread (1.5 Hz), the most stable correction vector, a midpoint exactly matching the predicted healthy baseline (145.05 Hz), and a neutral emotional profile that favored coherence over deep-release processing. This makes it the most suitable session for repeated listening.

The stabilization phase consists of listening to the **same audio session (Session 12.08)** once daily for six consecutive days with **no modifications** to Theta frequency, Bach key, carrier frequencies, or structural elements. The objective is to reinforce the emerging RPP baseline at approximately 145.05 Hz and observe whether daily pre–post measures converge more tightly toward this value. This conservative approach avoids confounding variables and allows the system to consolidate therapeutic gains.

In conclusion, this case documents a clear therapeutic trajectory in a client with chronic dysregulation and Morgellons-associated symptoms. Across five sessions, Maya exhibited consistent autonomic downshift, somatic unwinding, emotional integration, and a stable movement of RPP away from a locked-state pattern toward a healthier emerging baseline. The results justify the six-day stabilization protocol using Session 12.08, and they provide a structured foundation for further observational research into Neurosonic Therapy for complex chronic conditions.