Title:

FRACTURES

Part of the Following:
Large Scale Study of the Safety and Efficacy of the SCIO Device
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This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study.

Introduction:

Over View:

This Large scale research was designed to produce a extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is a evoked potential Universal ElectroPhysiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S. America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

An European ethics committee was officially registered and governmental

permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There were 98,760 patients. 69% had more than one visit. 43% had over two visits. There were over 275,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. It must be pointed out that the Therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCIO therapist.

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.
Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)
Part 3. Proving the efficacy of the SCIO on the avant garde therapies of Complementary Med
Part 4. QQC standardization

Methods and Materials:

SCIO Device:

The SCIO is an evoked potential Universal Electro-Physiological Medical device that measures how a person reacts to items. It is designed to measure reactions for allergy, homeopathy, nutrition, sarcodes, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-diagnostic work and or therapy.

The QXCI software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body. For complete functional details and pictures, see appendix.

Subspace Software :

The QXCI software is designed for electro-physiological connection to the patient to allow reactivity testing and rectification of subtle abnormalities of the body electric. If a patient is not available a subspace or distance healing link has been designed for

subspace therapeutics. Many reports of the success of the subspace have been reported and thus the effectiveness and the safety of the subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and their counterfeit attempts have ended in failure.

SOC Index :

The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. Named after the work of Samuel Hahneman the father of homeopathy, he said that the body heals itself with it's innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahneman said that the worst way to interfere with the healing natural process was allopathy or synthetic drugs. Theses upset the natural healing process by unnatural intervention and regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.

The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the SOC index questions appear in the appendix.

Study Technicians :

The study technicians were educated and supervised by medical officers. The study technicians were to execute the SCIO therapy and analysis. All were trained to the standards of the International Medical University of Natural Education. Therapists from all over the world including N. America, Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according to the Helsinki study ethics regulations.

They were to chronicle any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on any disclosed observations during the test and on follow-ups report any measured changes.

To test the device as subspace against the placebo effect, two of the 2,500+ therapists were given placebo SCIO devices that were totally outwardly the same but were not functional. These two blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double blind factor of the placebo effect as compared to the device. Thus the studied groups were A. placebo group, B. subspace group, and C. attached harness group.

Cross placebo group manipulation was used to further evaluate the effect.

Important Questions : these are the key questions of the study

1. *Define Diseases or Patient Concerns*
2. *Percentage of Improvement in Symptoms*
3. *Percentage of Improvement in Feeling Better*
4. *Percentage of Improvement Measured*
5. *Percentage of Improvement in Stress Reduction*
6. *Percentage of Improvement in SOC Behavior*
7. *What Measured+How (relevant measures to the patient's health situation)*
8. *If Patient worsened please describe in detail involving SOC_*

After the patient visit is was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

MEDICAL DETAILS

Fracture is a sudden slight breaking of a bone.
Dreyer's S.
Hennequin's S.
Hoffa's S.
Hueter's Fracture S.
Maisonneuve's S.
Soto_Hall T.

Healing

Healing is the body's replacement of destroyed or lost tissue by viable tissue.
Tissue replacement is achieved in two ways:
Regeneration. The proliferation and migration of specialised cells re_establishing the anatomical and functional integrity of an organ or tissue.
Repair. The proliferation and migration of connective tissue cells leading to fibrosis and 'scar' formation.
As cellular proliferation is an essential component of repair, there is considerable overlap between the processes of regeneration and repair.

MAJOR CAUSES OF TISSUE DESTRUCTION

1. Loss of blood supply _ ischaemic necrosis, e.g. myocardial infarction
2. Inflammatory agents
(i) By direct physical or toxic effects, e.g. an abscess
(ii) Indirectly as a result of the host response, e.g. caseous necrosis in tuberculosis
3. Traumatic excision
(i) Accidental
(ii) Surgical
4. adiotherapy

REGENERATION

The capacity of damaged tissue to respond by regeneration varies considerably.
Tissues can be allocated to one of three categories:
1. Labile cells which continue to proliferate throughout life, e.g. epidermis, lining epithelia, endothelium, connective tissue, haemopoietic tissue
2. Stable cells which retain the capacity to regenerate and occasionally exhibit mitoses by virtue of normal cell_turnover, e.g. liver, renal tubular epithelium, smooth muscle
3. Permanent cells which cannot reproduce themselves after attaining maturity, e.g. neurones of the CNS, sensory organs, renal glomeruli, striated muscle, adrenal medulla

Following injury labile tissues heal by regeneration with little or no repair. Permanent tissues are incapable of regeneration and heal entirely by repair. Most organs show evidence of both processes.

Control of regeneration

Regeneration appears to be controlled by the balance between stimulators and inhibitory growth factors or hormones. Stimulation appears to be a two_stage process:

1. Priming. Cells in Gi or growth arrested cells in Go are primed for progression to cell division. An example of this type of factor is platelet derived growth factor (PDGF) which is released following activation of platelets but is also produced by endothelial cells and macrophages. PDGF initiates the proliferation of fibroblasts and smooth muscle cells.
2. Progression. Once primed, the cells are acted upon by other growth factors which stimulate DNA synthesis. These potentiating factors include epidermal, fibroblast and transforming growth factors (EGF, FGF, and TGF(x).

Cell proliferation is also under the influence of general or nonspecific stimulators like growth hormone, and insulin_like growth factor.

Fibroblasts are also stimulated to divide by interieukin_1 and tumour necrosis factor which also up_regulates coliagen synthesis. Inhibition of cell division is less clearly understood. TGFP is known to act as an inhibitor under certain circumstances, and Prostaglandins and (x_interferon are known to inhibit fibroblasts in vitro.

REPAIR

Injury to tissues is followed by extravasation of blood and a complex series of reactions embracing the coagulation, complement and kinin systems. Endothelial damage results in leakage of platelets into the interstitium where they release PDGF and other growth factors from their granules. PDGF initiates fibroblast replication which is the predominant feature of early repair.

Repair involves two overlapping processes:

1. Organisation
2. Progressive fibrosis

1. Organisation

This is the conversion of dead tissue or inert material into granulation tissue _ immature fibrovascular tissue. Organisation is seen in:

(i) Haematomas in wound and fracture healing
(ii) Thrombi
(iii) Infarcts
(iv) Fibrinous exudates

Granulation tissue forms by:

(i) Demolition. Monocytes migrate into the area, take on the properties of macrophages, and phagocytose cell debris, fibrin and red blood cells. Clearance of dead tissue is facilitated by the secretion of proteolytic enzymes by macrophages (e.g. collagenase, elastase) and other secretary products are important in promoting repair, e.g. interieukin_1

(ii) Fibroblast activity. Local resting fibroblasts (fibrocytes) proliferate rapidly and

migrate into the area where they continue to divide and commence synthetic activity. Initially the activated fibroblasts produce proteoglycans but as they mature switch over to collagen synthesis. At the same time, some fibroblasts develop bundles of microfilaments in their cytoplasm and acquire contractile properties. Such modified fibroblasts are termed myofibroblasts.
(iii) Ingrowth of capillaries. Endothelial cells in the severed blood vessels of surrounding viable tissue undergo rapid proliferation and grow into the area as solid cords. Angiogenesis is stimulated by TGFA and basic FGF which is stored extracellularly bound to heparin sulphate on the cell surface and in the matrix. The proliferating endothelial cells form 'buds'which:

a. Link up to form arcades
b. Canalise. This occurs within hours of formation
c. Become freely permeable to plasma, RBCS, leucocytes and platelets
d. Differentiate into arterioles, capillaries and venuies

2. Progressive fibrosis
(i) Continued accumulation of intercellular collagen
(ii) Collagen re_orientation along lines of stress _ remodelling
(iii) Diminished cellularity
(iv) Formation of an avascular, hypocellular 'scar'

Further changes in scars:
(i) Cicatrisation _ a late diminution in size resulting in deformity
(ii) Calcification
(iii) Ossification

CELL_MATRIX INTERACTIONS

The matrix of repair tissue consists predominantly of coliagen and proteoglycans' The proteoglycans or 'ground substance' of connective tissues are, as their name implies, macromolecules composed of a protein core to which carbohydrate is attached. The carbohydrate moieties take the form of long linear polysaccharides which are attached radially around the protein molecule. They can be divided into sulphated and non_sulphated types:

Sulphated:
Heparan sulphate
Keratan sulphate
Chondroitin sulphates A, B, and C

Non_sulphated:
Hyaluronic acid
Chondroitin

The protein moiety is synthesised in the rough ER of the fibroblast and to this core the hexose sugars are sequentially added to form the polysaccharide attachments. Sulphation follows as a separate step.
Collagen is the most abundant protein in the body and forms the major structural

component of many organs. Collagen molecules consist of three polypeptide chains arranged in a triple helix and whilst the basic polypeptide structure is straightforward, the molecule undergoes a complex series of post_translational modifications and interactions with proteoglycans which greatly modifies its properties. On the basis of the differing composition and combinations of its constituent chains, eleven types of collagen have been recognized thus far; Types I, II and III are fibrillar collagens while Types IV to XI are amorphous forms found in basement membranes or in the interstitium.

Collagen type	Tissue distribution
I	All connective tissues (bone, dermis, tendon, cornea)
II	All cartilages, nucleus pulposus, eye
III	Reticulin fibres, early scar tissue, fetal and infant connective tissue
IV	Basement membranes (epithelial and endothelial)
V_XI	Interstitial tissues and blood vessels

Whilst it has long been appreciated that certain cells require to be attached to substrate before they can proliferate normally, it has only recently been established that such attachment is brought about by a series of specific binding proteins. These proteins are particularly important in the proliferation of connective tissue cells:

1. Fibronectin attaches fibroblasts to coliagen
2. Chondronectin binds chondrocytes to Type 11 coliagen, the matrix of cartilage
3. Laminin binds epithelial cells to the Type IV coliagen of basement membranes

Specific receptors (integrins) link the binding proteins to the appropriate cell type and form a molecular bridge between the cell and the matrix

4. Osteonectin binds hydroxy_apatite and calcium ions to Type I collagen (bone matrix) and initiates mineralisation

WOUND HEALING

In considering the healing of a skin wound two types are usually distinguished:

1. A clean wound with closely apposed margins _ an incised wound
2. An open or excised wound

There are no fundamental differences between these two types, they merely differ in the degree to which the various stages apply.

Stages in wound healing

1. Escape of blood and exudate
2. Acute inflammatory response at the margins
3. Hardening of the surface forming a scab
4. Demolition by macrophages with phagocytosis of cellular debris and secretion of

proteolytic enzymes which assist in the removal of dead tissue, for example collagenases and elastase. In addition macrophages secrete products which are important in the early stages of repair such as interieukin_1 and fibronectin.

5. Platelets escaping from the severed vessels release PDGF, EGF, TGF(X and other growth factors

6. Organisation:

(i) PDGF initiates fibroblastic proliferation

(ii) Activated fibroblasts secrete proteoglycans

(iii) Fibroblasts produce Type III coliagen (reticulin) fibres and migrate along this 'scaffold'

(iv) Fibronectin_mediated attachment of fibroblasts to collagen is followed by enhanced proliferation

(v) Simultaneous proliferation and migration of endothelial cells

7. Contraction of the wound _ an early diminution in size brought about by the inward movement of the skin margins which greatly reduces the volume of repair tissue required for healing. Such contraction is attributed to the activity of myofibroblasts and to resorption of proteoglycans

8. Epidermal proliferation. By mitotic activity and migration, epidermal cells grow in from the margins and undermine the surface scab. When they meet in the centre of the wound, mitosis and migration cease presumably as a result of some cell_to_cell signal. This phenomenon is known as 'contact inhibition'. The factors controlling epidermal proliferation are not fully understood, but the following mechanisms have been proposed:

(i) Tissue injury brings about the production and release of epidermal growth factor (EGF). EGF stimulates replication until regeneration is complete at which point synthesis is curtailed.

(ii) Injury depletes the local concentration of an inhibitory factor, possibly TGFO, which removes its negative influence on mitosis. As the wound heals, levels of such factors build up and mitotic activity subsides to the pre_injury state

9. Progressive increase in coliagen fibres

10. Loss of vascularity and shrinkage of the scar

The healing of an excised wound differs from that of an incised wound in that there is:

1. Greater tissue loss

2. More inflammatory exudate and necrotic tissue to remove

3. Wound contraction is necessary

4. More granulation tissue is required, a bigger scar is formed and this may result in deformity

5. Slower process

6. Increased liability to infection

Factors influencing wound healing

1. Local factors adversely affecting healing

(i) Type of wounding agent; blunt, crushing, tearing, etc.

(ii) Infection

(iii) Foreign bodies in wound

(iv) Poor blood supply
(v) Excessive movement
(vi) Poor apposition of margins, e.g. large haematoma formation
(vii) Poor wound contraction due to tissue tethering, e.g. skin over tibia
(viii) Infiltration by tumour
(ix) Previous irradiation
(x) Tissue pressure
a. External, e.g. sacral bed sores
b. Intrinsic, e.g. lymphoedema

2. General factors adversely affecting healing
(i) Poor nutrition
a. Deficiency of protein. This results in a lack of the sulphur_containing amino acids methionine and cystine which are essential for the synthesis of collagen
b. Lack of ascorbic acid (vitamin C) results in abnormal granulation tissue and deficient coliagen production
c. ? zinc deficiency
(ii) Excessive glucocorticosteroid production or administration
(iii) Fall in temperature
(iv) Jaundice
(v) Old age

3. Factors accelerating wound healing
(i) Ultraviolet light
(ii) Administration of anabolic steroids, deoxycorticosterone acetate, and (?) growth hormone
(iii) Rise in temperature
(iv) Therapeutic administration of growth factors

Complications of wound healing
1. Wound rupture
2. Infection
3. Implantation of epidermal cells giving rise to keratin_filled epidermal cyst
4. Weak scars with possible development of incisional herniae
5. Cicatrisation and deformity
6. Keloid formation. The production of an elevated scar by excessive connective tissue proliferation and fibrosis
7. Malignant change. The development of squamous carcinoma in old healed incisions is a recognised but rare complication

HEALING OF A FRACTURE

Steps in the healing of a fractured long bone are:
1. Haemorrhage from the highly vascular severed ends producing a large haematoma
2. Inflammation _ an acute inflammatory response to injury
3. Organisation _ the haematoma is infiltrated by fibroblasts and endothelial cells.

At the same time demolition by macrophages assists in the partial reabsorption of blood clot and cell debris.

4. Proliferation of specialise cells cells derived from the periosteum and the severed ends of the endosteum secrete proteoglyeans (like fibroblasts in genera matrix special form of collagen (Type I) that provides the bone matrix _ so_called osteoid. These specialised connective tissue cells are osteoblasts.

5. Mineralisation _ the.Typ I collagen fibres of the osteoid bind the attachment protein osteonectin which sequestrates calcium and phosphate ions out of solution. In this way calcium phosphate precipitates on the fibres and after one or more intermediate phases, hydroxy_apatite crystals are frmed at discrete sites. Subsequently the secondary processes of crystal_growth and seeding of other crystals by the original deposits extend the area of mineralisation over the fibres. The result of mineralisation of the irregularly arranged coliagen fibres of osteoid is woven bone. By this stage the fractured ends of the bone are united by a hard fusiform mass of granulation tissue and woven bone _ this is fracture callus. Where there is excessive movement, e.g. in a rib fracture, or there is a relative lack of nutrients, as for example at the centre of a large haematoma, the connective tissue cells differentiate into chondroblasts. These cells produce large amounts of proteoglycans and synthesise Type II coliagen fibres which in combination make up cartilage. The cartilage also becomes calcified.

6. Conversion to lamellar bone _ the woven bone, and any calcified cartilage present, undergoes phagocytic resorption by multinucleate osteoclasts. At the same time osteoblasts lay down regular Type I collagen plates with Haversian systems which on mineralisation forms lamellar bone

7. Remodelling of lamellar bone _ continuing osteociastic and osteoblastic activity over many months brings about remodelling of the bone. Remodelling is a complex process regulated by hormones and growth factors. Most of the local growth factors are common to those which regulate wound healing. Thus interieukin_1, TNF_(x, PDGF and lymphocytederived interferon_y, all play a part. There are however, additional factors derived from skeletal cells and the bone matrix; these include TGF_P, basic FGF and somatomedin C. The final contour of the bone appears to be dictated by the lines of stress set up within it on mobilisation.

Complications of fracture healing

1. Delayed union
2. Mal_union

(i) Angulation
(ii) Shortening

3. Fibrous union resulting from

(i) Excessive movement which may lead to the development of a false joint (pseudoarthrosis)
(ii) Infection which may also give rise to osteomyelitis
(iii) Ischaemia

4. Non_union if soft_tissues such as muscle or fat are interposed between the severed ends

PATHOLOGICAL FRACTURES

These are fractures occurring spontaneously (that is with normal stresses) because of intrinsic disease of the bone.

Causes
1. Osteoporosis
2. Metastatic tumours
3. Primary tumours (benign and malignant)
4. Paget's disease
5. Bone lesions of hyperparathyroidism
6. Osteogenesis imperfecta

HEALING IN OTHER SITES

1. Liver
(i) After a single, short_lived injury such as drug_induced necrosis or acute hepatitis, the liver heals completely by regeneration
(ii) Repeated injury, as in alcoholic abuse or chronic hepatitis, leads to collapse of the reticulin framework, production of coliagen by mesenchymal cells, and irregular, nodular regeneration, resulting in cirrhosis.

2. Kidney
Regeneration is virtually confined to the tubular epithelium and is seen for example after acute tubular necrosis. Otherwise injury results in loss of glomeruli and scarring.

3. Mucosal surfaces
(i) Superficial ulceration (erosion) is followed by regeneration of the epithelium but there may be loss of specialised cells. In the stomach, for example, healed areas may be covered by intestinal_type epithelium or show pseudo_pyloric metaplasia (ulcer_associated cell lineage)

(i) Deeper ulceration with involvement of submucosa and muscle heals by scar formation and epithelial regeneration

4. Nervous system
Adult neurones are incapable of mitotic division but limited regeneration is possible
(i) Peripheral nerve section results in distal Wallerian degeneration, growth of axon_sprouts from the cut end, and proliferation of Schwann cells, with eventual enclosure in a new myelin sheath
(ii) Central nervous system. If the involved neurone survives axons and dendrites can regrow, but most tissue loss is followed by astrocytic proliferation with the formation of a glial scar often around a fluid filled cavity

5. Muscle
(i) Cardiac muscle shows no regeneration and healing is achieved entirely by fibrous repair

(ii) Skeletal muscle shows a limited capacity to regenerate and if only part of a muscle fibre is destroyed then the fibre may regrow within the sarcolemmal sheath
(iii) Smooth muscle cells are capable of proliferation and minor tissue loss may be followed by successful regeneration

Results:

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions.

1. *Percentage of Improvement in Symptoms*
2. *Percentage of Improvement in Feeling Better*
3. *Percentage of Improvement Measured*
4. *Percentage of Improvement in Stress Reduction*
5. *Percentage of Improvement in SOC Behavior*

The SOC index gives us great insight to this study. Each disease has a different cut off where the ability of the SCIO to help was compromised. As a general index scores of 200 + where much less successful.

This groups significant SOC cut off was 175.

The Large scale study had over 98,000 patients and 275,000 patient visits we have direct evidence of the safety and efficacy. A placebo group was used for the large scale test to help validate the results.

This disease group total number of patients was **125**

Subspace Treatment 32 patients, **93 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 87 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficluty.
There were

0 cases reporting no improvement of Symptoms,	0 % of Subgroup
0 cases reporting no improvement in feeling better,	0.% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

32%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
2 %---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 201 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficluty.

There were

0 cases reporting no improvement of Symptoms,	0% of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0 % of Subgroup

32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
39%---.Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
7 %----Percentage of Improvement in SOC Behavior
-

CASE STUDY REPORT CONDENSATION:

"I am working with the SCIO-System since 4 years. In my practice my patients are mainly chronically ill patients with e.g. following diseases:
Auto aggressive diseases like ALS, Multiple Sclerosis, Crohn Disease,
Colitis Ulcerosa, Lupus e.,
Chronically digestion Problems
Rheumatism, Fibromyalgia, Spinal Column Problems,
Various Cancer Diseases like Lung Cancer, Mammary Cancer, Leukemia,
Stomach Cancer, Liver Cancer,
Neurologically Diseases like ADS, Depressions, Trauma, Brain Injuries,
Allergies
Skin Diseases like Neuro-Dermatitis, Psoriasis
Migraine
I have used the SCIO to measure my patient's reactance to many various items which electrical patterns are digitally stored in the system.. I have used the device for therapy on my patients and it is highly accepted from them, because it is safe, showing no side-effects and is non invasive.
The SCIO-System treats the body's electric in a safe biofeedback way which helps the body to reactivate its body's own healing capacitance to finally come back to a well functioning body-regulation-system. It might appear a little futuristic if you do not know the background of the system, but if you would take the chance to look a little deeper, I am sure you would agree on its scientific validity and benefits.
Bottrop, Germany"

"On October 5, 2007 my mother had gone to my grandmothers 90th birthday celebration. While at her home, my grandmother fell and broke her hip. My mother who is a Medical Intuitive, Theta Master and Master Hypnotherapist, called me and asked if I

would run my grandmother on the EPFX. She told me the doctors were letting her go home only for the party and would have to return the next day for a complete hip replacement as she had broken the ball completely off the bone.

I worked on my grandmother for pain management and stress related to the fall on two different days via subspace, as she lives in Washington and I am in Utah.

When my grandmother returned to the hospital for the surgery, the Drs found only a tiny crack that required only 3 small pins. They could not understand why she had absolutely no pain. Her recovery and rehabilitation was to take over 6 weeks. She was released from rehabilitation 3 weeks early and is walking now without assistance. She says she had no pain and contributes her speedy recovery to the pain management and stress therapies via the EPFX.

City unknown”

“Treated everyone in my family (using harnesses) when they showed first signs of viruses (particularly bad winter for viruses in my area) and without exception, all viruses minimized or gone by the next day. These were, however, not diagnosed by a physician.

Treated a 16 year old girl with stress fractures in her feet. She is a ballet dancer and bulimia showed in her matrix. This was unknown to her parents. Low minerals were also showing. After one treatment she had 60% less pain – this is after months of traditional approaches.

Treated a 40 year old female with whiplash following a car accident. Previous approaches were physiotherapy , ice, acupuncture, deep massage, exercise, etc. No relief as she is a hairdresser and it was the Christmas season (busy busy busy). After one treatment with the EPFX she had approximately 50% less pain. Subsequent to the second treatment she had virtually no pain despite working long, hard hours at work in less than ideal postures.

Treated a 26 year old male with brain cancer, going through a second brain surgery. On the day of subspace treatment, he was scheduled for tests for memory, etc. and reported that he felt extremely strong. He also feels that the recovery from his surgery is dramatically different from his previous surgery.
Treated my own back, which I injured for the 3rd time this year by lifting my baby. I suspect it was a bulging disc. The two earlier episodes left me in bed, immobilized, for 2 days each time. This third time, with the device, I was able to go out to an event that same evening.

Treated my own acute abscess. Device reduced bacterial infection from a situation needing morphine to a pain free, non infection state.

Vancouver, Canada”

“I would like to let you know that I had a car accident, my hand was broken and was swollen for a year. I couldn't get it to go back to normal no matter what I did. The prognosis was that it would never go back to normal. January 2007 I bought the EPFX because I was so impressed when I got a session. So I said well if my hand is never going to work normal again might as well work on the rest of my body, emotions etc! One year after, guess what? Yes! My hand is almost back to NORMAL!

THANK YOU SO VERY, VERY MUCH

Orange County, California”

“One middle-aged female client came to see me to relieve some of the stress related to physical discomfort/pain/muscle weakness/stiffness she was experiencing in her sacrum, right knee, and right foot. She was combining chiropractic, physical therapy/exercise, and stress relief to increase her quality of life. After three sessions, here are some words of testimony she provided:

"Between all that I’ve been doing for this (quantum biofeedback, chiropractic, and exercise), I managed to go dancing with my husband last Tuesday and was pain-free for the entire dance 40-minute dance session. I recognize I have a ways to go in getting all muscles engaged, balanced, and toned and I’m very encouraged. Thank you for the part biofeedback is playing in this!"

Another middle-aged female client had been diagnosed by her medical doctor as having an acute infection in surgical incisions on both her feet. She came to me for a session to relieve the stress associated with the pain of the infection. Here are her words of testimony:

"Thank you for the quantum biofeedback work. The infection is almost completely out of my system. My feet feel tremendously better than they did last week. My podiatrist assisted my healing by creating new orthotics to fit my newly shaped feet. These have taken my pain level down by 50%. The other pain I have is caused by the over-extended nerves, which I inflamed by my off-balance walking. Nerves tend to take more time to settle down. Between your quantum biofeedback and that which my doctor is doing, I am feeling so much better. Thank you!!!!"

I also did three sessions for a 12 year-old feline to relieve stress associated with an old fracture in her tail. After the sessions, her tail no longer contained the kink associated with the fracture and she tolerated petting along her back and hindquarters, which she was intolerant of previously, due perhaps to the stress and pain of the old injury.

Idaho, U.S.A.”

“I have a client who is 50 who was in a car accident and rolled her car. She was sent

out the back window and lit on her head. She had 7 fractures of in her neck and when she came to me 6 months later could not even turn her neck. Right after the first session she was able to turn her neck 4 inches from side to side when she had no movement at the start of the session. I have seen her a total of 3 time over three month and now she can turn her head and touch her chin to both shoulders. She has also found the sessions to help with the depression and other emotional issues.

Greeley, Colorado"

"I had a bad accident in 2004 horseback riding. I was kicked on my right ankle by another horse. This was really painful. I went back home and did test with the EPFX-USB. Next day I when to the hospital and did test. The test was accurate.
My foot and ankle were badly injured. My tissues where stretched and the ankle bone was crack. The doctors explained I needed crutches for 6 to 8 weeks before I could walk.

So I did electro medicine every day for one week 3 to 4 hours a day. Alternant cold and warm. I took supplements that were suggested in the test with the EPFX-USB. After it was every 2 to 3 days for a week. My foot and right leg turned to different colors.
After a week I was walking without crutches. I could feel the work being done in my tissues and meridians. The energy flow was really working in my body.

So I could express I believe in this process of helping the healing in my body with the EPFX-USB.

Quebec, Canada"

"75 year old gentleman, with diabetes, who on May 11, 2007, passed out at the wheel of his van and rammed a city bus. Result: three broken ribs, cracked sternum, and diabetes out of control. One of our daughters called me immediately and while he was still in hospital, I started working with him, with the EPFX. Within a week, he was out of the hospital released into our daughter's and my care. I gave him weekly sessions during the first month, then bi-weekly ones till mid July, and then we spaced them to once a month. He had no other contact with the hospital. He carried on being checked up by his GP who could not believe how fast he was healing but did not question what we were doing. By July his cracked sternum had healed and so had his three broken ribs. The diabetes settled down so much so that his original doses of insulin were reduced to a minimal amount, lower even than what it had been before his accident. At the beginning of November, he went on his own, driving from Calgary, Canada, to Montana and then travelling by train across the USA to Jacksonville in Florida to go and attend to his boat, he stayed one month in Florida and made his way back to Calgary. He had fully recovered. He now controls his diabetes solely through diet and exercise. I keep on working with him once every six weeks or so, by subspace for he is now visiting in Guyana.

City Unknonw, U.S.A"

“After fracturing the head of my right radius, before and after surgery I used the bone fracture protocol. The surgeon prepared me for a 40-60% usage of "normal" when physical therapy and healing were done. Except for the scar at my elbow, there is no indication that I ever had a problem; my range of motion and strength is equal to the other arm and there are no aches or pains associated with this event.
I credit the EFPX with this remarkable recovery.

City Unknown”

“I had another man who fell off a roof and landed on his two feet. He broke his ankles and legs and was in casts for several months. He was still having trouble with one ankle so he had surgery and they put a pin in it which does not allow him to completely bend his ankle. He was in severe pain. He was about 15' into my working on him and told me the pain was completely gone. He came in on crutches and walked out on his cast. The pain never came back. I still work on him to build the bones and also work on his emotions since he lost his wife New Year's Eve from radiation burn. He says he always looks forward to coming to my office because the EPFX makes him feel so good.
City unknown”

“Age 30 – documented broken ribs stopped hurting after one session.
City Unknown”

USUAL or CUSTOMARY TREATMENT PLAN:
Bone Liquescence; Injury; Bone Glandular; Bone Knit:
To hasten recovery, SYMPHYTUM and CALCAREA PHOSPHORICA. With bruised bones_ RUTA GRAVEOLENS.

SCIO TREATMENT SUGGESTED

Color - set patient's favorite if desired, or choose color by chackra that is deficient
Cosmic: set 1 for physical body, 2 for astral, 3 for etheric, 4 for mental, 5 for cosmic, 6 for other
Magnetic Method - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflamation, 6 for infection, 9 for psych stress, 2 for energy stimulation
Frequency - 222hz___444hz, 12575___14750hz
Scalar for 30 min once a month in early stages once a week in later stage
Auto Trivector for 30 min once a month in early stages once a week in later stage

Discussion:

The results show significant improvement in symptoms and feeling better. The

Collective results show a dramatic benefit to the SCIO therapist visit.

--- BIBLIOGRAPHY —

BOOKS

1. **An Advanced Treatise in Quantum Biology.** The Staff of Maitreya, Ltd. *Acad. Press,* 1989.
2. **Towards a Bio-Quantum Matrix.** The Staff of Maitreya, Ltd. *Acad. Press,* 1992.
3. **Quantum Biophysics.** The Staff of Maitreya, Ltd. *Acad. Press,* 1993.
4. **Quantum Vibrational Medicine.** The Staff of Maitreya, Ltd. *Acad. Press,* 1993.
5. **Quantum Quality Control.** The Staff of Maitreya, Ltd. *Acad. Press,* 1993.
6. **Experimental Evidence for Homeopathy.** The Staff of Maitreya, Ltd. *Acad. Press,* 1992.
7. **Experimental Evidence for Homeopathy II.** The Staff of Maitreya, Ltd. *Acad. Press,* 1992.
8. **A Complete Guide to Pediatric Symptoms, Illnesses and Medication**. H. W. Griffith, M.D. *Body Press,* 1989.
9. Disease Dictionary (Nelson) The Staff of Maitreya, Ltd. *IMUNE. Press,* 1993.

ARTICLES AND STUDIES

1. **A Practical Definition of Homeopathy**. Maitreya of Magyar; 1993.
2. **Full Spectrum Micronutrient Treatment of Bacteria (Homeopathic Treatment of Bacterial Infections)**. Maitreya of Magyar; 1985.
3. **Homeopathic Stimulation of White Blood Cell Motility as Analyzed under the Microscope (A Proposed Mechanism for Homeopathic Immuno Stimulation**. Maitreya of Magyar; 1988.
4. **A Short Review of Fatty Acids in Treatment of pH Disturbance**. Maitreya of Magyar; 1985.
5. **A Clinical Study of Glandular Efficacy**. Maitreya of Magyar; 1984.
6. **Homeopathic Treatment of Pain**. Maitreya of Magyar; 1990.

7. **Proteinuria**. Maitreya of Magyar; 1984.

8. International Medical Journal of the Science of Homeopathy,, IMUNE PRESS