Title:

HYPOADRENIA _ WEAK ADRENALS - STRESS SYNDROME

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

Arroyo's S.
Stress syndrome, 10 or more pt drop in blood pressure on standing chronic fatique, headaches, lack of motivation, poor circulation weight gain, mucous build up, tendency toward inflamation

ADRENAL GLANDS

A. Reactions to stress
1. LiPid depletion (COmPact-cell change)
(i) Focal
(ii) Diffuse
2. Degenerative changes in the zona fasciculata cells
3. Haemorrhage

B. Hypercorticalism
1. Cushing's syndrome
Primary
(i) Cortical hyperplasia
a. Diffuse
b. Nodular
(ii) Adenoma
(iii) Carcinoma
Secondary
(i) ACTH and corticosteroid administration
(ii) Pituitary adenoma (basophil or chromophobe)
(iii) Non-endocrine tumours producing ACTH
a. Carcinoma of the bronchus (oat-cell type)
b. Thymoma
c. Medullary carcinoma of thyroid
d Islet cell tumours of pancreas
Effects
(i) Obesity
(ii) Hypertension
(iii) Osteoporosis
(iv) Hyperglycaemia
(v) Myopathy
(vi) Atrophic change in skin
(vii) Polycythaemia
(viii) Pituitary changes - Crooke's hyaline degeneration in basophils

(ix) Susceptibility to infection
2. Conn's syndrome - (Primary aidosteronism) Causes
(i) Cortical adenoma
(ii) Diffuse or nodular hyperplasia
(iii) Carcinoma
Effects
(i) Hypertension
(ii) Muscle weakness (hypokalaemia)
(iii) Polyuria and polydipsia
(iv) Hypernatraemia
3. Adreno-genital syndrome Causes
(i) Congenital adrenal hyperplasia resulting from a specific enzyme deficiency
(ii) Cortical adenoma in older children and in adults
(iii) Carcinoma
Effects
(i) Congenital type
a. Male - enlargement of the penis, rapid growth, early fusion of epiphyses
b. Female - pseudohermaphrodite, hirsutism, rapid growth
In addition both may develop hypertension and salt-losing crises
(ii) Adults
a. Female - amenorrhoea, hirsutism, atrophy of the breasts, enlarged clitoris, male musculature
b. Male - no clinical effects

C. Hypocorticalism
1. Acute adrenal insufficiency resulting from
(i) Haemorrhagic necrosis
a. Shock and stress reactions
b. Septicaemia (Waterhouse-Friderichsen syndrome)
c. Neonatal hypoxia/birth injury
d. Abdominal trauma
(ii) Sudden deterioration of chronic insufficiency of the adrenal cortex
2. Chronic adrenal insufficiency resulting from:
(i) Pituitary/hypothalamic disorders
a. Simmond's disease
b. Sheehan's syndrome
c. Iatrogenic
(ii) Adrenal diseases
a. Atrophy (idiopathic)
b. Tuberculosis
c. Amyloidosis
d. Fungal infections - histoplasmosis, torulosis, coccidioidomycosis, blastomycosis
e. Metastatic carcinoma
f. Haemochromatosis
g. Following haemorrhagic necrosis
h. Congenital disorders - hypoplasia with cytomegaly, adreno-genital syndrome

(iii) Suppression of ACTH production by corticosteroid treatment

Effects
a. Increased skin pigmentation
b. Hypotension
c. Muscle weakness
d. Hypoglycaemia
e. Normochromic anaemia
f. Hyponatraemia
g. Hyperkalaemia
h. Reduced renal excretion of water, ammonium ions and u rea

D. Tumours
Adrenal cortex
1. Adenoma (the majority are non-functional)
2. Carcinoma
3. Myelolipoma
Adrenal medulla
1. Phaeochromocytoma
A tumour of the catecholamine-producing chromatin cells resulting in paroxysmal hypertension.
Associations
(i) Multiple endocrine neoplasia syndrome (MEN-2, Sipple's syndrome)
(ii) Neufibromatosis
(iii) von Hippel-Lindau disease
(iv) Medullary carcinoma of thyroid
(v) Parathyroid adenomas
Behaviour
Most are benign, about 10% are malignant.
Metastases are found in lymph glands, lungs, liver and bone
2. Neuroblastoma
A highly malignant tumour of neuroblasts, cells which normally mature into sympathetic ganglion cells. It is a common tumour of childhood.
Sites
(i) Adrenal medulla
(ii) Sympathetic chain in posterior mediastinum and abdomen
(iii) Rare sites, e.g. jaw, bladder
Spread
(i) Direct local infiltration
(ii) Lymph glands
(iii) Blood spread
a. Skeletal metastases especially to skull and orbit (Hutchinson type)
b. Multiple deposits in the liver (Pepper type)
3. Ganglioneuroma
'Mature' form of neuroblastic tumour with plentiful ganglion cells. These have a much better prognosis.
Both tumours may be associated with catecholamine production.

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 170

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 **25,850**

Subspace Treatment 10,722 patients, **15,128 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 34,945 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, 0.0% of Subgroup
0 cases reporting no improvement in feeling better, 0.0% of Subgroup
0 cases reporting no improvement in stress reduction 0.0% of Subgroup
33%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
30%---.Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment47,930 patient visits

There were 5 cases of patients who reported a negative Improvement.

None of these cases reported any major difficluty.
There were
8 cases reporting no improvement of Symptoms, .001% of Subgroup
8 cases reporting no improvement in feeling better, .001% of Subgroup
5 cases reporting no improvement in stress reduction .000% of Subgroup
47%--- Percentage of Improvement in Symptoms
46%--- Percentage of Improvement in Feeling Better
59%---.Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

“I've suffered with chronic pain for decades. Nothing helped. I'd eaten an ocean of Ibuprofen, Tylenol and anything else I could find to stem the pain. Not chroropractor, no message therapist even though it seemed better for a few hours after the fact it returned with a vengeance.

Last year I was forced kicking and screaming to a practitioner in Sandy Utah. It was snake oil as far as I was concerned. But finally after months of mild badgering and the person dragging me driving and paying for it I reluctantly went.

I went into delta sleep some time during the session.. they woke me up as they were finishing up. Told me I'd sleep for a day or so and feel 100% better. I groused and said OK whatever. and was driven home. I was in a euphoric state of mind as we drove north for an hour. I went in the house, took a shower.. laid down on the bed, flipped on the TV and woke up two days later. During that time I didn't so much as flinch in my sleep. I went into the bathroom then back to bed. I went back to sleep and drifted in and out of delta sleep for the next two days.

When I finally actually woke up it took me a while to realize it. I even grabbed my cane and actually hobbled over to the desk out of habit. BAD HABIT.

I was awake for almost an hour catching up on things when I finally realized I had NO pain anywhere.. I even tried twisting and bending in ways I knew would cause excruciating pain. No pain. I was like a kid in a candy store.. I even OVER did to just to see if I could stir up some sciatica. NOPE.. I felt better than I had in 20 years.

What the practitioner found was that I was in adrenal failure, in the exhaustion phase and my body was so inflamed from sero negative spondilitis she was amazed that I had not gone suicidal.. actually I was. My retirement plan was 38 special. I was going to work until I could work no more and end it. That was it.

The effects of this encounter with the EPFX were top be far reaching. a month went by before I even got another twinge of pain anywhere. I had tried everything to kill the pain and even methadose (synthetic heroin) barely took the edge off the pain and the Epfx was no less than a miracle in my book.

City unknown”

“I am currently a practitioner of the EPFX. I am an RN and had been administering chemotherapy for four months. I became very ill with symptoms of someone who had received the drugs I had been administering. I began losing my hair, my skin was very dry and the itching was terrible. The mental fogginess was so bad that I had to quit my job for fear of administering the wrong medication. I was having difficulty even reading a book because I couldn't remember what I had read the page before. The fatigue was horrible. I couldn't make myself get out of bed in the morning and when I did, I went to the nearest recliner and spent most of my day there. I didn't care about anything, even the things I enjoyed the most. I was just too exhausted.

My place of employment had drawn blood to check my liver function, sent me to my family MD, and sent me for an MRI of my brain. My liver function was normal, my family MD had no clue what might be going on and suggested I ask the MDs where I was employed, and the MRI was normal as well. I felt as if I had been let down by western medicine both as a nurse and as a patient. I knew I was not well and knew I had to do something. I began seeking out alternative healthcare.

I was given many vitamins and minerals to help with my fatigue but apparently my digestion was a problem and I became even sicker not being able to metabolize anything I was taking. I began gaining more and more weight. I came into contact with someone who had just purchased the EPFX. I was told my body was poisoned with heavy metals and other toxins. This device described every symptom I had and others that I had never verbalized. There was no way this person knew the things she was telling me. I was so impressed I bought an EPFX myself. Since then I have detoxed my system, and feel 100% better.

I was also told by this practitioner that my body was saying hypoadrenia and when I began researching this, something else began to emerge for me. I had been on medication for years for depression. I felt the medication never really helped but it was the only thing that helped me to keep going. After researching hypoadrenia I realized my symptoms that had been diagnosed as depression were actually my stressed out adrenals. With the EPFX I was able to manage this stress and I am happy to report that I no longer take medication for depression and I'm feeling great!

City Unknown”

“A 65 year old man suffering from Macular Degeneration came to me for an appointment. He was able to only make out shadows in specific regions and had been diagnosed prior to his appointment with me as having extreme vision impairment. Upon

working on the Device for stress we were amazed when he asked not even 30 minutes into the appointment time, "when did you put that picture on the wall?" and had pointed to a large picture of a ocean beach scene on my wall. I mentioned it was there when he arrived. His next comment was "but I couldn't see it before when I arrived, now I know there is a picture, but I can't make out what it is."

He returned one week latter for a second appointment. Upon entering my office he looked at the wall and then to me and said "you know if there were a boat on that picture I could tell you where it was!" Not only was he able to see the picture now, but he was able to see me.

My client returned again for a third visit a week later. At which time his wife pulled me aside and told me she had a problem with the client. "I awoke from a nap and found that the keys to the car were gone. He had decided to drive to the store. What do I do now?" she asked me. When he sat down for his appointment I asked my client if his vision had completely restored and if he had visited his eye doctor yet. His answer was "I've got an appointment in a few days with my eye doctor, won't he be surprised! He told me I was going blind and my eyes would continue to get worse." And your vision? "I can see almost everything but I have a few gaps on my outside vision." I explained that I did not feel comfortable helping him with his stress issues unless he promised me that he would not drive a car until his license was given back and approved by his eye doctor. That he (the client) would be responsible if he drove and someone was in his blind spots. We completed this third visit and he was to go to his eye doctor appointment. I completed my sessions with him at that time and was happy to have been part of his chosen health process, my part in helping the stress of his body allowed for his body to choose what it could then heal.

City Unknown”

“I had an appointment with my Chiropractor Neurologist Doctor that I trade sessions with. I was diagnosed with Hypoadrenia. I came home hooked to the SCIO and the first thing that picked up was Hypoadrenia which I was already aware of. I proceeded with the session. The next day I felt like a new person no tiredness at all and continue like that.

City Unknown, U.S.A.”

“I first went to my practitioner because my stress level was so high I would wake up crying. After a few sessions, my stress and adrenals were feeling much better - I could function without getting so worked-up. Now every once and awhile when I feel overwhelmed (like before Christmas, etc.), I go for a “tune-up” and can get through the holidays with no problems at all. I’ve also sent many clients

and family to her - it's good to tackle problems from all angles - not just nutrition.
age 31, female.
City Unknown

USUAL or CUSTOMARY TREATMENT PLAN:
Avoid stress, salt and drugs. Relaxation therapy is important. As is exercise, meditation, and good nutrition
Adrenal Liquescence; Crystallized Cell Salts; Amino Acid Mineral Liquescence; Fatty Acid Liquescence

SCIO TREATMENT SUGGESTED

Color - Violet, blue
Magnetic Method - 10
Frequency - 555hz over adrenals

Discussion:

The results show significant improvement in symptoms and feeling better. The Collective results show a dramatic benefit to the SCIO therapist visit.

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