

**Title:**  
**Injured or Diseased Tissue  
Detection and Repair**

**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.

In this report we review the detection and treatment of injured tissue. In our testing procedure we use measurements of multiple voltage potential, amperage potential, and resistance vectors. We can determine the potentials as normal or as diseased from the experiences of energetic medicine. Once detected the computer can then repair these injured tissue with proper autofocused TENS electrical stimulation. The SCIO device allows for detection and correction at biological speeds or in excess of one hundredths of a second.

Many athletes such as Lance Armstrong, Micheal Shumaker, Valentino Rossi, AC Milan football team, the San Antonio Spurs use and have used the Injured tissue repair system. It helps to get an athlete back into the game after an injury.

This report relates how a large scale use of the system has proven the safety and efficacy.

## **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. These 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 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**

The effects of infection and injury on the body

Inflammatory conditions and major tissue injury are frequently associated with a wide range of systemic responses which embrace vascular, metabolic, endocrine, neurological and immunological functions. Those occurring soon after the onset of infection or injury are called the acute phase response. The acute phase response has the outstanding characteristic of being a generalised host reaction irrespective of the localised or systemic nature of the initiating disease, and several components of the response are remarkably constant despite the considerable variety of pathological processes that induce it. This uniformity of reaction points to the involvement of relatively few mediators in the overall 'orchestration' of the acute phase response. The major mediator coordinating the response is interleukin-1, aided and abetted by tumour necrosis factor (TNF $\alpha$ ). Thus the mononuclear phagocyte system, which serves as the major source of these cytokines, plays a pivotal role.

Mononuclear cells are stimulated to produce IL-1 and TNF $\alpha$  by:

1. Bacterial endotoxin - lipopolysaccharide (LPS), especially when complexed with LPS-binding protein.
2. Antigen-antibody complexes.
3. Intact micro-organisms following phagocytosis.
4. Other cytokines produced by activated lymphocytes and macrophages.

Interleukin-1 and TNF $\alpha$  have a multiplicity of biological activities at the following sites:

1. Hypothalamus - fever
2. Bone marrow - neutrophilia
3. Neutrophils - activation
4. B-lymphocytes - antibody production

5. T-lymphocytes - IL-2 production
6. Liver - acute phase proteins
7. Fibroblasts - proliferation and collagen synthesis
8. Muscle - protein catabolism with amino-acid release

## COMPONENTS OF THE ACUTE PHASE RESPONSE

### A. Fever

Body temperature is controlled partly by reflexes initiated by the thermosensory nerve endings in the skin, but principally by a central control mechanism in the hypothalamus. The central mechanism can be likened to a thermostat, and this thermosensory centre (shown in animals to be in the anterior hypothalamus) responds to variations in the temperature of blood flowing through it. Signals from the thermosensory centre influence the activity of other hypothalamic centres which regulate the physiological processes responsible for heat production and heat loss, thus controlling the core temperature. In fever the thermostat is set high and a rise in temperature is achieved by increasing heat production and inhibiting heat loss by:

1. Cutaneous vasoconstriction:
  - (i) Coldness and pallor of the skin at the onset of fever
  - (ii) Contraction of the erector pili muscles ('gooseflesh') maintains an insulating layer of air next to the skin
2. Higher metabolic activity particularly in skeletal muscles and in the liver
3. Shivering - associated with increased catabolic activity and heat production in skeletal muscles.

Fever is accompanied by general malaise and anorexia. If the temperature rises to 41.6 °C

(107 °F) there is a danger of direct thermal injury to various tissues, and particularly to cerebral neurones. However, a potentially beneficial effect of hyperthermia is augmentation of the immune response by T-helper cells. The high setting of the thermosensory centre in fever is brought about by interleukin-1. The effect of interleukin-1 on thermoregulation is mediated by Prostaglandins, in particular by PGE<sub>2</sub>. This mechanism underlies the value of drugs like aspirin, an inhibitor of prostaglandin synthesis, in reducing fever.

### B. Neutrophil leucocytosis

Normally the neutrophil count is between 2.5-7.5 x10<sup>9</sup>/litre. In infections this rises to 10-20 x 10<sup>9</sup>/litre - particularly with pyogenic bacteria.

Lesser degrees of neutrophil leucocytosis occur in:

- (i) Pregnancy
- (ii) Strenuous exercise
- (iii) Severe mental stress
- (iv) Injection of glucocorticoids or adrenaline
- (v) Following necrosis of tissue, e.g. myocardial infarction

Leucocytosis may develop within a few hours of the onset of a bacterial infection and is

of diagnostic value. This early rise is due partly to release of many polymorphs which normally lie marginated in the venules of the lungs and elsewhere, and partly due to release of immature polymorphs lying in the sinusoids of the red marrow. The leucocytosis is maintained, however, by an increased rate of formation in the marrow. As polymorphs have a life span of about 12 hours, death and loss of polymorphs in exudation, for example in a suppurating infection requires a large output requiring hyperplasia of the myeloid or granulocyte series in the bone marrow.

Interleukin-1 has a central role in neutrophil leucocytosis. It promotes:

- (i) Release of neutrophils from their marginated state
- (ii) Increases granulopoiesis

Actions on neutrophils themselves include:

- (i) Release of granules
- Lactoferrin - Iron-chelation  
Lysozyme - Antibacterial properties
- (ii) Increases oxidative activity
  - (iii) Increased hexose mono-phosphate shunt activity

### C. Acute phase and stress proteins

In febrile conditions or following injections of endotoxin or interleukin-1 there is a dramatic increase in the synthesis of intracellular stress (heat shock) proteins and some proteins by the liver. These latter proteins enter the circulation and can be detected within a few hours of the onset of fever which is why they are labelled acute phase proteins.

1. Acute phase proteins These include:

- (i) C-reactive protein
- (ii) Fibrinogen
- (iii) Haptoglobin
- (iv) Ceruloplasmin
- (v) Amyloid A and P proteins

Interleukin-1 promotes protein catabolism in skeletal muscle and a flux of amino acids into the liver where protein synthesis is substantially increased. There is evidence of independent regulation of each of the acute-phase proteins. Some of these proteins, for example haptoglobin (an  $\alpha_2$  globulin capable of binding free haemoglobin) and fibrinogen are normally present in substantial levels in plasma but increase 2 or 3 fold after interleukin-1 injection. Others which normally occur at low levels, e.g. C-reactive protein, increase several hundred fold. Likewise some appear rapidly, but others require several days to reach maximum levels. C-reactive protein is capable of binding in a non-immunological way to 'foreign' antigens and activating the classical complement pathway. It thus acts as an opsonin and prepares material for phagocytosis.

### 2. Stress proteins

Stress (or heat shock, HSP) proteins are present in all living systems and are among the most highly conserved in nature. Their intracellular production is induced by rises in temperature and synthesis commences rapidly (within 5-15 minutes) after the onset

of 'heat shock'. Other stimuli which induce the synthesis of stress proteins include:

- (i) Cytotoxic agents
- (ii) Free radicals, e.g. in reperfusion injury
- (iii) Cellular poisons, like alcohol and heavy metals
- (iv) Certain viral infections

Stress proteins together with ubiquitin are involved in the transport and degradation of proteins denatured by cell injury so that, for example, proteins 'tagged' with ubiquitin can undergo proteolysis and be recycled into the cell's economy, while HSPs and other chaperones regulate the assembly and disassembly of proteins and provide a means of shuttling polypeptides between molecular structures.

#### D. Nutritional responses

Following major infection or injury the body goes into substantial negative nitrogen balance, part of which meets the increased caloric needs of fever. Accelerated muscle protein degradation leads to myalgia and reduced physical performance. Interleukin-1 acts directly on skeletal muscle to promote protein catabolism, an effect mediated by an accumulation in the muscle of PGE<sub>2</sub> which ultimately activates proteolysis in the lysosomes. This brings about amino-acid release from muscle which helps to satisfy the increased energy requirements via gluconeogenesis, but also contributes to the synthesis of proteins in proliferating immunological cells and the synthesis of acute phase reactants released from the liver.

#### Changes in trace metals

The serum levels of iron and zinc are depressed in the acute phase of bacterial infection. There is evidence that the decrease in serum iron is probably important in protecting the host against various bacteria as a reduction in iron suppresses the growth rate of various micro-organisms. Iron appears to be sequestered by the binding substance lactoferrin, and lactoferrin/iron complexes are deposited in the tissues. Interleukin-1 has been shown to activate lactoferrin release from neutrophils. There is also an increase in serum copper levels in keeping with the increase in the copper transport protein ceruloplasmin. Copper is involved in enzyme and transport mechanisms but its role in fever is unknown.

#### E. Vascular responses and shock

Selective arterial constriction increases peripheral resistance and tends to compensate for diminished cardiac output. The main vessels involved are those of the skin and splanchnic circulation, whilst blood flow to the heart, brain and skeletal muscle is maintained at normal levels. When vasoconstriction fails to maintain normal blood pressure the clinical picture of shock develops. Underperfusion of tissues leads to accumulation of acid metabolites and vessels may cease to respond to normal constrictor stimuli. Progressive and irreversible arteriolar dilatation occurs and blood is 'sequestered' in the greatly enlarged capillary reservoir. Intractable hypotension results and this constitutes a lethal condition sometimes termed 'irreversible shock'.

#### Main types and causes of shock

- 1. Hypovolaemic
  - (i) Haemorrhage

- (ii) Loss of plasma, e.g. burns
- (iii) Loss of fluid and electrolytes, e.g. severe diarrhoea
- 2. Cardiogenic
  - (i) Myocardial infarction
  - (ii) Major pulmonary embolism
  - (iii) Following cardiac surgery
  - (iv) Myocarditis and other causes of acute cardiac failure
- 3. 'Septic'
  - (i) Endotoxic, mediated by bacterial lipopolysaccharide e.g. endotoxin A from *Pseudomonas aeruginosa*
  - (ii) Exotoxic, e.g. exotoxin from *Staphylococcus aureus* (toxic shock syndrome)
- 4. 'Vascular'
  - (i) Anaphylactic
  - (ii) Neurogenic, e.g. spinal injuries

#### Pathogenesis

1. Hypovolaemia - a fall in cardiac output resulting from reduced blood volume
2. Cardiogenic - a fall in output resulting from inadequate heart function ('pump failure')
3. Septic shock
  - (i) Release of TNF $\alpha$  and IL-1 in high concentration
  - (ii) Induction of nitric oxide synthetase in endothelial and vascular smooth muscle cells leads to a build up of nitric oxide (NO) which is responsible for sustained vasodilation and hypotension
  - (iii) Activation of complement with release of anaphylatoxins C3a/C5a
  - (iv) Activation of neutrophils leads to endothelial damage resulting in capillary leakage
  - (v) Activation of Factor XII initiates coagulation and bradykinin formation. The former may lead to disseminated intravascular coagulation
4. Vascular mechanisms
  - (i) Pooling of blood in
    - a. Large peripheral vessels due to loss of vasomotor tone
    - b. Capillaries resulting from persistent venular constriction
  - (ii) Increased vascular permeability
  - (iii) Slowing of blood flow resulting from 'sludging' of red cells

#### Disseminated intravascular coagulation (DIC)

This is a condition in which the activation of coagulation factors leads to deposition of platelet-fibrin thrombi in small vessels throughout the body. The consumption of coagulation factors and activation of fibrinolysis frequently leads to life-threatening haemorrhage.

#### F Metabolic reactions

Features of the early metabolic reaction are: 1. Hyperglycaemia 2. Fall in body temperature 3. Decreased oxygen consumption 4. Alteration of intracellular oxidative mechanisms

5. Loss of albumin from plasma due to transcapillary escape

Irreversible shock

Features include:

1. Reduced oxygen consumption
2. Diminished heat production
3. Increasing hypoxia
4. Metabolic acidosis
5. Hypotension
6. Hypoglycaemia

G. Hormonal reactions

Increased production of:

1. Catecholamines which
    - (i) Increase cardiac output
    - (ii) Constrict arterioles
    - (iii) Increase gluconeogenesis
  2. Corticosteroids which bring about
    - (i) Retention of Na<sup>+</sup>
    - (ii) Excretion of K<sup>+</sup>
    - (iii) Catabolism of proteins
  3. Aldosterone
    - Potassium deficiency
  4. ADH
- Water retention

#### PATHOLOGICAL LESIONS IN SHOCK

1. Kidneys (i) Acute tubular necrosis (ii) Glomerular microthrombosis (iii) Acute cortical necrosis (rare)
2. Lungs - 'shock lung' or adult respiratory distress syndrome Features
  - (i) Congestion and intraseptal oedema
  - (ii) Microthrombi
  - (iii) Hyaline-membrane formation
  - (iv) Atelectasis
  - (v) Interstitial pneumonia
3. Liver
  - (i) Centrilobular ischaemic necrosis
  - (ii) Fatty change
4. Adrenals
  - (i) Lipid depletion (compact-cell change) in cortex
  - (ii) Focal necrosis of cortical cells
  - (iii) Massive haemorrhage (Waterhouse-Friderichsen syndrome)
5. Heart
  - (i) Subendocardial haemorrhage
  - (ii) Contraction bands within myocytes
6. Gastrointestinal tract
  - (i) Acute ulceration of the stomach and duodenum (Curling's ulcers)

(ii) Haemorrhagic gastroenteropathy

Focal or more extensive haemorrhage into the stomach or intestinal mucosa associated with local superficial ulceration, probably resulting from hypoxia

7. Brain

Anoxic or hypoxic encephalopathy (see p. 338)

8. Pituitary

Necrosis following hypovolaemia (most commonly due to postpartum haemorrhage) giving rise to:

(i) Acute insufficiency - Sheehan's syndrome

(ii) Chronic insufficiency - Simmond's disease

## LATE REACTIONS TO INJURY AND INFLAMMATION

### A. Metabolic reactions

#### Catabolic phase

1. Rise in oxygen consumption
2. Rise in body temperature
3. Catabolism of protein increased
4. Increased mobilisation of fatty acids
5. Increased gluconeogenesis from amino acids derived from muscle

#### Anabolic phase

1. Positive nitrogen balance restored
2. Electrolyte equilibrium regained

### B. Haematological reactions

1. Increased formation of platelets
2. Increased fibrinogen production
3. Decreased plasminogen
4. Anaemia
5. Lymphopenia

### C. Hormonal reactions

#### Increased production of

1. Insulin which stimulates glucose uptake, and glycogen, fat and protein synthesis
2. Growth hormone - possibly involved in the mobilisation of adipose tissue
3. Thyroxine

### D. Immunological reactions

1. Reactive changes in lymphoid tissues, e.g. hyperplasia in lymph nodes, splenomegaly
2. Production of IgM antibodies directed at various components of the injured tissues

### E. Amyloidosis

Although the synthesis of amyloid precursor proteins is part of the acute phase response to inflammation, when inflammation is prolonged the sustained increase in the serum concentrations of these proteins leads to the appearance of fibrillar material

(amyloid) in many different tissues. However, amyloid is not a specific protein. It can be composed of one or more proteins or glycoproteins all having a characteristic  $\beta$ -pleated fibrillar appearance on electron microscopy. Thus, amyloid complicating long-standing inflammation is made up of amyloid A (AA) and P (AP) proteins derived from partial degradation by macrophages of SAA and SAP proteins. Another major form of amyloid is composed of AL protein which is derived from immunoglobulin light chains, mainly of lambda type. In addition, a heterogeneous collection of amyloid types (some of which have not been characterised) are found in certain hereditary or familial conditions and as localized deposits.

Diseases associated with amyloid deposition

1. AA/AP amyloid

(i) Chronic infections (of long standing)

- a. Tuberculosis
- b. Bronchiectasis
- c. Osteomyelitis
- d. Pyelonephritis
- e. Leprosy
- f. Syphilis

(ii) Chronic inflammatory disorders

- a. Rheumatoid disease
- b. Crohn's disease
- c. Systemic lupus erythematosus
- d. Pustular psoriasis

(iii) Malignant states

- a. Hodgkin's disease
- b. Carcinomas of bladder, kidney, stomach, bronchus, ovary

2. AL amyloid

- (i) Multiple myeloma
- (ii) Waldenström's macroglobulinaemia
- (iii) Solitary plasmacytoma (localised)

3. Hereditary/familial types

- (i) Amyloid polyneuropathy
- (ii) Amyloid cardiomyopathy
- (iii) Amyloidosis associated with Mediterranean fever
- (iv) Familial amyloid nephropathy, urticaria, and deafness
- (v) Familial cutaneous amyloid

4. Localised amyloid deposition

(i) Senility

- a. Heart
- b. Brain - also in Alzheimer's disease
- c. Islets of Langerhans
- d. Seminal vesicles

(ii) Endocrine tumours

- a. Medullary carcinoma of the thyroid (AMCT)
- b. Pituitary adenoma
- c. Islet-cell tumours of the pancreas

- (iii) Non-endocrine tumours
  - a. Naso-pharyngeal carcinoma
  - b. Basal cell carcinoma
- (iv) In the islets of Langerhans in diabetes mellitus
- (v) Tumour-like deposits in:
  - a. Larynx, trachea, bronchi, and lung
  - b. Genito-urinary tract
  - c. Eye
  - d. Tongue
  - e. Heart
  - f. Skin

### Pathogenesis

It is believed that amyloids are produced by partial degradation of precursor proteins. Degradation of AA protein takes place either in endothelial cells or in fixed macrophages of the RES, particularly in sinusoid lining cells, and this may explain the tendency for amyloid to be deposited in relation to vascular basement membranes. The abnormal, or incomplete, degradation of the precursor proteins may be under the influence of a further protein synthesised by the liver which has been termed amyloid enhancing factor (AEF).

AL amyloid is thought to arise by partial degradation of immunoglobulin light chains produced in excess by abnormal populations of plasma cells.

### Detection of amyloid

1. Of historical interest, iodine and dilute sulphuric acid produce blue coloration similar to that obtained with starch (Latin-amyllum)
2. Congo-red and Sirius-red stain amyloid orange/red and when viewed under polarised light gives apple-green birefringence
3. Thioflavine-T staining gives rise to yellow fluorescence in ultraviolet light
4. Amyloid has a characteristic ultrastructural appearance being composed of parallel arrays of fibres 7 to 10 nm diameter
5. Potassium permanganate staining reveals different structural forms

### Organ involvement in amyloidosis

#### 1. Kidney

Amyloid is deposited in:

- (i) Glomeruli (mesangium and basement membrane)
- (ii) Tubular basement membranes
- (iii) Blood vessel walls

Results in:

- (i) Nephrotic syndrome
- (ii) Renal vein thrombosis
- (iii) Haematuria
- (iv) Nephrogenic diabetes insipidus

#### 2. Spleen Deposited in:

- (i) Malpighian bodies (sago spleen)
- (ii) Diffusely in the walls of sinusoids

Results in:

No significant disturbance of function

### 3. Liver

Deposited in:

- (i) The space of Disse between the sinusoid lining cells and the hepatocytes
- (ii) Blood vessel walls

Results in:

- (i) Pressure atrophy of hepatocytes. In extreme cases this may lead to liver failure
- (ii) Portal hypertension if involvement of the central veins leads to outflow obstruction

### 4. Heart

Deposited in:

- (i) Subendocardial zone
- (ii) Interstitial connective tissue

Results in:

- (i) Cardiomegaly and cardiac failure
- (ii) Disturbances of rhythm

### 5. Adrenal glands

Deposited in the zona glomerulosa and then advances throughout the cortex

Results in Addison's disease (rarely)

### 6. Gastrointestinal tract

Deposited in:

- (i) The vicinity of epithelial basement membranes
- (ii) Walls of small blood vessels
- (iii) As plaques in the submucosa

Results in:

- (i) Macroglossia
- (ii) Dysphagia (oesophageal rigidity)
- (iii) Malabsorption syndrome
- (iv) Diarrhoea
- (v) Protein-losing enteropathy
- (vi) Pseudo-obstruction
- (vii) Ulceration of plaques

### 7. Skin

Forms:

- (i) Lichen amyloidosis
- (ii) Localised nodular amyloidosis

## F Calcification

Calcification other than that normally occurring in the teeth and skeletal system (heterotopic calcification) is seen in the following circumstances:

1. Associated with advancing age Deposits are found in:

- (i) Pineal gland
- (ii) Tracheal and laryngeal cartilages
- (iii) Costal cartilages
- (iv) Dura mater

2. In dead or degenerate tissue (dystrophic calcification) Examples

- (i) In old tuberculous lesions
  - (ii) In scars
  - (iii) In dead parasites
  - (iv) In degenerate tumours, especially uterine leiomyomata (fibroids)
  - (v) In atheromatous plaques
1. In association with increased levels of calcium (or occasionally with increased phosphate) in the blood and tissues, usually derived from the skeleton but also involving increased absorption from the intestine and decreased loss through the kidneys. Such calcification occurs in previously normal tissues and is referred to as metastatic.

It is found in:

- (i) Hyperparathyroidism
  - Primary, due to:
    - a. Adenoma
    - b. Hyperplasia
    - c. Carcinoma (very rarely)
  - Secondary, due to:
    - a. Chronic renal failure
    - b. Renal tubular acidosis
    - c. Malabsorption states
    - d. Pregnancy and lactation
- (ii) Carcinomatosis with or without skeletal involvement, especially with bronchial and breast cancer.
- (iii) Myelomatosis
- (iv) Vitamin D sensitivity, as in sarcoidosis and infantile hypercalcaemia
- (v) Excessive administration of vitamin D
- (vi) Paget's disease of bone (when immobilised)
- (vii) Hypophosphatasia
- (viii) Milk-alkali syndrome
- (ix) Hypoparathyroidism (deposits in the basal ganglia)

Sites of metastatic calcification

- (i) Kidneys, producing nephrocalcinosis which may lead to renal failure
- (ii) Stomach
- (iii) Lungs, on the elastic fibres of the alveolar septa
- (iv) Blood vessels
- (v) Cornea

4. In calculi (stones)

Many calculi include calcium salts among their constituents.

Calculi are found in:

- (i) Urinary tract
  - a. calcium phosphate
  - b. calcium oxalate
  - c. calcium carbonate
- (ii) Biliary system
  - a. calcium bilirubinate
- (iii) Salivary glands
- (iv) Pancreas
- (v) Prostate

## 5. In neoplasia

Microscopic laminated calcified bodies - calcospherites are found in association with:

- a. Adenocarcinoma of the ovary
- b. Papillary carcinoma of the thyroid
- c. Meningioma (psammoma bodies)
- d. Benign and malignant breast lesions
- e. Oligodendroglioma

## 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 ----.**

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

**Subspace Treatment 15,032 patients, 19,900 SCIO Harness Patients**

## OVERALL ASSESSMENT

### A. Subspace Treatment 45,082 patient visits

There were 23 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

592 cases reporting no improvement of Symptoms,	% of Subgroup
326 cases reporting no improvement in feeling better,	% of Subgroup
44 cases reporting no improvement in stress reduction	% of Subgroup
21%--- <i>Percentage of Improvement in Symptoms</i>	
31%--- <i>Percentage of Improvement in Feeling Better</i>	

16%---.Percentage of Improvement Measured

43%-- Percentage of Improvement in Stress Reduction

9%----Percentage of Improvement in SOC Behavior

12,985 patients reported measured injuries. There was a 22% measured improvement over a one month period.

### **B. SCIO Harness Treatment 53,891 patient visits**

There were 32 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

23 cases reporting no improvement of Symptoms, % of Subgroup

56 cases reporting no improvement in feeling better, % of Subgroup

3 cases reporting no improvement in stress reduction % of Subgroup

69%--- Percentage of Improvement in Symptoms

67%--- Percentage of Improvement in Feeling Better

45%---.Percentage of Improvement Measured

42%-- Percentage of Improvement in Stress Reduction

21%----Percentage of Improvement in SOC Behavior

35,811 patients reported measured injuries. There was a 65% measured improvement over a one month period.

### **CASE STUDY REPORT CONDENSATION:**

“2005- Las Vegas, NV. report PD

A 17 year old boy was the star quarterback of his high school team. he injured the arm during practice. the doctor found extreme nerve damage. he did not respond to any therapy. Drug therapy, physical therapy, were all not helping. the boy went to a EPFX biofeedback therapist and after just two visits the arm was better than before.”

“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”

“A 7 year old with medically pre-diagnosed rheumatoid arthritis came into my office in severe pain. She was unable to move without major discomfort, playing with any mobility, bike riding and running were out of the question. Even sitting was agonizing and she sat the majority of her time reclined. Using the EPFX to attempt to rebalance her stress she showed continual progression in her improvement. By looking at imbalances in minerals, vitamins, amino acids, and fatty acids her mother was able to make some lifestyle changes in the child's eating habits to help her balance those frequencies. After 8 visits the child's knees, which were equivalent to very large grapefruits in size, had reduced to normal dimensions and other inflamed areas and joints had also gone to a more normal size. She was now able to go out biking and playing with her siblings and school friends. The mother reported that the doctor did not know what was happening, but that he was ecstatic and as she quoted "whatever you are doing please keep doing it for her, it seems to be working."

Shortly after this time her aunt decided to purchase a device and the child's biofeedback care was turned over to her. I saw the children and their mother a month ago and she is looking healthy and is no longer in pain according to the mother. Another success story using biofeedback.

I am not an expert in the field of AIDS or HIV but I received a 56 year old male homosexual client in need of help. He was determined to use natural methods, supplements and stress reduction of massage and biofeedback to maintain his health and keep his HIV at bay. He decided to use the biofeedback therapy every other week and has done so for over a year. During this time it has been interesting watching his imbalances; when there are more he informs me he is under more stress at work, when the numbers are more balanced he informs me it's been a very relaxing period in his life. He has continued to amaze his physician and his counts continue to improve. Under one very stressful period his counts decreased and he added homeopathics which were to help with balancing his thymus and came in for his normally scheduled visit. He rebalanced to the doctors amazement and has remained stable and happy over the past two years. He now makes an appointment when he feels highly stressed and is only on a maintenance visit as he calls it.

A 39 year old woman who is having a stressed second marriage, and has been in three long term relationships is unhappy because she cannot get pregnant. Her current husband does not wish for more children as his two are teens and this is causing more stress according to my client. She does not understand why she cannot get pregnant and neither can her medical doctors so she has decided to try biofeedback. I worked on her for several visits and she reported that she was feeling much less anxiety in her life. Using this technique of biofeedback and realizing that her hidden emotions were causing her more stress she agreed to talk more to her husband about their issues. She reported back to me on her 7th visit that she was expecting a baby. Our appointments were terminated at that time until after pregnancy and I am happy to report that she delivered a healthy, happy and wonderful baby boy just after to her 40th birthday. She then scheduled her "a tune up" after that when she felt overly stressed.

A 46 year old woman with diagnosed Fibromyalgia was helped into my office. She was taking 7 prescribed medications and felt that they were no longer helping her and that she was getting worse and worse. Her decision was to try more alternative help and try and de-stress her life. We began her appointments. Over the next year of monthly visits she and her doctor reduced her medications down to only one, and her Fibromyalgia rarely flared any longer...unless she became overly stressed. She latter purchased her own EPRX for her families private use, although I do still see her as a client about every six months, when she says it's "her turn to get pampered".

A 35 year old woman with five children came to my office. She was always tired, had constant headaches, heart palpitations and anxiety attacks, and was under a doctor's care. The doctor could find nothing wrong with her. Her family had grown up Amish and had convinced her to seek outside help for her problems other than her medical doctors. She came to my office once a week for a month and then monthly for the next six months. While she was doing biofeedback for stress reduction she realized that she had the energy for her children, was able to function as she should and had very few anxiety attacks. She has since purchased a biofeedback device to try and help herself and her family remain healthy.

A 69 year old woman with major stress started seeing me for stress. She was working two jobs and had divorced and felt a failure, yet she could not keep from being in contact with her ex-husband. She stated she felt unloved and that everyone abused and used her and she was tired of being depressed. We began Biofeedback sessions, she chose to come in on a weekly basis even though the sessions appeared to be helping longer than that. It did not take me long to discover that the biofeedback was only part of her help. What she needed the most was simply a shoulder to lean on and someone to talk to. It is sad when someone has to pay for a friend that they feel has nothing to gain from them talking to them. She stated that her "friends" always had an ulterior motive for seeing her and talking to her. She started de-stressing enough that

she began dreaming at night of past issues and traumas of her childhood and realized that this is one of the reasons she was feeling so depressed and admitted that she had been feeling suicidal. But, that with the help we had gotten from Biofeedback she no longer had the wish to die. I suggested that in order to speed up her past traumas she seek professional help and gave her the name of a psychologist who could help with past life trauma as well as trauma regression. She started to see this professional and continued to come to the office for a monthly appointment. This continued for two years. She remained health and felt fine and has gradually decreased her appointments. When I began traveling more and at the office less I referred her to a different biofeedback technician.

A 56 year old male who had served in the Golf War made an appointment at my office. He had been exposed to Agent Orange and had returned injured and with Paranoid schizophrenic he was currently under the care of the VA Hospital. At that time he could not go out during the day without help and medication for fear of someone hurting him. The voices in his head were telling him to kill himself and that other were after him. After six weekly his trust to me and willingness to talk had increased, he had informed me the voices had reduced but he was still having much of the same symptoms as before. At this time he informed me that he had a metal plate in his skull from his war injury, so we changed the placement of his electrodes within the next three visits he reported that he was much better. He had gone to the VA and they were extremely impressed with the biofeedback therapy he had been undergoing. If things were better yet again at his next appointment they were going to re-evaluate his medication and they suggested he continue the biofeedback. We continued with two more biofeedback sessions using the EPMX and he made his next appointment at the VA hospital, where they not only re-evaluated but removed his medication. Many of these prescription's were psychotropic medications; his body did not respond well to this and within two days of this removal he tried to commit suicide. He was then institutionalized.

A 65 year old male who had a cancer scare with previous skin melanoma had decided to try biofeedback and alternative health therapy. He and his wife 63, had both been feeling very tired as of lately and more stressed than in the past, because of this they decided to try biofeedback. After one visit they realized they were sleeping better and feeling more energy. They decided to continue this process on a monthly visit. They continued this process for a year while going to their physician who had been watching several pre-cancerous lesions. Most of these lesions had disappeared and both the doctor and the client were thrilled. They now remain on a yearly visit with biofeedback to monitor their stress levels.

A 76 year old woman who had taken care of her sister came into the office. Her brother had died a year before and her sister had cared for him while he was sick with a

stomach issue. Shortly after this her sister became ill for several months with the same mysterious symptoms that the brother had had and she had taken care of her until her death. My client was now nervous because she had had diarrhea for over 6 months which were part of the same symptoms. We began biofeedback and had 10 days until she was scheduled for a colonoscopy. She had earlier had a cancerous polyp removed from the colon and was concerned of what would be found now. Because of our limited time we met every other day to do stress balancing using the EPTX. She went to her scheduled appointment and was pleased to report to her doctor that the diarrhea was now gone and that she was feeling better. She was able to eat more now that she had been over the past six months without feeling bad and able to keep the food down and had begun to put back on some of her earlier weight loss. The colonoscopy test was complete and showed only one bacterial polyp. She was thrilled with the results.

Michigan, U.S.A.”

“I had a client with a swollen lymph node near her ear - it was causing her a lot of discomfort. After only one session for stress relief, she reported the swelling had gone down and the area around the lymph node was no longer painful.

A client was suffering from burning and stinging pain and itching deep in the tissues in her shoulder and arms. This pain was worse during the night and she was getting very little sleep. After six to eight EPTX sessions for stress, the pain and itching were significantly reduced and she could sleep through the night.

After three or four EPTX sessions for stress relief, a client diagnosed with emphysema was able to discontinue her oxygen. She still relied on her steroid inhaler for occasional asthma attacks, but refused to make dietary or lifestyle changes that might have helped to alleviate the asthma.

A client had been suffering with neck and back pain from a car accident which occurred over 20 years ago. She felt an immediate relief from pain after only one session stress relief.

A client called me one night from California seeking relief from severe flu-like symptoms. I used sub-space for her session. The next morning she reported feeling much better and was able to rest soon after her distance session for stress began.

A client called from Texas - her husband had fallen and was in the hospital with a serious concussion, bleeding on the brain, and broken bones in his shoulder. After several distance sessions to relieve stress, the bleeding stabilized and his doctors and physical therapists were amazed at the rate that his injuries were healing.

A friend asked for help for her mother recovering from a mastectomy. I started a distance session for stress about the time she was placed in the recovery room at the

hospital. She reported very little pain and healed very quickly - not only physically but emotionally as well.

New Mexico, U.S.A.”

“I am probably one of Focus On Health's best referral sources. I have been plagued with a football knee injury my entire life and, at the age of 51. I've developed a little hip pain. The funny thing is that when I went to my first treatment with Fred Eagles, I filled out his patient history and never mentioned either. The problem I did report was fatigue which, I assumed, was stress related. During the "body scan" portion of my bio-feedback treatment..... both my hip and my knee were designated as locations of probable pain. I was astounded! In addition, the scan produced many abnormalities and deficiencies, many which accounted for my fatigue, and the machine noted at least a couple of problems that I wasn't even aware of. I was then treated by the same machine while relaxing. After the bio-feedback treatment and some additional massage therapy, I left the clinic devoid of pain! I mean to tell you that my knee and my hip did not hurt!

Springfield”

“I was gut shot and critically wounded while a police officer in Houston Texas 1/23/83. Doctors operated 11 times on my spine and intestines to put Humpty Dumpty back together again. I spent most of 21 years in wheelchairs or hospital beds since my legs were either paralyzed or back pain made them too painful to use while Doctors "practiced" medicine on me. I was told that nerves do not re-grow so this was all I would have for the rest of my life, and of course \$875. per month in prescriptions.

I purchased my SCIO in Cancun. The therapist spent significant time with me that week directly and observing others receiving her attention. To make a long story short, thanks to her efforts and using the SCIO I purchased on myself I went from wheelchair to mountain hiking in a few months.

City unknown”

“I was shocked to see a lawyer told me that he was totally convicted our device has a miracle effected on him . Before I start to test him, the device told me he was angry - later confirmed by himself that he has argument with his colleague. Later he confirmed me that my test on his brain was truth because he had an serious accident which lead him to coma for weeks , The third miracle is that he was convinced by our device after bending his back to touch his toe with his hand without pain . The last but not least, He count on 20 second to found that his pain in his arm was gone instantly !!

He will bring the honourable professor of U.T to try our device soon and promoted it to all insurance company !

City unknown”

“A little girl was brought to me. The mother wanted to see if the stress reduction treatment could help her little girl..She had behavioral problems at school and home. Always in trouble..and picking fights..I tried to visit with the little girl and she would not talk to me so I just talked with the mother while we started her session 45 min later she started to giggle..The mother looked at her in disbelief..She does not giggle,,ever...about 10 minutes later her husband called and he also said But she doesn't giggle..They came back the next week with such good news..It seems the little girl as a baby had many ear infections and damaged her hearing to the point she could not pronounce her words correctly and had been to a speech therapist just before she had come to see me the first time and also the second time..The speech therapist wanted to know what happened to the little girl because she was speaking so well..The parents didn't know what to say..When she came the second time she said I know your name and I said I know yours too...The mother said you don't understand she has not been able to remember anyone's name but she has been talking about you all week..Amazing..Just think what a little stress reduction can do.

A man in his forties came to me in a lot of pain and ask if doing stress reduction could help him..He was in a car accident 6 yrs. ago and had not had any relief from the pain in his back..no feeling in his feet and he rode saddle horse to round up cows and move them around..he could get on a horse and ride but someone had to take him off..During his first treatment he said he was real relaxed for the first time in a long time..at the end of the treatment he felt much better the pain was still there but bearable..he came back next week and said he was much better and he was beginning to feel his feat and lower legs and not so much pain..he came back the next week feeling better than that and could not believe that the pain was leaving..He stated we all need stress relief

City unknown”

“As a practitioner here is one story of many that I have. I was asked to see a child of preschool age, that was not speaking, no eye contact, not staying focused on any one thing and didn't sit still for to long. Teachers at her preschool were concerned and asked that she be checked for autism. The father was very worried and concerned. He contacted me to see if I can help give him some direction as to what to do.

I only saw the child once and from what came up on the QX machine (I still have the old model), all I found was that the child had a hard birth and that the spine needed work. I suggested that they take her to a special pediatric chiropractor and have her spine worked on. The spinal check that I did came up with the same exact issues the

chiropractor found and corrected what was needed to help this child. She is a different child now. She is doing very well.....learning, staying focused, happy, speaking, playing, etc.

City unknown”

“I myself was in a motor vehicle accident just recently. It was in New York State USA. I felt the whip lash setting in almost immediately.

Breathing exercise and relaxation tech. helped a great deal at the time but the drive home it was hard to repeat the relaxation.

But the time I got home 2 hours later my muscles were tight and I was very stiff and new that by the morning I would have whip lash all over again.

Once home I got ready to do a session on the EPFX and went through various biofeedback programs. When I was finished I felt better. I needed to get up and move around and stretch which helped release the tension in my muscles and joints. I was fine after and have be great since.

Another client of mine has a new born daughter. She was 4 months old and was waking up during the night crying and this was also keeping her mom up.

I entered her daughters profile into the EPFX and ran through several biofeedback protocols. After talking to her mom I discovered one was her smoking which was causing a stress on her daughter. The other was indigestion and a birth trauma while in labour. The EPFX biofeedback balancing was a success. The daughter slept that night and every other night since for 8 hour or more. She has been fine and her mother has been able to get her sleep as well.

A young lady I know has been having headaches for months. She has tried many things to get rid of the headaches and be able to return to work but nothing has helped. From morphine to cranial sacral with no help.

I then told her about the EPFX and talked about different types of stress that could be causing the headaches. We final thought that a session with the EPFX would be in order. After the biofeedback session with her attached to the EPFX plus a upper shoulder and neck massage I was told that that night she returned home with a slight headache. Upon waking in the morning the headaches was gone and she has been headaches for 3 weeks. Her mother believes 100% that the EPFX was the main reason for her daughters pain relief.

There was a time that was demonstrating the EPFX to a colleague of mine and during the session I saw things that lead me to believe that she may be trying to get pregnant. I asked and yes she was for some time.

I told her I did not have time To go further but would look into her problem at a later date. Once I had time to look deeper I found a few thing of interest and then questioning her with my finding was told that I once 100 percent accurate. She never mentioned any of the thing I found but told me the medical profession was aware of her situation.

I gave 2 more session to her and then was unable to see her for about a month. On meeting her I asked if she had heard any news and she smiled told me the answer. She believes what I did along with some other things she was doing helped but more of what I did was the turning point. Both parents are very happy and are amazed at things worked out with the help of the EPFX.

I am helping a local dance studio with some competitive dance groups. The teacher has noticed a difference with the students and this will be a ongoing study for the dance studio and myself.

Ontario, Canada”

“A 57 year old man had an infected tooth with swelling in the upper area of the mouth. Dentist said to pull the tooth. After 3 treatments over 3 days with the EPFX, the man was able to chew on the tooth and it still is healthy.

City Unknown”

“I am a 36 year old soccer player from Scotland and had knee surgery several years ago. It cost \$15,000.00. Last Spring I had one EPFX Biofeedback session which focused on the stress that I was experiencing from the pain in my knee (that the surgery did very little to help). Three days later both knees felt better than they had in many years. Since that time I have referred my whole family, my girlfriend and her whole family and several teammates to my biofeedback therapist and they all have had wonderful results. Stress truly is the root of all disease.

Texas, U.S.A.”

“Have an 80 year old male post triple bypass and two stents later... Dr. told him when these plugged up that was the end, there was nothing more they could do. He had a hard time walking 500 feet from his back door to his brothers. After two sessions on my QXCI he has been out bird hunting this past fall and chopping his own wood.

City Unknown”

“When I first got the machine I used it on my office and it picked up chronic fatigue, I did the balancing and two days later I realized that I was to move my office to my home, have someone else manage the body wrap business and I was to do biofeedback out of my husband's office. All our lives have taken a quantum leap forward.

I've worked with a 28 year old woman (for 3 years) who has a spinal cord injury and is on peritoneal dialysis 4 times a day because of kidney failure. When I first saw her in 2005 she had been on dialysis for 2 years and the doctors were insisting on a kidney transplant. It's been 3 years and she no longer has chronic bladder infections, she has minimal kidney function, and has not yet had to have the transplant. Many other areas of her life have improved.

City Unknown”

“1.) My first real experience with the EPM and Quantum Biofeedback was when my 5 year old son was extremely ill and throwing up for nearly 2 weeks. Conventional medicine had no idea of what to do. The doctor reluctantly gave him antibiotics, but that only made things worse. Suddenly I remembered a visit we had made to an EPM practitioner about a year previously. We had been recommended by a couple in our birthing class, since he worked with homeopathic vaccinations. I thought that we needed to have him check our son out and see what might be possible. When our son was checked out, there were indications of Food Poisoning from Chicken. The practitioner completed the session to address this and then recommended a homeopathic. He suggested that our son would be 100% better by the next day and all better by the 3rd day - this was exactly the case. Both my wife and I had been thinking about food poisoning and he had had a chicken hot dog the day he first became ill, but conventional medicine was not interested in this. Interestingly he had had a minor bout about 3 weeks prior when he had only eaten 1/3 of a chicken hotdog.

2.) Ongoing issue of my own have been back spasms. An issue that occurs for no particular reason, other than I was an undersized football player and stress has become my middle name. The combination of the two seems to create energy jams that are suddenly released for little apparent reason (picking up a hangar), but which initiates a spasm crescendo that cannot be stopped as it has begun. All parts of my back have been involved and the standard protocol was to just relax and enjoy the ride :~) On average the spasms would subside after the 5th day - making for a long week. Since I have had the EPM to run balancing programs on this issue the average time for the spasms to subside has been reduced to 24 hours.

3.) An acute issue I had was an extreme spasm in my upper intestines. I kept assuming it would subside, but it continued to get worse. I was beginning to think that I was going to need to go to the emergency room when I decided I needed to quickly run the suggested therapy in the EPM system. The recommended therapy was Auto Meridian. Within 20 seconds of starting the program, the spasms subsided and never returned.

4.) One of my clients called with pains in her teeth. During the session we ran the Pain Rx in the Dental program and several weeks later the pain had still not returned

5.) One of my clients was a starting running back for a college football team. He had not gotten along well with the new coach the year before and subsequently had not played much. Having suffered a hamstring injury at the beginning of this last year, it did not look good. I along with my partners started working with him and had him back

on the field in 2 weeks. We stayed with him for the whole year and he had the best season he has ever had and has a chance of being drafted.

City Unknown”

“4 years ago Sept 21st my daughter flipped our SUV and suffered a crack to her C7 vertebrae. She went immediately from a 4.0 student/artist who loved life, was quite popular with both kids and adults and had aspirations to attend Harvard or Yale, to a depressed, suicidal, self-mutilating, insomniac etc. After over 100 doctors (and \$150,000)...MD's, Internists, endocrinologist, gynecologist, neurologists, chiropractors, etc she was getting sicker and sicker. The day I found a butcher knife under her dresser I knew it was only a matter of time and I would lose her. Either through suicide or just her body breaking down, I sincerely believe she would not be alive today had I not found the EPFX. After about 15 months of going from Doctor to Doctor she finally refused to see another one. She told me to just let her die because living was just too hard. I went into a depression; if I couldn't save my only daughter then I didn't want to live either.... (I have never had a problem with that before or after this) but I could not stop crying. Sometimes I would cry 10 times in one day.

What happened is about 9 months later I went to an EPFX practitioner. I knew nothing about energy medicine and had a one hour session and left. 4 days later I realized I hadn't cried in days and that I felt happy...like myself again. I called her and asked her if the machine could have done something to my emotions. Long story short I know it was not the placebo effect because I never dreamed it could help me with the depression, I was going only to see about some physical issues. (It is 2 years later and have not cried since...perhaps I have no tears left...but I am happy again.)

City Unknown”

“I am an EPFX Practitioner. I have been using the system for about 1 ½ years. Over the course of a few months, I worked on my daughter's warts. She had warts all over her shin on her leg and on the back of one hand. She had these for several years and they kept spreading. She had seen a dermatologist and (despite her fear of needles ) had taken shots directly into some of the warts. She said it seemed to make them spread out a little but they didn't go away so she stopped going. She was willing to let me try to help but she didn't want to come to my house so I could hook her up. The only way she was willing to do it was if I worked on her while she was asleep at her house and I was at my house using her fingernails on the test tray as DNA. I worked on her 8 times and the warts have disappeared completely.

City Unknown”

“One client was a 9 year old child with a history of sexual abuse. She was having panic attacks at school and at home. The principal wanted to place her in another school because she was disrupting the class. After the first session, the child went back to school and the teacher wanted to know what she had done, because she was calmer, more cooperative, more delightful, she was a different child.

Using the SCIO/EPFX and White Dove Homeopathy, I have kept herpes zoster from blistering, twice. Which cleared quicker and the pain was reduced or no pain at all!

Plantar warts on the bottoms of clients feet dissolved with the SCIO/EPFX.

I myself had a knot (a hard swollen area) the come up on the top of my hand at the wrist, I used the face roller on it and in 5 days it was gone, and no more pain!!! And there has been no more problems with this again!

Clients have told me that after their first session on the SCIO/EPFX, they did not need to take their anti-depressants for 7-10 days.

Everyone says they have more energy after a session. I have been a nervous person all of my life, I have tried a lot of things myself (naturally) and things prescribed to me by my alternative physician. The SCIO/EPFX was the only thing that would calm my nervous system. It is wonderful to be like a normal person. Actually, I am the calmest I have been in over 30 years!

City Unknown”

“I purchased my EPFX/Scio device about a year and a half ago. Prior to that I was a client of a very awesome practitioner here in Los Angeles area. She worked with me on training to ride my bicycle in mountain bike races and ride my rode bike from San Francisco to LA for the California Aids Lifecycle event. 7 days-577 miles. Well I had a crash on my bike just a few days prior to leaving for this 577 mile ride. I hurt my shoulder so badly that I knew I couldn't ride. The pain was really bad. I called my Practitioner right

after the fall, before the emergency room visit. I really didn't want to hear from the "western medicine" world that I could not ride that event. It meant a lot to me and I did a lot of fund raising and a lot of training to get that far. Any way I did a session on the EPFX and to even my own surprise the pain lessened right away. Then I went and had an acupuncture treatment, then another EPFX session over the course of 3 days. I used some herbs, and I used a lot of ice. After those treatments I had such relief I never did go have a MD look and assess my trauma. I got to ride out on the 4th day with all the other 2000 cyclists and I completed the ride with no problem. I now own my device and I work with athletes here in the USA of different types. I use the device for pain management as well as general stress reduction on professional cyclists and I have a couple of pro baseball players that have had excellent results from the EPFX. I wouldn't want to give up working with this device. It's done more for me than just 'peak performance' and pain management. I KNOW that so much healing in so many different ways can happen and do happen with the EPFX.

California, U.S.A.”

“My brother,- a 33-year-old male was involved in a severe car accident in January 2006 (prior to my purchasing the EPRX device). The injuries he sustained could easily have killed him, and thanks to a wonderful team of volunteers out the little village town where

I grew up, he didn't. JW was airlifted to a level-1 trauma center, where his team of doctors did a wonderful job of keeping him alive and allowing him to heal. A partial list of injuries included: cracked sternum and sacrum, all ribs were fractured, his left arm was severely fractured in at least 2 places and they feared they may have had to amputate (they didn't) , his lungs collapsed, he went into defib twice and was successfully recovered, the processes on T9, T10, T11, and T12 were fractured, and a burst fracture of T12. Thankfully, no spinal or brain damage was sustained. While he was in the trauma SICU, I visited every day and did what I could - energy healing ("Healing Touch"). It was interesting how I could follow his relaxation on the monitors while I worked. Usually, his breathing would become deeper, his heart rate would slow a bit, he would fall asleep, and he LOVED when I had my hands on him, offering and energetic outlet to the universe for his impact trauma. JW recovered completely, and today is pain-free!! I believe that the highly-skilled MDs, Nurses, and staff did a wonderful job, and without the high-tech intervention I would have lost my brother. I equally believe that without my low-tech energy medicine touch that he would not be pain-free today. Imagine what could happen if this were allowed in all hospitals?

Now, there was one thing - the humoral head of the left arm was necrotizing due to trauma. His radiologist and MD were watching it closely, and it looked as though he may need a replacement. I purchased my EPFX device in March of 2007 and in April of 2007 I placed the EPFX headband on his damaged shoulder and hit the Injury/Pain button. I was hoping that at the next radiologist appointment we would hear better news, but I was not prepared for the outcome. At the very next appointment, the radiologist was stunned, I am told, to find that "all articulations are 100%." Our family MD, who is an outstanding person as well as MD, wanted to know what I had done, and I had the opportunity to show him. Imagine if it were allowed that a person like me could see patients of this MD - patients like JW, trauma victims, chronically ill patients, if they could, in addition to their treatment from their allopathic medical team, receive a balancing session. What if stroke victims could receive acupuncture in the ER as they do in China and enjoy an 80% recovery rate? What if you were that patient - what if it were your child, your brother, your spouse? Think of the billions of dollars that would be saved in time lost from work, in additional PT, OT and the like, not to mention surgeries that could be prevented, as in the case of my brother.

City Unknown"

"My friend, LMC, had received bad news. Lung cancer. It looked to be encapsulated and she underwent the thoracotomy to remove it. A few days later, great news, kind of. Not lung cancer - fungus. Fungus that had encapsulated in her lung. She was relieved, although experienced the normal pain and depression that follows such an invasive surgery. But, it wasn't cancer, thankfully. Six weeks later, she returned to her work as a busy executive for a large multinational company. She struggled as she is over 50, so her healing, while progressing well, took a bit of time. Finally after a few weeks, she returned to her internist who recommended that she take 2 months off to recover fully as she was clinically exhausted. Well, that time off was not an option - she had used all her sick time and could not take that time to heal - she had to return to work or resign. In desperation she visited a Wellness Center in Springfield, MO, upon my recommendation and was seen by a practitioner. After receiving balancing treatments,

IV cocktails, homeopathic remedies, etc. for 2 months, while she continued working. She is happy to report that after that two month period of homeopathics and balancing sessions, she feels like herself again and was back at work performing at her pre-op level, and currently is looking for a new, better position in which she will be required to travel 50% of the time - not an option for her 6 months ago and prior to her balancing sessions with the EFPX device.

City Unknown”

“A 60+ year old woman with a history of trauma due to an auto accident. She had damage to her cervical vertebrae and 20 years ago underwent a surgical procedure to fuse some of those vertebrae. She was having headaches, tingling down her arms to her hands, and could not turn her neck. I did one balancing session, and 1 week later she called to tell me the pain was gone from her hands, neck, and head, and she could turn her head and drive again! She was very happy, as I was for her.

City Unknown”

“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 EFPX-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 EFPX-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 EFPX-USB.

Quebec, Canada”

“On May 5, 2006, my daughter ten aged 38 suffered an accident which impacted her face. After two CAT scans, and several other investigative procedures, it was decided that she had broken the part of the bone just above the intra orbital groove, under her left eye. She suffered from double vision, violent headaches, her sinuses were also affected with an infection and she also had mandibular problems, some of her teeth being a little loose.

As it was an injury sustained at work, she was taken on by the Workers compensation Board and was assigned several doctors including her own GP, a GP from the WCB, an eye specialist and an orthodontist.

As the infection was not subsiding, in August, she was put on a course of daily intravenous antibiotics – and for this she had to attend the hospital daily. ON her return from the hospital she felt almost worse than before she went. She was very tired and prevented from doing any kind of lifting, going up and down the stairs, standing for any

period of time. Her life was being put on hold.

By September, it was decided that she should be operated on, come what may and that a metal plate would be inserted to replace the missing bone. But, as an emergency procedure, that operation would take place at the earliest in May 2007 – that is a full year after her accident. She was also told she would have to grin and bear it until then. This is when she called on a friend of hers, a Doctor of Chinese Medicine who is also an EPFX practitioner. The upshot of it all is:

- 1) He first saw her at the end of September – and dealt with her obvious stress.
- 2) She had two more sessions with the EPFX, one at the end of October and another one in the third week of November
- 3) Finally, she had her last one with this doctor in the second week of December.

The same doctor each time explained to me what he was doing and he taught me how to use the EPFX so that I could keep providing my daughter with the support she needed. I purchased an EPFX, which I received in March 2007. Until then he kept on providing my daughter with subspace sessions and under his guidance at first, then on my own once I had received the proper instruction, I carried on.

The end result is that my daughter was back at work on the first week of January 2007 with restricted duties - but when she was finally discharged from all “medical care” at the end of February, the last investigation she received showed the bone had regenerated on its own and that she would not after all need an operation. Her vision was back to normal, the headaches had disappeared and her lower jaw bone had clamped back properly around her teeth.

Vancouver, Canada”

“Male: Age 49

Personal Testimony:

Approximately 9 years ago I had a severe injury to my left arm and both rotator cuffs. I was showing my son how to perform a back layout on the gymnastic rings and just as I had achieved the full layout position my left Bicep completely separated from the ligament attaching it to the radius.

At the same time this occurred, both rotator cuffs folded in and ripped. The Bicep Brachia was surgically re-attached however there was very little that could be done for the rotator cuffs aside from Physio which I did myself with great results. The only problem was chronic shoulder pain at night which interrupted my sleep dramatically as no matter which side I laid on, within 2 minutes I would be throbbing in pain.

I tried several NSAID's with little or no relief and had resigned myself to the fact that this is what I could expect for the rest of my life. Enter my introduction to the SCIO/EPFX. I had bought it with very little training or understanding of how it worked or what it could fully do, but I understood the fundamental aspects of its operation.

As my wife and I were working with it we became a little more familiar but still had no real understanding of its capability or true use of it. One night I had gone to bed and she was working on it from the living room on me as I slept and for the first time in 5 years,

at that point, I had a full nights sleep with no pain. This was the pivotal point for me and spurred me into getting certified.

Since then my strength and training capabilities have improved dramatically and I still get solid nights of sound deep sleep without pain. As a practitioner I have witnessed some amazing results from using this device and wish it would be an accepted medical device for analysis and therapy use.

Mississippi, U.S.A.”

“Young crippled girl 10 years old. She can stand but not alone. Has no muscle control with hands or arms, legs or feet. Various muscles have occurrences of uncontrolled twitching. She is currently being seen at UCLA. Diagnosis unknown. Client is hooked to the Quantum biofeedback device, usually with just the head harness. I reduce stress through various program... biofeedback (reduce stress in nerves and reduce stress in spine). I can visibly see the difference as she stretches and moves her arms and legs purposefully during treatment. I also use NLP program and brain balancing program. The girl, who rarely speaks, starts talking when her brain gets balanced. She once left my office and her mother tells the story that she was actually able to speak to her father on the phone that night. They were thrilled.  
City Unknown”

“My wife as taken training with the EPFX device and loves to do therapy for stress. My spine is pinned together after breaking it many years ago. After a hard day of work, it often swells and causes pain. A therapy with the EPFX keeps me from experiencing pain and allows me to go to work the next day.  
Thank you for having the knowledge to create such a marvelous devise.

City Unknown”

“My 15 year old daughter who suffered a concussion after falling off a horse. She suffered from blurred vision, headache, neck pain. I performed a session within 24 hours and the EPFX showed intercranial pressure, C1 vertebrae , and a host of other stresses her body attested to. She missed 3 days of school and for the first 5 days slept constantly. After only 2 sessions she was free of the headache, blurry vision and was no longer feeling the constant tiredness. Subsequent sessions have been done and she is improving.  
City Unknown”

“The client had an issue with his throat. In which every morning when he would stretch he would get this stabbing pain in his throat and taste blood. His doctor said that he had ripe his esophagus and at would continue to re-open if he continued to stretch. Will being that sometimes stretching is just a reaction, he continued to tear the wound. One session in the EPFX and he has not ever had this problem again, and he stretches every day. That was two years ago!  
City Unknown”

“Old Football injuries gone after first session

I have been plagued with a football knee injury my entire life and, at the age of 51. I've developed a little hip pain. The funny thing is that when I went to my first treatment, I filled out his patient history and never mentioned either. The problem I did report was fatigue which, I assumed, was stress related. During the "body scan" portion of my bio-feedback treatment..... both my hip and my knee were designated as locations of probable pain. I was astounded! In addition, the scan produced many abnormalities and deficiencies, many which accounted for my fatigue, and the machine noted at least a couple of problems that I wasn't even aware of. I was then treated by the same machine while relaxing on the table. After the bio-feedback treatment and some additional massage therapy, I left the clinic devoid of pain! I mean to tell you that my knee and my hip did not hurt! My fatigue remained at bay for weeks as well. During follow-up visits I was introduced to the electro-acupuncture procedure and found that to be most beneficial as well. I find that I have to return to treatments once a month to remain pain free, in great spirits and full of energy.....and that's just fine with me!  
Springfield, U.S.A.”

“EPFX for ASTHMA, Back Problems

In early September I received my first assessment and treatment. Without any prior disclosure, the QX SCIO identified several areas that I knew to be problematic and then treated those problems. I received considerable improvement in many areas, but I was amazed how my asthma improved. I have suffered many years with condition and the improvement was amazing.

In late January, I hurt my back at the gym. With two treatments, I improved from a pain level of 9 to a 4 with the first treatment. It went from a 4 to a 1 with the second treatment. I am a believer and am most interested in purchasing one for each of my daughters, one who has suffered from Type I diabetes since age 10 (She is now 25), and the other who was born with a profound speech disorder. I recommend it to anyone who has tried traditional medical treatments without positive results.

Springfield, U.S.A.”

“Age 24, male, Financial Analyst.

Suffered severe Brain Damage from a head-on collision with a large dump truck. He was unconscious for 2 days with the hospital and physicians telling his family that he probably would not regain consciousness, and, if he did, he certainly would be a vegetable for the remainder of his life based on the severity of his head injuries. His family contacted me when the physicians suggested they make funeral plans. I worked on Christopher for 11 straight hours with the EPFX concentrating on first reducing the INFLAMMATION within his brain and then having him guide me (unconscious reality) in his unconscious state as to where I would work next ie Trauma, Shock to Brain (medulla, cerebellum, etc.), Cerebral Spinal Fluid, Nerval Stim, Brain Stim, NLP Brain Scan, Biofeedback for Brain Tune, EEG, ECG. I was able to tell his mother within the hour when he would regain consciousness AND he did!! Now, after approximately 20 EPFX sessions and physical therapy he has returned full time to his job using his BRAIN!!!

North Carolina, U.S.A.”

“One lady who was a nurse had injury to her back and had many operations. She was interested in a session with the biofeedback. Emotionally she was very distraught. When I first worked on her she told me you won't be able to crack me. She had her guard up. I had 3 sessions with her over 3 weeks. Later she told me how dramatic these sessions were for her. Because at that time she felt like life wasn't worth living any longer. After working with her she couldn't believe the difference, and felt she was finally able to cope with life again.  
City Unknown”

“Age 39, female, **goiter/hypothyroid/mucous swelling in throat.** Mucous and swelling and lump disappeared after initial session on Nov 19/07 and still good as of Feb 19/08.

City Unknown”

“**This device correctly detected my lumbar injury, dental concerns, and numerous other minor issues. I can vouch for the accuracy of those detected issues. It had an almost immediate effect on the sciatic pain level. Over the next 8 or so hours, it was greatly alleviated by an estimated 85%. The reduction of pain was measurable, almost immediate, and impressive.” Age about 45, male, reported this about 11 days after his initial session on March 15/07.**

City Unknown”

“Age 60, female, **nerve deficiencies in both legs (left worse) from car accident.** She has had several sessions without huge improvement, but at one point she reported that she was able to walk better with more stability and further.

City Unknown”

“Age 61, female, **chronic head and neck pain from motorcycle accident in 1994, sciatic pain.** Client since March 10/06 for mostly weekly appointments. She notices head and neck pain release during/after sessions, but it doesn't always last. She sometimes reports that she wonders if her chiropractor makes her feel worse. She notices improvement in her sciatic pain after her sessions for 1-4 weeks, but has flare ups now and again.

City Unknown”

“Age 37, male. **Crushed discs in lower back, knee caps loose, pop out, crackling in last 5 years.** After two sessions (July 31/06 and Aug 14/06) he reported on Oct 23/06 that his lower back was good and still good as of early Feb 2008.

City Unknown”

“June 25, 2007

I was in constant pain due to a shoulder injury. A doctor suggested it might be Arthritis. After trying several ineffective treatments, he sent me to a Chiropractor who told me that I would have to keep coming back to therapy until I was cured. That helped only for a short while. I was exhausted from trying to live with this dull pain in my shoulder.

I also lived with a sinus problem which became chronic at certain times of the year.

Then I was introduced to EPFX / SCIO. I was amazed at the amount of information it disclosed about my body. There were things that I did not tell, yet they came up in the reports. I also received an enormous amount of information which gave me knowledge to take care of my body's needs.

During the first treatment I felt a strange sensation in my sinus area, as if it was opening up, and I was able to breathe easier. The following morning I felt a sense of energy and well being. During this same session, Mari also worked on my shoulder pain and that is now non-existent.

To me, the most important part of this treatment is that it is so gentle on my system. There are no drugs to take, so I did not have to worry about side effects.

I highly recommend this system to anyone looking for a treatment for their ailments.

Orange County, CA”

“My daughter had crater type lesions on both her feet for four years. They were doctor diagnosed as a type of wart family and treated but wouldn't go away. We tried over the counter remedies at the doctor's advice but still the warts multiplied. We visited a QXCI practitioner and the first visit was unsuccessful. The second visit he spent more time on the pathogen and within a month the lesions were completely gone and seven years later have not reoccurred.

City Unknown”

“9 year old Female / head injury, allergies, mercury toxicity, (from inoculations and biological grandparents were dentists), uncontrollable violent temper tantrums every day several times a day , anger issues (child was adopted), leaky gut. Mother at her wits end had spent the last 5 years going from Dr to Dr trying to get answers of why child was out of control. Dr's felt it was child being spoiled. First session on Biofeedback therapy was NLP, Therapy, Biofeedback, Timed therapies. Worked emotions/stressors and release of anger. Mother could not believe the difference in behavior of child, lasted about 3 days, Child came back again, worked same areas, added the Risk factor panel,

no temper tantrums for 4 days, Mother ecstatic. Worked on these Main areas and kept adding new areas, such as trauma, brain etc. Therapies lasted anywhere from 4-5 days did only one session a week for 6 weeks. At this point parents wanted faster results, so referred to a Medical practice where child went under HBOT, Cupping therapy, cranial therapy, enzyme therapy and blood tests for allergies. They still kept the once a week session. Child has new personality, sweet, loving, the temper tantrums are gone, child loves to come for sessions says she feels much better and happier after therapies. Both parents are so grateful for the EPTX distressing their child and for it leading them to what needed to be done to help their child become normal again and so excited to have their child back to the happy child she once was. Child is still actively seeing me once a week. Will continue for another 4 weeks then hopefully once a month/ or when needed.

City Unknown”

“I have been working with the EPTX for a year now as a practitioner, having been a client prior to that time.

I am a now a 65 year old female. At age 62 I sought medical care on 06/10/05 because of severe lower back pain and left hip and leg pain. I had been unable to walk without pain and limping and had been taking 4 500mg of ibuprofen at a time, 3-4x a day without relief. A good night's sleep was a fond memory!

A report of X-rays on 06/10/05 indicated a small osteophytic spur at the superior portion of the acetabulum

Further impressions:

1. L5-S1 Disc disease seen on lateral and magnification views
2. Otherwise normal appearing lumbo-sacral spine.

I received physical therapy for the next several months with no relief.

The physical therapist suggested further investigation and possibly an MRI

On 10/03/05 an MRI of the lumbar spine was performed.

The report states:

- \* No lumbar fracture or neoplastic marrow replacement are present
- \* No evidence of disc space infection and no intraspinal mass
- \* There is some facet arthropathy at the L5-S1 level. No focal disc herniation or significant canal or foraminal stenosis
- \* At the L4-5 level there is dehydration and narrowing of the disc with central and left-sided disc herniation/bulging facing the anterolateral aspect of the thecal sac and protruding into the inferior aspect of the L4-5 neural foramen. There is facet arthropathy and mild spinal stenosis at L4-5 as a result
- \* There is mild bulging of the L3-4 disc without focal disc herniation or significant canal or foraminal stenosis. There is some facet hypertrophy
- \* No abnormality of L1-2 or L2-3 present
- \* Two neural cysts noted in the thecal canal at the level of S2

Impression: CENTRAL AND LEFT-SIDED L4-5 DISC BULGE WITH MILD L4-5 SPINAL STENOSIS

THE RECOMMENDATION FOR ALLEVIATING THE CONDITION WAS STEROID INJECTIONS INTO THE SPINE TO BEGIN IMMEDIATELY.

I SAID, " NO THANK YOU, I'LL LOOK FOR ALTERNATIVE SOLUTIONS."

The next week I was invited to a demonstration of the EPFX device and immediately scheduled an appointment. By the third session I was no longer limping and the pain and discomfort was noticeably diminished. Improvement continued steadily as I continued with regular sessions. I was no longer taking ibuprofen for pain, and I began exercising to strengthen my back and legs and overall strength training.

And I had a goal: In August of 2006 I led a rather strenuous pilgrimage to Ireland that involved a lot of walking, hill climbs, clambering over fences, rock walls and megalithic tombs...and I did it...without the aid of medications or steroids.

That's not all! Two months later I unexpectedly went on a pilgrimage to Egypt...and there managed 12 intense days...climbing the 750+ uneven rock steps to the top of Mount Sinai, a 6-7 hour camel-riding trek in the Sinai desert and sleeping two nights on the ground in a desert canyon and on sand dune. In September 2008 I will be returning to Egypt with my own group for another go at Sinai's mountain camels, and desert!

THERE IS NO WAY ANY OF THAT WOULD HAVE BEEN POSSIBLE FOR ME WITHOUT THE EPFX QUANTUM BIOFEEDBACK DEVICE.

City Unknown”

**USUAL or CUSTOMARY TREATMENT PLAN:**

RICE therapy Rest, Ice, Care, Exercise

Allow adequate rest with heat ice therapy 3 min heat 10 min ice for 3 cycles

end with ice, Care includes Lymph massage, effulage, and support,

Exercise should be gradual with stretching and warm up emphasised

Anti\_Inflammation; Crystallized Cell Salts; Homeopathic Glandular; Injury

Acne and itch with eruptions, NATRUM PHOSPHORICUM, SULPHUR.

Sprained, ARNICA MONTANA every 2 hours alternated with RHUS

TOXICODENDRON. Puffiness, KALI CARBONICUM, APIS MELLIFICA or

PULSATILLA according to their constitution. As if sprained,

SYMPHYTUM or RUTA GRAVEOLENS. Swollen, weak joints, NATRUM

CARBONICUM. Swollen and puffy, PHOSPHORUS, APIS MELLIFICA,

CALCAREA CARBONICA or PULSATILLA.



propagation in the tissue and the spacing interval of the electrodes. As we reduce the inter-electrode distance, the two monophasic action potentials will be closer to each other. The time factors are such that excitation occurs under electrode B before recovery is complete under A, so a smaller action potential results. Fig1

This applies also to an isolated single strip or bundle of irritable tissues having the same propagation velocity. If the tissue consists of a bundle of fibers having different velocities of propagation, then the waves of excitation will arrive under each electrode at varying times. So the wave form displayed by the recording instrument will be very complex. It must also be recognized that the activity of the tissues closest to the recording electrodes will contribute the most to the recorded potential. If we filter out interference, it becomes easy to diagnose traumatized or injured tissue.

The QXCI medical device generates a wave form based on the age of the patient and measures the received wave form potential at the extremities. The existence of injured tissue anywhere in the system (on or under the skin will effect the received potential.

Experimentally it was possible to provide verification for the preceding explanation for the wave form of potential variance, which is recorded by two electrodes on the surface of an isolated strip of injured tissue. We used the frog sartorius muscle consists of a bundle of very similar muscle fibers running parallel for the whole length of the muscle. The application of a stimulus to one end of the muscle (curarized) will cause a wave of excitation to travel along each fiber at the same rate. The waves reached the end of the muscle at the same time. By recording the response with two widely separated electrodes, the diphasic action potential can be obtained; a typical result appears. If the electrode spacing is reduced so that the monophasic action potentials overlap (i.e., excitation of the distal electrode occurs before recovery at the proximal electrode), the action potential is that predicted by the preceding analysis.

The computer acts as a wave form or frequency generator, and almost simultaneously as a frequency counter and wave form analyzer. This allows intimate and speedy detection and rectification or correction of wave abnormalities. Thus healing of detected injured tissue can be maximized at natural signal strength. The body electrolyte strength will generate a potential between electrodes of dissimilar metal construction. The range of signal in the QXCI electrodes is .693 to 1.751 volts.

The QXCI medical device generates a compatible signal strength. Thus the intervention is rarely felt. Just as immersing in water at body temperature is not felt. Even though you obviously get wet. The natural level of intervention of the QXCI will allow for gentle interface and minimize alarm response. Dr. Voll found that signals beyond 1.5 volts were destructive, so systems like the Listen or Vega could do damage more than repair.

Multiple wave detection allows for global or wholistic system evaluation. Our recorded diphasic action potential permits determination of the direction of the spread of excitation. When the electrodes are closely spaced, the direction of the initial

deflection of the potential indicator still provides this information if its deflection is known in terms of the polarity applied to its terminals. The polarity convention chosen was such that when electrode A was negative to electrode B, the indicator of the potential-measuring instrument rose. So when excitation traveled from A to B, the first phase of the action potential would be upward. If the tissue were excited at its opposite end (i.e., beyond B), electrode B would become negative first and the initial deflection of the potential indicator would be downward. . Electrically we can find foci of brain disturbance or heart dysfunction from multi-probed EEG or ECG channels.

We see that the meaning of the polarity of the potential difference between the electrodes has been devoted to the case of the spread of excitation being in the same direction into the extremity electrodes. The orientation of the electrodes with respect to the direction of excitation and recovery was important. It can be shown by placing the electrodes opposite each other on the tissue and causing a wave of excitation to be propagated. If everything is symmetrical, dipolarization and repolarization will occur simultaneously under each electrode. The potential indicator will not be deflected as excitation and recovery pass. Acupuncture meridian cascade can also be demonstrated by multi-channel measurement of acupuncture points on a meridian. The choice of wrist and ankle location was based initially on the Rodakru system of Korea but later development found that this was an ideal location for equilibrating the signal.

Some tissue (especially cardiac muscle) will have excitation in all the tissue before recovery occurs under either electrode. Sometimes recovery does not travel in the same direction as excitation. Therefore, the action potentials recorded from a pair of electrodes on the surface of such tissue are expected to be different from those previously discussed (see "Cardiology", by Dr. Nelson).

In the Promorpheus we diagrams strips of isolated irritable tissue in which excitation occupies all the tissue before recovery occurs under either electrode. Assume that the tissue has been stimulated to the left of electrode A and that excitation advances and occupies the region under electrode A, making this electrode negative with respect to electrode B; with the polarity convention adopted, the potential voltage

## **Electrodes detecting voltage potential**

**A                      B            >>> Recovery**

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## **Skin surface wave propagation to Rt**

indicator rises. Excitation advances will occupy the region under electrode B. Recovery will not have occurred under electrode A and because both electrodes are now over active tissue, the indicator shows no potential difference, and the first upward

phase of the action potential will result. If the strip of irritable tissue is uniform, recovery will follow in the same direction as excitation, occurring first under electrode A.

Excitation and recovery propagated at right angles to the axis of a pair of electrodes on an isolated strip of irritable tissue. Under this condition, electrode B is negative with respect to A and the potential indicator falls. As recovery occurs under electrode B, the potential indicator reads zero and the second (downward) phase of the action potential is completed as shown in the Promorpheus

As we see, the two monophasic action potentials have special meanings. The peak of the first upward monophasic action potential indicates excitation under electrode A; the end of this action potential indicates that the whole tissue is active. A downward wave indicates recovery starting under electrode A and recovery under this electrode becomes complete when the peak of the downward action potential is reached. Completion of the downward action potential shows full recovery of the tissue.

Fig2

If there exists a metabolic gradient in irritable tissue, the sequence of events will be different. If, when all of the tissue is active, recovery proceeds in the direction opposite that of excitation, the second phase of the action potential will be different. Recovery appears first under electrode B, resulting in electrode A being negative with respect to B (Fig. 2). Thus the potential indicator will rise and the second phase of the action potential will be upward (i.e., in the same direction as the first). As the tissue covers under electrode A, the second (upward) phase of the action potential results.

As presented, the peak of the first upward phase described excitation under electrode A. At the end of the first monophasic action potential, when the indicator read zero, the whole tissue was active. The beginning of the second upward phase indicated the start of recovery under electrode B; total recovery occurred when the second upward monophasic action potential was completed. To summarize, in tissue that is totally occupied by excitation before recovery occurs anywhere, if the two phases of the action potential are in the opposite direction, excitation and recovery travel in the same direction. This implies general skin voltage readings, not acupuncture points. If the two phases are in the same direction, excitation and recovery travel in opposite directions. This can often be found in the heart of a cold-blooded animal and in homogenous tissue; the latter is characteristic of the mammalian ventricles. Acupuncture meridians show the characteristic voltage changes, but follow uncharacteristic impedance variance from other skin tissue. This phenomenon accounts for electroacupuncture.

### **Injured Tissue Effects On Action Potential**

A surprising observation associated with the measurement of action potentials with extracellular electrodes, applied directly to injured tissue, is the appearance of

wave forms that resemble, to a remarkable degree, those obtained with transmembrane electrodes. Many papers presenting such records usually state that one electrode was placed on uninjured tissue and the other was over injured tissue. This allows for the electrical location of trauma cases and a quantifiable means of rating the injury. Such a sophisticated instrument is manufactured by QXCI. This instrument can be passed down the spine to measure voltage, amperage, resistance, and temperature of the skin next to the vertebrae. From this we can measure spinal injuries quite accurately.

As we have demonstrated, if two electrodes are placed on the surface of a uniform strip of irritable tissue, a diphasic action potential is recorded when the tissue responds to a stimulus. Excitation and recovery under the first electrode are found in the first phase; the second indicates the same event under the second electrode. If the two electrodes are close together, the phases will be temporally closer. If one of the surface electrodes is advanced through the membrane into the cell, the membrane potential appears. If the cell is excited, the monophasic action potential will be recorded rising from, and returning to, the resting membrane potential. This shows two boundary conditions (i.e., both electrodes are extracellular), which give rise to the idealized diphasic action potential; when one electrode is extracellular and the other is intracellular, the idealized monophasic action potential results. Imagine a strip of irritable tissue, injured at one end (i.e., depolarized) by crushing at B as in Fig. G. The membrane potential is not fully maintained all the way to the site of injury.

Graham and Gerard (1946) used frog sartorius muscle and explored the potential along the membrane with transmembrane electrodes up to and within the site of injury. It was found that the potential between the exploring electrode was within 5 mm of the site of injury. As electrode B was moved toward the cut end, the potential decreased; at 2 mm from the site of injury, the potential was twenty-five percent of the membrane potential. Graham and Gerard placed one electrode on the intact surface of a muscle cell and another in the region of injury, comparing the potential difference so measured with the resting membrane potential. The injury potential was thirty to thirty-nine percent of the membrane potential. This accounts for electrical measurement of tissue.

At the site of injury the spatial distribution of membrane potential, whatever it may be, causes current to flow through the fluid environment. Thus in the fluid there will be established more electrical current, or amps. Injured tissue will have less resistance and thus draw electrical energy to it.

This is necessary to provide greater electrical flow for rebuilding and reconstruction.

Consequently, the potential measured between an electrode inside the cell and one at the site of injury will depend on the local conditions at the site of injury and the position of the electrode in the fluid environment. If this potential (the injury potential) is measured under optimum conditions, it may amount to slightly more than one-third of the membrane potential. The same type of information developed by Woodbury and others (1951) demonstrated that if the diameter of an intracellular electrode is large with respect to the size of a cell, the potential measured is considerably less than the membrane potential and approximated thirty percent of the true membrane potential. It is apparent that a typical injury potential may be about one-third of the membrane potential. This will allow us to measure the probability of injury in the body. Fig3

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