Title: KIDNEY DISORDERS

Part of the Following:
Large Scale Study of the Safety and Efficacy of the SCIO Device

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This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy

Abstract:

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

Over View:

This large scale research was designed to produce an 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 an 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 were 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, sarcoles, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-diagnostic work and or therapy.

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

Subspace Software:
The QXCI software is designed for electro-physiological connection to the patient to allow reactivity testing and rectification of subtle abnormalities of the body electric. If a patient is not available a subspace or distance healing link has been designed for subspace therapeutics. Many reports of the success of the subspace have been reported and thus the effectiveness and the safety of the subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and their counterfeit attempts have ended in failure.

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

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

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

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

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

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

Important Questions: these are the key questions of the study
1. Define Diseases or Patient Concerns
2. Percentage of Improvement in Symptoms
3. Percentage of Improvement in Feeling Better
4. Percentage of Improvement Measured
5. Percentage of Improvement in Stress Reduction
6. Percentage of Improvement in SOC Behavior
7. What Measured + How (relevant measures to the patient’s health situation)
8. If Patient worsened please describe in detail involving SOC

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

MEDICAL DETAILS

A. Renal cystic and dysplastic lesions
1. Developmental lesions
   (i) Agenesis
   (ii) Hypoplasia
   (iii) Heterotopia, e.g. in the pelvis
   (iv) Fusion - horseshoe kidney
   (v) Renal dysplasia
      a. Multicystic (unilateral or bilateral)
      b. Segmental
      c. With lower urinary tract obstruction (e.g. posterior urethral valves)
2. Hereditary lesions
   (i) Polycystic disease
      a. Infantile
      b. Adult
   (ii) Renal medullary cystic disease
      a. Medullary cystic disease/familial juvenile nephronophthisis
      b. Medullary sponge kidney
   (iii) Renal cysts in hereditary syndromes, tuberous sclerosis, etc.
3. Acquired renal cortical cysts
   (i) Simple
   (ii) Multilocular
   (iii) End stage disease of patients receiving maintenance dialysis

B. Inflammatory disorders (mainly affecting the interstitium)

1. Acute pyelonephritis
   Acute bacterial infection of the kidney and renal pelvis, usually resulting from ascending
infection of the urinary tract, but some cases may result from haematogenous or lymphatic spread.

Pathogenesis

Ascending infection usually follows bacterial contamination of the urine in the bladder with or without true infection of the bladder wall - cystitis

Predisposing factors

(i) Obstruction, of which the major causes are
   a. Malformations of the GU tract in childhood
   b. Pregnancy
   c. Prostatic hyperplasia and uterine prolapse in the elderly
(ii) Ureretic reflux
(iii) Catheterisation
(iv) Diabetes mellitus

Pathological features

(i) Kidney is swollen and hyperaemic
(ii) Surface studded with small abscesses
(iii) Scattered, rounded or linear abscesses in the cortex and medulla
(iv) Polymorphs in tubules and interstitium

Complications

(i) Renal carbuncle
(ii) Peri-nephric abscess
(iii) Renal papillary necrosis
(iv) Acute renal failure
(v) Pyonephrosis
(vi) Chronic pyelonephritis
(vii) Septicaemia
(viii) Metastatic abscesses

2. Chronic Pyelonephritis

Chronic inflammation and fibrosis associated with persistent infection or initiated by infection but becoming self-perpetuating

Pathological features

(i) Granular, shrunken kidneys
(ii) Cortical scarring
(iii) Deformity of the pelvi-calyceal system

Microscopic

(iv) Tubular atrophy
(v) Interstitial fibrosis
(vi) Periglomerular fibrosis
(vii) Glomerular hyalinisation
(viii) Chronic inflammatory cell infiltration

Complications

(i) Hypertension
(ii) Chronic renal failure

3. Tuberculosis

(i) Miliary
(ii) Fibro-caseous, nodular tuberculosis
(iii) Tuberculous 'pyonephrosis'

C. Glomerular disorders

Definitions
Patterns of involvement by disease are designated:
(i) Diffuse - all the glomeruli are affected
(ii) Focal - occasional glomeruli are affected
(iii) Segmental - only parts of glomeruli are affected

Classification is based on the presence or absence of:
(i)  Mesangial cell and matrix increase if present: proliferative glomerulonephritis (GN)
(ii) Glomerular basement membrane thickening if present with proliferation: membranoproliferative GN if present alone: membranous GN
(iii)  >Cr5eOs%ceonftsgleruli: crescentic GN

1. Proliferative glomerulonephritis (GN)
   (i) Diffuse endocapillary (exudative) GN
   mesangial cell and matrix increase with swollen endothelial cells and an excess of polymorphs Subepithelial and mesangial deposits containing Ig and complement, i.e. immune complexes
   The antigens responsible for these reactions are ill-defined. The classical form of acute diffuse proliferative GN is provoked by streptococcal infection elsewhere in the body, but most cases do not fall into this category.
   Other antigens include:
   a. Bacterial endotoxins
   b. Schistosomes
   c. Trypanosomes
   d. Plasmodia chicken pox,
   e. Viral antigens, e.g. hepatitis B, mumps, chicken pox measles
   f. Endogenous DNA
   (ii) Diffuse or focal segmental mesangial proliferative GN This pattern of proliferation is a variant also resulting from immune complex deposition. A special form is deposition of IgA in the mesangium seen in Berger's disease (recurrent haematuria syndrome). Affected patients show an elevated serum IgA and have increased titres to respiratory pathogens including Mycoplasma pneumoniae and influenza virus. The disease may be initiated by respiratory infection.
   (iii) Crescentic (extracapillary or rapidly progressive GN)
   Pathological features
   Segmental necrosis and fibrin deposition in Bowman's space lead to epithelial crescent formation with exudation of inflammatory cells. Superimposed on underlying disease. This condition has a poor prognosis.
   Aetiology
   Crescentic GN can supervene on 'acute' proliferative GN, most cases of which are idiopathic, but is also regularly encountered in multisystem diseases:
   a. Malignant hypertension
   b. Infective endocarditis
   c. SLE
d. Polyarteritis nodosa
e. Wegener's granulomatosis
f. Goodpasture's syndrome
g. Rheumatoid vasculitis
h. Henoch-Schönlein syndrome

Immunostaining helps to determine the diagnostic category

a. Linear staining along GBM for IgG, associated with anti-GBM antibody (Goodpasture's)
b. Granular staining for immune complex
c. Negative in vasculitis such as polyarteritis nodosa or Wegener's
(iv) Membranoproliferative GN. Often persistent hypocomplementaemia

Type I (mesangiocapillary GN)
Mesangial interposition and 'double contour' GBM Mesangial and subendothelial deposit of Ig and complement

Type II (dense deposit disease)
Intramembranous ribbon-like deposit of extremely electron dense material, also in Bowman's capsule and tubular basement membrane - C3 often, usually no Ig

Type III
As type I and numerous subepithelial and intramembranous deposits
Aetiology - idiopathic (rarely associated with immunisation)
Prognosis: usually slowly progressive

2. Minimal change GN
This is the most common cause of the nephrotic syndrome in childhood.
Aetiology
- a reaction to lymphokines produced as a hypersensitivity response to toxins, insect stings, pollens, foodstuffs, etc.
Pathological features
(i) Fusion of epithelial foot processes (EM)
(ii) Fat droplets in the tubular epithelium
Prognosis
Excellent when treated with corticosteroids or cyclophosphamide

3. Focal glomerulosclerosis
Hyaline thickening of mesangial regions and capillary loops of focal and segmental distribution, usually presenting in childhood as the nephrotic syndrome. The response to treatment is poor. An identical picture can be seen in adults with a wide variety of renal disorders.

4. Membranous GN
Aetiology
- in-situ formation of immune complexes within the GBM which activate complement. The increased GBM permeability may be a consequence of membrane attack by the final sequence (C5-9) of complement. Most cases are idiopathic but known causes include:
(i) Drug hypersensitivity, particularly to gold and penicillamine
(ii) Quartan malaria
(iii) Tumour antigens - e.g. colonic, gastric, and renal adenocarcinoma
(iv) Hepatitis B
(v) SLE and rheumatoid disease

Pathological features
(i) Diffuse thickening of the GBM with 'spike' formation
(ii) Deposits of immunoglobulin (mainly IgG) and complement C3 beneath the epithelium which later becomes incorporated into the BM
(iii) Loss of foot processes from the epithelial cells
(iv) Progressive sclerosis of glomeruli

Prognosis
Usually presents with the nephrotic syndrome and deteriorates slowly to renal failure in 5-10 years

5. Glomerulosclerosis (advanced GN)
The end result of a variety of progressive destructive lesions.

Aetiology
The main causes are:
(i) Progressive GN
(ii) Hypertensive nephrosclerosis
(iii) Diabetes mellitus
(iv) Amyloidosis

Pathological features
(i) Contracted kidneys
(ii) Hyaline fibrosis of glomeruli
(iii) Secondary tubular atrophy
(iv) Interstitial fibrosis
(v) Associated hypertensive changes

Prognosis
Deterioration to chronic renal failure and death

Pathological basis of the clinical syndromes
(i) Acute nephritis syndrome
   a. Diffuse proliferative GN
   b. Crescentic (rapidly progressive) GN
   c. Membrano-proliferative GN
   d. SLE
   e. Polyarteritis nodosa
   f. Henoch-Schönlein syndrome
   g. IgA nephropathy
   h. Hereditary nephritis
(ii) Nephrotic syndrome
   a. Minimal change GN
   b. Membranous GN
   c. Proliferative GN
   d. Focal glomerulosclerosis
   e. Amyloidosis
   f. Diabetes mellitus
   g. SLE
   h. Renal vein thrombosis
i. Congenital nephrotic syndrome

(iii) Acute renal failure
a. Acute tubular necrosis
b. Crescentic
c. Diffuse proliferative GN
d. Severe acute pyelonephritis
e. Malignant hypertension
f. Polyarteritis nodosa
g. SLE
h. Eclampsia
i. Hypercalcaemia

j. Haemolytic-uraemic syndrome

(iv) Chronic renal failure
a. Glomerulosclerosis (advanced GN)
b. Chronic pyelonephritis
c. Hypertensive nephrosclerosis
d. Diabetes mellitus

(v) Painless haematuria
a. Berger's (IgA) nephropathy
b. Mesangial proliferative GN
c. Progressive proliferative GN
d. Chronic pyelonephritis
e. Hydronephrosis
f. Calculus
g. Tumours
h. Benign recurrent haematuria

D. Tubular disorders
1. Acute tubular necrosis
   (i) Nephrotoxic
      a. Heavy metals
      b. Organic solvents
c. Ethylene glycol
d. Mushroom poisoning

   (ii) Ischaemic
      The causes are those of 'shock'

Pathological features

(i) Kidneys are swollen and pale

(ii) Tubular epithelial necrosis, with desquamation of cells forming casts

(iii) Calcium oxalate crystals in the lumen in some cases

(iv) Rupture of the tubular basement membrane tubulorrhexis

(v) Regeneration of epithelium in later stages
2. Myeloma kidney

3. Bile nephrosis

4. Glycogen accumulation
   (i) Diabetes mellitus
   (ii) Glycogenoses

5. Tubular vacuolation
   (i) Hypokalaemia
   (ii) Administration of hypertonic solutions

6. Disorders of tubular function
   (i) Defects in transport mechanisms
      a. Renal glycosuria
      b. Phosphaturia
      c. Renal tubular acidosis
      d. Familial phospho-gluco-aminoaciduria
      e. Cystinuria
      f. Hartnup disease
      g. Glycine-iminoaciduria
      h. Glycinuria
   (ii) Abnormal tubular response to hormones
      a. Nephrogenic diabetes insipidus
      b. Pseudohypoparathyroidism
      c. Pseudohypoaldosteronism
      d. Pseudohyperaldosteronism

E. Urinary calculi and nephrocalcinosis

Calculi are composed of amorphous urinary crystalloids bound by a mucoprotein matrix. They may be found anywhere in the urinary tract but most are formed in the calyces and renal pelvis. The major crystalloids are:

1. Uric acid
2. U rates
3. Oxalates
4. Calcium or magnesium phosphate

Pathogenesis

1. Increased concentration of crystalloids in the urine resulting from:
(i) Reduced urine volume as in dehydration
(ii) Increased excretion of crystalloids
   a. Hypercalciuria
   b. Cystinuria
   c. Gout - (uric acid excess)
2. Factors favouring the precipitation of crystalloids from 'normal' urine
   (i) Stasis
   (ii) Infection. Organisms may split urea and produce alkalinity of the urine which favours the formation of magensium-ammonium phosphate
   (iii) Foreign bodies, clumps of bacteria, desquamated epithelial cells, these may act as' a nidus for crystallisation
   (iv) Deficiency of stabilising factors such as citrate, colloids, amino acids

Effects
1. Obstruction - hydrenephrosis
2. Chronic infection - pyelonephritis
3. Squamous metaplasia

Nephrocalcinosis

Aetiology
1. Hyperparathyroidism
2. Malignancy
   (i) Hypercalcaemia due to osteolytic deposits
   (ii) Secretion of parathormone-like hormone by tumour cells
3. Paget's disease of bone particularly during immobilisation
4. Sarcoïdosis
5. Vitamin D excess
6. Milk-alkali syndrome
7. Renal tubular acidosis
8. Idiopathic hypercalcaemia of infancy
9. Hyperoxaluria
10. Hyperthyroidism
11. Hypothyroidism in infants

F Vascular disorders
1. Benign nephrosclerosis in essential hypertension
2. Malignant nephroscierosis
3. Senile arteriosclerotic disease
4. Infarction
   (i) Arterial embolism
      a. Atrial or mural thrombosis in the heart
      b. Thrombus from the aorta
      c. Atherosclerotic debris from ruptured plaques in the upper aorta
      d. Vegetations from the aortic or mitral valves
   (ii) Arterial thrombosis
      a. Superimposed on atherosclerosis
      b. Aortic thrombosis occluding the renal ostium
      c. Polyarteritis nodosa
(iii) Involvement of renal ostia by aneurysm
(iv) Sudden venous occlusion - renal vein thrombosis
5. Acute cortical necrosis resulting from DIC in various forms of shock.

G. Tumours
1. Benign
   (i) Cortical adenoma
      a. Clear cell
      b. Papillary
      c. Oxyphil cell
   (ii) Fibroma Haemangioma
   (iv) Angiolipomyoma
2. Malignant
   (i) Adenocarcinoma (hypernephroma)
      a. Solid-cell type often found in the same tumour
      b. Clear-cell type
   (ii) Nephroblastoma (Wilms'tumour)
   (iii) Sarcomas (very rare)
   (iv) Transitional cell carcinoma of the renal pelvis
   (v) Squamous cell carcinoma of the renal pelvis (very rare)

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 125.

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 2,598
OVERALL ASSESSMENT

A. Subspace Treatment 1,290 patient visits

There were 7 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

9 cases reporting no improvement of Symptoms, .001% of Subgroup
7 cases reporting no improvement in feeling better, .001% of Subgroup
1 case reporting no improvement in stress reduction .001% of Subgroup

23%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
22%--- Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits

There were 11 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, .001 % of Subgroup
1 case reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup

44%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
66%--- Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

“I was diagnosed at age 11 with polycystic kidney disease and spent most of my twenties really ill. Low energy levels, headaches, gout attacks, high blood pressure, insomnia as well as getting up for a wee every two hours or so at night... Very frustrating... - as a result I know I was prescribed far too many allopathic drugs and was on some sort of anti-biotic every few weeks or so, and a box of myprodol painkillers only lasted a month. This all contributed to my failing health and by age 29 I was told by a renal specialist that I have 5 years left on my kidneys before I would go into renal failure and require dialysis.

My father died at age 57 of the same disease, around the same time I was given this grim picture.
Luckily fate intervened and I was introduced to my practitioner for a 1 1/2 hour QXCI session. I was totally unconvinced as I felt nothing and my accountant brain could not understand this alternative treatment. The following day I felt as if a bus had hit me and I knew on some level, something had happened. I believe I underwent a healing crisis and the next 6 weeks were a blur. I slept like the dead (slept walked to the bathroom though)... so I decided to keep an open mind and continued going for a session every month.

The sessions definitely knocked me out and I usually slept most of the following day after a session, my body really responded well and there was nothing subtle about it.

Six months earlier I had been having bad dental problems and needed to undergo root canal treatment which I had put off. Our family has bad teeth and I was not immune. Eventually after 7mths of QXCI treatments I went to the dentist to have the treatment. I don't know who was more shocked, him or me when the x-rays revealed nothing! No holes, no bad teeth - nothing to work on and I walked out in utter amazement.

I then went for a renal check up and had the specialist report on my extremely strange results. My scan (physical picture of the kidney) did not match the actual renal function test done. It was impossible (according to her) that a kidney looking like that could perform so well. My kidney was in fact functioning better than a healthy person and at a 100% - totally unheard of. She was shocked,... but I knew better.

That is when I started to investigate the QXCI with more interest and eventually after research and continued sessions - I plunged in and bought my own for home use.

Needless to say my interest soared and I learnt so much by taking on guinea pigs - they taught me so much and eventually I started taking clients on a part time basis. This ultimately led on to me leaving the corporate accounting profession and working full time from home.

I have seen so many people shift and their lives improve. I know with all my heart that this device is indeed tomorrow's medicine today and I am so grateful that it found me. I have awakened and I know I have work to do.

I am now 36 and my latest kidney scan is still phenomenal - kidney function was 99% and I have not been on antibiotics in years, I no longer suffer from gout, nor do I get those awful headaches. On top of it - I can generally sleep through the night and very rarely get up once to go to the bathroom. My energy levels have soared and I am a totally different person.

I have been blessed to personally meet Bill Nelson and have hugged him and told him... thank you. His spirit is so large - we have no idea. I feel only love towards this great spirit.

A few short months after going full time as a QXCI/SCIO practitioner, my husband (age 33) was diagnosed very unexpectedly with a brain tumor. 8cm x 5cm - mixed oligodendro glyoma / astro cytoma... He was given 4 weeks to live and if they operated a
90% chance of being permanently paralyzed and possibly only having 6 months to live.

This happened in July 2006 and I began doing QX sessions on him in earnest. He underwent an extremely successful operation and then did chemo and radiation - along with alternative therapies such as regular QXCI/SCIO sessions, detox foot patches, and nutritional supplements.

6 months later, we packed it all up and travelled Africa... (he had now been given a year to live, and he intended to live it). We came home every two months for scans and QXCI/SCIO sessions and then were off again. We ended up traveling for an entire year and got back 1 Dec 07.

His latest scan shows that the tumor is shrinking and is now only 2.5cm - and once again the medical world is amazed. They have taken his case as a case study, but when it comes to discussing our alternative choices, their limited minds cannot acknowledge it. It is a pity that they are unable to expand their minds to learn more about what we both know.

City unknown"

BACK PAIN, SLEEP, ALLERGIES, RARE POISON GAS, KIDNEY STONES, FOOD POISON:

"This biofeedback with the EPFX has really helped my back a lot. It has helped my allergies and pointed out foods I can eat and those I should stay away from. In addition, it has helped me sleep. During the care we found a rare gas which poisoned me many years ago called Greenland’s gas. It was so impressive that the instrument helped to find the specific name of this gas. The gas had caused a severe case of pneumonia and my body was still stressed by that episode. I was cleared from that problem. On one occasion, we found kidney stones in my system. The next day I passed (11) kidney stones plus gravel safely. Two days ago I had food poisoning and today we found 6 types of bacteria including the food poisoning bacteria."

Ocala, FL

SLEEPING, FREQUENT URINATION:

"I had been in the hospital for bladder cancer and by-pass surgery a few months ago. As a result of the surgery and the chemo I had trouble sleeping and with frequent urination. After my first visit I had nearly normal urination and my sleep is dramatically improved."

Citra, FL
“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”

“52 year old white woman. Depression, overweight, migraines, musculoskeletal pain, menopausal sx – hot flashes, heart palpitations, multiple surgeries including hysterectomy, breast reduction, and urethral blockage. Multiple car accidents. 3rd marriage, previous husbands abusive.

Rx: Ceprolex, Phentolin.


Client left looking like a different person after long session (almost 3 hours.) She went home and changed her diet. Lost 25 pounds, did some extreme self care and altered her relationships. Depression lifted. She is starting a business and feels like a “new person.” All symptoms drastically reduced.

City Unknown”

“This testimonial is about a 60 year old male client who was in pain from kidney stones, previously diagnosed from a doctor who assessed kidney disease. In the past I would have been able to say that I sent the frequency which shatters stones. But I guess what I can say now is that I send appropriate frequencies to relax the client's body, de-stress the kidneys and the body was able to eliminate the stones as afterwards their pain and discomfort went away for good.

City Unknown”
„Age 70, male, retired computer specialist. Suffered severe pain for many years and endured several surgeries for Kidney Stones. After a series of seven (7) sessions on the EPFX working on Kidneys, Inflammation, Stones, Pain in Bodyviewer, Biofeedback and Test matrix, his stones have ceased to be an issue.

Maine, U.S.A."

„One man ending up in the hospital with severe edema and his kidneys were shutting down. He was getting quite severe, so much so they called the family in because his kidneys had not worked for 3 days. They immediately sent him to a bigger center for dialysis. He was a week in the hospital with dialysis every day, they were preparing him for regular dialysis 3 times a week which meant he would have to drive 4 hours a day to get this. When he first went in to the city I asked if he would like me to do biofeedback on him since he already was a client. He agreed. So every day I did biofeedback working with his kidneys and balancing the stress in the body. By the time he was to come home out of the hospital his kidneys had started working, when he got his blood test done. The doctors had told him his kidneys were working better than they have ever worked in years.

City Unknown”

**SUGGESTED THERAPIES**

**KIDNEY DISORDERS**

1. The kidney is an organ located in the low back region. It filters the blood and takes out many water soluble components. The kidney reabsorbs many of the proteins and minerals, especially amino acids, which have been freed in the blood stream due to digestive processes. Thus, the function of the kidney is not only to filter out toxins but to recover amino acids.

2. Good kidney function depends on a healthy filter. This can be disrupted by stress, toxins, trauma and other problems which result in kidney disease.

3. In many learning disability children, there is an inability of the kidney to recover certain amino acids which are needed for the development of healthy neurological and brain tissue. This produces a learning disability. The appearance of these extra amino acids will result in proteinuria, or excess protein appearing in the urine. This indicates that the kidney has not recovered the amino acids or protein properly. If there is excess protein in the system from too much protein ingestion, the urine will appear frothy, meaning excess albumin. In such cases, excess protein sources should be eliminated from the diet. In learning disability cases, *PROTEINURIA has been used with good results. This formula not only decreases the protein in the urine, but has also elevated testing scores in school. (ref. Proteinuria Study).

4. *KIDNEY LIQUESCENCE is a blend of herbs, homeopathics and sarcodes. These ingredients are helpful in restoring the kidney to proper health and balance. This formula can also be used to help the kidney release toxins and a collection of uric or oxalic acid, as in the case of kidney stones.

5. *KIDNEY STONE is another product which is recommended to help break-up kidney
Kidney stones form when there is a magnesium deficiency in the body and when uric acid or oxalic acid interferes in protein metabolism. Too much or too little magnesium also allows stones to form.

6. To treat the formation of kidney stones, a little magnesium should be added to the diet. Take *KIDNEY STONE, 6 drops/3 times a day, *KIDNEY LIQUESCENCE, 1 teaspoon in the morning, 1 teaspoon at bed. Drink 1/2 liter per day of 1/3 apple juice, 1/3 lemon juice, 1/3 juniper tea. This blend of juice has been used with clinical success to help break-up kidney stones (ref. Kidney Stone Study).

7. Many kidney diseases result from low grade dehydration. Most people do not intake enough quantities to maintain health. Too much coffee and alcohol can also cause or aggravate kidney disease.

EMOTIONS

PITUITARY PINEAL HYPOTHALAMUS AUTOMONIC NERVAL SYSTEM ADRENALS KIDNEYS

The kidneys must help in the recovery of Amino acids, Minerals, Bicarb, and some hormones. The KIDNEY LIQUESCENCE is a refined herbal and homeopathic combination that helps the kidneys to detox and rebuild.
**SCIO TREATMENT SUGGESTED**

**Color** - set patient's favorite if desired, or choose color by chackra that is deficient

**Cosmic**: set 1 for physical body, 2 for astral, 3 for etheric, 4 for mental, 5 for cosmic, 6+ for other

**Magnetic Method** - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflammation, 6 for infection, 9 for psych stress, 2 for energy stimulation, 4 for immune stimulation

**Frequency** - 1k-2k

Use resonance check to determine freq treatent

Use the Autofocus therapy the device selects for 10 min once a month in early stages once a week in later stage

**Discussion:**

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

BOOKS


ARTICLES AND STUDIES

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