Title:
ACNE VULGARIS

Part of the Following:
Large Scale Study of the Safety and Efficacy of the SCIO Device
Chief Editor:
Andreea Taflan DBF IMUNE

Edited and Validated By Medical Staff:

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International Ethics, Lebedei 58, Oradea, Romania
John Kelsey Phd, ND N.Z. Eng,
Gage Tarrant LBT, C.H.T, USA, Somlea Livia Romania
Richard Atkinson MCSP, Physical Therapist, West Yorkshire England

Developed By:
The Centro Ricerche of Prof. William Nelson University of Venice + Padova, Italy

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

Abstract:

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

Introduction:

Over View:

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

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

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

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

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

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

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

**SOC Index:**

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

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

**Study Technicians:**

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

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

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

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

**Important Questions:** these are the key questions of the study

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

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

MEDICAL DETAILS

This is a general term but is often used alone to indicate acne vulgaris. Acne is a chronic inflammatory disease of the sebaceous glands and hair follicles of the skin characterized by blackheads and pimples which usually occurs during adolescence. Cysts and nodules may develop and scarring is common. Avoid stress, chocolate, no sweets, pastries, greasy or highly seasoned foods or soda fountain drinks.

Diagnostic Summary:
- Open comedones - dilated follicles with central dark, horny plugs (black heads)
- Closed comedones - small follicular papules with (red papules) or without (whiteheads) inflammatory changes
- Superficial pustules (collections of pus at follicular opening)
- Nodules (tender collections of pus deep in dermis)
- Cysts (from nodules that fail to discharge contents to surface)
- Large deep pustules (from nodules that break down adjacent tissue leading to scars)

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.

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 1,239 patients, 594 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 2,566 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

- 1,233 cases reporting no improvement of Symptoms, 48% of Subgroup
- 7 cases reporting no improvement in feeling better, .003% of Subgroup
- 8 cases reporting no improvement in stress reduction .003% of Subgroup

3%---- Percentage of Improvement in Symptoms
34%---- Percentage of Improvement in Feeling Better
4%---- Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
17%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,521 patient visits

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

There were

- 762 cases reporting no improvement of Symptoms, 50% of Subgroup
- 53 cases reporting no improvement in feeling better, .003% of Subgroup
- 2 cases reporting no improvement in stress reduction .000% of Subgroup

4%---- Percentage of Improvement in Symptoms
57%---- Percentage of Improvement in Feeling Better
5%---- Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

"I started with Acne, thyroid, candida, herpes and exhaustion. After a couple of treatments long distance I noticed more energy, no candida and less herpes breakouts. I love it. It has really helped my overall health.
(Pasadena, CA)"

"1 month old Baby.
Baby was brought to an EPFX practitioner with "baby acne", slightly mucousic eyes, fussy and a constant desire to nurse. The practitioner did a one-half hour session during which the baby slept soundly.
The next day the mother called the practitioner and reported amazement that the acne had cleared up, eyes were bright, shiny and clear and Baby E was back on her 4 hour nursing schedule. The baby continued to be healthy and experience normal
therapy.
City Unknown"

**USUAL or CUSTOMARY TREATMENT PLAN:**
Blood Clenz; Anti_Stress; Essential Fatty Acids; Acne; Health and Beauty Poultice; Vitamin A; Vitamin C Liquescence; E_Z Calcium; Vitamin D; Blackheads, Suppurating spots _ HEPAR SULPHURIS or CARBO VEGETABILIS.  Comedo _ BARYTA CARBONICA, SELENIUM, SUPHUR.  Acne rosacea _ ANTIMONIUM CRUDUM and/or SULPHUR (high potency)
Therapeutic Considerations:
Sugar, Insulin, and Chromium:  Dermatologists have reported of insulin being effective in the treatment of acne, suggesting impaired cutaneous glucose tolerance and/or insulin insensitivity.
Vitamin A:  Retinols, including oral vitamin A, have been shown in many studies to reduce sebum production and the hyperkeratosis of sebaceous follicles.  Retinol has been shown to be effective in treating acne when used at high, and potentially toxic, dosages, ie, 300 _ 400,000 IU per day for 5 _ 6 months.
Zinc:  Zinc is vitally important in the treatment of acne.  It is involved in local hormone activation, retinol_binding protein formation, wound healing, immune system activity, and tissue regeneration.
Vitamin E and Selenium:  Serum vitamin A levels in rats on a vitamin E deficient diet remain low regardless of the amount of oral or intravenous vitamin A supplementation.  Serum levels return to normal after vitamin E is restored to the diet.  Vitamin E has been shown to regulate retinol levels in humans.

**SCIO TREATMENT SUGGESTED**

**Color:** lemon, yellow, orange, red
**Magnetic Method:** 1
**Electromagnetic Frequency:** 727,787, 880
Mora treatment for 5 min. once a week

**Discussion:**

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


ARTICLES AND STUDIES

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