Chronic Fatigue Syndrome

Causes + Cures

Sick + Tired of being Sick + Tired

Can be Caused by Infection destroying Adrenal, Brain Immuno Tissue Toxins, Dr Drugs, Bad Nutrition, Bad Lifestyle

Or Sometimes Chronic Fatigue is caused by someone just wanting to avoid life, conflict, work, embarassment or pain
Medical Marker found for chronic fatigue patients ................................................................. 5
Institute of Medicine: Term ‘Chronic Fatigue’ Doesn’t Fully Explain Devastating Illness .......... 7
Heading: New Diagnostic Criteria for SEID ............................................................................ 8
Heading: Educating Doctors Remains a Challenge ............................................................... 10
Scientists Find Physical Markers of Chronic Fatigue Syndrome ....................................... 12
A New Way to Detect CFS ....................................................................................................... 13
What This Study Means for CFS Patients ............................................................................. 13
Infection Could Trigger Lasting Immune Response ............................................................. 18
A Common Culprit in Autoimmune Disorders .................................................................... 20
Classification ....................................................................................................................... 20
  Naming .............................................................................................................................. 21
Signs and symptoms ............................................................................................................. 22
  Onset ................................................................................................................................. 22
  Symptoms ......................................................................................................................... 22
  Functioning ....................................................................................................................... 23
  Cognitive functioning ....................................................................................................... 24
  Co-morbidity .................................................................................................................... 24
Risk factors ............................................................................................................................ 24
  SCIO Study on Chronic Fatigue ...................................................................................... 25
  Differential diagnoses ..................................................................................................... 26
Pathophysiology ................................................................................................................... 27
Diagnosis .............................................................................................................................. 27
Treatment ............................................................................................................................ 27
  Cognitive behavioral therapy ......................................................................................... 28
  Graded exercise therapy ............................................................................................... 28
  Pacing ............................................................................................................................... 29
  Other ................................................................................................................................ 29
  1) Ginseng ....................................................................................................................... 37
  2) Nicotinamide Adenine Dinucleotide (NADH) ............................................................ 37
  3) L-Carnitine .................................................................................................................. 37
  4) Coenzyme Q10 ............................................................................................................ 38
  5) Dehydroepiandrosterone (DHEA) .............................................................................. 38
Here Are The Top 10 Natural Treatments For Epstein Barr Virus:

<table>
<thead>
<tr>
<th>No.</th>
<th>Natural Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rule out health problems</td>
</tr>
<tr>
<td>2.</td>
<td>Get moving</td>
</tr>
<tr>
<td>3.</td>
<td>Strike a pose</td>
</tr>
<tr>
<td>4.</td>
<td>Drink plenty of water</td>
</tr>
<tr>
<td>5.</td>
<td>Get to bed early</td>
</tr>
<tr>
<td>6.</td>
<td>Go fish</td>
</tr>
<tr>
<td>7.</td>
<td>Keep time with your body clock</td>
</tr>
<tr>
<td>8.</td>
<td>Shed extra weight</td>
</tr>
<tr>
<td>9.</td>
<td>Eat Less but Eat more often</td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

Ways to Get Your Energy Back:

1. Rule out health problems
2. Get moving
3. Strike a pose
4. Drink plenty of water
5. Get to bed early
6. Go fish
7. Keep time with your body clock
8. Shed extra weight
9. Eat Less but Eat more often

References
Chronic fatigue syndrome (CFS) is the common name for a group of debilitating medical conditions characterized by persistent fatigue and other specific symptoms that lasts for a minimum of six months in adults (and 3 months in children or adolescents). The fatigue is not due to exertion, not significantly relieved by rest, and is not caused by other medical conditions. CFS may also be referred to as systemic exertion intolerance disease (SEID).

“Systemic Exertion Intolerance Disease (SEID).” Myalgic Encephalomyelitis (ME), Post-Viral Fatigue Syndrome (PVFS), Chronic Fatigue Immune Dysfunction Syndrome (CFIDS), or by several other terms. Biological, genetic, infectious and psychological mechanisms have been proposed, but the etiology of CFS is not understood and it may have multiple causes.

Symptoms of CFS include malaise after exertion; unrefreshing sleep, widespread muscle and joint pain, sore throat, headaches of a type not previously experienced, cognitive difficulties, chronic and severe mental and physical exhaustion, and other characteristic symptoms in a previously healthy and active person. Additional symptoms may be reported, including muscle weakness, increased sensitivity to light, sounds and smells, orthostatic intolerance, digestive disturbances, depression, painful and often slightly swollen lymph nodes, cardiac and respiratory problems. It is unclear if these symptoms represent co-morbid conditions or if they are produced by an underlying etiology of CFS. CFS symptoms vary in number, type, and severity from person to person. Quality of life of persons with CFS can be extremely compromised.

Fatigue is a common symptom in many illnesses, but CFS is comparatively rare. Estimates of the number of people with the condition vary from 7 to 3,000 per 100,000 adults. About one million Americans and a quarter of a million people in the UK have CFS. CFS occurs more often in women than men, and is less common among children and adolescents.

There is agreement that CFS poses genuine threats to health, happiness and productivity. However, various physicians' groups, researchers and patient advocates promote differing nomenclatures, diagnostic criteria, etiologic hypotheses and treatments, resulting in controversy about many aspects of the disorder. The name "chronic fatigue syndrome" is controversial; many patients and advocacy groups, as well as some experts, believe the name trivializes the medical condition and they promote a name change.
Medical Marker found for chronic fatigue patients

Amy Norton, April 9, 2015, NYT:

**People with chronic fatigue syndrome show a distinct pattern of immune system proteins in their spinal fluid — a finding that could shed light on the “brain fog” that marks the condition, researchers say.**

The new study found that compared with healthy people, those with chronic fatigue syndrome had lower levels of certain immune-system proteins called cytokines in the fluid that bathes the spinal cord and brain. The exception was one particular cytokine, which was elevated in not only people with chronic fatigue, but also those with multiple sclerosis.

The finding could offer clues as to why people with chronic fatigue syndrome typically have problems with memory, concentration and thinking, said lead researcher Dr Mady Hornig, a professor at Columbia University’s Mailman School of Public Health in New York City. The study also bolsters evidence that some type of immune dysfunction underlies the puzzling disorder, Hornig said.

Chronic fatigue syndrome is known medically as myalgic encephalomyelitis/chronic fatigue syndrome, or ME/CFS. In the US, it affects up to 2.5 million people, according to the Institute of Medicine, a scientific panel that advises the federal government.

In February, the IOM released a report affirming that chronic fatigue syndrome is a legitimate medical condition that many health professionals still misunderstand — or even dismiss as a figment of patients’ imagination. The term “chronic fatigue syndrome” was coined back in 1988, and in hindsight, it was a “lousy” choice, said Suzanne Vernon, a virologist and scientific director of the Solve ME/CFS Initiative, based in Los Angeles.

“People hear it and think, ‘Oh, you’re tired. I’m tired, too,’” said Vernon, who was not involved in the study. “But this is debilitating fatigue. It’s like having a case of the flu that never goes away.”

Plus, symptoms go beyond fatigue, and include what’s been dubbed “brain fog” — a collection of thinking-related problems such as confusion and difficulty with concentration and short-term memory. For the new study, reported March 31 in the journal Molecular Psychiatry, Hornig’s team studied spinal-fluid samples from 32 people with chronic fatigue syndrome, 40 with multiple sclerosis, and 19 healthy people.

Overall, the researchers found reduced levels of most cytokines in chronic fatigue syndrome patients’ spinal fluid, versus the two other groups. But one cytokine, eotaxin, was elevated in people with chronic fatigue syndrome and those with multiple sclerosis. The significance of that finding is not clear yet, Hornig said. But she said eotaxin is involved in allergy-like immune responses.

**Biological markers**

To Vernon, the findings offer “additional evidence of clear (biological) markers in ME/CFS.” “These biomarkers are indications of some kind of disease process,” Vernon said. In other words, she added, chronic fatigue syndrome is “not made up.”
Why did the study include people with multiple sclerosis? There are some similarities between MS and chronic fatigue syndrome, Hornig explained. MS patients suffer fatigue, and the disease is believed to be caused by an abnormal immune reaction—in this case, against the body’s own nerve tissue.

The precise cause of chronic fatigue syndrome is far from clear, but in general, it’s thought to involve some type of immune system dysfunction, Hornig explained. In a recent study, her team found that in people who’ve had chronic fatigue syndrome for a relatively short time—fewer than three years—cytokine levels in the blood were actually elevated. They dropped again, though, in people who’d had the disease for a longer time. People in the current study had had chronic fatigue syndrome for about seven years.

The theory is that the immune system may initially go into overdrive against an invader—like a virus—and then be unable to dial itself down, Hornig explained. That could account for the high cytokine levels in people who’ve had chronic fatigue syndrome for a short time. Over time, though, the immune system may essentially wear itself down, leading to weak responses to mild infections that a healthy immune system would readily handle, Hornig suggested.

One hope, Hornig said, is that these findings could lead to objective tests that can diagnose chronic fatigue syndrome early. An objective test, such as a blood test measuring cytokines, would be welcome, Vernon said. Right now, she noted, people often wait for years for a diagnosis, which is based on symptoms.

---

**Proposed Diagnostic Criteria for ME/CFS**

Diagnosis requires that the patient have the following three symptoms:

1. A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities, that persists for more than 6 months and is accompanied by fatigue, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest, and
2. Post-exertional malaise,* and
3. Unrefreshing sleep*

At least one of the two following manifestations is also required:

1. Cognitive impairment* or
2. Orthostatic intolerance

* Frequency and severity of symptoms should be assessed. The diagnosis of ME/CFS should be questioned if patients do not have these symptoms at least half of the time with moderate, substantial, or severe intensity.

For more information, visit [www.iom.edu/MECFS](http://www.iom.edu/MECFS)
Institute of Medicine: Term ‘Chronic Fatigue’ Doesn’t Fully Explain Devastating Illness

Written by Brian Krans | Published on February 10, 2015

**An expert panel offers a new name to reflect the true nature of this chronic and often debilitating disease.**

As many as 2.5 million Americans have a condition known as chronic fatigue syndrome, in which they are often both mentally and physically exhausted.

But experts at the Institute of Medicine (IOM) say the term “chronic fatigue syndrome” (CFS) doesn’t do the condition justice and can understate how much it affects a person’s daily life.

That’s why, in a report released Tuesday, an IOM volunteer committee recommended the condition be called:

**“Systemic Exertion Intolerance Disease (SEID).”**

BUT -- This [current] label can trivialize the seriousness of the condition and promote misunderstanding of the illness.

Institutes of Medicine report

“Several studies have shown that the term ‘chronic fatigue syndrome’ affects patients’ perceptions of their illness as well as the reactions of others, including medical personnel, family members, and colleagues. This label can trivialize the seriousness of
the condition and promote misunderstanding of the illness,” the IOM report states. “This new name captures a central characteristic of this disease — the fact that exertion of any sort (physical, cognitive, or emotional) — can adversely affect patients in many organ systems and in many aspects of their lives.”

The same condition has previously been called “myalgic encephalomyelitis,” a name that signifies muscle pain and brain inflammation. Researchers noted a lack of evidence to support brain inflammation as a symptom, as well as the fact that muscle pain isn’t a core symptom of the disease.

Read More: What Is Chronic Fatigue Syndrome? »
The IOM researchers also identified CFS as existing simultaneously with other life-altering conditions, including fibromyalgia, depression, migraines, allergies, and irritable bowel syndrome.

The new report was requested by the Department of Health and Human Services, the National Institutes of Health, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Social Security Administration.

Heading: New Diagnostic Criteria for SEID
Doctors don’t know the full scope of CFS or SEID because up to 91 percent of people affected by it have not yet been diagnosed. Some doctors dismiss patients with CFS symptoms because they believe the condition is “all in their heads.”

Without proper treatment, the condition can affect the U.S. economy through lost productivity and medical costs by as much as $24 billion a year.

The IOM’s Committee on Diagnostic Criteria for ME/CFS suggested that the diagnostic guidelines for SEID be changed to reflect available research on the condition.

Read More: Scientists Find Physical Markers of Chronic Fatigue Syndrome »
Diagnostic criteria for the disease formerly known as chronic fatigue syndrome require the patient to have three symptoms:

- For a period longer than six months, a patient experiences a “substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities…” provided it is not due to ongoing excessive exertion and not alleviated by rest.”
- “Post-exertional malaise,” or a period of intense exhaustion following a period of physical activity
- Lack of refreshing sleep

The patient must also experience either cognitive impairment or orthostatic intolerance.

Orthostatic intolerance, which affects up to 97 percent of people with chronic fatigue, is a collection of symptoms that occur when a person stands upright. They are alleviated when the person sits down. Symptoms can include fatigue, lightheadedness, weakness, sweating, and anxiety.
The IOS hopes the new criteria will provide better education about the disease and improve care for patients.

While there’s no known cause of chronic fatigue, the report states symptoms may begin with an infection or “immunization, anesthetics, physical trauma, exposure to environmental pollutants, chemicals, and heavy metals and, rarely, blood transfusions.”

More research on the condition is essential, the committee noted.

“Remarkably little research funding has been made available to study the etiology, pathophysiology, and effective treatment of this disease, especially given the number of people afflicted,” a summary of the report states. “Thus, the committee was unable to define subgroups of patients or even to clearly define the natural history of the disease.”

**Heading: Educating Doctors Remains a Challenge**

One of the hardest-fought battles for people suffering from chronic fatigue is receiving the correct diagnosis.

The IOS panel noted that less than a third of medical schools cover the condition in their curricula and less than half of medical textbooks include it.

*Seeking and receiving a diagnosis can be a frustrating process.*

Institutes of Medicine report

"Seeking and receiving a diagnosis can be a frustrating process for several reasons, including skepticism of health care providers about the serious nature of ME/CFS and the misconception that it is a psychogenic illness or even a figment of the patient’s imagination," states the report.
Too often, chronic fatigue is identified as simple exhaustion, which can lead to delayed diagnosis or misdiagnosis, the report states.
Scientists Find Physical Markers of Chronic Fatigue Syndrome

Written by Julia Haskins | Published on October 30, 2014

Researchers have found a more precise way to diagnose chronic fatigue syndrome by looking for abnormalities in the brain.

Profound, constant exhaustion is one likely indicator of chronic fatigue syndrome (CFS), but scientists might soon be able to diagnose the disorder without any doubt using brain-imaging technology.

Researchers from the Stanford University School of Medicine have identified structural abnormalities in the brains of people with CFS using MRI scans. A longstanding but unreliable checklist of symptoms has been the gold standard for diagnosing the disease.

“This is more conclusive evidence of something being biological in the brains of people with CFS,” said lead study author Dr. Michael M. Zeineh, Ph.D., an assistant professor of radiology at the Stanford University School of Medicine.

The new research was published in the journal Radiology.

Learn All About Chronic Fatigue Syndrome and How It’s Treated »
A New Way to Detect CFS

CFS is often confused with another illness, or simply dismissed as being “all in the patient’s head.” As a neuroradiologist, Zeineh can identify certain conditions, such as brain tumors or stroke, with relative ease, but CFS is one condition whose symptoms aren’t always clear-cut.

“By doing a more detailed scientific analysis, we wanted to see if we could uncover some underlying symptoms,” Zeineh said.

What’s the Difference Between CFS and Fibromyalgia? Find Out »

Zeineh and Dr. Jose G. Montoya, a CFS and infectious disease expert at Stanford, looked beyond the anecdotal evidence of CFS in their study. They performed three different MRI scans on 15 patients with CFS and on 14 healthy volunteers.

By using volumetric analysis to measure different areas of the brain, diffusion tensor imaging to assess the condition of the brain’s white matter, and arterial spin labeling to measure blood flow, the scientists found several crucial differences in the brains of the CFS and control participants.

People with CFS had a slightly lower volume of white matter, which connects regions of gray matter in the brain. These patients also had very high fractional anisotropy (FA) values, a measurement of water diffusion, in a specific white matter tract called the right arcuate fasciculus.

Another abnormality appeared in the cortices, two points in the brain that connect to the right arcuate fasciculus. Each cortex was thicker in CFS patients than in the brains of the control participants.

What This Study Means for CFS Patients

The location of the irregularities suggests a complication in the white matter of the right hemisphere of the brain, but what exactly is going on in this area has yet to be confirmed.
Zeineh has several hypotheses about the cause of CFS based on similar observations in other diseases. Brain inflammation could be grounds for CFS because it is often linked to white matter, as is the case in multiple sclerosis. Brain hyperactivity could also be to blame.

While some parallels with other diseases, such as MS and fibromyalgia, are intriguing to scientists, Zeineh is cautious about making any assumptions.

**Learn the Connection Between Depression and Fatigue »**

The roots of chronic fatigue syndrome have long been mysterious for patients and physicians, but the discovery of a specific biomarker for the condition is a major step forward.

The study is small in size and does not yet provide doctors with recommendations for treatments, but Zeineh finds this progress exciting nonetheless. A larger study that will track patients over a longer period of time is already in the works.

“As a neuroradiologist I know that imaging is important to patients, and by doing research to advance imaging ... we can push the technology further than it’s been pushed before,” he said.
I already want to take a nap tomorrow.
Here are ways in which some key body systems react.

1. **NERVOUS SYSTEM**
   When stressed — physically or psychologically — the body suddenly shifts its energy resources to fighting off the perceived threat. In what is known as the “fight or flight” response, the sympathetic nervous system signals the adrenal glands to release adrenaline and cortisol. These hormones make the heart beat faster, raise blood pressure, change the digestive process and boost glucose levels in the bloodstream. Once the crisis passes, body systems usually return to normal.

2. **MUSCULOSKELETAL SYSTEM**
   Under stress, muscles tense up. The contraction of muscles for extended periods can trigger tension headaches, migraines and various musculoskeletal conditions.

3. **RESPIRATORY SYSTEM**
   Stress can make you breathe harder and cause rapid breathing — or hyperventilation — which can bring on panic attacks in some people.

4. **CARDIOVASCULAR SYSTEM**
   Acute stress — stress that is momentary, such as being stuck in traffic — causes an increase in heart rate and stronger contractions of the heart muscle. Blood vessels that direct blood to the large muscles and to the heart dilate, increasing the amount of blood pumped to those parts of the body. Repeated episodes of acute stress can cause inflammation in the coronary arteries, thought to lead to heart attack.

5. **ENDOCRINE SYSTEM**
   Adrenal glands
   When the body is stressed, the brain sends signals from the hypothalamus, causing the adrenal cortex to produce cortisol and the adrenal medulla to produce epinephrine — sometimes called the “stress hormones.”
   Liver
   When cortisol and epinephrine are released, the liver produces more glucose, a blood sugar that would give you the energy for “fight or flight” in an emergency.

6. **GASTROINTESTINAL SYSTEM**
   Esophagus
   Stress may prompt you to eat much more or much less than you usually do. If you eat more or different foods or increase your use of tobacco or alcohol, you may experience heartburn, or acid reflux.
   Stomach
   Your stomach can react with “butterflies” or even nausea or pain. You may vomit if the stress is severe enough.
   Bowels
   Stress can affect digestion and which nutrients your intestines absorb. It can also affect how quickly food moves through your body. You may find that you have either diarrhea or constipation.

7. **REPRODUCTIVE SYSTEM**
   In men, excess amounts of cortisol, produced under stress, can affect the normal functioning of the reproductive system. Chronic stress can impair testosterone and sperm production and cause impotence.
   In women, stress can cause absent or irregular menstrual cycles or more painful periods. It can also reduce sexual desire.
New research suggests a common biomarker for inflammation is present for years in people with chronic fatigue syndrome.

People with chronic fatigue syndrome often have trouble explaining why they feel exhausted and in pain.

Much like a mental illness, many people suffering from the illness have had their symptoms dismissed as being “all in their heads.”

But that’s not necessarily true.

New research shows the first “robust” evidence that chronic fatigue syndrome (CFS) — medically known as myalgic encephalomyelitis (ME) — is a physical disorder that may be kick-started by an infection.

“We now have evidence confirming what millions of people with this disease already know, that ME/CFS isn’t psychological.”

Dr. Mady Hornig, Center for Infection and Immunity

“We now have evidence confirming what millions of people with this disease already know, that ME/CFS isn't psychological,” Dr. Mady Hornig director of translational research at the Center for Infection and Immunity and associate professor of epidemiology at Columbia's Mailman School, said in a press release.

Researchers at Columbia published a study identifying changes in a person’s immune system that then lead to the disorder.

“This study delivers what has eluded us for so long: unequivocal evidence of immunological dysfunction in ME/CFS and diagnostic biomarkers for disease,” Dr.
W. Ian Lipkin, director of the Center for Infection and Immunity and professor of neurology and pathology at Columbia’s Mailman School, said.

Get the Facts: Scientists Find Markers in Chronic Fatigue Syndrome »

Infection Could Trigger Lasting Immune Response

The Columbia team says their research supports the hypothesis that CFS may be triggered in a “hit-and-run” fashion following a common infection, such as infectious mononucleosis.

The cross-sectional study, published in the journal Science Advances, involved analyzing the blood plasma samples of 298 CFS patients and 348 people without the disease.

The researchers found distinct biomarkers created by the immune system in those with the disease. They also found differences in those who have had the disease for less than three years and those who have had it more than three years.

Those who had the disease for a shorter extent of time had higher amounts of different types of cytokines, or molecules that regulate your body’s defensive response to inflammation and infection.
Specifically, the Columbia team reports, early-stage CFS patients have elevated levels of interleukin-17A, a known biomarker of a faulty immune system.

The researchers added the elevated biomarker levels seem to subside after three years because the immune system has become exhausted after failing to calm itself after an infection. They compared it to an engine running at high gear for an extended period of time.

"Our results should accelerate the process of establishing the diagnosis after individuals first fall ill as well as discovery of new treatment strategies focusing on these early blood markers," Hornig, lead author of the study, said.

Proper diagnosis for CFS has been historically troublesome. The Institute of Medicine (IOM) estimate that up to 91 percent of the 2.5 million people who have chronic fatigue have not yet been diagnosed. Earlier this month, an expert panel at the IOM recommended chronic fatigue be labeled as a systemic exertion intolerance disease (SEID) and established diagnostic criteria that better reflect scientific research.
A Common Culprit in Autoimmune Disorders
Interleukin-17A doesn’t only affect people with CFS.

High levels of this specific cytokine are associated with many chronic inflammatory conditions, such as multiple sclerosis, psoriasis, and rheumatoid arthritis. Interleukin-17A is a potential target for biologic treatments designed to dampen the body’s immune system to relieve symptoms of these conditions.

In January, the U.S. Food and Drug Administration approved Cosentyx (secukinumab), a psoriasis drug that targets interleukin-17A to quiet the body’s immune response.

Psoriasis, an autoimmune disorder, can also be triggered by an infection. CFS is a common complaint of people with psoriatic arthritis, an inflammatory joint condition that can develop in people in late-stage psoriasis.

But before researchers would test existing or experimental drugs on CFS patients to target interleukin-17A, they say they need to replicate their results in a study that follows patients to observe how their cytokine levels differ over time.

Before there can be effective treatments for CFS, there must be a better understanding of CFS so it can be diagnosed earlier.

“Early diagnosis may provide unique opportunities for treatment that likely differ from those that would be appropriate in later phases of the illness,” Hornig said.

Classification

Main article: Clinical descriptions of chronic fatigue syndrome

Notable definitions include:

- Centers for Disease Control and Prevention (CDC) definition (1994), the most widely used clinical and research description of CFS, is also called the Fukuda definition and is based on the Holmes or CDC 1988 scoring system. The 1994 criteria require the presence of four or more symptoms beyond fatigue, while the 1988 criteria require six to eight. 

- **The Oxford criteria** (1991)[19] include CFS of unknown etiology and a subtype called post-infectious fatigue syndrome (PIFS). Important differences are that the presence of mental fatigue is necessary to fulfill the criteria and symptoms are accepted that may suggest a psychiatric disorder.[4]

- **The 2003 Canadian Clinical working definition**[20] states: "A patient with ME/CFS will meet the criteria for fatigue, post-exertional malaise and/or fatigue, sleep dysfunction, and pain; have two or more neurological/cognitive manifestations and one or more symptoms from two of the categories of autonomic, neuroendocrine, and immune manifestations; and [the illness will persist for at least 6 months]."

The different case definitions used to research the illness may influence the types of patients selected for studies,[21] and research also suggests subtypes of patients exist within the heterogeneous illness.[22][23][24][25]

**Clinical practice guidelines** are generally based on case descriptions with the aim of improving diagnosis, management, and treatment. An example is the CFS/ME guideline for the National Health Service in England and Wales, produced in 2007 by the National Institute for Health and Clinical Excellence (NICE).[2]

**Naming**

**Main article:** Alternative names for chronic fatigue syndrome

Chronic fatigue syndrome is the most commonly used designation,[2] but widespread approval of a name is lacking.[3] Different authorities on the illness view CFS as a central nervous system, metabolic, infectious or post-infectious, cardiovascular, immune system or psychiatric disorder, and different symptom profiles may be caused by various disorders.[3]

Over time and in different countries, many names have been associated with the condition(s). Aside from CFS, some other names used include Akureyri disease, benign myalgic encephalomyelitis, chronic fatigue immune dysfunction syndrome, chronic infectious mononucleosis, epidemic myalgic encephalomyelitis, epidemic neuromyasthenia, Iceland disease, myalgic encephalomyelitis, myalgic encephalitis, myalgic encephalopathy, post-viral fatigue syndrome, raphe nucleus encephalopathy, **Royal Free** disease, Tapanui flu, and yuppie flu (the last considered pejorative).[27][28] Many patients would prefer a different name such as "myalgic encephalomyelitis", believing the name "chronic fatigue syndrome" trivializes the condition, prevents it from being seen as a serious health problem, and discourages research.[16][29][30]

A 2001 review referenced myalgic encephalomyelitis symptoms in a 1959 article by Acheson, stating ME could be a distinct syndrome from CFS, but in literature the two terms are generally seen as synonymous.[31] A 1999 review explained that the Royal Colleges of Physicians, Psychiatrists, and General Practitioners in 1996 advocated the use of chronic fatigue syndrome instead of myalgic encephalomyelitis or ME, which was in wide use in the United Kingdom, "because there is, so far, no
recognized pathology in muscles and in the central nervous system as is implied by the term ME." An editorial noted that the 1996 report received some acceptance, but also criticism from those advocating the use of different naming conventions, suggesting the report was biased, dominated by psychiatrists, and that dissenting voices were excluded. In 2002, a *Lancet* commentary noted the recent report by the "Working Group on CFS/ME" used the compromise name CFS/ME stating, "The fact that both names for the illness were used symbolises respect for different viewpoints whilst acknowledging the continuing lack of consensus on a universally acceptable name."

**Signs and symptoms**

**Onset**

The majority of CFS cases start suddenly, usually accompanied by a "flu-like illness" while a significant proportion of cases begin within several months of severe adverse stress. An Australian prospective study found that after infection by viral and non-viral pathogens, a sub-set of individuals met the criteria for CFS, with the researchers concluding that "post-infective fatigue syndrome is a valid illness model for investigating one pathophysiological pathway to CFS." However, accurate prevalence and exact roles of infection and stress in the development of CFS are currently unknown.

**Symptoms**

The most commonly used diagnostic criteria and definition of CFS for research and clinical purposes were published by the United States Centers for Disease Control and Prevention (CDC). The CDC recommends the following three criteria be fulfilled:

1. A new onset (not lifelong) of severe fatigue for six consecutive months or greater duration which is unrelated to exertion, is not substantially relieved by rest, and is not a result of other medical conditions.
2. The fatigue causes a significant reduction of previous activity levels.
3. Four or more of the following symptoms that last six months or longer:
   - impaired memory or concentration
   - post-exertional malaise, where physical or mental exertions bring on "extreme, prolonged exhaustion and sickness"
   - unrefreshing sleep
   - muscle pain (myalgia)
   - pain in multiple joints (arthritis)
   - headaches of a new kind or greater severity
   - sore throat, frequent or recurring
   - tender lymph nodes (cervical or axillary)

The CDC states other common symptoms include the following:
• **brain fog** (feeling like one is in a mental fog)
• difficulty maintaining an upright position, dizziness, balance problems or fainting
• **allergies** or sensitivities to foods, odors, chemicals, medications, or noise
• **irritable bowel syndrome**-like symptoms such as bloating, stomach pain, constipation, diarrhoea and nausea
• **chills** and **night sweats**
• visual disturbances (**sensitivity to light**, blurring, eye pain)
• **depression** or mood problems (irritability, mood swings, anxiety, panic attacks)

The CDC proposes that persons with symptoms resembling those of CFS consult a physician to rule out several treatable illnesses: **Lyme disease**, "**sleep disorders, major depressive disorder, alcohol/substance abuse, diabetes, hypothyroidism, mononucleosis***(mono), **lupus, multiple sclerosis** (MS), **chronic hepatitis** and various **malignancies**." Medications can also cause side effects that mimic symptoms of CFS.

Unlike the CDC's diagnostic criteria, the International Consensus Criteria do not require the 6-month waiting period before diagnosis, noting that "No other disease criteria require that diagnoses be withheld until after the patient has suffered with the affliction for 6 months."

**Functioning**

Despite a common diagnosis the functional capacity of individuals with CFS varies greatly. Some persons with CFS lead relatively normal lives; others are totally bed-ridden and unable to care for themselves. For the majority of persons with CFS, work, school, and family activities are significantly reduced for extended periods of time. The severity of symptoms and disability is the same in both genders, and many experience strongly disabling **chronic pain**. Persons report critical reductions in levels of physical activity. Also, a reduction in the complexity of activity has been observed. Reported impairment is comparable to other fatiguing medical conditions including late-stage **AIDS**, **lupus, rheumatoid arthritis, chronic obstructive pulmonary disease** (COPD), and **end-stage renal disease**. CFS affects a person's functional status and well-being more than major medical conditions such as multiple sclerosis, congestive heart failure, or type II diabetes mellitus.

Often, there are courses of remission and relapse of symptoms which make the illness difficult to manage. Persons who feel better for a period may overextend their activities, and the result can be a worsening of their symptoms with a relapse of the illness.

Employment rates vary with over half unable to work and nearly two-thirds limited in their work because of their illness. More than half were on disability benefits or temporary sick leave, and less than a fifth worked full-time.
Cognitive functioning

Cognitive symptoms are mainly from deficits in attention, memory, and reaction time. The deficits are in the range of 0.5 to 1.0 standard deviations below expected and are likely to affect day-to-day activities. Simple and complex information processing speed and functions entailing working memory over long time periods were moderately to extensively impaired. These deficits are generally consistent with those reported by patients. Perceptual abilities, motor speed, language, reasoning, and intelligence did not appear to be significantly altered.[51]

Co-morbidity

Many CFS patients will also have, or appear to have, other medical problems or related diagnoses. Co-morbid fibromyalgia is common. Fibromyalgia occurs in a large percentage of CFS patients between onset and the second year, and some researchers suggest fibromyalgia and CFS are related.[52] As previously mentioned, many CFS sufferers also experience symptoms of irritable bowel syndrome, temporomandibular joint pain, headache including migraines, and other forms of myalgia. CFS patients have significantly higher rates of current mood disorders than the general population.[53] Compared with the non-fatigued population, male CFS patients are more likely to experience chronic pelvic pain syndrome (CP/CPPS), and female CFS patients are also more likely to experience chronic pelvic pain.[54] CFS is significantly more common in women with endometriosis compared with women in the general USA population.[55]

Risk factors

All ethnic groups and income levels are susceptible to the illness.[15] The CDC states that ME/CFS is "at least as common" in African Americans and Hispanics as Caucasians. A 2009 meta-analysis, however, showed that compared with the White American majority, African Americans and Native Americans have a higher risk of CFS, though it acknowledged that studies and data were limited.[16] More women than men get CFS — between 60 and 85% of cases are women; however, there is some indication that the prevalence among men is underreported. The illness is reported to occur more frequently in people between the ages of 40 and 59.[14] CFS is less prevalent among children and adolescents than adults.[13] Blood relatives of people who have CFS appear to be more predisposed.[13][17] There is no direct evidence that CFS is contagious.[18]

A systematic review in 2008 included eleven primary studies that had assessed various demographic, medical, psychological, social and environmental factors to predict the development of CFS, and found many had reported significant associations to CFS.[18] The reviewers concluded that the lack of generalizability and replication between studies meant that "none of the identified factors appear suitable for the timely identification of patients at risk of developing CFS/ME within clinical practice."
Diagnostic Algorithm for ME/CFS

Patient presents with profound fatigue

- Substantial decrease in function
  - No: Symptom management, Consider another diagnosis
  - Yes: Persists ≥ 6 months

- Persist ≥ 6 months
  - No: Symptom management, Reassess after 6 months, Consider another diagnosis
  - Yes: Post-exertional malaise and unrefreshing sleep

- Post-exertional malaise and unrefreshing sleep
  - No: Consider another diagnosis
  - Yes: Cognitive impairment and/or orthostatic intolerance

- Cognitive impairment and/or orthostatic intolerance
  - No: Consider another diagnosis
  - Yes: Patient diagnosed with ME/CFS

For more information, visit www.iom.edu/MECFS
Differential diagnoses

Certain medical conditions can cause chronic fatigue and must be ruled out before a diagnosis of CFS can be given. Hypothyroidism, anemia, diabetes and certain psychiatric disorders are a few of the diseases that must be ruled out if the patient presents with appropriate symptoms.[61][71][62]

People with fibromyalgia (FM, or fibromyalgia syndrome, FMS), like those with CFS, have muscle pain, severe fatigue and sleep disturbances. The presence of allodynia (abnormal pain responses to mild stimulation) and of extensive tender points in specific locations differentiates FM from CFS, though the two diseases often co-occur. [61] Fatigue and muscle pain occurs frequently in the initial phase of various hereditary muscle disorders and in several autoimmune, endocrine and metabolic syndromes; and are frequently labelled as CFS or fibromyalgia in the absence of obvious biochemical/metabolic abnormalities and neurological symptoms. [citation needed]

A 2006 review found that there was a lack of literature to establish the discriminant validity of undifferentiated somatoform disorder from CFS. The author stated that there is a need for proponents of chronic fatigue syndrome to distinguish it from undifferentiated somatoform disorder. The author also mentioned that the experience of fatigue as exclusively physical and not mental is captured by the definition of somatoform disorder but not CFS.[62] Hysterical diagnoses are not merely diagnoses of exclusion but require criteria to be met on the positive grounds of both primary and secondary gain.[63]

You can objectively check for adrenal fatigue by using the following three tests:

- 1. Ragland's sign (blood pressure test) -- (Equipment required: Home blood pressure kit) Take your blood pressure while sitting down. Then, stand up and immediately take your blood pressure again. Your systolic (first) number should have raised 8 to 10 mm. If it dropped, you probably have adrenal fatigue.
- 2. Pupil dilation exam -- (Equipment required: Flashlight and a mirror) Look into the mirror and shine the flashlight into the pupil of one eye. It should contract. If after 30 seconds, it stays the same or, even worse, dilates, you most likely have adrenal fatigue.
- 3. Pain when pressing on adrenal glands (located over kidneys)

Multiple chemical sensitivity, Gulf War syndrome and post-polio syndrome have symptoms similar to those of CFS,[64][65] and the last is also theorized to have a common pathophysiology.[65]

Depressive symptoms, if seen in CFS, may be differentially diagnosed from primary depression due to the absence of anhedonia, decreased motivation, and guilt; and the presence of somatic symptoms such as sore throat, swollen lymph nodes, and exercise intolerance with postexertional exacerbation of symptoms.[60]
Pathophysiology

*Main article: Pathophysiology of chronic fatigue syndrome*

The etiology and pathogenesis (i.e., the causes and mechanisms) of chronic fatigue syndrome are currently unknown, despite extensive research.[12] Research studies have developed and explored etiological hypotheses regarding a variety of factors, including oxidative stress, genetic predisposition,[66] infection by viruses and pathogenic bacteria, hypothalamic-pituitary-adrenal axis abnormalities, immune dysfunction as well as psychological and psychosocial factors. Although it is unclear whether such factors are causes or consequences of CFS (or both), various models have been proposed.[67][68][69]

A substantial body of evidence points to the following abnormalities in the hypothalamic-pituitary-adrenal axis (HPA axis) in CFS patients: mild hypocortisolism, an attenuated diurnal variation in cortisol, enhanced cortisol negative feedback, and a blunted HPA axis responsiveness. It is unclear whether or not these disturbances play a primary role in the pathogenesis of CFS.[70]

Diagnosis

There are no characteristic laboratory abnormalities to diagnose CFS,[21] so testing is used to rule out other potential causes for symptoms.[17] When symptoms are attributable to certain other conditions, the diagnosis of CFS is excluded. Important conditions and disorders to exclude are current/active major depression, schizophrenia, eating disorders such as anorexia nervosa and bulimia, bipolar disorder, alcohol abuse or other substance abuse. Current morbid obesity and active medical diseases need to be resolved and excluded before a diagnosis of chronic fatigue syndrome can be made.[71]

Treatment

*Main article: Chronic fatigue syndrome treatment*

Many people do not fully recover from CFS even with treatment.[22] Cognitive behavioural therapy (CBT) and graded exercise therapy (GET) have shown moderate effectiveness for many people in multiple randomized controlled trials.[31][73][74][75] As many of the CBT and GET studies required visits to a clinic, those severely affected may not have been included.[22] Two large surveys of patients indicated that pacing is a helpful intervention, or is considered useful by 82-96% of participants.[76][77] A comprehensive rehabilitation programme only rarely results in full recovery.[78] Medication plays a minor role in management.[79] No intervention has been proven effective in restoring the ability to work.[79]
Cognitive behavioral therapy

*Cognitive behavioral therapy* is a moderately effective psychological therapy when used to treat CFS. It is often used alone or with other therapies to "manage activity levels, stress, and symptoms." CBT tries to help patients understand their individual symptoms and beliefs and develop strategies to improve day-to-day functioning. CBT is thought to help patients by eliminating unhelpful illness beliefs which may perpetuate the illness.

A *Cochrane Review* meta-analysis of 15 randomized, controlled cognitive behavioral therapy trials with 1043 participants concluded that CBT reduced the symptom of fatigue. Four studies showed that CBT resulted in a clinical response for 40% of participants vs 26% treated with "usual care". Similarly, in 3 studies CBT worked better than other types of psychological therapies (48% vs 27%). The effects of CBT may diminish after therapy is completed; the reviewers write that "the evidence base at follow-up is limited to a small group of studies with inconsistent findings" and encourage further studies. A 2007 meta-analysis of 5 CBT randomized controlled trials of chronic fatigue and chronic fatigue syndrome reported 33-73% of the patients improved to the point of no longer being clinically fatigued.

A 2010 meta-analysis of trials that measured physical activity before and after CBT reported that although CBT effectively reduced fatigue, activity levels were not affected by CBT and changes in physical activity were not related to changes in fatigue. They conclude that the effect of CBT on fatigue is not influenced by a change in physical activity. According to a 2014 systematic review on recovery, the lack of changes to objectively measured physical activity after intervention is contrary to the cognitive behavioural model of CFS and suggests that patients still avoided postexertional symptom exacerbations and adapted to the illness rather than recovered from it.

CBT has been criticised by patients' organisations because multiple patient surveys of their members have indicated that CBT can make people worse. Some dispute the validity of the evidence base behind CBT as well as graded exercise therapy (below), and conclude that it would be unethical to use these treatments.

*Graded exercise therapy*

*Graded exercise therapy* is a form of physical therapy. A meta-analysis published in 2004 of five randomized trials found that patients who received exercise therapy were less fatigued after 12 weeks than the control participants, and the authors cautiously conclude that GET shows promise as a treatment. However, after 6 months the benefit became non-significant compared to the control group who did not receive GET, and functional work capacity was not significantly improved after therapy. A systematic review published in 2006 included the same five RCTs, noting that "no severely affected patients were included in the studies of GET". A 2012 systematic review concluded that despite the consistent positive outcomes of exercise therapy studies for CFS,
"exercise therapy is not a cure for CFS", and "a comprehensive rehabilitation programme only rarely results in full recovery". [88]

Surveys conducted on behalf of patient organizations find adverse effects to be very common. [85][86][87][88] To avoid detrimental effects from GET, care must be taken to avoid the exacerbation of symptoms while catering the program to individual capabilities and the fluctuating nature of symptoms. [89]

**Pacing**

Pacing is an energy management strategy based on the observation that symptoms of the illness tend to increase following minimal exertion. There are two forms: symptom-contingent pacing, where the decision to stop (and rest or change an activity) is determined by an awareness of an exacerbation of symptoms; and time-contingent pacing, which is determined by a set schedule of activities which a patient estimates he or she is able to complete without triggering post-exertional malaise (PEM). [90] Thus the principle behind pacing for CFS is to avoid over-exertion and an exacerbation of symptoms. It is not aimed at treating the illness as a whole. Those whose illness appears stable may gradually increase activity and exercise levels but according to the principle of pacing, must rest if it becomes clear that they have exceeded their limits. Some programmes combine symptom and time-contingent approaches. A trial of one such programme reported limited benefits. [91] A larger, randomised controlled trial found that pacing had statistically better results than relaxation/flexibility therapy. [92][93] A 2009 survey of 828 Norwegian CFS patients found that pacing was evaluated as useful by 96% of the participants. [94]

**Other**

Other treatments of CFS have been proposed but their effectiveness has not been confirmed. [95] Medications thought to have promise in alleviating symptoms include antidepressant and immunomodulatory agents. [96] The evidence for antidepressants is mixed, [97] and their use remains controversial. [98] Many CFS patients are sensitive to medications, particularly sedatives, and some patients report chemical and food sensitivities. [99] CFS patients have a low placebo response, especially to psychological-psychiatric interventions, perhaps due to patient expectations. [100]
SCIO treats Chronic Fatigue

Part of the Following:

Large Scale Study of the Safety and Efficacy
of the SCIO/Eductor Device

Chief Editor:
Andreea Taflan DBF IMUNE

Edited and Validated By Medical Staff:
Mezei Iosif MD, Romania
Sarca Ovidiu MD, Romania
Igor Cetojevic MD, Cyprus
Matthias Heiliger M.D. Germany/Switzerland
Klara Hilf M.D. Hungary
Anna Maria Cako M.D. Hungary
Debbie Drake M.D. Canada
Bacean Aurel MD Romania

Consultant:
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

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 100,000 patients with over 300,000 patient visits reported their diseases. Many (2304) of them reported chronic fatigue. And the results of their therapy are reported in this study. 2304 were treated 75% improvement was seen.

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 an evoked potential Universal Electro-Physiological 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 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)

A 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 101,201 patients. 69% had more than one visit. 43% had over two visits. There were over 300,000 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. Therapist’s 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 Hahnemann the father of homeopathy, he said that the body heals itself with its innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahnemann 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**

There are no characteristic laboratory abnormalities to diagnose CFS, so testing is used to rule out other potential causes for symptoms. When symptoms are attributable to certain other conditions, the diagnosis of CFS is excluded. Important conditions and disorders to exclude are current/active major depression, schizophrenia, eating disorders such as anorexia nervosa and bulimia, bipolar disorder, alcohol abuse or other substance abuse. Current morbid obesity and active medical diseases need to be resolved and excluded before a diagnosis of chronic fatigue syndrome can be made.
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.

**Chronic Fatigue**

This disease group total number of patients was 2304

**Subspace Treatment 559 patients, 1745 SCIO Harness Patients**

**OVERALL ASSESSMENT**

A. Subspace Treatment 559 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

52%--- *Percentage of Improvement in Symptoms*
53%--- *Percentage of Improvement in Feeling Better*
50%--- *Percentage of Improvement Measured*
59%-- *Percentage of Improvement in Stress Reduction*
22%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1745 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

1 case reporting no improvement of Symptoms, 0.01% of Subgroup
4 cases reporting no improvement in feeling better, 0.02% of Subgroup
1 case reporting no improvement in stress reduction 0.01% of Subgroup

75%---- Percentage of Improvement in Symptoms
79%---- Percentage of Improvement in Feeling Better
75%---- Percentage of Improvement Measured
69%-- Percentage of Improvement in Stress Reduction
29%----Percentage of Improvement in SOC Behavior
SCIO TREATMENT SUGGESTED

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

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

   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

   Frequency -

   Scalar for 30 min once a month in early stages once a week in later stage

   Auto Trivector for 30 min once a month in early stages once a week in later stage
1) Ginseng

Ginseng is an herb that has been used in Asia for centuries to increase energy and combat fatigue. A survey of 155 people by researchers at the University of Iowa with persistent fatigue found that ginseng was considered one of the more helpful treatments, with 56 percent of people who used ginseng rating it as effective.

Allergy to metals can cause Chronic Fatigue.

Another study found that Panax ginseng significantly enhanced cellular immune function by peripheral mononuclear cells (blood cells that are a critical component in the immune system to fight infection) in people with chronic fatigue syndrome or acquired immunodeficiency syndrome (AIDS).

A double-blind, placebo-controlled study involving 96 people with persistent fatigue, however, found that Siberian ginseng was not better than placebo at reducing fatigue.

For more information, read the [Ginseng Fact Sheet](#).

2) Nicotinamide Adenine Dinucleotide (NADH)

NADH is a naturally occurring molecule formed from vitamin B3 (niacin) that plays an essential role in cellular energy production.

A double-blind, placebo-controlled trial evaluated the effectiveness of NADH in 26 people diagnosed with chronic fatigue syndrome. Participants received either 1 mg of NADH or placebo for 4 weeks. At the end of the study, 8 out of 26 (31%) responded favorably to NADH in contrast to 2 out of 26 (8%) who responded to placebo. No severe adverse effects were reported.

Although very promising, larger studies are needed to prove the effectiveness of this supplement.

3) L-Carnitine

Carnitine, found in nearly all body cells, is responsible for transporting long-chain fatty acids into mitochondria, the energy-producing centers of cells. It allows these fatty acids to be converted into energy.

Some studies have found that carnitine levels in the body are decreased in people with chronic fatigue syndrome and it has been linked with muscle fatigue and pain and impaired exercise.
tolerance. However, other studies haven't found an association between carnitine deficiency and symptoms of chronic fatigue syndrome.

One study examined the use of L-carnitine in 30 people with chronic fatigue syndrome. After 8 weeks of treatment, there was statistically significant clinical improvement in 12 of the 18 parameters, with the greatest improvement occurring after 4 weeks of treatment. One person was unable to complete the 8 weeks of treatment due to diarrhea. There was no placebo group in this study and it wasn't blinded, so more clinical trials are needed.

Supplemental L-carnitine is generally well tolerated, however high doses of L-carnitine may cause digestive upset and diarrhea. Occasionally, increased appetite, body odor, and rash may occur.

A rare side effect that has been reported with L-carnitine use is seizures in people with or without pre-existing seizure disorders.

4) Coenzyme Q10

Coenzyme Q10 (Co Q10) is a compound found naturally in the mitochondria, the energy-producing center of our cells. Co Q10 is involved in the production of ATP, the main energy source of body cells. Co Q10 is also an antioxidant.

A survey of 155 people with persistent fatigue found that the percentage of users who found a treatment helpful was greatest for Co Q10 (69% of 13 people). For more information about Co Q10, please read the [Co Q10 Fact Sheet](#).

5) Dehydroepiandrosterone (DHEA)

DHEA is a hormone secreted by the adrenal glands and in smaller amounts by the ovaries and testes. DHEA can be converted in the body to other steroid hormones, such as estrogen and testosterone. It is also involved in memory, mood, and sleep. Levels of DHEA in the body peak when a person is in his or her mid-20's and then slowly decline with age.

Studies have shown that DHEA-s levels are abnormal in people with chronic fatigue syndrome. DHEA is not recommended unless lab tests indicate there is a deficiency. Treatment should be closely supervised by a qualified health practitioner. Little is known about the long-term safety of DHEA.
Because DHEA is converted to estrogen and testosterone, people with estrogen- and testosterone-related conditions, such as breast, ovarian, prostate, and testicular cancer) should avoid DHEA.

Adverse effects of DHEA include high blood pressure, lowered HDL ("good") cholesterol, and liver toxicity. DHEA can increase testosterone in women and result in male pattern baldness, weight gain, acne, deepening of the voice, and other signs of masculinization.

DHEA can interact with certain medications. For example, it has been found to increase the effect of the HIV medication AZT (Zidovudine), barbituates, the cancer medication cisplatin, steroids, and estrogen replacement therapy.

1) Vitamin B12 and B complex vitamins. B vitamins play a critical role in beating chronic fatigue because the body uses them to metabolize energy. And since many people today suffer from B vitamin deficiency anemia, supplementing with B complex vitamins, and vitamin B12 in particular, can make all the difference in alleviating tiredness and sustaining high energy levels. ([http://www.prohealth.com/library/showarticle.cfm?libid=3466](http://www.prohealth.com/library/showarticle.cfm?libid=3466))

Depending on the severity of someone's chronic fatigue, both subcutaneous (under the skin) and sublingual (under the tongue) forms of B12 are available, with the methylcobalamin variety offering the most benefits ([http://www.naturalnews.com/032766_cyanocobalamin_vitamin_B-12.html](http://www.naturalnews.com/032766_cyanocobalamin_vitamin_B-12.html)). When taking B complex vitamins, be sure to take food-based types like MegaFood's Balanced B Complex ([http://www.megafood.com/vitamin-formulas/balanced-b-complex](http://www.megafood.com/vitamin-formulas/balanced-b-complex)), rather than synthetic B complex vitamins.

2) Trace minerals and concentrated mineral drops. Mineral deficiency is another common cause of chronic fatigue, as a mineral-deficient body lacks the ability to effectively regenerate cells and produce adequate energy. This is why regularly consuming the full spectrum of ionic trace minerals, which includes nutrients like magnesium, chromium, iron, and zinc, is vitally important for treating chronic fatigue. Eating full-spectrum sea and minerals salts on a regular basis is one great way to ensure that you are getting enough trace minerals in your diet, as is taking concentrated mineral drop supplements like the kind sold by Trace Mineral Research ([http://www.traceminerals.com](http://www.traceminerals.com)). Taking a magnesium supplement like Peter Gillham's Natural Calm can also help alleviate symptoms of chronic fatigue. ([http://www.calmnatural.com/](http://www.calmnatural.com/))

3) Bee pollen. Considered by many to be the "perfect food," as it has a unique balance of
beneficial enzymes, protein, amino acids, vitamins, and minerals, bee pollen is another excellent option for those who struggle with chronic fatigue. The synchronistic effect of bee pollen's multitude of nutrients can help alleviate both physical and intellectual tiredness, and provide lasting energy throughout the day. ([http://www.cfnmedicine.com/Article/Bee-Pollen-Extends-Lifespan](http://www.cfnmedicine.com/Article/Bee-Pollen-Extends-Lifespan))

In his book *Beating Cancer with Nutrition*, Dr. Patrick Quillin, Ph.D., explains that bee pollen has long been used throughout history as "a superfood to restore energy and recuperative powers." Both royal bee jelly and propolis, which bees use to disinfect their hives before occupying them, are also beneficial for energy and health. ([http://www.naturalpedia.com/book_Beating_Cancer_With_Nutrition.html](http://www.naturalpedia.com/book_Beating_Cancer_With_Nutrition.html))

4) **Maca**. Used medicinally for thousands of years, particularly in South America where it grows abundantly at high elevations, maca is another powerful "superfood" that normalizes hormones and boosts energy levels. Because it helps balance a variety of systems throughout the body, maca is quickly becoming a go-to treatment for many people trying to cure their chronic fatigue symptoms. ([http://www.naturalnews.com/028782_maca_Incas.html](http://www.naturalnews.com/028782_maca_Incas.html))

Since maca is naturally rich in both B complex vitamins and trace minerals, it is no surprise that it helps boost energy levels. But even more than this, maca contains unique substances that stimulate the pituitary and hypothalamus glands, which in turn benefit the adrenal and thyroid glands. The proper functioning of these important glands, of course, is absolutely vital for maintaining healthy and optimal energy levels. ([http://www.greenwillowtree.com/Page.bok?file=peruvianmaca.html](http://www.greenwillowtree.com/Page.bok?file=peruvianmaca.html))

5) **Liposomal vitamin C**. Vitamin C is another powerful energizing nutrient with amazing potential to eradicate chronic fatigue systems. But typical oral supplementation with ascorbic acid and other common forms of vitamin C can provide only limited benefits, as only a small amount of the vitamin C ends up being absorbed into the body, while the rest is eliminated.

But supplementing with liposomal vitamin C, which some say is the equivalent of getting high-dose intravenous vitamin C injections, can help significantly boost energy levels by encapsulating vitamin C in protective lipid layers and delivering it directly into the bloodstream ([http://www.quantumbalancing.com/liposomalC.htm](http://www.quantumbalancing.com/liposomalC.htm)). Not only is liposomal C extremely inexpensive, but it is also very easy to make at home. ([http://www.youtube.com/watch?v=SeU-wadrMY](http://www.youtube.com/watch?v=SeU-wadrMY))

6) **Iodine**. A continuous onslaught of ionizing radiation and fluoride chemicals, combined with a
lack of iodine-rich foods in the diet, has left many modern people grossly deficient in necessary iodine. And it is iodine deficiency that causes many of them to feel sluggish, perpetually tired, and devoid of energy. (http://www.psychologytoday.com)

This accumulation of fluoride, radiation, bromide, and other iodine-replacing chemicals in the body can severely disrupt glandular function, which in turn causes imbalanced hormones, poor circulation, low body temperature, and other problems linked to chronic fatigue. But daily supplementation with a high-quality iodine supplement such as Lugol's (http://www.lugols.com/) or Nascent (http://www.globalhealingcenter.com) can help balance the endocrine system and propel the body towards homeostasis, which in turn can alleviate the symptoms associated with chronic fatigue.

Why can’t caffeine cure Chronic Fatigue Syndrome?

Imagine if every time you took pain killers for a headache, you felt relief from the pain for about 30 mins. But then, after that short period of time, the pain came back twice as strongly as it was to begin with.

An additional dose of meds would force another double in symptoms. Eventually you’d have to face the pain, and next time you’ll be sure to think twice before popping pills.

Sure, caffeine does give CFS patients a burst of energy, but it always comes with a very large price to pay.
Joan was 29, but she felt like 65. She was tired, really tired. She had been that way for close to five years, since moving to Seattle from Iowa. She was exhausted after coming home from her work as a corporate manager. She was tired on weekends. She was tired all the time, and never seemed to be able to catch up on her rest, even when she slept nine or ten hours a night. Joan felt the fatigue like a cloud which came over her. Her body felt like it just faded away, and before she knew it she was asleep. The fatigue interfered with everything in her life. The cooking, gardening and creative projects which had once captivated her interest now seemed just too much effort to get into. She could not enjoy her time away from work. Her husband complained that she had no interest in sex. Life had become a drowsy prison for Joan, and she realized that what she had was more than just stress.

When Joan came to see us, we realized that she was suffering from chronic fatigue syndrome, or CFS, which has been popularized in the media as the "Yuppie Flu", because it often strikes young professionals with busy lives. Chronic fatigue can happen to anyone, however. In a recent article in the Journal of the American Medical Association, 21% of people coming to a large general practice met the criteria for CFS. The syndrome is more common in women than men. 45% of those patients with CFS were periodically bedridden. Up to 73% also have mild fever, swollen lymph nodes, muscle aches, joint pain, night sweats, and difficulty in concentration and sleeping. 50% of the people who have chronic
fatigue also complain of chronic depression or anxiety. Some are just extremely frustrated by how the fatigue has interfered with their usually active lives. They are just tired of being tired.

What causes CFS? Doctors have debated in the medical journals over whether the disease even exists. But those who have it know it does. It has been assumed to be a chronic post-viral syndrome, occurring after mononucleosis or influenza infection, or after infection with an intestinal virus. For a number of years it was thought that the Epstein-Barr virus (EBV) was the culprit. This is the virus which causes mononucleosis, the "kissing disease", which affects young adults with extreme tiredness, sore throat, swollen glands and liver inflammation. Although most people recover uneventfully from mononucleosis, in many cases the virus goes underground, and may appear years later as CFS. EBV antibody levels, however, are usually only slightly higher in CFS patients than in healthy controls without chronic fatigue. This means that Epstein-Barr only accounts for some of the chronic fatigue that is so prevalent. Researchers in England have proposed an intestinal virus, Coxsackie B, as the main cause for CFS, or Myalgic Encephalitis (ME), as it is called there. Like EBV, though, Coxsackie B virus antibodies are also found in healthy controls. So although exposure to viral illness often precedes chronic fatigue syndrome, it is not the whole story.

Why does one person recover completely from a viral illness and another go on to develop CFS? The answer is a complex one. The philosophy of homeopathic medicine sheds some light on the subject. According to homeopathic thought, all illness comes about from an imbalance in the vital force. Your vital force is an intelligent energy principle in your body, which organizes and balances the many functions of life, and provides protection from illness. Your vital force can become imbalanced from many factors including stress, poor diet, lack of exercise, exposure to the elements, emotional trauma, and injuries. There can also be hereditary imbalances in the vital force which also lead to increased susceptibility to disease. Infectious agents such as viruses, bacteria and fungi find that the weakness in your vital force and its physical counterpart, the immune system, provides an opportunity to take hold in your body and grow. Whether this creates symptoms of illness or not depends on how well your body-mind is meeting the challenges of life. The vital force produces symptoms such as the fatigue, swollen glands, mild fever and muscle and joint aches typical of CFS as part of its attempt to restore balance to your system. In CFS cases, the vital force is unable to restore the proper balance after an acute illness, the person never recovers their full vitality, and the illness becomes chronic. If your vital force is functioning well, even if the virus is still present, you will not feel sick.

At present, there is essentially no effective treatment offered by orthodox medicine for CFS. No antiviral or antibiotic drugs make any difference in the course of the disease. As naturopathic and homeopathic doctors, we see that the issue in treating chronic fatigue syndrome is not about killing viruses or preventing their replication, but to strengthen your vital force. Many people are infected chronically with viruses and bacteria, but suffer no illness whatsoever, because their vital force and immune system are strong and healthy. In fact, it is virtually impossible to be alive and not be infected with some pathogenic organisms. What is important is how your body responds to remain healthy.

You can protect yourself from developing chronic fatigue syndrome as well as treat it effectively with natural treatments if you do get it. It is important in prevention to get adequate rest and not to allow yourself to become chronically stressed in your work or home life. Regular aerobic exercise is important. Nutritionally, daily vitamin C (1000-3000 mg), B-complex, beta carotene (25,000 to 50,000 IU's), and 30 mg. of zinc are helpful in bolstering the immune system against infection. In treating chronic fatigue, we have found overwhelmingly that homeopathic medicine produces the best results. A remedy which matches all of your symptoms will stimulate your vital force to restore balance and health. We use a wide variety of homeopathic remedies in treating CFS, and it is important to see a homeopath for treatment rather than trying to treat yourself. It is also important to remove the stressors, lifestyle factors and nutritional deficiencies which may predispose to weakening the vital force and developing chronic fatigue.
In Joan’s case a single dose of the homeopathic medicine *Silica* 200C restored her energy within several weeks, after five years of chronic fatigue. Her creativity and sexual interest came back as well. She felt let out of prison and able to resume her normal life.

Even though its causes and diagnosis are still somewhat indefinite, there is hope for people with chronic fatigue syndrome to lead vital, happy lives with proper prevention and effective natural treatment.

---

‘Rocket fuel’ to conquer fatigue

by ROGER DOBSON, Daily Mail

Fatigue is one of Britain’s most debilitating epidemics. Until now, there has been little in the way of a quick fix. Yet, if the American hype is to be believed, a new tablet known as NADH could be the cure thousands have been hoping for.

Described as ‘human rocket fuel’, it’s an over-the-counter treatment for sufferers of fatigue that, claim the makers, restores energy and vitality quickly. The one-tablet-a-day supplement, taken at breakfast time, is also claimed to be a successful treatment for chronic fatigue syndrome, with one in three sufferers reporting improvements in their symptoms after 12 weeks.

Known in America as the power-pill, NADH is also being used by athletes to boost energy levels, and by highfliers to overcome stress and exhaustion. Students are also taking the pills, which retail for about £10 for 30, as a pre-exam energy-booster.

Sales of NADH are at record levels in America and are increasing in Britain, too, either through the internet or in health-food shops. Pro Health, one of the main internet suppliers, lists a catalogue of beneficial affects: ‘NADH energises the body and the brain, giving increased energy and mental activity,’ would-be buyers are told.

The theory behind NADH - or nicotinamide adenine dinucleotide, whose active form is marketed as Enada - is that it is a chemical or coenzyme found naturally in cells and plays a key role in energy production in those cells.
It's also said to be an antioxidant which protects the body from damage-causing free radicals involved in more than 80 degenerative disorders, including arthritis and heart disease. Much of the research centres on its use in treating patients with chronic fatigue syndrome.

Research carried out by immunologist Dr Joseph Bellanti found that eight out of 26 chronic fatigue syndrome sufferers achieved a 10% improvement in their symptoms. It is being suggested, too, that the supplement may be useful in treating other degenerative conditions, including Parkinson's disease. It is also being investigated to see if it can improve athletic performance in healthy people, and whether it can combat stress and jetlag. But sceptics say that, just because it works when produced naturally, it doesn't necessarily mean artificial supplements will have the same effect.

But despite scepticism about the supplement, its popularity is growing among the 38% of men and women in Britain who suffer with some kind of fatigue or energy problems.
GSRtDCs INCREASES
SPORT PERFORMANCE

Studies show increases of:
Strength 3 to 5%
Stamina 3 to 7%
Eye Hand Coordination 5%

GSRtDCs Educator for Sport Performance Enhancement
WHPRS Rating = 11 Max Rating

Many Clinical Studies Published in Recognized ISSN Peer Reviewed Medical Journals
Have shown how the Body Electric VARHOPE Improvements of the GSRtDCs can Increase Sport Performance

GSRtDCs is an Edge in Sport

Validated, Verified Safe and Effective -- Are Your Children Not Worth It???
Top 10 Natural Treatments For Epstein Barr Virus

September 18, 2014

Epstein Barr virus (EBV) is also widely known as mono (mononucleosis) or chronic fatigue syndrome. The symptoms of this virus can vary from person to person. This virus belongs to the herpes family of viruses and is entered in cell of the body and gets replicated causing mononucleosis or chronic fatigue syndrome. The EBV or Epstein Barr viruses are now found throughout the world infecting infant, teenagers and adults. It is transmitted through contact, saliva and sneeze. So just to prevent these viruses from entering your body refrain from using utensils, glasses, or clothes of any infected person. Besides these preventive measures here are some natural remedies which will prevent and cure Epstein Barr viruses or (EBV). People suffering from EBV can have different symptoms, and those symptoms can be severely sore throat which seems hard to recover, other symptoms include weakness and fatigue.

Here Are The Top 10 Natural Treatments For Epstein Barr Virus:

*Larrea Tridentata*

This herb has shown tremendous promise in the initial phase of medical testing for natural treatment of EBV. The concentrated leaf resin of Larrea has shown high amount of antioxidant
and anti-viral activity. This clearly means that the resin can thwart virus growth. The Larrea is available in oral dietary supplement, spray, and lotion forms for the usage of the patients. It has been found to be an effective way of naturally treating EBV.

**Olive Leaf Extract**

The olive leaves are very active ingredients and antibiotic. It is a natural but an effective medicine to cure virus infection. It strengthens immunity and inhibits the entry of viruses in the body.

**Fresh Raw Carrot Juice**

Carrot contains vitamin A which is good for immunity of body. Hence try to take one glass of carrot juice every morning and increase your immune system against EBV.
**Adequate Rest**

The best natural treatment is bed rest. Today’s highly hectic life is not letting us live our life in a proper way. We just have to keep running around and the immunity of the body is getting weakened due to it. A healthy body is a fit one and can fight against viruses causing many diseases. Hence take adequate amount of bed rest to keep your body fit.

**Drink Lots Of Water**

The water helps body to flush away the toxic agents of the body produced by viruses. The continuous flow of water in and out of the body is very essential even for a healthy person and more so for the ill one’s. Hence drink as much water as you can.

**Lemon And Garlic Juice**

If you are showing up the symptoms of EBV than start taking the lemon and garlic juice to prevent virus for further infection. Garlic is always has a medicinal quality as well as the lemon has vitamin c which provide immunity to body.
Coconut Oil

Coconut oil contains lauric acid which can be converted into monolauric acid inside the body and act as antivirus to kill Epstein Barr virus. Hence the use of coconut oil in place of vegetable oil is suggested for people suffering with the EBV.

Herbal Tea

Herbal tea also protects you from viruses by keeping your body system immune, this herbal tea is prepared by adding burdock, ginseng cayenne pepper and Goldenseal root in 2 cups of boiling water.
**Licorice Roots**

Licorice roots can be taken as a hot tea; it not only relieves the sour throat but also fights against the Epstein Barr virus.

![Licorice Root Image]

**Ginger**

It is an inflammatory soothing agent as well as strengthen the immune system of the human body. You can take ginger with soup, juice and hot tea as per your personal preference.

![Ginger Image]

Eat paste of fried cumin seed, red chili, plantain and garlic
Bullet Proof Coffee!

8oz of Coffee
1 Tbs of Organic Butter
1-2 Tsp of Coconut Oil
Vanilla Stevia
Optional: Cacao Powder, Cinnamon, Dark Chocolate

www.nutritioncpr.com

WHAT IS BULLETPROOF COFFEE?
+ The Benefits of Grass-Fed Butter & Coconut Oil in Your Coffee

www.therisingspoon.com
CFS treatments there are promising paths we are eager to follow:

<table>
<thead>
<tr>
<th>POTENTIAL APPROACHES TO TREATMENT</th>
<th>EXAMPLES OF POTENTIALLY USEFUL TREATMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-viral Medicines</td>
<td>Valtrex, Famvir, Valcyte</td>
</tr>
<tr>
<td>Strengthening Immune Support</td>
<td>AHCC (Shitake Mushroom), Reishi Mushroom, Specific Probiotics, Immunovir, repair nutritional deficiencies e.g. zinc</td>
</tr>
<tr>
<td>Reducing Immune System Inflammation: Medicines</td>
<td>Low Dose Naltrexone, Minocycline, Doxycycline, Rituximab, perhaps Colchicine, pentoxyfilline</td>
</tr>
<tr>
<td>Reducing Immune System Inflammation: Natural Products</td>
<td>Curcumin, Pycgnogenol, Panax Ginsent, Green Tea, Ginger, bifidobacteria infantis 35624, French Oak Wood Extract (Ribovit)</td>
</tr>
<tr>
<td>Improve Mitochondrial Energy Metabolism</td>
<td>Nicotinamide Riboside, Pycgnogenol, Creatine, Carnitine, Coenzyme Q, Lipoid Acid, Magnesium, Kaprex</td>
</tr>
<tr>
<td>Stimulant Medicines</td>
<td>Ritalin (methylphenidate), Provigil/Nuvigil</td>
</tr>
<tr>
<td>Treat orthostatic low blood pressure and/or POTS</td>
<td>Hydration, exercise reconditioning, licorice root, potassium, Beta blockers, Ritalin, Proamatine, Mestinon (pyridostigmine)</td>
</tr>
</tbody>
</table>
Ways to Get Your Energy Back

Some ways to help chronic fatigue

You’re only as old as you feel, the saying goes. But what if you feel old, tired, and rundown?

Fatigue is a common complaint, especially after people hit middle age. Fortunately, there are plenty of simple ways to boost energy. Some even slow the aging process.

Here’s how to refill your tank when your energy levels sputter.

1. Rule out health problems.

Fatigue is a common symptom of many illnesses, including diabetes, heart disease, arthritis, anemia, thyroid disease, and sleep apnea. Talk to your doctor if you feel unusually tired.

Many medications can contribute to fatigue. These include some blood pressure medicines, antihistamines, diuretics, and other drugs. If you begin to experience fatigue after starting a new medication, tell your doctor.

2. Get moving.

The last thing you may feel like doing when you're tired is exercising. But many studies show that physical activity boosts energy levels.

“Exercise has consistently been linked to improved vigor and overall quality of life,” says Kerry J. Stewart, professor of medicine and director of clinical and research exercise physiology at Johns Hopkins University School of Medicine. “People who become active have a greater sense of self-confidence. But exercise also improves the working efficiency of your heart, lungs, and muscles,” Stewart says. “That’s the equivalent of improving the fuel efficiency of a car. It gives you more energy for any kind of activity.”

3. Strike a pose.

Although almost any exercise is good, yoga may be especially effective for boosting energy. After six weeks of once-a-week yoga classes, volunteers in a British study reported improvements in clear-mindedness, energy, and confidence.
It’s never too late to try, either. University of Oregon researchers offered yoga instruction to 135 men and women ages 65 to 85. At the end of six months, participants reported an increased sense of well-being and a boost in overall energy.

4. Drink plenty of water.

Dehydration zaps energy and impairs physical performance. “Our research shows that dehydration makes it harder for athletes to complete a weight lifting workout,” says Dan Judelson, PhD, assistant professor of kinesiology at California State University at Fullerton. "It’s reasonable to think that dehydration causes fatigue even for people who are just doing chores."

Dehydration has also been shown to decrease alertness and concentration.

How to know if you’re drinking enough water?“Urine should be pale yellow or straw colored,” Judelson says. “If it’s darker than that, you need to drink water.”

5. Get to bed early.

Lack of sleep increases the risk of accidents and is one of the leading causes of daytime fatigue. The solution: Get to bed early enough for a full night’s sleep.

When people enrolled in a 2004 Stanford University study were allowed to sleep as long as they wanted, they reported more vigor and less fatigue. Good sleep habits may also have important health benefits. Centenarians report better than average sleep.

If you do fall short on shut-eye, take a brief afternoon nap. Napping restores wakefulness and promotes performance and learning. A 10-minute nap is usually enough to boost energy. Don’t nap longer than 30 minutes, though, or you may have trouble sleeping that night. A nap followed by a cup of coffee may provide an even bigger energy boost, according to the American Academy of Sleep Medicine.

6. Go fish.

Good for your heart, omega-3 oils may also boost alertness. According to a 2009 study by scientists at Italy’s University of Siena, volunteers who took a fish oil capsule for 21 days demonstrated faster mental reaction times. They also reported feeling more vigorous.
7. Keep time with your body clock.

Some people get a burst of energy first thing in the morning. They’re often called morning larks. Night owls are people who are at their best at the end of the day. These individual differences in daily energy patterns are determined by brain structure and genetics, so they can be tough to change. Instead, become aware of your own circadian rhythms. Then schedule demanding activities when your energy levels are typically at their peak.

8. Shed extra weight.

Losing extra weight can provide a powerful energy boost, says Stewart, of Johns Hopkins University. Even small reductions in body fat improve mood, vigor, and quality of life.

Most weight loss experts recommend cutting back on portion sizes, eating balanced meals, and increasing physical activity.

9. Eat Less but Eat more often.

Some people may benefit by eating smaller meals more frequently during the day. This may help to steady your blood sugar level.

Favor whole grains and other complex carbohydrates. These take longer than refined carbohydrates to digest, preventing fluctuations of blood sugar.

If you start eating more often, watch your portion sizes to avoid weight gain.

Prognosis

Recovery

A systematic review of 14 studies that described improvement and occupational outcomes of people with CFS found that “the median full recovery rate was 5% (range 0–31%) and the median proportion of patients who improved during follow-up was 39.5% (range 8–63%). Return to work at follow-up ranged from 8 to 30% in the three studies that considered this outcome.” .... "In five studies, a worsening of symptoms during the period of follow-up was reported in between 5 and 20% of patients." A good outcome was associated with less fatigue severity at baseline. Other factors were occasionally, but not consistently, related to outcome, including age at onset (5 of 16 studies), and attributing illness to a psychological cause and/or having a sense of control over symptoms (4 of 16 studies). Another review found that children have a better prognosis than adults, with 54–94%...
having recovered by follow-up compared to less than 10% of adults returning to pre-illness levels of functioning. [102]

A 2014 systematic review reported that estimates of recovery from CFS ranged between 0 to 66% in intervention studies and 2.6 to 62% in naturalistic studies. There was a lack of consensus in the literature on how recovery should be defined. "Recovery" was often based on limited assessments, less than a full restoration of health, and self-reports with a general lack of more objective measures, which when used, did not find significant changes in physical activity. The authors suggested that patients were still avoiding post-exertion symptom exacerbation, and could be clinically improving to a limited extent or adapting to ongoing illness rather than recovering. It was recommended using stricter and more comprehensive definitions of recovery which capture fatigue, function, patient perceptions, and recovery time following physical and mental exertion.[103]

Epidemiology

A 2003 review states that studies have reported between 7 and 3,000 cases of CFS for every 100,000 adults. [6] Ranjith reviewed the epidemiological literature on CFS and suggested that the wide variance of the prevalence estimates may be due to the different definitions of CFS in use, the settings in which patients were selected, and the methodology used to exclude study participants with possible alternative diagnoses. [11] The Centers for Disease Control reports that more than 1 million Americans have CFS and approximately 80% of the cases are undiagnosed. [12] Approximately 250,000 people in the UK are affected with the illness according to the National Health Service. [13]
History

Main article: History of chronic fatigue syndrome

In 1934, an outbreak then referred to as atypical poliomyelitis (at the time it was considered a form of polio) occurred at the Los Angeles County Hospital. It strongly resembled what Ramsay and Acheson would later describe as ME (in 1934, there were no follow-up data to indicate chronicity and it is not known how many of those affected remained ill beyond six months.) Of note are the neurological symptoms, the link with a polio outbreak and the fact that most of the patients were hospital staff. During 1955, there were many similar outbreaks, the best known of which affected several hospitals that formed part of the Royal Free group in London. It also featured neurological signs and affected mostly the hospital staff. CFS excludes these outbreaks by definition, though many patients have a post-viral onset and the literature relating to ME is considered relevant to the study of CFS. In 1969, benign myalgic encephalomyelitis was first classified into the International Classification of Diseases under Diseases of the nervous system. The name chronic fatigue syndrome was used in the medical literature in 1987 to describe a condition resembling "chronic active Epstein-Barr virus (EBV) infection" but which presented no
evidence of EBV as its cause. The initial case definition of CFS was published in 1988, "Chronic fatigue syndrome: a working case definition“, (the Holmes definition), and displaced the name chronic Epstein-Barr virus syndrome. This research case definition was published after US Centers for Disease Control and Prevention epidemiologists examined patients at the Lake Tahoe outbreak.[108][109][110] In 2006, the CDC commenced a national program to educate the American public and health care professionals about CFS.[111]

A 2009 study published in the journal Science reported an association between a retrovirus xenotropic murine leukemia virus-related virus (XMRV) and CFS. The editors of Science subsequently attached an "Editorial Expression of Concern" to the report to the effect that the validity of the study "is now seriously in question".[112] and in September 2011, the authors published a "Partial Retraction" of their 2009 findings,[113] this was followed by a full retraction by the magazine’s Editor in Chief after the authors failed to agree on a full retraction statement.[114] Also in September 2011, the Blood XMRV Scientific Research Working Group published a report which concluded "that currently available XMRV/P-MLV assays, including the assays employed by the three participating laboratories that previously reported positive results on samples from CFS patients and controls (2, 4), cannot reproducibly detect direct virus markers (RNA, DNA, or culture) or specific antibodies in blood samples from subjects previously characterized as XMRV/P-MLV positive (all but one with a diagnosis of CFS) or healthy blood donors."[115] In December 2011, the Proceedings of the National Academy of Sciences published a similar retraction for an August 2010 paper.[116] Some members of the patient community, who had viewed the XMRV findings as a source of hope for a possible cure, initially reacted negatively when they were called into question. One UK researcher reported verbal abuse after publishing an early paper indicating that the XMRV studies were flawed.[117]

Research funding

In November 2006, an unofficial inquiry by an ad hoc group of parliamentarians in the United Kingdom, set up and chaired by former MP, Dr Ian Gibson, called the Group on Scientific Research into ME,[118] was addressed by a government minister claiming that few good biomedical research proposals have been submitted to the Medical Research Council (MRC) in contrast to those for psychosocial research. They were also told by other scientists of proposals that have been rejected, with claims of bias against support for biomedical research.

The MRC confirmed to the Group that, from April 2003 to November 2006, it has turned down 10 biomedical applications relating to CFS/ME and funded five applications relating to CFS/ME, mostly in the psychiatric/psychosocial domain.

In 2008, the MRC set up an expert group to consider how the MRC might encourage new high-quality research into CFS/ME and partnerships between researchers already working on CFS/ME and those in associated areas. It currently lists CFS/ME with a highlight notice, inviting researchers
to develop high-quality research proposals for funding. In February 2010, the All-Party Parliamentary Group on ME (APPG on ME) produced a legacy paper, which welcomed the recent MRC initiative, but felt that there has been far too much emphasis in the past on psychological research with insufficient attention to biomedical research and that it is vital that further biomedical research be undertaken to help discover a cause and more effective forms of management for this disease.

Society and culture

Economic impact

Reynolds et al. (2004) estimated that the illness caused about $20,000 per person with CFS in lost productivity which totals to $9.1 billion per year in the United States. This is comparable to other chronic illnesses that extract some of the biggest medical and socioeconomic costs. A 2008 study calculated that the total annual cost burden of ME/CFS to society in the US was extensive, and could approach $24.0 billion.

Social issues

A study found that CFS patients report a heavy psychosocial burden. A survey by the Tymes Trust reported that children with CFS often state that they struggle for recognition of their needs or they feel bullied by medical and educational professionals.

Social support

Individuals with CFS may receive a poorer quality of social support than in those with other illnesses. One study found that CFS patients reported an increased incidence of negative/unsatisfying interactions with family, friends, colleagues and doctors, when compared with healthy controls and breast cancer patients currently in remission.

Awareness day

May 12 is designated as International Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Awareness Day (ME/CFS). The day is observed so that stakeholders have an occasion to improve the knowledge of "the public, policymakers, and healthcare professionals about the symptoms, diagnosis, and treatment of ME/CFS, as well as the need for a better understanding of this complex illness."

Doctor-patient relations

Some in the medical community do not recognize CFS as a real condition, nor is there agreement on its prevalence. There has been much disagreement over proposed causes, diagnosis, and treatment of the illness. This uncertainty can significantly affect doctor-patient relations. A 2006 survey of general medical practitioners in southwest England found that despite more than two thirds accepting CFS/ME as a recognizable clinical entity, nearly half did not feel confident with
making the diagnosis and/or treating the disease. Three other key factors that were significantly, positively associated with GPs' attitudes were knowing someone socially with CFS/ME, being male and seeing more patients with the condition in the last year. [137]

From the patient perspective, one 1997 study found that 77% of individuals with ME/CFS reported negative experiences with health care providers. [138] In a more recent metanalysis of qualitative studies, a major theme identified in patient discourses was that they felt severely ill, yet blamed and dismissed. [139] Another recent study of themes in patient newsgroup postings noted key themes relating to denial of social recognition of suffering and feelings of being accused of "simply faking it". Another theme that emerged strongly was that achieving diagnosis and acknowledgement requires tremendous amounts of "hard work" by patients. [131][140]

### Blood donation

Based on the possible link between CFS and XMRV, in 2010 a variety of national blood banks adopted measures to discourage or prohibit individuals diagnosed with CFS from donating blood. Organizations adopting these or similar measures included the Canadian Blood Services [141] the New Zealand Blood Service [142] the Australian Red Cross Blood Service [143] and the American Association of Blood Banks. [144] In November 2010, the UK National Blood Service introduced a permanent deferral of donation from CFS patients based on the potential harm to those patients that may result from their giving blood. [145] Donation policy in the UK now states, "CFS is generally diagnosed by excluding other conditions and may follow an infection that may or may not have been viral and which may be carried by the affected individual." [145]

### Controversy

*Main article: Controversies related to chronic fatigue syndrome*

There has been much contention over the etiology, pathophysiology, [139] nomenclature, [140] and diagnostic criteria of chronic fatigue syndrome. [138][139] Historically, many professionals within the medical community were unfamiliar with CFS, or did not recognize it as a real condition; nor was there agreement on its prevalence or seriousness. [139][138][146] A major divide exists over whether funding for research and treatment should focus on physiological, or psychological/psychosocial aspects of CFS. This division is especially great between patient groups and psychological and psychosocial treatment advocates in Great Britain. [136] In 2011, it was reported by the BBC that this conflict had involved personal vilification and allegations of professional misconduct to professional societies and universities of researchers who were investigating possible psychiatric connections. [129] Controversies still exist over funding for research and treatment of physiological versus psychological/psychosocial aspects of the illness [147]
THE CHRONIC FATIGUE SYNDROME MANIFESTO

♥ I BELIEVE THAT I AM NOT MY ILLNESS - I AM SPIRIT, I AM SOUL, I AM THE UNIVERSE.

♥ I BELIEVE THAT MY BODY IS NOT BROKEN. NEITHER IS MY MIND AND SO, NEITHER AM I.

♥ I BELIEVE THAT THIS ILLNESS IS HERE TO TEACH ME SOMETHING AND I HAVE FAITH THAT THE LESSONS IT BRINGS WILL CHANGE MY LIFE FOR THE BETTER.

♥ I BELIEVE THAT HIDING AWAY IS FEAR AND THAT SHINING MY LIGHT IS THE ULTIMATE LOVE.

♥ I BELIEVE THAT CONNECTING WITH OTHERS HELPS ME IN A HEALING AND AUTHENTIC WAY.

♥ I BELIEVE THAT THE PAST IS HISTORY, THE FUTURE IS A MYSTERY, SO I FIND JOY IN THE CERTAINTY OF THIS MOMENT.

♥ I BELIEVE THAT I AM HEALED, WELL AND PERFECT AS I AM.

I BELIEVE THAT ALL IS LOVE. PURE LOVE.

©Katie Manning - Conquering Fear Spiritually 2013
References


5. A panel at the Institute of Medicine has recommended that the illness be renamed "systemic exertion intolerance disease." The term reflects what patients, clinicians and researchers all agree is a core symptom: a sustained depletion of energy following minimal activity, called post-exertional malaise. Chronic Fatigue Syndrome Gets a New Name By David Tuller February 10, 2015 11:01 am New York Times


39. ^ † † † "CDC - Chronic Fatigue Syndrome (CFS) - Diagnosis". Cdc.gov. Retrieved 2012-07-22.
50. Komaroff AL, Fagioli LR, Doolittle TH, Gandek B, Gleit MA, Guerriero RT, Kornish RJ, Ware NC, Ware JE, Bates DW; Fagioli; Doolittle; Gandek; Gleit; Guerriero; Kornish; Ware; Ware; Bates (September 1996). "Health status in patients with chronic fatigue syndrome and in general population and disease comparison groups". *Am. J. Med.* 101 (3): 281–90. doi:10.1016/S0002-9343(96)00174-X. PMID 8873490.
56. Dinos, S; Khoshaba, B; Ashby, D; White, PD; Nazroo, J; Wessely, S; Bhui, KS (2009). "A systematic review of chronic fatigue, its syndromes and ethnicity: prevalence, severity, co-morbidity and


86. ^ # # White PD, Sharpe MC, Chalder T, DeCesare JC, Walwyn R; Sharpe; Chalder; DeCesare; Walwyn; Walwyn; Pace Trial (2007). "Protocol for the PACE trial: A randomised controlled trial of adaptive pacing, cognitive behaviour therapy, and graded exercise as supplements to standardised specialist medical care versus standardised specialist medical care alone for patients with the chronic fatigue syndrome/myalgic encephalomyelitis or encephalopathy". BMC Neurol 7: 6. doi:10.1186/1471-2377-7-6. PMC 2147058. PMID 17397525.

87. Twisk FN, Maes M; Maes (2009). "A review on cognitive behavioral therapy (CBT) and graded exercise therapy (GET) in myalgic encephalomyelitis (ME) / chronic fatigue syndrome (CFS): CBT/GET is not only ineffective and not evidence-based, but also potentially harmful for many patients with ME/CFS". Neuro Endocrinol. Lett. 30 (3): 284–99. PMID 19855350.


115. Simmons G, Glynn SA, Komaroff AL, Mikovits JA, Tobler LH, Hackett J, Tang N, Switzer WM, Heneine W, Hewlett IK, Zhao J, Lo SC, Alter HJ, Linnen JM, Gao K, Coffin JM, Kearney MF, Ruscetti FW, Pfoist MA, Bethel J, Kleinman S, Holmberg JA, Busch MP; Glynn; Komaroff; Mikovits; Tobler; Hackett Jr; Tang; Switzer; Heneine; Hewlett; Zhao; Lo; Alter; Linnen; Gao; Coffin; Kearney; Ruscetti; Pfoist; Bethel; Kleinman; Holmberg; Busch; Blood XMRV Scientific Research Working Group (SRWG) (2011). "Failure to Confirm XMRV/MLVs in the Blood of Patients with Chronic Fatigue Syndrome: A Multi-Laboratory Study". *Science* **334** (6057): 814–816.


Title:
BRAIN FATIGUE UNSPECIFIED

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:
Mezei Iosif MD, Romania
Sarca Ovidiu MD, Romania
Igor Cetojevic MD, Cyprus
Matthias Heiliger M.D.  Germany/Switzerland
Klara Hilf M.D. Hungary
Anna Maria Cako M.D. Hungary
Debbie Drake M.D. Canada
Bacean Aurel MD Romania

Consultant:
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 100,000 patients with over 300,000 patient visits reported their diseases. Many of them reported Brain Fatigue. And the results of their therapy are reported in this study. 33,024 were treated 62% improvement was seen.

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 an evoked potential Universal Electro-Physiological 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 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)

A 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 101,201 patients. 69% had more than one visit. 43% had over two visits. There were over 300,000 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. Therapist’s 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 Hahnemann the father of homeopathy, he said that the body heals itself with its innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahnemann 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**

Brain syndromes to Rule out:

- Angular gyrus syndrome (Gerstmann syndrome): finger agnosia, acalculia, right_left disorientation, agraphia and alexia (tumour, infarction, trauma)

- Athetosis: sluggish writhing hyperkinesia of distal parts of limbs, variable muscle (one (infarction, haemorrhage, anoxia)

- Balint's syndrome (mind blindness): disordered visual perception from damage to association fibres between Cortical visual centres (tumour, infarction)
- Ballismus: see Hemiballismus

- Bulbar syndrome: coma, dilated and unreactive pupils, apnoea, circulatory anomalies, muscles flaccid (trauma, tumour, infarction)

- Cerebellar hemisphere syndrome: ipsilateral limb ataxia, dysdiadochokinesis, hypotonia, gaze nystagmus (tumour, infarction, haemorrhage)

- Cerebellar vermis syndrome: trunk and gait ataxia, muscle hypotonia, saccadic gaze pursuit, dysarthria (tumour, atrophies)

- Cerebellopontine angle syndrome: deafness, tinnitus (with acoustic neuroma), VII and V nerve deficits. ipsilateral cerebellar and contralateral pyramidal signs (meningioma, detmoid)

- Choreic syndromes: involuntary rapid random jerks of facial and of groups of limb muscles (cessation during sleep), hypotonicity of muscles, persistent knee extension on tapping knee jerk (ischaemia, inflammation, degenerative, toxic)

- Clivus syndrome: ipsilateral oculomotor pressure palsy (including pupil) (tumour, haemorrhage)

- Corpus callosum syndromes: (a) Rostra]: apraxic left hand, contralateral grasp reflex (b) Central: dysgastaphia left hand (c) Splenium: alexia, homonymous hemianopia (glioma, corpus callosum degeneration)

- Decerebrate syndrome: coma, synergism of flexor and extensor muscles, autonomic disorders, oculomotor and pupillary unreactivity (trauma. tumour)

- Disconnection syndromes: neuropsychological disorders (often agnostic) from lesions of interhemispheric association tracts. e.g. lesion of splenium plus left occipital lobe (left posterior cerebral infarct): right homonymous hemianopia, alexia and achronomatopsia; or, lesion of association tracts from left to right motor cortex and left arcuate tract: right sided ideomotor apraxia with sympathetic left hand dyspraxia (Liepmann)

- Dystonic syndrome: variable hypertonicity and contraction of muscle groups lasting seconds, rotatory movements of neck and trunk (ischaemia, toxic, degenerative)
Foramen jugulare syndrome (Siebenmann syndrome): Lesion of cranial nerves IX, X, XI (turnout, trauma, jugular vein thrombosis)

Foramen magnum syndrome: episodic head and neck pain, vomiting, autonomic disorders, abnormal head postures, ocular bobbing, bulbar dysarthria (turnout, craniocervical anomalies)

Frontal lobe syndrome: personality change, altered drive, lack of judgment, fits (focal motor, adusive), contralateral paresis, motor aphasia dominant hemisphere (trauma, tumour, infarction)

Hemiballismus: unilateral hurling hyperkinesia due to interruption of tracts from subthalamic nucleus (corpus Luysii) to globus pallidus (infarction, haemorrhage)

Hettwig_Magendie syndrome (skew deviation): down_and_in squint of one eye, or up_and_out by other eye, from damaged trochlear decussation (turnout, haemorrhage)

Hypothalamic syndrome: diabetes insipidus, sleep and autonomic (e.g. temperature) disorders.

Insular cortex syndrome: focal epilepsy, abnormal trunk sensations (turnout)

Internuclear ophthalmoplegia: see p. 9

Klüver_Bucy syndrome: oral tendencies (mouthing of objects), reduced drive, amnesia, occ. sexual disinhibition (bi_temporal media] temporal lobe damage from infarcts, trauma, atrophies, e.g. Pick's disease)

Medullary syndromes

Lateral infarctions

1. Avellis syndrome: ipsilateral IX and X with contralateral sensory_motor hemiparesis
2. Cestan_Chenais syndrome: ipsilatetal Hotner's and hemiataxia with PaTesis of IX and X and contralateral sensory_motor hemiparesis
3. Schmidt syndrome: ipsilateral paresis of IX, X, XI and XII with contralateral sensory_motor hemiparesis
4. Tapia syndrome: ipsilateral paresis of IX, X and XII with contralateral sensory_motor hemiparesis
5. Vernet syndrome: ipsilateral parcsis of IX, X and XI with contralateral sensory_motor hemiparesis
Posterolateral medullary infarction (Wallenberg's syndrome): ipsilateral Horner's, hemiataxia, nystagmus, trigeminal sensory loss, paresis of IX and X, with contralateral dissociated sensory loss below (posterior cerebellar or vertebral artery ischaemia) Inferior medullary infarction (Jackson's syndrome): ipsilateral hypoglossal paresis with contralateral motor hemiparesis

- Mill's Palsy: Slowly Progressive and entirely motor, contralateral hemiparesis from localized precentral cortical atrophy

- Midbrain syndrome: coma, autonomic and respiratory disorders, extensor spasticity, oculomotor palsies (trauma, tumour, infarction)

- Nothnagel syndrome: ipsilateral oculomotor palsy with contralateral hemiataxia (midbrain tectus infarction or tumour); see Parinaud's syndrome

- Occipital lobe syndrome: contralateral homonymous hemianopia, visual hallucinations, dyslexia, visual agnosia (tumour, infarct, haemorrhage, trauma)

- Olfactory groove syndrome: unilateral or bilateral anosmia, personality change (trauma, turnout)

- Orbital apex syndrome: lesions of 11, III, IV and VI and V' (trauma, tumour)

- Parasagittal syndrome: contralateral or bilateral lower limb palsy with micturition disorders (tumour)

- Parietal lobe syndrome: contralateral sensory disturbance, homonymous hemianopia, inattention, focal sensory seizures, spatial disorientation (nondominant hemisphere), amnestic aphasia (dominant hemisphere) (tumour, infarction, haemorrhage)

- Parinaud's syndrome: upward gaze palsy, poor convergence, pupils abnormal (dorsal midbrain turnout or infarction); see Nothnagel syndrome

- Patkinson's syndrome: hypokinesia, rigidity, tremor

- Persistent vegetative state
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 disease group number was **33,024**. There were **83,831** patient visits

**Subspace Treatment 14,516 patients, 18,508 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 14,516 patients....30,289 patient visits

There were 238 cases were patients reported a negative Improvement.

None of these cases reported any major difficulty.

There were

439 cases reporting no improvement of Symptoms, .0173% of Subgroup
69 cases reporting no improvement in feeling better, .0001% of Subgroup
32 cases reporting no improvement in stress reduction .0001% of Subgroup
22%--- Percentage of Improvement in Symptoms
41%--- Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured  
34%--Percentage of Improvement in Stress Reduction  
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 18,508 patients....53,542 patient visits

There were 50 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

- 531 cases reporting no improvement of Symptoms, 0.0028% of Subgroup
- 12 cases reporting no improvement in feeling better, 0.0001% of Subgroup
- 13 cases reporting no improvement in stress reduction, 0.0001% of Subgroup

53%---Percentage of Improvement in Symptoms  
53%---Percentage of Improvement in Feeling Better  
62%----Percentage of Improvement Measured  
78%--Percentage of Improvement in Stress Reduction  
23%----Percentage of Improvement in SOC Behavior

USUAL TREATMENT

BRAIN FATIGUE CHART

(First Signs of Brain Fatigue: Amino Acid Mineral Liquescence, Fatty Acid Liquescence. For stubborn cases: Adrenal Liquescence.)

Additionals Symptoms

<table>
<thead>
<tr>
<th>Additional Symptoms</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Eyes and Night Sweats</td>
<td>Epstein Barr, Viral</td>
</tr>
</tbody>
</table>
Immune System

Stimulator

Fatigue Worse in Afternoon

Hygly, Chromium, Anti-Stress

For stubborn cases: Vanadium

Cold Body Temperature

Thyroid Liquescence

(Hypothyroid)

Headache in Center of Head

Pituitary Liquescence

(Hypopituitary)

Can't Get Up with Light in the Morning, but once up okay

No Sexual Interest

Libido Liquescence

After Eating

Pancreas/Stomach, Digestive Enzyme Liquescence

Fatigue from Toxicity

Xenobiotic Remedies

Mitral Valve Prolapse

Irregular Pulse, Heart Liquescence

Hypoadrenia

Adrenal Liquescence
Pantothenic Acid

For stubborn cases: Biotin

Stress ..................... Anti_Stress

Liver Liquescence

Adrenal Liquescence

Psychological Involvement ...................... Mental Disorder Remedies

CASE STUDY REPORT CONденSATION:

“I am working with the SCIO-System since 2 years.

In my practice my patients are mainly chronically ill patients with e.g. the following diseases: Spine problems, slipped discs, unable to sleep, parasites, attached from perverse energie, allergies, cancer, problems in the intestine (doctor did not find the reason), chronique fatigue.

I have used the SCIO to measure my patient’s reactance to many various items which electrical patterns are digitally stored in the system. These reactance-data have been very important and helpful for me to make my final medical diagnosis for the patient.

I can state that these evaluated data of the SCIO-system have been very accurate and very valuable to confirm my diagnosis.

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 appears a little “futuristic” if you don’t know the backgrounds 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.

Munchen, Germany”
“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 EPFX sessions for stress, the pain and itching were significantly reduced and she could sleep through the night.

After three or four EPFX 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" potion 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 lived much of my younger life with high levels of stress (especially around larger groups of people). I had a series of health problems begin to arise in my late teens. This was in part due to minor drug use. When I decided to face the problems in my life, I began exploring a variety of alternative therapies. Having grown tremendously as an individual in a period of 2 years with various alternative therapies, I eventually came across the EPFX through a local practitioner. These are some of the symptoms I was displaying before receiving sessions with the device:

~irregular digestion
~fatigue
~overall negativity towards life and people in it
~mild to high stress (depending on the situation)
~anger issues

I had a series of sessions with this practitioner and discovered a variety of imbalances as the possible underlying cause to much of what I had going on. Having corrected those imbalances through sessions on the device, I found my self to become more stable emotionally, mentally and physically then I had ever been before in my entire life!

My interactions with the EPFX have all been very positive and I would recommend it to anyone searching for a complementary service.

City unknown”

“A 53 year old woman in Michigan with jaw pain for 3 weeks, had 1 session with the EPFX and reported no pain the next morning. And continues to have no pain.

A 54 year old male in Michigan had foot pain for many years, had 1 session with the EPFX and has reported no pain in his foot.

A 73 year old woman in Michigan had a crackling noise in her head, had 1 subspace session with the EPFX and has great improvement. She said that she had been going to a Chiropractor for several weeks with no improvement.

City unknown”
“BRAIN INJURY:

"I had about 30 pounds of trail mix fall from the top shelf at Wal-Mart. It hit me on the head and the carton burst open. As a result, I had a brain injury and intermittent loss of speech, stuttering, sleep lapsing and brain fog. I also had shooting pains down the back that took my breath away and my hands and arms went numb constantly. It was impossible to concentrate, and I lost the ability to read or comprehend what I heard or saw. I also had dizziness and light-headedness, and lost my ability to twirl the baton (I am a baton teacher). In addition, I lost the ability to do simple, necessary tasks for personal care. I began with chiropractic care and also had biofeedback sessions. I just knew that I was progressing a lot with each session. If I go too long without care I am not able to maintain the full progress that I was making. Thanks to my therapist's care, I gained clarity of my mind and recovered a lot of energy that I thought was lost. The care also cleared a lot of brain fog and I went from being unable to drive to driving a little with poor reactions and eventually started driving with confidence and ease. I contribute my ease of driving to the fact that I could concentrate, see better and had clarity in my mind. Every time I get therapy, my life is improved and I feel alert. You can just tell that everything is clearer and sharper in my mind and senses. Through the therapies, I have been greatly helped where no one else has."

Ocala, FL

LOTS OF ENERGY:

"AMAZING, JUST AMAZING! I could not believe the experience could be as effective as it was. Thanks to biofeedback and my practitioner, I now have lots more energy. I was amazed that all the feelings of stress were gone. My friend was just as impressed with her care as I was."

Silver Springs, FL

“1) I worked on a 12 year old boy with diagnosed learning disabilities and after working the stress programs on the relevant areas for 3 visits over 6 weeks this boys reading had improved by A FULL GRADE LEVEL – as verified by testing! His teachers and sports coaches were amazed at his improved ability to follow instruction verbally and comprehend written instruction.
2) At least 5 menopausal women have come to me complaining of symptoms of menopause that they were not able to get any relief from. They all reported 100% improvement after one session and they returned periodically for tune-ups.

3) I do mini-sessions as a means of sharing the EPFX and introducing people to it. One woman with fibromyalgia reported to me that she was pain-free for 3 months after a 20 minute mini session where we did the primary and secondary stress areas only.

4) A woman with cerebral palsy, but very high functioning – only visible signs are a slight tremor in the hands and tilt of the head, saw me to see if I could assist with a pain issue. She reported to me that her tremors (which were constant her entire life, 24 hours a day) had stopped completely for 10 days. We are looking forward to exploring this further!

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”

“My mom had chronic fatigue for a long time. It was a slow process but gradually she was becoming better and better. Now she goes to swim 3 times per week. And she can do the all the routine house work. She couldn't even take a walk for least 5 years.
Recently, I worked on her rib pain. She had have this for about 3 years. The pain gradually was getting worse. She couldn't even lie on her right side. After the EPFX balancing, pain dissipated.

She still has the pain but it was getting better. She tried to get diagnosis from Medical doctors but never got one.

She also has Gastritis and Esophagus Ulcer. She was diagnosed. After EPFX balancing, her digestion is getting better.

She is getting balancing every week.

Vancouver, Canada"

“This is a testimonial of a middle aged woman with chronic fatigue who tried many therapies for ten plus years.

After her tailbone was set, she felt tingling in feet and surges of energy going up the spine. This was significant in getting the spinal fluid moving which affects everything. The next week she took a trip and danced at a wedding till the wee hours of the morning! No chronic fatigue Here!

After 6 - 2 hour EPFX-SCIO sessions about 3-5 weeks apart and energetic work in the energy field and resetting the tailbone, this is what NH said:

“I am handling things better. Something has shifted internally in me and I see it expressed in my life. It is like moving blocks in my life. The real true complete version of me is starting to come out. I walk around in grace, saying thank you. So much of my life has been miserable and I feel so happy. My partner is changing and taking responsibility for his health. It feels like stuff is finally falling in line. I feel stronger and more confident.

I am speaking up and asserting myself and it feels so good. I wouldn't have done that before." Thank you, Thank you

NH Albuquerque”
“Here's What My Clients Have to Say

"I came to the office with extreme mental fatigue, brain fogginess and anxiety. After the second week I felt so much better and the mental fogginess went away and I was more calm and less anxious. I've learned a tremendous amount from my practitioner and she always had great suggestions for things I can use in my everyday life that were easy to do. The Body Balance formula is also great and has really helped."

- (Centennial, CO)

"I started with fatigue, allergies and difficulty sleeping. After the first treatment I noticed I had more energy the next morning. I felt like I didn't need a cup of coffee to get going. A complete scan is a good indicator of overall health. Even in the absence of symptoms, people should obtain an initial exam to determine overall health. Many diseases, conditions and syndromes remain asymptomatic for many years."

- Performance Chiropractor (Westminster, CO)

"My complaints were dizziness, coughing, spinal cord injuries and lack of energy. After the first treatment I noticed a subtle shift of energy that seemed to move things in a positive and healing way. My dizziness disappeared, the coughing subsided and I had more energy."

- (Denver, CO)

"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)

"I began using the qxci back in August of 2003, my first session I did not notice much of a change on the second session, two day after the session my energy came back up to where it had been in my 20's and I was 43 at the time. I was impressed and then decided to purchase the qxci. I had dealt with extreme chronic fatigue from 1992-2003. I am a massage therapist and I was at a point the I would go do my work but then go right home to lay on the couch when done. I was just dragging myself through life and
also praying that God would let me die. I was also dealing with a lot emotionally I had been in a martial art school and also dated the Instructor for 7 years and the school is a CULT. I had been through a lot of abuse as a child like being raped at 5 years of age and paddled every day until 16 years of age. I had migraines every day for three years day in and day out, this was hell. I am Catholic and I would pray the rosary during the migraines and sometimes 2x's in order to go to sleep. I would pray that God would let me die or give me an answer. At this point suicide and any pain had been hooked up. There was not a day that I didn't think about dying. At 16 I had gotten some help with the migraines and was doing really well but the emotional piece did not go away. The abuse that I lived with in the martial art school was far worse than anything. My mother told me that she prayed that I would leave this school before she would bury me. When I left this school I had far more to deal with. My heart was shut down, my passions were gone and I felt no attachment to anyone and not even to life. Not sure why I was having to live. I started doing counseling and did this for 8 years, it helped but wasn't touching what I needed to get through with the PTSD. After August 2003 and having a few qxci session I no longer needed the counseling and I do not know when this happened but I no longer everyday think if this is the day I am to die. I have had the counselor check in several times to see if I am still doing well, and I am. In fact I can remember the past but it doesn't have the triggers, it seems like another life or another chapter in my life. In the past I could give you all the detail and be right there, today I cannot. I have a friend who is a M.D and she has been impressed with how well it has help with the emotional issues.

Since I was doing so well I decide to finish my 1500 square foot basement, I had stud in all the wall and was working on pulling all the electrical wires. When, On June 9th of 2004 I had 3 30" bifold doors fall on me and stuck me on the head and top of the shoulders. Two days later I had lost all feeling down both arm while driving. I am still dealing with this today and I have numbness, loss of arm strength and a bulge in the disc at C5-6. I have been told that I need surgery, fusion or disc replacement done, but I have tried to put it off as long as I can. If it had not been for the SCIO I would not have done as well as I have. First my Doctor friend would tell me when thing got emotional to sit down and do a SCIO session and it calms things right down. She also knows this from her own experience how it helps with emotional issues. The pain and numbness has been so bad that it again brought up the suicide piece but with a SCIO I have been able to help me get through this and now I do not even think about the suicide when things get tough. While the pain was running down my arm was so intense I could hardly stand it. I had a friend do a session on me with the SCIO. I had my doubts about this really working, until I had the roller used on my shoulder neck area for the nerve issue. Every time this friend would roll the roller over this area it would shoot a pain
down my arm and intensify the pain, which then I would yell ouch. This didn't happen on
the other side where the nerve was not pinched. So this made me a believer that the
roller was doing something. Not only am I dealing with the physical and emotional
issues with the doors having fallen on me I have had to cut my work load in half and
have lost a lot of client over this. I also have to continue to have the pressure to keep
the work going on the basement to hold the permit open, so there is this financial,
emotional and physical stress. I also have a lawsuit against Home Depot which adds a
great deal of stress emotional. Then I am having to work in pain and with numbness to
not lose my house and everything I have work so hard for. This has had a huge affect
on my life financially, physically and emotionally. In the past I have always been very
strong and now I cannot make my body work and push through thing. Also I have been
having car problems and have spent $7000-$9000 dollars on car repairs to try and fix
my car and it isn't still right. On top of this In August I left a fill line run on my salt water
tank and killed all my fish and did $16,000 worth of water damage to my house. This
only bought more stress on with dealing with the insurance company and the mortgage
company. Then at the end of August I had to put my little sheltie down which I had for
12 years. Then a week later I had a client get fed through a corn chopper and ground
up, which was a shock and tripped off a lot of emotions. In October Home Depot sent
me to see there physician and he did a EMG which tripped off and pain and numbness
to a level of 10 on a scale of 1-10 which I had been maintaining at a level of 3 for some
time. I still have not slept a whole night without waking up with pain and numbness in
my arms since June 9th 2004. And even with all this going on I still have been doing
very well considering all that I am under and dealing with. In fact my Dr friend
commented that in the past one of these things would have been enough to set me over
the edge and she is amazed at how well I am doing with all of this. I deal with life and
stress in a much different way than I have ever done in my life and I know that it is due
to the SCIO.

Also I have in the past had to have massage work or other types of body work done to
keep my body going and out of pain with all the physical work that I do. The massage
therapist that I was working with has not been available to do my work with me since
June 2006. Which I am amazed by this. because in the past my body would be
screaming at me. And the worst piece I am dealing with is the numbness and pain in my
arms, which I know is better with the SCIO. This was proven after the EMG things were
not clearing and I did not have time to stop and do a SCIO session. Because of having
to deal with work and not feeling well. After 3 week's things still had not clear and only
escalated to a 10. I called the Chiropractor to get an appointment and he told me that he
would not see me until a medical doctor saw me. He also told me not to do anything to
reduce the situation until I saw the Doctor. He saw me the same day after a saw the
physician and he tried to adjust me but I was so tight and did hardly move. I booked another appointment four days and did a Scio session that morning before since I wasn't feeling much better after the first adjustment. In the past Dr could tell a difference when I had done a Scio session before the adjustments. I would adjust very easily and would move a lot more in areas that he couldn't get at other times. When he did that adjustment again things had moved vary easily and adjusted in ways that I had never adjusted before. I was again impressed with the SCIO.

I have been working with a Chiropractor during this time and he and I have been trading work. He will at times asking me where I am working because he can feel a sensation in a part of his body and wants to know if I am working on that area. He has also noticed how it has helped him deal with life and stress and his issues. If I haven't called him for a while he calls me wanting to know when I am coming because he needs a touch up. He can tell that he stress is starting to build up and he doesn't deal with things as well as he does when doing the SCIO sessions.

My sheltie started having seizures in 2003 and put him on Phenobarbital to try and control the seizures.

It wasn't doing very good job. Once I got the QXCI I started working on him at first I was trying to reduces the stress on him from the seizures. As I soon discovered that If I did a session then it would be a longer period of time before he would have one. The last year he had 2-3 seizures throughout the year and the drugs were not changed. I also notice that every time a did a session he would act a lot more energetic and more like a pup. I had friends that knew and saw this happen with him. They even asked me how long I was going to keep bringing hip back to life. Even the vet who I took him, comment on how young and active he looked, he was almost 15 years old when I had to have hip put down for heart issues. The vet would have put him to be about 6-7 years old. He had very little graying and eyes were very clear, had no hearing loss no stiffness of joints and just very energetic. I was also recently told by a judge an sheltie breeder that it shelties are very difficult to control with seizure medication and in fact cannot usually be controlled by medications and they do not know why, yet Aaron with doing quite well and lived for 4 years with seizures and did not die due to the seizures.

As I have worked with my massage client what I have noticed is that after doing a SCIO session there bodies are much easier to work on and the tissue is softer. Some of these clients I have worked on for 15+ years and never made or seen changes and improvement as I have since doing a Biofeedback Stress Reduction. In the past I was only able to work things out to a certain level, with the SCIO I was able to take things to a much deeper level and work on things I had never been able touch in the past. I have body a builder and he is like working a brick. Three weeks ago I told him that I felt we need to do a SCIO session, he feel that it doesn't do anything for him yet was willing to
do the session. He came two weeks later and his tissue had a softness, suppleness and flex ability to it that isn't even there after I have done a massage session. I have also notice that when having a client focus on an emotional issue and then repeatedly doing the NLP therapy what they and I have found is. That at the start of the therapy it is very easy to focus on the problem with great intensity and ease to connect with it. As I run the therapy I have them check into the situation at different points. What they and I have discovered is that as I do the therapies the intensity or charge drops and at some point then they can not even connect with the thought or feelings around this situation. They have also notice that they deal with life and stress in a much different way and it may even be the situation that they work with on in the session.

I have a client, woman in her 50's that has had dizziness for 4+ months, exhausted all medical avenues with no relief. She called me out of desperation to see if the SCIO my help. After the first session, the next day she noticed that the sensation of getting dizzy would start by not manifest or is was not the same intensity as before and would clear shortly. After the second session the dizziness has not been back and is doing rather well.

I have a male client in his 60's with balance issue has had this 4+ years, and in three weeks has got rid of the balance problem. The medical doctors could not find anything wrong with him. He came in after 3 weeks of working and told me, "That he had no idea how bad he was and was not ever going back to feeling this bad again.

I have a female client 68 years old who had hip pain issues. The Doctor told her that she had very little cartilage in the joint and needs a joint replacement. He has worked with me for 3 months now and is walking better and at times pain free. When things get flared up then she books another session.

I have a client who is 50 who was in a car accident and rolled her car. She was sent out the back window and lit on her head. She had 7 fractures of in her neck and when she came to me 6 months later could not even turn her neck. Right after the first session she was able to turn her neck 4 inches from side to side when she had no movement at the start of the session. I have seen her a total of 3 time over three month and now she can turn her head and touch her chin to both shoulders. She has also found the sessions to help with the depression and other emotional issues.

This is only a few things that I have notice I started working with the QXCI/SCIO back in August of 2003.

Greeley, Colorado"
“I have a client, woman in her 50’s that has had dizziness for 4+ months, exhausted all medical avenues with no relief. She called me out of desperation to see if the SCIO my help. After the first session, the next day she noticed that the sensation of getting dizzy would start by not manifest or is was not the same intensity as before and would clear shortly. After the second session the dizziness has not been back and is doing rather well.

City Unknown”

“I have a client who is 69. She has seen me for treatments for health maintenance 2 years but last fall she started feeling very fatigued. I treated her and found she was struggling with West Nile and Rickettsia. I did 3 treatments and zapped along with the appropriate homeopathics and her pain and fatigue have not come back. She lifts 80 bales of hay on a regular basis on her horse farm.

City Unknown”

“Age around 75, female, fatigue, depressed, painful feet and legs/polymyalgia rheumatica, bowel issues. Less pain, more energy, bowels much better, ot walking after 1 session on Apr. 25/05.

City Unknown”

“I always felt energized after my biofeedback sessions, especially the first 24 hours. My Chronic Fatigue - like symptoms of joint pain, swollen glands, brain fog, fatigue, and digestive upset always decreased in severity. Dionne is a true professional who likes to help people.” Age 63, female.

City Unknown”

“Chronic Fatigue Syndrome

I did several sessions with a middle-aged man who was battling with a severe case of chronic fatigue syndrome. After a few sessions we were able to see that much of his problem was due to bad dental work and a multitude of un resolved emotional issues.
He is still dealing with many of his symptoms, but his overall demeanor is much improved, as I see he has been relieved from much of the chronic anxiety that he dealt with, and his condition is slowly improving. 

Winnipeg, Manitoba”

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

Frequency - 1k, 555hz, 333hz, 1111hz, 500--1500hz

Auto Frequency for 30 min once a month in early stages once a week in later stage.

Auto Trivector for 30 min once a month in early stages once a week in later stage.

Scalar for 30 min once a month in early stages once a week in later stage

zap once a month, more if chronic

Discussion:

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

SEEMS LIKE MAGIC BUT IT IS JUST THE EDUCTOR
Chronic Fatigue Syndrome

A disease characterized by neurological symptoms, muscle pain with intense physical or mental exhaustion, relapses, and specific cognitive dysfunction.

Learn more at brcforME.org
Don't stop when you are tired. STOP when you are DONE!

My Dear Valentine

YOU HAVE TO GET UP Every morning & tell yourself "I CAN DO THIS"
**Ability**
is what you are capable of doing.
**Motivation**
determines what you do.
**Attitude**
determines how well you do it.

**H.O.P.E.**
**Hold On, Pain Ends.**

**Fall seven times,**
**stand up eight.**

**I have no idea what's going to happen.**
**And I love it.**

**Believing in yourself is the first secret to success.**

Follow your dreams: https://www.facebook.com/followyourdreamstoachieve
Yes, I did it!
I will do it
I can do it
I'll try to do it
How do I do it?
I want to do it
I can't do it
I won't do it

Which step have you reached today?

He who fights with monsters might take care lest he thereby becomes a monster. And when you gaze long into an abyss the abyss also gazes into you. - Marilyn Monroe

Inaction breeds doubt and fear. Action breeds confidence and courage. If you want to conquer fear, do not sit home and think about it. Go out and get busy.

(Dale Carnegie)
The Desi-astrous Sign of Anxiety

LACK OF CONCENTRATION
SLEEPLESSNESS
IRRITABLE
OVERREACTING
STOMACH PROBLEMS
ANTSY

FEAR
MUSCLE TENSION
FATIGUE
RACING HEART
HEADACHE

STRESS IS CAUSED BY THE DESIRE FOR THINGS TO BE DIFFERENT

RELAX
BREATHE FULLY
YOGA & EXERCISE
REDUCE DISTRACTION

SIMPLIFY
PLAN & ORGANIZE
REDUCE CLUTTER
SET LIMITS

IDENTIFY TRIGGERS
THOUGHTS
FEELINGS
FOOD

SHARE
THOUGHTS
FEELINGS
FEARS

NOURISH SPIRIT
& INTELLECT
LIVE IN THE PRESENT
JOURNAL
IDENTIFY SPIRITUAL BELIEFS

AVOID
PROCRASTINATION
NEGATIVE THINKING
CATASTROPHIZING

Learn to ACCEPT the things you can't change
Change the things you can
...and find the Wisdom to Know the Difference
The word 'Doctor' comes from the Latin word 'Eductor' which means 'to teach'.

Thomas Edison said that the doctor of the future will teach the patient how to live and how to eat, exercise and meditate.

The Eductor is a Biofeedback Teacher

PROFESSOR DESIRÉ DUBOUNET
THE DEVELOPER
Frequent signs of crashing fatigue during menopause:

- Tiredness during the day
- Feeling of exhaustion
- Depression and irritability
- Falling asleep
- Loss of appetite
- Lack of concentration

**Common Symptoms of Adrenal Fatigue**

- Fatigue & lack of energy
- Trouble Sleeping
- Difficulty concentrating
- Consistently feeling sick
- Weight Gain
- Mild Depression

**Factors Affecting the Adrenals**

- Death of a Loved one
- Repeated Stresses
- Emotional Stress
- Toxins
- Infection: Acute & Chronic
- Financial Pressures
- Psychological Stress
- Lack of Relaxation
- Negative Attitudes & Beliefs
- Unwanted Unemployment
- Fear
- Coffee
- Caffeine
- Lack of Good Food
- Lack of or Excessive Exercise
- Marital Stress
- Prescriptions, Non-Prescription Drugs
- Wound Healing
- Smoking
- Poor Eating Habits
- Over Exertion
- Sugar & White Flour Products
Go to Wellness apps to learn and or teach more

**Wellness Apps for Health**

Patient Education Apps

Specifically designed for healthcare professionals to effectively communicate anatomy, conditions and treatments to patients.

http://www.quantumwellnessappsforhealth.com
THE MIND CAN DO ANYTHING...

It is not the will to win that makes a winner, it is the will to prepare

Bobby Knight

There is one great unknowable, imponderable and ultimate incomprehensible unfathomable secret, the ultimate power of the human mind. But please be humble. The mind is like a drop in an ocean. The drop has all of the characteristic of the ocean, but it is a mistake to think it is the same as the ocean...

Desiré Dubounet

When two or more share a Dream, We call that Reality

John Lennon

...IT JUST TAKES TIME