Studies show Yoga soothes worst symptoms of menopause

Women had fewer night sweats, better concentration, study says

NEW YORK - Yoga can reduce hot flashes and night sweats among women going through menopause, and also appears to sharpen their mental function, researchers from India report.

To investigate whether yoga would help women with physical and cognitive symptoms of menopause, they randomly assigned 120 menopausal women, 40 to 55 years old, to yoga practice or simple stretching and strengthening exercises five days a week for eight weeks.

The postures, breathing and meditation included in the yoga intervention were "aimed at one common effect, i.e. ‘to develop mastery over modifications of the mind’ … through ‘slowing down the rate of flow of thoughts in the mind,’" the researchers explain.

Women in the yoga group also listened to lectures on using yoga to manage stress and other yoga-related topics, while those in the control group heard lectures on diet, exercise, the physiology of menopause, and stress.

Fewer hot flashes, better concentration
After eight weeks, women in the yoga group showed a significant reduction in hot flashes, night sweats, and sleep disturbances, while the women in the control group did not, Dr. R. Chattha, of the Swami Vivekananda Yoga Anusandhana Samsthana in Bangalore, India, and colleagues found.
Both groups showed improvements in a test of attention and concentration, although improvement in the yoga group was significantly greater. In a test of memory and intelligence with 10 components, the yoga group improved on eight, while the control group improved on six. Improvements were significantly greater in the yoga group than in the control group on seven of the subtests.

"The present study shows the superiority of yoga over physical activity in improving the cognitive functions that could be attributed to emphasis on correctness in breathing, synchronizing breathing with body movements, relaxation and mindful rest," the researchers suggest.
Alternate Nostril Breathing

To Balance the Mind for Sport

1. Close one Nostril and take in a breath then exhale thru the same nostril (In-Out same nostril) repeat - do 2 Breaths same side
2. Close the other Nostril and take 2 breaths in and out, This is 4 breaths and can be done Mid Game break with hand covering the nose
Menopause marks the end of the monthly cycle of menstruation in a woman’s life. The use of complementary therapies is a popular choice for the management of menopausal symptoms.

Some over-the-counter therapies available to treat peri-menopausal (the stage leading to menopause) symptoms include phytoestrogens and herbal medicines. Complementary therapies also include homoeopathy, traditional Chinese medicine, and acupuncture, massage, aromatherapy and kinesiology.
It is important to make an informed decision about the type of treatment you choose. The information should come from reliable sources. Ideally, you should seek advice and treatment of complementary therapies from a qualified and reputable practitioner.

Many people self-prescribe natural therapies because they are ‘natural’ and because they believe there is no harm in doing so. Self-prescribing of any medicine is not advised. This includes complementary medicines, as misinformation about ‘natural’ medicines may lead to inappropriate choices of therapy.
Be advised by a healthcare practitioner trained in natural therapies and always tell your doctor if you are taking any complementary medicines, as some can interact with other medications or cause side effects.

Complementary therapies, HRT and menopause

Many women are troubled by menopausal symptoms such as vaginal dryness, hot flushes, night sweats and psychological symptoms. Women in the menopausal age group are high users of complementary therapies.

Menopause speeds up bone loss due to the reduction in oestrogen, which can increase a woman’s risk of osteoporosis and bone fracture. Hormone replacement therapy (HRT) has been shown to reduce menopausal symptoms significantly and, if started at or after menopause, to prevent accelerated bone loss and, to some extent, reverse bone loss.

HRT has also been shown to reduce fractures related to osteoporosis, however, the use of HRT as a preventive measure to reduce fracture risk is controversial. There is adequate evidence to show that the
risk of osteoporosis-related fractures can also be reduced with combined calcium and Vitamin D supplementation in elderly men and women.
HELPFUL HERBS FOR MENOPAUSE

Licorice root
A tonic to the adrenal glands, its steroid-like compounds act as oestrogen precursors. Improves resistance to stress.

Sage
Reduces excessive sweating, hot flushes and night sweats. Improves clarity of thought. A soothing tonic for the nervous system.

Motherwort
Eases symptoms related to the rapid decline of endogenous oestrogen such as anxiety, insomnia, heart palpitations. Has a muscle and nerve relaxing effect which reduces uterine cramps.

St John’s Wort
Reduces premenstrual syndrome and menopausal symptoms. Reduces stress, anxiety and moderate depression.

Hops
Phyto-estrogen to buffer the decline of oestrogen from the ovaries. Helps to reduce hot flushes, calms irritability, supports liver health and promotes restful sleep.

Lavender
Reduces irritability, worrying, stress and exhaustion. Helps with headaches, heart palpitations and insomnia.
For adults with a calcium intake of 500 to 900 mg/day, increasing or supplementing this intake by a further 500 to 1000 mg per day will result in a beneficial effect on bone mineral density.

Low vitamin D levels are associated with a greater incidence of hip fracture. Vitamin D supplementation can increase bone density, reduce the risk of hip fracture and reduce falls – especially when taken with calcium.

Use Sunflower oil and Black Pepper on a fresh salad everyday

High-impact exercise (such as running, skipping, jumping, team sports like netball and high-impact aerobics) as well as resistance-type activities (strength training) probably provide the most benefit for improving bone mineral density.

Some other popular therapies, including phytoestrogens and the herb black cohosh, may have some effect on bone-forming mechanisms. Evidence around maintaining and improving bone density is increasing, particularly in the area of phytoestrogens. Ideal types and dosages have not been established, however, nor have they been proven to reduce the risk of osteoporosis or fracture.

Remember that no therapy can replace regular physical activity (30 minutes of moderate exercise daily) and a healthy diet, which are both essential to good health.

Women in the post-menopausal age group are at increased risk of developing cardiovascular disease and diabetes. Moderate exercise and a healthy diet help to reduce the risk of developing these diseases.
Phytoestrogens and menopause

Phytoestrogens are plant compounds that are similar in chemical makeup to the ‘female’ sex hormone oestrogen, but much lower in strength. They act at the oestrogen receptor sites in a woman’s body, and may reduce menopausal symptoms in some women.

Phytoestrogens can be found in foods and also in supplements. The three types of phytoestrogens are:

Isoflavones – good sources include soy products, beans (such as lima beans, chickpeas and lentils) and red clover

Lignans – good sources include fruit, vegetables and grains, and oilseeds such as linseed

Coumestans – good sources include sprouting seeds such as alfalfa.

Some women (30 to 50 per cent) will have some symptom relief from consuming phytoestrogens as part of a balanced diet and in quantities equivalent to those in an Asian diet.

This is equivalent to consuming any one of 220 grams of tofu, three cups of soymilk, 56 grams of soy flour or two cups of cooked soybeans daily.

Some concern has been raised about a link between soy products and breast cancer. There is no evidence to suggest that consumption of soy foods in amounts consistent with an Asian diet is detrimental to breast health.

In fact, recent reviews of scientific literature show that there is a small reduction in the risk of developing breast cancer when women consume the phytoestrogens found in soy, especially if women consume a diet high in phytoestrogens before puberty.

Consuming a moderate amount of soy does not increase the risk of breast cancer recurrence in western women breast cancer survivors.

However, women who are at high risk for breast cancer, or are breast cancer survivors, are advised not to take highly processed soy supplements (such as soy protein isolate, isoflavone-rich soy extracts or isoflavone capsules) as these preparations seem to act differently in the body than foods made from soy beans or soy flour.
Herbal medicines and menopause

More research on the effectiveness of herbal preparations to manage the symptoms of menopause is needed. Much of the information on herbal medicine and menopause treatment comes from traditional use.

The best way to use herbal medicines is for them to be prescribed by a trained natural therapist. A herbalist or naturopath may prescribe one of many remedies to help manage an individual woman’s menopausal symptoms, such as remedies for sleep disturbance, mood changes or libido, as well as remedies for hot flushes and night sweats.

Herbs are medicines and should be treated as such. Some complementary medicines, such as St John’s wort, may interact with other medications you are taking, causing potentially harmful side effects.

Generally, a herbal medicine prescription is tailor-made to suit your individual needs, rather than being a ‘one size fits all’ formula available over the counter.

Evening primrose oil and menopause

Despite the popularity of evening primrose oil for the management of menopausal symptoms, it has been shown to be no better than taking a placebo (dummy pill) for the treatment of hot flushes.

Black cohosh and menopause

Black cohosh (Cimicifuga racemosa) was used traditionally by North American Indians to ease menopausal symptoms and menstrual cramps. Some studies have shown that black cohosh is useful in reducing symptoms associated with menopause, including hot flushes.

A recent systemic review concluded that black cohosh in combination with St John’s wort showed an improvement in peri-menopausal symptoms compared to a placebo. In Australia, remedies containing black cohosh can be sold in pharmacies, supermarkets, health food stores and other outlets.

Concerns have been raised in the media about black cohosh and liver damage. While there does appear to be an association between the use of black cohosh and liver damage, it is thought to be very rare.

The Therapeutic Goods Administration established an expert advisory group to review these rare cases of liver damage, and concluded that black cohosh is still suitable for use in complementary medicines.

In 2008 the warning advice required on medicine labels for black cohosh was changed to inform consumers better about the risk and how to recognise the early signs of liver damage.

If you take black cohosh, it is important to seek medical attention as soon as you detect any signs of liver damage. Symptoms of liver disease can include: jaundice (yellowing of the skin or whites of the eyes),
dark urine, nausea, vomiting, diarrhoea, weight loss, unusual tiredness, appetite loss, fever, bloated abdomen or abdominal pain.

**Red clover and menopause**

Red clover has been used in recent years for menopausal symptoms as it contains isoflavones (phytoestrogens). Some research shows that red clover may be useful for hot flushes. Other research concludes that there is insufficient evidence to show its effectiveness. Some limited research has shown that red clover can lower LDL-cholesterol ('bad cholesterol') and may have an effect on maintaining bone health. Red clover is not used traditionally by herbalists for the management of menopausal symptoms.

![Red Clover Tea](image)

**Wild yam creams and menopause**

There is no medical evidence to support the claim that wild yam creams can ease menopausal symptoms. Traditionally, wild yam is not used as a cream but taken orally. Most herbalists specialising in the management of peri-menopausal women do not prescribe or recommend wild yam cream. Wild yam creams were originally marketed as containing progesterone, but this is not the case. Although wild yams contain a compound called diosgenin, which can be used to synthesise progesterone, the diosgenin has to be chemically changed in the laboratory.
Progesterone creams and menopause

To date, there is no medical evidence to support the theory that supplementing the body’s progesterone levels with progesterone creams can ease menopause symptoms or reduce the risk of osteoporosis.

The main use of progesterone is to protect the lining of the uterus in women using oestrogen. Progesterone products are now available on prescription only.

Caution for women on hormone therapy

Some women who use combined hormone replacement therapy (oestrogen plus progesterone) decide to substitute progesterone creams for the progestogen component of their hormone therapy. This may increase the risk of cancer in the uterine lining (endometrium), because it is thought that not enough progesterone is absorbed through the skin from these creams.

Complementary therapies – seek reputable information

There is a lot of information available about complementary or ‘alternative’ menopause treatments. Some of this information comes from unreliable sources. Some of the remedies that are promoted to women are not recommended by natural therapists, or have been shown to be ineffective.

Complementary therapies are often based on traditional knowledge. Some have not been subjected to the same rigour of testing that pharmaceutical medicines are subjected to during clinical trials. For this reason, their effectiveness has not been as strongly proven.

The increasing use of complementary therapies has begun to fuel scientific research and there is now scientific evidence about the safety and effectiveness of some therapies.
Chinese Medicine can be effective in Menopause
Common Treatments include:

Bao shao yao – for hair loss.

Qing huo – To reduce hot flushes.

Chi shao yao – for dry, itchy skin.

Fo ti – A tonic for the endocrine system, which works to energize and rejuvenate.

Nuo dao gen -for night sweats.

Ginseng – As a general immune tonic and stress reliever.

Tu fu ling – for dry or sore vagina.

Bao shao yao – for hair loss.
HEADACHES AND HOT FLASHES

TEETH LOOSEN AND GUMS RECEDE

RISK OF CARDIOVASCULAR DISEASE

BACKACES

BODY AND PUBIC HAIR BECOMES THICKER AND DARKER

BONES LOSE MASS AND BECOME MORE FRAGILE

HAIR BECOMES THINNER AND LOSES LUSTER

BREASTS DROOP AND FLATTEN

NIPPLES BECOME SMALLER AND FLATTEN

SKIN AND MUCOUS MEMBRANES BECOME DRIER, SKIN DEVELOPES A ROUGHER TEXTURE

ABDOMEN LOSES SOME MUSCLE TONE

STRESS OR URGE INCONTINENCE

VAGINAL DRYNESS, ITCHING AND SHRINKING
Younger Reproductive System

Older Reproductive System
THE 7 MENOPAUSAL DWARFS

ITCHY

BITCHY

SLEEPY

SWEATY

BLOATY

FORGETFUL

PSYCHO danc
A woman is a female from the moment she is conceived. Gender is determined by the pattern of chromosomes (thread like structures within each living cell that contain genetic information) in the fertilized egg. Every woman has 23 pairs of chromosomes, 22 are the same as for man, but the 23rd pair is different. It consist of two X chromosomes (man have one X and one Y chromosome), which are responsible for the development of the genitals. Hormones secreted by the ovaries and other gland during fetal growth are thought to affect the development of the brain and its sense of being female.

The mature feminine body shape is largely the result of the action of the sex hormones estrogen and progesterone. These develop the body features known as secondary sexual characteristics - full, mature breasts; rounded hips and buttocks; thighs well padded with fat; and absence of hair on the torso and face. Other distinctly female characteristics include a relatively high - pitched voice and a higher proportion of body fat. The rising and falling levels of the same two hormones secreted by the ovaries are also responsible for the menstrual cycle (see p. 117).

Because of the differences in a woman’s physical and hormonal makeup, there are small but important variations in her susceptibility to certain disorders. The monthly periods experienced by woman mean they more often suffer from anemia (lack of sufficient red blood cells). Also the 5 to 10 percent less water in the woman’s body than in the man’s means that any alcohol she drinks is more concentrated in her body and that liver damage can occur more easily. On the positive side, the female sex hormones are thought to provide protection against coronary disease up until the menopause. Woman generally live longer than man; the average life expectancy of woman in the U.S. is 76, for man it is 70. Some of these additional years can be attributed to the fact that few woman smoked during the period from 1900 to 1914. However, this gap is narrowing as a result of the changes in woman’s life-styles over the past few decades.

The changing body
Most of the body systems lose some of their efficiency with age, partly because specialist cell die and are not replaced and partly because the tissues become less elastic and more fibrous. Loss of elasticity due to age is most obvious in the skin, and this process may be accelerated by excessive exposure to sunlight and by smoking. Life-style maturation has occurred plays an important role in maintaining good health. Good hygiene, proper diet and regular exercise promote normal function of our organs and musculo-skeletal system. Attention to how much you eat or drink, whether you smoke or not, and how much you exercise, all contribute to the body’s well-being. The most significant event of the middle years is the menopause, when a woman ceases to
be fertile and menstruation no longer occurs. Menopause like puberty, is a natural transition state. Following menopause, the aging process continues. There is an acceleration in the loss of calcium, sometimes leading to thinning of the bones (osteoporosis), which may become brittle and easily broken by minor falls. Regular weight-bearing exercise (e.g. walking) and drinking milk or using calcium salts (e.g. calcium carbonate) and vitamin D may prevent the onset of osteoporosis. The older body has fewer resources with which to withstand periods of ill health and the healing process of minor injuries becomes noticeably slower with age. However, if a woman is psychologically healthy, has exercised vigorously and regularly during her life and has maintained a moderate weight, she is likely to have much the same vitality at 60 as she had at 30.

SKELETON
The bony skeleton provides the rigid structure that supports the muscle and provides a protective framework for the organs. Female bones are generally slightly lighter than the male`s, and the female pelvis is wider in order to allow a baby`s head and body pass during childbirth. Bone itself is made up of protein hardened with calcium salts. It is a living material with cells that are constantly replacing old bone with new material. To maintain healthy bones, you need adequate amounts of protein, calcium and vitamins.

Symptoms
The most common problems affecting the skeleton in woman of all ages include breakage (fractures) of the bones as a result of injury, damage to the joints between bones as a result of injury or wear and tear, and a tendency toward thinning. Bone infections and tumors are rare. Symptoms of skeletal disorders include pain, swelling, and redness and heat (inflammation) around the affected part. See also the following diagnostic charts: Back pain, Painful or stiff neck, Painful arm, Painful knee, Painful leg, Painful or swollen joints, Foot problems

Bone marrow
The marrow inside the bones is a fatty material with a plentiful blood supply. Certain bones - particularly those of the breastbone, vertebrae, ribs and pelvis - also certain blood-forming tissues that produce the red and white blood cells.

MUSCLES
Muscles are composed of a soft tissue arranged in fibers that contract and relax to produce movement of the body and its internal organs. There are two distinct types of muscles: the voluntary muscles, which are attached to the skeleton and subject to our conscious control; and the involuntary muscles, which are responsible for movement such as the rhythmical contraction of the uterus during labor. Muscle thrive on work and will remain in good condition if used regularly. Vigorous exercise increases the size of muscles and improves the circulation of blood to them, thereby increasing their capacity for still more strenuous activity. Inactivity can soon lead to weakness. Muscle disorders are rare, but can be caused by inherited chemical
abnormalities or hormonal imbalances.

How muscles work
Most voluntary muscles are fixed to two or more adjacent bones, often by means of a fibrous tendon. When a muscle contracts, the bones to which it is attached move. Muscle usually work in groups where the contraction of one muscle is accompanied by the relaxation of another.

Symptoms
Damage to muscles from injury normally produces pain, stiffness and sometimes swelling and inflammation. Muscles may also become weak or painful as a result of virus infection.
See also the following diagnostic charts: Back pain, Painful or stiff neck, Painful arm, Painful knee, Painful leg, Painful or swollen joints.

FAT DISTRIBUTION
Fat is deposited in a layer under the skin and within the tissues in other parts of the body including the buttocks, breasts and inside the chest and abdominal cavities. Fat comprises up to about 20 to 25 percent of a woman`s weight (compared with 15 percent of a man`s) and is distributed in such a way as to give a woman`s body its contours. Fat is laid down when a food intake is greater than is needed to fuel the body`s energy requirements. It is burned when a food intake fails to equal the body`s energy output. Fat also acts as insulation against cold.
Both too much and too little fat can be unhealthy. Being too fat can lead to heart and circulation problems. Being too thin is a less of a health risk, but may be a sign of undernourishment and can reduce your resistance to a variety of diseases. Fluctuations in the level of fat deposits are almost always the result of an imbalance between food intake and energy output.

Skin-fold test
You may be too fat if a fold of skin pinched from the abdomen is thicker than 1 in. (25 mm).

Symptoms
The weight chart on p. 26 shows the healthy weight for someone of your height. Weight gain or loss usually indicates a change in your level of fat deposits.
See also following diagnostic charts: Loss of weight, Overweight

RESPIRATORY SYSTEM
Respiration, inhaling (breathing in) and exhaling (breathing out), allows the blood to absorb oxygen that enables the body`s cells to from energy.
The respiratory system consists of the rib cage, the diaphragm, the lungs, and the tubes through which air passes on its way to and from the lungs. Air is breathed in through the nose and the mouth, passes down the trachea (windpipe), and enters the lungs through
a branching tree of tubes- the bronchi and bronchioles. The lungs are sponge-like organs composed of millions of air sacs (alveoli). The respiratory system is vulnerable to repeated infection and exposure to pollutants including tobacco smoke and dust from industrial or agricultural processes.

How you breathe
As you breathe in, the diaphragm (the sheet of muscle between the chest and abdomen) contracts and flattens and the rib cage expands. This causes the lungs to expand as air sucked in. When you breathe out, the diaphragm relaxes into a dome shape. The rib cage contracts and the lungs contract, expelling the air.

The alveoli
The lungs are sponge-like organs made up of millions of air sacs known as alveoli. Each alveolar lining is surrounded by blood capillaries- tiny vessels that connect arteries with veins. Blood enters the lungs (via the pulmonary artery), going through the capillaries surrounding the alveoli, where oxygen is picked up from breathed - in air and carbon dioxide and some water vapor is given up to be breathed out.

Bronchogram of the lungs
A small amount of liquid visible on X rays is tricked down the throat into the lungs; it outlines the breathing pattern of the trachea and bronchi.

Symptoms
The most common disorders of the respiratory tract are caused by infection, leading to inflammation of the lining of the tract or of the lung tissues themselves. This may result in coughing and the production of excessive amounts of mucus. If the breathing mechanism is severely damaged, there may be shortness of breath. Chest pain is a common symptom of respiratory infections. See also the following diagnostic charts: Runny nose, Sore throat, Hoarseness or loss of voice, Wheezing, Coughing, Difficulty breathing, Chest pain

HEART AND CIRCULATION
The heart is a muscular pump with four chambers into which enter the major blood vessels carrying blood to and from the body. Blood flows as the heart rhythmically squeezes the chambers, making them expand and contract. Blood circulates via the arteries and veins, carrying oxygen and nutrients (see Blood analysis, p. 22) to the body and carrying away waste products. The muscular arteries and their smaller branches (arterioles) dilate or contract to regulate body temperature. Good blood circulation depends on the efficient functioning of the heart muscle and partly on the ease of blood flow through the arteries. A healthy circulatory system depends on the blood vessels remaining free from obstructions such as fatty deposits or blood clots. It is also important that the pressure of the circulating blood not exceed certain levels. For advice on reducing the risks of diseases of the heart and circulation, see Coronary heart disease, p. 101.
Woman under the age of 50 who are neither diabetic nor hypertensive are relatively free from coronary heart disease. This thought to be partly due to large amounts of the hormones progesterone and estrogen present in the body.

The circulatory system
The circulatory system carries blood to and from every part of the body. Arteries carry oxygenated blood away from the heart; veins return "used" blood to the heart.

Arteries and veins
The walls of arteries are made up of four layers. They need to be strong because blood is forced along them under high pressure. Veins have less elastic, less muscular walls. Valves in the vein stop blood from flowing in the wrong direction.

Heart vessels
The heart is divided in two by the septum. Each side has two chambers, an atrium and a ventricle, linked by a one-way valve. The left atrium and ventricle control oxygenated blood, and those on the right control deoxygenated ("used") blood. The septum prevents the two types of blood from mixing.

Symptoms
The symptoms of impaired circulation depends on the organs or region affected. Heart disease may cause chest pain, palpitations or breathlessness; poor circulation to the brain may cause fainting, dizzy spells or confusion; circulation problems in the limbs may cause pain or swelling.
See also the following diagnostic charts: Faintness and fainting, Dizziness, Numbness or tingling, Forgetfulness and confusion, Difficulty breathing, Palpitations, Chest pain, Painful arm, Painful leg

BRAIN AND NERVOUS SYSTEM
The brain and nervous system together provide the control mechanism for conscious activities such as thought and movement, and unconscious body functions such as breathing and digestion. Nerves also provide the means by which we register pain, touch and temperature.
The brain and nervous system require a constant supply of oxygenated blood. Disruption of the blood flow to the system is one of the most common causes of malfunctioning of the brain and nervous system. Therefore the prevention of circulatory trouble (see Heart and circulation, opposite) is important. Injury, infection, degeneration, tumors and disease of unknown cause may also affect the brain and nervous system. Certain disorders may arise out of abnormal electrical activity or chemical imbalances in the brain.

The brain
The brain itself is the most complex organ in the body; many aspects of its structure and function are not yet fully understood. Different parts of the brain control different
activities. The two cerebral hemispheres control conscious thought and movement and interpret signals from the sensory organs. The cerebellum regulates some subconscious activities such as coordination of movement and balance. The brain stem governs vital body functions such as heartbeat and breathing.

The nervous system
The brain and nerve tracts of the spinal cord constitute the central nervous system. A network of peripheral nerves, named after the four regions of the spine, links the central system with other parts of the body.

Symptoms
The symptoms of brain and nervous system disorders depend on the part of the system affected. Symptoms may include pain, loss of sensation, and weakness. Brain disorders may cause a variety of psychological symptoms as well as physical symptoms such as headache, drowsiness, confusion and hallucinations.

See also the following diagnostic charts: Faintness and fainting, Headache, Dizziness, Numbness or tingling, Twitching and trembling, Pain in the face, Forgetfulness and confusion, Difficulty speaking, Depression, Back pain

THE SENSES
The senses are the means by which we monitor the different aspects of our environment. Five separate system respond to different types of physical stimuli: the eyes enable us to interpret visual information; the ears monitor sound and control balance; and nose and tongue respond to different smells and tastes, respectively; and the sensory nerves in the skin allow us to feel physical contact (touch), changes in temperature, and pain.

Smell
Smells are detected by the olfactory nerves. These hair-like organs project into the top of the nasal cavity and absorb and analyze molecules from the breathed - in air. The sense of smell may be damaged by smoking and may be temporarily impaired by a common cold or hayfever. Permanent loss of the sense of smell may occur after nerve damage, as a result of a skull injury, or because of a disorder affecting the part of the brain responsible for the interpreting smell sensation.

Taste
The primary taste organs are the taste buds, located in hair - like papillae that project from the upper surface of the tongue. The taste buds for each of the four basic tastes (sweet, sour, salty and bitter) are located in a different area of the tongue. The sense of taste is closely allied to the sense of smell, which helps us to differentiate a greater range of flavors. Loss of the sense of smell is the usual cause of any impairment in the sense of taste, but certain drugs and, occasionally, a zinc deficiency may also influence our sense of taste.
Touch
The sense of touch is conveyed through the nerves from the sensory receptors that lie under the surface of the skin. A different type of receptor is responsible for monitoring each of the main sensation. The number of sense receptors varies from one part of the body to another: the fingertips and the area around the mouth have a large number of receptors, whereas the skin of the middle of the back has very few. The sense of touch may be impaired by damage to the skin or to the nerve endings or fibers, after an injury or any of the disease that damage nerve fibers, or from a more generalized condition affecting the brain and/or nervous system.

Symptoms
The main symptom of any disorder of the senses is partial or total loss of sensitivity. There may also be pain or other symptoms affecting the sensory organ concerned. See also the following diagnostic charts: Dizziness, Numbness or tingling, Earache, Noises in the ear, Deafness

THE DIGESTIVE SYSTEM
The series of organs extending from the mouth to the anus is known as the digestive tract. The digestive tract is made up of a tube in which food is broken down so that minerals, vitamins, carbohydrates, fats and proteins can be absorbed into the body and the waste products can be excreted.

Mouth
Digestion begins in the mouth when, as you chew food, enzymes in the saliva break down certain carbohydrates. The tongue and the muscles of the pharynx than propel the mixture of food and saliva, known as the bolus, into the esophagus and down into the stomach.

Stomach
Food may spend several hours in the stomach being churned and partially digested by acid and more enzymes until the food becomes a semiliquid consistency called chyme. The chyme passes into the duodenum, where it is further broken down by digestive juices from the liver (via the gallbladder) and pancreas.

Small intestine
The final stage of digestion is completed in the small intestine, where the nutrients are split into chemical units small enough to pass through the wall of the intestine into the network of blood vessels and lymphatics.

Large intestine
Undigested material is passed into the large intestine (the colon), where water is absorbed, and then into the rectum, from which the undigested matter is expelled from the body.
Symptoms
The lining of the intestines is renewed every 24 hours so it can cope with the wide range of substances that are passed through it every day. The digested system also reacts quickly against contaminated food, viruses or bacteria.
See also the following diagnostic charts: Loss of weight, Vomiting, Recurrent vomiting, Abdominal pain, Recurrent abdominal pain, Swollen abdomen, Excess gas, Diarrhea, Constipation, Abnormal - looking bowel movements

THE LYMPHATIC SYSTEM
This system consists of the lymph glands (found mainly in the neck, armpits and groin) and small vessels that connect them (the lymphatics). The lymph glands produce a type of white blood cell called lymphocytes, and antibodies that defend the body against infection. The glands and the spleen act as barriers to the spread of infection by trapping any infection - carrying microbes that travel along the lymphatic vessels, preventing them from reaching vital organs.

Symptoms
In the majority of cases, any lump or swelling beneath the surface of the skin indicates that the lymphatic system is working normally; that is, it is protecting your body against infection. In some cases, however, it may indicate more serious underlying disorders.
See also the following diagnostic chart: Lumps and swellings

THE ENDOCRINE SYSTEM
Endocrine glands manufacture hormones and distribute them to all parts of the body via the bloodstream. These hormones help regulate the body’s internal chemistry, its responses to hunger, stress, infection and disease, and its preparation for physical activity.

Pituitary gland
This is a peanut - sized organ situated in the base of the brain. The pituitary gland’s most important role is to stimulate and coordinate the functions of the other endocrine glands so that they produce their own hormones. It also manufactures the growth hormone, and hormones to control the thyroid, the volume of urine, the contraction of the uterus during labor, the milk producing activity of the breasts, the function of the ovaries, and the activity of pigment forming glands in the skin.

Thyroid gland
This gland, located just below the Adam’s apple, is responsible for producing thyroglobulin, the hormone that controls the body’s metabolism. It also helps regulate the body’s internal thermostat.

Parathyroid glands
These four glands are embedded into the back surface of the thyroid. The hormone they
produce controls the levels of calcium and phosphorous (essential for healthy bones and for functional efficiency of nerves and muscles).

Adrenal glands
The adrenal glands lie immediately above the kidneys. Each adrenal consists of two parts: the cortex and the medulla. The adrenal cortex produces steroid hormones, which help to regulate the amounts of sugar, salt and water in the body, and it influences the shape and distribution of body hair. The adrenal medulla produces adrenaline and noradrenaline, the hormones that increase the flow of blood to the muscles, heart and lungs so that they are prepared to deal with excitement or physical and mental threats.

Pancreas
The pancreas lies at the back of the abdomen behind the stomach. It produces enzymes that help digest food in the duodenum. It also produces the hormones insulin and glucagon, which play a vital part in regulating the glucose level in the blood.

Ovaries
The ovaries are situated in the abdomen below the navel. They produce eggs ready for fertilization and secrete the hormones estrogen and progesterone, which determine female characteristics and the pattern of menstruation.

Symptoms
Disorders usually occur when the level of a particular hormone increases or decreases, upsetting the body’s chemical balance. Any disorder and the symptoms involved depend on which hormone is affected. For instance, if production of the hormone insulin is disrupted, diabetes mellitus (the most common endocrine gland disorder) may result. Changes in hormonal levels are also responsible for the natural physical changes in your body during puberty, menstruation and the menopause.
See also the following diagnostic charts: Tiredness, Loss of weight, Overweight, Excessive sweating

THE URINARY SYSTEM
All of the body’s blood passes through the kidneys many times each day. The kidneys filter and purify the blood; the waste material is dealt with by a series of organs that make up the urinary tract.

Symptoms
Infection of the urethra or bladder, causing pain when you pass urine, is the most common disorder of the urinary system. In rare cases, the infection may spread to the kidneys, sometimes causing a pain in the middle to lower part of the back. Change in the frequency of urination, or in the color of your urine, may indicate an underlying disorder.
See also the following diagnostic charts: Abnormally frequent urination, Painful urination, Poor bladder control, Back pain
THE REPRODUCTIVE SYSTEM
The organs of the reproductive system consist of two ovaries, each one connected to the uterus by a fallopian tube; and the vagina, the passage that leads from the uterus to the external genitals. Every month, between puberty and menopause, one of the ovaries releases an egg into a fallopian tube, the process known as ovulation. If, as it travels slowly down the tube, the egg is fertilized by a sperm and becomes embedded in the lining of the uterus, you have become pregnant. If the egg is not fertilized, it is lost. Two weeks later the lining of the uterus sheds during menstruation.

Symptoms
The most common problems of the reproductive system are difficulties with menstrual periods, most often premenstrual tension and pain, irregular and heavy bleeding, or a change in the pattern of menstruation. Any change in the color or consistency of vaginal discharge is often a symptom of an infection in the vagina, uterus or fallopian tubes. Additional problems can occur after the menopause if the vaginal walls become dry and sore.
See also the following diagnostic charts: Absent periods, Heavy periods, Painful periods, Irregular vaginal bleeding, Abnormal vaginal discharge, Genital irritation, Painful intercourse, Failure to conceive

PREGNANCY
If you are generally healthy you should have little difficulty during pregnancy, although most woman have some symptoms (such as nausea). As soon as you think you might be pregnant, see your physician for confirmation and arrange to have regular, prenatal checkups. By doing this, any problems can be detected early and prompt medical help or advice can be given.

Fertilization
If an egg is penetrated by a sperm one of the fallopian tubes shortly after ovulation, it becomes fertilized. It takes only one of the millions of sperm ejaculated during the intercourse to fertilize an egg. When the sperm`s nucleus joins with egg`s nucleus, cell division begins. The cells, which contain chromosomal information from the father and the mother, devide every few hours as the fertilized egg travels along the fallopian tube toward the uterus. The ball of cells embeds itself in the wall of the uterus about a week after fertilization.

The growing embryo
The developing baby is called an embryo until about the 12th week of pregnancy. From than until delivery, the baby is called a fetus. Between weeks 5 and 7 the embryo, though small, has begun to develop rapidly. By week 7, the limbs are beginning to develop as buds, and the intestines are almost completely formed. All the internal organs are in place by week 8. By week 10 the embryo looks recognizably human.
Placenta
The fetus is attached to the placenta by the umbilical cord - three intertwined blood vessels. Blood flows from the fetus to the placenta, where it absorbs oxygen, nutrients and protective antibodies from the mother’s blood. The placenta itself is firmly rooted to the wall of the uterus throughout pregnancy. After delivery of the baby, it becomes separated and is than expelled.

Symptoms
Most woman o through pregnancy without major difficulties. Sometimes, however, there are minor problems. For instance, sudden high levels of hormones may cause nausea and vomiting; softening and stretching of the ligaments can contribute to back ache; and pressure from the growing fetus on the diaphragm may cause shortness of breath. See also the following diagnostic charts: Nausea and vomiting in pregnancy, Skin changes in pregnancy, Back pain in pregnancy, Heartburn in pregnancy, Vaginal bleeding in pregnancy, Shortness of breath in pregnancy, Ankle swelling in pregnancy, Am I in labor?, Breast feeding problems, Depression after childbirth

YOUR CHANGING BODY
Early signs: Several changes take place in your body during pregnancy. The most obvious is the absence of periods. Early in pregnancy this may be accompanied by nausea or vomiting, commonly called “morning sickness” (although it may occur at other times of the day or night).
Breasts: You may notice a tingling sensation in your nipples, and your breasts will become enlarged. The skin around your nipples may darken and the small lubricating glands in this area may become more prominent, creating small bumps.
Skin: Skin also changes during pregnancy. The skin around the nipple may darken and so may the skin around the upper part of your cheeks and forehead. Some women notice a dark line extending from the navel down to the pubic hair. This coloring should fade, but may not disappear altogether after delivery. “Stretch marks,” tiny scars under the skin, may appear on the stomach, breasts, buttocks and thigh, but they usually fade after delivery until they become barely noticeable.
Uterus: The uterus is normally about the size and shape of a pear. In early pregnancy, as your uterus begins to grow, it presses on the bladder. This makes the bladder want to expel urine, even in small amounts, so you will feel the need to pass urine more frequently than usual. For the first three month of pregnancy
Title: Large Scale Study of the Voltammetric SCIO Stimulation of Blood Estrogen

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

Abstract:

A global and momentous research project was developed for the last two years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

The device and thus the study have insignificant risk. There was a staff of medical doctors who designed and supervised the study.

Over 98,000 patients gave informed consent and participated in the study. The study would conclusively prove safety and efficacy of the SCIO Device. With over 60% of these patients having multiple visits. There were over 275,000 patient visits. With a total record of the SCIO patient information, therapy parameters and reactivity data. No names of patients were recorded for confidentiality.

Two of the 2,200 plus therapists were given blank devices that were completely visually the same but were none functional. These two blind therapists were then given 35 patients each. This was to evaluate the double blind component of the placebo effect as compared to the device. Thus the studied groups were a placebo group, a subspace group, and an attached harness group.

This is just the first study in a long task of analysis in truly break down the data totally. This study verifies the safety and efficacy of the SCIO device. There were small effects seen in the placebo group, larger effects in the subspace, and astounding effects in the real harness group.

In this study 15 females between 30 and 65 were evaluated for their daily estrogen cycle. The results have shown that the SCIO estrogen streaming therapy of 30 a day for 5 days raises their estrogen.

Introduction:
This research is to study millions 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, 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.

An ethics committee was formed 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, 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).

2,256 therapists enlisted in the study. There were 95,832 patients. 69% had more than one visit. 43% had over two visits. There were over 250,000 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. Un-licensed personnel are not to diagnose. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. This report on Estrogen comes from one of our registered Therapists.

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 Estrogen increase)

Estrogen is a hormone comprised of three compounds: estrone, estradiol and estriol. Both men and women need a certain amount of this hormone to be healthy. People who have low estrogen levels can increase estrogen naturally by eating certain types of foods and refraining from other foods that inhibit estrogen production. Women who are experiencing premenopausal or post-menopausal symptoms may have low levels of estrogen in the body. Natural estrogen is a female sex hormone and is an essential steroid in the reproductive process. Healthy estrogen levels help regulate the menstrual cycle and maintain healthy cholesterol levels.

Foods that increase estrogen production either contain a compound known as di-indolylmethane, or naturally contain high levels of estrogen that are readily absorbed by the body. Di-indolylmethane increases the level of estradiol in the body, a specific type of estrogen that the body produces naturally.
Here is the normal Monthly cycle of the ups and downs of estrogen.

**Diet for increasing Estrogen:**

Foods that increase estrogen in the body include: soybean products such as tofu and soy milk, lima beans, berries, apples, papaya, dates, plums, pomegranates, beets, eggplant, tomatoes, yams, olives, potatoes, barley, rice, hops, oats, wheat, flaxseeds, chickpeas, garlic, parsley, clover, split peas, sprouts and licorice.

**Estrogen-rich foods**
Soybeans and soybean sprouts are best but also Beans/legumes: black-eyed peas (cow peas), chickpeas, lentils, lima beans, navy beans, red beans, and split peas.

Fruits: apples, cherries, dates, papaya, plums, and pomegranates.

Grains: barley, hops, brown rice, and wheat.

Herbs and spices: clover, garlic, licorice, parsley, and sage.

Seeds: alfalfa, anise, fennel, flax, pumpkin, sesame, and sunflower.

Vegetables: beets, carrots, celery, cucumbers, eggplant, peppers, potatoes, rhubarb, tomatoes, and yams.

**Foods that reduce estrogen levels**

There are some foods that can actually lower estrogen levels. While this is desirable for those with conditions, such as breast cancer or ovarian cysts that can be exacerbated by estrogen, you'll want to avoid these foods if you are trying to boost your estrogen levels:

Fruits: berries, citrus, figs, grapes, melons, pears, and pineapple.

Grains: buckwheat, millet, tapioca, white rice, and white flour.

Vegetables: broccoli, cabbage (red cabbage especially), corn, green beans, onions, and squash.

Many women will require more than dietary modifications to treat conditions brought on by low estrogen levels (medications for high cholesterol or osteoporosis, for example). And some women will find the symptoms of menopause so onerous that they may consider now-controversial hormone replacement therapy. Consulting with your physician should be your first course of action. But in the meantime, eating a few extra apples or carrots can't hurt.

**Tips for raising your estrogen levels**

1. Estrogen levels can be elevated by a low-carb diet that is abundant in mineral supplements, by adding protein and zinc this will also elevate estrogen levels.

2. Spearmint tea drunk twice a day along with other additional sources of wild yam root, unicorn root, squaw vine, sage, raspberry, fennel and black cohosh are advantageous in boosting estrogen levels. Other herbs such as Vitex agnus castus, kelp, and seaweeds such as wakame, arame, hijki, alaria, sea palm, dulse, agar agar and carrageenan.
3. Exercise, including yoga is good or balancing your endocrine system. Nutrition and exercise tips can be helpful from a Chinese Herbalist.

4. Abstain from dairy, milk, eggs and non-organic meats and chickens. Stay away from white rice, white flour and refined sugar.

5. Flax can be used as a natural estrogen replacement. When ground with a coffee grinder, flax seeds can be added to smoothies, protein shakes or even water.

**Methods and Materials:**

**SCIO Device:**

The SCIO is a Universal Electro-Physiological Medical biofeedback 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. These items contain Estrogen among the list. A trivector 3D voltammetry electronic signature of the field of Estrogen can be delivered to a patient to stimulate the development of the Estrogen in the patient. This will be tested in this study.

In this study 5 young female and 10 older working women were evaluated for their daily Estrogen cycle. This group of informed consent volunteers came from Dr Polen’s Therapeutic Practice in Springfield, Ohio. They got a full SCIO workup and then a 30 min Estrogen voltammetric stream therapy once a day for five days. Our local laboratory ran Estrogen daily cycle profiles to measure changes. Changes seemed to manifest in increases after mid-morning.
We take the 3D Trivector Electronic Energy Band Signature of Estrogen from the patented CE marked QQP and send it into the Body thru the SCIO and the body will maximize Estrogen Production.
SOC Index:

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

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

Results:

There was a significant increase in the estradiol in the subjects after the hormone streaming and there was a significant improvement with female symptoms in the test subjects.
Discussion:

There are several quite apparent results from our study. First the safety of the device is firmly established as a minimal risk. There is an insignificant report of negative results and no reports of any significant problems.

The voltammetric stimulation of the trivector signal of Estrogen had positive effects on raising blood levels of Estrogen in young and older women. This adds evidence to a growing bit of Drugless therapies and electro-physiological therapeutic interventions.

---APPENDIX---

Informed Consent:

The SCIO Biofeedback Medical device is registered in the Europe, S Africa, Mexico, Australia etc. It is a Biofeedback 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 or therapy. These functions are registered in all of the above regions. Maitreya manufactures the hardware.

At QX Ltd., we have written software that uses the SCIO data. This software offers no risk and is completely safe. We recognize that this new type of system needs to be tested experimentally. The USA allows us to develop an Institutional Review Board and operate an Investigational Device Exemption for this software as long as all proper FDA policies are adhered to. To use this software in the USA we need to get informed consent from the patients or persons who are tested. Non-Significant Risk Informed consent must be signed, implied, or understood.

The registered SCIO software and hardware uses a micro current medically safe pulse applied to the wrists, ankles and forehead. We safely measure some of the electrical aspects of the body. A variant micro current is then adapted to the patient to feedback the signal. The SCIO software will use the same medically safe standards to develop a wider range of variant wave forms to the body. The patient will choose and direct the therapy by their unconscious electrical reactions. The SCIO will also use a subspace system or Prayer wheel if there is no biological signals present. The system will show the patient reactions to homeopathic or nutritional items. This will help the therapist and the patient choose items that might be helpful. These choices are voluntary suggestions. The patient can greatly benefit from help with these choices. No items of significant risk are possible. These items are not part of the study and purchase of them is the patient’s responsibility.
There is insignificant risk and the only discomfort is sitting still for the 30 or 40 min evaluation. The patient name will be held confidential in the study. Participation is always purely voluntary. There is no penalty for withdraws. The other facts of the case are e-mailed to QX ltd IRB. But confidentiality is always guaranteed.

The results of the studies are to be published on the International Journal of the Medical Science of Homeopathy. These results are available in 2008 on the internet or through your therapist. Over 35 studies on the device have already been published.

Since there are over 20,000 SCIO machines around the world and all have access to the SCIO software, assuming 10 patient visits a week there might be over 400,000 data streams per month. We fully expect over a million bits of data in the first year alone. We will analyze all types of diseases - all types of clients - in one of the world’s largest studies of its kind. We welcome your participation.

The clinical therapist is responsible for ensuring that informed consent is obtained from each research subject before that subject participates in the research study. FDA does not require the therapist to personally conduct the consent interview. The therapist remains ultimately responsible, even when delegating the task of obtaining informed consent to another individual knowledgeable about the research.

The Centro Ricerche of Prof. William Nelson University of Venice + Padova, Italy is the headquarters for the study IRB. There are researchers in over 25 different countries. If you have questions or comments please ask your therapist or send them in writing to www.irbSCIO.net.

I am informed of the experiment on the SCIO software. I willingly give my consent to participate in the study. I give my consent for any children under my supervision or custody. I am to be guaranteed confidentiality of the data. I will be allowed to see the results of the publication in roughly one year. I recognize that there is no firm diagnosis resulting from the software. We are diagnosing and treating only Stress via Biofeedback.

I give my full and informed consent to partake in this research.

SIGNATURE________________________________________

DATE______________________________________________
In short

1. This research is to study millions 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.

2. The SCIO software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body.

3. The device and the study is always voluntary, confidential and safe.

4. There are a wide amount of benefits already displayed by the thousands of users and millions of patients. A millions of people have already been helped.

5. Results of the study and answers to your questions are available.

Appendix SCIO/EPFX device description

To Whom It May Concern:

Re: Proprietary Rights of Medical Device known as SCIO

Ownership of all software rights to inventor William Nelson, all rights assigned to QX Ltd

Basic SCIO System Description

The SCIO system is a Universal Electro-Physiological Patient Interface. It can measure changes of electrical nature such as electro-potential, micro-amperage, voltage, galvanic skin resistance. This allows inference of oscillations, frequency, capacitance, electrostatic potential, inductance, electromagnetic potential, susceptance, reactance, micro-wattage, resonant frequency, oxidation potential, hydration potential, and proton versus electron pressure.

A subspace component of the software allows for a distance patient link using an intent driven quantic subspace interface.
The basic science was generated by Prof. William Nelson. His book the PROMORPHEUS was registered in its first form by the Library of Congress USA in 1982. Thus book introduces the concepts of the SCIO.

The basic technology was developed in 1985 and was registered as the EPFX in America in 1989. The EPFX stands for the acronym Electro-Physiological Feedback Xrroid. A Xrroid is the rapid testing of homeopathic medicines by an electrical reactivity device. The reactions are of a ionic nature as they reflect electro-potential changes. The speed of ionic exchange in the human body is approximately one hundredth of a second. So a computer device was needed for such testing.

Analysis of the trivector field of a homeopathic is developed in this work and patented in Ireland in 1995. All substances have a particular volt-ametric or polography field. By description of the right hand rule all electrical activity takes place in three dimensions, Conductivity, Static, and Magnetic. An advanced three dimensional field analysis device known as the QQC was made and patented by William Nelson.

Since the measure of galvanic skin resistance requires a applied current, the applied current could be of the trivector analysis variety. The applied current could also be used for electro- therapy. Aberrant electrical patterns of the patient could be corrected by application of electrodynamic theory. When electricity flows thru healthy tissue it has a known result. When it flows thru injured or diseased tissue it has a different result. Application of electrodynamic theory produces the ability of the SCIO device to treat and correct injured or diseased tissue. This process is known as rectification.

These trivector signatures could be computerized and duplicated by the computer. A quantic coherency test kit was coupled to the system to improve data. The SCIO was then able to measure before and after electro potential changes to determine reactivity and susceptance. Providing a reactivity profile. When this is done at biological speeds of about one hundredth of a second it is called the Xrroid.

Thus the SCIO system could measure the basic elements of the body electric. Aberrant reactivity patterns could also be corrected using the principles of bioresonance in a process also known as rectification of electrical patterns.

The Electro-Physiological-Feedback-Xrroid / SCIO is also a biofeedback system. The definition of biofeedback is measuring a physiological response and feeding it back to the patient. Most of the devices feedback the information primarily to the conscious and thus then to the unconscious of the patient. The EPFX-SCIO system differs in that it feeds back the information or signal to the unconscious
primarily and conscious secondarily. The unconscious should be directing these autonomic processes. So our device focuses on repairing the unconscious link directly.

Feedback of electro physiological processes are given as relaxation signals to the patient. The EPFX system measures a combination of the following physiological functions, voltage potential, current potential, skin resistance, Electro Physiological Reactance, Electro Physiological Susceptance, skin temperature and Frequency. These are the raw readings made at the extremities and the head harness. (see Diagram). The EPFX system applies a variant set of signals and then measures changes in the readings. The changes determine resonance, reactivity and coherency.

The QQC is a trademarked and proprietary process that does an analysis of the Polographic or voltammetric three dimensional electrical pattern of a substance. This produces a substance electronic signature field. The Fields of these substances are sent into the patient via the harness. These variant patterns are of 0 Hz to mega Hz and of variant wave forms.

The total current is never over 5 milliamps. This represents a safe system rated as insignificant risk. All medical safety tests and quality control processes are applied.

The patient is evaluated before and after stimulation to measure any evoked potential changes that show patient reactivity. The type intensity and style of reactivity evoked potential offers insight into the patient health. Types of item reacting can be a link to therapy or deeper diagnosis.

The variant wave forms are trivector (voltammetric signatures of the Acupuncture points, nosodes, sarcodes, allersodes, etc.) This allows Electro-Physiological-Reactivity measurements (EPR).

The evoked potential differences (EPR) are used to show a provocative allergy component. Provocative allergy tests show how a patient reacts electro physiologically to an item. Changes in histamine and other allergic reactions are preceded by electrical reactivity.

The EPFX measures the Electrophysiologic Reactivity intensity of the patient to thousands of QQC trivector patterns. These are patterns of reactions to Sarcodes, Nosodes, Allersodes, Isodes, Nutritional, Acupuncture points, Herbal, Imponderable and Classic Homeopathics. The reaction patterns or profiles can relate disturbances of the patient. Therapies can then be arranged to develop harmonic reactions, desensitizations, biological resonance or rectification processes. Biofeedback is the operation that allows for the cybernetic loop of systemic feedback. The loop of measured reaction and bio-varied resonance response allow for a true feedback for self-corrective Electrophysioloigcal therapy. Hence it is called the Electro Physiological Feedback Xrroid or as known in Europe SCIO.
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**Treating hot flushes in menopausal women with homeopathic treatment—Results of an observational study**

MF Bordet, A Colas, P Marijn, JL Masson and M Trichard 1Boiron, Sainte-Foy-lès-Lyon, France 2Reims, France 3Ecull, France 4Lyon, France Received 13 December 2006; revised 19 November 2007; accepted 19 November 2007.

**Abstract**

**Objective**

There is great controversy concerning treatment for **menopausal symptoms**. We evaluated homeopathic treatments for hot flushes and their effect on quality of life in menopausal women.

**Methods**

Open, multi-national prospective, pragmatic and non-comparative observational study of homeopathic treatments prescribed and their effectiveness, observing their impact on quality of life.

**Results**

Ninety-nine physicians in 8 countries took part in this study and included 438 patients with an average age of 55.

Homeopathic medicines were prescribed to all patients; 98% of the prescription lines were for homeopathic medicines. *Lachesis mutus, Belladonna, Sepia officinalis, Sulphur* and *Sanguinaria canadensis* were the most prescribed. A non-homeopathic treatment and/or food supplement prescribed for 5% of the patients.
This observational study revealed a significant reduction \((p<0.001)\) in the frequency of hot flushes by day and night and a significant reduction in the daily discomfort they caused (mean fall of 3.6 and 3.8 points respectively, on a 10 cm visual analogue scale; \(p<0.001\)).

Ninety percent of the women reported disappearance or lessening of their symptoms, these changes mostly taking place within 15 days of starting homeopathic treatment.

**Conclusions**

The results of this observational study suggest that homeopathic treatment for hot flushes in menopausal women is effective. Further studies including randomized controlled trials should be conducted.

**Keywords:** homeopathy; hot flushes; homeopathic treatment; observational study; menopause

**Article Outline**

- Introduction
- Method
- Study design
- Recruitment of investigating physicians
- Patient selection
- Evaluation criteria
- Quality of life
- Duration of the study
- Statistical analysis
- Results
- The physicians
- The patients
- Medical treatments

“The purpose of life is to live it... to reach out eagerly and without fear for newer and richer experiences.”

— Eleanor Roosevelt
Clinical effectiveness
Quality of life
Discussion and conclusion
Acknowledgements
References

**Introduction**

The menopause is defined by at least 12 months of amenorrhea in women aged at least 50 (with or without a measured increase in serum level of FSH), negative testing for progesterone in women aged at least 45\(^1\) or bilateral oophorectomy in women of child-bearing age.

Hot flushes (or flashes) are sudden sensations of intense heat, mainly affecting the upper part of the body and lasting for 1–5 min on average. They may be accompanied by facial redness, perspiration that is sometimes heavy, palpitations, anxiety, irritability and nocturnal sweating. The physiological mechanism governing hot flushes is not precisely known. During the menopause has started, 8 women in 10 report hot flushes of varying intensity, which may affect their sleep and quality of life.[1] and [2] These hot flushes are the main reason for instigating hormone replacement treatment (HRT). According to the survey undertaken in April 2004 by the “Société Française d’études par Sondage” (Sofres—French Society for Studies via Surveys), on behalf of the “Agence Nationale d’accréditation et d’évaluation en Santé” (Anaes—National Agency for Health Accreditation and Evaluation), 25.5% of menopausal women aged 45–70 in December 2003 were taking hormone replacement treatment. The iatrogenic consequences of these treatments is a major public health issue.\(^3\)

Although they may have an effect on hot flushes, soya derivatives, specifically phyto-oestrogens’ are products for which the risks have not been evaluated and are not monitored, and which do not meet health and safety requirements for medicinal substances. The “Agence Française de Sécurité Sanitaire des Produits de Santé” (Afssaps—French Health Products Safety Agency) does not recommend soya derivatives alone to treat hot flushes.\(^3\)
Hot flushes and their consequences in menopausal women can be treated with homeopathic treatment. *Lachesis mutus, Sulphur, Sepia officinalis, Belladonna, Glonoinum, Sanguinaria canadensis* and *Amylum nitrosum* are the medicines most commonly indicated for the treatment of hot flushes in menopausal women. Several studies have been published evaluating homeopathy (individualized or not) in menopausal symptoms, particularly in women who have suffered from breast cancer. [1], [5], [6] and [7]. Jacobs *et al*’s study was a randomized, double-blind study versus placebo performed over 1 year with 83 women suffering from breast cancer; patients received either individualized homeopathic treatment or a homeopathic complex or a placebo. This study did not show any significant difference between the three patient groups relative to the severity and frequency of hot flushes although there was a positive trend in the “individualized homeopathic treatment” group during the first 3 months of the study. But there was a significant improvement in quality of life in the 2 groups of patients taking homeopathic treatment compared with the group who received the placebo. [5] Thompson *et al* conducted a prospective observational study with 45 women suffering from breast cancer. The homeopathic approach (individualized treatment) was evaluated in this study. The authors concluded that there was a significant reduction in symptoms linked to oestrogen deficiency between the start and end of the study. [6] A second study by Thompson *et al* was a randomized, double-blind study versus placebo which was performed over 4 months with 57 women suffering from breast cancer; individualized homeopathic treatment was compared with a placebo: this study did not show any significant difference between the 2 patient groups for the criteria evaluated. [7] Literature reviews and observational studies have also been published on alternative and complementary treatments for menopausal symptoms [8], [9] and [10] and hot flushes. [2], [11] and [12]. These studies show that some complementary treatments can be beneficial to patients and recommend that further randomized clinical studies be performed to confirm these results. The homeopathic strategy is therefore a valid part of the therapeutic arsenal, particularly in the current context where hormone replacement therapy is being questioned and vigilance required.
on the use of food supplements based on soya isoflavones alone.[13], [14], [15], [16], [17], [18], [19], [20], [21], [22], [23] and [24]

In this context, we decided to perform an observational study with physicians prescribing homeopathic medicines. The study objective was to evaluate homeopathic treatment for hot flushes in menopausal women in terms of prescribed medical treatment, effectiveness and impact on quality of life.

Method

Study design

An open, multi-national pragmatic, prospective, non-comparative observational study of the practice of physicians prescribing homeopathic drugs was organized in 2005 with physicians from 8 different countries.

Recruitment of investigating physicians

This observational study was proposed to 157 physicians who prescribe homeopathic medicines. The physicians, GPs or gynaecologists, were recruited on a voluntary basis if they were interested.

This study was observational and each physician remained totally free regarding to his prescriptions and his treatment choices so it was not necessary to ask the advice of an ethics committee.

Patient selection

Inclusion criteria:

• women aged over 45;
• established menopause;
• suffering from hot flushes;
• not taking either homeopathic treatment or hormone treatment to reduce their hot flushes;
• not taking Raloxifene.

Patients using topical hormone treatment for vulvo-vaginal trophic disorders linked to the menopause were included in the study.

We defined established menopause as follows:
• at least 12 months of amenorrhea in women aged at least 50;
• or testing negative for progesterone (ie the absence of withdrawal bleeding after administration of a progestational drug for 10 days per month over at least 3 consecutive months) in women aged at least 45;
• or when a bilateral oophorectomy had been performed on a previously menstruating woman.

Exclusion criteria:
• patients not meeting the inclusion criteria;
• patients suffering from hormone-dependent cancer.

Evaluation criteria
The patients were assessed twice during the study: at the inclusion visit and at the final visit.

Clinical effectiveness
The evolution of clinical symptoms and the diurnal and nocturnal frequency of hot flushes was evaluated as follows:

1. The evolution of the patients’ clinical condition was measured at final visit by a question with four responses: disappearance (no symptom), improvement (lessening of symptoms), no change (same symptoms) or aggravation (deterioration of symptoms).
(2) Diurnal frequency of hot flushes, compared at the inclusion visit and the final visit. We measured the percentage of patients who reported 0 to 5, 6 to 10 or more than 10 hot flushes per day, at each visit.

(3) Nocturnal frequency of hot flushes, compared at the inclusion visit and at the final visit. We measured the percentage of patients who reported 0 to 5, 6 to 10 or more than 10 hot flushes at night, at each visit.

(4) The percentage of patients who suffered from daily hot flushes was compared at the inclusion visit and at the final visit of the study.

(5) These measures were recorded by physicians who questioned patients for retrospective recall.

**Quality of life**

The evolution of the impact of hot flushes on quality of life was measured by two different visual analogue scales, graded from 0 to 10.

One scale measured the discomfort caused during daytime with the question: “When you have a hot flushes during the day, how would you describe the discomfort in your life?” A score of 10 indicates the most disturbed day life.

The other scale measured the effect on sleep by using the question: “When you have hot flushes at night, how would you describe the consequences on your sleep?” A score of 10 indicates the most disturbed sleep.

These scales were recorded by patients at the inclusion visit and at the final visit of the study. These scales were specifically developed for the study but were not validated.

**Duration of the study**

The period of inclusion in the study was from 17 January to 30 June 2005.

Follow-up was provided between 2 and 6 months following the inclusion visit, depending on the physician’s practice.
Statistical analysis
The results analysis was per protocol because it concerns all patients who adhered strictly to the protocol, particularly relative to respecting the inclusion criteria.
The statistical analysis was performed using tests appropriate for the variables, ie:
• for qualitative variables: Chi-squared test ($\chi^2$);
• for quantitative variables: Student's test.
Alpha risk was set at 5%.
No subgroup analysis was performed.

Results

The physicians
Ninety-nine physicians in 8 countries took part in this observational study: 53 French, 23 Tunisian, 9 Brazilian, 5 Polish, 3 Bulgarian, 3 Portuguese, 2 Moroccans and 1 Italian.

The patients
A total of 489 patients were included in this study. We analysed the data for 438 case files. The 51 case files excluded are explained by:
• 33 lost to follow-up;
• 18 cases did not meeting the inclusion criteria;
The geographical distribution of the patients was as follows: 241 France (55%), 102 Tunisia (23%), 32 Brazil (7%), 32 Poland (7%), 14 Bulgaria (3%), 7 Morocco (2%), 5 Portugal (1%) and 5 Italy (1%). The average age of the patients was 55 (45–76).
The patients were followed at the inclusion visit and at the final visit depending on the physician’s practice. The average duration of follow-up was 98 days. 11% of patients were followed-up in 60 days, 66% of patients were followed-up from 60 to 120 days, 17% of patients were followed-up from 120 to 180 days and 6% of patients were followed-up later than 180 days.

Medical treatments

Since this was an observational study, each physician remained totally free regarding to his prescriptions and treatment choices. Participating physicians prescribed a total of 1506 prescription lines for 438 patients, i.e. 3.4 medications per patient, on average. One prescription line corresponds to one medication prescribed to one patient at the inclusion visit. Medications were given simultaneously or sequentially depending on the physician’s practice. Homeopathic treatment was prescribed for all the patients. Homeopathic treatments covered 98% of the prescribed medication (1475 prescription lines). Five percent of patients (22 patients) also received non-homeopathic medication (notably minerals) and/or food supplements (notably soya-based). These treatments covered 2% of the total prescriptions (31 prescription lines).

Table 1 shows the 12 homeopathic medications most prescribed during this study; the main ones are: *Lachesis mutus*, *Belladonna*, *Sepia officinalis*, *Sulphur*, *Sanguinaria canadensis* and *Glonoinum*. *Lachesis mutus*, *Sepia officinalis* and *Sulphur* were most often prescribed at a dilution of 9 cH, whereas *Belladonna*, *Sanguinaria canadensis* and *Glonoinum* were more frequently prescribed at a dilution of 15 cH. Sixty-five percent of the 438 patients received *Lachesis mutus* and 43% received *Belladonna*. *Sepia officinalis*, *Sulphur*, *Sanguinaria canadensis* and *Glonoinum* were prescribed for 26%, 25%, 21% and 15% of the patients, respectively.

Table 1.

<table>
<thead>
<tr>
<th>The 12 most prescribed homeopathic medications</th>
<th>Number of lines</th>
<th>Total medications</th>
<th>Total homeopathic medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of homeopathic medications</td>
<td>%</td>
<td>Total (%)</td>
<td>%</td>
</tr>
<tr>
<td><em>Lachesis mutus</em></td>
<td>298</td>
<td>19.79</td>
<td>19.79</td>
</tr>
</tbody>
</table>
The world is awakening to WELLNESS. This was not even a word until recently. Now it is a world wide movement, people want to become WELL. Desire has developed and credentials a new Doctorate in Wellness to awaken people and teach the art of making themselves and others WELL. For more details go to the International University at www.imune.net