"Your pain is the breaking of the shell that encloses your understanding. It is the bitter potion by which the physician within you heals your sick self. Therefore, trust the physician and drink his remedy in silence and tranquility."

- Khalil Gibran
This Book is Designed to be an Assist to the IMUNE Videos and the IMUNE training on Pain Reduction

http://indavideo.hu/video/IMUNE_on_Pain_Therapy
PHYSIOLOGY OF PAIN

The sense of pain is complex because it involves not only a sensation but feelings and emotions as well. For this reason, the neurophysiology of pain involves structures not normally considered as part of the sensory nervous system. Furthermore, classically, the ascending sensory (excitatory) aspects of pain signals have been emphasized. The intrinsic capacity of CNS structures to suppress pain signals has recently become the focus of much attention and research.

PAIN RECEPTION.

The sense of pain is served by free nerve endings located in the skin and certain visceral tissues. Pain can be caused by stimuli of different natures. For example, strong mechanical stimuli (intense pressure), very hot and very cold thermal stimuli, and certain chemical stimuli such as acidic substances all can cause pain. It is important to note that the pain receptors generally have a high threshold of stimulation, so they are usually activated when stimulus strength is very high. Because such strong stimuli are usually noxious, pain sensation is also called nociception, and the pain receptors activated by nociceptive stimuli are called nociceptors. One view holds that all nociceptive stimuli cause tissue damage, the extent of which may vary from the slight effects of a simple pinch to the severe consequences of burns. Tissue damage results in the local release of certain internal nociceptive substances such as serotonin, substance-P, histamine, and kinin peptides (bradykinin, etc.) in the injured tissue. These substances then act on the free nerve endings, activating pain signals.

TWO PAIN SYSTEMS.

There appear to be two systems of pain transmission to the CNS, which are associated with two distinct types of pain experience. When one steps on a thumbtack, one feels a sharp sensation, followed a while later by a more dull pain sensation. In addition to arriving earlier, the sharp and prickling sensation is short lasting, and its source can be accurately localized. The dull sensation is long lasting and diffuse; it hurts and aches, but the ache source cannot be pinpointed and generally is ascribed to a larger body part.

It is now believed that the sharp pain is conveyed by thin but myelinated, relatively fast, nerve fibers (type A-delta), and the dull, aching, and hurting pain by unmyelinated slow conducting type C fibers. Conduction velocity in the A-delta fibers is about 10 times faster than in the C fibers. Both types of fibers terminate in the dorsal horn and ascend by the spinothalamic pathway. Whereas the slow/aching pain signals make a major input into the brain stem reticular formation and essentially terminate in the thalamus, the sharp/fast pain signals ascend more directly to the thalamus and up to the sensory cortex. The cortical component gives the fine localization capacity to the sharp/fast pain system, whereas the heavy subcortical projection of the dull/slow pain system to the reticular formation and the structures of the limbic system is associated with the aching/hurting component. Patients with damage to the sensory cortex can still feel pain and are hurt by it, but they are unable to accurately localize the source.
CENTRAL, DESCENDING PAIN INHIBITION.
It has recently been shown that electrical stimulation of certain neuronal groups in the brain stem reticular formation makes the conscious animal completely oblivious to pain stimuli. Further research has indicated that, from the reticular formation, descending control fibers project to the dorsal horn of the spinal cord, where they suppress the relay of pain signals to the brain. This system is believed to help animals and humans cope with the debilitating hurtful consequences of pain arising during physical stress and fighting. It is presumably the active training of this descending inhibition that gives the Yogis of India their great tolerance of pain and athletes and soldiers their ability to continue struggling in the face of bodily hurts and trauma.

ENDORPHINS.
One mechanism by which higher reticular centers inhibit pain is beginning to be understood. Descending fibers activate certain inhibitory interneurons in the dorsal horn, which release a peptide neurotransmitter called enkephalin (one of the endorphins). Enkephalin suppresses the transmission of pain signals by binding with particular receptor molecules (opiate receptors) present in the synapses of cells in the dorsal horn. The binding either decreases the amount of the neurotransmitter substance-P released from the type C pain afferents or induces postsynaptic inhibition of the relay cells. Morphine and other opiate analgesics (pain killers) act in the same way as endorphins to relieve pain.

AFFERENT PAIN INHIBITION.
The interneurons of the dorsal horn may also be involved in a different type of pain inhibition. It has long been known that skin rubbing relieves the dull/hurtful pain sensation originating from that or a nearby area. Rubbing activates the large, fast-conducting tactile fibers (type A-alpha) while pain is conveyed by C fibers. In the dorsal horn, branches of touch fibers activate inhibitory interneurons, which in turn inhibit the synaptic transmission of pain signals. This is called the gate theory of afferent inhibition. Presumably, the more powerful tactile signals limit the transmission gates in the dorsal horn to their own, suppressing and excluding access for the weaker pain signal. The gate theory of afferent inhibition as well as central inhibition of pain by way of endorphins may have implications for the phenomenon of acupuncture analgesia.

REFERRED PAIN.
The afferent pain fibers originating from the same area show extensive convergence onto the dorsal horn relay cells. In certain cases, the convergence may take place by fibers from different areas, causing the relay cell to be activated by pain originating in different body parts. Usually, one part is a visceral area or organ. This mechanism may underlie the phenomenon of referred pain. For example, pain originating in the heart is often felt as coming from the inner aspects of the left arm. Physicians make extensive use of referred pain, for which maps have been constructed, as means of diagnosing problems in the visceral organs (e.g., heart conditions).
There are physiological and psychological factors with every disease. Pain is lack of oxygen flow and disturbances of the neurological receptor sites.

Pain is always a sign of a disturbance and a sign that something is wrong. Pain is the symptom not the enemy. Pain allows us to find the disturbance and correct it. We need to deal with the causes not just the sensation. Pain is our friend; listen and it will go away.
FLOW OF TREATMENT and CURE

1. Reduce or Remove the Cause of Disease
   Stress                Toxicity
   Lack of Awareness     Trauma
   Heredity              Pathogens
   Mental Factors        Perverse Energy
   Allergies             Def or Excess of Nut

2. Treat the Organs affected or diseased
3. Unblock the Blockages To Flow of Life
4. Reduce Symptoms and all Suffering Naturally
5. Treat Constitutional and Metabolic
   Tendencies to disease patterns or habits

Nelson Method of Medicine

1. Reduce the Causes of Disease, Change Behavior, get patients to Care, get the nail out of the tire

2. Repair the organs weakened by the Causes. Restore Health. Fix the Tire

3. Unblock the Blockages to energy, nutrition, Oxygen, waste, Parana, acupuncture, nerval FLOW

4. Treat the symptoms with natural means before resorting to Synthetic. Use foods, exercise, herbals, homeopathics any and all natural means before resulting to Synthetics

5. Balance the metabolic typing or Constitutional Imbalances. Treat the patient as an Individual Whole
Learning is a gift. Even when pain is your teacher.

Pain is a part of life.
Psychological Disorders and Chronic Pain

1. High prevalence of psychological comorbidities among patients with chronic pain
2. Presence of chronic pain may cause emotional distress and exacerbate premorbid psychological disorders
3. Emotional problems may increase perceived pain intensity, disability and perpetuate dysfunction
4. Unrecognized and untreated psychological distress may interfere with successful treatment of chronic pain
Electrotherapy SCIO/Eductor for Pain

Electricity has been used to treat pain for over 100 years. Early proponents of electricity were labeled as charlatans, but recent scientific studies have proven that electricity can reduce both acute and chronic pain.

The exact mechanism of electrical stimulation’s beneficial effect remains controversial. Electrical stimulation may directly block transmission of pain signals along nerves. In addition, electrical stimulation
has been shown to promote the release of endorphins, which are natural painkillers produced by the body.

- **Electrotherapy**
  - **Transcutaneous Electrical Nerve Stimulators (TENS)**
    TENS users should experiment with various electrode placements. Electrodes can be placed over the painful area, surrounding the painful area, over the nerve supplying the painful area, or even on the opposite side of the body. TENS users need to try the unit for several days with several electrode placements prior to deciding if it will be useful. A home trial for several days to weeks is preferable.

- **Interferential Current (IFC)**
  Interferential current is essentially a deeper form of TENS. In essence, IFC modulates a high frequency (4000 Hz) carrier waveform with the same signal produced by a TENS unit. The high frequency carrier waveform penetrates the skin more deeply than a regular TENS unit, with less user discomfort for a given level of stimulation. Deep in the tissues, the carrier waveform is cancelled out, resulting in a TENS-like signal deep under the skin.

- **Galvanic Stimulation (GS)**
  Several different electrical stimulation devices exist, each producing different frequencies, waveforms, and effects. Galvanic stimulation is most useful in acute injuries associated with major tissue trauma with bleeding or swelling. In contrast to TENS and IFC units, which apply alternating current, galvanic stimulators apply direct current. Electrical modalities include

  - Transcutaneous Electrical Nerve Stimulation (TENS) (the most commonly used)
  - Interferential Current (IFC)
  - Galvanic Stimulation (GS)

**Common Characteristics of Electrotherapy Stimulation**

TENS, IFC, and GS all apply electrical stimulation to nerves and muscles via adhesive pads placed on the skin. These devices are powered by batteries, and some units have an adapter that allows powering from an outlet.

Side effects are rare, but include allergic skin irritation under the adhesive pads and transient pain from the electrical charge. Placing the pads over the heart or over pacemaker leads could conceivably cause cardiac arrhythmia; placing them over the throat could conceivably cause low blood pressure; and placing them over a pregnant uterus could conceivably cause fetal damage. Because of these risks, electrical stimulation over these areas should be avoided. Electrical stimulation should also not be applied over malignancies or infected areas.

**Eductor Educator SCIO Electrotherapy Stimulation**

The SCIO Eductor technology uses all of these techniques in a cybernetic loop to enhance and stabilize the VARHOPE body electric values. This happens automatically at all processes. This stimulates osmosis and helps to stabilize the body electric. Thus the body functions all work better and miracles happen. Traditional medicine ignorant (IGNORING) of the body electric think that this is spontaneous remission. When actually it is just SCIO Eductor technology.
It Seems Like Magic But it's just SCIO

Spontaneous Remission is expected with the SCIO
Spinal injury and pain

Using MTENS, and TVEP the SCIO can treat the spinal area for injury and pain. Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us.

Mandolay Kft

tel: +36 21 252 3503 | web: www.qxsubspace.com | e-mail: info@qxsubspace.com
This page is accessible from the test screen and it makes automatic choices from patient reactions. You should add more to the choice of pain types for the system to work better at addressing neurological pain types.

Reduce the causes and treat the areas of organic or neurological Dys-truction producing DYS-EASE.

Let the patient’s body guide you for healing.
Inflammation and or Degeneration can complicate pain. Use these AFE therapies for best results. This drives towards rectification. Do not do all four of these therapies in one day. It takes too much out of the body. Use this with the Quantum Resonant Biofeedback for best results.
Quantum Resonance Biofeedback

For Best Results for Pain Release have the patient focus on the pain while doing the QRB
As we increase Osmosis with Quantum Eductor Biofeedback and we increase the VARHOPE or Electrical Vitality then Everything works better, and then things start to get done that were not functioning before. We should Not be surprised.
Trauma Sport Pain

Electro Healing with SCIO

Written by Prof Desire’ Duboune of IMUNE

STUDY INFORMATION:
SUPERVISORY RESEARCHER: Dr. Denis Gyeray, MD, Licensed Hungarian Medical Doctor

Introduction:

Osmosis is the movement of solvent molecules through a selectively permeable membrane into a region of higher solute concentration, aiming to equalize the solute concentrations on the two sides. It may also be used to describe a physical process in which any solvent moves, without input of energy, across a semipermeable membrane (permeable to the solvent but not the solute) separating two solutions of different concentrations. Although osmosis does not create energy, it does change energy and can be made to do work but is a passive process, like diffusion. Everything is made of atoms that never touch each other because of the charge of the outer electrons. The charge of the outer electrons allows for osmosis to occur. When we apply a micro charge electro-pulse through a process, Osmosis increases.

Since it is through Osmosis that the cells bring nutrition and remove toxins, all of life’s processes are improved. It must be pointed out that the applied pulsed charge must be slightly different from the actual. This means a large charge is disruptive and harmful to the process. A slight correctly pulsed field works.

YOU GOTTA LOOK FOR THE GOOD IN THE BAD, THE HAPPY IN YOUR SAD, THE GAIN IN YOUR PAIN, AND WHAT MAKES YOU GRATEFUL NOT HATEFUL.

Karen Salmansohn

inspirationBoost.com
"No Pain... No Gain!"

What you think is working against you could actually be working for you. We all have pain inside of us... Instead of fighting it, try listening to it. It could be trying to tell you something beautiful about who you are!

This is the moment. You are here. Be You... Be Free!
"A problem cannot cause suffering. It is our thinking & attachment to it that causes suffering"
-Buddha

"The principal cause of suffering is craving. Once craving is eliminated, much suffering will be eliminated. Still more suffering will be eliminated once ignorance is eliminated. Both craving and ignorance are equally powerful defilements that cause suffering.

"The More You Want Things Different the More You Will Suffer, If You Ignore a Truth Your Ignorance Will Cause Suffering. To Release Your Suffering Listen to Your Pain, Change What You Can, Accept What You CanNOT, and Pray for the Wisdom to Stop Ignoring + Grow Your Mind"
Perfectionistic people do feel more pain than others who struggle less with others and with life.
As we train people to accept themselves, they can more easily release their pain.
Pain can come from the fears within.

Anything worth doing is worth doing poorly — until you learn to do it well. - Steve Brown
Dead last is greater than did not finish which trumps did not start.
The secret of success is learning how to use pain and pleasure instead of having pain and pleasure use you. If you do that, you’re in control of your life. If you don’t, life controls you.

- Tony Robbins

"Pain is God's Greatest Gift. No Pain, No Gain. Without pain we can not live. Laughter is the best Transcendent Medicine, The Ultimate Medicine. We laugh to release pain, anger, jealousy, + agony."

Desire' Dubounet

"Being able to laugh at oneself is the best indicator of mental stability."

Will Rodgers
1. Be aware of your motivations for perfection  
   (Cross-check with them regularly to ensure you are on track)

2. Recognize that ideals are directions, not absolutes  
   (Don't attach yourself to them)

3. Respect and love yourself  
   (You are the only constant in your world)

4. Focus on the big picture  
   (Don't get stuck with the nitty-gritty details)

5. Focus on what can be done  
   (Forget what is already past)

6. Delegate and let go  
   (You don't have to do everything yourself)

7. Enjoy the entire process  
   (The whole point is to be happy!)

8. Celebrate the victories and progress made  
   (Every step is a job well done!)

© Celestine Chua; Full article: http://personalexcellence.co/blog/overcome-perfectionism/
Pain comes from a lack of oxygen transport to an area. Have the patient meditate and imagine that there is a mouth over the pain area and that they are breathing in and out thru this imagined mouth. This subtle meditation will bring oxygen to the area and help to relese the pain.
Hypoxia & Brain Function

- Normal brain function
- Increasing degrees of brain dysfunction (prefrontal, cerebellar, muscle paralysis)
- Total muscle paralysis results in apparent unconsciousness
- Unconsciousness and eventual death

SpO$_2$ (%)
Stop looking for the magic.

You are it.

♥ Incredible Joy
THE Pain IS IN THE Brain

Pretty much everyone has experienced pain at one time or another—from hitting a misplaced finger with a hammer, pulling a muscle, suffering from a toothache, or taking an unexpected fall. But there's a different kind of pain that affects the nerves in our bodies, and it can cause unbearable pain that never seems to go away.

Chronic pain can stem from headaches, cancer, arthritis, damage to the peripheral nerves or to the central nervous system, or no discernable cause. The condition can make even simple acts, such as walking or putting on a shirt, agonizing. People with this kind of pain often describe it as a tingling, or pins and needles, or like an electric shock. They say they feel like their skin is on fire or like they are walking on slivers of glass. Each person's pain is individual and virtually indescribable.

“Chronic pain is difficult to diagnose because it's the result of a neural disruption rather than an injury,” says Sean Mackey, MD, PhD, an assistant professor of anesthesiology and the associate director of Stanford's Division of Pain Management. “It's also difficult to treat because even though we can prescribe medication to control the pain, we often don't have a real cure. Our goal is to address all aspects of the condition and help give people back their autonomy and control of their life.”

Dr. Mackey is coordinating an integrated, comprehensive program that deals with a several types of pain, including chronic conditions and pain related to cancer. He and his associates assess the type and degree of pain and develop the best treatment, from pharmacological interventions to psychological and physiological therapies. Strategies can include state-of-the-art medical tools, such as surgery, radiofrequency, and implantable medication delivery systems, as well as holistic approaches that utilize the mind-body connection, such as acupuncture, biofeedback, and mental imaging.

Dr. Mackey's focus is in functional neuroimaging (fMRI) and outcomes research. Using magnetic resonance imaging and other imaging tools allows him to pinpoint which areas of the brain are activated by pain stimuli as well as track their response to various therapies. He has found that different kinds of pain activate different regions of the brain and that learned behaviors (such as anticipating a lab-induced pinprick) show up in another region altogether.

“Imaging shows that the perception of pain is truly in the brain,” he says. “We get to peer inside the brain and unlock some of its mysteries. We have been able to isolate the structures in the brain that respond to stimuli and have found that sensory perception, for example, activates a different area than emotional perception. We are in the process of measuring these responses to understand the cognitive aspects of pain.”

Part of his research involves a sort of neurofeedback, in which patients observe where and how much their brain “lights up” in response to pain and learn to use conscious controls over the activated area. He is also using fMRI on the spinal cord to observe how medication affects neural communication before the pain message reaches the brain.

Why Does It Hurt?
Pain is a complicated process that involves an intricate interplay between a number of important chemicals found in the brain and spinal cord. In general, these chemicals, called neurotransmitters, send nerve impulses from one cell to another. Specialized nerve cells called nociceptors are activated by external events, such as heat or a pinch, or by damaged cells and carry the information to the central nervous system, where it is perceived as pain.

The spinal cord acts as a sort of relay center where the pain signal can be blocked, enhanced, or modified before it is relayed to the brain. Most pain messages are delivered to the thalamus, which plays a key role in relaying messages between the brain and parts of the body; from there the signals are passed along to the cortex, the headquarters for complex thoughts.
This VINDICATE anagram memory tool will help you to find the problem with your patient for headache and any other type of pain.
Injury pain will produce chemical cascade of prostaglandins and histamine. Inflammation and swelling will attempt to immobilize tissue as a natural brace till repair can ensue.
According to Doctors Janet Travell and David Simons in their widely acclaimed medical textbook, *Myofascial Pain and Dysfunction: The Trigger Point Manual*, myofascial trigger points (tiny contraction knots) in overworked or traumatized muscles are the hidden and unsuspected cause of most headaches. This includes tension headaches, cervicogenic headaches, cluster headaches, vascular headaches, and migraine headaches.

This trapezius trigger point is the primary cause of a temple headache and eye pain.

You may recognize these symptoms as major components of a migraine headache.

This trigger point is produced and perpetuated by keeping your shoulders up. Women who carry their purse on a shoulder strap are especially prone to having this trigger point and its symptoms. Symptoms often include dizziness. There are many other trigger points that cause headaches.
Breaking the pain spiral.

Fear, anticipation, depression, reduce activity and make the pain spiral out of control.
Stop Stressing, Start Living.

- At the center of it all -
  The Hypothalamus:
  Linking the Psyche (Mind) to the Soma (Body) and the Nervous System to the Endocrine System
As we learn about the types of neurological receptors for temperature, movement, pressure and chemicals we start to understand how overloaded and under loaded receptors can give pain and just why the homeopathic interview was so successful.
Sensory Receptors in Skin

(Very Lt Touch + Light)

Free nerve ending

Root hair plexus

Meissner's corpuscle

Pacinian corpuscle

(Touch + Pressure) itching

Organ of Ruffini

(Sense movement + Stretching)

Sensory Mechanoreceptors

Glabrous skin: Sweat gland duct

Hairy skin: Hair

Horny layer

Merkel discs

Epidermis

Corium

Subcutaneous tissue

Pacinian corpuscles

Aβ (II)

Aβ (II)

Sensory nerve endings

Frequency

Merkel

Hair-follicle receptor

Discs

Pacinian corpuscles

Free nerve endings

Time

Stimulus

Fig. 3-3

HMC
1. Pain source.

2. Pain messages move through peripheral nerves and up the spinal cord.

3. Your brain interprets the messages as pain, including its location, intensity and nature (burning, aching, stinging).

4. Your brain sends pain-suppressing chemicals to the pain source and triggers other responses.
Fig. 1. Nociceptors (sensory pain receptors) can cause chronic pain if they are damaged. (A) Normal state when a nociceptor is activated by a stimulus, the nerve cell transmits painful sensations to the brain. (B) If the nociceptor is damaged it can start firing randomly and activate other nerves that eventually cause chronic pain. (C) If the nociceptor was an inhibitory nerve, its inactivation through damage can activate other nerves in the sensory network that eventually cause chronic pain.

Fig. 2. Opiate receptor

1. Morphine binds to opiate receptors
2. Morphine inhibits GABA release
3. Dopamine release no longer inhibited
There are several types of migraine headache, but most are characterized by severe pain on one or both sides of the head (which may move to the other side), nausea, dizziness and visual disturbances caused by dilation and constriction of the blood vessels in the head.
Three Headache Types

- **Primary**
  - Migraine
  - Tension Type
  - Cluster and Trigeminal
  - Others

- **Cranial Neuralgias**
  - Optic neuritis
  - Cranial Nerves
  - Causes of Facial Pain
  - Ophthalmoplegic migraine

- **Secondary**
  - Head or neck trauma
  - Cranial or cervical vascular disorder
  - Non-vascular intracranial disorder
  - Substance or substance withdrawal
  - Infection
  - Disorder of homeostasis
  - Disorder of cranium, neck, eyes, ears, nose, sinus, teeth, mouth, or other facial or cranial structure
  - Attributed to psychiatry
FEELS BAD
HAS NO PAIN RECEPTORS

Capsaicin opens TRPV1, creating a channel through the membrane and into the cell. QX-314 can enter through this channel.
The head strikes a hard object creating a concussion-type injury.

I give up. How many women with PMS does it take to screw in a light bulb, funny boy?
Objawy chorobowe - podstawa diagnozy

- Nux vomica
- Co poprawia samopoczucie?
- Co poprawia samopoczucie?
- Kiedy następuje wyraźne pogorszenie?
- Apis mellifica
-:animated bee
- Dlaczego?
- Objaw miłosny
- 11.00
- Nieszczęśliwy
- Co cię rozbolało?
- Jak zaczął się doleglałość?
- Co wywołało?
- Co cię rozbolało?
- Kelneria
- Aconitum napellus
- z lewej strony ciała
- w kierunku prawej
- Leeches mutus
- Mroź i wilgoć
- Kawa
- Świeże powietrze
- Zelena
- Zelena
- Euphorbia
The pain you feel today is the strength you feel tomorrow. For every challenge encountered there is opportunity for growth.

<table>
<thead>
<tr>
<th>Headaches</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tension</strong></td>
</tr>
<tr>
<td>Pain experienced as a squeezing band around the head</td>
</tr>
<tr>
<td><strong>Sinus</strong></td>
</tr>
<tr>
<td>Pain behind browbone and/or cheekbones</td>
</tr>
<tr>
<td><strong>Cluster</strong></td>
</tr>
<tr>
<td>Pain localized in one eye</td>
</tr>
<tr>
<td><strong>Migraine</strong></td>
</tr>
<tr>
<td>Typical signs are pain, nausea and altered vision</td>
</tr>
</tbody>
</table>
HEADACHES AND MIGRAINES

Sinus: pain is usually behind the forehead and/or cheekbones
Cluster: pain is in and around one eye
Tension: pain is like a band squeezing the head
Migraine: pain, nausea and visual changes are typical of classic form

Get Natural, Holistic Relief With Eductor

Energetic Medicine can stop Pain

“One good thing about MUSIC when it hits you, YOU FEEL NO PAIN.”
- Bob Marley
Use Scalar Energy
Electro-MagicNetic

Caduceus Wand
Scalar Electro-Magnetic Caduceus Wand

This MagicNetic Wand takes the Eductor or Cybermagnetic Outputs and makes a Non-Hertz Scalar Field to treat other dimensional Dys-Ease.

A remarkable technological advancement from QX Ltd
Cybermagnetic

Using the computer's headphone and microphone jacks, we can first analyze the patient's voice patterns for energetic disturbance and then choose sound files for relaxation, healing, or energy. The music is sent into the body thru the headphones and a magnetic field generator. A magnetic field detector then receives the signals from the body establishing a cybermagnetic loop. The computer can then change the music to help the patient's body electric.

The Cybermagnetic Chair can be purchased with the zero gravity chair you see for 1200 extra, or with the simple back cybermagnetic pads to put on your own chair for 5,000 euro with the QT software included. This system can operate independently or interact with your QXCI, SCIO, Indigo or Eductor.

The Revolution in Energetic Medicine Continues
One good thing about music, when it hits you, you feel no pain.

(Bob Marley)

You Can Use the Cybermagnetic Chair Music Maximise the Pain Therapy with the Power of Music
A two year study conducted by the Italian government followed 17,000 patients. The dramatic results showed that patients under chiropractic care had their hospitalization for back ailments reduced by 87.6% and work loss by 75.5%.

- Prof. F. Splendori, Chiropractic Therapeutic Effectiveness-Social Importance. Incidence on Absence from Work and Hospitalization. Italy

Migraine Relief Chiropractic Center

"Walk in Relief. Lasting Prevention Without Needles, Drugs or their Side-Effects."
Title:
HOMEOPATHIC TREATMENT OF PAIN

Chief Editor:

Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary

Edited and Validated By:

Istvan Bandics, M.D.; Budapest, Hungary
Gyilla Panszki, M.D.; Budapest, Hungary
Illya Brenner, M.D.; Institute of Oncology, Kiev, Ukraine
Peter Smith, LCH; Cornwall, England
Dima Sakharov, Ph.D.; Kiev, Ukraine
Tony Hughes, D.A.c.; Dublin, Ireland
Peter Bartlett, D.O.; London, England
Attila Kiss, M.D.; Gyor, Hungary
Richard Atkinson, MCSP, State-registered Physical Therapist;
West Yorkshire, England

Christopher Hammond, MB. BS. LCH; Nottinghamshire, England
Dr. Michael Gerber; Reno, Nevada; U.S.A.

Consultant:

Dr. Simon Gutl, M.D.; Hanover, Germany

Developed By:

The staff of Maitreya; Limerick, Ireland

This study was performed in 1990 at the Natural Center of Disease Prevention in Denver, Colorado, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodigagnostica Clinic in Budapest, Hungary, and by the doctors listed above. This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

HOMEOPATHIC TREATMENT OF PAIN

Abstract:
The neurology of pain involves many different sensory neurons and their ability to project neurological signals through the nervous system to the brain, which then must perceive these signals as pain messages.

Key Words:
Pain, neurons, pain receptors

Hypothesis:
A full-range homeopathic can be used to relieve pain of various neural pathways, based on the theory of cross-neural linkage and energetic pathway limitations.

Pain Receptors describe where disease is
The body is equipped with many neurological sensors for such things as heat, pressure, motion and chemical imbalance. Since pain is the body's way of directing energy to heal, or attention to change, pain truly is one of God's greatest gifts; without pain there could not be life. There would be no fear, and we would destroy ourselves by touching stoves, fans, etc. Existence could not be without the system of pain.

Pain results when there is an over- or under-balance in the neurons of any area, resulting in an energetic overload. The purpose of this experimental monogram is to evaluate the efficacy of certain homeopathic combinations and their ability to deal with broader-based pain modalities. We hope to prove with these studies that combinations can work in a broad-based way and make the utilization of pain homeopathics much simpler for practitioners to use. These homeopathics were formulated into broader bands for broader efficacy, safety and ease of use in a physician's practice.

The first type of pain receptor we wish to analyze is the temperature sensor. This temperature-sensing neuron is capable of sensing heat and cold changes (temperature changes). In classic homeopathy we often refer to pain that "heat improves" or pain that "cold improves" as a very integral part of the symptomatic profile, guiding us as to which homeopathic might be more directed to the patient's condition. With this in mind, a homeopathic multi-combinational program was developed using multiple potencies and remedies that could serve in the areas of heat, cold, motion, no motion, touch, no touch, and chemical acid and alkaline imbalance. All of these remedies were developed by experiential and book research to develop a broad-based, safe, easy-to-use remedy.

Cross-linkage with the temperature receptor will set up two dynamics: pain involving an overload or pain involving an under-load in the temperature sensor. This will produce a type of pain that will improve with heat or a type of pain that will improve with cold.

Another type of pain receptor is the pressure receptor in the body, or the kruski cell. These pressure-sensitive cells can improve with touch or no touch (overloaded) or no touch (under-loaded). When a pressure-sensitive cell needs more pressure, it will often induce an itch. This is due to the need for increased pressure, which fingernails can apply in a very small surface area. A patient might come in touching or rubbing an area because touch improves the pain, or the patient might come in not touching the area; holding it suspended because any type of touch would intensify the pain. These dynamics set up two more classifications of pain: the type that touch improves and the type that no touch improves.

A third type of pain receptor is the proprioceptor. These proprioceptors sense motion, and they too can be in an overload or under-load state. When we need to move the painful area to make it feel better (the so-called "walk-it-off" injury), motion is needed. When the patient does not want to move the painful area because any movement whatsoever provokes more pain, no motion is needed. So here we have two other criteria to consider: motion versus no motion. Most athletic injuries improve with motion.

In a medical practice we evaluated patients in each one of these modalities, before and after, by having them report subjective analyses of their pain. We must report that pain does not have any objective physical ramifications, but is much more of a subjective presentation of the patient. So our subjective test, albeit not as objective as more clinical readings such as blood analysis, blood pressure or range of motion, is still of some validity. The subjective analysis used in these studies helps us to answer our questions, but also guides us for further research and more broad-based, long-term studies.

In the hypothesis above, a medical physician, over the course of years, directed patients to fill out subjective quantifications of their pain on a 4 - 0 scale. 4 is extremely intense pain (so intense that it causes the patient not to function in society). Patients rated at 4 could not hold jobs because the pain was so great. Under 3 the pain is very, very intense, but not too intense to stop the patient from functioning in society. 2 is moderate pain (the pain is present, but not intense). Under 1 the pain is slight, although somewhat in the patient's awareness. Under 0 there was no pain whatsoever.

The following six studies were performed to show that the combination remedies directed at these areas were able to help these patients to control their pain.
DESCRIPTION: PAIN - COLD IMPROVES
NUMBER OF PATIENTS: 16
TREATMENT: PAIN (COLD IMPROVES) Homeopathic 6 drops 3 times a day
4 = DISHABILITATING SYMPTOMS 3 = INTENSE SYMPTOMS BUT NOT
DISHABILITATING, 2 = MODERATE SYMPTOMS 1 = SLIGHT SYMPTOMS, 0 = NO
SYMPTOMS BEFORE = 0 --- AFTER = X

4 000000000 X
3 000000 XXXXX
2 000000 XXXX
1 000000 XXX
0 000000 X

Before Avg. = 3.6
After Avg. = 2.2

DESCRIPTION: PAIN - MOTION IMPROVES
NUMBER OF PATIENTS: 10
TREATMENT: PAIN FORMULA I (MOTION IMPROVES) - drops 3 times a day -- 2extra drops if needed
4 = DISHABILITATING SYMPTOMS 3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING 2 = MODERATE
SYMPTOMS 1 = SLIGHT SYMPTOMS 0 = NO SYMPTOMS

BEFORE =0 AFTER =X
4 00000 X
3 00000 XX
2 00000 XXXX
1 00000 X
0 00000 XX Avg.

Before Avg. = 3.5 After Avg. = 1.9
DESCRIPTION: PAIN - NO MOTION IMPROVES
NUMBER OF PATIENTS: 8
TREATMENT: PAIN FORMULA II (NO MOTION IMPROVES)
Homeopathic 6 drops 3 times a day, 2 extra drops if needed
4 = DISHABILITATING SYMPTOMS 3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING 2 = MODERATE SYMPTOMS 1 = SLIGHT SYMPTOMS 0 = NO SYMPTOMS

BEFORE=0   AFTER =X
4 00000
3 00000  XXX
2  XXX
1  XX
0
Before Avg = 3.5
After Avg = 2.1

DESCRIPTION: PAIN - TOUCH IMPROVES NUMBER OF PATIENTS: 16
TREATMENT: PAIN (TOUCH IMPROVES)
Homeopathic 6 drops 3 times a day, 2 extra drops if needed
4 = DISHABILITATING SYMPTOMS 3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING 2 = MODERATE SYMPTOMS 1 = SLIGHT SYMPTOMS 0 = NO SYMPTOMS

BEFORE=0   AFTER =X
4 0000000
3 000000  XXX
2  00000  XXXXX
1  XXXXXXXXX
0  XX
Before AVG = 3.2
After  = 1.5
DESCRIPTION: PAIN - NO TOUCH IMPROVES
NUMBER OF PATIENTS: 11
TREATMENT: PAIN (NO TOUCH IMPROVES)
Homeopathic 6 drops 3 times a day, 2 extra drops if needed
4 = DISHABILITATING SYMPTOMS 3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING 2 = MODERATE SYMPTOMS 1 = SLIGHT SYMPTOMS 0 = NO SYMPTOMS

BEFORE = 0 AFTER = X

4 OOOOOO
3 OO XXX
2 OOO XXX
1 XXXXX
0 X

BEFORE AVG = 3.7
AFTER AVG = 1.8

DESCRIPTION: PAIN - HEAT IMPROVES TYPE PAIN
NUMBER OF PATIENTS: 15
TREATMENT: PAIN (HEAT IMPROVES) Homeopathic 6 drops 3 times a day, 2 extra drops if needed
4 = DISHABILITATING SYMPTOMS 3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING 2 = MODERATE SYMPTOMS 1 = SLIGHT SYMPTOMS 0 = NO SYMPTOMS

BEFORE = 0 AFTER 3 days of treatment = X

4 OOOOOOOOOO
3 OOOOOO XXX
2 XXXXXX
1 XXXXX
0 XX

Before avg - 3.6
After avg - 1.6
Another type of pain receptor is the chemical imbalance receptor, which can detect chemical changes in the body that produce acid or alkaline imbalance such as histamine constriction, chemical toxicity, etc. For these types of pain, acid and alkaline balancing is very important for the body. The detoxification to the liver, kidney, breath, skin and bowels help the body to balance its chemistry.

Another type of neuroreceptor is for electromagnetic radiation. The most popular is in the visible light spectrum. Our eyes have EMR receptors. New evidence shows that the body also has the capability of receiving other EMR signals. To this end two homeopathic combinations were developed for EMR sensitivities: one for light and similar sensitivities, and another for geopathic stress.

There are numerous pains directed at certain geographical areas in the body, such as rib cage pain. For example, rib cage pain can often respond to other homeopathics, even though the pain might be "heat improves", "motion improves", etc. Sometimes a homeopathic can be directed to a certain geographical area that will have the maximum ability to improve the painful condition.

To this end, in a medical practice using pilot studies, several other formulas were developed to help in different areas. One such formula is the Anti-Inflammation formula, designed to help any type of inflammatory condition in the body. Large Joint Pain and Small Joint Pain are two. There are Low Back Pain of organic origin, Low Back Pain of structural origin, Pleurisy for pulmonary conditions, PMS for premenstrual cramping, Abdominal Pain for pre-ulcer type pain, Sciatic pain, Facial pain, etc.

These formulas give us a broad-based collection of easy-to-use (with minimal training) remedies to help the many types of pain conditions in the body. Some pains can be caused by the reaction of the brain and the psychological need for pain. These pains will respond to counseling, biofeedback, and homeopathy.

Dr. Revici, in his book "Research in Physiopathology", does an in-depth analysis of acid versus alkaline conditions as he relates them to the physiology of lipids that are either polar or nonpolar. In a very in-depth description based on pain and its analysis, Dr. Revici brings up several points in the treatment of pain that have led to certain discoveries and products to abate and treat the cause of the pain, rather than just maintaining or sedating the pain itself.

Revici groups pain into two categories of physiological pain and pathological pain. He points out, as we have discussed, that the nature of pain involves thermal receptors, motion receptors, pressure receptors, electromagnetic receptors, etc. He emphasizes that each of these stimuli has two thresholds: one for intensity values related to sensation, and the other for intensity needed to produce pain. Thus Revici, in his description of physiological pain, outlines what we have pointed out before: these various neural pathways can be over- or under-loaded.

Revici points out another type of pain, which he refers to as pathological pain. This differs profoundly from physiological pain. It originates in the tissues that are abnormal due to inflammatory, circulatory, neoplastic, or other biological processes. Revici writes, "Instead of the organism being prepared for fight or flight, its efforts are directed toward placing the painful or injured area or the entire body at rest, and to protect the painful area from further injury. The pulse rate generally slows, the blood pressure falls, and often there is sweating and nausea." This biological change can cause these damaged tissues to act directly on the pain and organs to induce pain impulses. They can change the tissues to bring about a lowering in the threshold of pain, and they can change the end organs so that the
sensations through the pathways are interpreted as the sensation of pain. Abnormal chemical substances can be released from pathologically affected tissues, and these chemical substances may play an important part in the production of pathological pain.

Revici found that the reflections of pathological pain could be detected through analysis of the pH in the blood and urine, potassium, calcium, oxygenation, leukocytes, body temperature and chlorine. This gave way to two basic categories of pain: acid aggravated or alkaline aggravated. Revici developed compounds of various lipids, alcohols and nutrients that could be classed to treat these pathological pains. This researcher has developed two homeopathics for these two-base classes of pathological pain. One, the pain that is aggravated by acid (the person taking in acid substances would have aggravation of pain); and two, the pains that are aggravated by alkaline ingestion.

Diagnosis can be achieved by testing the morning urine of the patient to find out if it is acid or alkaline, as well as the specific gravity and surface tension.

The table breaks down the categories found by Revici and this experimenter. It tabulates the results and denotes how we might use the acid and alkaline pain formulas more precisely through urine and blood analysis.

REVICI TABLE

<table>
<thead>
<tr>
<th>Organism</th>
<th>Leucocytes Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hi Chlorides Ser.</td>
<td>Hi</td>
</tr>
<tr>
<td>Hi Low Resistance</td>
<td>Low</td>
</tr>
<tr>
<td>Hi Voltage</td>
<td>Low</td>
</tr>
<tr>
<td>Low Hi</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cellular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium Ser.</td>
</tr>
<tr>
<td>Potassium WH.Bld</td>
</tr>
<tr>
<td>Urinary CA.</td>
</tr>
<tr>
<td>Urinarv CHL.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary PH Blood Eosin.</td>
</tr>
<tr>
<td>Sur. Tension Pain Pattern</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine SP. Grav. Surface</td>
</tr>
<tr>
<td>Tension Urine PH.</td>
</tr>
<tr>
<td>Body Temp.</td>
</tr>
</tbody>
</table>

As we see in Figure 1, the neural pathways from these various receptors run through the spinal cord to the medulla with involvement of the cerebellum bulbo-reticular formation through the thalamus to some synthetic areas in the motor cortex. Thereby we have all the regulatory processes that can allow for over- and under-loading of the various neurons.

In Figure 2 we can see the excitement and inhibitive stage through the neuron as it interferes with the voltage potential; the resting neuron having a 65 mV potential, the excited neuron, a 45 mV potential, and the inhibited, a 70 mV potential. Thus the electrical nature of the neuron flow through an inhibition and excitation shows the involvement of the pain with these various neural pathways. The size of the synaptic cleft is one angstrom. When we apply Heisenberg's uncertainty principle to the transmitter in this gap, we will find that the nerval transmission process is indeterminable.
The graph in Figure 3 shows that neurons can have different excitatory states; hence, the different types of pain from temperature to proprioceptive or pressure. Each of these pain characteristics will have different profiles, and these are reflected in homeopathic philosophy.

Figure 4 shows divergence in neuronal pathways, whereas Figure 5 shows the convergence pattern, and the way neural pathways can converge through each other. Figure 7 shows reverberatory circuits and the increasing complexity of how transmission through the neuronal lines can be amplified and reverberated, and how harmonic frequencies can interchange the involvement of the various neuronal problems.

Figure 8 shows the neuron receptors as they appear biologically underneath the skin. Figure 9 shows the classifications and functions of the neurons. Figure 10 shows the relationship of the threshold of pain, which can differ in conditions to produce varying results. Various visceral and pathological pains can decrease the threshold of the neuronal pathways.

Figure 11 shows the transmission of pain signals into the hind-brain thalamus and cortex via the pricking pain pathway and the burning pain pathway. Each of these pains, pricking and burning, have different pathways through lower brain areas, showing a pressure and heat nerval pathway.

Figure 12 shows the analgesia system of the brain stem and spinal cord, showing inhibition of incoming pain signals at this cord level. This deeply involves the endorphins of the brain, which are natural analgesic hormones of the brain, among others. This is why they are involved in all of the pain formulas; to help stabilize the endorphin production, and thus stabilize the natural inhibition system of the brain. But analgesic inhibition does not relieve the original cause. It can be like shooting the messenger because you do not like the message.

Figure 13 shows various referred pain areas from visceral organs. This can help the practitioner to learn more about internal reflex pain as the pathological organs interfere with neuronal pathways.

Finally, Figure 14 shows the various frequencies of discharge; cold pain being first, cold fiber second, warm fiber third, and a heat pain fiber fourth. These tell us about the temperatures, as well as pain-producing conditions of the thermal receptors.

So our pain formulas involve the research of Revici, neurologists, and classical homeopaths in determining various modalities of treatment from the various neuronal pathways, acid/alkaline conditions, and pathological formats.

We have briefly waltzed through the entire concept of pain and offered a new modality for its intervention: the modality of homeopathic sarcodal and combination therapy for a wide variety of pain conditions, offering the natural-minded homeopathic physician a variety of therapies for the full spectrum of pain analysis.

It should be pointed out that in working with pain, we should never be just symptomatic. Pain tells us of an improper condition. Pain is a messenger. We do not want to shoot the messenger; we want to find out what the message is and respond with the appropriate treatment. The patient may need pain control to allow him or her to recover and restore balance in the body. Homeopathy appears to have some very insightful answers without the need to drug, sedate, block or over-stimulate a patient. Homeopathics seem to help balance the pain in the body pathways and help to relieve the pain’s true cause.
Only the pathways from one ear are drawn here; those from the other have a mirror image arrangement; the descending pathways are omitted, as are the projections to the ipsilateral auditory cortex. Afferent impulses from the organ of Corti are relayed by 5-6 synapses on the way to the primary auditory cortex.
The cochlea resembles a tube coiled through 2.5 turns, like a snail shell. The cochlear partition divides the tube into the upper scala vestibuli (begins at the oval window) and the lower scala tympani (begins at the round window), which communicate with one another at the helicotrema; they are filled with perilymph. The cochlear partition is the actual functional unit of the cochlea. It is bounded by Reissner's membrane on the side of the scala vestibuli and by the basilar membrane on the scala tympani side; the scala media in between contains endolymph (different composition from perilymph, see below); the basilar membrane bears supporting cells and the hair cells, and together these three structures form the organ of Corti; humans have ca. 3,500 inner and 12,000 outer hair cells; they are covered by the tectorial membrane; the hair cells are secondary sensory cells, innervated by nerve fibers from the spiral ganglion; there is also an efferent innervation of the hair cells. Each hair cell bears 80–100 sensory hairs (stereocilia, there is no kinocilium).
Disorders of internal organs often produce sensations of pain on the body surface: referred pain (each organ is associated with typical areas on the surface, e.g., inner side of left arm for heart). Causes mainly by convergence of visceral and somatic nociceptive afferents onto dorsal horn neurons of the nociceptive system (left); in addition, some nociceptive afferents supply both superficial and deep tissue (right).

Central pain

Pain that results from overexcitability or pathological spontaneous activity in the nociceptive system. Examples: anesthesia dolorosa (after dorsal roots have been torn out), phantom pain (after amputation), thalamic pain (associated with diseases of the sensory ventral nuclei of the thalamus).

PAIN Neuron types
1. Heat improves
2. Cold improves
3. No motion improves
4. Motion improves
5. Touch improves
6. No touch improves
7. Alkaline Pain
8. Acid Pain
9. Electromagnetic pain
10. Toxic pain auto or enviro
11. Referred Pain
12. Geographical Pain

A crucial factor in the evaluation of pain is the comparison of present pain with past pains and the emotional circumstance at that time. This cognitive emotive evaluation in turn influences the magnitude of the affective and autonomic components (dashes). Other common influences on the evaluation of pain (social situation, family background, upbringing, ethnic origin, or circumstance of the first pain (Accident, war, wound, tumor, sexual relations, etc.), Memories are always stored and retrieved thru emotional filters.

Pain is God's greatest gift. It allows for us to grow and to ascertain what or where or if there is a deeper problem. In the alarm state pain is most intense and in the adaptation state pain is reduced or absent, but the disease progresses deeper. When we pursue pain relieve there must always be:
1. emotional release (use NLP) accept what you can't change and change what you can
2. neurological stimuli of neuron type over or underload
3. and deep organic repair of any referred pain sources or metabolic imbalances.
4. ultimately listen to the message behind the pain, don't shoot the messenger.
The diagram on the left summarizes the somatosensory descending inhibitory systems (drawn in red). The right diagram shows how afferent information from cutaneous receptors can be inhibited in the spinal cord by activation of the PAG in the midbrain (submechanism of opiate action, because opiates excite PAG neurons).
Specific pathways are shown in red, non-specific in blue. The position of the postcentral gyrus (somatosensory projection field SI) can be seen in the side view of the brain. Above left, the schematic drawing of Penfield and Rasmussen, showing the topographical arrangement projection of the body periphery onto the postcentral gyrus (bimodal homunculus), is included to illustrate the relative sizes of the projections of individual parts of the body onto the cerebral cortex.
Autonomic Nervous System Function

The autonomic nervous system may be divided into two systems: sympathetic and parasympathetic. In both systems, efferent neurons innervate glands, smooth and cardiac muscles, and other visceral organs.

**Sympathetic Function**

In the sympathetic division, two neurons—short preganglionic and long postganglionic fibers—transmit nerve impulses to effector organs. These neurons originate from the thoracolumbar region in the spinal cord.

Preganglionic fibers terminate in ganglia near the spinal cord; those innervating the adrenal medulla without synapsing at a ganglion cause norepinephrine and epinephrine release. Postganglionic fibers transmit impulses some distance to reach effector organs.

Chemical neurotransmitters (norepinephrine, epinephrine, dopamine, and acetylcholine [ACh]) carry out this transmission.

Sympathetic nervous system stimulation generally produces responses that prepare the individual to cope with stress (fight-or-flight responses). Physiologic effects include vasoconstriction; increased heart rate; smooth muscle relaxation; pupillary dilation and ciliary muscle relaxation; increased sweat gland secretion; decreased pancreatic secretion; and thickened salivary secretions.

**Parasympathetic Function**

In the parasympathetic division, two neurons—long preganglionic and short postganglionic fibers—convey nerve impulses to effector organs. These neurons originate in the cranial and sacral regions of the central nervous system.

Most preganglionic fibers travel to ganglia in or near the walls of the effector organs. The postganglionic fibers complete the nerve impulse transmission. The major parasympathetic neurotransmitter is ACh.

Parasympathetic nervous system stimulation generally produces responses that antagonize the sympathetic system and result in rest and relaxation. Physiologic effects include decreased heart rate; smooth muscle constriction; increased bladder tone; increased peristalsis; GI and urinary sphincter relaxation; pupillary constriction; and increased pancreatic, salivary, and lacrimal secretions.
Inflammatory Response

The inflammatory response is a complex process through which many parts of the body overcome the stress of wounds and return the body to homeostasis. The primary function of the inflammatory response is to bring phagocytic cells (neutrophils and monocytes) to the inflamed area to destroy bacteria and rid the tissue spaces of dead and dying cells so that tissue repair can begin. The illustrations below trace the steps of the inflammatory response.

Inflammation produces four cardinal signs: redness, swelling, heat, and pain. The first three signs result from local vasodilation, fluid leakage into the extravascular space, and blockage of lymphatic drainage. The fourth results from tissue space distention caused by swelling and pressure, and from chemical irritation of nociceptors (pain receptors).

The acute phase of the inflammatory response typically lasts 2 weeks; the subacute phase (a less intense version of the acute phase), 2 weeks.

(1) Splinter punctures epidermis
(2) Bacteria introduced
(3) Bacteria implanted in tissue
(4) Injured cells release histamine and kinins, causing capillary dilation
(5) Dilated capillaries make skin hot and red; escaping fluid from blood vessels causes swelling, edema, kinins, and other substances produce pain; neutrophils and monocytes migrate through vessel walls toward bacteria
(6) Neutrophils and monocytes destroy bacteria by phagocytosis
CORPUS CALLOSUM

The energy band regulator of the body

The QXCI device can use the Trivector and Cybernetic Loop to rectify aberrant and disharmonious energy patterns in the body. This has profound effects on all body functions but affects the corpus callosum most intensely. This means that the ability of the conscious verbal mind to relate to the subconscious is increased with the rectification process. The patient will probably not feel the effect. Their will always be a positive effect. If there is a negative effect it is because there is shielded or covert feelings or memories in the subconscious. These will cause disease if left untreated. A simple release may solve the problem. The changes include:

1. Activate the innate intelligence to balance the body energies. This is the basic principle of chiropractic, acupuncture, and osteopathy.

2. There is an easier exchange of energy and information from right brain to left brain via the corpus callosum. The corpus callosum is the largest energy form in the body and the rectification process has profound effects on stabilizing it, so it dramatically reduces switching phenomena.

3. The QXCI thereby increase the ability of the conscious to interface with the unconscious. This allows greater knowledge of self and of the higher self.

4. There is a greater memory access, a more true access of memory without emotional clouding.

5. There is a greater flexibility of connective tissue, allowing for more resilience.

6. There is a greater oxygenation and hydration ability of the body.

7. There is a smoother muscle control

8. There is a general increase in well being that the conscious mind is so often unable to perceive. And thus there are thousands of subtle improvements to be found.
Pain Sensitization

Experiencing pain makes us hypersensitive to more pain

Noxious stimuli can sensitize the nervous system response to subsequent stimuli. The normal pain response as a function of stimulus intensity is depicted by the curve at the right, where even strong stimuli are not experienced as pain. However, a traumatic injury can shift the curve to the left. Then, noxious stimuli become more painful (hyperalgesia) and typically painless stimuli are experienced as pain (allodynia).
REVIEW ■ : Pain Mechanisms

Marshall Devor


REVIEW ■ : Pain Mechanisms

Abstract

Over the last few years, a new synthesis has emerged concerning the neural mechanisms of acute and chronic pain. This new model deals far more successfully than do classical models with the peculiarities of chronic pain syndromes seen in the clinic. As in earlier models, Aδ- and C-nociceptive afferents detect the initial noxious event. In addition, however, this input is now known to rapidly trigger a central hyperexcitability state ("central sensitization") that amplifies sensory signals subsequently entering the CNS along other afferent fiber types. As a result, in the presence of central sensitization, pain sensation is evoked by Aβ touch input, as well as by Aδ- and C-nociceptor input. Tenderness in subacute (e.g., inflammatory) pain, for example, is due to both peripherally sensitized nociceptors and centrally amplified, low-threshold input. The new synthesis also stresses the common ground between the subacute pain of injured tissue and the chronic pain that sometimes develops after nerve injury (i.e., neuropathic pain). In the event of neuropathic pain, the affected afferent axons and their sensory cell somata in the associated dorsal root ganglia (DRGs) become hyperexcitable to applied stimuli. Some even fire spontaneously. Hyperexcitability of the afferent neuron apparently results from specific changes in the regulation of membrane channel and receptor proteins. The resulting ectopic discharge (ectopia) contributes a direct neuropathic pain signal. In addition, neuropathic ectopia sets up and maintains a central sensitization state that amplifies ongoing pain and is responsible for pain on weak stimulation of adjacent areas of skin and deep tissues with residual innervation. The discovery that normal and ectopic Aβ touch input, as well as Aδ- and C-nociceptor input, contributes to subacute and chronic pathophysiological pain states opens previously unanticipated avenues for clinical pain control. NEUROSCIIDENTIST 2:233-244, 1996
Trauma Sport Pain Electro Healing SCIO

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPervISING RESEARCHER: Dr. Denis György, MD, Licensed Hungarian Medical Doctor
DATES: July 2011
SPONSOR:
Maitreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract:
When we apply a micro charge electro-pulse through a process, Osmosis increases. The SCIO measures the body level of Voltage, Amperage, Resistance, Hydration, Oxidation and PH (VARHOP). By stimulating an autofocusing cybometric harmonic frequency to the body the SCIO can maximize the osmosis effect. Since it is through Osmosis that the cells bring nutrition and remove toxins, all of life’S processes are improved. Injury improves from the Electrical field stimulation of the SCIO. The SCIO send signals thru each extremity and the SCIO knows the difference between healthy signal return and injured signal return. The SCIO can use an autofocused changing set of pulses to treat the injured tissue and stimulate and speed up natural recovery.

In this study 17 athletes were hit with a sport injury of the same strength on each leg one at a time. The one leg would get real SCIO therapy the other leg would get Placebo. After the SCIO or control treatment the athletes rated the pain in 10 min intervals till recovery was stable. The SCIO showed ability to lower pain after a slight sport injury quicker than placebo treatment. It is proposed that the increase in osmosis and the autofocused injury treatment pulse increases the body’S natural ability to deal with pain and heal.
Trauma Sport Pain Electro Healing With SCIO - 2012 Update

Written by Jozsef Mezei MD

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
MEDICAL CONSULTANT: Dr. Gebhard Gehring MD Bavaria, Germany
DATES: October 2012
SPONSORS:
SCIO International / Mandalay Kft.
INSTITUTIONAL MONITOR:
IMUNE / University of Timisoara (Victor Babes University of Medicine) Dr. Bacean Aurel MD

Abstract:

When we apply a micro charge electro-pulse through a process, Osmosis increases. The SCIO measures the body level of Voltage, Amperage, Resistance, Hydration, Oxidation and Ph (VARHOP). By stimulating an autofocusing cybernetic harmonic frequency to the body the SCIO can maximize the osmosis effect. Since it is through Osmosis that the cells bring nutrition and remove toxins, all of life's processes are improved. Injury improves from the Electrical field stimulation of the SCIO. The SCIO sends signals thru each extremity and the SCIO knows the difference between healthy signal return and injured signal return. The SCIO can use an autofocused changing set of pulses to treat the injured tissue and stimulate and speed up natural recovery.

In this study 27 fit healthy subjects in Romania and Munich Germany were hit with a sport injury of the same strength on each leg one at a time. The one leg would get real SCIO therapy the other leg would get Placebo. After the SCIO or control treatment the athletes rated the pain in 10 min intervals till pain recovery was stable. The SCIO showed ability to lower pain after a slight sport injury and promote flexibility recovery quicker than placebo treatment. It is proposed that the increase in osmosis and the autofocused injury treatment pulse increases the body's natural ability to deal with pain and heal.

Transcutaneous Electro-Nerval Stimulation for pain and Electro Wound Healing for injury have been well documented in the literature. This study has shown conclusively that the SCIO technology is significantly safe and effective in treating sport pain and minor injuries.
Trauma Sport Pain Electro Healing With SCIO - 2013 USA

Written by Darwin Davidson Doctor of Quantum Biofeedback

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD, Jozsef Mezei MD
MEDICAL CONSULTANT: Dr. Pauline Willis, USA, Dr. Gebhard Gehring MD Bavaria, Germany
DATE and PLACE: 2008 – 2013 Arizona, USA
SPONSORS:
SCIO International / Maitreya Kft.
INSTITUTIONAL MONITOR:
IMUNE / University of Timisoara (Victor Babes University of Medicine) Dr. Bacean Aurel MD
USA IRB

- Freiburger Ethik-Kommission International (FEKI) Registered at Amtsgericht Freiburg i.Br. HRB 5010, Registered according to § 20 Abs. 7 MPG at Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM) under Reg. No.: GS 4.1-A 1871 2375/95

Abstract:

When we apply a micro charge electro-pulse through a process, Osmosis increases. The SCIO measures the body level of Voltage, Amperage, Resistance, Hydration, Oxidation and Ph (VARHOP). By stimulating an autofocusing cybernetic harmonic frequency to the body the SCIO can maximize the osmosis effect. Since it is through Osmosis that the cells bring nutrition and remove toxins, all of life’s processes are improved. Injury improves from the Electrical field stimulation of the SCIO. The SCIO sends signals through each extremity and the SCIO knows the difference between healthy signal return and injured signal return. The SCIO can use an autofocused changing set of pulses to treat the injured tissue and stimulate and speed up natural recovery.

In this study 27 fit healthy subjects in Arizona USA were hit with a sport injury of the same strength on each leg one at a time. The one leg would get real SCIO therapy the other leg would get Placebo. After the SCIO or control treatment the athletes rated the pain in 10 min intervals till pain recovery was stable. The SCIO showed ability to lower pain after slight sport injury and promote flexibility recovery quicker than placebo treatment. It is proposed that the increase in osmosis and the autofocused injury treatment pulse increases the body’s natural ability to deal with pain and heal.
“No Pain, No Gain. Without pain we cannot live. Laughter is the best Transcendent Medicine, the Ultimate Medicine. We laugh to release pain, anger, jealousy, and agony.”

Desiré Dubounet

Being able to laugh at oneself is the best indicator of mental stability

Will Rodgers

http://indavideo.hu/video/IMUNE_on_Pain_Therapy
RHEUMATOID ARTHRITIS AND AMOEBA

Rheumatoid Arthritis (RA) is called an auto-immune disease, because it attacks the body tissue in and around certain joints to cause swelling and pain. Doctors know that the weak link or the overused joint is effected, the immune system attacks itself, hence the name auto-immune; it is assumed to be an automatic response, possibly caused by long term daily stress, an allergy or infection. In RA the synovial membrane (or joint capsule) is affected and then there can be general degeneration of the joint and deformity. After some years it will often develop into osteo-arthritis. RA generally just attacks the smaller joints of hands, fingers, etc. It can cause serious deterioration to the cartilage around the joint. There are other theories as to the cause of RA, and one of these was put forward by Prof. Wyburn-Mason who was able to see and identify certain amoebae that parasite the joints (1). Certain common minerals in the blood, such as boron, can control these parasites. Others blame stress or allergies. Allergies mean that certain things act as a poison to upset or damage some tissue or other. There are a number of blood tests that will confirm a diagnosis of RA. RA is generally associated with other bodily symptoms such as general malaise, fatigue and muscle pains. There are often nerve problems and blood disorders associated with RA. **Novak you are pointing to a place that shows Amoebic infection not rotator cuff.** The pain in your shoulder is most likely from amoeba since you are from Serbia.
There is an excess of Amoeba in Serbia and all of my Patients who visit there get this exposure. I need to evaluate this and treat you and put this to rest.

CALIFORNIA STATE JOURNAL OF MEDICINE

THE AMOeba AS THE CAUSE OF THE SECOND GREAT TYPE OF CHRONIC ARTHRITIS

PRELIMINARY NOTE
By LEONARD W. ELY, M. D.,
Associate Professor of Surgery, San Francisco,

ALFRED C. REED, M. D.,
Assistant Clinical Professor of Medicine, San Francisco,

And

HARRY A. WYCKOFF, M. D.,
Clinical Pathologist,
Stanford University Medical School, San Francisco.

By the second great type of arthritis we mean that form of arthritis hitherto described by the Germans as arthritis deformans, by the English as osteoarthritis, by Goldthwait as hypertrophic arthritis, by Nichols and Richardson as degenerative arthritis, and by other writers under various titles. This is the senile form of arthritis, the chronic rheumatism of the elderly. For want of a better name some writers have called it metabolic arthritis, a singularly unfortunate and quite meaningless term.

Entamoeba coli and Entamoeba hartmanni

Bad Food - Bad Water ingestion when stomach acid is weaken from stress or dilution.
Dysentery results, but some Amoeba get into the lymph system thru the Intestinal tract and they migrate to areas of synovial fluid to escape the white blood cells.

Once in the Synovial Fluid they can propagate in peace and within as little as five years they can multiply enough to cause joint inflammation and thus the beginning state of Rheumatoid Arthritis.

They are difficult to diagnose and to treat.

Synovial Fluids most chosen are Knee, Shoulder, Low Back, and Elbow. Smaller joint infections can happen later.
Most RA is certainly due to an infection by an amoeba or other parasite. Long term daily low level stress makes this auto-immune inflammation worse, and emotional stress increases can make a flare-up. Some doctors will say there is a virus, but in this case the term virus is just a medical term that means ‘I don’t really know’. Some foods can act as an allergen to cause RA. Some meats contain many parasites, particularly pig meat and some of these parasites can get into the body to cause RA. We all have macrophages circulating in the blood, and their work is to identify any foreign cells in the body. Then killer lymphocytes are called in to attack the foreigner. **These can be bacteria or amoebae or still smaller cells such as a true virus.** Some of these invading cells seem to take shelter in the synovial membrane around a joint, possibly because there is no direct blood supply to the synovium and then many doctors will say that the body’s own lymphocytes are attacking our own tissues. And they call it auto-immune disease. The Jews in Palestine have less than 1% with arthritis of all sorts, and very little RA. They do not eat pig meat and this is an indication that the parasites in pig are dangerous. Europeans eat more pig meat than any other race and this is probably the reason for so much RA. Some researchers say that meat does aggravate arthritis, but none of them have ever sorted out the different kinds of meat. Other sources of infection can be mosquitos or other insects, especially those found in the tropics. If a person feels they picked up their RA while visiting the tropics then they were probably bitten by something that injected a parasite into them.

Patients with RA also feel tired, exhausted and irritable which indicates that RA is a disease of the whole body and not just a disease of the joints. They often have night sweats and have a slightly higher than normal temperature. Some RA victims also have problems with their eyes, heart, nerves, kidneys and lungs which all seem to be infected by the same whole body disease. RA can start suddenly, just overnight, or it can take weeks to develop, and this all fits the theory that some sort of parasitic infection has caused the problem. These can be introduced a little and often. Or there can be a massive invasion of parasite after, say, a feed of poorly cooked sausage. RA is often worse in the fingers and feet, the joints that are used most of all. If the knees are badly affected do not put a pillow under them at night, as then they may become bent permanently and this is bad.

Over the last 20 years a number of my RA patients have used the mineral boron with a blend of safe Mexican herbs for amoeba. These patients will often experience a Herxheimer reaction which is a worsening of the problem after a day or so, but then when they continue with the therapy they will be relieved of all pain and inflammation. This is because the boron and herbs will kill the amoeba parasites in the body and then when the dead parasites are still floating around the blood we can feel worse for a while. But when the white blood cells can get rid of all the dead parasites, one can end the pain forever.

Boron is needed in trace amounts for healthy bones and for the metabolism of calcium, phosphorus, and magnesium. It’s also one of the trace minerals that enhances brain function and promotes alertness.

**Most people are not deficient in this mineral.** However, elderly people usually benefit from taking boron supplements of 2 to 3 milligrams daily because they have a greater problem with calcium absorption.

Boron deficiency accentuates Vitamin D deficiency.
This trace mineral helps to prevent postmenopausal osteoporosis and build muscle. A study conducted by the U.S. Department of Agriculture indicated that within eight days of taking boron supplements of 3 milligrams in their daily diets, a test group of postmenopausal women lost 40 percent less calcium, one-third less magnesium, and slightly less phosphorus through their urine than they had before beginning boron supplements.

**Natural Food Sources of Boron**

**Foods high in Boron:**

- apples
- carrots
- grapes
- green leafy vegetables
- nuts
- pears
- grains not containing gluten

Traditional doctors will say that RA cannot be cured and can only be treated by drugs that relieve pain and reduce fever and inflammation. They will use aspirin or a similar non-steroidal anti-inflammatory drug but these have side effects and can cause stomach ulcers and internal bleeding and death. Others will use corticosteroids which are very powerful anti-inflammatory drugs, but they also have powerful side effects affecting the stomach, heart and bone adversely. They can also cause skin problems and cause the face to swell. These often have to be taken for the rest of one’s life, so they say. Some doctors want to have surgery to affected joints, but that does not attack the disease that affects the whole body. Please never use steroids they greatly upset the natural balance and hurt the adrenals.
Amoebas are one-celled protozoa. There are several varieties found in humans that are not considered to be disease producers. However, such virulent strains as Entamoeba coli and Entamoeba hartmanni, can produce mild diarrhea and dysentery. Most amoeba infestations, however, do not produce clinical symptoms.

Amoebas generally have a two-phase life cycle: the infective dormant cyst and trophozoite, a later form that is motile and active. When cysts are ingested, they are carried to the small intestine, where they are released as trophozoites into the colon. This form dwells mainly inside the bowel lumen, where it grows and multiplies. The incubation period varies from a few days to three months. Changes in the host’s immune system, or in the organism’s pathogenicity, can lead to tissue invasion. The trophozoite can then penetrate through the intestinal lining and invade the liver, lungs, brain, and heart. Subclinical symptoms include the following: upper-right quadrant pain, cramps, occasional nausea, and loose stools. In more serious cases, pronounced abdominal distention, dysentery, fever, and hepatitis may result. Extreme infection can cause abscesses in the liver, the lungs, and the brain.
Chronic diarrhea, gas, and massive food and environmental allergies have all been reported when amoebas are found in the system. Amoebic hepatitis can be mistaken for viral hepatitis; genital amoebiasis for carcinoma; amoebic colitis for ulcerative colitis; and amoebiasis in the brain for a brain tumor. Only a few cysts are needed to cause infection. Amoebic cysts resist iodine and chlorine if concentration of these chemicals is too low.

Two other amoebas responsible for human infection are from the genus *Naegleria*, which live in freshwater lakes, natural warm water springs, or streams, and can produce encephalitis in swimmers. Although rare, the disease is often fatal. The protozoan *Naegleria fowleri* is often found in natural warm water springs. It causes a very rare form of meningitis. The amoeba is inhaled and burrows inside the nose, travelling to the brain. Once there, fatal meningitis progresses rapidly. Bathing in the Roman Baths in the city of Bath is no longer permitted because of this protozoa, that has contaminated the water source.
Acanthamoeba species live in soil, as well as fresh and stagnant water, but can be found anywhere. Infections often come as a result of contact wearers not cleaning their lenses with proper solutions, but
rinsing them off with tap water. This contamination can lead to eye infections, especially of the cornea, resulting in reduced vision or the removal of the eye (enucleation). The amoeba is also responsible for a severe eye infection called *Acanthamoeba keratitis*, which results in pain and inflammation around the cornea. If the disease progresses to an ulcer, a corneal transplant is often required. Since relatively few cases are reported, it is assumed that, this too, has been misdiagnosed as another condition.

*Endolimax nana* is a relatively new member of the pathogenic group of amoebas. It is the smallest of the intestinal amoebas, causing researchers of the past to overlook its potential virulence. This amoeba lives in the lower bowel, but the larvae can sluggishly travel to other parts of the body. It has been linked as a possible cause of rheumatoid arthritis, as well as a host of other collagen-related diseases. (See *The Causation of Rheumatoid Disease and Many Human Cancers: A New Concept in Medicine*, by Roger Wyburn-Mason, MD, PhD). Typically, other researchers disagree and are looking for another cause.

*Entamoeba histolytica* is the cause of amoebic dysentery after being transmitted in cyst form from fecally contaminated food or water by way of food handlers (usually asymptomatic carriers), flies, cockroaches, etc. and from certain sexual practices. The disease (amoebiasis) produces abdominal pain and cramps and diarrhea, containing blood, pus, and mucous. A milder form of the disease can display alternating diarrhea and constipation. This disease affects more than 400 million people worldwide, causing mortality second only to malaria. The infective cyst stage develops in the small intestine into the trophozoite stage, where it grows and multiplies in the open spaces of the bowel, feeding on bacteria, tissues, and blood cells. Trophozoites readily die once outside the body, but, inside, they release an enzyme that dissolves tissue, allowing them to penetrate into the intestinal mucosa, where lesions develop and can turn into extensive ulcerative areas that cause dysentery with watery stools containing blood. If the disease disseminates to various internal organs, abscesses usually develop on the liver and possibly on the brain, lungs, heart, or other tissues, and death can result. Most cases are of a mild diarrheal nature or no symptoms at all.
In acute amebic dysentery, the contents of the intestinal tract pass rapidly through the system, in which case, the amoeba does not have time to develop into the cyst stage, and only the noninfectious trophozoites are released. When the contents of the intestines start to slow down, this allows time for the development of cysts. Therefore, by the time the person thinks he is getting better, he is really becoming infectious.

If the stool movement is stagnant or sluggish, the organism usually develops into a cyst before leaving the bowel, where it can survive in water and soil until ingestion reactivates it. The cysts are very resistant to certain chemicals, and have been known to survive up to seventy-two hours in chlorine solutions routinely used in public water supplies. They can also survive in water for a month in temperatures up to 50°C (122°F) and, since the 1960's, more and more antibiotic-resistant strains have been emerging.
**BRAIN-EATING AMOEBA**

*Naegleria fowleri* is a microscopic amoeba that lives in warm, fresh waters. It can enter the nose and pass through the sinus membranes into the olfactory bulb, reproduces by fission and spreads throughout the brain. The amoeba consumes brain tissue, causes swelling of the brain and finally death.

There are three stages in the amoeba’s life cycle: cyst, trophozoite and a flagellated form. The trophozoite is the infectious form.
Chapter 1
Amoeba Provide Insight into the Origin of Virulence in Pathogenic Fungi

Arturo Casadevall

Abstract Why are some fungi pathogenic while the majority poses no threat to humans or other hosts? Of the more than 1.5 million fungal species only about 150–300 are pathogenic for humans, and of these, only 10–15 are relatively common pathogens. In contrast, fungi are major pathogens for plants and insects. These facts pose several fundamental questions including the mechanisms responsible for the origin of virulence among the few pathogenic species and the high resistance of mammals to fungal diseases. This essay explores the origin of virulences among environmental fungi with no obvious requirement for animal association and proposes that selection pressures by amoeboid predators led to the emergence of traits that can also promote survival in mammalian hosts. In this regard, analysis of the interactions between the human pathogenic fungi Cryptococcus neoformans and amoeba have shown a remarkable similarity with the interaction of this fungus with macrophages. Hence the virulence of environmental pathogenic fungi is proposed to originate from a combination of selection by amoeboid predators and perhaps other soil organism with thermal tolerance sufficient to allow survival in mammalian hosts.

The Pathogenic Fungi

The human pathogenic fungi comprise a highly diverse group of organism that can be broadly classified into two broad groups: dermatophytes and systemic mycoses. The dermatophytes are relatively common pathogens and include such agents as Tinea pedis, a cause of athlete’s feet. Dermatophytes cause troublesome conditions but are rarely life-threatening. In contrast, systemic mycoses are rare in immunologically intact human populations. In comparison to bacterial and viral diseases that are known since antiquity, systemic appear to be relative latecomers to the parade of human pathogens. Diseases such as cryptococcosis, blastomycosis, histoplasmosis and coccidiomycosis were only described in the late nineteenth or early twentieth centuries. In fact, most pathogenic fungal species were identified in the twentieth century and the overwhelming majority is exceedingly rare, thus related to case reports. Although sporadic systemic fungal diseases almost certainly

A. Casadevall (©)
Departments of Microbiology and Immunology and Medicine (Division of Infectious Diseases), Albert Einstein College of Medicine, 1300 Morris Park Ave., Bronx, NY 10461, USA
e-mail: arturo.casadevall@einstein.yu.edu

E. Mylonakis et al. (eds.), Recent Advances on Model Hosts, Advances in Experimental Medicine and Biology 710, DOI 10.1007/978-1-4419-5638-5_1,
© Springer Science+Business Media, LLC 2012
EDUCTOR AN ADVANCE IN SCIO TECHNOLOGY

IT IS A SCIENTIFIC FACT THAT A LOW LEVEL VOLTMETRIC PULSE CAN INHIBIT PAIN SIGNALS.

THE SCIO WILL LET THE PATIENT’S BODY ELECTRIC AUTOFOCUS A HARMONIC PULSE TO MAXIMIZE THIS EFFECT. THIS IS CALLED

MICRO-CURRENT TRANSCUTANEOUS ELECTRO-NERVAL Stimulation
AND CAN HELP YOU TO REDUCE PAIN WHILE HELPING YOU FIND THE CAUSE...

If you need more information on the SCIO and purchase details please get in touch with us

Mandelay Kft
tel: +36 21 252 3503
web: www.qxsubspace.com
e-mail: info@qxsubspace.com
Title:

Infection Reaction Testing and Immune Stimulation

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

Abstract:

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

There were 43,023 patients with reported infections. Infections ranging from amoeba to virus to worms, bacteria to fungus, and ricketsia to pion. This study chronicles their SCIO treatment in general terms.

Introduction:

Over View:

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

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

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

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.

Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)

Part 3. Proving the efficacy of the SCIO on the avant garde therapies of Complementary Med

Part 4. QQ standardization
Methods and Materials:

SCIO Device:

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

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

Subspace Software:

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

SOC Index:

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

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

Study Technicians:

The study technicians were educated and supervised by medical officers. The study technicians were to execute the SCIO therapy and analysis. All were trained to the standards of the International Medical University of Natural Education. Therapists from all over the world including N. America, Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according to the Helsinki study ethics regulations.
They were to chronicle any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on any disclosed observations during the test and on follow-ups report any measured changes.

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

A. placebo group, B. subspace group, and C. attached harness group.

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

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

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

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

**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. In this infection group the SCIO cutoff was 90. This was particularly low for this type of study.

The below reported statistics are not reflective of this cut off, but rather reflect the entire statistics

The Large scale study had over 98,000 patients and 275,000 patient visits we have direct evidence of the safety and efficacy. A placebo group was used for the large scale test to help validate the results.

INFECTION UNSPECIFIED

This disease group number was 43,023. There were 93,890 patient visits

Subspace Treatment 24,516 patients, 18,507 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 25,516 patients

There were 238 cases were patients reported a negative Improvement.

None of these cases were patients reported any major difficulty.

There were

439 cases reporting negative improvement of Symptoms, .0173% of Subgroup
69 cases reporting negative improvement in feeling better, .0001% of Subgroup
32 cases reporting negative improvement in stress reduction .0001% of Subgroup

23%— Percentage of Improvement in Symptoms

40%— Percentage of Improvement in Feeling Better

21%—Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction

19%----Percentage of Improvement in SOC Behavior

5,431 patients reported measured infections. There was a 32% measured improvement over a one month period.

B. SCIO Harness Treatment 18,507 patients

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

There were

531 cases reporting negative improvement of Symptoms, .0028% of Subgroup

12 cases reporting negative improvement in feeling better, .0001% of Subgroup

13 cases reporting negative improvement in stress reduction .0001% of Subgroup

43%--- Percentage of Improvement in Symptoms

43%--- Percentage of Improvement in Feeling Better

32%----Percentage of Improvement Measured

68%-- Percentage of Improvement in Stress Reduction

23%----Percentage of Improvement in SOC Behavior

7,800 patients reported measured infections. There was a 56% measured improvement over a one month period.

CASE STUDY REPORT CONDENSATION:

“I purchased the devise 2 years ago after a LONG journey with Lyme disease. I use it on my self and feel it is an extremely important tool that assists me in balancing my stressors and helps me prevent "recurring/relapses" that are often part of the "picture" of Lyme disease.

My brother was then diagnoses with Barrett's esophagus ( he had severe digestive troubles for many years) and developed severe arthritis. He rarely goes to physicians. He is retired military and was finally
persuaded to go to the VA hospital. Fortunately he was well treated (physically and emotionally) and returned home.

He then came to see me and experienced EPFX. He is quite "skeptical" of my holistic health focus but agreed none the less (he has been impressed in the improvement in my health during the past 2 years). He was amazed. . . . He said he couldn't not remember the last time he felt "this good". and returned home to "rave" about it to his wife.

A year later he was "scoped" to monitor the Barrett's esophagus, and was told there was no sign of it. In addition to EPFX, he made dietary changes and utilized nutritional supplements. The EPFX helped him see the value in addressing all aspects of health, mind, body, spirit and emotion that I doubt he would have otherwise even considered.

I have VERY strong feelings about being an American and having FREEDOM of choice. My brother served in the Army for 23 years and "fought" for this right. WE MUST include the EPFX and holistic health as our right to choose the health care that is in alignment with each individual's belief system.

Thanks you, Dr. Nelson, for all you do and have done to provide this "state of the art" devise and wisdom to us.

Mississippi, U.S.A.”

“A 42 year old female presented to me for lower back pain release, she had had physio but found it too painful to continue, everywhere the physio touched caused her tremendous pain and she could not continue. I saw her for 5 sessions of stress reduction and it became apparent during our sessions that she had been emotionally abused and abandoned by her mother at an early age. My client then decided to go onto antidepressants during our early sessions and by the 5th sessions she was off the medication, mainly pain free apart from some occasional sciatic pain, could now continue with her Pilates which she had to discontinue due to pain. The client had been referred to me by her physio who contacted me to inform me of the incredible changes in the client’s pain and emotional state.

A 4 year old boy was admitted to my local hospital with meningitis following chicken pox, he was confused, disorientated and had not slept for 2 days. The parents asked me to do a subspace session on him once the diagnosis was confirmed and within 10 minutes of the subspace session commencing the child fell asleep, the first time for 2 days, remained asleep for most of that day and night, woke up the following morning, temperature was down, he was orientated and discharged later that day.

City unknown”

“My first experience of having a Quantum session was quite amazing.

I had not said anything to the technician that my eye sight was cloudy when I would look in the distance. I had been telling myself that I should go to the eye doctor and see what he would have to say about it. But that wasn't even a concern that day of my session, and I never mentioned it, or even thought of mentioning it to her.
Anyway the next morning my eye sight was clear and has been since. This is about 4 years ago. I researched this and found that this was one type of a cataract. And because of this, I researched the device and had one session a month for 6 months before buying a device for myself.

I also had eye floaters and they are gone too.

I have fibromyalgia. It has been 4 years that I have had my device. When I over do muscles with cleaning windows, painting and etc. it would take me about a week to work out the pain using my hot tub and then applying essential oils at bed time.

Now I don’t feel any stress caused by pain the next day when I use the hot tub, oils and do a session on myself before going to bed.

I had colon cancer 8 years ago followed with 6 months of chemo. I had awful chemo brain fog. My head felt awful and my concentration was really bad. I gained 35 pounds in 35 weeks. My joints were so painful that I would cry. I was dizzy and I couldn't stand the humid weather. I tried a couple drugs but they made me feel worse. I then found coral calcium and took a mega dose of it for 6 weeks and in 3 weeks my sore joints were all gone and my weight gain quit as soon as I started the coral calcium. I started on a mega dose of oxygen drops and my dizziness went away in about one month, and my body felt much better from my fibromyalgia. This was because the oxygen drops helped with the lack of oxygen to my brain (my dizziness) and with fibromyalgia, which I have read is one cause of lack of oxygen to the tissues.

But my concentration and memory was still very bad when I got my device. I was scared!

When I started working on my stress in the NLP panel the rectification numbers were way down in the teens and single numbers, and they went up and down, up and down, in that area for several sessions before going higher and higher. I also had many stressed areas of the brain. It took me 10 months to clear the stress. Each month I think back at the month before how I felt, and I knew I am making improvements each month, with all my stress. I often wondered if the brain would of been the place my cancer would of returned if it weren't for all my natural health.

I also take a lot of whole food supplements. I still take my oxygen drops every day. I take only 1/4 of a sleeping pill which I got hooked on them when I had chemo. But I’m down to just 1/4 of one.

I have not doctored with any health problems for 4 years.

I have had some nerve problems in my arm when I would drive in the car and my arm would rest on the door handle arm rest area to long. When I get it, I do a session and the pain is gone the next morning. It is longer and longer between times when I get it now.

Years ago I would get neuritis (Pain)in my head when we would go snowboarding and I would have to go in and get a shot for it. Last winter I got it just from going without my head being covered in the cold (Minnesota winters). Well I did stress management for it and in 3 days it was all gone.
I would get a bad sinus infection every winter and would sometime have to take a couple rounds of antibiotics. I have not been to the doctor with that problem for several years. I also use essential oils for it. Since I got my device, my nose does not run all the time like it used too.

My husband had a sty that would come and go quite often, several times a year. When addressing that stress with a stress management session, it was gone the next morning, and it has been over a year, and it has not returned.

A friend of mine put her back out lifting on a client of hers. She had been to the Chiropractor twice and Massage therapist twice. She then come to me on a Sunday afternoon. She was experiencing a lot of stress due to pain. She could hardly walk up my steps and it was very painful for her to sit and stand up again.

The next morning she was pain free with just a sore spot - to the touch- in one area of her behind.

City unknown”

“It has been some years ago, when during the X-mas holidays a friend of mine called, excused herself and asked me if I -though we had holiday- would treat a friend of hers, who went through a couple of days in the ambulance room of the hospital due to intense pain and immobility in her lower and upper back. She could not sleep and move anymore because of pain and distortion. Nothing had helped, she had gotten all kind of injections. I agreed that I would help immediately. The client, a woman of 28 years, hardly could walk up to the 1. floor, where I live. She climbed up with a stick, her back bent deep down. I must admit when I saw her my heart pounded. She had 2 people to help her to half sit half lie so that I could put the strings on. I went through the whole spinal program, spinal fluid, scanned the bacterias and virus and send homoeopathics related to the spine and pain, she also had a very bad stomach infection. After an hour she more and more relaxed, lying straight on her back and when I asked her to slowly roll over her side to get up and stand, I was hit by astonishment and joy of everybody involved. The patient stretched herself in full length, amazement on her face and with a big sigh she said this is the first time since 10 days that I feel painless and I can stand up straight.

City Unknown, Germany”

“In 2003, the mother of an 8 yr old boy presented with warts on hands, trunk and feet along w/frequent diarrhea and skin problems. She had taken him to two doctors who were unable to stop the warts from growing. The scan revealed the papilloma virus.

1. After zapping virus for some time and activating the point probe to present to the mother wart, the family was given nutritional education, diet changes were recommended and he parasite cleanse herbs
and an immune booster. Four weeks later, they returned very elated that the warts were disappearing, diarrhea had disappeared and he was feeling better. Four weeks later, the warts were virtually gone and he was a healthy child. The Mom proceeded to tell her D. O. about the success and the D.O. then referred other clients to me.

Tulsa, U.S.A.”

“A retired 66 year old male presented with sores on the tips of his toes. He ate well and exercised and was in great health otherwise. He'd had prostate cancer years earlier. He played golf and the sores on his feet interfered with his enjoyment. The EPFX device has cleared up the sores on the tips of his toes + an additional point probe treatment to a sore knuckle, allowed the finger to expel a huge pus pocket to completely clear the irritation with the knuckle.

Tulsa, U.S.A.”

“My four year daughter developed an urinary tract infection and would scream while urinating. I scanned her with the EPFX and urinary tract infection had a high reaction on the scan. I “zapped” that item and after the EPFX session my daughter urinated without pain.

I had a severe sore throat. The EPFX scan showed strep as a high reaction. I “zapped” that item and in the morning my sore throat pain was gone.

My six month old daughter would not sleep one night and was screaming. I had no idea what was wrong. I scanned her with just the head harness and ran the recommended programs. She stopped crying and fell asleep.

Twice I have been out of town with my EPFX and my daughter has become ill. After scanning her remotely, her condition has improved each time.

My daughter started vomiting repeatedly one night. After I repeatedly “zapped” the pathogens with the highest reaction, the vomiting ceased.

City Unknown”

“1>The first two months my eye disease (I hope to spell it correctly)
Mylacular Degeneration is totaly gone (I wasn't ever working on it).
2>I have lost fifty pounds this year and I didn't even diet. IN fact I had a horrible diet since I was traveling so much. I still have fifty
or so to go. I am told by several people that the EPFX has got my metabolism normal so the weight is coming off. What ever I am happy 

3> My ten year old grandson is ten and his entire life he has bad lungs.

by Sept / Oct every year of his life he has pneumonia but not this year.

City Unknown”

"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)

“One middle-aged female client came to see me to relieve some of the stress related to physical discomfort/pain/muscle weakness/stiffness she was experiencing in her sacrum, right knee, and right foot. She was combining chiropractic, physical therapy/exercise, and stress relief to increase her quality of life. After three sessions, here are some words of testimony she provided:

"Between all that I’ve been doing for this (quantum biofeedback, chiropractic, and exercise), I managed to go dancing with my husband last Tuesday and was pain-free for the entire dance 40-minute dance session. I recognize I have a ways to go in getting all muscles engaged, balanced, and toned and I’m very encouraged. Thank you for the part biofeedback is playing in this!"

Another middle-aged female client had been diagnosed by her medical doctor as having an acute infection in surgical incisions on both her feet. She came to me for a session to relieve the stress associated with the pain of the infection. Here are her words of testimony:

"Thank you for the quantum biofeedback work. The infection is almost completely out of my system. My feet feel tremendously better than they did last week. My podiatrist assisted my healing by creating new orthotics to fit my newly shaped feet. These have taken my pain level down by 50%. The other pain I have is caused by the over-extended nerves, which I inflamed by my off-balance walking. Nerves tend to
take more time to settle down. Between your quantum biofeedback and that which my doctor is doing, I am feeling so much better. Thank you!!!!!"

I also did three sessions for a 12 year-old feline to relieve stress associated with an old fracture in her tail. After the sessions, her tail no longer contained the kink associated with the fracture and she tolerated petting along her back and hindquarters, which she was intolerant of previously, due perhaps to the stress and pain of the old injury.

Idaho, U.S.A.”

“The EPFX device has saved my life and given my children the opportunity to live with a healthy mom. I purchased my device in March of 2007, and attended training in Springfield, MO in July of 2007. While there, I participated in the healing opportunities that were available to the participants. It was determined that my chronic fatigue and pain were due to Lymes, which had most likely entered into my spinal cord and cerebral-spinal fluid. Most likely I had had Lymes and when I received the lumbar puncture for the deliverance of interthecal morphine during labor, and the Lymes followed the blood into the spinal cord.

After I had my daughter in 2001, I was never quite the same. I had "meningitis" type symptoms - crushing fatigue, stiffness in my spinal cord, and pain upon movement and bending. I couldn't think as clearly as before. My eyes were extremely photo-sensitive and being in large spaces or with large crowds was overwhelming to the point I had to limit my lifestyle. (Prior to this, I had been a Flight Attendant and worked in large multi-national corporations with no problems - this was new.) The fatigue was life-altering. I had about 4 "good" hours per day in which I could function - not enough for a mother of an infant! I was terrified to try allopathic medicine as I was concerned that I would receive the label of "depressed" without any attention given to my physical state of being. I was currently using my knowledge in Oriental Medicine to turn my situation around, but I couldn't get to the root of the problem.

After my sessions in Springfield, I returned home and continued to balance myself on the EPFX as well as take the homeopathic formulae that could best help me. What happened seems miraculous, although the explanation is clear. At first, I felt "worse" - as my body stopped working in "status quo" mode, making the best of a bad situation and trying to maintain homeostasis, but instead kicked in and started fighting off the Lymes, Ameobas, and various fungi and bacteria – I really felt the truth of my health state. After 6 weeks, I started to feel better! Now, nine months later, I am thrilled to report that I can
rise in the morning with my children, no aches or pains, care for them, care for our home, AND run my business! I have been given my life back!!

City Unknown”

“We have overcome several sufferings, such as pain and stuffiness in the sinus area.

My three-year-old granddaughter was diagnosed with pneumonia, he ER doctor gave a prescription and agreed that biofeedback and therapeutic grade essential oils would probably do the trick as well and his script. He was right.

City Unknown”

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

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

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

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

1) He first saw her at the end of September – and dealt with her obvious stress.

2) She had two more sessions with the EPFX, one at the end of October and another one in the third week of November

3) Finally, she had her last one with this doctor in the second week of December.

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

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

Vancouver, Canada”

“For years of unanswered questions as to my urinary tract infections. My clueless doctor threw every anti-biotic at me that he could think of and then some! With absolutely no success. Then, I found the EPFX (what a GOD send). This illness was not just contained to my urinary tract (bladder, kidneys and urethra) but it also created these life crippling muscle CRAMPS (Charlie Horses) in my back. It took the EPFX approximately 3 minutes to find the stressors and several sessions and life changes (recommended by the system) to free me of what I thought would be a life long condition. I say this because, my grandmother(gone now) and my mom (86 years old now) both have suffered from this and being the guinea pigs to multiple doctors for many many years. My grandmother dead living with this condition, but now I am at peace knowing that my mother and myself no longer have to suffer!

City Unknown”

“I am a 50+ year old female diagnosed with Lyme in 2003. Since June 2006 using the SCIO I have kept the stressors of this disease in check and have not had to revert back to using antibiotics to keep this illness at bay. I love having a healthy, drug free life and find several alternative health means to keep me healthy, the SCIO biofeedback device being one of these. Without the use of the biofeedback I believe I would still be going from my bed to the couch and the couch back to the bed. It is instrumental in my health regime and will continue to be so.

City Unknown”

“I had been diagnosed with a severe bladder infection and told to take antibiotic for 2 weeks then come back and do a second round of antibiotics to make sure that the infection was gone. I called a fellow practitioner to please do a session for me for the bladder infection. She did the session and I felt better. She did a session for me every 3 days for 2 weeks, 4 in total. I went back to my doctor and she said that the infection was gone and said that she would make sure to give me the same antibiotic in the future
because it worked so well. I told her that I did not take the antibiotic, that I had a biofeedback practitioner do sessions for me, on her EPFX/SCIO biofeedback device, to get rid of the infection, as I don’t want to take medicine unless I really have no other alternative. She said, well great, as long as it worked.

City Unknown”

“Age 27, female, infected sweat glands in arm pits and groin for past 3 years. Initial session was July 19/06. After two weekly sessions, she reported on Aug 3/06 40% less swelling and pain. After 2 more sessions, on Aug 16/06, she reported 70% improvement.

City Unknown”

“A 22 year old female, with a reoccurring eye infection was unable to wear her contact lenses and was told by her optometrist and ophthalmologist that she would have to give up wearing her contact lenses. During a three month period, she made approximately 7 visits to her optometrist who conferred with his partner optometrist, and then she went to an ophthalmologist. She had been given antibiotics, which somewhat cleared the infection for a few days, but it continued to reoccur. They were unable to help her and advised she was allergic to wearing any type of contact lense. I used multiple eye therapies from the QXCI and looked for reactive pathogens in the main matrix. After each session she would improve and after the fourth session there was no reoccurrence and she has been clear and wearing her contact lenses for four months.

City Unknown”

Discussion:

The results show significant improvement in symptoms and feeling better. Items measured included bacterial culture, throat swabs, anti-body test, etc. The Collective results show a dramatic benefit to the SCIO therapist visit.
The effects of infection and injury on the body require a complete discussion.

Inflammatory conditions and major tissue injury are frequently associated with a wide range of systemic responses which embrace vascular, metabolic, endocrine, neurological and immunological functions. Those occurring soon after the onset of infection or injury are called the acute phase response. The acute phase response has the outstanding characteristic of being a generalised host reaction irrespective of the localised or systemic nature of the initiating disease, and several components of the response are remarkably constant despite the considerable variety of pathological processes that induce it. This uniformity of reaction points to the involvement of relatively few mediators in the overall 'orchestration' of the acute phase response. The major mediator coordinating the response is interleukin_1, aided and abetted by tumour necrosis factor (TNFa). Thus the mononuclear phagocyte system, which serves as the major source of these cytokines, plays a pivotal role.

Mononuclear cells are stimulated to produce IL_1 and TNFa by:

1. Bacterial endotoxin _ lipopolysaccharide (LPS), especially when complexed with LPS_binding protein.
3. Intact micro_organisms following phagocytosis.
4. Other cytokines produced by activated lymphocytes and macrophages.

Interleukin_1 and TNFa have a multiplicity of biological activities at the following sites:

1. Hypothalamus _ fever
2. Bone marrow _ neutrophilia
3. Neutrophils _ activation
4. B_lymphocytes _ antibody production
5. T_lymphocytes _ IL_2 production
6. Liver _ acute phase proteins
7. Fibroblasts _ proliferation and collagen synthesis
8. Muscle _ protein catabolism with amino_acid release
COMPONENTS OF THE ACUTE PHASE RESPONSE

A. Fever

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

1. Cutaneous vasoconstriction:
   (i) Coldness and pallor of the skin at the onset of fever
   (ii) Contraction of the erector pili muscles ('gooseflesh') maintains an insulating layer of air next to the skin

2. Higher metabolic activity particularly in skeletal muscles and in the liver

3. Shivering associated with increased catabolic activity and heat production in skeletal muscles.

Fever is accompanied by general malaise and anorexia. If the temperature rises to 41.6 °C (107 °F) there is a danger of direct thermal injury to various tissues, and particularly to cerebral neurones. However, a potentially beneficial effect of hyperthermia is augmentation of the immune response by T_helper cells. The high setting of the thermosensory centre in fever is brought about by interleukin_1. The effect of interleukin_1 on thermoregulation is mediated by Prostaglandins, in particular by PGE2. This mechanism underlies the value of drugs like aspirin, an inhibitor of prostaglandin synthesis, in reducing fever.

B. Neutrophil leucocytosis
Normally the neutrophil count is between 2.5-7.5 x10⁹/litre. In infections this rises to 10-20 x 10⁹/litre, particularly with pyogenic bacteria.

Lesser degrees of neutrophil leucocytosis occur in:

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

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

Interleukin_1 has a central role in neutrophil leucocytosis. It promotes:

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

Actions on neutrophils themselves include:

(i) Release of granules
Lactoferrin _ Iron_chelation
Lysozyme _ Antibacterial properties
(ii) Increases oxidative activity
(iii) Increased hexose mono_phosphate shunt activity

C. Acute phase and stress proteins

In febrile conditions or following injections of endotoxin or
interleukin_1 there is a dramatic increase in the synthesis of intracellular stress (heat shock) proteins and some proteins by the liver. These latter proteins enter the circulation and can be detected within a few hours of the onset of fever which is why they are labelled acute phase proteins.

1. Acute phase proteins These include:

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

Interleukin_1 promotes protein catabolism in skeletal muscle and a flux of amino acids into the liver where protein synthesis is substantially increased. There is evidence of independent regulation of each of the acute_phase proteins. Some of these proteins, for example haptoglobin (an x2 globulin capable of binding free haemoglobin) and fibrinogen are normally present in substantial levels in plasma but increase 2 or 3 fold after interleukin_1 injection. Others which normally occur at low levels, e.g. C_reactive protein, increase several hundred fold. Likewise some appear rapidly, but others require several days to reach maximum levels. C_reactive protein is capable of binding in a non_immunological way to 'foreign' antigens and activating the classical complement pathway. It thus acts as an opsonin and prepares material for phagocytosis.

2. Stress proteins

Stress (or heat shock, HSP) proteins are present in all living systems and are among the most highly conserved in nature. Their intracellular production is induced by rises in temperature and synthesis commences rapidly (within 5_15 minutes) after the onset of 'heat shock'. Other stimuli which induce the synthesis of stress proteins include:

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

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

D. Nutritional responses

Following major infection or injury the body goes into substantial negative nitrogen balance, part of which meets the increased caloric needs of fever. Accelerated muscle protein degradation leads to myalgia and reduced physical performance. Interleukin_1 acts directly on skeletal muscle to promote protein catabolism, an effect mediated by an accumulation in the muscle of PGE2 which ultimately activates proteolysis in the lysosomes. This brings about amino_acid release from muscle which helps to satisfy the increased energy requirements via gluconeogenesis, but also contributes to the synthesis of proteins in proliferating immunological cells and the synthesis of acute phase reactants released from the liver.

Changes in trace metals

The serum levels of iron and zinc are depressed in the acute phase of bacterial infection. There is evidence that the decrease in serum iron is probably important in protecting the host against various bacteria as a reduction in iron suppresses the growth rate of various micro_organisms. Iron appears to be sequestrated by the binding substance lactoferrin, and lactoferrin/iron complexes are deposited in the tissues. Interleukin_1 has been shown to activate lactoferrin release from neutrophils. There is also an increase in serum copper levels in keeping with the increase in the coppertransport protein ceruloplasmin. Copper is involved in enzyme and transport mechanisms but its role in fever is unknown.

E. Vascular responses and shock

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

Main types and causes of shock

1. Hypovolaemic
(i) Haemorrhage
(ii) Loss of plasma, e.g. burns
(iii) Loss of fluid and electrolytes, e.g. severe diarrhoea

2. Cardiogenic
   (i) Myocardial infarction
   (ii) Major pulmonary embolism
   (iii) Following cardiac surgery
   (iv) Myocarditis and other causes of acute cardiac failure

3. 'Septic'
   (i) Endotoxic, mediated by bacterial lipopolysaccharide e.g. endotoxin
       A from Pseudomonas aeruginosa
   (ii) Exotoxic, e.g. exotoxin from Staphylococcus aureus (toxic shock syndrome)

4. 'Vascular'
   (i) Anaphylactic
   (ii) Neurogenic, e.g. spinal injuries

Pathogenesis
1. Hypovolaemia _ a fall in cardiac output resulting from reduced blood volume
2. Cardiogenic _ a fall in output resulting from inadequate heart function ('pump failure')
3. Septic shock
   (i) Release of TNFa and IL_1 in high concentration
   (ii) Induction of nitric oxide synthetase in endothelial and vascular smooth muscle cells leads to a build up of nitric oxide (NO) which is responsible for sustained vasodilation and hypotension
   (iii) Activation of complement with release of anaphylatoxins C3a/C5a
   (iv) Activation of neutrophils leads to endothelial damage resulting in capillary leakage
(v) Activation of Factor XII initiates coagulation and bradykinin formation. The former may lead to disseminated intravascular coagulation

4. Vascular mechanisms

(i) Pooling of blood in

a. Large peripheral vessels due to loss of vasomotor tone

b. Capillaries resulting from persistent venular constriction

(ii) Increased vascular permeability

(iii) Slowing of blood flow resulting from 'sludging' of red cells

Disseminated intravascular coagulation (DIC)

This is a condition in which the activation of coagulation factors leads to deposition of platelet_fibrin thrombi in small vessels throughout the body. The consumption of coagulation factors and activation of fibrinolysis frequently leads to life_threatening haemorrhage.

F Metabolic reactions

Features of the early metabolic reaction are:
1. Hyperglycaemia
2. Fall in body temperature
3. Decreased oxygen consumption
4. Alteration of intracellular oxidative mechanisms
5. Loss of albumin from plasma due to transcapillary escape

Irreversible shock

Features include:

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

Increased production of:

1. Catecholamines which
   (i) Increase cardiac output
   (ii) Constrict arterioles
   (iii) Increase gluconeogenesis

2. Corticosteroids which bring about
   (i) Retention of Na+
   (ii) Excretion of K+
   (iii) Catabolism of proteins

3. Aldosterone
   Potassium deficiency

4. ADH
   Water retention

PATHOLOGICAL LESIONS IN SHOCK

1. Kidneys
   (i) Acute tubular necrosis
   (ii) Glomerular microthrombosis
   (iii) Acute cortical necrosis (rare)

2. Lungs _ 'shock lung' or adult respiratory distress syndrome
   Features
   (i) Congestion and intraseptal oedema
   (ii) Microthrombi
   (iii) Hyaline_membrane formation
   (iv) Atelectasis
(v) Interstitial pneumonia

3. Liver
(i) Centrilobular ischaemic necrosis
(ii) Fatty change

4. Adrenals
(i) Lipid depletion (compact_cell change) in cortex
(ii) Focal necrosis of cortical cells
(iii) Massive haemorrhage (Waterhouse-Friderichsen syndrome)

5. Heart
(i) Subendocardial haemorrhage
(ii) Contraction bands within myocytes

6. Gastrointestinal tract
(i) Acute ulceration of the stomach and duodenum (Curling's ulcers)
(ii) Haemorrhagic gastroenteropathy

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

7. Brain

   Anoxic or hypoxic encephalopathy (see p. 338)

8. Pituitary

    Necrosis following hypovolaemia (most commonly due to postpartum haemorrhage) giving rise to:
    (i) Acute insufficiency _ Sheehan's syndrome
    (ii) Chronic insufficiency _ Simmond's disease

LATE REACTIONS TO INJURY AND INFLAMMATION

A. Metabolic reactions

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

Anabolic phase
1. Positive nitrogen balance restored
2. Electrolyte equilibrium regained

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

C. Hormonal reactions
Increased production of
1. Insulin which stimulates glucose uptake, and glycogen, fat and protein synthesis
2. Growth hormone _ possibly involved in the mobilisation of adipose tissue
3. Thyroxine

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

Although the synthesis of amyloid precursor proteins is part of the acute phase response to inflammation, when inflammation is prolonged the sustained increase in the serum concentrations of these proteins leads to the appearance of fibrillar material (amyloid) in many different tissues. However, amyloid is not a specific protein. It can be composed of one or more proteins or glycoproteins all having a characteristic b-pleated fibrillar appearance on electron microscopy. Thus, amyloid complicating long-standing inflammation is made up of amyloid A (AA) and P (AP) proteins derived from partial degradation by macrophages of SAA and SAP proteins. Another major form of amyloid is composed of AL protein which is derived from immunoglobulin light chains, mainly of lambda type. In addition, a heterogeneous collection of amyloid types (some of which have not been characterised) are found in certain hereditary or familial conditions and as localized deposits.

Diseases associated with amyloid deposition

1. AA/AP amyloid
   (i) Chronic infections (of long standing)
      a. Tuberculosis
      b. Bronchiectasis
      c. Osteomyelitis
      d. Pyelonephritis
      e. Leprosy
      f. Syphilis
   (ii) Chronic inflammatory disorders
      a. Rheumatoid disease
      b. Crohn's disease
      c. Systemic lupus erythematous
      d. Pustular psoriasis
   (iii) Malignant states
      a. Hodgkin's disease
b. Carcinomas of bladder, kidney, stomach, bronchus, ovary

2. AL amyloid
   (i) Multiple myeloma
   (ii) Waldenström's macroglobulinaemia
   (iii) Solitary plasmacytoma (localised)

3. Hereditary/familial types
   (i) Amyloid polyneuropathy
   (ii) Amyloid cardiomyopathy
   (iii) Amyloidosis associated with Mediterranean fever
   (iv) Familial amyloid nephropathy, urticaria, and deafness
   (v) Familial cutaneous amyloid

4. Localised amyloid deposition
   (i) Senility
      a. Heart
      b. Brain _ also in Alzheimer's disease
      c. Islets of Langerhans
      d. Seminal vesicles
   (ii) Endocrine tumours
      a. Medullary carcinoma of the thyroid (AMCT)
      b. Pituitary adenoma
      c. Islet_cell tumours of the pancreas
   (iii) Non_endocrine tumours
      a. Naso_pharyngeal carcinoma
      b. Basal cell carcinoma
   (iv) In the islets of Langerhans in diabetes mellitus
(v) Tumour_like deposits in:

a. Larynx, trachea, bronchi, and lung

b. Genito Urinary tract
c. Eye
d. Tongue
e. Heart
f. Skin

Pathogenesis

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

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

Detection of amyloid

1. Of historical interest, iodine and dilute sulphuric acid produce blue coloration similar to that obtained with starch (Latin_amylum)

2. Congo_red and Sirius_red stain amyloid orange/red and when viewed under polarised light gives apple_green birefringence

3. Thioflavine_T staining gives rise to yellow fluorescence in ultraviolet light

4. Amyloid has a characteristic ultrastructural appearance being composed of parallel arrays of fibres 7 to 10 nm diameter

5. Potassium permanganate staining reveals different structural forms

Organ involvement in amyloidosis
1. Kidney

Amyloid is deposited in:

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

Results in:

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

2. Spleen Deposited in:

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

Results in:

No significant disturbance of function

3. Liver

Deposited in:

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

Results in:

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

4. Heart

Deposited in:

(i) Subendocardial zone
(ii)  Interstitial connective tissue

Results in:

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

5.  Adrenal glands
Deposited in the zona glomerulosa and then advances throughout the cortex
Results in Addison's disease (rarely)

6.  Gastrointestinal tract
Deposited in:

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

Results in:

(i) Macroglossia
(ii) Dysphagia (oesophageal rigidity)
(iii) Malabsorption syndrome
(iv) Diarrhoea
(v) Protein_losing enteropathy
(vi) Pseudo_obstruction
(vii) Ulceration of plaques

7.  Skin
Forms:

(i) Lichen amyloidosis
(ii) Localised nodular amyloidosis
Calcification other than that normally occurring in the teeth and skeletal system (heterotopic calcification) is seen in the following circumstances:

1. Associated with advancing age Deposits are found in:
   (i) Pineal gland
   (ii) Tracheal and laryngeal cartilages
   (iii) Costal cartilages
   (iv) Dura mater

2. In dead or degenerate tissue (dystrophic calcification) Examples
   (i) In old tuberculous lesions
   (ii) In scars
   (iii) In dead parasites
   (iv) In degenerate tumours, especially uterine leiomyomata (fibroids)
   (v) In atheromatous plaques

1. In association with increased levels of calcium (or occasionally with increased phosphate) in the blood and tissues, usually derived from the skeleton but also involving increased absorption from the intestine and decreased loss through the kidneys. Such calcification occurs in previously normal tissues and is referred to as metastatic.

   It is found in:
   (i) Hyperparathyroidism

Primary, due to:
   a. Adenoma
   b. Hyperplasia
   c. Carcinoma (very rarely)

Secondary, due to:
   a. Chronic renal failure
   b. Renal tubular acidosis
c. Malabsorption states
d. Pregnancy and lactation

(ii) Carcinomatosis with or without skeletal involvement, especially with bronchial and breast cancer.

(iii) Myelomatosi

(iv) Vitamin D sensitivity, as in sarcoidosis and infantile hypercalcaemia

(v) Excessive administration of vitamin D

(vi) Paget's disease of bone (when immobilised)

(vii) Hypophosphatasi

(viii) Milk_alkali syndrome

(ix) Hypoparathyroidism (deposits in the basal ganglia)

Sites of metastatic calcification

(i) Kidneys, producing nephrocalcinosis which may lead to renal failure

(ii) Stomach

(iii) Lungs, on the elastic fibres of the alveolar septa

(iv) Blood vessels

(v) Cornea

4. In calculi (stones)

Many calculi include calcium salts among their constituents.

Calculi are found in:

(i) Urinary tract
   a. calcium phosphate
   b. calcium oxalate
   c. calcium carbonate

(ii) Biliary system
   a. calcium bilirubinate
(iii) Salivary glands
(iv) Pancreas
(v) Prostate

5. In neoplasia

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

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

--- BIBLIOGRAPHY ---

BOOKS


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya of Magyar; 1993.

2. **Full Spectrum Micronutrient Treatment of Bacteria (Homeopathic Treatment of Bacterial Infections).** Maitreya of Magyar; 1985.


7. **Proteinuria.** Maitreya of Magyar; 1984

8. International Medical Journal of the Science of Homeopathy, IMUNE PRESS
Crne kose, raspletene, bujne... using SCIO preparing for Next Match of US Open

Snimak ispod pokazuje da se boja narodne mužlike nikada ne mijenja, pa čak i u daljini Amerike. Boja se pokazala kao izvanredan medicinski alkalični glikem, a i kao dobar "hafenziduliq". O vokalistim sposobnostima nećemo govoriti, sve se tuje. Vrlo od glasa do izražaja dozvoljavaju lekovi samo izučeni i poznati. Evo, i ovo je sada nešto prethodno u posljednjem treningsu.
Spinal injury and pain

Using MTENS, and TVEP the SCIO can treat the spinal area for injury and pain. Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us
Maitreya Kft.
tel: +3613036043 | web: www.qxsubspace.com | e-mail: info@qxsubspace.com
Spinal injury and pain

Using MTENS, and TVEP the SCIO can treat the spinal area for injury and pain. Sending in an auto-focused sophisticated pulse different for each patient based on their personal electrical needs.

If you need more information on the SCIO and purchase details please get in touch with us:
Majreya Kft.
tele.: +3613036043 | web: www.qxsbulspace.com | e-mail: info@qxsbulspace.com
Yoga Poses for the Most Common Aches and Pains

Research shows regular yoga practice can effectively reduce chronic pain — addressing both physical aspects and emotional.[1] Even in the short term, studies suggest practicing yoga can help treat pain-related conditions including back pain, arthritis, and migraines. While completing a yoga practice of more than one pose will likely provide added pain-reducing benefit — including a possible reduction in the stress and anxiety that often comes with acute pain — the following poses are a great start for some of the most common aches.
Ailment: Headache
Pose: Child’s Pose (Balasana)

While many poses are known to reduce the tension that causes headaches before they happen, this pose is great when the ache has already sprung. Child’s pose just slightly inverts the body for increased blood circulation to the head, helping to relieve tension.

How to: Kneel on the floor, big toes touching, knees at hip-width. Exhale and gently lower the torso between the thighs, resting the forehead to the mat. Rest the arms to the sides of the body (palms up), or extend them in front of the body (palms down) for a great shoulder opener. Rest in this pose for 30 seconds to a few minutes, gently “melting” into the floor with each breath.
Ailment: Upper Back Pain
Pose: Cat-Cow (Marjariasana)

This pose is commonly used at the start of a practice to stretch and gently massage the back and neck muscles. Arching up and down helps relieve tension and increase mobility in the spine.[2] Cat-Cow also helps prepare the spine for more advanced back bends.

How to: Start in a tabletop position with the hands and knees on the floor, the spine neutral. On an inhale, press through the hands to round the spine and gently drop the head for cat pose. Really arch the upper back, lowering chin to chest and gaze toward the bellybutton, for a full stretch. On the exhale, lift the chest, gaze upward, and allow the upper spine to slightly release downward (the
tailbone should tip up toward the ceiling) for cow pose. Repeat four to six times, transitioning with each breath.

Ailment: Lower Back Pain
Pose: Legs up the Wall (Viparita Karani)

This relaxing and restorative inversion is a great way to end a long day (especially for those who are on their feet all day). Resting the extended legs on a wall gently stretches the hamstrings, relieving pressure in the lower back.

How to: Start in a seated position next to a wall, the feet on the floor in front of you, left side of the body making contact with the wall. Gently lie down on the back then pivot at the hips until the backs of the legs are pressing against the wall, perpendicular to the floor. The legs should be as straight as
is comfortable, but if the full extension isn’t there just yet, start with a little bend in the knees. Scoot the body as close to the wall as possible (the bottom can make contact). Soften the upper body and allow yourself to sink the weight of the legs into the wall, hands may rest on the belly. Stay in the position for 2-15 minutes, and gently roll to one side before returning to standing. Note: Some people feel more comfortable in this pose with a prop, like a pillow, bolster, or block, underneath the low back and buttocks.

Ailment: Wrist Pain
Pose: Upward Bound Fingers (Urdhva Baddhanguliyasana)

A 9-5 office job can do a number on the body, especially the wrists with continuous keyboard and mouse use. Practice this one at home or on the job to maintain flexibility in the wrists.
How to: This pose can be practiced seated or standing. Inhale and raise the arms straight in front of the body (perpendicular with the torso). Bend the wrists and interlock the fingers, the thumbs touching one another. Exhale and roll the palms away from the body, keeping the fingers interlocked. If fully extended arms create any discomfort, breathe into the pose while slowly straightening the arms. With another exhale, bring the arms (fingers still bound) overhead so the palms are parallel with the ceiling. Hold the pose for 30 seconds to a few minutes, or with each breath, alternate extending the arms in front of the body and above the body (hands bound throughout).
Ailment: Shoulder Pain  
Pose: Downward-Facing Dog (Adho Mukha Svanasana)

This full body energizer stretches everything from the calves and hamstrings to the back, shoulders, and forearms. You will see downward dog in many styles of yoga, as it is part of the traditional sun salutation sequence.[3]

How to: Start in a tabletop position with the hands shoulder width apart and knees on the floor, the spine neutral. Extend through the arms, lift the knees off the floor, exhale, and press the pelvis toward the ceiling. Gently pedal through each leg — slightly straightening one, bending the other. Press the upper body up and away from the hands throughout the pose, gradually releasing through the upper back. Think about pulling the shoulder blades away from the ears to open through the shoulders and rotating the elbows slightly inward rather than bowing out. Slightly relax the head and neck and gaze toward the navel.
Ailment: Hip Pain
Pose: Happy Baby (Ananda Balasana)

While it may feel a little silly at first, this calming pose does wonders for the lower back and hips. Great for the end of a practice or even before bed, this pose requires little effort compared to many standing hip-openers.

**How to:** Lie on the back. On an exhale, bend the knees to the sides of the body. Inhale then grip the outside edges of the feet (elbows inside of the knees). If holding onto the feet directly is uncomfortable, place a strap on each foot to add length. Gently pull the knees down and toward the armpits. Flex the feet and keep the heels stacked over the knees (the lower half of each leg should be fairly perpendicular to the rest of the body). Hold the pose for 30 seconds to a few minutes. Feel free to add some creativity by rocking side to side while bringing the thighs toward the floor.

Ailment: Knee Pain
Pose: Warrior I (Virabhadrasana I)

While certain yoga poses — such as those in the warrior sequence, for instance — help strengthen the muscles around the knee joint (protecting it from future injury), they may also cause discomfort
for those experiencing knee pain. But with the proper form and a multitude of modifications, standing poses can still be incorporated into a practice to work up that strength.

**How to:** Begin at the top of the mat. Step the left foot back (about four to five feet behind you). The front foot should point straight ahead, parallel to the mat; the back foot should point to the left corner of the mat, slightly diagonal. Think about dropping the tailbone toward the mat, lowering into the front, bent leg. Scoop the pelvis so the torso becomes more perpendicular placement compared to the mat. On an exhalation, raise the arms overhead. Remember to engage the thigh muscles of both legs and make sure the front knee is above the ankle (try not to let it track forward, backward, inward, or outward) to prevent knee pain.
Ailment: Digestion Pain
Pose: Wind-Relieving Pose (Pawanmuktasana)

As it’s name suggests, this pose helps release abdominal gas, which can cause sharp pain and discomfort. Curling the body into a tight ball helps massage the intestines and aid in digestion.[5]

How to: Lie on the back, feet together, arms to the side. With an exhale, bring the right knee toward the chest, gently pulling it toward the body. Inhale and with the next exhale touch the knee to the forehead (if the body doesn’t allow the head and knee to make contact, just work toward pressing the leg gently in toward the belly). Take a few deep breaths in this position. Return to start then repeat the movement with the other leg then with both legs together.

With any yoga pose, it’s important to work within your own range of limits and abilities. If you have any known medical conditions, have a conversation with your doctor before practicing yoga.

[4] https://yogainternational.com/article/view/yoga-therapy-for-your-knees1
"Pain is God's Greatest Gift. No Pain, No Gain without pain we can not live
Laughter is the best Transcendent Medicine,
The Ultimate Medicine,
We laugh to release pain, anger, jealousy, + agony"

Desiree Dubounet

"Being able to laugh at oneself is the best indicator of mental stability"

Will Rodgers