Ischemic Stroke
Occurs when oxygen-rich blood flow to the brain is restricted by a blood clot or other blockage.

Blood clot in the middle cerebral artery
Blockage in the internal carotid artery

Pieces of plaque can break free, travel to the brain, and block blood vessels that supply blood to the brain.

Brain
Internal carotid artery
External carotid artery
Common carotid artery

Broken-free piece of plaque
Plaque in internal carotid artery

IMUNE
International Medical University for Natural Education
Evidence Based Natural Energetic Medicine Education
Lily of the valley, scientific name Convallaria Majalis is a sweetly scented, highly poisonous woodland flowering plant that is native throughout the cool temperate Northern Hemisphere in Asia, and Europe.

Other names: Our Lady's tears or Mary's tears from Christian legends that it sprang from the weeping of the Virgin Mary during the crucifixion of Jesus. Other etiologies have its coming into being from Eve's tears after she was driven from the Garden of Eden or from the blood shed by Saint Leonard of Noblac during his battles with a dragon.

**If ingested directly the plant can cause abdominal pain, vomiting, dizziness and a reduced heart rate**

**Brain Blood Circulation**

My son Daniel was severely autistic and a woman in England told me that there was some rusty crusty areas of the brain related to his problem. Sometimes there is an area that does not get proper blood flow as in a stroke. There is a brain herbal formula I designed to help with strokes. Convallaria is an herb (Lily of the valley) that is poisonous in concentration but used a 4x can be helpful in restoring blood to these areas. So I use a 4x of convallaria tea, ginko tea string.

**There are roughly 38 different cardiac glycosides (cardenolides) found in Convallaria that in small dose will open crusty stagnant dormant lifeless areas of the brain by restoring circulation. Thus this is perfect for a Stroke Victim**

Crush the Flowers, Stems and or Red Berries into a liquid mix with 40% alcohol like Finlandia Vodka let sit in the sun for a day. Store in a cool place like a refrigerator Mark as poison. To use put fifteen drops into Green Tea, Energy drink or Apple juice, drink twice a day to help reverse stroke.

Stroke

Don't Brush It Away
Green Tea and Stroke Studies

Pathways To Recovery

Four green tea and stroke studies suggest how green tea may prevent and treat strokes.

Study #1:

Curtin University 2007 Review

Does drinking green tea reduce your risk of getting a stroke? Dr. Fraser from the Curtin University of Technology investigated in his 2007 literature review.

According to him, two green tea and stroke population studies reported positive findings. A large number of studies have also proposed biological mechanisms on how consuming tea may reduce stroke risk.
But results have been inconsistent. Interpreting them is tricky. Populations can respond differently to tea drinking. The types of tea, how long it is being consumed and the types of stroke can sway the results either way.

Further studies are needed, but it is no point waiting for the scientists to prove it. Dr. Fraser concluded:

Green tea ... consumption should be encouraged because it could potentially serve as a practical method for stroke prevention.

Green tea not only reduces stroke risk, it may one day be used to reverse cell damage after a stroke has occurred.

**Green Tea and Stroke Study #2:**

**UCLA's School of Medicine 2009 Analysis**

According to findings from a recent meta-analysis, drinking 3 or more cups of tea a day may help to reduce the risk of stroke and death from stroke by 21%.

The purpose of this green tea and stroke study was to thoroughly examine the human clinical and epidemiological data available to determine whether black or green tea, as a hot beverage, has an impact on the risk of stroke in humans.

Ten studies from 6 countries were included in the final meta-analysis: China, Japan, Finland, Netherlands, Australia and the US. These studies included 7 populations that drank primarily or exclusively black tea and 3 that drank primarily green tea.

The pooled meta-analyses show tea consumption to be associated with a reduced risk for occurrence of and mortality from stroke.

Subjects drinking 3 or more cups of tea per day appear to reduce their risk of a fatal or non-fatal stroke by around 21% compared with non-tea drinkers. This effect was observed across all the 6 countries studied despite different drinking customs.

A further meta-analysis was also conducted in 5 sub-groups to see if associations relating to the type of tea consumed (green or black) or ethnicity had any further effect. Results from these sub-group analyses showed similar results to the over-all risk reduction, meaning that the effect does not appear to be specific to black or green tea, or to Asian or non-Asian populations.

Being a review of observational studies, the mechanism by which tea may protect against stroke remains speculative. Whilst antioxidant function and anti-inflammatory actions are popular theories, other mechanisms may include beneficial effects on blood pressure and endothelial function, as well as the neuroprotective action of theanine.

The authors suggest that their findings may be one of the most actionable lifestyle changes to significantly reduce the risk of stroke.
Green Tea and Stroke Study #3:

Gallotannin (GT) Rescue Brain

Another 2007 study conducted by the University of California-San Francisco reported similar benefit, but through a different mechanism.

Researchers found that green tea extract gallotannin (called GT) can protect against post-ischemic brain damage. It does so by inhibiting the action of PARG, an enzyme that kills brain cells by inhibiting cell repair.

The researchers have previously found that GT inhibits PARG in cells culture. Now they have found the same benefits apply to laboratory rats.

Green tea extract GT was administered intranasally – via the nose – up to 3 hours after reperfusion.

They also discovered that GT helps stroke patients in another way. It blocks movement of a protein called apoptosis inducing factor (AIF). This protein resides in a dormant state, but when activated can cause cell death.
Green Tea and Stroke Study #4:

EGCG Regenerate Organ Cells

A 2005 study conducted by the Institute of Child Health in the United Kingdom found that drinking green tea after a stroke may speed up the recovery process.

Heart attacks reduce the amount of oxygen and nutrients reaching the brain and heart, causing cell death and irreversible damage.

Laboratory testing on heart cells found that green tea contains an active compound called EGCG (epigallocatechin gallate) that reduces cell death after a heart attack or stroke.

EGCG also speeds up the recovery of heart cells and alleviates organ damage. It works by blocking the action of a protein called Stat 1, which plays a part in inducing cell death.

"We’re extremely encouraged by these findings and hope to implement them in the clinical setting to minimize cell death activation levels in patients with acute coronary artery disease," said molecular biologist Dr. Anastasis Stephanou, who led the research.

He said more green tea and stroke research would have to be carried out before patients could be advised to drink it after a heart attack or stroke.

The occurrence of a stroke is similar to a heart attack in many respects, in that it is also a serious disorder in the arterial system. The occurrence of a stroke can be lethal if it occurs abruptly or violently, it may require many months for a person to regain body functions. The appearance of symptoms such as spells of dizziness, constant headaches and spells of fainting are the first signs of possible severe stroke. In
addition, some people may experience visual disturbances and other problems with their vision, such signs often come along with other symptoms such as nausea and vomiting. An almost permanent paralysis of the body along one side is almost always the result when consciousness is lost during a stroke. An arm and a leg are almost always paralyzed and along the face, the mouth and one eyelid will droop on one side-this situation is typically experienced by all victims of strokes. Patients affected by a stroke in addition, often find it very difficult or even impossible to speak or vocalize. The treatment given during the first few hours and the first few days following the appearance of a serious stroke are the most critical periods for the person's chances of full recovery. Frustration with the constant physical fatigue and exhaustion can be very great for the patients during the many months spent recovering from the disorder. The more serious effects of a stroke are the presence of memory problems, mental confusion and the sudden changes to personality, thankfully such personality changes do not necessarily follow the occurrence of every stroke attack. Individual characteristics greatly determine the recovery times and the physical symptoms of stroke-stronger patients survive a stroke much better. The presence of persistent apathy, the appearance of sudden mood swings and sudden flares of anger are quite common during the recovery stages, with time, these symptoms tend to dissipate and lessen greatly as the person deals better with his or her frustrations. There are milder forms of strokes which can often affect a person without the occurrence of a complete loss of consciousness—a common development in severe stroke.

Many of the physical abilities lost following the occurrence of a serious stroke, can be regained given sufficient recovery time, but on the whole the progress towards full functional articulation will be painstakingly slow when a person has to re-learn to speak, to walk or to write. People are more likely to be affected by strokes once that are over fifty years of age, the susceptibility to suffering a stroke also tends to increase as a person ages. While strokes tend to be disease of old age, the occurrence of stroke is not limited to any age group and it can occur to anyone if the risk factors are present.

Strokes are not bereft of warning signs, and symptoms usually warn of a threatened strokes-this is despite the fact that the occurrence of most strokes tends to be very sudden. The conditions classified as transient ischemic attacks are similar to stokes and can be classed as small and reversible strokes suffered by the body. The symptoms and mental confusion they induce in the patient are similar to those seen during a stroke, patients tend to have great difficulty in speaking, and they are also affected by spells of dizziness or become affected by accompanying visual problems, these symptoms often dissipate or disappear in a matter of minutes without treatment. In other patients, symptoms induced can include the presence of profound muscle weakness, and final numbness or paralysis in the body. Patients can also be affected by what are known as drop attacks, in this case the knees of the person buckle and gives way
without any warning, the person often falls down as a result. The more serious development of a complete stroke can often be prevented by the appearance of such symptoms and signs especially when they are recognized and the treatment is given to the person. They unfortunately go largely ignored by the patient, this is because tend to be short and are very confusing to relate to a possibility of stroke.

The development of some impairment in the circulation of the blood to the brain is the main causative factor for the majority of strokes, such an impairment in the circulation to the brain can lead to the general destruction of large amounts of brain tissue from the lack of adequate oxygen—brain cells are very susceptible to the loss of oxygen in the body. The impairment of circulation to the brain usually arises as a result of a blood clot or thrombus in the veins or arteries, such disorders in turn develop as a result of disorders such as arteriosclerosis in the person. Impairment of circulation has many risk factors similar to a large part to those that induce arteriosclerosis and all kinds of heart disease, these factors include the consumption of a diet poor in nutrients, the complete lack of physical exercise, factors such as obesity and habits like smoking. The most important risk factor for the possible occurrence of a stroke is the intake of a proper and nutritious diet by the person. Arteries are clogged over time when diets contain large amounts of saturated fats derived from foods like red meats and the processed oils. North American diets tend to be very poor in fiber and this absence of an essential nutrient in the diet is a very common problem across the population. One reason for this lack of fiber in the diet is that the majority of marketed foods are refined and their natural fiber content is reduced. Foods lacking in fiber include the products made using white flour, polished rice and pasta. In contrast, the fiber content of wholesome, unrefined, raw foods is much richer and such foods also tend to be rich in essential dietary enzymes and many different nutrients vital to health. The chances for the occurrence of strokes on the whole can be reduced by regular diets that induced the person to eat a lot of fresh fruits and raw vegetables on a daily basis. The health of the arteries also suffers from the intake of too much salt and the use of alcohol on a daily basis. Strokes are more likely to hit women who use birth control pills compared to those who do not contraception, the risk for other types of blood clots forming in the body is also greater for women on the pill. The susceptibility to stroke is greater in a person affected by more of these risk factors—this is especially true if the risk factors persist over a long period of time.

The rupturing of a blood vessel in the brain is the rarer cause of some strokes in people and at times the presence of an embolism due to a damaged heart can also induce a sudden stroke. The presence of genetic or inherent physical weaknesses in the tissues of a vessel is the usual cause for a ruptured blood vessel in the brain and these situations often come about when the person is undertaking extreme physical exertions
and such incidents are also common when feeling excessive stress or emotional disturbances because of other mental problems.

**SUPPLEMENTS AND HERBS**

Supplements of the vitamin E and the herbal remedies made from the garlic herb are extremely helpful in preventing the formation of blood clots from and these supplemental remedies also improve the rate of circulation in the body. The development of clots in the blood is also prevented by supplements of the gamma-linolenic acid (GLA), which is found in high quantities in the herbal oil of the evening primrose herb. This compound brings about a reduction in the stickiness of blood-clotting agents within the blood plasma. The compound lecithin is another excellent supplement, it functions as a blood clot inhibitor, and aids in the transportation of unhealthy fats from the bloodstream. The integrity and strength of the blood vessels can be improved and promoted by supplementing with the vitamin C along with the plant bases natural substances known as bioflavonoids-supplements of this natural compound are highly recommended for daily use by all patients suffering from strokes. The formation of blood clots is also promoted by the occurrence of physical breaks in the blood vessels especially during the natural repair and restoration of the tissues occurring in the human body all the time.

The prevention of strokes can be achieved through regular supplementation of these herbs in addition to the continual use of a healthy diet-such a combination will keep the heart strong and maintain elasticity in the arteries.

Patients who are recovering from a stroke can drink herbal teas made from herbs such as the cayenne, the goldenseal and the rose hip regularly, these herbs will aid in increasing the circulation within he body and help in strengthening the blood vessels so that clots do not form easily in the body. The elasticity of the connective tissues can be maintained by regular supplement so the silica rich herb called the horsetail, the use of this herb helps keep the elastic pliable and elastic throughout the recovery process and can be an excellent preventive supplement. The horsetail also improves the resistance and impermeability of the arterial tissues to the presence of harmful lipids, and actively helps in the prevention of such deposits within the arteries. Dosage of this herb can be a single cup of the horsetail tea or a single tbsp. of the herbal horsetail juice taken thrice every day of the treatment period. The herbal tea made from the ginkgo biloba herb aids in increasing the flow of blood to the brain and should be taken on a regular basis. Dosage of this herbal tea can be two cups every day. The cardiac tissues are benefited by herbal ginger supplements, this herb acts as a cardiac tonic, it is known to decrease the levels of cholesterol and this helps in improving impaired or poor circulation in the body of the affected person. The remedy made from the ginger also helps in the
prevention of blood from clotting at an excessive rate in response to injury. During treatment, patients can drink the herbal ginger tea throughout the day as a continuous herbal supplement.

**ADDITIONAL THINGS YOU MAY DO**

While you are recuperating from a stroke, make sure that you take part in learning new relaxation techniques and that you practice these regularly. It is also important to take part in some physical activity, preferably low intensity exercises such as slow walk and relaxing swimming sessions.

**USUAL DOSAGE**

- Evening primrose oil, 2 x 500 mg capsules thrice a day.
- Garlic, three capsules thrice a day.
- Vitamin C, with bioflavonoids, 1,000 mg.
- Vitamin E, 200 IU for 7 days, then increase the dose to 600 IU.
- Lecithin, three tbsp. thrice a day.

**OTHER BENEFICIAL HERBS**

- **Acorus**
- **Avocado**
- **Carrot**
- **Dan Shen**
- **Habanero Pepper**
- **Hawthorn**
- **Hazelnut Tree**
- **Turmeric**
- **Wakame**
Stimulating brain with electricity aids learning speed

By Leila Battison
Science reporter

Electrically stimulating the brain can help to speed up the process of learning, scientists have shown.

Applying a small current to specific parts of the brain can increase its activity, making learning easier.

Researchers from the University of Oxford have studied the changing structure of the brain in stroke patients and in healthy adults.

Prof Heidi Johansen-Berg presented their findings at the British Science Festival in Bradford.

The team at Oxford has been conducting research into how the structure of the brain changes in adulthood, and in particular what changes occur after a stroke.

They have used an approach called functional MRI to monitor activity in the brain as stroke patients re-learn motor skills that were lost as a result of their illness.

One of the major findings is that the brain is very flexible and can restructure itself, growing new connections and reassigning tasks to different areas, when damage occurs or a specific task is practised.

As part of this research, they investigated the possibility of using non-invasive electric brain stimulation to improve the recovery of these motor skills; the short-term improvement in stroke patients had already been noted.

But an unexpected result was found when the same brain stimulation was applied to healthy adults: their speed of learning was also significantly increased.
Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 100,000 patients with over 300,000 patient visits reported their diseases. Many of them reported stroke. And the results of their therapy is reported in this study.
Introduction:

Overview:

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

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

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

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.
Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)

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

Part 4. QQC standardization

**Methods and Materials:**

**SCIO Device:**

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

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

**Subspace Software :**

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

**SOC Index :**

The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. Named after the work of Samuel Hahneman the father of homeopathy, he said that the body heals itself with it's innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahneman said that the worst way to interfere with the healing natural process was allopathy or synthetic drugs. Theses upset the natural healing process by unnatural intervention and regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.
The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the SOC index questions appear in the appendix.

**Study Technicians:**

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

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

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

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

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

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

1. *Define Diseases or Patient Concerns*
2. *Percentage of Improvement in Symptoms*
3. *Percentage of Improvement in Feeling Better*
4. *Percentage of Improvement Measured*
5. *Percentage of Improvement in Stress Reduction*
6. *Percentage of Improvement in SOC Behavior*
7. *What Measured+How (relevant measures to the patient's health situation)*
8. *If Patient worsened please describe in detail involving SOC*
After the patient visit is was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

MEDICAL DETAILS

Signs and symptoms vary depending on the location of the lesion, but may include:

When CVA affects the middle cerebral artery _

- Motor disturbances (aphasia, dysphasia, contralateral hemiparesis or hemiplegia)
- Sensory deviations (pain and tenderness in the affected arm or leg, numbness, tingling)
- Altered level of consciousness (LOC) (decreased LOC, progressing to coma)

When CVA affects the carotid artery _

- Headache
- Motor disturbances (weakness, contralateral paralysis or paresis)
- Sensory deviations (contralateral numbness and sensory changes, ipsilateral visual disturbances, transient blindness)
- Altered LOC (confusion, memory deficit)

When CVA affects the vertebral and basilar arteries _

- Motor disturbances (contralateral weakness, diplopia, poor coordination, dysphagia, ataxia)
- Sensory deviations (visual field defects, numbness around the lips and mouth, dizziness, blindness, deafness)
- Altered LOC (amnesia, confusion, loss of consciousness)

When CVA affects the anterior cerebral artery _

- Motor disturbances (impaired motor function, including weakness, loss of coordination, and incontinence)
- Sensory deviations (numbness in the lower leg or foot, impaired vision)
- Altered LOC (confusion, personality changes)

When CVA affects the posterior cerebral artery _

- Motor disturbances (contralateral hemiplegia)
- Sensory deviations (visual field defects, impaired pain and temperature sensation, cortical blindness)
- Altered LOC (coma)
Scale for quantification of neurological deficits in the course of infarction: NIH stroke scale

Conscious level

0 = awake
1 = drowsy, somnolent
2 = stupor (rousable to correct localization of painful stimulus)
3 = no reaction, or extensor or flexor spastic response

Response to questions (month, age)

0 = both answers correct
1 = one answer correct
2 = both answers wrong or no response

Reaction to verbal order (open or shut eyes, hand grip)

0 = both correct
1 = one correct
2 = no reaction or incorrect action

Eye movements

0 = normal
1 = partial gaze palsy
2 = complete gaze palsy (also to oculocephalic manoeuvre)
Visual field
0 = full
1 = incomplete hemianopia
2 = complete hemianopia

Facial palsy
0 = normal
1 = slight
2 = moderate
3 = complete

Attempted posture (affected arm)
0 = unremarkable (10s)
1 = pronation
2 = 90° posture fails <10s, rapid droop
3 = postural attempt fails

Attempted posture (affected lower limb)
0 = unremarkable (5 s)
1 = droops
2 = lower limb flops (5 s)
3 = postural attempt impossible

Limb ataxia (affected side)
0 = normal
1 = one limb ataxic
2 = both limbs ataxic

Sensation
0 = normal
1 = hypesthesia
2 = anaesthesia

Neglect
0 = normal
1 = partial neglect (inattention) one side
2 = complete hemi_neglect (several sensory modalities)

Dysarthria
0 = normal
1 = dysarthric but easily understood
2 = severe dysarthria, barely intelligible

Aphasia
0 = normal
1 = mild dysphasia (word finding difficulty, paraphasia, grammatical errors)
2 = motor (Broca) or sensory (Wernicke) aphasia or variants
3 = complete aphasia, muteness

Scale for assessment of independence after cerebrovascular accident (Barthel scale)
Eating
10 = independent (with aids)
5 = needs help (e.g. cutting food)
0 = needs to be fed

Washing
5 = possible without help
0 = feasible only with help

Bodily care (brushing teeth, combing hair, shaving)
5 = possible without help
0 = feasible only with help

Dressing
10 = independent
5 = possible only with assistance
0 = totally dependent

Bowel control
10 = independent of aids
5 = occasional incontinence, requires assistance
0 = incontinent

Bladder control
10 = independent
5 = occasional incontinence, requires assistance
0 = incontinence or indwelling catheter

Use of toilet (lavatory)
10 = independent use of lavatory or bedpan
5 = requires help
0 = bed ridden, totally dependent

Wheel_chair to bed transfer
15 = independent use of wheel_chair
10 = minimal help needed
5 = can sit but needs much assistance
0 = bed ridden

Mobility
15 = can manage 50 steps (walking aids but no frame)
10 = manages 50 steps with help (accompanying person, frame)
5 = can manage distance of 50 paces in a wheelchair
0 = no longer able to manoeuvre wheel_chair

Climbing stairs
10 = independent with holds and walking aids
5 = possible with help from accompanying person
0 = impossible
Symptoms and signs of cerebral venous sinus thrombosis

General features
- Headache with nausea and vomiting
- Mild to marked pyrexia
- Raised ESR, leucocytosis
- Signs of raised intracranial pressure (papilloedema, disordered consciousness)
- Convulsive seizures (focal > generalized, often with postictal pareses)
- Disorientation, psychiatric symptoms.

Focal features
- Superior sagittal sinus thrombosis Lower limb palsy, tetraparesis, bladder dysfunction

- Transverse sinus thrombosis
  Cranial nerve deficits IX, X, XI
  Soft tissue swelling in mastoid region, possibly VI nerve palsy (inferior petrosal sinus)

  Cavernous sinus thrombosis
  Cranial nerve deficits III, IV, V, VI,
  Proptosis, lid oedema, chemosis, papilloedema

- Cortical vein thrombosis
  Alternating hemipareses, epileptic fits

- Deep cerebral veins
Bilateral extrapyramidal features, rigidity.

Venous sinus thrombosis: causes and associated disorders

Haematological disorders and defects
- Antithrombin III deficiency
- Protein C and S deficiency
- Haemolytic anaemia
- Paroxysmal nocturnal haemoglobinuria
- Idiopathic thrombocythaemia

Immunological disorders
- Behqet's disease
- Wegener's granulomatosis
- Crohn's disease

Hormonal disorders and deviations
- Oral contraceptives
- Pregnancy, postpartum state (puerperium)

Infections
- Meningitis
- Otitis media, mastoiditis
Others

Lymphoma, leukaemia
Local turnout invasion (carcinomatosis)
Arteriovenous malformation
Craniocerebral trauma
Cryofibrinogenemia

Antiphospholipid antibody syndrome
Disseminated intravascular coagulation
Polycythemia, leukaemias
Nephrotic syndrome.

Sarcoidosis
Paraneoplastic
Ulcerative colitis.

Androgen therapy.

Aspergillosis
Trichinosis

Budd – Chian syndrome
Cachexia, marasmus, dehydration
Cardiac/pulmonary diseases.
Glasgow coma scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Eye opening</th>
<th>Verbal response</th>
<th>Motor responses</th>
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<tbody>
<tr>
<td></td>
<td>Spontaneously</td>
<td>Orientated</td>
<td>Obeys commands</td>
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<tr>
<td>4</td>
<td>In response to speech</td>
<td>Confused</td>
<td>Localizing response to pain</td>
</tr>
<tr>
<td>3</td>
<td>In response to pain</td>
<td>Inappropriate, single words</td>
<td>Flexor response to pain</td>
</tr>
<tr>
<td>2</td>
<td>None</td>
<td>Incomprehensible sounds</td>
<td>Atypical flexor response</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Absent</td>
<td>Extensor response</td>
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Maximum score 15
Minimum score 3
Glasgow outcome scale

1. Death without recovery of consciousness after brain trauma.

2. Persistent vegetative state: patient unresponsive, eyes open, vegetative functions intact.

3. Severe disability: patient conscious but disabled, requiring help because of physical and/or mental disability.

4. Moderate disability: patient manages daily activities (with aids), can use public transport and do sheltered work but has obvious disability.

5. Good recovery: resumption of normal life with slight neurological deficits.

Note: Record date of examination after date of trauma.

Record details of physical and mental deficits.

The Glasgow outcome scale is also applicable for record of assessment after secondary brain damage (cardiac arrest, resuscitation), after encephalitis and strokes.
Results:

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions.

1. *Percentage of Improvement in Symptoms*

2. *Percentage of Improvement in Feeling Better*

3. *Percentage of Improvement Measured*

4. *Percentage of Improvement in Stress Reduction*

5. *Percentage of Improvement in SOC Behavior*

The SOC index gives us great insight to this study. Each disease has a different cut off where the ability of the SCIO to help was compromised. As a general index scores of 200 + where much less successful.

**TRANSIENT ISCHEMIC ATTACK**

*This groups significant SOC cut off was 75.*

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

This disease group total number of patients was **157**

**Subspace Treatment 43 patients, 114 SCIO Harness Patients**

**OVERALL ASSESSMENT**

**A. Subspace Treatment 101 patient visits**

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

None of these cases reported any major difficulty.

There were

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

32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
43%--- Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 234 patient visits

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

There were

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

44%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
62%---- Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
23%---- Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

"A 92 year old woman from Pound, Wisconsin, very close to death, diagnosed with Congestive Heart Failure, Organ Failure and other maladies, is now enjoying great
health after 10 treatments over 3 months with the EPFX. She asked for books, crossword puzzles and began crocheting again after several years."

"A 52 year old woman from Coleman, Wisconsin with "Drop Foot" was able to move her foot and was pain free the day after just one treatment with the EPFX."

"A 40 year old woman from Sierra Vista, Arizona, with "Insomnia" has been sleeping better than she has in 12 years with 2 EPFX sessions over a period of two weeks."

Wisconsin, U.S.A."

“One of the few non family members we worked with initially was a friend with multiple health issues. In her forties, she has already had a stroke. She also deals with fibromyalgia and asthma. She is seeing wonderful changes. After two sessions she said she could carry a load of laundry up a flight of stairs without stopping to breathe. It's been years since she could do that. She was amazed that she even had better balance and could put on her socks without sitting down. She ran out of her muscle relaxant and found she didn't need it. She is not having the cramping in her muscles that were so painful. I love the way she put it. "I feel like the way I remember NORMAL being, it's been a very long time."

Now that we are seeing results we are starting to work with more people outside of the family. My husband's secretary has done two sessions with us. She felt immediate results. She was becoming depressed from her weight gain and the troublesome cravings she would have. She felt very down on herself and didn't know how to improve it. She, like the others we have worked with, had a lifting of her depression. She said she felt brighter. She knew she had found the way to help herself. She follows the recommendations of the SCIO and is amazed at the results. She has been addicted to a type of soda produced by Weight Watchers. She buys it by the case and has been trying hard to cut back on her 3-4 a day habit. She was down to one a day when I saw her the first time but it was a struggle. After one session she was able to go the whole weekend without having any and, when she did have one later in the week, found she no longer enjoyed it and couldn't finish it. She was very impressed.

City Unknown"
“She is an elderly women in her eighties who began having strokes on a weekly and sometimes daily basis. Her family and doctor where preparing for the worst! And knew that by their standards, it was just a matter of time before she would dye. Fortunately for her, one of her daughter refused to except the doctor prognoses and came to me. In the outcome of only two sessions, these strokes have completely stopped and she has been doing wonderfully for the better part of nine months.

City Unknown”

“Age 31, female, high blood pressure and stroke in 2000, fatigue, head/back/body pain. She had initial session Apr 14/06, and further sessions Apr 21/06, May 6/06. After the first two sessions she noticed lower blood pressure. She reported feeling no pain and increased energy for 1.5 weeks after each session.

City Unknown”

“I have done sessions on two 76 year old women. One knew she had a mini-stroke, diagnosed by a medical doctor. Her cheek, lips, and gums were numb and out of control she could only drink from a bottle or glass with the use of a straw. She could not hold the liquid in her mouth. After her first session on the EPFX she could feel her cheek. After the second session on the EPFX the following week she could drink from a bottle and a glass without the use of a straw. The other woman had all sorts medical problems and out of frustration and anger it landed her in a mental facility. Her biggest complaint was headaches and insomnia. After her first sessions she was not having headaches and was sleeping through the night which she could not remember how long it had been since she slept through the night and did not have a headache. On one of her subsequent sessions I was attaching the EPFX harness and she got very stressed because she could feel a migraine headache coming on. I did a search for migraine in the test matrix and set the program to run for 3 minutes and she asked if I found anything for migraine and I said yes. She replied well it is going away. She said I didn't know how I was going to get home because she said she would have been throwing up in her friend’s car. She then replied where were you years ago when I was younger.

City Unknown”

“64 year old female. stroke , heart palpations, left side paralyzed, she was dealing with anger and delusion. She had had her stroke a year before I started therapy with her. Her Physical therapists, and MDs had sent her home and basically told her there was
no more they could do for her. First session unable to sit up, nor able to coherently stay awake. Feeling depressed and lonely from loss of her husband two years before.

Sessions began with twice a week then down to 1 a week. This stroke individual was depressed about not being able to function normally, she was wheelchair bound and had 24 hour in home care. Therapies with this client extended for 18 months till her passing of a heart attack in Dec. She had the inability to sit up straight, stand alone, talk without a slur, or be able to manage her affairs and make decisions for over a year. In less than 3 months she had begun to think clearly, her strength began to return. She was able to sit up straighter, her depression began to leave she looked forward to getting out and being around people, in 6 months she began to entertain at her home and at 12 months she was back into physical therapy again, her feeling in arm and leg began to return, and by 14 months she was up walking with a cane, cooking meals with assistance, managing her affairs, her heart palpations could not be detected unless ultra sounded. Her depression was gone and at 17 months she was at peace with herself. She loved life again and looked forward to her new grandchild. In Dec of this year she had a heart attack of which EMTs used the shocker to bring her back this put her into a coma she was literally brain dead. The DR's wanted to pull out all life support at the hospital. The family reluctantly agreed but asked me to put her on the biofeedback of which I legally could not do without the DR's permission they asked the Dr but he refused. So I did tell the family I could work in subspace of which I did at home 24/7 and they were grateful. They pulled all life support out of her, but she lived on, the family was shocked the Dr's were shocked! I wasn't, 10 hours after life support was pulled she woke up and spoke. She made the FOX 9 o'clock news as a miracle. The family was ecstatic and all felt it was a miracle. They found her heart needed a fibrillator and the DR's decided to operate on thursday the next week. On Sat. she was stable and going well. I took her off the EPFX. Monday evening, approx. three days before her operation she again had a massive heart attack and died in the hospital. Even though she did not live the miracle in her being in a coma with no brain activity and then returning to consciousness and talking with her family was seriously confounding to the MD’s. The family was eternally grateful for the short time she came back and to especially be able to give her their love and say their goodbyes.

City Unknown"

**USUAL or CUSTOMARY TREATMENT PLAN:**

Chromosome #5; Eye; Digestive Glandular (General):

PARALYSIS: ALWAYS GIVE _ ARNICA MONTANA (high potency) THE FIRST
THREE DAYS and follow with GELSEMIUM or KALI PHOSPHORICUM for a week or two. AGITANS: MERCURIUS VIVUS. Should the action of MERCURIUS VIVUS need supplementing _ HYOSCYAMUS NIGER. Chronic tremor of the head and hands _ ANTIMONIUM TARTARICUM; with tired feeling, cold sensation; left side mostly affected, HELODERMA.

Thickly loaded with tongue, ANTIMONIUM CRUDUM. General _ MAGNESIA PHOSPHORICA. FACIAL: When from cold, at first, ACONITE, RUTA GRAVEOLENS, GELSEMIUM. If this does not yield soon, give CAUSTICUM.

After these, or form the beginning when there is tenderness of the part affected, KALI CHLORICUM. Which swelling; sensation as of a cobweb on the face, GRAPHITES. HEMIPLEGIA: Especially in old men; mental and bodily weakness, BARYTA CARBONICA. With digestive disorder; when it has come on after overeating or drinking, NUX VOMICA. With rigidity, STRYCHNIA. Aching in occiput, numbness, tremor, speech difficult, GELSEMIUM.

Speech slow, LACHESIS.

Speech unintelligible, HYOSCYAMUS NIGER. With great despondency and inclination to weep, AURUM METALLICUM. If rigidity threatens, the limbs must be kept very warm, active and passive movements practiced, high frequency flooding electricity used two or three times a day for fifteen minutes; the current should not be strong; internally, SECALE CORNUTUM. HEREDITARY ATAXIA: (FRIEDREICH'S) Tremor, diplopia, ptosis, GELSEMIUM. More developed paralysis,

CURARA. HYSTERICAL: IGNATIA; especially of the muscles of the neck, COCCULUS INDICUS. INFANTILE: At the beginning, coldness of the limbs; the child cannot bear to be covered, SECALE CORNUTUM.

Later, especially when there is obstinate constipation, PLUMBUM METALLICUM. LABIO_GLOSSO_PHARYNGEAL: BELLADONNA, PLUMBUM METALLICUM, CAUSTICUM. LOCAL: Drop hand or drop foot (when not due to lead poisoning), PLUMBUM METALLICUM. Paralysis of the eye muscles, CONIUM. Of the muscles of the neck, head cannot be supported, COCCULUS INDICUS. Of the sphincters, PHYSOSTIGMA; when there is expulsion of urine and faces, on coughing, laughing, etc.

CAUSTICUM. Writer’s cramp, GELSEMIUM, CUPRUM METALLICUM.

PARAPLEGIA:
From accident, ARNICA MONTANA; locally, the spine to be rubbed and liniment consisting of ARNICA MONTANA 1X. This is to be used night and morning, and to be rubbed on for eight minutes. If this fails to bring about improvement in one or two weeks, HYPERICUM PERFOLIATUM, and a liniment of HYPERICUM PERFOLIATUM TINCTURE to be applied in the same way. Afterwards, GELSEMIUM. From exhaustion; from contusion; sexual excess; post diphtheritic, ARGENTUM NITRICUM. With rigidity, OXALICUM ACIDUM. With rigidity, spasm and exaggerated reflexes, LATHYRUS SATIVUS; then SECALE CORNUTUM.

If there is syphilitic history, or if the others fail, KALI IODATUM. Spasmodic paralysis with wasting of muscles, CUPRUM METALLICUM. Paraplegia from rheumatism, with restlessness and desire to keep moving about, RHUS TOXICODENDRON. Great weakness of the muscles, especially of the lower limbs, heaviness, weariness, hands and feet go to sleep, pains, numbness; great sexual excitement, PICRICUM ACIDUM. PROGRESSIVE MUSCULAR ATROPHY: PHOSPHORUS, PLUMBUM METALLICUM. SPASTIC PARALYSIS: LATHYRUS STAIVUS, NUX VOMICA, HYPERICUM PERFOLIATUM, STRYCHNINUM NITRICUM. SYRINGOMYELIA: With muscular atrophy, PHOSPHORUS; with analgesia, GELSEMIUM.

Electro acupuncture: Points used for hemiplegia: Li_15 (Jianyu), LI_11 (Quchi), TB_5 (Waiguan), LI_4 (Hegu), GB_30 (Huantiao), GB_31 (Fengshi), GB_34 (Yanglingquan), and GB_39 (Xuanzhong)

Method: Select 2-3 points, bilaterally, depending on the location of the paralysis. After the needle is inserted, manipulate until the characteristic needle sensation is obtained. Apply electrodes to the needles, and gradually increase the level of electric current. After about 30 seconds, turn off the current days 15-20 treatments constitute one course.

SCIO TREATMENT SUGGESTED

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

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

Magnetic Method - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflammation, 6 for infection, 9 for psych stress, 2 for energy stimulation, 4 for immune stimulation
**Frequency** - 1k_2k, use resonance check to determine freq treatment

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

**Discussion:**

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

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**Stroke**

**Stroke Symptoms & Stroke Prevention - Natural Stroke Treatments**

What is a Stroke?

A stroke or cardiovascular accident is a type of cardiovascular condition that affects the blood vessels in charge of supplying blood to the brain. A stroke occurs when a blood vessel, which carries vital oxygen and nutrients to the brain, is either blocked by a clot or ruptures. The blood flow is interrupted, depriving that particular area of the brain of oxygen. Every stroke is different, with signs and symptoms that vary according to the type of stroke, the part of the brain affected, and the size of the damaged area.
Differentiating Between the Types of Strokes

Diagnosing a Stroke

The diagnosis of a stroke is based on the physical symptoms of the patient as well as medical history. A physical and neurological examination will also be performed. Certain tests such as blood tests and imaging scans such as a CT scan will also be done to determine the area of the brain involved and the severity of the stroke.

What are the Symptoms of a Stroke?

What Causes a Stroke?

As mentioned previously, a stroke occurs when a blood vessel carrying oxygen and nutrients to the brain becomes blocked by a blood clot or some other mass or when it ruptures. As a result part of the brain does not get sufficient oxygen and blood. The nerve cells in the affected area are unable to function and die almost immediately because they are deprived of oxygen. When the nerve cells cannot function, the parts of the body they control are also affected and cannot function correctly either.

The effects of a stroke can be devastating and the most common problems experienced are:

- Weakness or paralysis in the arms or legs
- Trouble swallowing
- Perceptual problems – changes to the way things are seen
- Sensory problems – changes to the way things are felt
- Cognitive problems – problems experienced when thinking or remembering
- Trouble speaking, reading or writing

- Depression
- Fatigue
- Incontinence
Illustrations of ischemic and hemorrhagic strokes, courtesy of the Heart and Stroke Foundation of Canada.

**FACE:**
Ask the person to smile. Does one side of the face droop?

**ARMS:**
Ask the person to raise both arms. Does one arm drift downward?

**SPEECH:**
Ask the person to repeat a simple phrase. Is their speech slurred or strange?

**TIME:**
If you observe any of these signs, call 9-1-1 immediately.
Help for Stroke Sufferers

Ischemic and hemorrhagic strokes are treated differently and it is essential they be treated by a physician. Treatment of an ischemic stroke involves removing the blockage and restoring blood flow
to the brain. In hemorrhagic strokes, treatment consists of introducing a blockage to prevent further rupture and bleeding. Medication such as clot-busters (e.g. aspirin) and blood-thinners (e.g. Warfarin, Which is a Rat Poison) are prescribed. These drugs are very potent but can have harmful side effects. Procedures such as a carotid endarterectomy (in which a blood vessel blockage is surgically removed from the carotid artery) may also be performed. Sometimes balloon angioplasty and implantable steel screens called "stents" are used to treat cardiovascular disease to relieve blockages and widen the arteries.

Holistic and natural treatments offer numerous effective methods to reduce your risk of stroke. Treatments involving herbal and homeopathic remedies are gentle and safe to use while at the same time addressing the underlying causes of the condition. These remedies contain carefully selected herbs such as Crataegus oxyacantha (Hawthorn) well known for their cardiovascular properties and Passiflora incarnata which also relaxes blood vessels and reduces blood pressure. In addition, Viburnum opulus (Guelder Rose bark) is a very effective cardiac tonic and muscle relaxant while Ginkgo biloba improves blood flow throughout the body.

**Herbal Medicine for Stroke**

**Ginkgo Biloba**

Ginkgo biloba is used both to prevent and treat stroke. It helps to prevent blood clots from developing and increases blood flow to the brain. This herb has also been shown to inhibit free-radical formation.

Ginkgo is widely used in Europe to treat complications of stroke, including memory and balance problems, vertigo and disturbed thought processes. Many studies show that this herb increases blood flow to the brain.

Ginkgo also helps reduce fragility of the capillaries. (Capillaries are the tiny blood vessels that fan throughout your body.) This can help prevent hemorrhagic stroke. European physicians often prescribe an extract of ginkgo leaves for stroke survivors. Many doctors say that ginkgo prevents the stroke and, more importantly, it is nontoxic.

Select a product containing at least 24 percent ginkgo heterosides (sometimes called flavoglycosides) and take 40 to 80 milligrams three times daily. Note: Seek medical advice before taking ginkgo if you are regularly taking any type of blood-thinning medication, including aspirin. In large amounts, ginkgo may cause diarrhea, irritability and restlessness.

**Garlic- (Black Garlic best)**

Garlic helps prevent ischemic stroke in three ways:

- Garlic reduces blood pressure
Garlic lowers cholesterol levels
Garlic is an anticoagulant.

Garlic is the best anti-clotting herb. It contains nine anticoagulant compounds. It is a major herb for heart attack prevention because of its blood-thinning effect and its ability to help control high blood pressure. These same effects also help prevent ischemic stroke.

Well-researched studies show that taking garlic (raw or as a deodorized oil capsule) dramatically reduces platelet adhesiveness allowing improved circulatory function.

Use more garlic in your cooking. You can also add it in your salad. (If you are not going for an important meeting right after that!) You can also take garlic capsules or aged garlic (preferred.). Onions, scallions, leeks, chives, and shallots have similar benefits.

Dosage: Take 500 milligrams three times daily.
Caution: If you have hemorrhagic stroke, stay away from garlic and its other anti-clotting herbal relatives. (Ask your doctor whether you have ischemic or hemorrhagic stroke.)

Ginger (Zingiber officinale).

Ginger is a cardiac tonic, as it decreases cholesterol and helps poor circulation. Ginger prevents blood from clotting excessively. In one Indian study, taking about two teaspoons of ginger a day for a week neutralized the blood-clotting effect of 100 grams of butter.

You can use ginger in cooking, or you can brew ginger tea using one to two teaspoons of fresh grated root per cup of boiling water. Steep until cool. You can also sprinkle it in salads. It is a versatile herb.

Turmeric (Cucurma longa) (Black Cumerin Best)

Many studies show that the compound curcumin, which is found in turmeric, helps prevent the formation of blood clots. Turmeric is an important herb in Ayurveda. It is also a key ingredient in Indian cooking and can be found in most curry spice blends. You might consider eating more curry dishes. You can find several recipes in our Healthy Recipes Section.

Carrot

In a Harvard study of 87,245 female nurses, consumption of carrots (and to a lesser extent, spinach) significantly reduced stroke risk. Women who ate five servings of carrots a week suffered 68 percent fewer strokes than those who ate carrots less than twice a month.

Carrots are rich in beta-carotene and other carotenoids, all members of the vitamin A family. Other studies show that people can reduce their risk of stroke by as much as 54 percent if they eat lots of fruits and veggies that are rich in beta-carotene and vitamins C and E.

So, eat more carrots. They are wonderful as snacks (especially the baby carrots). Include them in vegetable soups. You can also make carrot juice. If you really want to do it right, add some garlic and ginger to provide them with zest.

Pigweed (Amaranthus)

A six-year Harvard study of more than 40,000 health professionals showed that compared with those who consumed the least calcium, those who got the most had just one-third the risk of succumbing to heart
attack. Many experts think that this also applies to stroke because of the biological similarities between ischemic strokes and heart attack.

Pigweed is an excellent plant source of calcium, with 5.3 percent on a dry-weight basis. About one-third of an ounce of fresh pigweed leaves would provide 500 milligrams of calcium. (The Daily Value is 1,000 milligrams.)

Use the young leaves in salads or steam the more mature leaves like spinach.

**Spinach**

Studies at Tufts University in Boston and the University of Alabama in Birmingham have demonstrated that folate can help prevent both heart disease and stroke. Compared with people who consumed little folate, those who ingested the most were only half as likely to show narrowing of the carotid artery, the artery that leads to the brain.

Spinach, cabbage, endive, asparagus, papaya, okra and pigweed have folate.

**English pea (Pisum sativum), Scurfy pea (Psoralea corylifolia)**

Nearly all legumes contain genistein, a cancer-preventive nutrient. In addition to guarding against cancer, genistein also appears to have a significant anti-clotting effect. So, it may also help prevent ischemic stroke and heart attack.

You can get genistein from tofu and soy products. Or, you may choose English peas or other beans and legumes, instead.

One food that is very rich in genistein is scurfy pea. This is consumed as a food (and reputed to be an aphrodisiac) in Asia. It contain much more genistein than soybeans!

**Willow**

Willow bark is herbal aspirin, and a low-dose aspirin has been shown in several studies to reduce the risk of ischemic stroke by about 18 percent. (Low-dose aspirin also cuts heart attack risk by about 40 percent in men and 25 percent in women.)

Instead of taking aspirin, you can take a tea made from willow bark, meadowsweet or wintergreen. Add 1 or 2 teaspoons of any of these dried herbs to either hot herbal teas or cold lemonade. Drink two to three cups a day.

Caution: Willow bark and the other aspirin-like herbs should only be used to prevent and treat ischemic stroke. They are powerful anticoagulants. Hence, they may increase risk of hemorrhage, including hemorrhagic stroke. If you're at risk for this type of stroke, consult your doctor before taking aspirin or any aspirin-like herbs. Avoid these if you're allergic to aspirin.

**Pineapple**

Pineapple contains an enzyme known as bromelain that is best known for its ability to break down proteins. It's a key ingredient in meat tenderizers. But bromelain also has an anti-clotting action that might help prevent ischemic stroke and heart attack.
Bilberry (Vaccinium myrtillus)

Bilberries, blueberries and huckleberries contain compounds known as anthocyanidins. European studies show that these compounds help prevent blood clots and also break down plaque deposits lining the arteries. Bilberries are also shown to help to maintain capillaries.

Bilberries and their relatives might help prevent ischemic stroke without increasing the risk of hemorrhagic stroke. One glass of huckleberry juice taken twice a week may help prevent stroke, according to herbalists.

Evening primrose

Evening primrose oil is rich in gamma-linolenic acid (GLA), which has potent anti-clotting and blood pressure lowering actions. It is believed to be useful in the prevention of stroke and heart disease. Borage oil is also rich in GLA.

Astragalus

Astragalus improves tissue oxygenation.

Dosage: Take 250 milligrams of standardized extract four times a day.

Calamus

Calamus helps restore brain tissue damaged by stroke.

Dosage: Standard infusion 3-9 g; Tincture - 10-30 drops.

Cayenne Pepper

Cayenne pepper improves circulation and heart function without raising blood pressure. It also enhances the power of other herbs taken at the same time.

Dosage: Take 100 milligrams twice daily, with meals.

Green Tea

Green tea may act as one of the most potent free-radical scavengers to protect against the peroxidation of lipids, a contributing factor in atherosclerosis.

Choose a decaffeinated standardized extract containing at least 50 percent catechins and 90 percent total polyphenols, and take 300 to 500 milligrams daily.

Hawthorn

Hawthorn has been reported to prevent or slow the progression of arteriosclerosis.

Dosage: Choose a standardized extract containing 1.8 percent vitexin-2 rhamnosides and take 100 to 200 milligrams two or three times a day.

Horsetail
The silica in horsetail maintains the elastic connective tissue of the arteries. It promotes arterial impermeability to harmful lipids, preventing deposits.

Dosage: Take 1 cup of horsetail tea or 1 tbsp. of horsetail juice three times daily.

**Kava kava**

Kava kava helps to protect the brain against oxygen deprivation.

Dose: Choose a standardized extract containing 30 percent kavalactones and take 250 milligrams twice a day.
Note: In excess amounts, this herb can cause drowsiness. Do not exceed the recommended dose. Do not use kava kava if you are pregnant or nursing, if you have Parkinson's disease, or if you are taking a prescription medication for depression or anxiety.

**Pine-bark and Grape-seed Extract**

Pine-bark and grape-seed extract are high in proanthocyanidins (also known as OPCs) that increase the structural strength of weakened blood vessels.

Dose: Take 25 to 50 milligrams of either two or three times daily.

**Herbs for improving the circulation to extremities:** elder flowers, hyssop, rosemary, yarrow.

**Herbs for nourishing the nervous system:** damiana, lavender, rosemary, Siberian ginseng.

How Poisonous Is Lily of the Valley?

Matt Soniak

We don't want to spoil anything from this season of *Breaking Bad* for those who haven't seen it. But for the *floss* readers curious about lily of the valley, a plant that played a part in Sunday's season finale, we're happy to talk botany. Read on at your own risk.

**So, what is lily of the valley?**

Known by the scientific name *Convallaria majalis*, the lily of the valley is an herbaceous (the leaves
and stems die at the end of the growing season and there's no persistent woody stem) perennial found in temperate areas of the Northern Hemisphere. The plant forms large colonies by spreading underground stems and appears above ground with upright stems called pips. The lily blooms in the late spring and has white, bell-shaped, sweet-smelling flowers and small orange-red berries. The plant pops up in Christian legend several times. As the story goes, lily of the valley was formed from the tears of Mary as she wept at the crucifixion of Jesus, and grew from the blood shed by Saint Leonard of Noblac during his fight with a dragon. The lily of the valley was also used as the floral emblem of Yugoslavia and is the national flower of Finland.

**Is it really poisonous?**

You bet. Toxicity is the plant's defense against animals eating its seeds. All parts of the plant—the stems, the leaves, the flowers and the berries—are extremely poisonous and close to 40 different cardiac glycosides have been found in the plant so far.

Glycosides are chemical compounds where a sugar is bound to a non-carbohydrate molecule. By increasing calcium stores in and around cells, cardiac glycosides increase the force with which the heart contracts and the volume of blood it can pump. This is not necessarily a bad thing, and these compounds have been used in medicine since the ancient Roman Empire to treat arrhythmia and congestive heart failure (today, the drugs Lanoxin, Digitek, and Lanoxicaps are made from a purified cardiac glycoside extracted from the foxglove plant). In quantities over the recommended safe dosage, though, cardiac glycosides can wreak havoc on your gastrointestinal, circulatory and nervous systems (more on that later).

**That doesn't sound good. Could it be growing in my yard?**

Possibly. The plant is widespread in the wild across Asia, continental Europe, England and the Appalachia region of the eastern United States. It's also a popular garden plant because of its sweet-smelling flowers and ground-covering ability, so it wouldn't be shocking to find it in a garden outside of its native range. Like, say, Albuquerque.

**So I definitely shouldn't be eating it, then?**

Not unless blurry vision, diarrhea, vomiting and nausea, disorientation, drowsiness, headaches, red skin rashes, excessive salivation, sudden alterations in your cardiac rhythm and possible death sound like your idea of fun.

**Oh. Let's say that, a friend of a friend ate too much. What's next?**

Get to a hospital, where treatment will include ingestion of activated charcoal, breathing support, IV fluids, an electrocardiogram and a temporary pacemaker, depending on the nature and severity of the symptoms.
**LILLY OF THE VALLEY**

Latin Name: Convallaria majalis

Alternate Names: May Lily, Our Lady's Tears, Jacobs Ladder

Family: LILIACEAE

Parts Used: Above ground portion, Root.

Properties: Antispasmodic, Cardiotonic, Diuretic, Emetic, Laxative, Purgative.

Internal Uses: Apoplexy, Coma, Epilepsy, Memory Loss, Mitral Insufficiency, Paralysis, Pulmonary Edema, Shock, Spasms, Speech Loss, Vertigo

Internal Applications: Tea, Tincture, Capsules.

Lily of the Valley increases the muscular action of the heart, yet slows the heart rate. It has an action similar to that of Foxglove (Digitalis purpurea), but is considered less cumulative and safer. It is a restorative to the brain and nerves.

Topical Applications: Flower water is used as a skin astringent, called aqua aurea, and is known for its lightening qualities. Essential oil is used in perfume, but it is very costly and synthetics are often substituted.

Energetics: Sweet, Bitter, Neutral, Moist.

Chemical Constituents: Convallatoxin, convallatoxol, convallarin, convallamarin, convalluside, convallatoxloside, saponins, essential oil, citric and malic acid, flavonoids.
The Lily of the Valley

Can you tell me what the flower that is "the lily of the valley" symbolically referred to Christ? I would like to know if this is the same 'lily' promoted as the 'Easter lily'. After examining some of the roots of the holiday called "Easter", it is easy to see that most of this 'holiday' has nothing to do with the Resurrection of Christ. I have read information that the "Easter Lily" falls into the category of non-Christ related holiday decorations... however, my mother says Christ was the Lily of the Valley. Can you tell me more about this flower and whether or not it truly is Biblical with the "Easter" celebration?

This is not a question I have ever had before. I have had to do a bit of research. In my simplicity, I had always looked on Easter lilies as a harmless decoration people would use in the spring. I had never considered its traditional and historical significance. I was surprised by what I found. But first, let's look at your questions--you indeed you have asked three different questions: 1)What is the lily of the valley in the Bible? 2)What is the Easter lily? 3)Are they the same? We will look at each question in turn.

LILY OF THE VALLEY

The Bible mentions lilies 15 times in 15 different verses. Of these 15 mentions, 8 of them occur in the Song of Solomon. Perhaps the most memorable verses are the following:

- **Song of Solomon 2:1**
  I am the rose of Sharon, and the lily of the valleys.
- **Song of Solomon 2:2**
  As the lily among thorns, so is my love among the daughters.
- **Song of Solomon 6:2**
  My beloved is gone down into his garden, to the beds of spices, to feed in the gardens, and to gather lilies.
- **Hosea 14:5**
  I will be as the dew unto Israel: he shall grow as the lily, and cast forth his roots as Lebanon.

- **Matthew 6:28**
  And why take ye thought for raiment? Consider the lilies of the field, how they grow; they toil not, neither do they spin: 29 And yet I say unto you, That even Solomon in all his glory was not arrayed like one of these.

Here in these verses, we see several things about the lilies of the Bible. They grow in the valleys and in the field. They may even grow among thorns. Sometimes, they are cultivated to grow in planted gardens. In speaking of God's blessing on Israel, Hosea states that "he shall grow as the lily." This indicates that the lily grows rapidly and commonly in many places.

The many places the lily is found in the Bible (valleys, fields, gardens, among thorns) shows the lily to be a common representation of a wide variety of flowers. This is similar to the usage of lily in English. The dictionary says that the lily is a large genus of perennial plants of the lily family grown from a bulb and having typically trumpet-shaped flowers, some white and some colored. Several plants that are similar to the true lily are also called lilies. In like manner, the biblical lily would refer to a large range of flowering plants that normally grew in the wild fields and covered the valleys at certain times of the year.

Most Bible students agree that the "lily of the valleys" in **Song of Solomon 2:1** is a type of Jesus Christ. Benjamin Keach, in his books on types, gives five comparisons between the lily of the valley and the Lord Jesus Christ. Here are his points summarized:

1. A lily is a sweet and a fragrant flower with a strong scent. Jesus has a sweetness in His ministry especially when He gave "himself for us an offering and a sacrifice to God for a sweet smelling savour" (**Ephesians 5:2**).

2. A lily is white and very beautiful; exceeding all other flowers for whiteness. Within it are seven grains or seeds that are the color of gold. White is a picture of purity (**Revelation 3:4**). The bride of the Lamb will be clothed in white (**Revelation 19:8**). What better representation of the purity of Jesus Christ, the one "who knew no sin" (**2 Corinthians 5:21**), who "did no sin" (**1 Peter 2:22**), who was tempted "yet without sin" (**Hebrews 4:15**).
), and who "in him is no sin" (1 John 3:5), than a beautiful white lily? "For such an high priest became us, who is holy, harmless, undefiled, separate from sinners, and made higher than the heavens" (Hebrews 7:26).

3. A lily is very fruitful. One root may put forth fifty bulbs. Through the death and resurrection of Jesus Christ, He brings forth much fruit (John 12:24). It is by bearing much fruit that He glorified the Father (John 15:8).

4. A lily, according to the ancient writer Pliny, is the tallest of flowers and yet hangs its head down. This a beautiful picture of the greatness of the Son of God matched only by the greatness of His humility. "Who, being in the form of God, thought it not robbery to be equal with God: But made himself of no reputation, and took upon him the form of a servant, and was made in the likeness of men: And being found in fashion as a man, he humbled himself, and became obedient unto death, even the death of the cross" (Philippians 2:6-8).

5. The lily has many medicinal qualities. According to ancient teaching, it could be used to restore a lost voice, help faintness, was good for the liver, and helped dropsy. The Lord Jesus Christ is the great physician and is fully capable of curing all diseases and maladies of the soul.

Certainly, the lily of the valleys is a beautiful picture and type of the Lord Jesus Christ.
Dramatically effective natural treatment found for stroke-caused brain damage

(NaturalNews) Research findings just announced at the Canadian Stroke Congress provide hopeful news for stroke victims. A treatment has been documented that can improve memory, language, thinking and judgment problems by almost 50 percent -- all within about six months after a person suffers a stroke. The therapy isn't a new Big Pharma drug or surgical treatment. Instead, it is simply consistent exercise that triggers healing in the brain.
41 patients, of whom 70 percent had mild to moderate walking problems requiring a cane or walker, took part in a five-day-a-week aerobic and strength/resistance training program that was adapted to their physical limitations. The workouts included walking, lifting weights and doing squats and were designed to imitate activities most healthy people would do in daily life. The results? At the conclusion of the program, the researchers found "significant improvements" in overall brain function in the participants. Attention, concentration, planning and organizing improved the most. Muscle strength and walking ability improved dramatically, too.

Not only does exercise dramatically improve cognitive abilities following a stroke but it could also save the lives of many stroke victims. In a media statement, lead researcher Susan Marzolini of the Toronto Rehabilitation Institute pointed out that people who have cognitive deficits after strokes have a threefold risk of dying. They are also far more likely to be institutionalized.

"If we can improve cognition through exercise, which also has many physical benefits, then this should become a standard of care for people following stroke," Marzolini stated. "These results provide compelling evidence that by improving cardiovascular fitness through aerobic exercise and increasing muscle mass with resistance training, people with stroke can improve brain health."

Exercising to improve physical and mental status after a stroke may not sound like a new idea but it is actually an approach to rehabilitation that is too often ignored. So Marzolini is urging the medical community to give people with stroke-related impairments access to exercise programs. "Modified exercise programs are desperately needed -- they can be adapted for people following stroke, and we think they can provide huge health benefits," she emphasized.

In addition, people who have never had a stroke can up their odds of staying stroke-free by exercising. "Healthy living is important for reducing your risk for stroke,
recovering from stroke and preventing another," Ian Joiner, director of stroke for the Heart and Stroke Foundation, noted in a press statement about the new study. "All of us should manage our risk factors for stroke and, when needed, have access to information and counseling about strategies to modify our lifestyle choices."

"These healthy lifestyle studies emphasize how important it is to exercise and stay active after stroke," Dr. Mark Bayley, Co-Chair of the Canadian Stroke Congress and Medical Director of the Neurological Rehabilitation Program at Toronto Rehab, stated. "By doing so, we can increase our chances of a better outcome after stroke."

As Natural News has previously reported, the 600-year-old form of exercise known as tai chi has also been found to provide significant benefits to stroke patients. Specifically, researchers from the University of Illinois at Chicago (UIC) found tai chi to be an effective, drug-free way to treat stroke-caused balance problems.

**Alternative Therapies for Stroke Treatment**

For some patients, alternative stroke treatments are an important part of recovery. Alternative therapies including acupuncture, massage, yoga, and more can help patients on the road back to wellness.

By Diana Rodriguez

Medically reviewed by Cynthia Haines, MD

**Cortaid Intensive Therapy**

After getting all of the prescription medications needed to help prevent another stroke and spending the hours needed each week to work on your muscles in rehabilitation, maybe you want to take a more relaxed approach for some of your stroke treatment.

Meditation, surrounding yourself with carefully formulated scents, rejuvenating massage, and exercise could actually help your body recover after stroke.

**Complementary and alternative medicine** (CAM) focuses on non-traditional treatments, which may be used instead of or in addition to traditional stroke treatment and therapy. Considering alternative
stroke treatment doesn't mean that you need to — or should — abandon your doctor's recommendations for treatment. But alternative stroke treatment can add variety to your therapy routine, improve your mental health, and perhaps even help coax your body into healing.

### Alternative Stroke Treatment: What Works?

Alternative stroke treatment may not work for everyone, but typically, it's not going to hurt — as long as your doctor has given you the go-ahead to try these approaches in addition to following your prescribed medications and therapy. Here are some alternative stroke treatment ideas you can consider, and how they can help:

- **Acupuncture.** Acupuncture is an ancient practice in which tiny needles are inserted painlessly in the skin at designated points to stimulate your body's nerves and muscles. Acupuncture can help to relieve pain and get your blood flowing more — and balance your energy, Asian cultures believe. Acupuncture can be used to help treat difficulties with language and swallowing, as well as paralysis. Acupuncture is a common part of stroke treatment in Japan and China.

- **Massage.** A study in Hong Kong found that regular massage lowered blood pressure and heart rate in stroke patients, and also eased anxiety. Massage is known to help with stress reduction and combat feelings of depression, both of which are common emotional health concerns of stroke patients. Keeping stress and depression under control is an important part of stroke treatment, for both mental and physical well-being.

- **Herbal medicines.** There are studies being done to determine whether commonly used Chinese herbal medicines are actually effective as stroke treatments. It is thought that these medicines may boost blood flow in the brain and offer other protective benefits against ischemic stroke. But use caution: Further testing needs to be done because studies to date just don't show enough evidence to either support or oppose using these medications. Some herbal medicines include Ginkgo biloba, Mailuoning, Xuesetong, Ligustrazine, and Acanthopanax.

- **Aromatherapy.** The benefits of aromatherapy as stroke treatment have not been extensively studied, but one very small recent study did consider the use of aromatherapy along with acupressure (another alternative method involving applying pressure to certain points on the body to relieve pain and other symptoms). Researchers used lavender, peppermint, and rosemary fragrances in conjunction with acupressure, and found that it relieved pain better than acupressure without aromatherapy.

- **Tai chi and yoga.** Tai chi is a martial art that requires balance and the use of both sides of the brain. This soothing form of exercise makes the mind and body work together to perform coordinated movements, which can benefit stroke patients. Yoga is a great stress reducer, and it may also help improve speech, balance, and dexterity. An extremely small recent study found that stroke patients saw benefit in each of those areas after taking consistent yoga classes.
Tai Chi exercise and stroke rehabilitation.
Taylor-Piliae RE, Haskell WL.

Source
School of Medicine, Stanford Prevention Research Center, Stanford University, Stanford, California, USA.

Abstract
According to reported global estimates, 15 million people suffer from a stroke each year, resulting in 5.5 million deaths, with 5 million left permanently disabled. Typical disabilities following stroke include poor neuromuscular control, hemodynamic imbalance, and negative mood state. Tai Chi (TC) is associated with better balance, lower blood pressure, and improved mood, which are important for stroke survivors. An overview of the philosophy and principles of TC exercise is provided, followed by a literature review of reported TC studies examining balance, blood pressure, and mood. Finally, the potential application of TC exercise to stroke rehabilitation is discussed.

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How to Learn Tai Chi
Edited by Jack Herrick, From Malaysia, Ben Rubenstein, Zack and 33 others

 Tai chi practiced outdoors in Beijing.

Tai Chi Chuan (Taijiquan) is an ancient Chinese "internal" or "soft" martial art often practiced for its health-giving and spiritual benefits; it is non-competitive, gentle, and generally slow-paced. By increasing strength, flexibility, body awareness and mental concentration tai chi can improve your health. Contrary to the Western concept of "no pain, no gain" one hour of tai chi actually burns more calories than surfing and nearly as many as downhill skiing, so it's a veritable workout.
The art of tai chi is said to improve the flow of Chi (Qi), the traditional Chinese concept of a physically intangible energy or life force. In scientific studies, tai chi has been proven to improve a host of medical conditions including, but not limited to: muscular pain, headaches, fibromyalgia, cardiovascular problems, arthritis, multiple sclerosis, Parkinson's, Alzheimer's, Diabetes and ADHD. Though its low-impact workout is especially helpful to seniors, tai chi is for everyone and is deceptively simple in appearance.

To understand the nature of Tai Chi Chuan (meaning "Supreme Ultimate Fist") we have to put it into context with the culture from where it has come from. Meaning we have to look closer at the Chinese culture and, in particular, the spiritual tradition of Taoism which is where Tai Chi Chuan finds its roots and sustenance.

Now the thing to keep in mind about Taoism, and those that would call themselves Taoists, is that Taoism is about an attunement with nature. Not just nature outside of us, but also the nature within us.

In fact one of the key principles of Taoism comes from the Tao Teh Ching written by the sage Lao Tzu. This principle is called Tzu Jan, or Ziran in pinyin, and it is the principle of being "self-so" or embodying one's "self-nature". So beyond the health benefits and stress relief, Tai Chi Chuan is also a means to tap into one's inner self.

This article is a beginner's guide to getting into tai chi initially and sticking with the routine of daily practice. Actual moves are not covered in this article.

**Check your eligibility.** Anyone can do tai chi, provided you choose the gentler forms of it. The reason for this is that tai chi emphasizes technique over strength, giving every person a chance to master the art regardless
of strength or age. The workout is low-impact and is therefore suitable for most people. If you have any doubts, talk to your medical practitioner.

2.2

Find a knowledgeable teacher who is right for you.

Find a knowledgeable teacher who is right for you. There are no degrees or credentials for teaching tai chi, and the key factor is the compatibility of your learning style with their teaching style. While there may be helpful study guides, it is simply impossible to learn from a book or video. A DVD cannot correct your form, and everyone needs correction as a beginner. Moreover, the social support gained by attending a class is invaluable. Places to look for a tai chi teacher include your local health club, community center, wellness facility, martial arts studio, YMCA, or YWCA. There are many "tai chi class finders" online. Factors in choosing a teacher include:

- There is no universal (or even widely-used) accreditation system for tai chi teachers. This often makes it difficult for a beginner to judge the veracity or suitability of a particular teacher's tai chi. A teacher without the ability to answer...
prolific questions and make individualized adjustments to your form is not acceptable, therefore it is best to trust your gut and keep looking until you click with the instructor.

- If you're a newcomer to tai chi, it is completely acceptable to learn from another advanced student.
- One important factor to consider is if you have any medical conditions which require special attention, such as arthritis or multiple sclerosis. If so, it is essential you choose a teacher who has experience making accommodations for your condition.
- Picking a teacher who is an hour drive away is the fastest way to getting tai chi relegated to your New Year's resolution list year after year. Ensure that you find classes that are close and handy to you.
- Pay only what you can afford. A fancy studio and a free uniform doesn't mean much if you aren't learning anything. Most traditional classes are held outdoors and are informal when compared to say, your local taekwondo school.

3. Pick a style of instruction.

Pick a style of instruction. No matter if your teacher of tai chi is a soccer mom from the burbs' or an old Chinese man with a white beard, pick a style of instruction that works for you. It doesn't matter how knowledgeable they are, if you can't understand them, you won't get any of their experience to show in your practice. Be sure to pick a teacher who has the same goals you do (in terms of health, self-defense etc.). To understand what you're in for, visit the class yourself before signing up. Teachers who refuse to allow a trial class are hiding something. Anyone who calls themselves, or insists you call them grandmaster or any other equally overblown term, is not worth pursuing. A true tai chi teacher will tell you that they are still learning to master tai chi, even after many years.⁹
Bear in mind that tai chi is not about competition. You are not entering the class to compete with the teacher or the others in the class. You are joining the class to honor and augment the teacher's work, and to learn. [10]

Choose a style of tai chi that fits with your needs and interests.

Choose a style of tai chi that fits with your needs and interests. There are hundreds of tai chi styles but each of them has a specific focus of its own such as health or martial arts, [11] meaning that you need to make a decision about what you want to get from the tai chi experience. The six most popular styles, which originate from family lineages, are the: Chen, Yang, Wu, Sun and Wu-Hao and Fa styles. Yang style is the most popular when focusing on health issues, however Chen style, with its lower stances and focus on martial development, is most popular as a self-defense art. No matter the style, stick with it, and remember that despite visual differences all tai chi styles share the same basic underlying philosophy.

The many types of tai chi styles mean that there are over 100 movements and positions in tai chi that you can learn. [12] Many of these carry the names of nature or animals.

The continuity between all forms of tai chi is: concentration on breathing coordinated with rhythmic movement, and an end goal of achieving inner calm by focusing on the present. [13]
Practice. Reading the cool tai chi magazines is fun, but the primary way to improve your tai chi is to practice. Anecdotes about one tai chi master, the famous Chen Fake, say he practiced his styles form 30 plus times a day. While you certainly don't need to go to this extreme, practicing once a day is preferable. Twice a week is about the minimum amount of practice in order to learn most effectively, and feel a tangible benefit. When practicing, focus on what you remember. Don't beat yourself up about not remembering, but rather improve what you can work on. Even if you only remember one posture, standing and holding that posture is good for you.

- Develop a routine so that it is both easy to remember and you find it a pleasant association between practicing tai chi and how you feel about your day in general.
- What you get from your Tai Chi practice is largely determined by how, and how much your are practicing. To get the most from your training consistency is needed. Set aside some time for yourself every day, fifteen minutes will do. Then, every day, take that time to care for your body and clear your mind with your practice. The reward will be well worth it.
- You can practice indoors or outdoors, with friends, or solo. Whatever fits in best for you, tai chi will work with you.
Commit to practicing for 12 weeks minimum. You need at least three months of practicing tai chi before you will notice the benefits. At this point, they should be very evident and ongoing but don’t give up – give yourself at least this minimum period to see the benefits. And once you reach this mark, continue for longer and bigger benefits, and for greatly increased skill.

Keep distractions out of your practice zone.
Keep distractions out of your practice zone. During the tai session, you are expected to put aside distractions and focus. The deep breathing aspect will help, as will relaxing:

- **Relax.** Tensing your body is the best way to prevent getting any benefit from tai chi. However, relax does not mean turn into a wet noodle. Retain proper posture without excess tension. Classic tai chi literature often describes this as standing "as if one were suspended on a string on the top of the head".
- **Breathe.** Part of the secret of tai chi’s health benefits comes from deep, abdominal breathing. The majority of styles teach "abdominal breathing", in which one breathes in, expanding the abdominal area (not the chest) and exhales by contracting the abs. All inhalation is through the nose, exhalation through the mouth and the tongue should touch the roof of the mouth; stimulating salivary function.
- **Live in the moment.** Develop the tai chi mental discipline to live in the moment rather than focusing on anxieties.

Practice in stressful situations.

**Practice in stressful situations.** Once you are more proficient at tai chi, move it into your daily life to reduce stress. Practice the concepts of tai chi in highly stressful situations, such as traffic jams, or a high-intensity work meeting, to lessen the tension and restore inner calm and balance.

- As a form of meditation, tai chi is able to help you learn to understand yourself better and thereby deal with others more effectively. Thus, when stressful situations arise, tai chi learning will help you to be assertive and respectful of others, as well as staying in the present and dealing with the situation before you with calmness. Tai chi helps you learn to merge the opposing forces of yin and yang, self and the world to achieve a natural balance for physical and spiritual well-being. This balance is represented by the tai chi symbol.
Expand your repertoire. Cross-training in other forms and styles, after you've achieved a basic level of mastery in your first form, is often very helpful at improving your general tai chi knowledge. The iconic practice of tai chi are the "hand" forms; the slow movements performed in a group or solo. But tai chi includes a vast array of forms which can improve your health and self-defense abilities. Most teachers only go on to such forms after a demonstrable proficiency in the basic hand form of the style.

- Learn about weapons forms. Almost all styles, including those which disregard all martial intent, have tai chi forms practiced with weapons. These can range from simple staves or swords to esoteric Chinese weapons.
- Try a faster form. Ironically, and in opposition to the public's general idea of tai chi, most traditional family styles (including Yang, Chen, Fa and Wu) have a "fast form." This form is often used as a way of expressing the martial power honed and stored in slow form practice. Sometimes called "Cannon Fist" (pao chui) in Chen style.
- Learn about partner work. If forms practice is tai chi's solo workout, "pushing hands" (tui shou) is its partner exercise. Though eventually it can lead into free sparring, push hands is essentially an exercise meant to develop the sensitivity and skill of tai chi in a cooperative way. Generally, the learning of push hands builds steadily; moving from fixed-stance patterns with a single hand, and ending in a moving step pattern with both hands sometimes varying in height and speed.
_read deeply about tai chi_. Classwork is one thing but learning the meaning, philosophical underpinning, and history of tai chi takes time and much of it is best done through reading and learning in your own time. This is an important part of learning tai chi because it provides you with the opportunity to get a deeper understanding of how tai chi benefits you mentally and physically, and enables you to find new ideas about enriching your tai chi experience. Other people’s learning about tai chi can inform your own and you may want to put some of their ideas into practice to see what works best for you.

- Feel free to ask your teacher questions about your self-directed learning, such as what to read and questions about what you have read. That way you will expand your understanding a great deal.
- Read the *Tao Te Ching* and the *I Ching*. These books discuss the concept of "chi" and how it can become blocked and when this happens, so does illness.
Stroke patients able to regain language after external brain stimulation in experimental treatment

Sheryl Ubelacker, Canadian Press | June 27, 2013 | Last Updated: Jun 27 5:43 PM ET
More from Canadian Press
Electrical pulses to the brain could help stroke victims

A new therapy that uses tiny pulses of electricity to stimulate the brain is promising to help patients recover after suffering a stroke.
Eating Well After a Stroke

Eating well after a stroke is key to recovery. Choosing healthy foods can help control blood pressure, body weight, reduce a person's risk of having another stroke, and may help with the demands of stroke therapy and other daily activities.

Preventing another stroke and staying healthy can be achieved when you take appropriate steps to control your weight and blood pressure. Making healthy food choices is a major step in the right direction, and you can enhance the impact diet plays in your risk by meeting with a registered dietitian. A dietitian can teach you how to prepare and plan meals and snacks to enhance your health.

Food groups within MyPyramid

- **Grains**: Make sure at least half of your choices from this group come from whole grains.
- **Vegetables**: Choose often nutrient-rich dark green and orange vegetables and remember to regularly eat dried beans and peas.
- **Fruits**: Eat a variety of fresh, frozen or dried fruits each day.
- **Dairy**: Choose low-fat or fat-free dairy foods, or a variety of non-dairy calcium-rich foods each day.
- **Protein**: Choose low-fat or lean meats, poultry; and remember to vary your choices with more beans, peas, nuts, seeds and fish sources. In terms of fats, make most of your fat sources from fish, nuts and vegetable oils. Limit fat sources from butter, stick margarine, shortening or lard.

For more information on MyPyramid, visit the USDA's interactive website at www.mypyramid.gov

Eight strategies to reduce your risk of a stroke

Eat a variety of foods each day

Because no single food can provide our bodies with all of the nutrients we need for good health, choose a variety of foods each day. Incorporating a variety of foods as suggested by the MyPyramid Food Guide Pyramid is a great way to get started.
Eat a rainbow of colorful foods at each meal

In order to reap the health-protective nutrients found in fruits and vegetables, it's important to choose a variety of colorful foods at each meal. Go for a rainbow approach by choosing an array of fruits, vegetables and legumes – dark reds, oranges, vibrant yellows, deep greens, blues and purples. By choosing a rainbow of color you'll be sure to take in a wide range of nutrients.

Choose 5 or more servings of fruits and vegetables each day

Research shows that the best way to reap the benefits of a healthy diet is to bump up your fruits and vegetables. So, in addition to steps 1 and 2, make sure you eat a minimum of 5 servings each day.

One serving of vegetable is equal to:

- 1 cup raw or leafy vegetable
- ½ cup cooked vegetables
- 6 ounces vegetable juice

One serving of fruit is equal to:

- 1 medium sized (tennis ball size) piece of fruit
- 1 4-inch banana
- ½ cup fruit cocktail, in own juice
- ½ grapefruit
- 1 cup diced melon or berries
- 2 Tbsp dried fruit
- 4 ounces 100% fruit juice

Reading food labels

Reading food labels is a great way to learn more about the foods you are eating. By law, most foods must have nutritional information listed in a standard way. When selecting foods for reducing your risk of stroke, focus on the following information on the food label for each serving:

- Calories
- Total fat
- Saturated fat
- Trans fat
- Cholesterol
- Sodium
- Dietary fiber

Once you get used to reading food labels, you'll become a healthier shopper.

Limit your intake of saturated and trans fat and cholesterol

Cholesterol is a fatty, waxy substance made by your body and found in foods of animal origin. Your body needs cholesterol to maintain the health of your body’s cells.

However, too much cholesterol in your blood can increase your risk of stroke and heart disease. High levels of blood cholesterol are the result of two factors: how much cholesterol your body makes, and how much fat and cholesterol are in the food you eat.
Diets high in saturated fats are linked to high cholesterol and an increased risk of cardiovascular disease. Saturated fats tend to be solid at room temperature and are found in animal products like meat, cheese, egg yolks, butter, and ice cream, and some vegetable oils (palm, palm kernel and coconut). Limiting the amount of saturated fat you eat from these foods is key to stroke prevention.

To cut the saturated fat in your diet, make the following substitutions:

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Choose…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butter</td>
<td>Light or diet margarine</td>
</tr>
<tr>
<td>Regular cheese</td>
<td>Low-fat or nonfat cheese</td>
</tr>
<tr>
<td>Creamer or half &amp; half</td>
<td>Nonfat creamer or nonfat half &amp; half</td>
</tr>
<tr>
<td>Whole or 2% milk</td>
<td>1% or nonfat (skim) milk</td>
</tr>
<tr>
<td>Cream cheese</td>
<td>Reduced fat or nonfat cream cheese</td>
</tr>
<tr>
<td>Regular ice cream</td>
<td>Nonfat or low-fat frozen yogurt or sorbet</td>
</tr>
<tr>
<td>2-4% milk fat cottage cheese</td>
<td>1% or nonfat cottage cheese</td>
</tr>
<tr>
<td>Alfredo or other cream sauces</td>
<td>Marinara, primavera or olive-oil based sauce</td>
</tr>
<tr>
<td>Mayonnaise</td>
<td>Light or nonfat mayonnaise</td>
</tr>
<tr>
<td>Prime grades of beef</td>
<td>Choice or Select grades of beef</td>
</tr>
<tr>
<td>Spareribs</td>
<td>Tenderloin</td>
</tr>
<tr>
<td>Chicken with skin on</td>
<td>Chicken without skin</td>
</tr>
<tr>
<td>Whole egg</td>
<td>Egg whites or egg substitutes</td>
</tr>
</tbody>
</table>

Diets high in trans fats are also associated with high cholesterol and increased risk of cardiovascular disease. Trans fats are formed when an unsaturated vegetable oil is
turned into a more saturated one through a process called hydrogenation. Food products that contain partially hydrogenated vegetable oils should be avoided.

Trans fats are found in:

- Anything made with partially hydrogenated fats (e.g., many processed foods including cookies, crackers, fried snacks and baked goods)
- Stick margarine
- Vegetable shortening
- Most fried foods

Choose the following substitutions to limit the trans fat in your diet. Look for foods that are labeled trans fat free or those that use liquid vegetable oils instead of hydrogenated ones in their ingredients.

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Choose…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stick margarine</td>
<td>Trans-free margarine or liquid margarine</td>
</tr>
<tr>
<td>Deep fried foods</td>
<td>Baked, grilled or broiled foods</td>
</tr>
<tr>
<td>Crackers made with hydrogenated oil</td>
<td>Baked crackers or crackers made with vegetable oil</td>
</tr>
<tr>
<td>Granola bars made with partially hydrogenated oil</td>
<td>Granola bars containing canola or other liquid oil</td>
</tr>
<tr>
<td>Energy bars dipped in frosting or chocolate</td>
<td>Plain, non-coated energy bars</td>
</tr>
<tr>
<td>Powdered creamers containing hydrogenated oils</td>
<td>Nonfat half &amp; half, skim milk</td>
</tr>
</tbody>
</table>

Limiting cholesterol in foods is another important step to cholesterol control and stroke management, and can be achieved by:

- Trimming visible fat from meats and removing the skin from poultry
- Cutting back on how frequently you eat meats, poultry and other animal-derived foods
- Limiting your portion size of meat to no more than 3 ounces at a sitting (size of a deck of cards)
- Limiting butter
- Eliminating lard
- Choosing nonfat or low-fat dairy foods

Trim the sodium in your diet

Most Americans eat much more sodium than they need. Eating too much sodium may cause you to retain fluids and increase your blood pressure. Not adding salt to foods at the table is one way to cut down on your sodium, but it isn’t enough.
Cut down on sodium by following these tips:

- Substitute herbs and spices for table salt. Table salt is one of the largest sources of sodium in our diet. Instead of using salt, try using herbs and spices. Avoid mixed seasonings and spice blends that include salt or garlic salt.
- Use fewer processed and canned foods. In addition to adding flavor, sodium is also used to preserve foods. In fact, the more the food is processed, the higher its sodium content. To cut your sodium intake, limit convenience foods such as canned and instant soups or vegetables, canned meats, frozen entrees, frozen side dishes with sauce packets, instant cereal and puddings, gravy and sauce mixes, and quick cooking boxed mixes for rice, pasta and potatoes. Low-sodium canned soups may be used.
- Think fresh. Use fresh ingredients when possible and foods with no salt added.
- Select frozen entrees that contain 600 milligrams or less of sodium. Limit to one of these per day. Check the package label for sodium content.
- Choose snack foods wisely. Most snack foods like potato chips, peanuts, pretzels and crackers are high in sodium. Choose low or reduced sodium versions of snack foods or eat more natural snacks like plain popcorn, vegetables or fruit.
- Read medication labels. Although not a significant source of sodium in your diet, read cold, headache, and stomach medication labels. Many contain sodium in the ingredients.

Understanding the sodium content in foods

- Low-sodium: the food contains 140 mg or less sodium per serving.
- Very low sodium: The food contains 35 mg or less of sodium per serving.
- Reduced sodium: The food has 25% less sodium than the comparable food product.
- Light or Lite in sodium: The food has at least 50% less sodium than the comparable food product.
- No salt added: No salt was added in the processing of the food product. However, naturally-occurring sodium may be present in the ingredients.

**How much sodium should you consume each day?**

Most health professionals limit persons with a history of heart disease or stroke to 2,000 milligrams each day. However, if you have high blood pressure, it is strongly recommended that you limit your sodium to 1,500 milligrams daily. Talk with your doctor to determine what your sodium level should be.

Choose foods high in fiber

As part of a heart-healthy diet, fiber can reduce cholesterol and your overall risk for cardiovascular disease. Dietary fiber is the part of plants the body cannot digest. As it passes through your body it affects the way your body digests foods and absorbs nutrients. How much fiber you eat affects not only your cholesterol level and risk for stroke, but may have other health benefits: helps control blood sugar, promotes regularity, prevents gastrointestinal disease and helps in weight management.

Most of us fall short of the recommended daily fiber guidelines

- 38 grams for men 50 and under
- 25 grams for women 50 and under
- 30 grams for men over 50
- 21 grams for women over 50
How to get more fiber in your diet

- Start the day off right with whole grain cereal or whole grain toast (if your cholesterol is high, choose oatmeal or oat bran cereal or toast).
- Instead of fruit juice, have a whole piece of fruit.
- For a fiber-packed lunch toss ½ cup garbanzo beans into a dark leafy green salad.
- Choose whole grain buns, bagels, English muffins, crackers and bread instead of enriched or white varieties.
- Purchase whole-wheat pasta and brown rice instead of enriched or white varieties.
- Top yogurt or cottage cheese with fresh fruit or nuts.
- Give zest to broth soup by adding veggies, dried beans or barley.
- Substitute brown rice for white.
- Grab fruit, veggies, a granola bar or trail mix for a change-of-pace healthy snack.

The best sources of dietary fiber are raw or cooked fruits and vegetables, whole-grain products, and legumes (e.g., dried beans, lentils, split peas). Refined foods like soda, fruit juice, white bread and pasta and enriched cereals are low in dietary fiber. The refining process strips the outer coat (called the bran) from the grain, lowering the fiber content.

Substituting enriched, white pasta and rice and other refined foods with whole-grain varieties is a great way to boost dietary fiber intake and help to prevent blood sugar fluctuations throughout the day. This, in turn, helps keep you feeling satisfied and can help prevent sudden cravings for sweets or other quick-sugar foods later in the day. The end result: weight control.

Maintain or achieve a healthy body weight
Another important strategy to reducing your risk of a stroke is to achieve a healthy body weight. Watching your portion sizes, eating foods high in fiber and low in fat, avoiding fad diets, increasing your activity, and keeping track of your eating habits are all ways to achieve a healthy body weight. Keep in mind weight loss does not happen overnight, so establish realistic short and long-term goals from the start.

References