

**Title:**  
**IRRITABLE BOWEL SYNDROME**

**Part of the Following:**  
**Large Scale Study of the Safety and Efficacy**  
**of the SCIO Device**

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

**Abstract:**

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

**Introduction:****Over View:**

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

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

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

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

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

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

Part 4. QQC standardization

## **Methods and Materials:**

### **SCIO Device:**

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

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

### **Subspace Software :**

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

### **SOC Index :**

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

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

### **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 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**

Symptoms include abdominal distress, erratic frequency of bowel action, and variation in stool consistency. Disagreeable abdominal sensations may also be associated with nonspecific symptoms; eg, bloating, flatulence, nausea, headache, fatigue, lassitude, depression, anxiety, and difficulty with mental concentration. Two major groups or clinical types of IBS are recognized. In the first group, the spastic colon type, bowel movements are variable.

Symptoms are commonly triggered by eating. Most patients have pain in colonic origin over one or more areas of the colon in alternate. Mucorrhea occurs frequently, as does a sensation of incomplete evacuation after defecation. Proctalgia fugax, headache, and bache are commonly present. The most common location of the pain and discomfort is over the course of the sigmoid colon. The pain is either colicky and comes in bouts or is a continuous dull ache. It may be relieved by a bowel movement. The second group primarily manifests painless diarrhea that is usually urgent and precipitous. It occurs immediately upon arising or, more typically, during or immediately after a meal.

Incontinence may occur, but nocturnal diarrhea is unusual.

- Lower abdominal pain, usually relieved by defecation or passage
- of gas
- Diarrhea alternating with constipation or normal bowel function
- Small stools containing visible mucus
- Possible dyspepsia and abdominal distention

## **LARGE INTESTINE**

- A. Congenital
  1. Atresia including imperforate anus
  2. Stenosis

3. Duplication
4. Hirschsprung's disease \_ aganglionosis

## B. Inflammation

### 1. Infective colitis Features

- (i) Crypt pattern preserved
- (ii) Predominantly neutrophil Polymorph infiltrate
- (iii) Poorly formed 'Muroid' crypt abscesses
- (iv) Marked surface epithelial degeneration and crypt hyperplasia

### Causes

- (i) Bacterial
  - a. Campylobacter jejuni
  - b. Bacillary dysentery (shigellosis)
  - c. Salmonella food\_poisoning
  - d. Tuberculosis
  - e. Staphylococcal enterocolitis
  - f. Gonorrhoea
  - g. Enterotoxigenic E coli
- (ii) Viral / chlamydial
  - a. CMV
  - b. Lymphogranuloma venereum
- (iii) Others
  - a. Amoebic dysentery
  - b. Schistosomiasis
  - c. Balantidiasis
  - d. Rectal syphilis

### 2. Ulcerative colitis

A chronic inflammatory process of unknown aetiology characterised by relapses and remissions leading to persistent diarrhoea and debility.

### Sites

Usually starts in rectum and spreads proximally to involve a variable length of colon. Frequently the entire colon is involved.

### Gross features

- (i) Continuity of involvement
- (ii) Confluent irregular mucosal ulceration
- (iii) Pseudopolyps'\_ residual inflamed mucosa
- (iv) Intense vascularity

### Microscopic features

- (i) Continuous inflammation maximal in the mucosa
- (ii) Congestion and vasodilatation
- (iii) Crypt abscesses
- (iv) Undermining ulcers and inflammatory polyps
- (v) Crypt atrophy and distortion
- (vi) Mucin depletion

- (vii) Paneth\_cell metaplasia
- (viii) Pre\_malignant dysplasia may be present in long\_standing cases

#### Complications

- (i) Haemorrhage
- (ii) Anaemia
- (iii) Electrolyte disturbance
- (iv) Perforation
- (v) Toxic dilatation
- (vi) Malignant change \_ adenocarcinoma, rarely a malignant carcinoid or small cell carcinoma
- (vii) Extra\_intestinal disease
  - a. Skin lesions \_ pyoderma gangrenosum, erythema nodosum
  - b. Arthritis/ankylosing spondylitis
  - c. Liver disease \_ chronic pericholangitis
  - d. Eye disease \_ iritis, uveitis, episcleritis
  - e. Biliary tract \_ sclerosing cholangitis, carcinoma
- 3. Crohn's colitis
- 4. Irradiation colitis
- 5. Antibiotic\_associated (including pseudomembranous colitis)
- 6. Mucosal prolapse syndrome \_ including solitary ulcer
- 7. Microscopic or lymphocytic colitis
- 8. Coliagenous colitis
- 9. Diversion colitis

#### C. Vascular disorders

##### 1. Ischaemia

The causes of ischaemia are the same as those in the small intestine.

Ischaemia results in:

- (i) Infarction
- (ii) Ischaemic colitis
- (iii) Stricture
- 2. Haemorrhoids Varicosities of the superior and inferior rectal veins. Causes
  - (i) Chronic constipation
  - (ii) Heavy physical work
  - (iii) Pregnancy
  - (iv) Pelvic tumours
  - (v) Portal hypertension
  - (vi) Rectal carcinoma
- 3. Angiodysplasia \_ usually in the caecum

#### D. Mechanical disorders

##### 1. Diverticular disease

Outpouchings of the large bowel mucosa through the muscle coat develop in response to prolonged increases in intraluminal pressure. These diverticulae form at the sites of lympho\_glandular complexes in the mucosa which overlie defects in the muscularis mucosae. The usual segment to be affected is the sigmoid colon, but infrequently they

can be found in the proximal colon. The diverticulae become secondarily infected, probably following minor trauma, and the ensuing diverticulitis can lead to abscess formation and generalised peritonitis.

2. Volvulus
3. Herniation
4. Intussusception

E. Tumour-like conditions

- (i) Peutz-Jeghers' polyps
- (ii) Juvenile polyposis

F. Benign tumours and polyps

1. Epithelial

- (i) Tubular adenoma (adenomatous polyp)
- (ii) Tubulo-villous adenoma
- (iii) Villous adenoma
- (iv) Metaplastic polyps

2. Lymphoid

- (i) Benign lymphoid polyp

3. Connective tissues

- (i) Lipoma
- (ii) Stromal tumours
- (iii) Ganglioneuroma
- (iv) Haemangioma

G. Malignant tumours

1. Carcinoma

Pre-malignant conditions

- (i) Adenomas \_ adenoma\_carcinoma sequence
  - a. Familial adenomatous polyposis
  - b. Hereditary non\_polyposis colorectal cancer syndrome
- (ii) Ulcerative colitis \_ dysplasia\_carcinoma sequence

Aetiology

- (i) Genetic \_ familial tendency
- (ii) Dietary factors
  - a. ? Bile salts and anaerobic organisms
  - b. ? Low residue food

Gross features

- (i) Annular ulcerated
- (ii) Polypoid/fungating

Microscopic appearances

- (i) Adenocarcinoma
- (ii) Mucoid (colloid) carcinoma

- (iii) Small-cell undifferentiated carcinoma and in the lower rectum and anal canal
- (iv) Squamous carcinoma (including basaloid variety)

#### Spread

Direct and lymphatic: Dukes' classification \_

Stage A \_ does not penetrate through the muscle layer of the colon/rectum

Stage B \_ extends into surrounding fat but there is no involvement of regional lymph nodes

Stage C1 \_ secondary deposits present in the regional lymph nodes

Stage C2 \_ involvement of the highest resected lymph node

Stage D \_ distant metastases

Blood spread is mainly to the liver

#### Complications

- (i) Obstruction
  - (ii) Perforation
  - (iii) Fistula formation
  - (iv) Haemorrhoids (with rectal carcinoma)
  - (v) Anaemia
  - (vi) Diarrhoea
2. Carcinoid tumour
  3. Lymphoma, including malignant lymphoid polyposis
  4. Sarcoma
    - (i) Malignant stromal tumour
    - (ii) Liposarcoma
  5. Malignant melanoma (anal region)

## Results:

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

1. *Percentage of Improvement in Symptoms*
2. *Percentage of Improvement in Feeling Better*
3. *Percentage of Improvement Measured*
4. *Percentage of Improvement in Stress Reduction*
5. *Percentage of Improvement in SOC Behavior*

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

### **This groups significant SOC cut off was 150.**

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 **1,200**

**Subspace Treatment 322 patients, 878 SCIO Harness Patients**

## **OVERALL ASSESSMENT**

### **A. Subspace Treatment 499 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

*30%--- Percentage of Improvement in Symptoms*

*19%--- Percentage of Improvement in Feeling Better*

*7 %---.Percentage of Improvement Measured*

*50%-- Percentage of Improvement in Stress Reduction*

*2 %----Percentage of Improvement in SOC Behavior*

### **B. SCIO Harness Treatment 1003 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

*43%--- Percentage of Improvement in Symptoms*

*43%--- Percentage of Improvement in Feeling Better*

*50%---.Percentage of Improvement Measured*

*57%-- Percentage of Improvement in Stress Reduction*

*4 %----Percentage of Improvement in SOC Behavior*

-

## **CASE STUDY REPORT CONDENSATION:**

"About 2 years ago, my mom was diagnosed with severe irritable bowel syndrome. This caused her extreme pain and she began to lose a considerable amount of weight. In fact, she dropped down to 89lbs. I had heard about the biofeedback device and quite admittedly, I was skeptical. However, when I approached my mother's family doctor and asked what she could do for my mother, her response was discouraging. In her words, "There is nothing I can do for your mother." Her poor body had become so allergic to food that even putting something in her mouth caused her to become violently ill. At this point, I asked the doctor what her thoughts were about biofeedback, thinking of course

that she would completely discredit it. However, much to my surprise, she acknowledged that if there was anything that could help my mother, it would be that. This is when I decided to take Mom to see another biofeedback practitioner in town. I had resolved that if this device could help my mother (a very difficult case), that I would want to do this myself as a career. After about 4 sessions on the device, my mother's digestive tract started to turn around. She wasn't violently ill after eating any more and she was actually digesting her food properly. She is now doing well and is gaining some weight! I realize I'm not allowed to make such claims as a practitioner but as a client's daughter, I can say that this device saved my mother's life.

City unknown”

“1. A 70 years old lady in Stockholm, Sweden, had severe tooth ache on the Moundy Thursday, but when she called her dentist he had already closed for the Easter days, and she hated to go to the acute dentist, so she asked me if I could help her. I did, and when she rose after the session, the ache was almost gone. She had a second treatment the next day and after that she was completely free from the toothache. She did not have to go to her dentist until her normal half yearly visit 5 months later.

2. A 78 years old lady in Stockholm suffering from dry coating on the retina was much better after 5 sessions with QXCI-SCIO but also wanted help for other problems. On one occasion the program showed she had chataract problems, so I asked her if that was correct. "Yes," she said, "my eye-specialist has said I have a slight catharact, but that it isn't necessary to operate for some time." I balanced the catharact and when she rose and looked out through the window, she exclaimed: 'Oh, is that house over there so shining yellow! I have always believed it was a bit dull yellow. Oh dear me, such difference!' She did not have an operation.

3. A man of 45 in Stockholm had great problems with his bowels, and constipation for several years. After 4 sessions with the QXCI-SCIO he reported the problems were gone, and 3 years later they had not returned.

Stockholm, Sweden”

#### BANANA ALLERGY AND DIARRHEA:

"I had constant diarrhea. We discovered the banana allergy and I quit bananas the diarrhea cleared up."

Silver Springs Shores, FL

I saw a 58 year old client who's had a 'skin itch' issue. He'd gone to the clinics several times over the past two months and given creams but it just gets worse.

Upon doing his session, something came up on the colon. So I asked how his bowel

movements were. He stated that they've been loose forever.

I worked on skin areas but I worked more in digestive.

A week later he came back for a follow-up . His skin didn't itch for about three (3) days but his bowel movements are more normal than they've ever been.

From there, we discussed 'malabsorbtion' and 'toxins' and the need to increase fiber foods.

There's more work to do but that's a start.

Wisconsin, U.S.A.”

“1.) My first real experience with the EPFX and Quantum Biofeedback was when my 5 year old son was extremely ill and throwing up for nearly 2 weeks. Conventional medicine had no idea of what to do. The doctor reluctantly gave him antibiotics, but that only made things worse. Suddenly I remembered a visit we had made to an EPFX practitioner about a year previously. We had been recommended by a couple in our birthing class, since he worked with homeopathic vaccinations. I thought that we needed to have him check our son out and see what might be possible. When our son was checked out, there were indications of Food Poisoning from Chicken. The practitioner completed the session to address this and then recommended a homeopathic. He suggested that our son would be 100% better by the next day and all better by the 3rd day - this was exactly the case. Both my wife and I had been thinking about food poisoning and he had had a chicken hot dog the day he first became ill, but conventional medicine was not interested in this. Interestingly he had had a minor bout about 3 weeks prior when he had only eaten 1/3 of a chicken hotdog.

2.) Ongoing issue of my own have been back spasms. An issue that occurs for no particular reason, other than I was an undersized football player and stress has become my middle name. The combination of the two seems to create energy jams that are suddenly released for little apparent reason (picking up a hangar), but which initiates a spasm crescendo that cannot be stopped as it has begun. All parts of my back have been involved and the standard protocol was to just relax and enjoy the ride :-~) On average the spasms would subside after the 5th day - making for a long week. Since I have had the EPFX to run balancing programs on this issue the average time for the spasms to subside has been reduced to 24 hours.

3.) An acute issue I had was an extreme spasm in my upper intestines. I kept assuming it would subside, but it continued to get worse. I was beginning to think that I was going to need to go to the emergency room when I decided I needed to quickly run the suggested therapy in the EPFX system. The recommended therapy was Auto Meridian. Within 20 seconds of starting the program, the spasms subsided and never returned.

4.) One of my clients called with pains in her teeth. During the session we ran the Pain Rx in the Dental program and several weeks later the pain had still not returned

5.) One of my clients was a starting running back for a college football team. He had not gotten along well with the new coach the year before and subsequently had not played much. Having suffered a hamstring injury at the beginning of this last year, it did not look good. I along with my partners started working with him and had him back on the field in 2 weeks. We stayed with him for the whole year and he had the best season he has ever had and has a chance of being drafted.

City Unknown”

“I have a case of Chrones. Stools normal and all pain gone with some supplements and two sessions.

A Gentleman with fertility problems. 3 visits and they are expecting.

A 25 year old female who never had a menstruation in her life. After one visit she started menstruating.

Elderly gentleman diagnosed with Prostate Cancer. Did cancer protocol and he came once a month for a year. His check up with the Doctor, he is cancer free.

Lady on anti depressants for 1 year. After 2 sessions has been off meds for now 2 years.

The list goes on and on. Every day I am amazed at the response of my clients. I am blessed to have the opportunity to work with such a device and share it with my community. Thank you for sharing this technology with the world.

City Unknown”

“I have used the EPFX / SCIO since August of 2006. I have benefited in many ways. I would say the most dramatic is my morning elimination of the bowels. I am 54 year old male. My diet is varied. I am a meat eater. My evacuations were always pretty good. Since using the SCIO they are amazing. Within 10 minutes of rising, regardless of what I ate the past 12 hours I have a large well formed bowel movement. By noon I usually have a total of 2 or often times three BM's.

Also, my spine and neck are pain free 100% of the time. The flexibility throughout my body is much improved. Since using the EPFX / SCIO I have not suffered any sickness or disease. My energy is also improved and stronger.

City Unknown”

“I have owned the EPFX/SCIO device for 18 months. A couple of years before purchasing the device, I was diagnosed for the second time with a primary breast cancer and underwent surgery and chemo therapy. A year later, upon recommendation, I had my ovaries removed. All of these changes in my body created a very stressful unbalanced system.

The EPFX/SCIO device has helped me identify what areas in my body were out of balance and given me specific ways to correct those imbalances both by using the device and by using supplements and adjunct therapies. In addition, I have used the

device with three family members who have seen their symptoms improve after having SCIO sessions with me. One of them was in a car accident and had a lot of pain and digestive problems. These symptoms are now completely gone. Each time my six year son becomes ill (like with a cold, headache, stomach ache, etc), I run a session on him. Since working with him, the symptoms of his illnesses diminish more rapidly and he just doesn't get as ill any more.

My husband has suffered from bowel trouble and back pain. These symptoms have also gone away since I've been working with him using the device.

City Unknown”

“AGE 48

GENDER MALE

DIAGNOSIS CRONIC CONSTIPATION, FATIGUE, INSOMIA

IT TOOKS THREE SESSIONS TO STABILIZE HIS INTESTINAL ISSUE, I MADE THE RECOMMENDATIONS GIVEN BY THE SYSTEM ABOUT GOOD FOODS, DIGESTION, NUTRITION, WATER AND EXERCISE. NOW HE FEELS VERY WELL, BECOUSE THE TREATMENT INCLUDING ALSO THE EMOTIONAL BALANCE AND CHAKRAS BALANCE.

CITY UNKNOWN, U.K.”

“Age 45, male, **Irritable Bowel Syndrome, stress/anger.** Digestion disturbances and anger tendencies much better after two sessions. He was taking nutritional supplements from his chiropractor as well. His chiropractor noted improvement in the stenosis area of his cervical spine.

City Unknown”

“My husband has suffered from bowel trouble and back pain. These symptoms have also gone away since I've been working with him using the device.

City Unknown”

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

City Unknown”

“I saw a 58 year old client who's had a 'skin itch' issue. He'd gone to the clinics several times over the past two months and given creams but it just gets worse.

Upon doing his session, something came up on the colon. So I asked how his bowel movements were. He stated that they've been loose forever.

I worked on skin areas but I worked more in digestive.

A week later he came back for a follow-up . His skin didn't itch for about three (3) days but his bowel movements are more normal than they've ever been.

Wisconsin, U.S.A.”

**USUAL or CUSTOMARY TREATMENT PLAN:**

Avoid fats, fat is a major stimulus to colonic contractions.

Avoiding flatulence champs as beans, cabbage, brussels sprouts, broccoli, cauliflower, and onions will give you relief from gas.

Avoid coffee, coffee is a major cause of woes among people with IBS, but it may be the resins in the coffee bean itself, to get some relief try decaffeinated, if not try cutting down on all coffee.

**SCIO TREATMENT SUGGESTED**

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

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

**Magnetic Method** - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflammation, 6 for infection, 9 for psych stress, 2 for energy stimulation, 4 for immune stimulation

**Frequency** - 1k\_2k use resonance check to determine freq treatent

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.

## **BOOKS**

1. **An Advanced Treatise in Quantum Biology.** The Staff of Maitreya, Ltd. *Acad. Press*, 1989.
2. **Towards a Bio-Quantum Matrix.** The Staff of Maitreya, Ltd. *Acad. Press*, 1992.
3. **Quantum Biophysics.** The Staff of Maitreya, Ltd. *Acad. Press*, 1993.
4. **Quantum Vibrational Medicine.** The Staff of Maitreya, Ltd. *Acad. Press*, 1993.
5. **Quantum Quality Control.** The Staff of Maitreya, Ltd. *Acad. Press*, 1993.
6. **Experimental Evidence for Homeopathy.** The Staff of Maitreya, Ltd. *Acad. Press*, 1992.
7. **Experimental Evidence for Homeopathy II.** The Staff of Maitreya, Ltd. *Acad. Press*, 1992.
8. **A Complete Guide to Pediatric Symptoms, Illnesses and Medication.** H. W. Griffith, M.D. *Body Press*, 1989.
9. Disease Dictionary (Nelson) The Staff of Maitreya, Ltd. *IMUNE. Press*, 1993.

## **ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya of Magyar; 1993.
2. **Full Spectrum Micronutrient Treatment of Bacteria (Homeopathic Treatment of Bacterial Infections).** Maitreya of Magyar; 1985.
3. **Homeopathic Stimulation of White Blood Cell Motility as Analyzed under the Microscope (A Proposed Mechanism for Homeopathic Immuno Stimulation).** Maitreya of Magyar; 1988.
4. **A Short Review of Fatty Acids in Treatment of pH Disturbance.** Maitreya of Magyar; 1985.
5. **A Clinical Study of Glandular Efficacy.** Maitreya of Magyar; 1984.
6. **Homeopathic Treatment of Pain.** Maitreya of Magyar; 1990.
7. **Proteinuria.** Maitreya of Magyar; 1984.
8. International Medical Journal of the Science of Homeopathy,, IMUNE PRESS