



*quit*  
*Let me help you*  
**smoking**  
and addiction

**WARNING!**

This book contains provocative material  
not for children or the sexually immature

## Table of Contents

<b>Oxygen is Life</b>	<b>5</b>
<i>The Smoker is Less Human</i>	5
<b>This Book has instructions to get anyone off of any Addiction But you have to at least be able to Read</b>	<b>36</b>
<i>Tobacco Control</i>	90
<b>French anti-smoking ads simulate forced BJs</b>	<b>99</b>
<i>Introduction - prhaps the whole health care system is wrong</i>	102
<i>SINthetic medicine is a SIN</i>	104
<i>But let's return to basics and take some time to analyze and define Health Care</i>	105
<i>Four unhealthy behaviors the real causes of disease</i>	107
<i>More detail Smoking</i>	109
<i>Reckless endangerment and willful neglect</i>	110
<i>Bad diet big sugar and bad oil</i>	111
<b>Stop Smoking Tips - Provides all the information on how to quit smoking</b>	<b>151</b>
<i>How does Smoke Deter help to quit smoking?</i>	151
<i>There are hard ways to stop...</i>	163
<i>Stop Smoking Products</i>	166
<i>Recommended Quit Smoking Products</i>	167
<i>The Real Secret Behind Cigarettes</i>	169
<i>Health Risks of Smoking</i>	169
<i>Telephone-based help to stop smoking</i>	170
<i>Support of family, friends, and quit programs</i>	171
<i>What to look for in a stop smoking program</i>	171
<i>Making the decision to quit</i>	172
<i>Setting a quit date and making a plan</i>	172
<i>Dealing with withdrawal</i>	174
<i>Staying quit (maintenance)</i>	175
<i>Hypnosis to Quit Smoking</i>	179
<i>Side effects of Quitting</i>	181
<i>Health benefits</i>	183
<i>Acupuncture against smoking</i>	186
<i>Yoga Helps Quit Smoking</i>	190
<i>Handling Insecurity and Setting yourself Free from Peer Group Pressure</i>	193
<i>Induction of Nicotine poisoning</i>	199
<i>Wacky and amazing stupid people</i>	200
<b>Addictions</b>	<b>203</b>
<b>The Electrical Nature of Everything</b>	<b>206</b>
<b>Sex Attraction Pheromones are Capable of Natural Activation from an article in CTW press</b>	<b>212</b>

<b>An Absolute Foolproof Cure to Stop Smoking</b>	<b>228</b>
<i>The high cost of smoking</i>	231
<i>Neuroscience For Kids</i>	249
<i>The first step is saying I really want to quit</i>	259
<b>ACUPUNCTURE IN DRUG AND TOBACCO DETOXIFICATION</b>	<b>261</b>
<i>An abstract review</i>	261
<b>Smoking Cessation with the SCIO - Anti-Smoking Program</b>	<b>271</b>
<i>Abstract</i>	272
<i>Introduction</i>	272
<i>Overview</i>	272
<i>Methods and Materials:</i>	273
<i>Instructions of the SCIO Anti Smoking Program</i>	275
<i>Bibliography</i>	282
<b>The Remarkable Discovery</b>	<b>284</b>
<i>Electrostimulation in Drug and Alcohol Detoxification Significance of Stimulation Criteria In Clinical Success</i>	284
<b>Hypnosis or De-Hypnosis</b>	<b>325</b>
<b>Quantum Biofeedback Addiction Study</b>	<b>339</b>
<b>Clearing the Core of Autism with SCIO</b>	<b>342</b>

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If you do not have the money pay what you can, and if you cannot pay anything please pay the cosmos back with good deeds to others. Pass on the good karma by being good to others and helping them the way I am helping you. Pass it on.

## Oxygen is Life

Without oxygen there is now life for people. Oxygen is the key ingredient for life. Oxygen is the key of memory and brain function. Oxygen is the key of muscle function. Oxygen is the key of hormonal and sexual function. The better you use oxygen the more healthy you are. Wellness of any organ, wellness of any organism is determined by how well it uses oxygen.

So when you obstruct oxygen in a person that person is less healthy. That person has less stamina, less intelligence, less memory, less sexuality, less well, less strong.

Smoking obstructs oxygen. The tar the chemicals the very smoke itself blocks the absorption of oxygen. When you get less oxygen all life functions are weakened. Everything about you now is a little less effective, a little less efficient, and a little less healthy. Whatever you were before you are now a little less. You might not be aware of this but you are. You will tire faster, get pain quicker, be less efficient.

Nicotine a highly addictive substance irritates the nervous system and upsets the metabolism when you don't get your hourly fix. This craving drives an irritation that builds and builds making the nerve cringe in pain and gripped in desire to get the fix. The addict's brain will twist, contort, rationalize, lie, cheat steal, and deceive themselves in a thousand ways to get their fix. Their cognitive functions are much less, their memory much less, their emotional stability much less, their reflexes much less, and their decision skills much less, everything is less. Nicotine makes a slave who will interweave lies and deception to continue the addiction. So the very words they say cannot be trusted if it involves their addiction. They become liars to themselves to justify their lack of will to stop.

The toxic carcinogenic poisons of the smoke further interfere with life and hinder health. They can cause cancer and the smoker always is cutting his life short. A fact that the addict must use self deception to explain away his addiction to self and family.

This triple edge sword of addiction, oxygen obstruction and toxicity all combine to make the smoker less in all ways of health and positive performance. The smoker has less than healthy teeth. The smoker loses their beauty. The smoker has less sexual power. The smoker is inhibited in making relationships last. The smoker is now less than human. He has become a slave to the addiction. The decision skills are compromised and weakened as he loses confidence and trust by others. For everyone around him knows that the cigarette is really in control.

## The Smoker is Less Human

Every smoker knows this deep down inside but few will admit to it. All would like to be able to quit and have a healthier life. All of them would like to be free from the addiction and to be fully human again.

This book is made to help you to find the motivation and to assist you in becoming fully human and free from addiction. To try to find a way to touch the heart of the worst addicted smoker the facts are not suppressed. The graphic words and pics are designed to piss you off and make you think and get you to quit. The story of an addiction so powerful to control our society is a modern horror movie in the making.



Can we set the world free? Well let me try.



We have shunned the smoker, driven him outside and done everything to remove him away from healthy people. All attempts to get people to stop on their own seem futile.



6

Smoking and addiction



7



Smoking and addiction



*You can stop.*

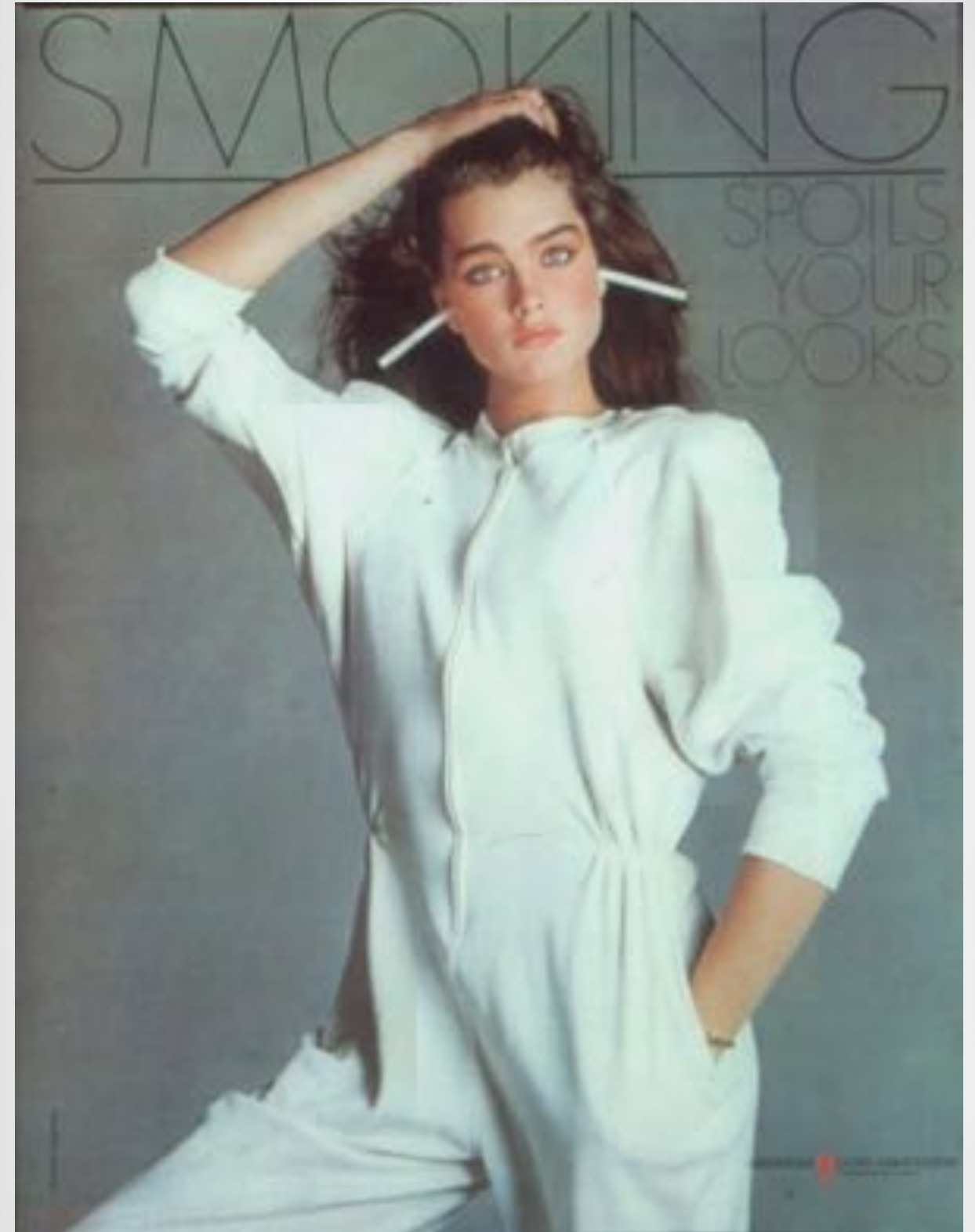


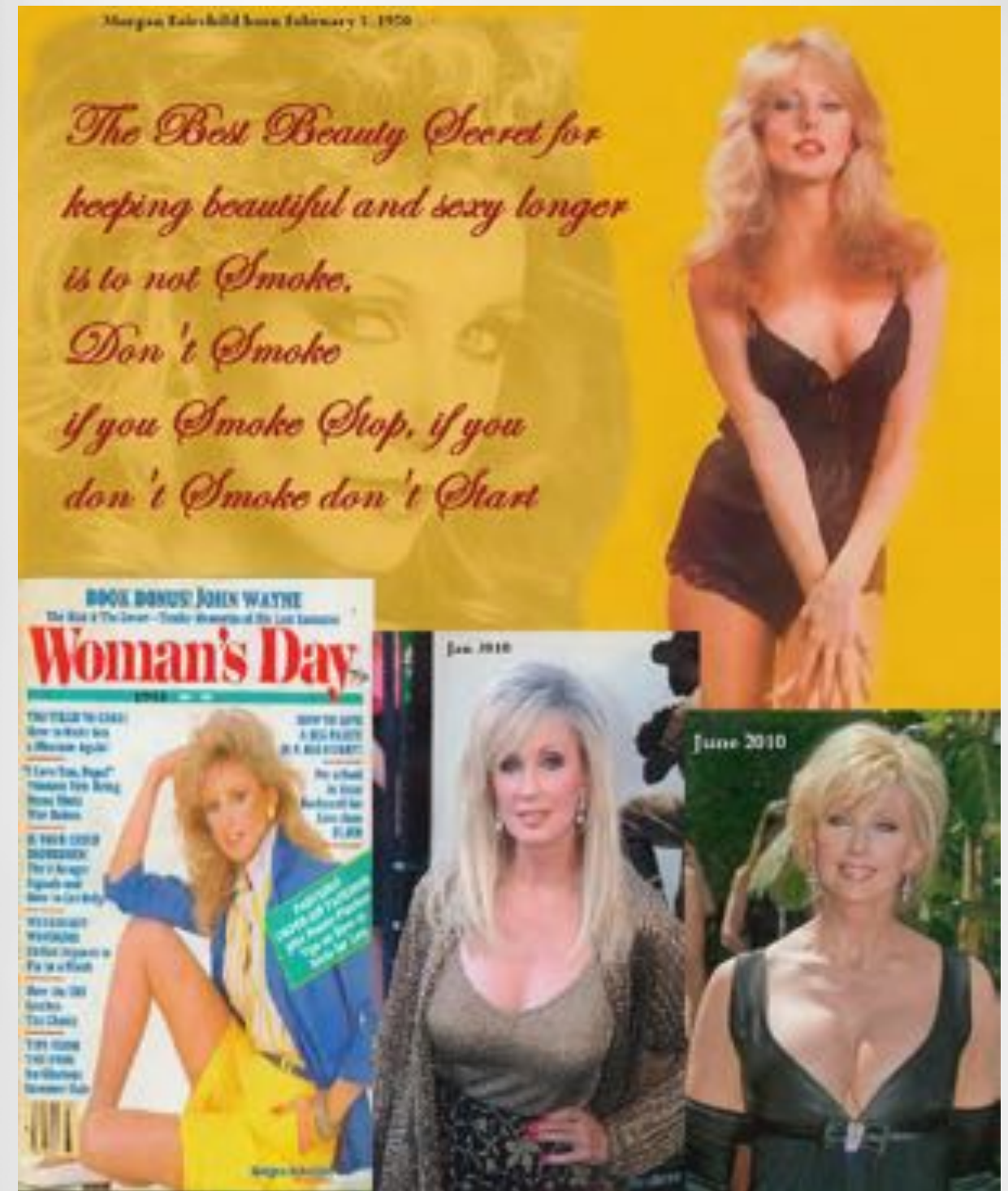
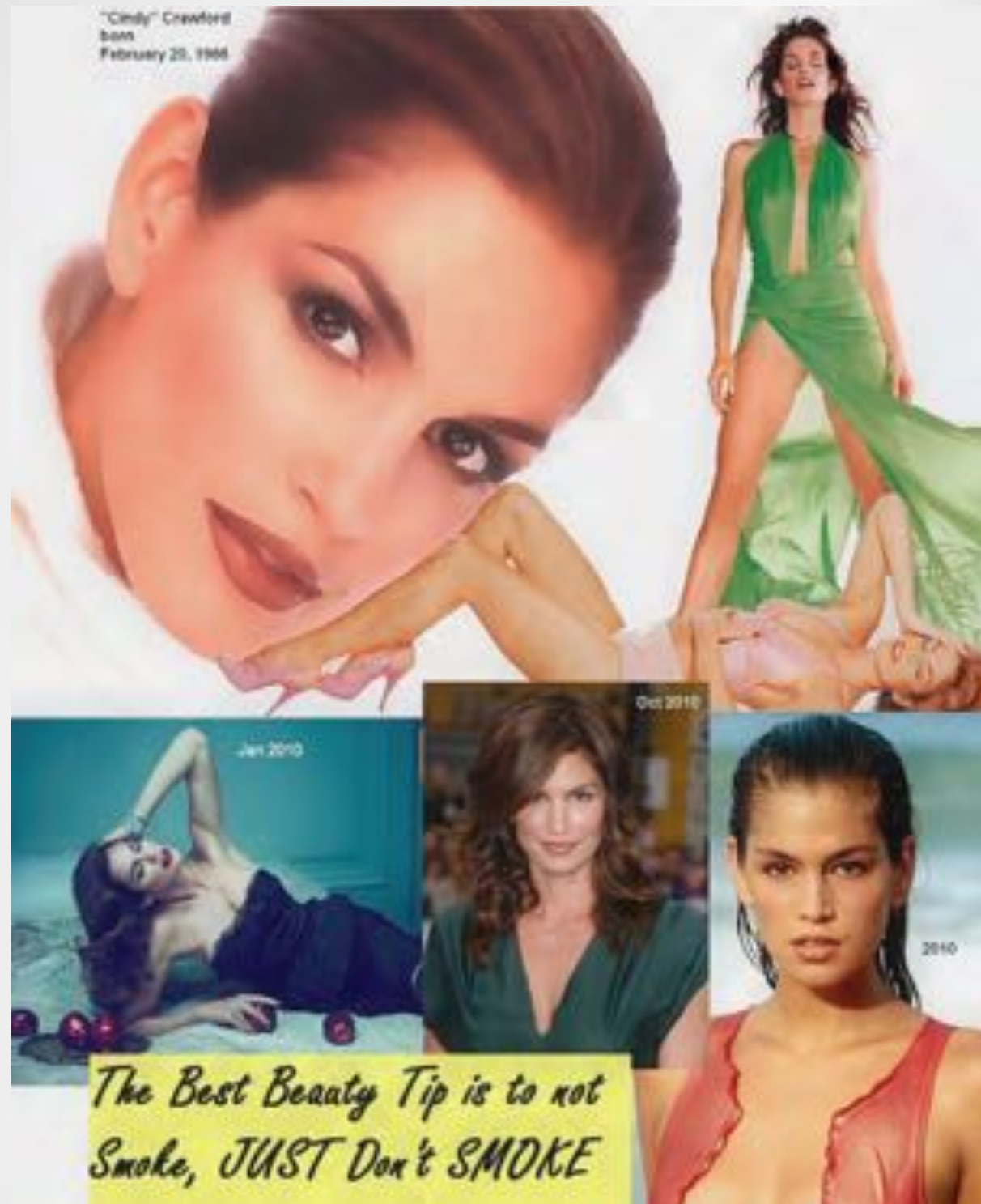
*The Number one Most  
Important Beauty Tip*

***STOP SMOKING***

Smoking Takes away your Beauty







But next some people will show us what cigs do to your beauty



# the books 3D Views on Natural Cancer Therapies

## Immune Stimulation

## The True Health Care Debate

Years ago I was excited to see some infomercials about alternative medicine treatments for diseases. The speaker talked a good show and sold me to buy his books. But there was absolutely no real advice in the books, only multilevel companies with more to buy. This made me angry and then I decided to write the best self help books on natural medicine. Editing and collecting the best in real substantiated advice.

Desiré has written two incredible books and made movies to go with them. What to do for influenza and specifically what to do when the next major virus hits. A movie and a self help book designed to really help you and your families understand what to do to protect yourself.

Also cancer is such a devastating disease, and there are ways to help yourself in the kitchen with cooking for cancer patients. Full advice from soup to nuts on exercise, meditation, cooking, and more. Coupled with a video for the science of how it works.

The health care debate is bringing a question of health and care. In this incredible new book Desiré has outlined a very thorough review of the real problems of Health Care. This book will tell you the truth the chemical companies do not want you to hear.



*video goes with the book*

### 3D Views on Natural Cancer Therapies



Immune Stimulation



The True Health Care Debate



Can you see what cigs do to your skin and beauty?



Before

After cigs



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

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Sveikatos apsaugos ministerija perspėja:  
Rūkymas kenkia Jūsų sveikatai!



I Simply Stopped Smoking



Smoking Takes away Beauty



**CIGARETTES ARE EATING YOU ALIVE**



**GUM DISEASE**



*Smoking Causes Impotence*



**JUST STOP!**

FreakingNews.com



*If nothing else will scare you to stop look at this next picture.*



Now you know that if you continue to smoke you are less than human. Now you must stop living as a subhuman slimy shit. Sneaking off to smoke, ruining relationships clothes and your health. Knowing that Big Tobacco owns your soul. They make you less every day. They own you, control you, they are pissing in your breakfast and shitting on your lunch and you eat it up like the little pitiful lap dog you are. Stop your sub-human existence. Set yourself free.



Smokers don't want to hear it. They don't like being told the truth. They don't want to have people see the true fools and incredible buffoons they are. They are ignorant of anything except the addiction.





The drinks were expensive, but at least the nuts were complimentary.



I am sorry but I got a sugar coated message for Big Tobacco



# Sugar Coated message



You **FUCKED UP BAD**  
**REAL BAD**

incredibly over the top... **BAD BAD BAD.**  
It's unbelievably bad

When you're heading for a Brick of Wall, and someone shouts to save your life  
You have ruined our planet with  
**Greed, Anger and Delusion**

**Look Out! Fuckhead!**

You don't question the **TONE.** You don't shoot the messenger, You swerve.

**WAKE UP WORLD**

**Smell the Desi**

In olden days there were two main ways to react to an attack on your village. The women and children would freeze and increase their chances of survival. If they did not fight back they might be taken as slaves. The warrior would attack back. The men took up a sword and increased their chances of survival by fighting. A modification of flight or fight to freeze-fast or battle back. There are the two major defense mechanisms when attacked. Most are like sheep and dislike or even fear any confrontation. They panic and cringe in terror even if there is just a loud tone of voice. When they hear a loud tone of voice they freeze like a deer in the headlights. Others feel outrage at injustice and take a warrior stance and a warrior tone. The small minds and the Ultra Rich use this to manipulate the masses, but before we are all lead into their slavery maybe some will respect the warriors sense of outrage. The Angel is an outrageous warrior and expresses outrage to defend intellect, freedom, equality and the children. This is a time when we need warriors not sheep, outrage not timid fear, courage not submissiveness.

# PAIN God's GREATEST GIFT

NO PAIN, NO GAIN

"No Pain, No Gain. Without pain we cannot live. Laughter is the best Transcendent Medicine, the Ultimate Medicine. We laugh to release pain, anger, jealousy, and agony."

*Desiré Dubounet*

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

*Will Rodgers*



Two men were in court for selling illegal counterfeit cigarettes. The judge said he would give them each a month before sentencing and that if they could get people off of addiction he would suspend sentence.

The men came back a month later and the first one said he got 12 people off of addiction. He drew a large 8 in circle and said this is your brain before addiction. He then drew a small 1/2 in circle and said this is your brain after addiction. The judge said wonderful.

The next man said he got 215 people off of addiction. The judge said amazing and asked How? He said I drew like my friend but I first drew a 1/2 in hole and I said "this is your ass before you go to jail".

Smoking and addiction





Excellent health statistics - smokers are less likely to die of age related illnesses.'



One cig in 10 is illegally sold



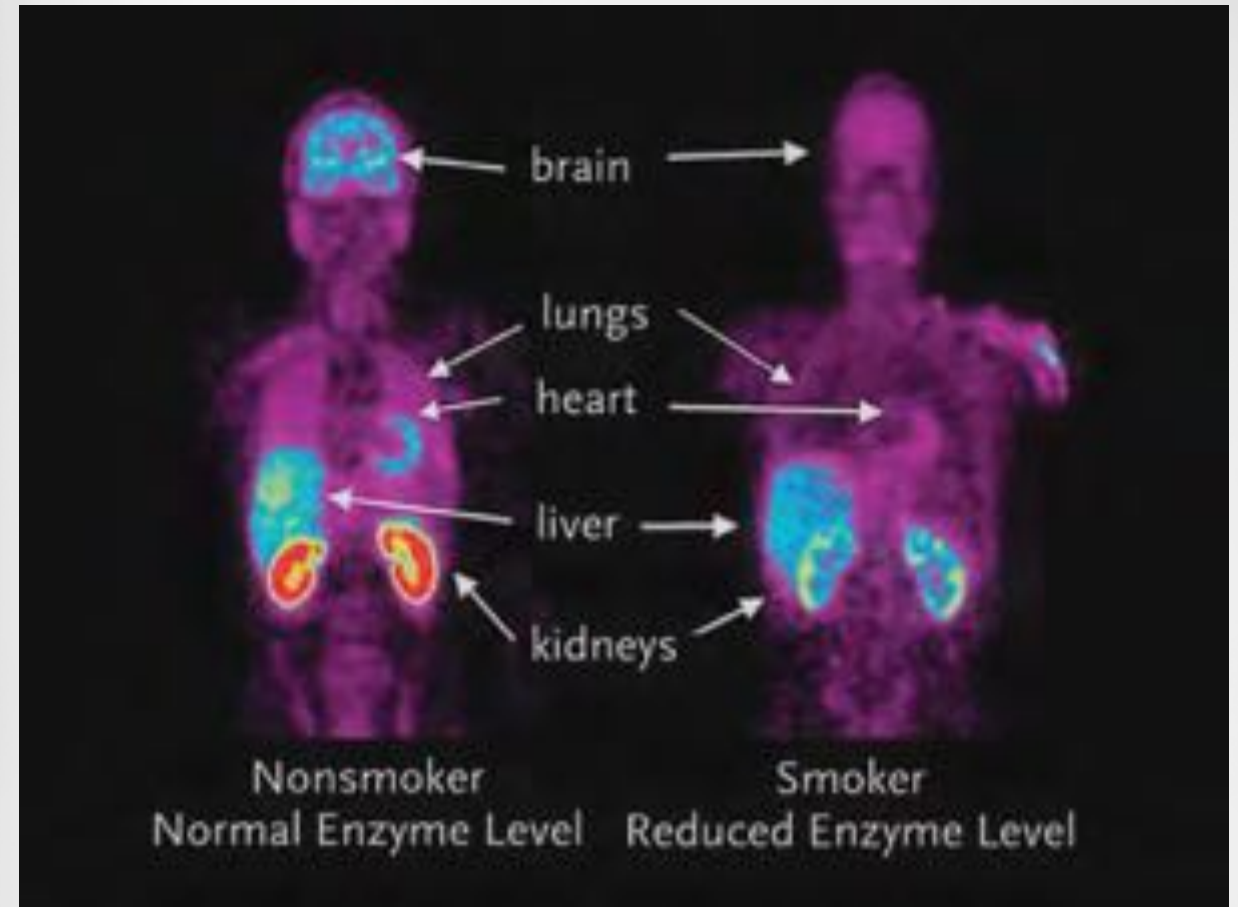
2. The men came back a month later and the first one said he got 12 people off of addiction. He drew a large 8 in circle and said this is your brain before addiction. He then drew a small 1/2 in circle and said this is your brain after addiction. The judge said wonderful.



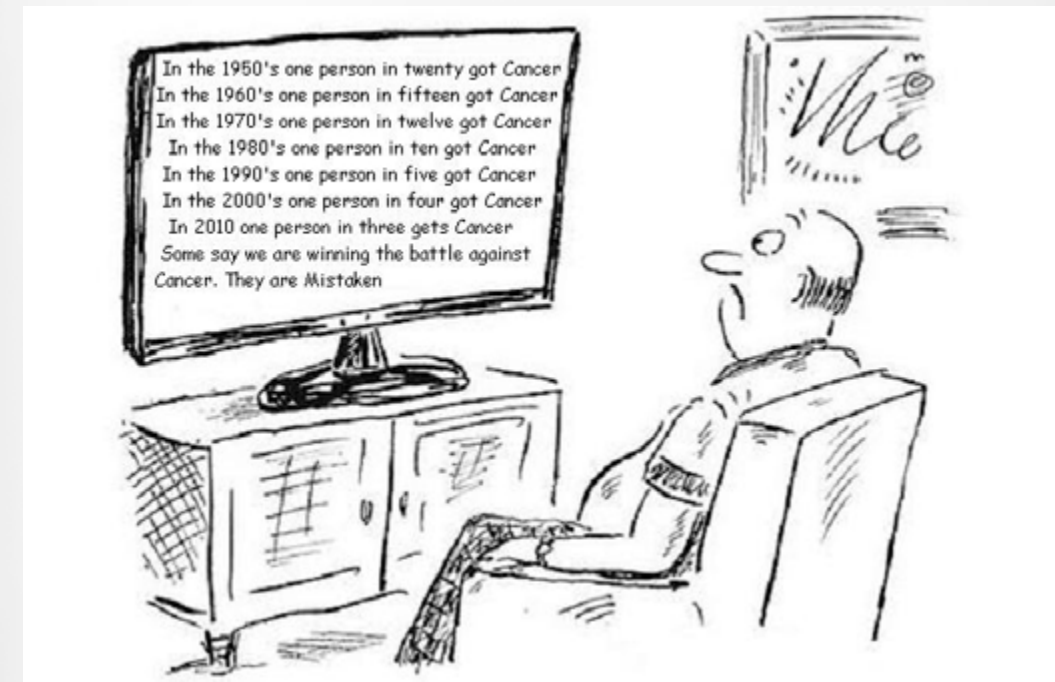
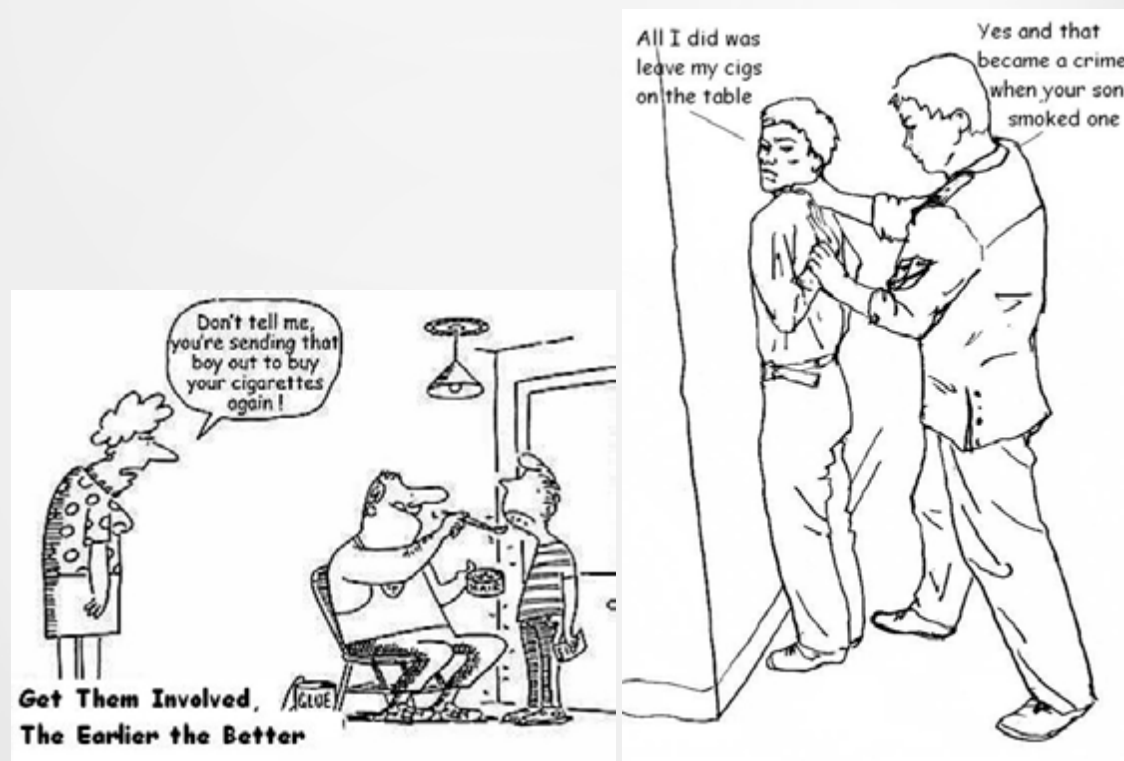
3. The next man said he got 215 people off of addiction. The judge was amazed and asked How? He said I drew like my friend but I first drew a 1/2 in hole and I said "this is YOUR ASS BEFORE YOU GO TO JAIL. "

1. Two men were in court for selling illegal counterfeit cigarettes. The judge said he would give them each a month before sentencing and that if they could get people off of addiction he would suspend sentence.





*The Smoker is Less Human*



*And cigarettes are the reason*

This Book has instructions to get anyone off of any Addiction  
But you have to at least be able to Read



Revelation 9:18

A third of mankind was killed by the three plagues of smoke that came out of their mouths.



*"Then I saw an Angel coming down from Heaven,  
holding the key to the bottomless pit and a great chain."  
(Revelation 20:1,2)*

# CE EVOKED POTENTIAL and the European TVEP QQC (both patented and trademarked)



The QQC trivector device passes a changing low level field thru the item and generates a sophisticated picture of the electrical field of the item. It makes a 22X22X22 3D field that means over 10,000 separate frequencies to make one pattern. The shark senses these fields and they are amplified by the salt water. This study leads to the discovery of the electro-sense. Researchers have found that humans also have such a system but it is weak.

Every item has such a field. Living things have a changing reactive field, non-living things have a static field non-changing. We now know that the electro-sense in humans is the surface of the skin and most concentrated in the sense of smell. So by measuring the Voltammetric electrical field of items and then amplifying the field 10 million times we get to really measure the patient's reaction to items, really. So by applying a trivector Voltammetric pattern we can measure the response or evoked potential and see the patient's reactivity. So 5 million dollars were spent buying and procuring the items in the matrix and testing these items with a patented registered technology of modern science. This is why the SCIO device works so well, at each treatment from calibration, test etc these QQC signatures are at the heart. Real science, real technology, real legal compliance, real items, real results, real honesty and integrity.

In 5<sup>th</sup> grade we were taught we are made up of atoms made of electrons and protons and neutrons. The electrons in the outer level are so charged they never touch. We are made of electrical fields.

The QQC is a very advanced patented trademarked technology with a CE mark. It measures in a very sophisticated process the Voltammetric electrical field of any item. If you look up voltammetry in Google you see thousands of references for a world recognized very scientific chemical process also referred to as Polography. You can see our patented process at <http://www.voltametriaqqc.ro/>

## Shark Senses

Mary Ann Badavi & Stephanie Parker



## Electricity

- A shark's ampullae of Lorenzini are able to feel electric currents at short ranges.
- All living things emit a small electrical current, a shark can feel it from 0-8 Hz.

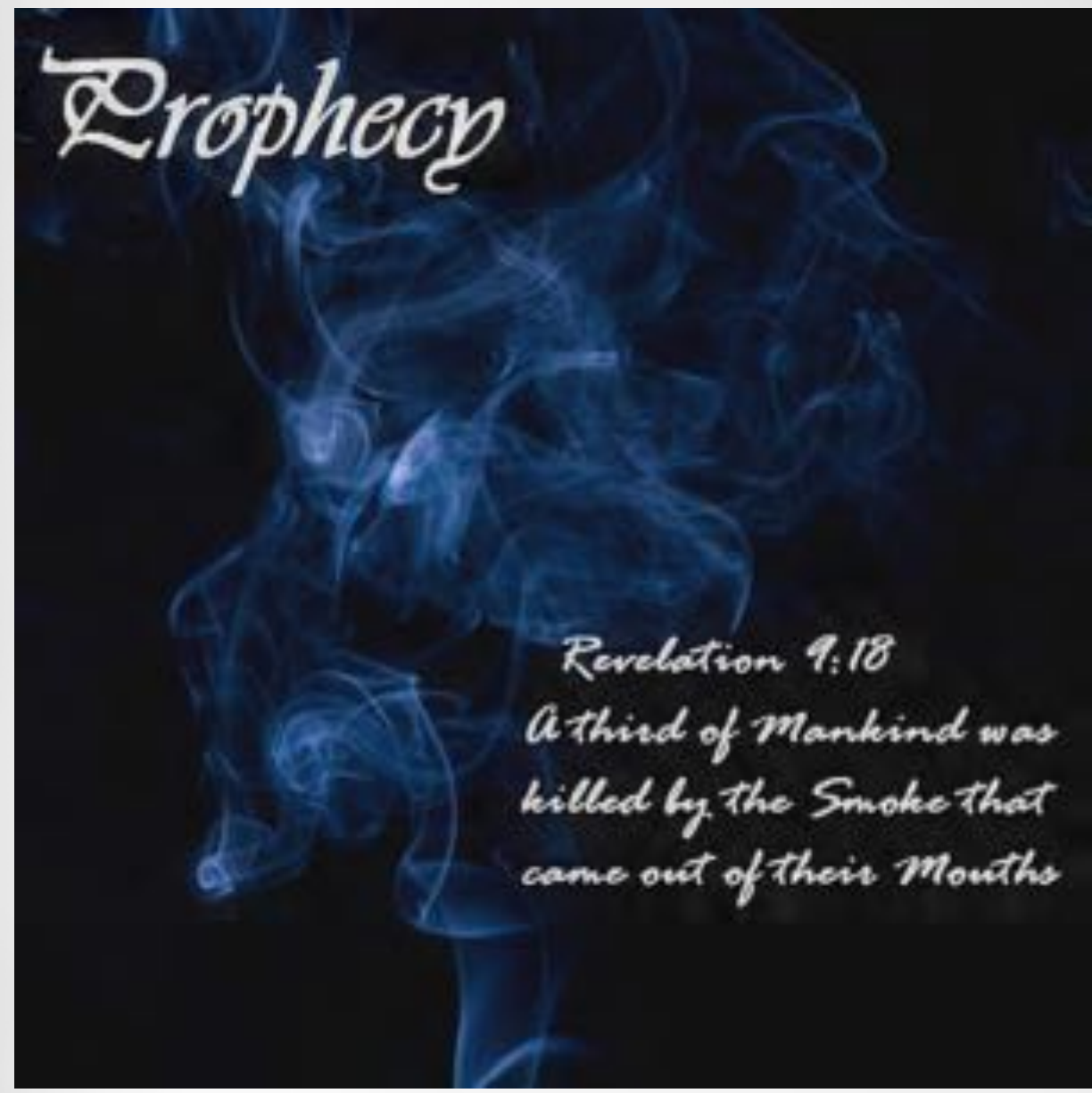


• The bonnethead shark has an electro-sense that is five million times greater than the electro-sense of humans. Picture: Andy Murch/Elasmobranch.com

SCIO

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# Prophecy

*Revelation 9:18  
A third of Mankind was  
killed by the Smoke that  
came out of their Mouths*

### DEDICATION

As the Angel of God to lead the world to a thousand years of peace and harmony we need to get rid of the Ultra Rich domination. We need to address the health issues and there is one appalling issue. The sale of a known HIGHLY addictive substance that is now associated with one in three deaths. Just what the Bible prophesized 2,000 years ago, Smoke. Big Tobacco goes on unchecked as the world leaders are unable to deter the mass murder of millions of people each year in the name of money.

Could I write a book to get people to quit? A book that would be repulsive enough, caring enough, educational enough to get most anybody to quit this addiction. Could I find a way to use the truth and get to people to stop this horrible addiction? Is it possible? Well with God's direction, Please let me write just such a book. We will need to be graphic to touch those who are so addicted that they would consider selling their children or cutting off a foot for a drag. We will need to

Smoking and addiction

be daring, confrontational, courageous, diligent, and provocative to write such a book. I am sure that there are plenty of small minded people who will not get the message but be angered by the messenger. There are people unable to see past stupid triviality and comic camp metaphor. To these people please try to expand your tiny little mind and see that there are millions dying, lying in their own piss and shit dying of diseases caused and or aggravated by Tobacco and they wish that someone could have written such a book earlier to save them. With the lives of millions at stake I must abandon good taste and seek to stop this horrendous abuse of the power of money. To this I dedicate this book.

You started to smoke because you were insecure? You were insecure mentally and sexually and you lacked confidence and were full of self doubts. You wanted to fit in because you were unsure of yourself and apprehensive. You may have masked it well but when you first started to smoke it was not for any other reason. The first cigarette made you sick and your body coughed and nausea tried to get you to reject the tobacco, but your mental insecurity and need to conform to someone else's wishes, to look cool, and to fit in were stronger than your natural bodies instinct for perseverance.

You knew it was bad for you. You knew it would be a costly habit costing you lots of money. You knew it will cut your life short. You knew it would make your body smell and be disgusting to people. Your body tried to stop you, but your mental and or sexual insecurity, your insecure need to mindlessly conform to others, your pathetic instability of personality, and your inability to think for yourself won out.

Smoking is an intelligence test. Stupid people smoke. Smoking is a test of mental security. The mental and sexually secure people don't smoke. You might argue this and say I am intelligent and secure but I still smoke. You are just fooling yourself and you do not fool others. If you smoke you are not intelligent, and you are not secure. You are a mindless addicted slave doing anything for a fix. Your soul is owned by the tobacco companies who laugh at your insecure stupidity. Smokers are all dimwitted fools that are still trying to cover up their mental insecurity and stupidity. Their rationalization and clever explanations to ignore this fact are many. But inside the smoker knows he is stupid, insecure, and unable to control his behavior. He is now an addict.





Primitive peer pressure



Remember that first cigarette. Why did you smoke it? What was the insecurity behind it? If you say you were not insecure or say you really wanted to smoke you are and ignorant fool trying to deceive yourself. You smoked it because of some other need based in mental insecurity, lack of confidence, a need to be like someone else. Self doubts, the need to fit in and conform, and stupidity let you take your first drag. And for 99% of you some asshole shithead immoral loser handed you a cig and used pressure to get you to be a loser ignorant cretin like him. He tried to tell you that the cig would make you cool. And in your brainless doltish dimwitted moronic insecure fashion you believed him. And now you spend your life an addicted slave to Big Tobacco and since you can't control your own life and your insecurity goes unnoticed by you. You become a moronic imbecile that can be manipulated to buy anything.

As long as they imply that you could be more attractive, more popular, more like the beautiful people they can sell you anything. You're a witless obtuse addicted Twit. And everybody knows it as soon as you light up. Today most athletes your age know that smoking is bad for them; yet some begin to smoke. Why do kids start smoking? Let's make a list.

1. To seem cool
2. To be accepted
3. To follow peer pressure
4. To seem older
5. To experiment
6. To rebel
7. To respond to a dare
8. To get attention
9. To have something to do in social situations
10. To relieve tension
11. To control weight

These reasons are excuses for a bad choice. You, as a student, athlete, have a great power. This power can make you or break you. This power is the power to choose.

What do you think of these pictures?



What do you think different about the girls in pic 1 versus pic 2?

How does pic 1,2,3 make you feel?



Pic 1. Some people say she is Praying to God.



*Pic 2. Now they think she is drinking a shot to celebrate something special.*



*Pic3. Now they report she is a habitual bar person.*







48

Smoking and addiction



49



*Pretty girl.*

50

Smoking and addiction



*Ugly Girl - (The cigarette makes her ugly today to some people and the cigarette will make her ugly in the tomorrows that will come for all people)*

51



How does the cigarette affect your perception of the girl? If you are a non-smoker, intelligent, secure human being, there is a big difference. If you are an ignorant, addicted, witless addict of tobacco, you will overlook the cigarette as you overlook or ignore (the root of ignorant) your own problem.



What does the smoke say to you? You realize that she probably does not care about life. She probably does not care about herself. She is probably more likely to have sex. The smoke makes you think less of her. It says she thinks less of herself. What of these men?



## Typical Day in the Twisted Mind of the Smoker

Do you know that if all the smokers were laid end to end around the world, three quarters of them would drown?

*A cigarette is a pinch of tobacco wrapped in paper, fire at one end, feel at the other*

Every time I open my mouth, some idiot starts talking about why I can smoke

*My Children shouldn't smoke but they are not as stupid as me*

Artificial intelligence for a smoker is no match for natural stupidity

The greatest fool of all is the smoker who fools himself.

*Yada Yada Yada Bla Bla Bla*

Can a stupid smoker have a smart-ass?

I have the right to abuse my body as much as I am stupid to do so, and then some more for stupid is as smoker do

*Ever notice that people who spend money on beer, cigarettes, and lottery tickets are always complaining about being broke and not feeling well*

I have the right to put into my stupid body any stupid thing that I ignorantly want to because fuck the world, fuck my body, fuck my health, fuck my family, I NEED a Gg works!

I don't know why smoke makes me so stupid, but it really works!

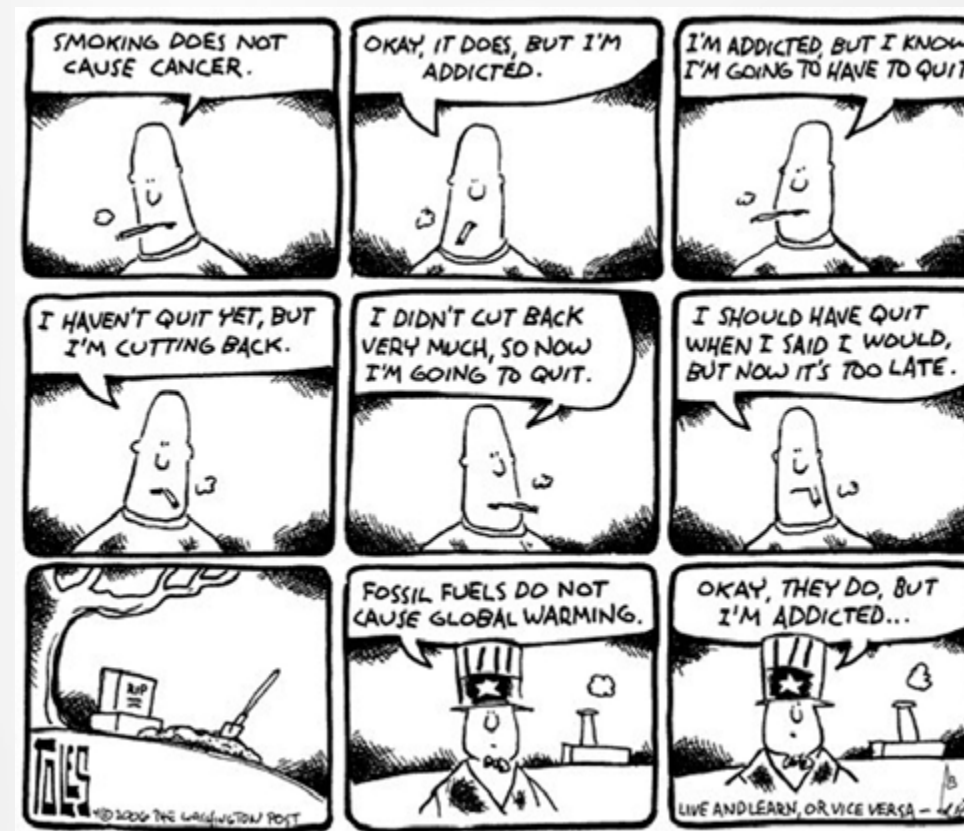
When we talk about smoking Don't play stupid with me, I'm better at it

Health nuts are going to feel stupid someday, lying in hospitals dying of nothing Ha Ha

**I'm Not Addicted I tee stupid to even know what that means**

When I smoke I may look like an idiot, and talk like an idiot, but don't let that fool you. I really is an idiot. I'm not a complete idiot. Some parts are just missing.

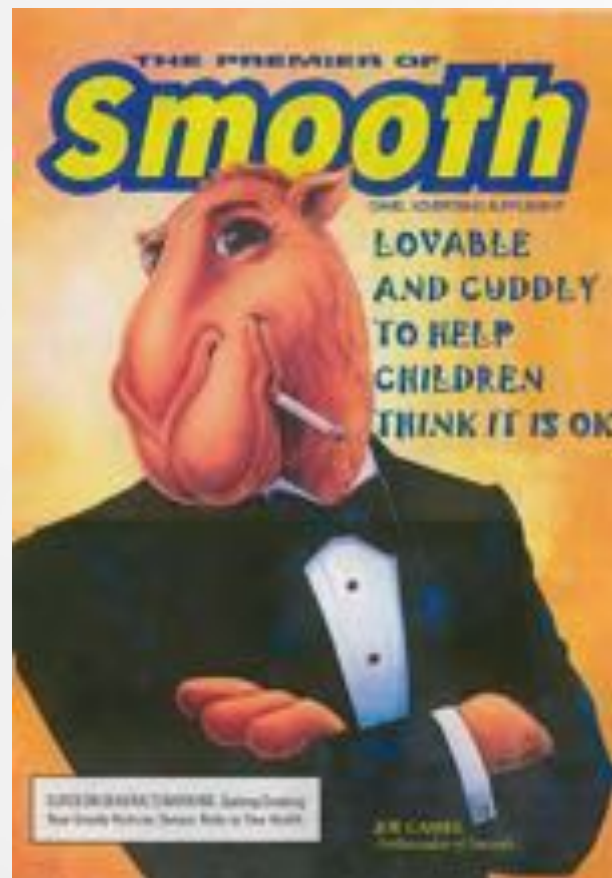
**Smokers Look like idiots, Talk like fools, and Rationalize their Loser Drug Addiction**



Smoking and addiction



"I just couldn't resist the targeted ads."



the Media use advanced Brain Washing and Devious Marketing Techniques to Control Us  
**Big Tobacco Knows Monkee see Monkee do, They pay for cigs to be in movies, so you will think it makes you cool**



But for most of you this is too late.

Ok now we can all see what most of the world thinks about you smoking. And you must admit that insecurity was behind your starting. And correcting your insecurity is where we will begin to get you to stop. Let's treat the core problem you stupidity, self doubts, and insecurity.



We've told you that cigs affect your sex life.



Smoking and addiction



SAMPLE REPRESENTATION - FOR REFERENCE ONLY  
WARNINGS FOR SMOKED TOBACCO PRODUCTS 2006



**WARNING:**  
SMOKING CAUSES GANGRENE  
QUIT: 1800-438-2000



**WARNING:**  
SMOKING INCREASES MISCARRIAGE  
RISK  
QUIT 1800-438-2000



**WARNING:**  
SMOKING CAUSES  
92% OF ORAL CANCERS  
QUIT: 1800-438-2000



**WARNING:**  
SMOKING CAUSES  
NECK CANCER  
QUIT 1800-438-2000



**WARNING:**  
SMOKING CAUSES MOUTH DISEASES  
QUIT: 1800-438-2000



**WARNING:**  
SMOKING CAUSES  
92% OF ORAL CANCERS  
QUIT: 1800-438-2000

CE  
cell phones  
do affect  
the brain

the shields  
can help a little  
BUT

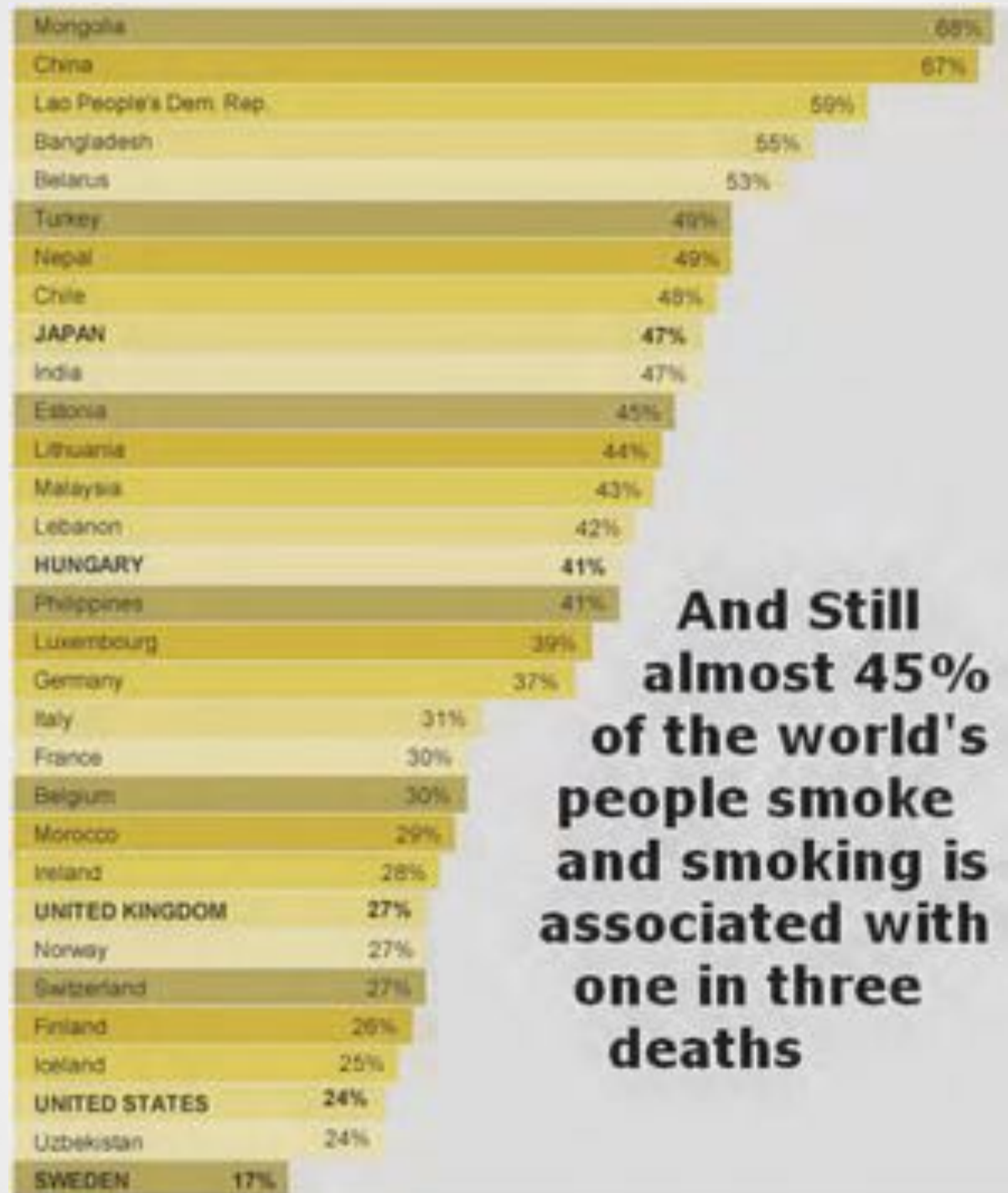
SCIO



The SCIO can undo the damage by regulating and  
balancing the  
Body Electric's Regulatory Processes  
+ increasing VARHOP

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

We can take people into the lung cancer ward and show the people dying in a puddle of their own piss and shit. They go to the morgue and see the autopsy of tar coated lung. And some will come out and say Oh my God give me a light. We've tried to scare you to quit. And still.



## AND IT'S THE SAME IN FRANCE

THE results from England mirror the experience of the smoking ban in France.

Figures last week showed the French ban on lighting up in public places had 'completely failed' to cut the number of smokers.

France's 15million smokers are on target to get through 54billion cigarettes this year - the same as in 2004.

A French government spokesman said: 'Measures to prevent passive smoking

have not had any effect whatsoever on active smoking. They have completely failed.

'This means 2008 will be the fourth consecutive year when smoking has not decreased.'

However, in other countries there is evidence smoking bans have had an impact.

In Scotland, heart attack rates fell dramatically after a ban started in March 2006 - a result replicated by studies into smoking bans in Ireland and Rome.





# What's Your Poison?

When you smoke you inhale up to 4000 chemicals including these poisons:

<b>Acetone</b> (Paint stripper)	<b>Hydrogen Cyanide</b> (Poison used in gas chambers)
<b>Naphthylamine*</b>	<b>*Toluidine</b>
<b>Methanol</b> (Rocket fuel)	<b>Ammonia</b> (Floor Cleaner)
<b>Pyrene*</b>	<b>*Urethane</b>
<b>Dimethylacetamide</b>	<b>Toluene</b> (Industrial solvent)
<b>Naphthalene</b> (Mothballs)	<b>Arsenic</b> (White ant poison)
<b>Cadmium*</b> (Used in car batteries)	<b>*Dibenzacridine</b>
<b>Carbon Monoxide</b> (Poisonous gas in car exhausts)	<b>Phenol</b>
<b>Benzopyrene</b>	<b>Butane</b> (Lighter fuel)
<b>Vinyl Chloride*</b>	<b>*Polonium-210</b>
	<b>DDT</b> (Insecticide)

**It's enough to make you sick. Very sick.**

**Quit**

\* Known carcinogenic substances

But for most of you sick twisted insecure, mentally unstable moronic idiots, nothing can be done to help you. Well at least until now. For within this book is the cure.

NHS

*"I'm not scared of spiders. I'm scared of my MUM dying from smoking."*

Over 2,000 people die every week in the UK from smoking related diseases. For help quitting, call 0800 169 0 169.

[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

SMOKEFREE



The most deadly drug is not hallucinogenic.



Offer cigs to a child and it gets you a laugh.

**It ain't FUNNY and It is a CRIME that is NOT ENFORCED**

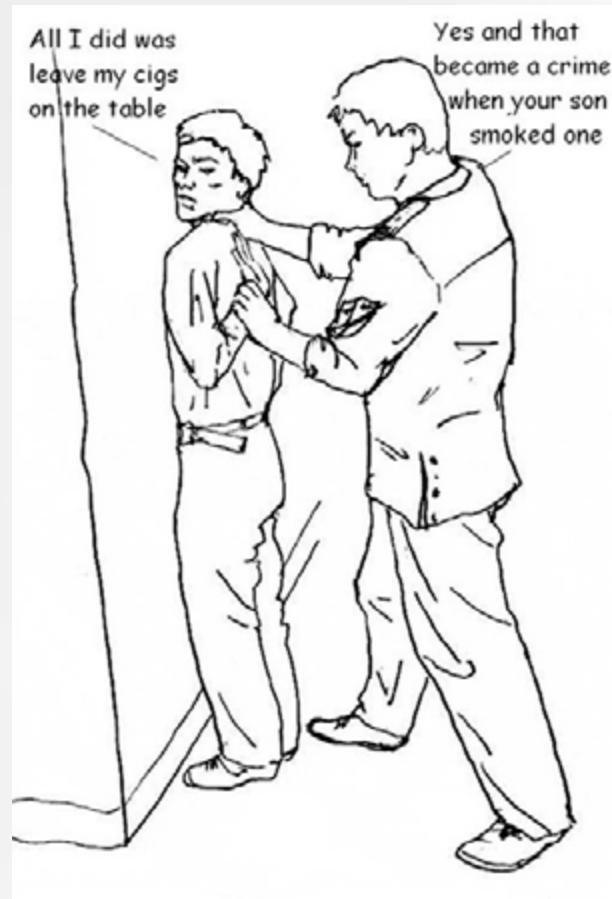


Here a crime is being committed.

**These are pictures of Crimes being committed**

Reckless Endangerment. : the offense of recklessly engaging in conduct that creates a substantial risk of serious physical injury or death to another. Reckless Endangerment is a gross misdemeanor but sometimes rises to a felony, as when a deadly weapon such as tobacco is involved. A person is guilty of reckless endangerment when he or she recklessly engages in conduct that creates a substantial risk of death or serious physical injury to another person.

**The Criminals allowing these Crimes must be found and held responsible for the Crime**



Any Society that allows Smoking and lets Children Smoke is damaging its Credability

Smoking is their first step towards Addiction, towards harder drugs, first step towards loss of faith in society, loss of self control, loss of self esteem, loss of health, Smoking is their first step in bowing to peer pressure, bowing to power, bowing to the ultra rich. Smoking is the loss of innocence, loss of reason, the first step in society showing how powerful money really is, and that noone can stand against it. Noone can stop the greed. or is there someone with an idea whose time has come?



The first step is to tell the truth to the smokers. And for smokers to tell the truth to themselves. The truth is this is a horrendous situation killing millions and ruining the lives of billions. Making them addicted oxygen deprived; die young, less intelligent, and overall in so many ways less than human. It turns them into rationalizing twisting liars that need to deceive themselves and mislead others. They are so addicted and out of mental control that they will scream they have the right to smoke, shout that their uncle lived to be 95 and smoked every day, screech that they can to their bodies what they want. But when you ask them should someone put a cigarette into their baby's mouth. Then watch their eyes drift to their shoes for a second before their addiction and mind control shifts to yet another display of their inane stupidity. And they open their mouths demonstrate brainless obtuse laughable rationalizations.

Addiction is a serious problem for some. The nicotine is perhaps the greatest addictive agent known. Its addictive power can break the best of people into dribbling fools who defend their addiction to mindless incongruous levels.

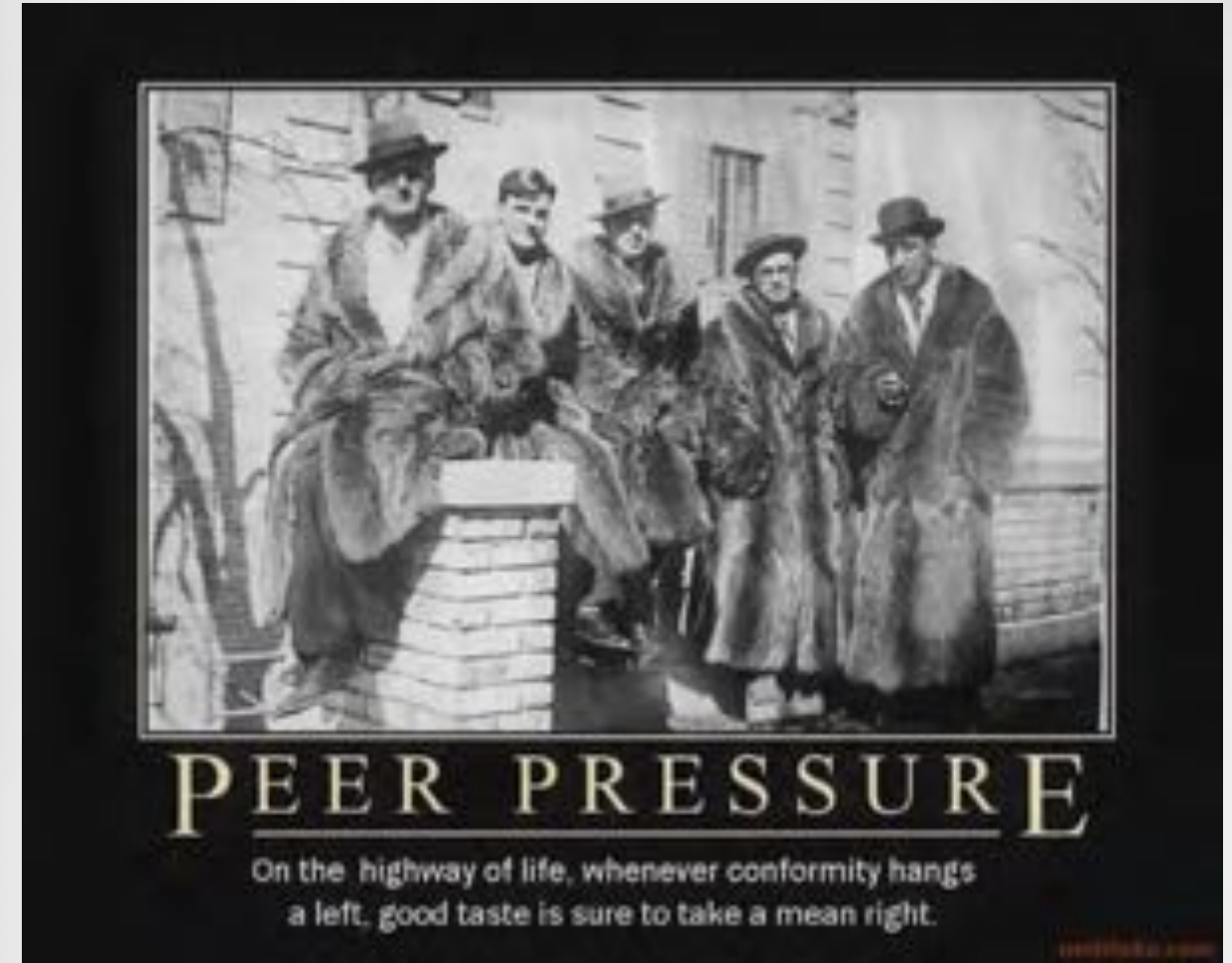
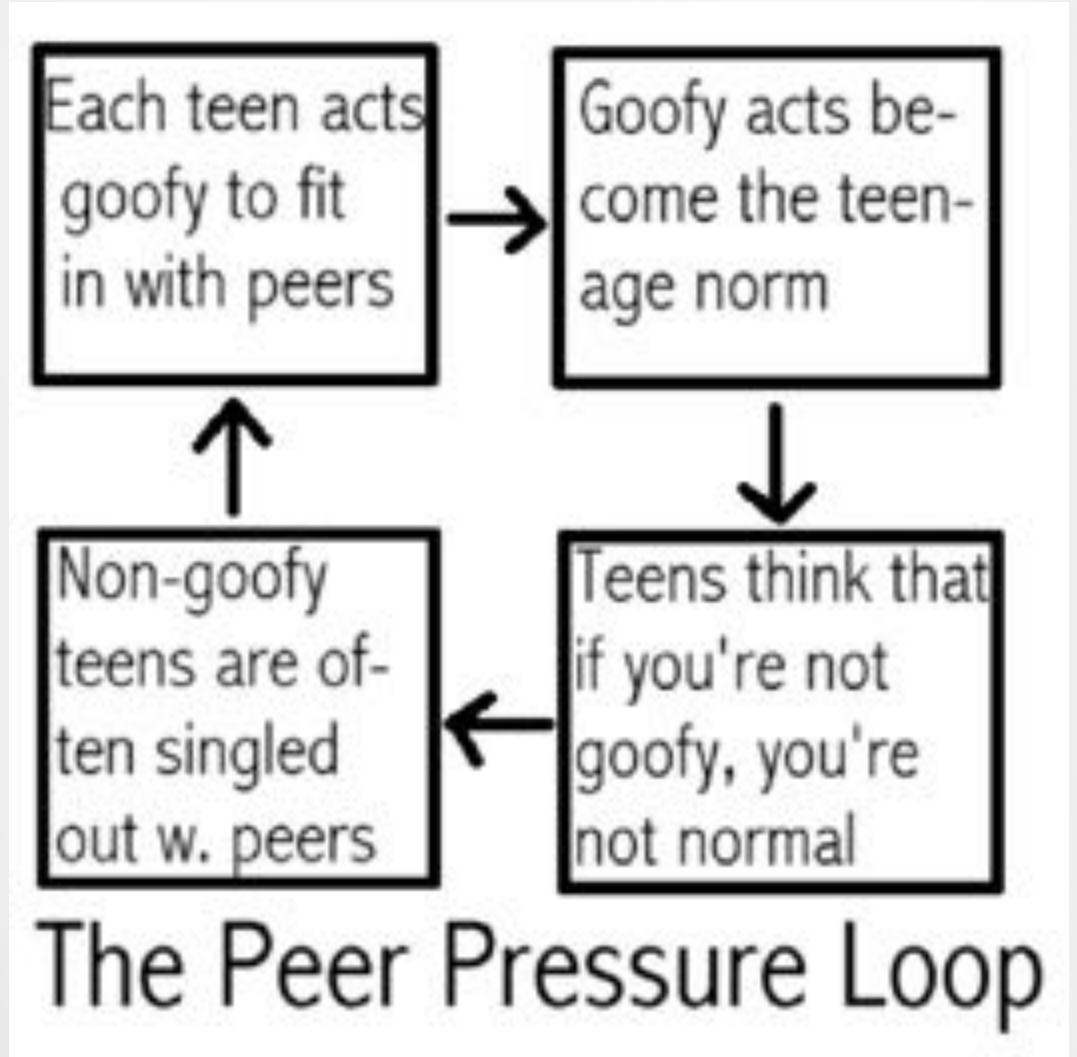


Peer pressure rules





"I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!"



Now if we told the story of an alien race from rouge planet who came down to earth and convinced the governmental powers to ignore a highly addictive drug. Every country has agents and agencies to stop harmful substances from hurting people. Is they find one person in ten million is at risk it can be shut down and investigated and maybe prosecuted. Two babies lost their lives maybe from some Chinese milk with melamine in it. Two Chinese agents were killed for this.

Somehow, it would seem impossible, this alien race has gotten every country to forget about the laws and let a highly addictive drug that cuts lives short get freely distributed. Every world leader is duped, paid, harassed, or in some way fooled into allowing this drug. The drug is one of the most addictive substances known.

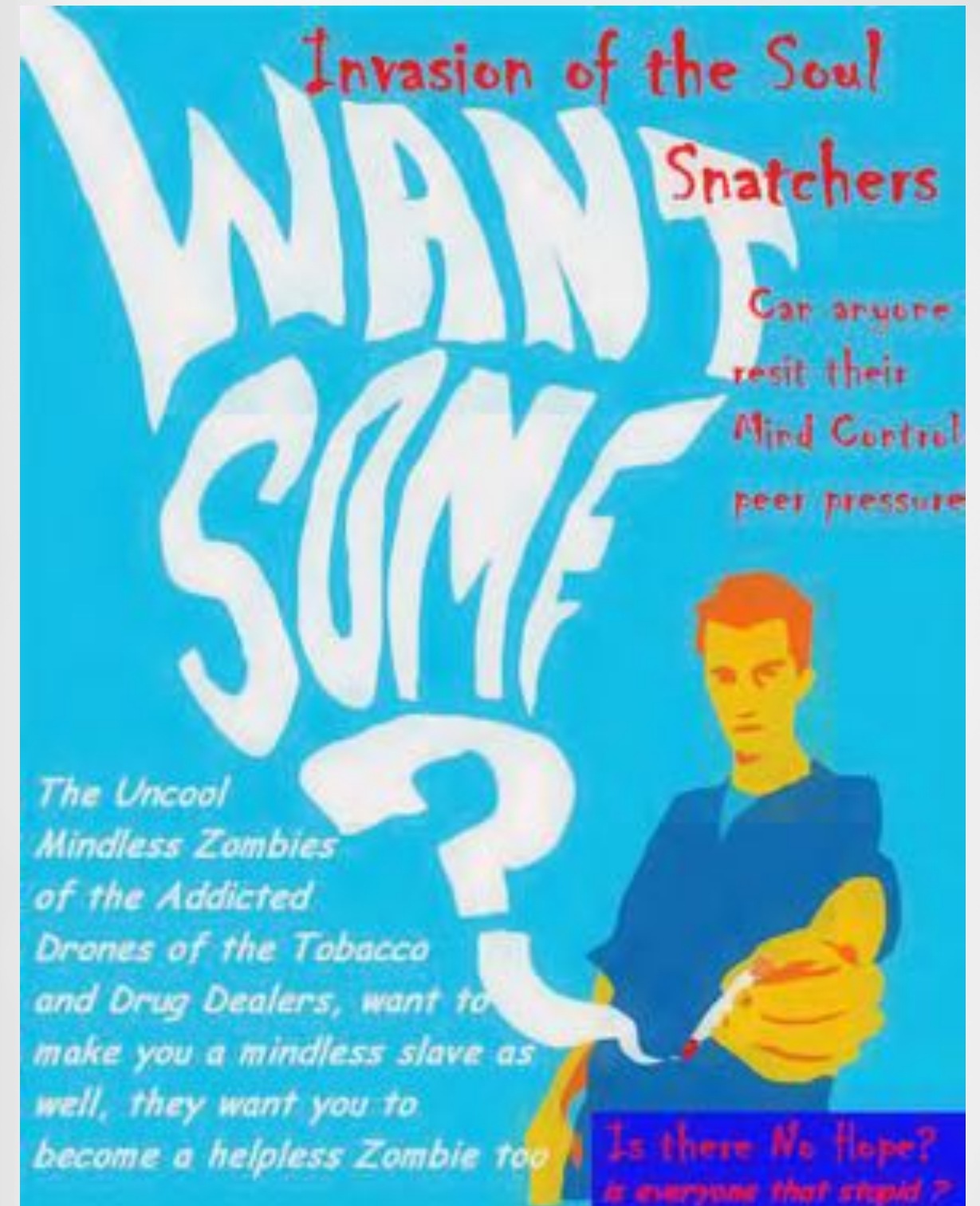
Every country has laws prohibiting the dispensing of harmful substances to minors. It is neglect and a crime punishable with long jail term sentence if a parent allows his child to get hold of a drug. **But not this alien drug.** The aliens have convinced the police, the marshals, the law itself to allow the parents to let their children smoke the alien drug. Somehow the whole world is duped into condoning this drug and what happens?

This alien drug causes directly the deaths of millions, and indirectly the death of billions. The alien drug causes people to want others to smoke it. There seems to be an instinctual need to force others to use it. The small minds and the insecure people are most prone. The need to conform is great with them.

A cruel inhumanly greedy force has taken over the world governments and allowed this drug and others to hurt millions. All in the name of rampant unchecked total control greed. An alien callous ravenous glutton avarice that all who stand in their way get crushed. None can stop this greedy mass murder.



*Desiré has battled the Evil Aliens for years.*



Even some of the so-called smart people succumb to the pressure and become addicted and then they become blinded to the damages. It is like a Hollywood Blockbuster horror story. If someone of the mindless zombies offers you a cigarette in a bar and you refuse, he laughs at you and applies pressure. He calls over others to help convince you to join the oxygen deprived mindless minions of the drug.

How could the drugs do this? Are humans that weak? Are our governments unable to really protect us? Is the police and law enforcement just going to let this happen? Can anybody save us?



So how does this happen in our society.



So Far this is the Result Can we change it



Then everything we do is wrong, and we need to seriously look at Health Care and rethink what we are doing

Greed makes people do anything

20,679\* Physicians  
say "LUCKIES  
are less irritating"  
"It's toasted"  
Your Throat Protection against irritation against cough

Greed makes Doctors do anything.

## WHAT DOES SMOKING MAKE?

Smoking makes Big Profit for the Tobacco Co. Smoking Makes Big Profit for the Lobbyists + Lawmakers who are bought to look the other way from the deaths Smoking makes



## Smoking makes you:

- Twice as likely to die of a stroke
- Six times as likely to die of heart disease
- Twelve times as likely to die of lung cancer

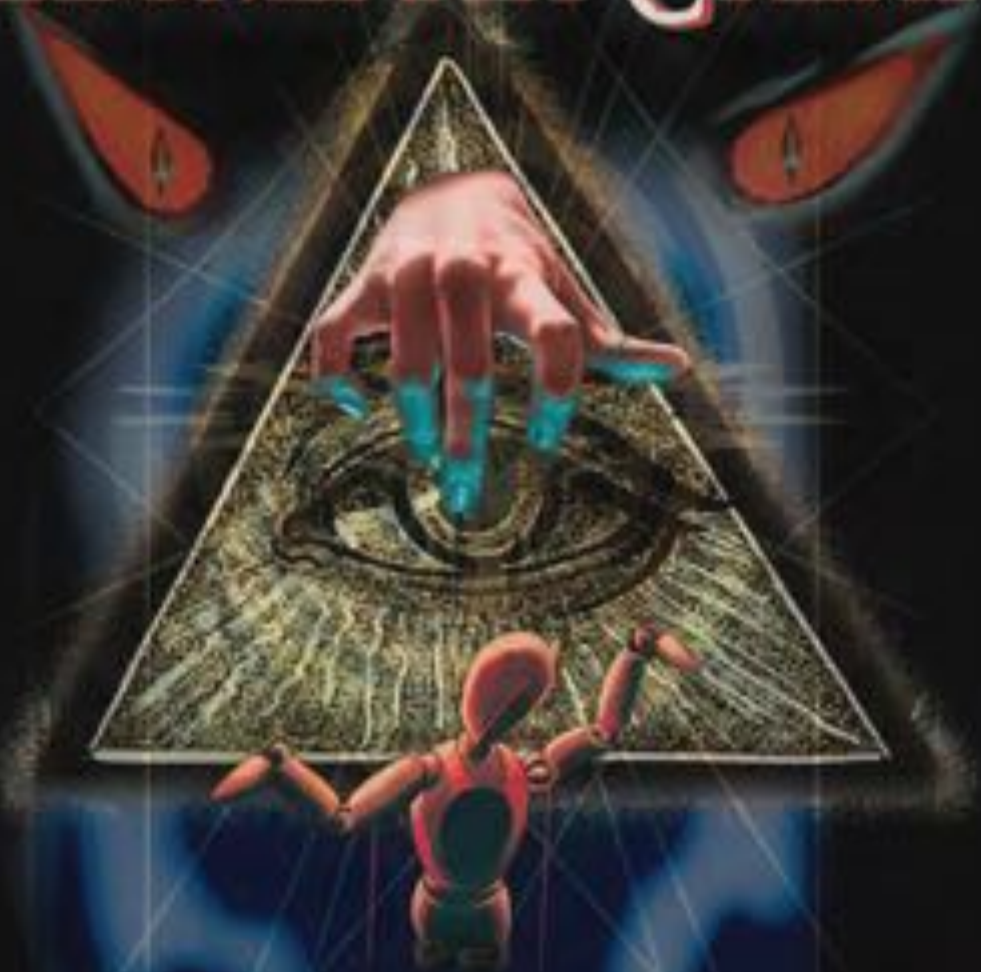


**SMOKING MAKES PEOPLE DIE**

Smoking and addiction



# HOW THE ILLUMINATI CREATE



## AN UNDETECTABLE TOTAL MIND CONTROLLED SLAVE

It starts with some sugar, a cigarette, some Music, Movies, some Dr Drugs and a government.



**SCIO**  
THE  
FINEST ENERGETIC MEDICINE



## HISTORY OF THE SCIO AND BIOFEEDBACK

IN 1982 DR. NELSON WROTE THE FIRST EVER TREATISE ON QUANTUM BIOLOGY AND HE LAID THE GROUND WORK FOR THE SCIENCE OF THE QUANTUM XRROID INTERFACE SYSTEM.

FIRST DEVELOPED IN 1985 AND REGISTERED WITH THE FDA IN 1989 THE ELECTRO-PHYSIOLOGICAL FEEDBACK XRROID ENTERED THE MARKET PLACE. DAY TO DAY IMPROVEMENTS HAVE SHARPEN ITS OPERATION. THERE HAVE BEEN OVER A HUNDRED MEDICAL ARTICLES AND STUDIES PUBLISHED IN PEER REVIEWED MEDICAL JOURNALS ON THE TECHNOLOGY.

NOW REGISTERED IN MOST OF THE COUNTRIES OF THE WORLD THE EPFX TECHNOLOGY IS ADVANCING FAST. OVER 31,000 DEVICES HAVE BEEN SOLD WITH TREMENDOUS RESULTS WORLDWIDE. THE TESTIMONIALS FILE IS ASTOUNDING.

NOW THE SCIO AS IT IS CALLED TODAY OFFERS YOU THE FINEST ENERGETIC MEDICINE HAS TO OFFER WITH THE LARGEST MEDICAL SOFTWARE IN THE WORLD AVAILABLE FOR YOU.

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

**Maitreya Kft.**

tel: +3613036043 | web: [www.qxsubspace.com](http://www.qxsubspace.com) | e-mail: [info@qxsubspace.com](mailto:info@qxsubspace.com)

advert/reklam

Big Sugar  
Big Tobacco  
FDA  
Corporate Music  
Big Pharmaceuticals  
Hollywood Media Mafia



## Battle of the Millennia: David Desi vs. Goliaths

by Heather Swanson

There's a battle outside your door, shaking your house. The battle cry has reached your ears; it's raging in them. Only this is between the big guy and the little guy, and you don't think he has a chance. Or are you already getting prepared to live under the big guy for the rest of your life?

We all remember the story of David and Goliath. Well, today, it's not just one Goliath, it's a host of THE GOLIATHS that freely roam the earth victimizing the human race all in the name of greed and money.

So, about now, you are thinking: This is a big fairy tale, right? Let's meet our modern-day corporate Goliaths:

**1) Big Sugar.** Don't tell me you don't eat it. Dig your teeth into this: white dextrose sugar weakens the immune system and causes obesity. Over consumption of sugar is linked to lethal health problems and terminal illnesses such as diabetes and heart disease and it happens to be one of America's top money makers.

**2) Big Tobacco.** One in every five deaths in the United States is smoking related. Need we say more? It's legal, socially acceptable, and though a consumable drug (right?) The FDA happens not to be responsible for it.

**3) The FDA.** A kind of Igor, Frankenstein's assistant, for these Goliaths. A polyspermic agency, which has risen to its Goliath stature by consuming billions of dollars led to it by pharmaceutical, big sugar, and other bribes. The FDA protects big sugar, big pharmaceuticals, and big tobacco more than it protects the American people.

**4) The Music Industry.** Think the death of Woodstock and the birth of MTV. Opposing independent ideas, free creativity and a host of concepts related to freedom of expression, music has become a bloody battle for sales and power for this race of Mega-Popstars. It's all about hype and nothing about talent.

**5) The Pharmaceutical Industry.** A multi-billion dollar business, the backbone of current allopathic medicinal practice, a leading cause of death in the USA and a killer of over one million Americans yearly.

**6) Hollywood.** One consumable that needs no introduction. In America, 99% of homes have at least one television set. In 2004, top studios totaled revenues of \$7.4 billion from world box-office sales,

\$20.9 billion from world video sales, and \$17.7 billion from world television licensing. Hollywood is a media monopoly with no room for protest or true idealism.

Now, meet David...I mean, Desi. Poet, musician, and healer Desiré Dubouret is currently fighting a 6-way battle armed only with her special superpower, clarity of mind, and the SCIO - a biofeedback machine Desiré patented that caught the FDA's attention because it doesn't match their "regular" clients. It's chemical free and doesn't need the FDA to market it because people buy it because it works. In 2002, 785 died from falling over furniture to date, no one has died due to use of the SCIO. So, why don't they go investigate furniture manufacturers?

With her independent media company Change the World Productions, Desiré has been fighting the propaganda that has monopolized multimedia for generations. If you take a trillion dollars and slack them up, they would reach to the moon and back. Well, these trillion dollar industrial Goliaths are pitting themselves against one, solitary individual who has stood up and showed that there is a different way - a better, more noble path to the future betterment of this planet. After all, it isn't an accident that her company is called Change the World Productions. It's Desiré Dubouret's fate.

Take a stand today behind truth and justice. Join Desi in the fight against these malformed modern-day Goliaths that now terrify our lives.



So Now we have Proof of  
an EVIL Greedy Organization  
who control governments,  
law enforcement, media,  
and your mind, all to  
sell you an addictive  
drug that will Kill  
No Child is SAFE  
All will be Pushed to  
use this EnSlaving  
Toxin we call Tobacco



Is it too late for the world? Has this greed pervaded the society to an irreversible point? Maybe. Only time will tell.

The unbelievable story of the Ultra Rich domination of world health with the insulting allowance and encouragement of smoking makes it seem helpless. Now there is absolute proof of an evil, greedy, cruel, depraved, demonic, ruthless organization in absolute control of governments, police, law enforcement, law makers, legislation, the media, the movies, the FDA, and the minds of more than 60% of the people.

Smoking and addiction



They enslave through peer pressure and everyone is subjected to the peer pressure. None can escape being asked. Only the strong minds can resist and slowly they take over the whole system. Our children will be exposed. They will all be asked to conform and all will be asked to become slaves to a drug that will rob them of intelligence, sexuality, self pride, dignity, and eventually life.

And the Evil, Malevolent, Tyrannical, Gluttonous Profiteers will make money twice. Once selling their enslaving poison, and once again selling poison drugs to treat the cancers they cause. They wish to treat cancer not cure it. Even though there is a cure for cancer these Greedy, Devouring, Demonic Gluttons will stop every cure that threatens their profit. They control our society. The proof of the EVIL Greedy organization profiting from sale of harmful addictive substances and control the very heart of our society thru governments and media is undeniable. A true story that puts all the fictional movies to shame. A true story of mind control, greed, cruelty, murder, lies, slander, addiction and slavery.

[Tobacco CEO's Statement to Congress 1994 News Clip](#)

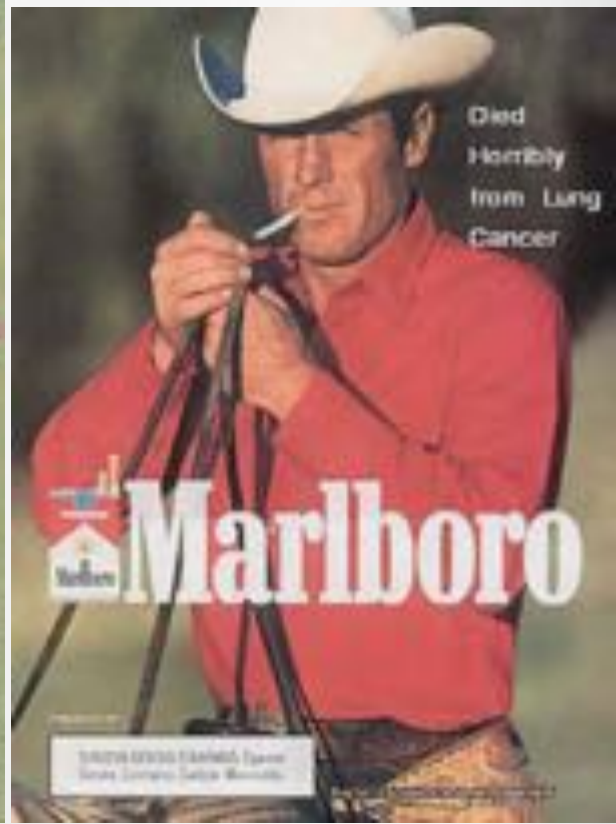
*"Nicotine is not addictive."*

Hearing on the Regulation of Tobacco Products House Committee on Energy and Commerce Subcommittee on Health and the Environment

April 14, 1994

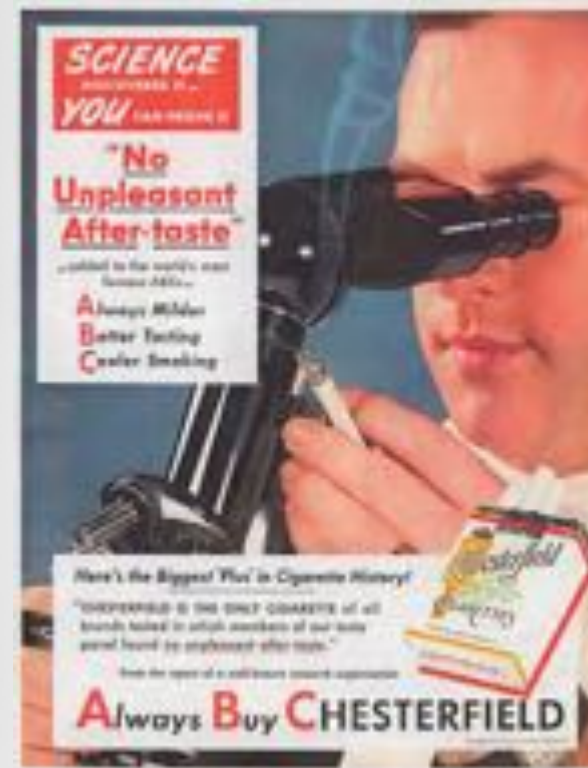


Let's look at a brief history of advertisements.



Smoking and addiction





Don't try this today

Smoking and addiction



Watch this

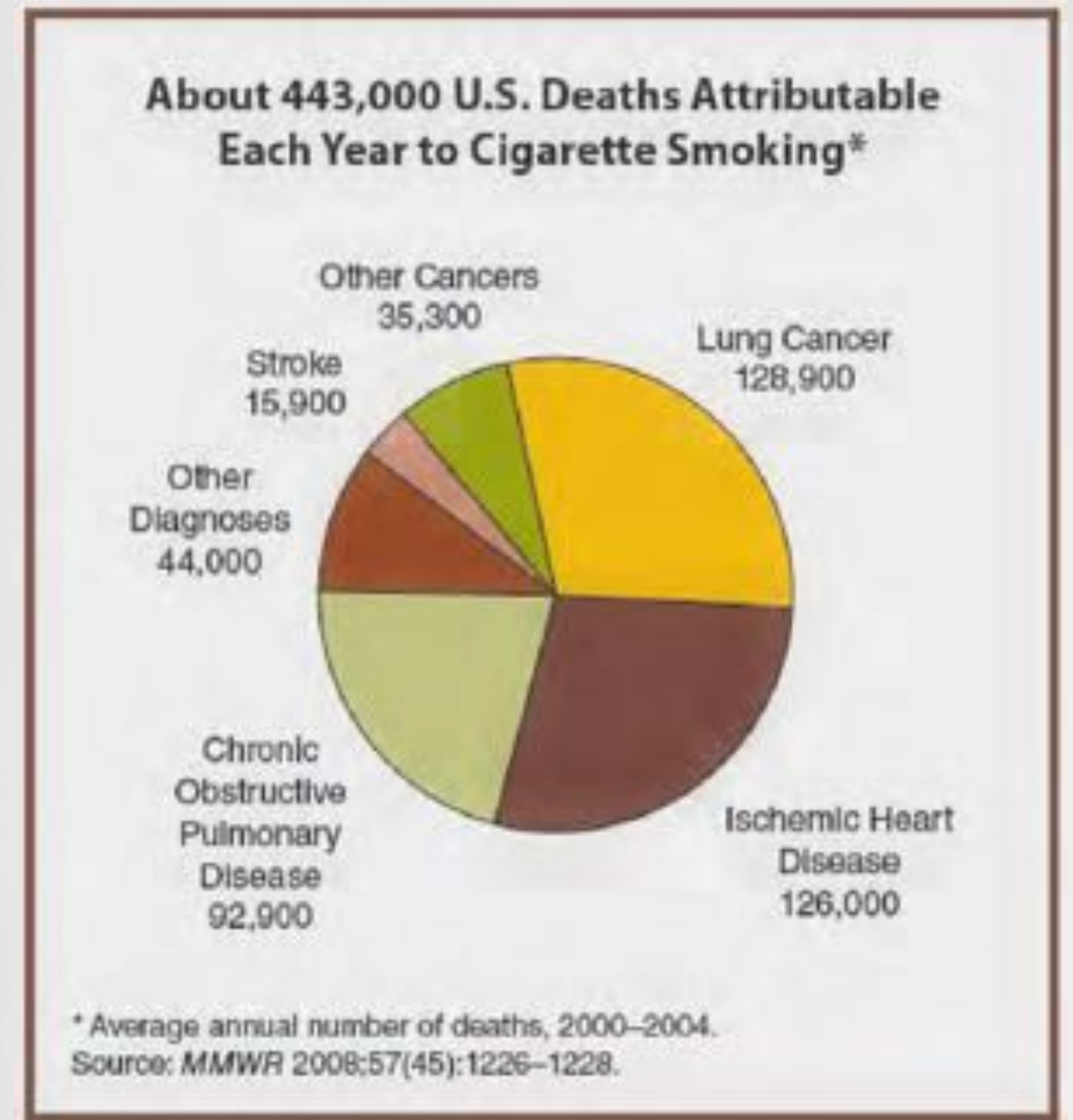


## Tobacco Control

*In the wake of unassailable medical research proving tobacco's lethal effects, tobacco control policies have proliferated. Tobacco exacts a staggering toll on the world population – not just in mortality (approximately 5 to 6 million deaths a year) but in billions of dollars in tobacco-related health care costs and expenditures due to active and passive smoking. A clearer case for public health law and policy could not be made.*

*U.S. legal and regulatory policies related to tobacco have included state and local laws prohibiting smoking in public places and workplaces, restrictions on the sale and marketing of tobacco products – particularly to children – and recent federal legislation giving the Food and Drug Administration authority to regulate tobacco.*

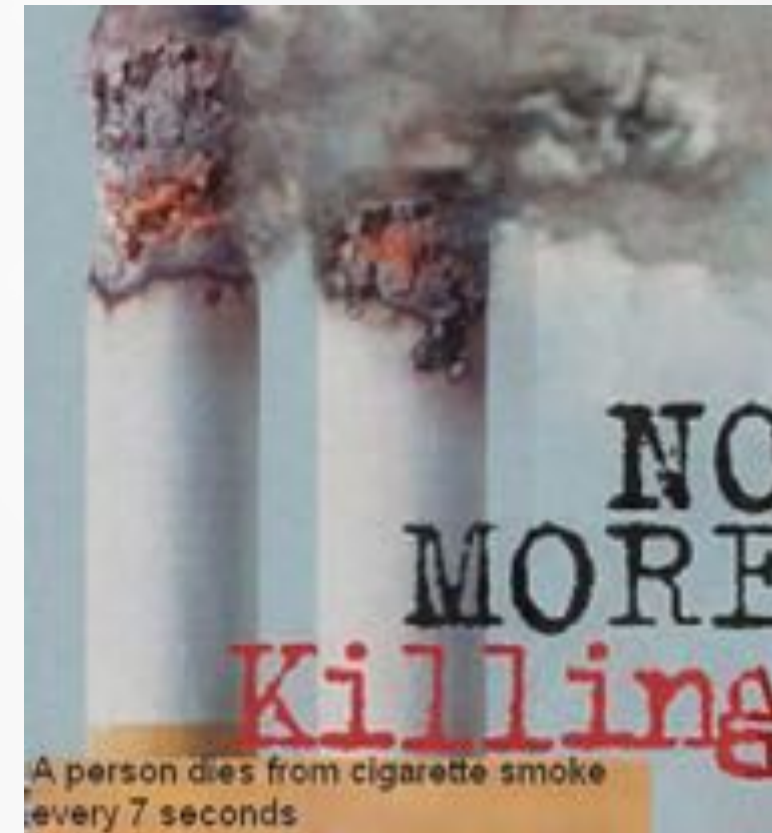
*In addition to legislation and regulation, tobacco control strategies have also included litigation. Evidence of the tobacco industry's long history of deception and suppression of information about the health hazards of its products has led to several waves of civil and class action lawsuits. The legal decision in *United States v. Philip Morris*, the U.S. government's monumental racketeering case against cigarette manufacturers, exposed the industry's deceit and fraud in its marketing and manufacture of products over the years. Findings from this decision, and other recent successful challenges to the tobacco industry, have spurred countries to join a global movement and ratify the world's first health treaty to reduce and prevent tobacco use BUT NOTHING IS EVER DONE THAT EVER EVEN SLOWS DOWN TOBACCO USE.*



The above is just direct deaths with tobacco the primary cause. Deaths with that involve tobacco as secondary are more than five times this. The job of the FDA is to protect people. Well with this in mind I would have to say they are not doing their job.



Can anyone stop this force of death and greed?



SO YOU THINK THAT  
MONEY IS THE ROOT  
OF ALL EVIL HAVE  
YOU EVER ASKED  
WHAT IS THE ROOT  
OF ALL MONEY?



Cigarettes, alcohol and drugs are the base and the foundation of the Evil mind control. Profit over People. All starts with a cig ends with death. Once they got you to put an addictive poison into your mouth out of insecurity they got your mind and they can get you to do most anything.

There is an Evil Mind controlling  
force of such Greed and Avarice  
it is beyond  
belief.



It will Tempt  
and push your children to become  
Addicted Mindless Cop out Slaves

In today's World the Evil is winning. The greedy are growing. Can the good restore the balance?

Smoking is the start of their mind control. The insecurity of the smoker allows him to twist all thoughts. He is now dim-witted from the lack of oxygen, stupefied by the nicotine, and just right for the mind control of the Ultra Rich. Insecure, addicted, full of self doubts, over worried about what other people think, anxious, fearful and apprehensive the cigarette is the first step in the control of the minds. Manipulating an addict is easy. And if someone sees this they just ignore them or attack them.





You might think that the world allows smoking because of the smokers needs. No it is greed and control and idiots that justify it. There is no rational intelligent reason to let cigarettes ever get to children.



*The Hero Twins  
the Maitreya  
the Nahinga  
HermesPhroditi  
Ophiacus  
the Angel messenger*

HAS LITTLE TIME

The 21<sup>st</sup> day of the 12<sup>th</sup> month of the year 2012 is coming fast. The Angel Desiré must find a way to

- Replace Greed with Honor and Respect
- Replace Anger with Love and Compassion
- Replace the Delusions of False Beliefs with Mindful Non-Judgemental Awareness, Enthusiasm the light within.

The Angel must find a way to bring Light out of the Darkness, find way to bring the world to a new Enlightenment.

Show the world to use Equal Economic Education to teach these simple values and how to use the Powers of the Mind to save us and let us have a Thousand Years of Peace and Prosperity. This massive task for a special angel messenger.

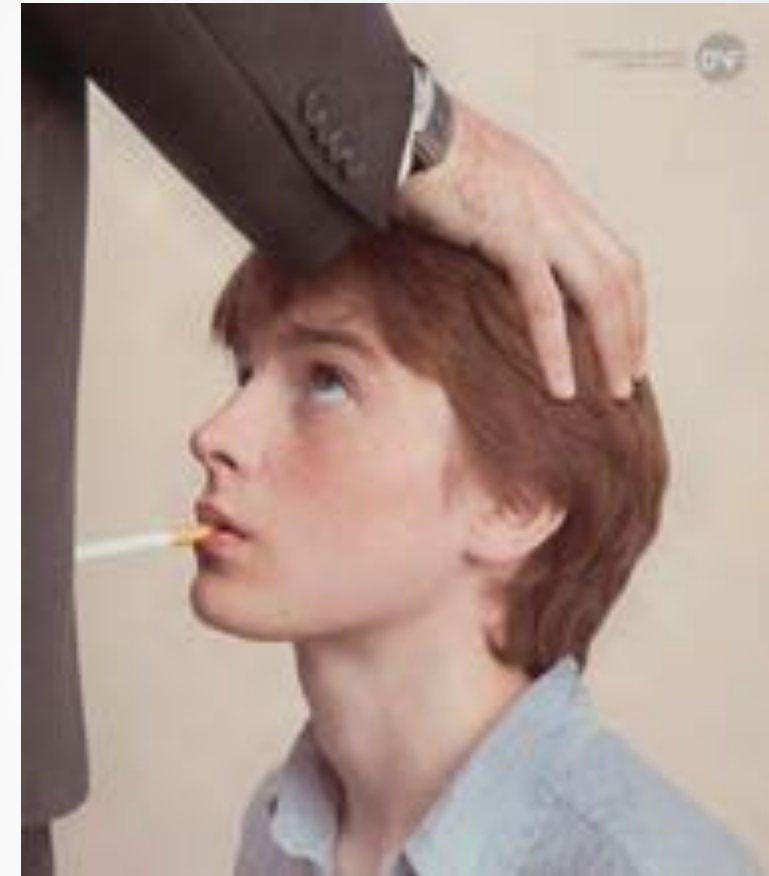
Time is running out!

2012 is coming fast. Stop the disgruntled judgemental whining and complaining. Join and become an Angel, become one of the 100.000.000. Conquer your Negativity, bring Light to the Darkness of your Soul, activate the Powers of Your Mind.



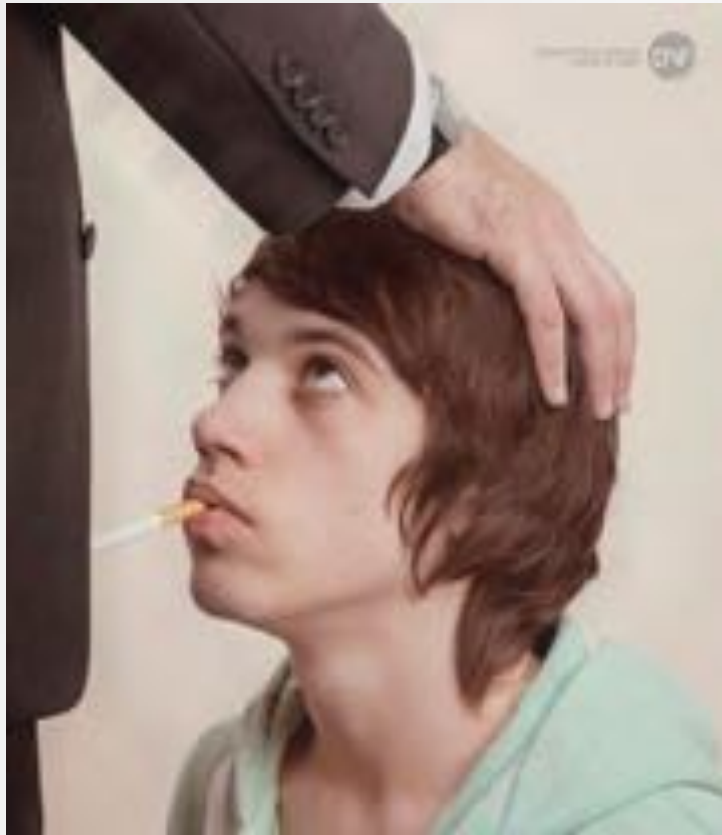
*"And the Angel laid hold on the dragon, that old serpent that lizard, which is the Devil, and Satan, and bound him a thousand years..."*

French anti-smoking ads simulate forced BJs



A provocative anti-smoking ad campaign featuring teens in a subservient sexual position has sparked heated debate in France, media reported Thursday.

Smoking and addiction



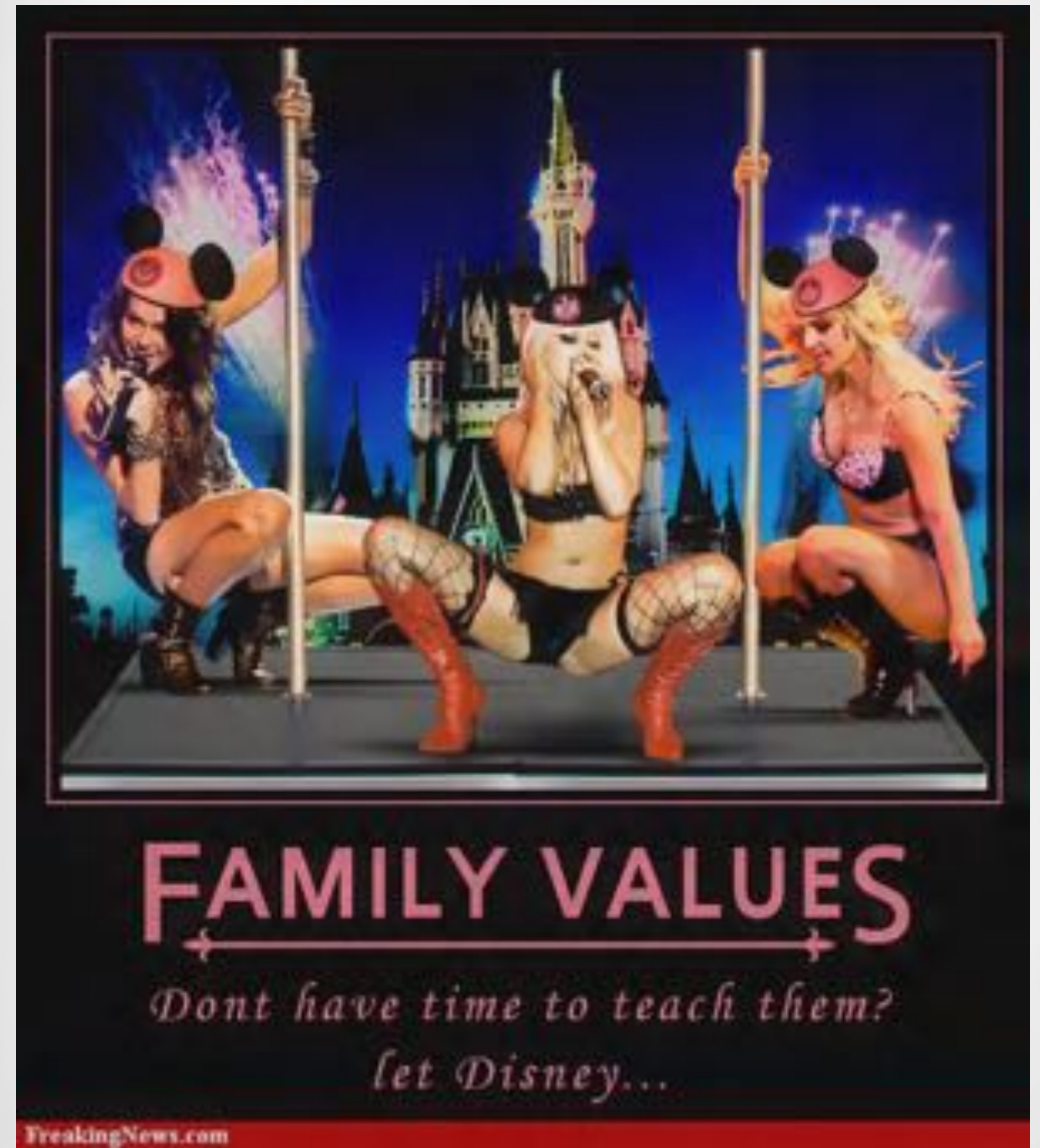
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Smoking and addiction

The three ads show teenagers on their knees with cigarettes between their lips, their faces at a man's waist, looking submissively into his eyes. The advertising slogan says, "Smoking means being a slave to tobacco."

"The campaign trivializes sexual abuse — worse, it implies guilt on the part of the abused," the Telegraph quotes a commenter from the Droits des Non-Fumeurs Web site as saying.

France's minister for families, Nadine Morano, said she would take measures to get the advert banned on grounds of "public offense to decency".



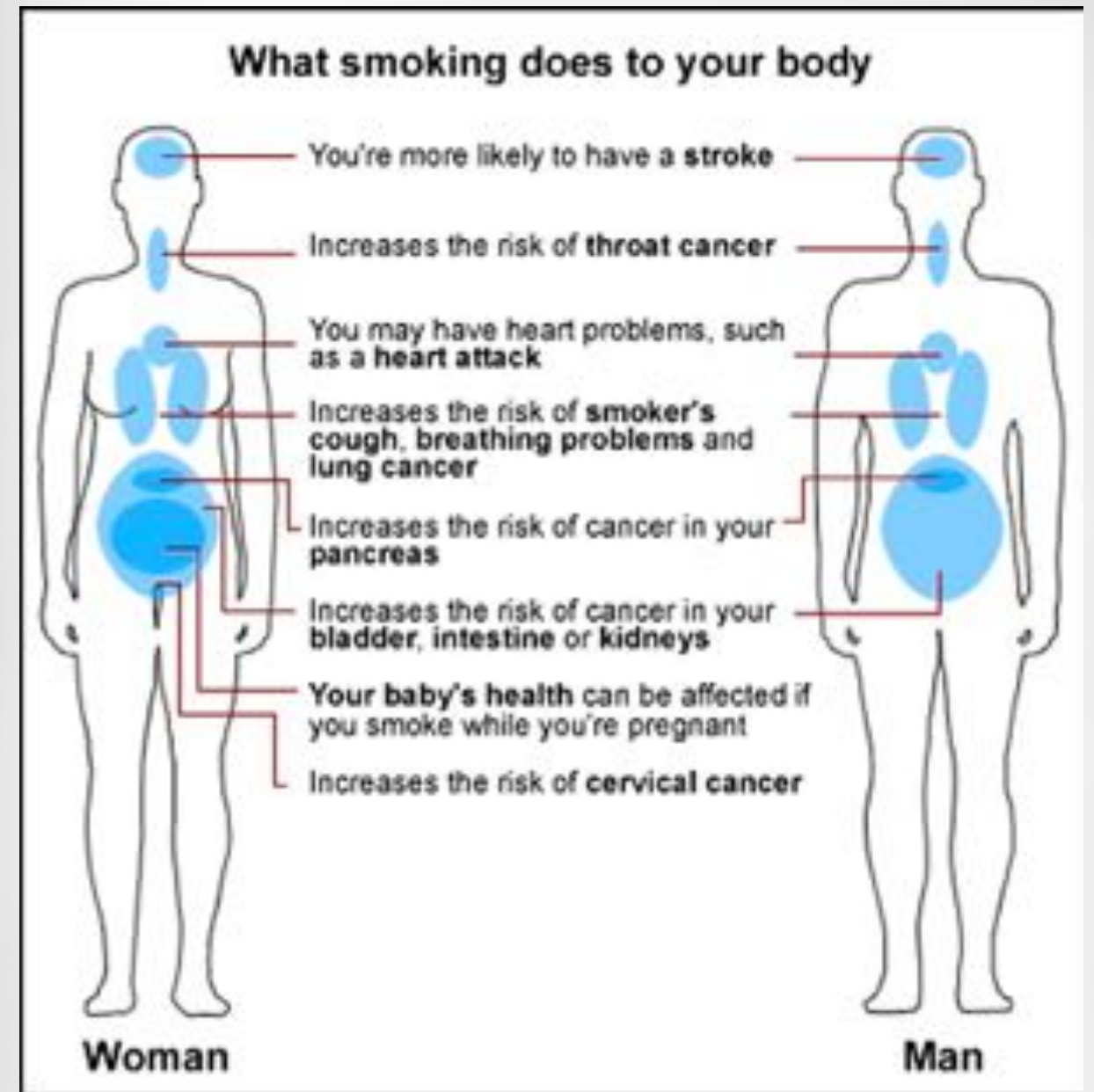
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## Introduction - perhaps the whole health care system is wrong

The recent calamity over Health Care as brought this topic to the attention of the world. But to understand this clearly we need to carefully and attentively analyze the topic in detail. People have all forgotten the two words Health and Care. They only argue about how they will get their drugs from the doctor. The doctor's primary care is a prescription and the average patient gets three Synthetic drugs. Who will pay the doctor and who will pay for the drugs seems to be the only question.

**There are some simple false beliefs in health care that need to be exposed. Here is a short list of major problems with our current Health Care.**

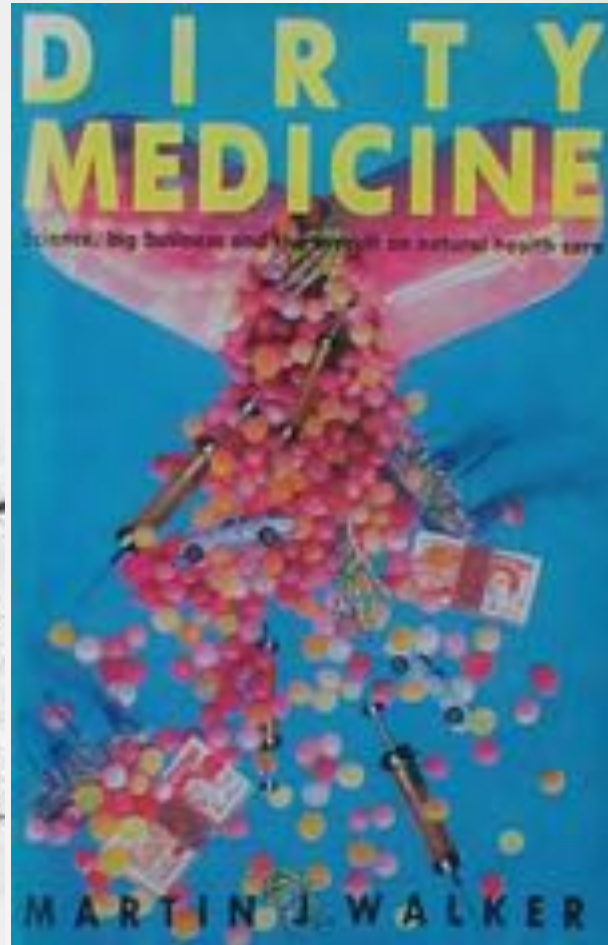
1. **Health needs to be at the heart of Health Care debate**
2. **The three leading killers of People are tobacco, synthetic drugs and medical doctors.**
3. **We must have sympathy and respect for the millions of people addicted to cigarettes.** They should be allowed to continue but how do we allow people to expose children to tobacco and to inadvertently let children smoke? To protect the children we need to enforce the laws we already have. If you are careless and leave you loaded gun on the kitchen table and your child picks it up thinking it is a toy and kills someone, you can be tried and convicted for reckless endangerment and or willful neglect.
4. **Cigarettes are just as dangerous and they will always take away life.** Just because it is not immediate does not belay the danger. If we enforced the law and put those who in anyway allow a child to smoke into a smoke free prison, we would have more health as a society and less outgoing expenditures. People who smoke should pay extra for health insurance.
5. We need to face the fact that **Synthetic drugs are basically incompatible with the human body.** The side effects are creating a high cost of medicine and are killing people. Simple changes in our diet and lifestyle will make for much more health than allowing people to eat bad foods and then use harsh drugs to treat the diseases that result.
6. **The drug testing techniques used today do not guarantee safety** and the pressure to pay for synthetic research drive up costs while producing more sickness.
7. **The FDA is more about paper and profit than people.** Lobbyists of the drug and tobacco companies are more in control of the future than the FDA. The FDA has failed in its current approach to sway risks to the people.
8. The medical education has very little to do with health and ways to keep it. **Medicine has become a crisis disease care not a health care.** Doctors are taught synthetic drugs and surgery and there is an active plan to dismiss and destroy natural medicine. If we can face our false beliefs and face the pressures of profit over people we can build a healthier system of Health Care. This book will delve into health care and expose its corrupt side and how we have lost touch with health and we have let the Ultra Rich run over us.
9. The Synthetic drugs have failed to be safe, they are very risky and make dependence, have side effects, cost vast monies for development and when compared to placebo have little effect. Research has shown that most diseases can respond to diet, lifestyle, simple natural therapies.



TV shows like the "Diet Doctor" or "You are What You Eat" let us see the effects these changes have over a short two month duration. The Synthetic offers a quick fix at a great cost, but now we can no longer pay this cost and we now know the results are not what we thought they would be. The proof that the testing of the drugs is inadequate for safety is disturbing. Drugs are tested for their effects and side effects are observed not tested.

So the illusion that drugs are tested as safe is a false belief. The subtle side effects are not tested in a study they come out over time of usage by the public. The proof that the synthetic process is faulty is also to be considered.

As I have very scientifically proven beyond a shadow of doubt that the scientist do not know how to make something compatible. It is the largest problem in medicine today. The process of pretending to be GOD and making medicines is a sin, a sin that makes lots of money.



## SINthetic medicine is a SIN

*So to call attention to this ludicrous SIN I will spell synthetic, SINthetic as I will do so in this document.*

Drug companies have marketed a false believe. They have twisted the facts to increase profit. And now they try to destroy the alternative competition and make their expensive drugs mandatory use. This is now a threat to the basic freedom of choice we have been told we have in our society. But freedom of choice is a right that we must fight to maintain. Now more than ever the drugs companies fear books like this one that not only expose their corruption and illogical process, but also offer an inexpensive alternative. But this alternative threatens the profits of the chemical companies.

9. Natural medicine must remain a viable choice for families. There must be the freedom to not have SINthetic unsafe drugs pushed onto us. We must defend our freedoms and defeat the SINthetic drug cartels strangle hold over us.

10. We must stop persecuting people who have viable opinions that differ from the large corporations. We must stop the senseless persecution against me. This book is not designed to stop or destroy the SINthetic drug cartel. This book is about defending our right to choose. There are many more people writing to defend our rights and stop the drive for universality of SINthetic

drugs in medicine. We are all attacked and harassed by the drug companies and their small mind army of regulators, all for simple expression of freedom of speech.

*In health care we must ask a simple question. What if the SINthetic drugs really are not compatible, safe, or as effective as the drug companies tell us? What if this is one of the greatest false beliefs of all time? What if we put our eggs in the wrong basket? The debate about health care should be about health care.*

## But let's return to basics and take some time to analyze and define Health Care

### What is Health and what is Health Care

**Health** is defined as

(noun) **Health** the state of being hale, sound, or whole, in body, mind, or soul; especially, the state of being free from physical disease or pain

or

**Health, wellness**

a healthy state of wellbeing free from disease

*"physicians should be held responsible for the health of their patients"*

**Care** is defined as

(noun) care, attention, aid, tending

the work of providing treatment for or attending to someone or something

*"no medical care was required"; "the old car needs constant attention"*

(noun) care,

safety and judiciousness in avoiding harm or danger

*"he exercised caution in opening the door"; "he handled the vase with care"*

(noun) care

a cause for feeling concern

*"his major care was the illness of his wife and her safety"*

(verb) care, maintenance, upkeep

activity involved in maintaining something in good working order, feel concern or interest

And Yet Health Care is defined as

(noun) **health care**

social insurance for the ill and injured, the preservation of mental and physical health by preventing or treating illness through services offered by the health profession

Today health care is thought of insurance and how to pay for disease symptoms control. Safety, care, health and wellness have been forgotten.

Our overall definition of health and wellness is vague and unclear. In fact my spell check still tells me that wellness is not a word. Our biological and medical definition is also very ambiguous. Care implies safety and or concerns for safety but the evidence medicine people have sacrificed safety for evidence and profit. We have lost touch with the words Health Care.

A country can make its health care system based on one of three system types.

1. Prevention emphasis. Example old China where you paid the oriental doctors when you are healthy but not when you are sick, or when you disobeyed his directions, it was his job to keep you healthy.
2. Early to moderate detection of health risks. Example modern 1980 Germany where if your co-workers detect too much stress or else you were told to go to the spa for a week and take the cure.
3. Crisis care. Example modern USA where you wait till there is a life threatening or extreme symptom to get help.

Of course America has chosen type three. This has turned it into a disease care not health care system.

And it turns health care into cash cow and expenses and costs are going more and more out of hand because of this choice.

The choice of type three does most of it damage when because of the crisis modality we wait for crisis life threatening symptoms. We ignore subtle trends, and concentrate on clinical real risks rather than subclinical signs. PKU detection in babies detects only profound cases of phenylketonuria and subtle cases are left untreated.

The ignorance of early disease detection means that the most said words in a doctor's office are "I don't know what's wrong with you. (the traditional system of medicine only allows me to reductionistically assay extreme disease ).

Please go home and get a little bit sicker so we can detect your illness and then give you a drug to sedate the problem."

The drug offers no cure. Its synthetic nature means it is incompatible with the human body. As the drug does what your body should do your own ability to regulate your body yourself becomes weaker. And you can become addicted or needy of the drug.

The drug is also a controversy as we are never given a natural compound (Ok seldom). A brewing controversy over the type of intervention pleads for a deeper analysis.

I have made a distinct study into the science of health care at all aspects. I have authored over a hundred books and edited hundreds of medical articles on intimate subjects. This book is designed to be more global and philosophical and bring the whole picture to light. For more detail on any specific disease please go to one of my other books.

To start let's look at the biggest problems of health care.

This a recent article that shows what numerous other articles have shown before.

## Four unhealthy behaviors the real causes of disease

*Four Unhealthy Behaviors Linked to Premature Death. People who smoke, drink, rarely exercise, and skimp on fruits and veggies die earlier than usual, study finds*

Robert Preidt

MONDAY, April 26 2010 (HealthDay News) -- A combination of four unhealthy behaviors -- smoking, lack of exercise, poor diet and substantial alcohol consumption -- greatly increases the risk of cancer and premature death, a new study has found.



The study, published in the April 26 issue of Archives of Internal Medicine, included 4,886 people, aged 18 or older, who were interviewed in 1984-1985.

"A health behavior score was calculated, allocating one point for each poor behavior: smoking; fruits and vegetables consumed less than three times daily; less than two hours of physical activity per week; and weekly consumption of more than 14 units [one unit equals 8 grams, or about 0.3 ounces] of alcohol (in women) and more than 21 units in men," wrote Elisabeth Kvaavik, of the University of Oslo, and colleagues.

Over an average follow-up period of 20 years, there were 1,080 reported deaths among study participants: 431 due to cardiovascular disease, 318 due to cancer and 331 due to other causes. Compared to those with no bad health habits, those with all four unhealthy behaviors were about three times more likely to die of cardiovascular disease or cancer, four times more likely to die from all other causes, and had an overall death risk equivalent to being 12 years older.

"Modest but achievable adjustments to lifestyle behaviors are likely to have a considerable impact at both the individual and population level," the researchers concluded. "Developing more efficacious methods by which to promote healthy diets and lifestyles across the population should be an important priority of public health policy."

This study shows what we all know to be true, there are certain behaviors that make us die early of degenerative disease. There have been many many MANY studies that show these same truths. It is a lack of education about these behaviors and also a lack of caring. These behaviors are easy to change. Here are some simple things that won't change your life. These are Simple changes and

you can have all the flavor, freedom and health for a better life.

- 1. Smoking first don't start, resist peer pressure and don't start.** You can quit the nicotine addiction is the most powerful addiction but it last only a few days. And after that you only have a mental addiction and with help you can beat it, if you care to. I have written a book on how to beat addictions if you need help. It is simple.
- 2. Diet.** It is as simple as switching from dextrose sugars to levulose sugars, avoid all white sugar cane and eat fruit sugars. Do not eat food with trans-fatty acids, and switch from boiling foods in oil, to boil in water and add oil for flavor when it is cooled, but still warm. You will not miss a thing. The flavor will be there and you will be healthy. It just takes a little education and a little care.
- 3. Eat more fruits and vegetables less meat.** This is good for you and the environment. The simple trick is using good spices and cooking to make the vegetables more appealing.
- 4. Over Cooking.** Smoke in cooking also is a carcinogen. Smoke in any way is cancer causing. Foods over cooked and exposed to direct flame are more carcinogenic. Stir fry, low temp, sushi, Carpaccio, rare not well done, are just some ways to improve health. Eat more fresh and raw foods. And cook less, the more you cook a food the less nutrient's it has.
- 5. Exercise.** Exercise is a nutrient. We are designed to chop wood and carry water. Our bodies require exercise like we require air, water and food. Just a little walk, a little stretch, a little calisthenics, or even isometrics can make a big difference.
- 6. Alcohol.** A little bit of alcohol is good for you. It is only over dosing that is bad. The relaxing, euphoric joyful effect of alcohol comes only from the first and second drink. Two drinks are all it takes to feel good. After that alcohol only makes your thinking disturbed. After two drinks switch to alcohol free, virgin drinks or just water and you will not miss any of the fun. It is often only peer pressure that makes you drink on and on, or just stupidity. The third and more drinks will not make you feel better; they will maybe make you feel worse. When I switched to non alcohol drinks in the night club after the first two I found no change in my level of fun and I could dance mare and sex was better. Alcohol is dangerous in excess.
- 7. Drugs.** Doctor 's kill more people than any other form of health care risk. Street drugs do cause many deaths a year but it is a small pittance of the deaths caused by the medical community.
- 8. Ignorance, obstinacy, hard headed stupidity.** To ignore these things and say well my Uncle Sam lived to be 80 and he smoked and drank and never ate a vegetable. Well first the question is how did Uncle Sam truly die? And next the undeniable evidence is that your supposed uncle would have lived 12 more years if he was not as ignorant as you are. Please resist the urge to rationalize, twist, distort, deny, and ignorantly contradict the truth. You look really stupid and not caring of anybody when you do. And yes any of you can change, these changes are simple.
- 9. Not focus on diagnosis**
- 10. Lack of CARE.** If you don't care for your children, your spouse, your friends, your family or for yourself then just let yourself die. But if there is some small thing that you care for then show some compassion and make these small changes.

## More detail Smoking

### *1. Smoking first don't start, resist peer pressure and don't start.*

Why does anyone start to smoke? Well intelligent people don't. Your first cigarette always tastes bad. Everyone knows that it is an expensive disgusting bad habit. So why? Always because the person is emotionally insecure and lacks intelligence, ALWAYS. They give in to peer pressure to try to be cool. It is always the mark of severe emotional insecurity and a lack of intelligence. Everyone knows you can be fooled, you cannot think for yourself, and you are stupid. If there was no such thing as cigarettes today and someone now would try to develop tobacco smoking as an industry, the FDA would stop it immediately. Early research would show its addictive and devastating disease component. Today one death in three is somehow linked to smoking. The Bible in Revelations says that "one third of the population will die with smoke coming out of their mouths". And second hand smoke kills.

It would be impossible to start such an industry, but today this disease causing killer of people flourishes. It does nothing for health, kills millions, costs money, and makes fools of us all. The twisting set of lies and self deceptive bullshit a smoker will come up with to continue his habit is endless. Moist smokers will say anything to keep their habit.

They can rationalize and distort perception extremely well addiction is just another unaddressed disease component. Smokers would pay a thousand dollars a pack if they had to. Most smokers would rather see their child burned to death, house destroyed, than give up their habit. Smoking is the most addictive substance and its cost to health care is extreme.

Smoker become ludicrous clowns as they now give up all logic and defend their right to kill themselves. The FDA is powerless to stop the greedy murder of vast millions of people. The cigarette companies control the legislature. This insidious addictive substance has shown the world that greed and money are in control all else is a ruse. The expose' of the hypocritical side of our law system defiles us all.

How can we expect our children to believe in a society that is so twofaced and so despicably deceitful and phony? When children grow up and see such duplicitous lies at the heart of their government they will lose respect and they will not put their faith into such a government. They will put their faith into addiction, the gun, the power of greed.

This is what this disease has done to America. Greed, Power, and Addiction have cut into the hearts and minds of the country, causing far more damage than just lung cancer. Children get a sense of the truth and when they see greed in control they lose respect and lose their principles.

How do we allow people to expose their children to tobacco and to inadvertently let children smoke? To protect the children we need to enforce the laws we already have. If you are careless and leave you loaded gun on the kitchen table and your child picks it up thinking it is a toy and kills someone, you can be tried and convicted for reckless endangerment. Children think the cig is a toy.

## Reckless endangerment and willful neglect

### Reckless Endangerment

Function: noun

- the offense of recklessly engaging in conduct that creates a substantial risk of serious physical injury or death to another person
- **NOTE:** Reckless endangerment is a gross misdemeanor but sometimes rises to a felony, as when a deadly weapon is involved. It involves possible jail time. Tobacco is a slow working deadly weapon. A person who gets addicted to it is forced to spend money on his habit, ruin their clothes, worsen their relationships, dull their senses, weaken oxygen transfer in the body, and destroy their health. To allow a child to be addicted to this drug is a crime.
- *A person is guilty of reckless endangerment when he or she recklessly engages in conduct that creates a substantial risk of death or serious physical injury to another person. Allowing a child to access your cigarettes is a crime.*

### Willful neglect is Conscious or intentional failure to perform a duty due to negligence

It is a parent's duty to protect their child from being addicted to any substance. Parents who do not take care to prevent a child's access to tobacco, store owners selling cigarettes, other minor and anyone who participates in this crime should be prosecuted.

When our authorities start to enforce the law of reckless endangerment and willful neglect and try people for allowing their child to smoke. Then and only then can we have an honest less hypocritical society. And then an adult can choose to smoke or not.

The FDA and the legislatures of the world have been under the control of the tobacco companies for years. The lobbyists know just how addictive the drug in cigarettes truly is. People say they have the right to defile their own bodies.

But these addicts will say anything do anything pay anything to support their habit. They love to get another stupid idiot addicted to divert attention from their own gross stupidity. Stupidity loves company. But when a child gets a cigarette this is a major crime. Getting a child addicted to a drug the kills is a major crime.

If the punishment was one year in jail then perhaps there would be some protection for the children. If a person out of stupidity was to inadvertently allow his child to get a cigarette and smoke it, if Uncle George puts a cigarette into your child's mouth, he should be incarcerated for two years.

Everybody must be responsible for not allowing a child to be addicted. But this is not enough of a deterrent. There should be a special prison for these offenders. A prison with no tobacco, let the punishment fit the crime. Only the threat of a non-smoking prison would be enough of a deterrent.

People say that the death penalty is not a deterrent. Well a smokeless prison would be. Maybe then people would be able to become 19 years old before they can smoke and not fall under the influence of peer pressure or infantile fascination with taboo.

Many people reading this are angry and are now trying to explain, how certain people live to be eighty and smoke, or that their bodies and their children are theirs to abuse, or any number of

inane twists of rationalization to allow smoking to continue.

And now for the smokers reading this, first of all you did not start smoking because OF AN EXPRESSION OF FREEDOM. You did not start because you were just curious. You started because you were so incredibly insecure and full of self doubt you could not resist the peer pressure. You thought you would be COOL. You started a life of disease, extra cost, and self defilement and twisting mental rationalization all to influence someone else's opinion of your insecure timid self.

- Smoking gives you bad breath
- Causes wrinkles earlier in life
- Makes your hair and clothes smell
- Can affect your sports performance
- You won't be able to run as fast or as far.
- Stains your teeth makes your skin dry
- It will crease your lips from pursing them around the cigarette.
- It will make your skin tougher and not as soft.
- It will mix up the fluids in your brain.
- Makes you less attractive
- Costs lots of money.
- Destroys your clothes, AND

Puts you at risk of

- Smoking can cause Coronary Heart Disease
- Emphysema
- Lung Cancer
- Throat Cancer
- Mouth Cancer
- Bladder Cancer Infertility in men and women
- Stomach Ulcers

You risked these and more and you are now addicted and a slave to your uncontrollable desire to look like an idiot to others as you get your fix.

But when you in any fashion contribute to a child's future life degradation, well your karma will get you back.

## Bad diet big sugar and bad oil

### 2. Diet. Eat Good sugars and Good Fats not Bad Sugars and Bad Fats.

It is as simple as switching from dextrose sugars to levulose sugars, avoid all white sugar cane and eat fruit sugars. Do not eat food with trans-fatty acids, and switch from boiling foods in oil, to boil



in water and add oil for flavor when it is cooled, but still warm. You will not miss a thing. The flavor will be there and you will be healthy. It just takes a little education and a little care.

**Dextrose High Glycemic Index Sugar Related Health Problems:**

Acne	Heart Disease
Addiction to drugs, caffeine & food	High blood cholesterol
Adrenal gland exhaustion	High estrogen levels
Alcoholism	High triglyceride levels
Allergies	Hormonal problems
Anxiety	Hyperactivity
Appendicitis	High blood pressure
Arthritis	Hypoglycemia
Asthma	Impaired digestion of all foods
Behavior problems	Indigestion
Binge eating	Insomnia
Bloating	Kidney stones
Bone loss	Liver dysfunction
Cancer (cancer cells feed on sugar)	Liver enlargement & fatty liver syndrome
Candidiasis	Low HDL cholesterol
Cardiovascular disease	Menstrual difficulties
Cataracts	Mental illness
Colitis	Mood swings
Constipation	Muscle pain
Depression	Nearsightedness
Dermatitis	Obesity
Diabetes	Osteoporosis
Difficulty concentrating	Over-acidity
Diverticulitis & diverticulosis	Parasitic infections
Eczema	Premature aging & wrinkles
Edema	Premenstrual syndrome
Emotional problems	Psoriasis
Endocrine gland dysfunction	Rheumatism
Fatigue	Shortened life span
Food cravings	Tooth decay
Gallstones	Ulcers
Gout	Vaginal yeast infections

Good diet is the answer. People will say they have the right to choose, and this is the fundamental base of our society. I would fight for the freedom to choose. But what we are talking about is first education if we were to have equal economic education and teach everyone the consequence of

bad diet then true informed choice is good. Hiding the truth about dextrose sugar (high Glycemic foods) for instance is bad and thus allowing more disease is even worse.

After education health insurance is the next question if you wish to burden our society with a personal choice to eat bad foods, this is bad. If there is evidence that your diet choice causes your illness the medical insurance should impose a penalty for any illness linked to your choice.

If you want to smoke, drink, eat bad foods to excess, fine, but you pay the bill. People should not be allowed to impose financial burdens on others because they are self destructive, obstinate, stupid, ignorant, or just plain mean.

**3. Eat more fruits and vegetables less meat.**

This is good for you and the environment. The simple trick is using good spices and cooking to make the vegetables more appealing.

**4. Over Cooking.**

Smoke in cooking also is a carcinogen. Smoke in any way is cancer causing. Foods over cooked and exposed to direct flame are more carcinogenic. Stir fry, low temp, sushi, Carpaccio, rare not well done, are just some ways to improve health.

Eat more fresh and raw foods. And cook less, the more you cook a food the less nutrient's it has.

**5. Exercise.**

Exercise is a nutrient. We are designed to chop wood and carry water. Our bodies require exercise like we require air, water and food. Just a little walk, a little stretch, a little calisthenics, or even isometrics can make a big difference.



## 6. Alcohol.

A little bit of alcohol is good for you. It is only over dosing that is bad. The relaxing, euphoric joyful effect of alcohol comes only from the first and second drink. Two drinks are all it takes to feel good. After that alcohol only makes your thinking disturbed. After two drinks switch to alcohol free, virgin drinks or just water and you will not miss any of the fun. It is often only peer pressure that makes you drink on and on, or just stupidity. The third and more drinks will not make you feel better; they will maybe make you feel worse. When I switched to non alcohol drinks in the night club after the first two I found no change in my level of fun and I could dance and sex was better. Alcohol is dangerous in excess.

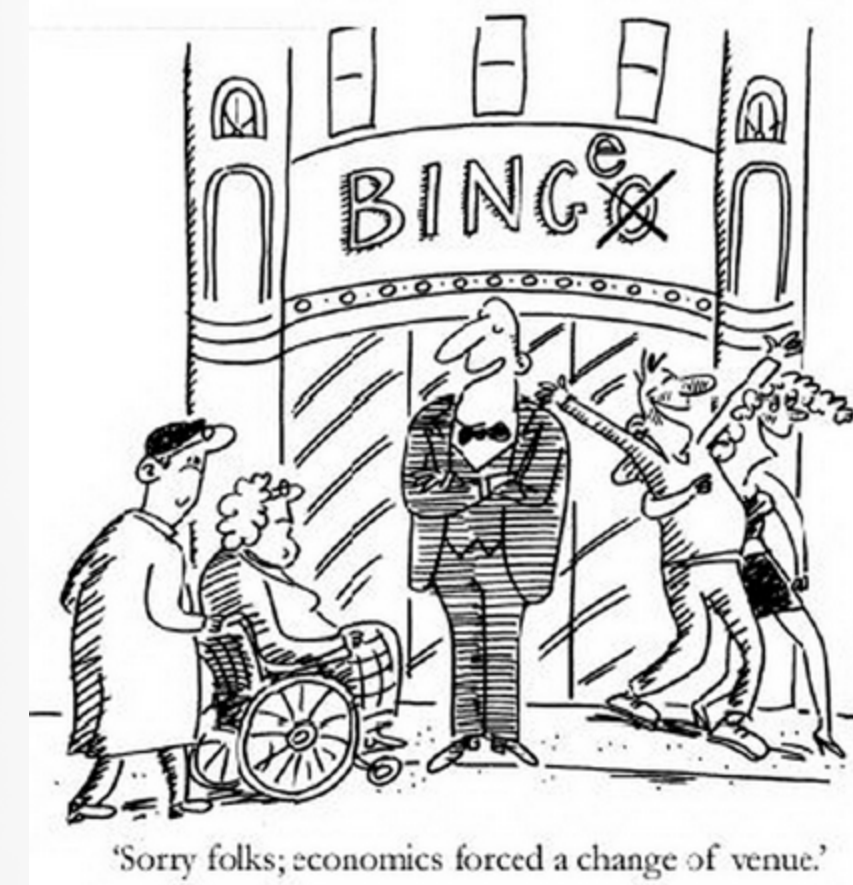


## 7. Drugs.

Doctors kill more people than any other form of health care risk. Street drugs do cause many deaths a year but it is a small pittance of the deaths caused by the medical community. The Basic flaw in philosophy like allopathically treating symptoms with inaccurate diagnosis while ignoring wellness measures and behavior leads to two factors, SYNthetic drugs and surgery. When by their own statistics 75% of all surgery is unneeded, and hospital food makes you sick, the side effects of the drugs make more dependency than cure. We can see why doctors kill people.

## 8. Ignorance, obstinacy, hard headed stupidity.

To ignore these things and say well my Uncle Sam lived to be 80 and he smoked and drank and never ate a vegetable. Well first the question is how did Uncle Sam truly die? And next the undeniable evidence is that your supposed uncle would have lived 12 more years if he was not as ignorant as you are. Please resist the urge to rationalize, twist, distort, deny, and ignorantly contradict the truth. You look really stupid and not caring of anybody when you do. And yes any of you can change, these changes are simple.





# Death by Medicine

This decade old article proves that the Evidence medicine is the largest killer of people in the USA. Years later and the situation is Now Worse, contact us for details at [IMUNE](http://IMUNE) [www.imune.net](http://www.imune.net)

By Gary Null, Ph.D., PhD; Carolyn Dean MD, ND; Martin Feldman, MD; Debora Rasio, MD; and Dorothy Smith, PhD

## ABSTRACT

A definitive review and close reading of medical peer-review journals, and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million.<sup>1</sup> Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics.<sup>2,2a</sup>

The number of unnecessary medical and surgical procedures performed annually is 7.5 million.<sup>3</sup> The number of people exposed to unnecessary hospitalization annually is 8.9 million.<sup>4</sup> The total number of iatrogenic deaths shown in the following table is 783,936. It is evident that the American medical system is the leading cause of death and injury in the United States. The 2001 heart disease annual death rate is 699,697; the annual cancer death rate, 553,251.<sup>2</sup>

**Table 1: Estimated Annual Mortality and Economic Cost of Medical Intervention**

Condition	Deaths	Cost	Author
Adverse Drug Reactions	106,000	\$12 billion	Lazarou(1), Suh (49)
Medical error	98,000	\$2 billion	IOM(6)
Bedsore	115,000	\$55 billion	Xakellis(7), Barczak (8)
Infection	88,000	\$5 billion	Weinstein(9), MMWR (10)
Malnutrition	108,800	-----	Nurses Coalition(11)
Outpatients	199,000	\$77 billion	Starfield(12), Weingart(112)
Unnecessary Procedures	37,136	\$122 billion	HCUP(3,13)
Surgery-Related	32,000	\$9 billion	AHRQ(85)
<b>Total</b>	<b>783,936</b>	<b>\$282 billion</b>	

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## OFFICE OF TECHNOLOGY ASSESSMENT (OTA)

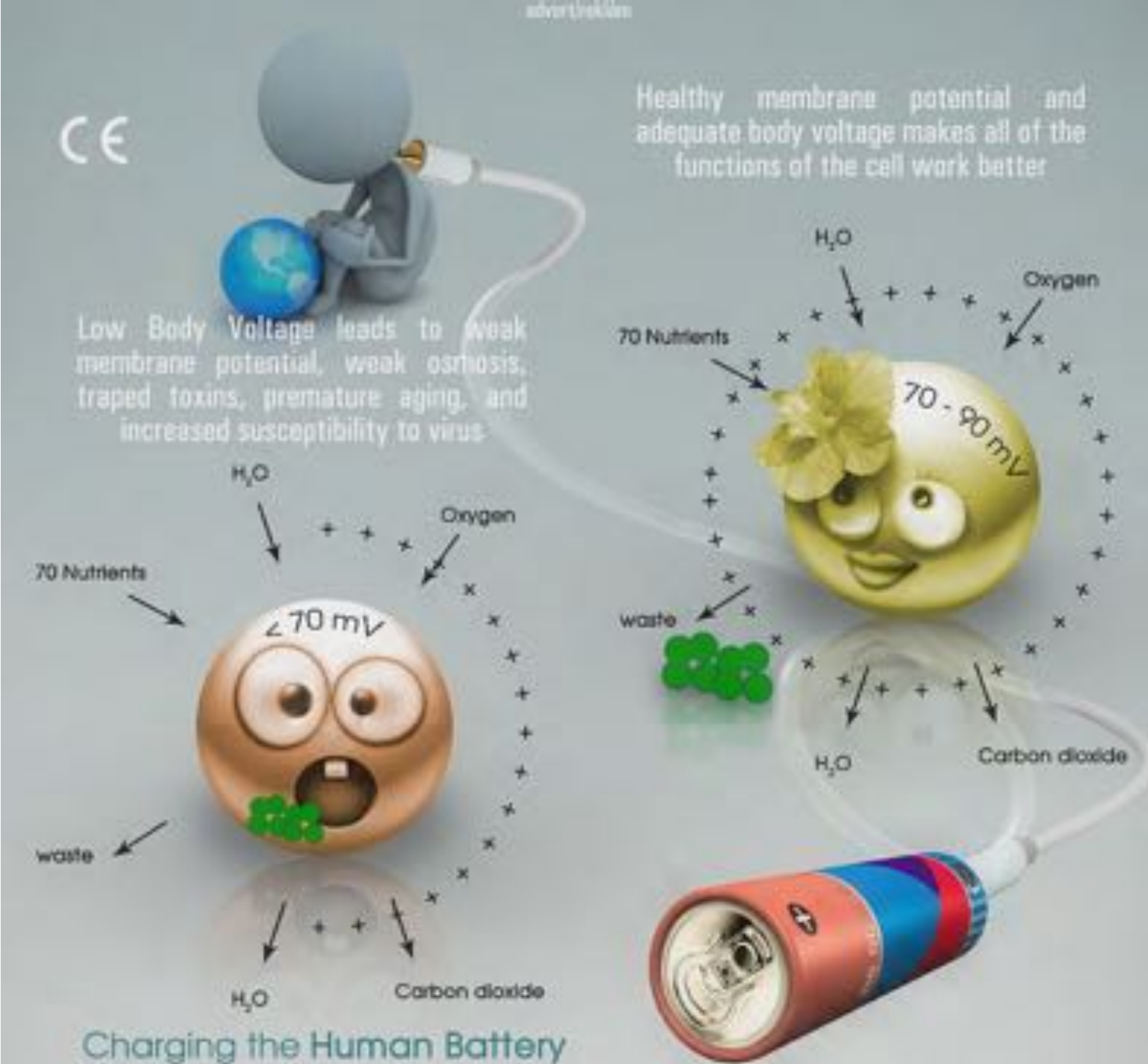
Health Care Technology and Its Assessment in Eight Countries, 1995.

### General Facts

In 1990, US life expectancy was 71.8 years for men and 78.8 years for women, among the lowest rates in the developed countries.

The 1990 US infant mortality rate in the US was 9.2 per 1,000 live births, in the bottom half of the distribution among all developed countries.

Health status is correlated with socioeconomic status.



Factors that influence the body voltage and membrane potential are fatty acids in the cell membrane, minerals, especially salts, hydration water, oxygenation, stress, toxins and life style.

The SCID has been proven in tests to increase the electrical potential of the body. Increased cellular membrane potential makes osmosis increase, which increases detoxification, nutrient transfer and absorption, hydration, oxidation, and all cellular functions in general.

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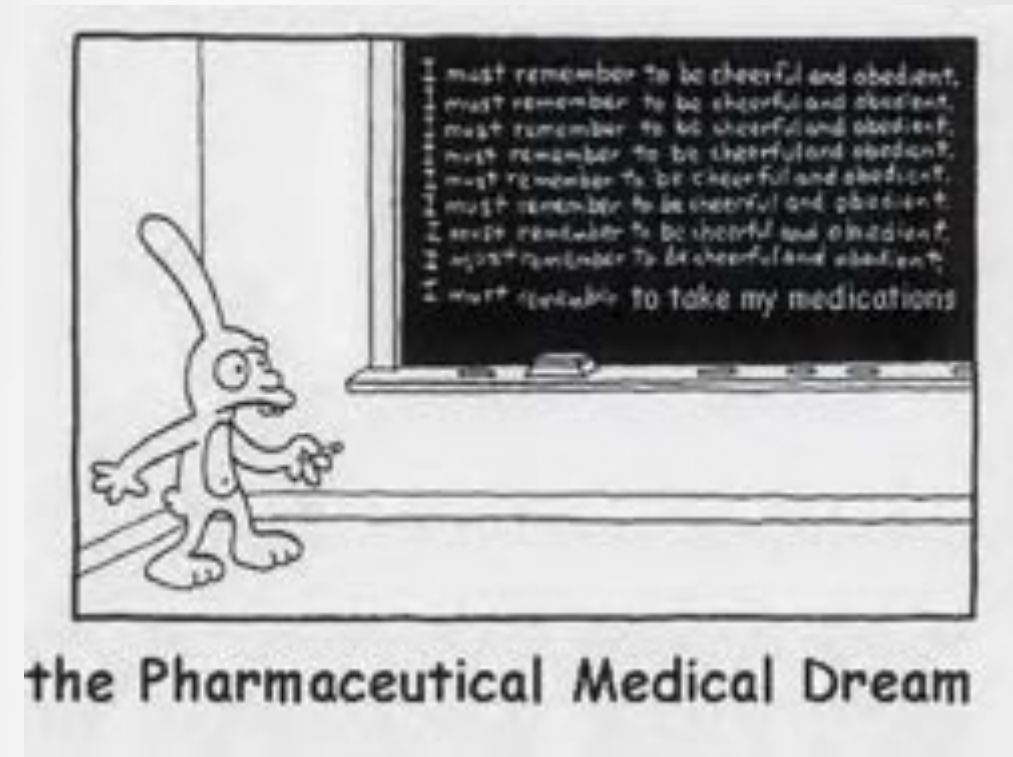
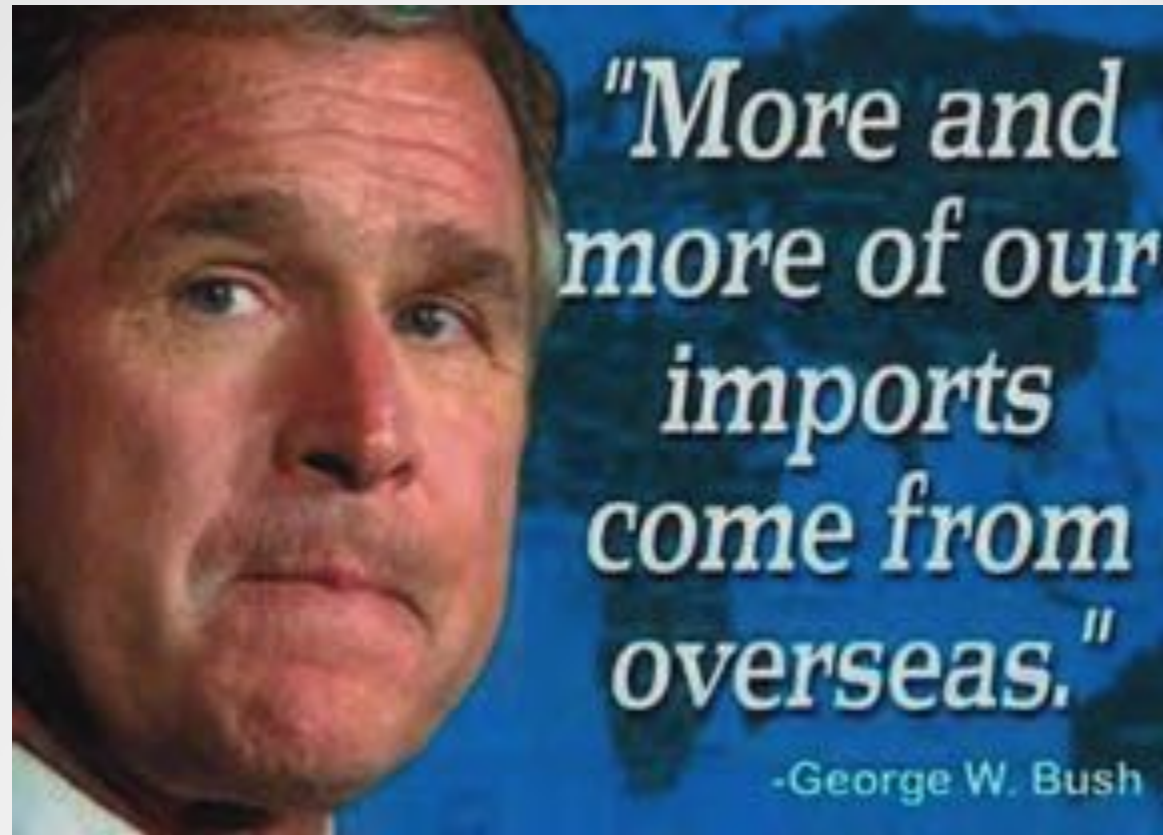
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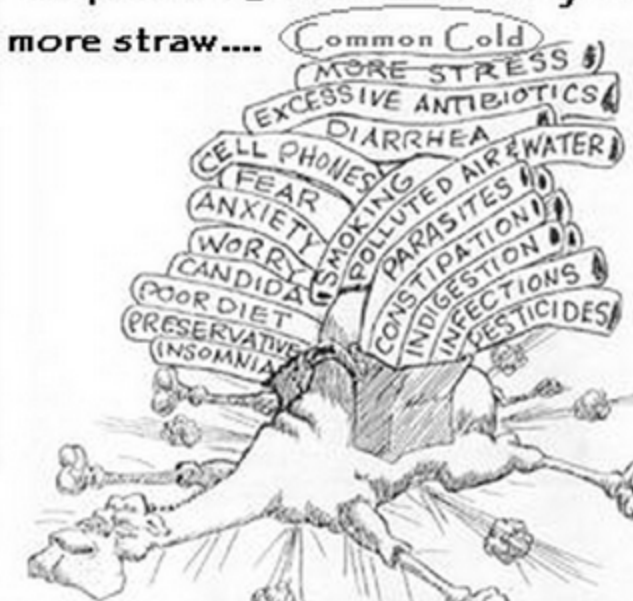


**Hospital food feeds cancer.**  
 Hospital food is the worst food. It is full of cheap processed, dextrose, sodium, fats, trans-fats, additives, nitrites etc. Hospital food has fewer nutrients. Hospital food feeds cancer. Hospital food robs nutrients. Hospital food increases disease. If you didn't have a disease when you went in you do when you come out.





We pile things on and on till just one more straw....



When we finally colaspe, we only remeber the last straw and not the other larger burdens

All done for the sake of paperwork. But this is a large flaw in the system. First of all there is always multiple causes of disease. There is never just a simple cause. Everybody has nutritional disorders, everybody has toxicity, and everyone has stress. We pile on risks and causes till we collapse and then we foolishly blame the last straw. This is reductionism. In the medicine of Dr. Selye accumulated stressors are what make the system fail. And we need to reduce overall stress and take the cure and go get good food, good air etc and let our bodies repair.

And most importantly the accuracy of diagnosis is at the best AMA statistic about 30%. In a major study people dying in hospitals all over the US were taken to the forensic autopsy and the forensic disease was compared to the diagnosed one.



The accuracy was global at about 30%. Some teaching hospitals like Mayo clinic are about 5% accurate. But with so many studies going on and doctors stretching to get subjects into their studies, we can expect diagnosis to be inaccurate. No hospital was over 50%, 45% was the best.

We see doctors like Gregory House every week on TV. He is a presumptive asshole to say it short. This is a perfect example of the way many doctors are. First they ASSUME toooo much and they make and ASS out of U and ME. House when he treats people in the clinic takes about 5 microseconds to make a full diagnosis and an assumption of his patient. Does anyone want this

type of HMO health care? NO. Then when he gets a patient in danger he makes at least four to five mistakes of diagnosis and he hurts the patient with at least one of his guesses.

A poor Latino man in one episode gets a hole drilled into his and loses an arm needlessly when they finally figure out a bird disease was it. House assumes that it is it when his patient lives long enough to leave the hospital. Every episode we see the primary patient hurt by misdiagnosis and drug or surgical treatment.



Do we want this kind of health care from presumptive, arrogant, assholes?

Answer NO.

But freedom of choice is a valid point. If you want this Ok, but for my children it is not OK. With House as an example of Medicine, we need not look for other examples of presumptive arrogance. This assumptive egotism conceit and bloated self-importance has destroyed medicine. They think they know everything and they don't even know what an electron is. I for one would rather see humility come back into medicine.

We need to stop focusing on diagnosis and let stress reduction and reduction of the causes of disease be meaningful therapies. One of my mentors a medical doctor from Cleveland once told me in medical school a little secret. He said ask your patients to make a conscious effort to drink more water.

The hypothalamus of people shuts down its thirst detector at age 16 or so. People do not drink enough water and since all life processes involve water if you drink more most of the patient problems will go away and they will think you're a wonderful doctor.

This points out very simply that diagnosis is not the most essential component of Health Care, diagnosis is the most essential component of Disease Care with harmful therapies like drugs and surgery.

Diagnosis is needed if you have a plan to maybe hurt the patient with side effect medication or risky surgery. But to make a person more Healthy or to care for his health we do not need diagnosis. It should not be necessary to get a diagnosis to get health care. It is nice if you are humble enough to admit you may be wrong.



### 10. Lack of CARE.

If you don't care for your children, your spouse, your friends, your family or for yourself then just let yourself die. But if there is some small thing that you care for then show some compassion and make these small changes.

Some simple changes that not only make you live longer but might help you avoid an ugly painful death of lying in a puddle of your own piss and shit from cancer. These simple changes are the beginning of a true Health Care.

One of the largest causes of disease and one of the largest factors in disease is mal-nutrition, starvation or mal-absorption. Our society has allowed Big Sugar, Big Pharma, and Big Fast Food to go crazy and make record profits while giving so little nutrition as to border on starvation and mal-nutrition. People are not getting the nutrients they need to be healthy. In fact they are being fed foods filled with non-nutritious junk that makes money for the fast food industry. And money for health care.

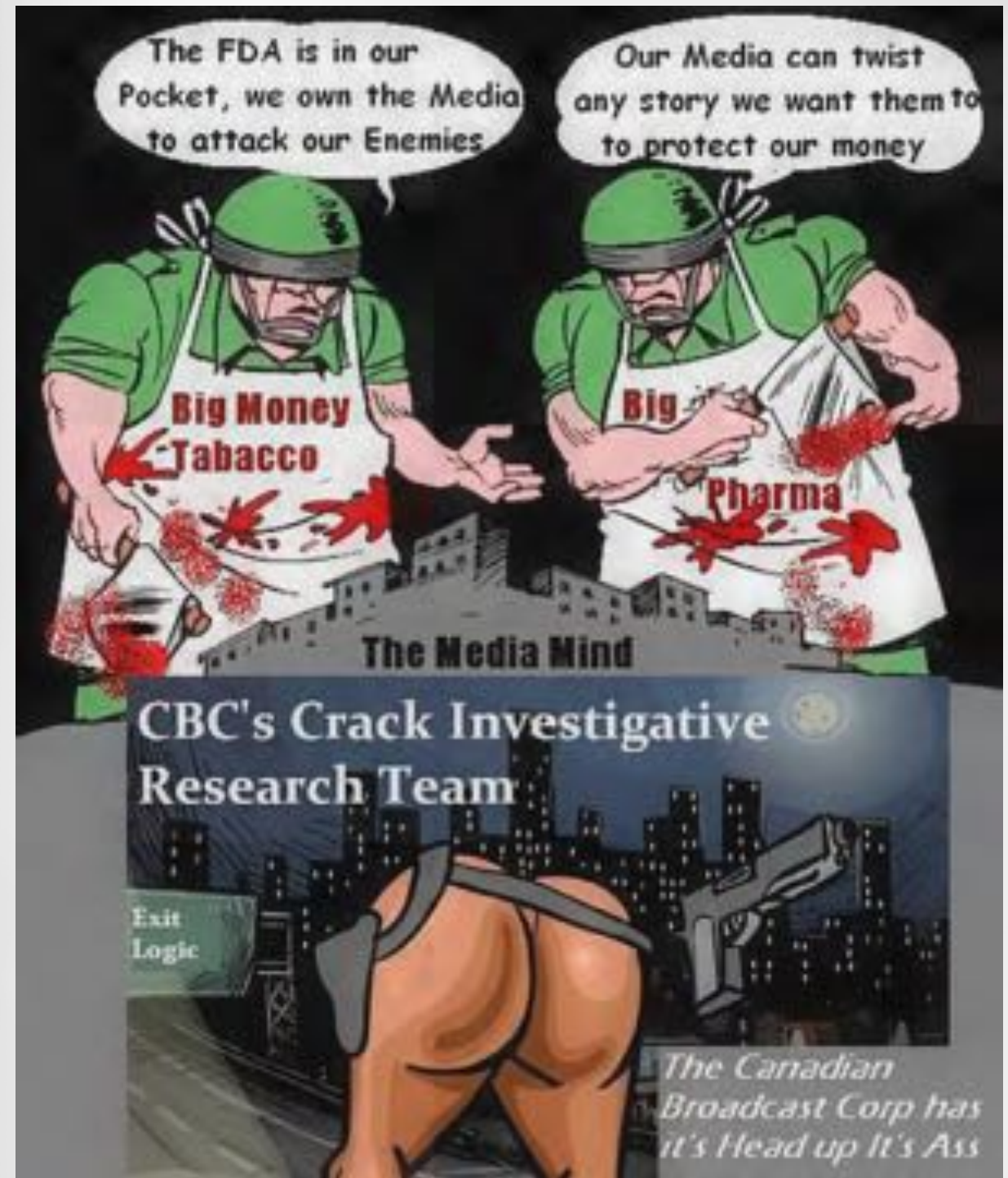
The investors behind health care want only return on their investment. They want profits and for health care to make profit there needs to be sick people. The more sick people the more money they make.

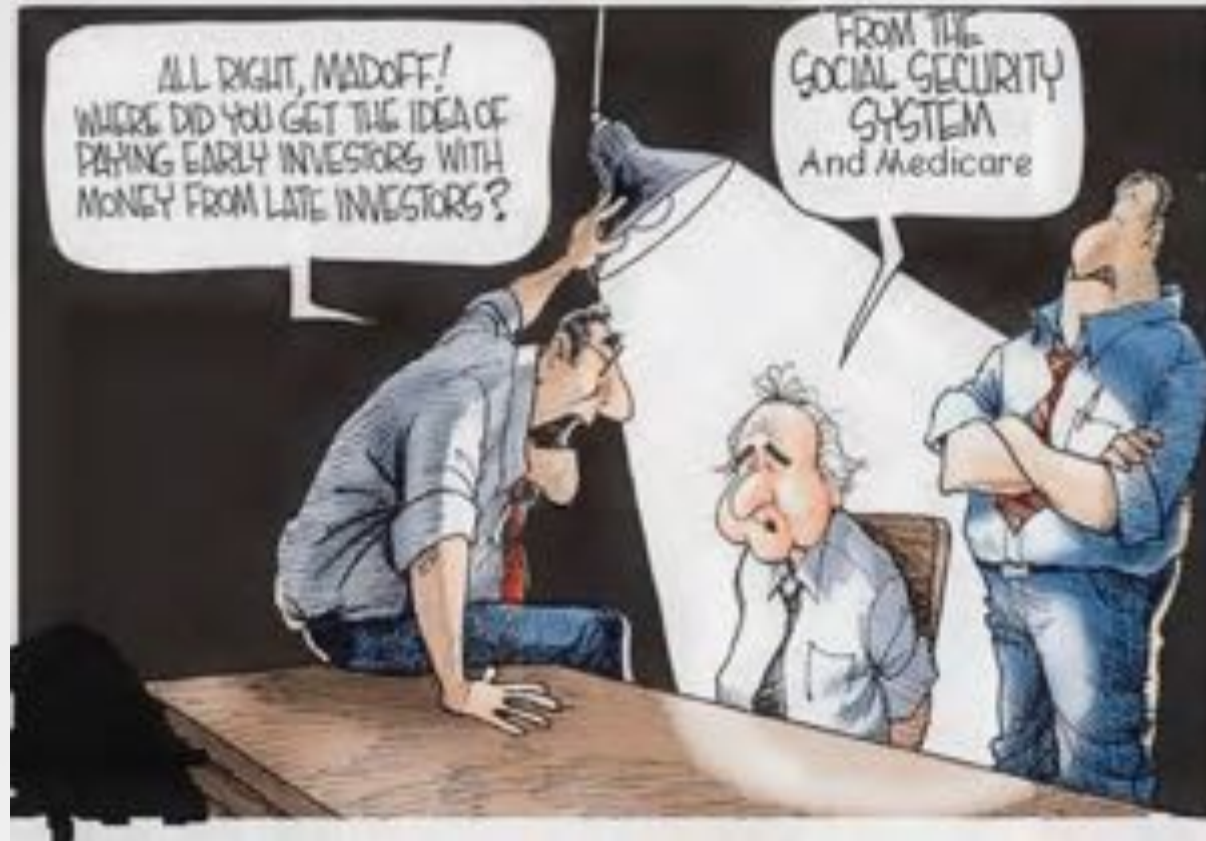
There is an incentive to make people sick. Profit up front, profit in the back. The inherent risk of a profit based society. And when the profiteers can influence the legislation with lobbyists, grants, jobs for the legislators' dim-witted nephew, fellowships, and sometimes even just plain money, we see a system grow out of control.

Profit over people. Health care turns to disease care. Our children see the double talk about health care and they laugh but nothing changes so they get cynical and slowly reject all authority.









## AND IT'S THE SAME IN FRANCE

THE results from England mirror the experience of the smoking ban in France.

Figures last week showed the French ban on lighting up in public places had 'completely failed' to cut the number of smokers.

France's 15million smokers are on target to get through 54billion cigarettes this year - the same as in 2004.

A French government spokesman said: 'Measures to prevent passive smoking

have not had any effect whatsoever on active smoking. They have completely failed.

'This means 2008 will be the fourth consecutive year when smoking has not decreased.'

However, in other countries there is evidence smoking bans have had an impact.

In Scotland, heart attack rates fell dramatically after a ban started in March 2006 - a result replicated by studies into smoking bans in Ireland and Rome.

Plain packs seen as a risk to cigarette profits



By David Jones

LONDON (Reuters) - Cigarette makers face a new and serious risk to their profits if the government rules that cigarettes should only be sold in plain packaging, undermining the power of brands, analysts said on Monday.

Cigarette companies can often offset lower sales by raising prices as happened when England introduced smoking bans in pubs and bars last year, but a move to plain packaging would see smokers switch to cheaper brands and hit profits, they said.

The government launched a three-month public consultation on Saturday involving a number of measures to cut the number of smokers. The most serious for industry profits is the move to ban branding and company colours from packages.

Advertisement starts

Advertisement ends

If this measure is implemented, then all UK cigarette packs will be white and brand names printed in plain black type. The only colour on the packs will be graphic health warnings.

"We believe the proposal would be extremely serious for the tobacco industry if implemented," said industry analyst Adam Spielman at investment bank Citi, who believes there is a 50 percent chance the proposal will be enforced by 2010.

Plain packaging would require new legislation, so if the measure is to become law the industry is likely to hear plans in the latter part of 2008 for a law to be passed in 2009 and implemented in

2010, analysts say.

They also say the political mood may be against the tobacco industry as the parliament voted by a large majority for last year's ban on smoking in English pubs, and at the time this seemed quite controversial but now seems quite popular.

The country's biggest cigarette company is Imperial Tobacco with a 46.1 percent share followed by Benson & Hedges and Silk Cut group Gallaher, taken over by Japan Tobacco <2914.T> last year, with a share of just under 40 percent. British American Tobacco has a 6 percent stake.

Imperial shares were off 2.6 percent at 19.73 pounds and Rothmans and Lucky Strike maker BAT down 0.2 percent at 18.85 pounds by 2:20 p.m. in a stock market down 0.8 percent.

The industry's profitability is based around its leading brands and it would be harmful to manufacturers if smokers traded down to cheaper cigarettes, as analysts say different brands may taste different but the difference in quality is barely perceptible.

Citi's Spielman says for Imperial Tobacco its net sales from its premium-priced brand such as Embassy is 96 pence a pack while it only gets 70p from mid-priced Lambert and Butler and much less for discounted brands.

Dresdner Kleinwort analyst Charles Manso de Zuniga said: "In extremis, a UK tobacco market of plain boxes is likely to become very price-driven, maybe even wiping out the premium sector."

Any legal challenge from the industry would test the right of a government to try to improve public health against the right of companies to use their trademark brands.

**The FDA is truly sitting on the findings that all Synthetic Drugs are incompatible with the human body and they cause more disease than was known. The Cure is Worse than the Disease.**



**Yes the FDA and Drug co have the research that says that synthetic medications are unsafe and they hurt more that help. But they are truly sitting on this research.**



### "More Money Than God": Industry Wealth



From a profit perspective, the cigarette business is an exceptionally lucrative business. A cigarette can cost about a penny or two to make, it can be sold at a high profit margin, and most of all, because of addiction, customers will remain loyal whether they want to or not. The business is recession proof, and it is huge. The total retail value of Canadian tobacco sales in 1992 was \$9.8 billion. Worldwide there are well over 3 trillion cigarettes sold (some illegal) representing billions in profit. And the health care industry is overloaded with the results, representing trillions of dollars in profit.

In Canada, despite declining sales, tobacco industry profits in 1995 again set an all-time record high. Profit levels surpassed records set in each of the previous 8 years. As Figure 5 illustrates, lower smoking rates clearly have not hurt the industry's bottom line. High profitability is not new. Imperial Tobacco has shown a profit every year since 1928 (its financial data are not available for

earlier years). Imperial was even profitable during the Great Depression.

Here is what one American company executive said about the tobacco industry and its profitability:

*I'll tell you what I like about the business. First, there are no surprises. There is nothing more to be said or discovered about the cigarette business or the industry. And there's no way to write an article that could do us any more harm than what has already been written. Second, no new company wants to get into the tobacco business. That's great. Third, we have the best partners in the world: the governments. In a lot of countries, it's incredibly important to the whole welfare state that we sell our products to.*

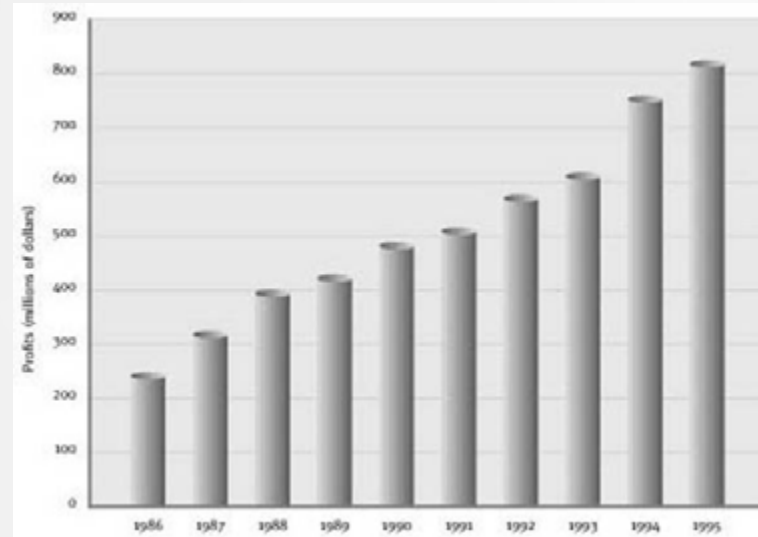


Figure 5. Combined pretax profits of Imperial Tobacco Ltd and Rothmans Inc., 1986–95.[276,512] Profits for RJR – Macdonald Inc. are not available for all years in this period and thus are not included.

collect taxes. . . . So no matter how you look at the cigarette business, it's incredibly predictable, it's extremely secure as an investment vehicle and, therefore, it's a great business to be in — if you can deal with the fact that some people are not going to like you.[509, p. 41]

The tobacco manufacturing industry in Canada is 99% dominated by an oligopoly of three foreign-controlled, transnational tobacco companies (TTCs). Each is discussed in turn below.

#### Imperial Tobacco Ltd

Montreal-based Imperial Tobacco Ltd is the dominant player in Canada, with a 67% share of the domestic cigarette market. The company's performance has consistently improved since 1975, when its market share was 36.7%.[290] Imperial is 100% owned by Montreal-based Imasco Ltd, which in turn is controlled by British-based tobacco conglomerate B.A.T Industries plc (BAT). BAT owns about 41% of the Imasco shares. Imperial Tobacco's leading brand families are Player's and du Maurier, which together account for 59% of Canadian cigarette sales. Imperial also sells *Matinée*, the company's third most important brand family, as well as *Cameo*, *Peter Jackson*, *Avanti*, and *Medallion* cigarettes. In the United States, Imperial's sister company is *Brown and Williamson*, a company also controlled by BAT.

Imperial Tobacco's roots go back to 1895, when the American Cigarette Company moved into Canada and started to manufacture cigarettes in Montreal. Soon afterward, the American Tobacco

Company of Canada Ltd was created by a merger of the American Cigarette Company and D. Ritchie & Company, a Montreal firm dating from 1885. Over time, American obtained controlling interest in the Empire Tobacco Company, the B. Houde Company, and the Joliette Tobacco Company. In 1907, the American Tobacco Company obtained a 50% interest in a company later known as the National Tobacco Company, a firm now best known for marketing smokeless tobacco. Imperial Tobacco sold this 50% interest in 1986.[289] In 1908, Imperial Tobacco was created by a formal merger of the American Tobacco Company of Canada and Empire Tobacco Company. In 1912, the present Imperial Tobacco Ltd was incorporated as a successor to the Imperial Tobacco formed in 1908. At this point, controlling interest in Imperial Tobacco was no longer with the American Tobacco Company but with British – American Tobacco Co.

In subsequent years, Imperial acquired other tobacco companies: in 1921, General Cigar Co., a firm that included another company, S. Davis & Son; in 1930, Tuckett Tobacco Company, which controlled Tobacco Products Company of Canada and Philip Morris Co. Ltd, both Canadian firms; in 1936, Landau & Cormack Ltd; in 1942, L.O. Grothé; and in 1949, Imperial Tobacco Company (Newfoundland) Ltd, just as Newfoundland was entering Confederation. Imperial purchased Canadian rights to certain brands and trademarks from British – American Tobacco (now known as BAT) in 1921 and from US-based Brown and Williamson in 1950.

In 1964, when the smoking and health issue was really heating up, Imperial started to diversify, fearing that tobacco was on the road to disappearance. Imperial obtained interests in Canada Foils Ltd, Growers' Wine Company Ltd, and Welland Winery Ltd. In 1968, it acquired Simtel Incorporated and Editel Productions, both of Montreal, and in 1969, it acquired S & W Foods Inc. of San Francisco and Uddo & Taormina Corp. of New Jersey. Imperial also purchased Pasquale Bros Limited (later called Unico Foods), a food distributor based in Toronto. Imperial does not own any of these subsidiaries today.

In 1970, the company's name was changed to Imasco (IMperial and ASsociated COmpanies). Imasco Ltd was the holding company for the various corporate interests. Other companies that Imasco has owned or in which Imasco once had a significant interest include Amco Services (Canada) Ltd (a vending machine company, which subsequently purchased other vending machine companies), Chalet Wines, Grissol Foods, Marché aux Escomptes S & M Ltée (Quebec discount health and beauty aid stores), Collegiate Sports (later Arlington Sports), Red Carpet Coffee Service Ltd, Ski Oberson Boutique Inc., Rancho Francisco, Toltec Foods (tortilla producer), Topmost Foods, Biscuits Montmagny Inc., Henri & Fils, PoP Shoppes of America, Inc., The Outdoor Stores, Lido Biscuit Cie Ltée, Canadian operations of Anco International (a cheese company), La Fromagerie de Comeville Inc., Cavalier China & Gift Shops, Burger Chef Systems, Inc., Flame Oil & Gas Ltd, Ingersoll Cheese, Embassy Cleaners, Tinder Box International (tobacco and gift shops), Peoples Drug Stores (based in the United States), and Canadian Northwest Energy Ltd.[173,285] In 1995, Imasco sold off its long-standing ownership of United Cigar Stores.

A lot of these investments turned out to be big mistakes. It was the huge cash flow generated by tobacco that made the acquisitions possible in the first place, and it was the cash flow that allowed the company to get away with errant acquisitions. Many of the now discarded Imasco subsidiaries lost money or were simply not generating profits the way Imperial Tobacco was.

Today, in 1996, Imasco has interests in several large companies. Imasco owns Shoppers Drug Mart/Pharmaprix (Canada's leading pharmacy chain), 98% of Canada Trust (Canada's biggest

financial institution after the big five banks), Hardee's (the fourth largest hamburger fast-food chain in the United States), and Genstar Development (a land development company). Imasco's ownership of Shoppers Drug Mart dates to 1978. Since then Shoppers Drug Mart has gobbled up other pharmacies.

In 1993, the conglomerate Imasco was the sixth largest publicly traded company in Canada when ranked by profits. Only Bell Canada, Seagram, and three banks enjoyed greater profitability.[485] This ranking dropped to 12th in 1994 as other companies with more variable profit than Imasco's moved ahead.[486]

Imperial Tobacco is the driving factor behind Imasco's financial success. Although Imperial's net revenues only accounted for 16% of Imasco's system-wide total in 1994, tobacco profits represented 51% of Imasco's total pretax earnings from operations. This does not include the tobacco profits arising from retail tobacco sales by Shoppers Drug Mart. A study by University of Quebec accounting professor Léo-Paul Lauzon estimated that for the period 1987–93, the total amount of money provided by Imperial Tobacco to Imasco was greater than the total dividends paid out by Imasco.[355] Not only was Imperial the source of all Imasco dividends, but also it provided money to reinvest in other Imasco ventures.

Imasco has had many influential individuals on its Board of Directors. In 1996, the directors include Bernard Roy, former Principal Secretary to Prime Minister Brian Mulroney and partner at the Montreal law firm of Ogilvy Renault, the same firm at which Mulroney is now a partner. Rob Pritchard, President of Canada's largest university, the University of Toronto, is a director. Russell Palmer, former Dean of the Wharton Business School at the University of Pennsylvania, is a director. Former directors include Paul Martin, now Minister of Finance; Bill Bennett, one-time premier of British Columbia; and Torrance Wylie, previously a senior official with the Liberal Party of Canada. Claude Castonguay, a former Quebec Minister of Social Affairs and later a Progressive Conservative Senator, was a director in the 1970s. Pauline McGibbon was on the board briefly before she became Lieutenant-Governor of Ontario. McGibbon has also had a long association with the du Maurier Council for the Performing Arts, now known as du Maurier Arts Ltd, a sponsorship-granting body connected with Imperial Tobacco.

Some directors have had simultaneous appointments seemingly at odds with their directorship of a tobacco giant. For example, Nan-Bowles de Gaspé Beaubien, a director since 1987, is also a director of the Terry Fox Humanitarian Award Committee, an award in memory of Canada's most famous cancer victim and in whose name millions of dollars for cancer research are raised annually. Murray Koffler, the founder of Shoppers Drug Mart, was a director of the Canadian Council on Drug Abuse and a director of Imasco at the same time.

#### **Rothmans, Benson & Hedges Inc.**

RBH is Canada's second largest tobacco company. The company's brand families include Rothmans, Craven "A", Benson & Hedges, Number 7, Belvedere, Mark Ten, Viscount, Dunhill, Black Cat, Sportsman, Peter Stuyvesant, Belmont and Canadian Classics.

RBH's stock is 83% foreign controlled. Forty percent is owned by a subsidiary of Philip Morris, the largest tobacco company in the United States. Philip Morris is the world's largest consumer products company through sales of not only cigarettes, but also Kraft products, Miller beer, Toblerone chocolate, Post cereals, Maxwell House coffee, Jell-O desserts, Kool-Aid drinks, and

Oscar Mayer meats. Philip Morris also owns 20% of Canada's Molson Breweries. The remaining 60% of RBH stock is owned by Rothmans Inc., a Canadian holding company, which through a series of other holding companies is 71.2% owned by Rothmans International B.V., now based in the Netherlands. Rothmans International is ultimately controlled by the Rupert Family Trusts in South Africa. In 1994, there were 11 corporate levels between RBH and the ultimate South African interest.[565]

RBH was formed in 1986 with the merger of Rothmans of Pall Mall Limited and Benson and Hedges (Canada) Inc. The former was controlled by Rothmans International, and the latter was a subsidiary of Philip Morris.

RBH's market-share performance has been steadily eroding. In 1975, the combined cigarette market share of Rothmans and of Benson & Hedges was 43%. That has fallen to 20% and may continue to fall, in part because smokers of its brands are older than smokers of competitors' brands.

Benson & Hedges started in Britain in 1873, expanded to New York around 1895, and from there expanded to Canada, opening a store in Montreal in 1906. The company was not a major player until Benson & Hedges (Canada) Ltd, along with its New York counterpart, merged with Philip Morris in 1954. In 1961, Benson & Hedges (Canada) Ltd opened a new cigarette factory near Brampton and started to market aggressively. In 1962, Benson & Hedges (Canada) purchased Tabacofina of Canada, the makers of Belvedere.

Rothmans of Pall Mall started operations in Canada in 1957 at a time when its British parent company was expanding throughout the Commonwealth. In 1958, Rothmans' parent company acquired a controlling interest in Carreras Limited of London, United Kingdom. Carreras had a controlling interest in Canada's Rock City Tobacco Company, a firm based in Quebec City since being founded in 1899 and best known for its

Craven "A", Black Cat, and Sportsman brands. In 1963, all outstanding stock of Rock City Tobacco was acquired by Rothmans of Pall Mall Canada Ltd.

In the late 1960s, Rothmans started to diversify. At one time Rothmans has owned Alfred Dunhill of London Ltd (luxury goods and accessories) and Carling O'Keefe Breweries, which in turn has owned Jordan Valley Wines, Star Oil and Gas, the Canadian Football League's Toronto Argonauts and the National Hockey League's Quebec Nordiques. Carling O'Keefe was sold in 1987, and the Dunhill subsidiary was sold in 1990. RBH now focuses exclusively on tobacco.

Like Imperial Tobacco, Rothmans has had its share of prominent directors. The Chairman of the Board is Progressive Conservative Senator William Kelly. Kelly was appointed as a director shortly after the Conservatives won the 1984 election. Also on the Board of Directors is Roch Bolduc, a fellow Conservative Senator. Pierre des Marais II is President and Chief Executive Officer (CEO) of Unimédia Inc., a firm that owns several French language newspapers including Le Soleil in Quebec City and Le Droit in Ottawa.

Louis St Laurent, Liberal Prime Minister from 1948 to 1957, was Chairman of the Board of Rothmans during most of the 1960s. For part of the period that St Laurent was Chairman of Rothmans in the early 1960s, he was also President of the Canadian Heart Foundation. Other directors have included John Wettlaufer, former Dean of the business school at the University of Western Ontario; Alistair Gillespie, former Liberal cabinet minister; and Robert Winters, a former Liberal cabinet

minister under St Laurent. After being on the Rothmans Board of Directors, Winters returned to politics and became Minister of Trade and Commerce. Winters later ran for the leadership of the Liberal Party but lost to Pierre Trudeau.

Joel Aldred, a high-profile radio and television announcer who recorded hundreds of cigarette commercials during the 1960s and early 1970s, sat on the Board of Directors.[525] Maurice Sauvé, a former Liberal cabinet minister and husband of Jeanne Sauvé (who became Canada's first female Governor-General), sat on the Benson & Hedges (Canada) Board of Directors before the company merged with Rothmans. Murray Koffler sat on the Rothmans Board of Directors before he sold the Shoppers Drug Mart chain to Imasco, after which he sat on the Imasco Board of Directors.

#### **RJR–Macdonald Inc.**

Canada's third largest company is RJR – Macdonald Inc., with a 12% market share. A government publication shows the company is 100% owned by its immediate parent firm, RJR Tobacco Consolidated IHC, Inc. of the Bahamas, a Caribbean tax haven.[565] This Bahamas company is related to US-based RJR – Nabisco Inc. and R.J. Reynolds Tobacco Company. Like Philip Morris, RJR – Nabisco is a huge global conglomerate that sells not only cigarettes but also such brand-name products as Planters peanuts, Life Savers candies, Oreo cookies, Ritz crackers, and Fleischmann's margarine.

The overwhelming majority of the Canadian subsidiary's cigarette sales come from the Export "A" brand family. RJR – Macdonald also manufactures Vantage, Macdonald, and Contessa Slims cigarettes and imports small quantities of Camel, Winston, Salem, and More cigarettes made by its US parent.

The company was established as Macdonald Tobacco in Montreal in 1858 by W.C. Macdonald, for decades the dominant man in Canada's tobacco industry. The company was a family-owned business until it was sold to R.J. Reynolds in 1974 and renamed. There were some moves toward diversification, such as owning the X-Y Textile Company, but today RJR – Macdonald's business is exclusively tobacco. In the 1990s the company began exporting cigarettes made under contract for its parent company.

Liberal Senator Michael Kirby, a prominent strategist and spokesperson for his party, has been a director of the company for many years. Another past Liberal connection has come through Jeffrey Goodman, who went from Prime Minister Pierre Trudeau's press office to PR for RJR – Macdonald.

#### **Other companies**

All cigarette sales other than by the big three companies constitute less than 1% of the Canadian market. This includes all cigarette imports, as well as a small volume of products made by Bastos du Canada Ltée, based in Louiseville, Quebec. Bastos makes house brands and generic products for grocery store chains and other retailers. There are a number of other very small manufacturers.

There is no smokeless tobacco made in Canada. All such products sold in Canada are imported. Cigar sales, which declined substantially during the 1980s and early 1990s, are made up of both domestic and foreign brands.

#### **Corporate wealth**

The worldwide revenues of the tobacco transnationals operating in Canada total CA \$168 billion:2 Philip Morris has global annual revenues of US \$65 billion;[470] BAT, GB £21 billion;[32] R.J.

Reynolds, US \$15 billion;[491] and Rothmans, GB £7 billion.[519] This mammoth sum provides enormous economic power. The total is greater than the revenues of any single government in Canada, whether federal or provincial. Moreover, unlike many governments, tobacco companies are not laden with horrific debts and deficits. Most significantly, the \$168 billion (US \$123 billion) in annual revenues is more than the individual gross domestic products of 180 of the world's 205 countries.[599]

The profits allow the industry to pay its Canadian executives handsomely, as indicated by reports filed under securities laws.

Foreign exchange rates used were US \$1 = CA \$1.37 and GB £1 = CA \$2.08.

Imperial Tobacco, earned \$758 846 in salary, bonus, and other compensation. As well, he was given options to purchase 10 000 shares at \$36.00 any time before 2 May 2004. Because the market price of the shares was \$36.00 at the time the options were awarded, Brown gets a risk-free opportunity to take advantage of any increase in share price over a 10-year period. Purdy Crawford, Chairman of Imasco, did even better, earning \$2 030 576 in total compensation plus the option to purchase 24 000 shares.[283] For fiscal year 1995, Joe Heffernan, President and CEO of Rothmans, Benson & Hedges Inc., earned \$466 000 in total compensation. As well, he can benefit further under long-term incentive plans.

Professor Lauzon's study of the industry's financial statements is revealing. He found that over the period 1987–93, the companies earned almost \$2 billion in profits, which in his view ridiculed government antitobacco policies. Dividends equivalent to more than 99% of these profits were declared, 58% of which (more than \$1 billion) was sent out of the country, thereby substantially reducing the real value of the tobacco industry to the Canadian economy. The 58% does not include a further special dividend of \$99 million declared by RBH in early 1994. Each of the companies is generating plenty of cash. In RBH's case, dividends were actually greater than profits. Lauzon also found that the companies were reinvesting very little of their profits in Canada: 17% for the industry as a whole and as low as 5% for RBH. As a proportion of net sales, only 2.4% was reinvested in Canada.

Annual after-tax return on shareholders' investment for the industry as a whole over this period was a very high 33.3%. [355] In 1993, pretax return on capital used was 84% for Imperial, 69% for RBH, 38% for RJR – Macdonald, and 69% for the industry as a whole[60] — not bad in a year when individuals owning Canada Savings Bonds were earning interest at the pretax rate of 6%.

Why is the tobacco business so profitable in Canada? According to the Five Forces model of Harvard Business School professor Michael Porter,[479] tobacco can be considered a five-star industry:

1. Buyers have little power relative to that of the industry, including when it comes to manufacturer price increases. The 6.6 million consumers are spread out across the country, and a great many of them are addicted. Consumers thus do not have the clout to prevent price increases. Intermediate buyers, the wholesalers and retailers, are numerous and normally competitive.
2. The industry's suppliers have little bargaining power because what they supply (tobacco, paper products) are mostly commodities that could be obtained from other suppliers.
3. Few products can directly substitute for cigarettes in the same way that margarine can substitute for butter. Although nicotine gum and the nicotine patch do exist, their sales are

small by comparison.

4. Large barriers prevent new competitors from entering the market. Normally, massive returns on investment would entice new entrants, but there have been no new players in Canadian tobacco in almost 40 years. In a business in which trademarks are everything, the biggest barrier is established brand names. With advertising restrictions making it much more difficult to establish new brand names, it becomes almost impossible to break into the Canadian market. As well, there are economies of scale in manufacturing and distribution. Manufacturing is technologically advanced and highly automated, and the equipment is expensive. Distribution requires a trained sales force that must span the country. Instead of there being any new companies in the market, the industry has consolidated from four main companies to three, with more rationalization forecast for the future. In 1989, Patrick Fennell, President of RBH, predicted that Canada's three manufacturers would eventually shrink to two through the amalgamation of RBH and RJR – Macdonald.[573,587]
5. Rivalry within the industry is relatively tame. Imperial Tobacco is the leader of the oligopoly. When Imperial raises its prices, the other two companies happily follow suit. There has not been a price war since 1986. Advertising restrictions — when in place — have helped reduce the rivalry, although companies still compete by paying retailers for stocking and prominently displaying various brands.

The high profitability of tobacco companies gives them the cash to pay for high-priced lobbyists, lawyers, PR specialists, advertising agencies, and junk-science researchers. One representative of an advertising agency working for a tobacco company said that the client had "more money than God." Tobacco's enormous profit potential provides a tremendous incentive for keeping the industry sales high. When it comes to efforts to combat tobacco control measures, the industry can write a blank cheque at any time. As the next chapter indicates, attempts to control tobacco use are hardly a recent phenomenon.



Despite the health problems, lawsuits, and rising prices associated with cigarettes, there's still something seductive about tobacco -- the profits. Altria Group (owner of Philip Morris and its international division), the US and global tobacco leader grew revenues by 17% in 2003 as economies both in the US and abroad grew. British American Tobacco (BAT), #2 in the world, also held its own with about 15% growth in sales.

The US market is dominated by four key manufacturers known as Big Tobacco: Altria, which sells roughly half of the nearly 500 billion cigarettes sold in the US, Reynolds American, Loews subsidiary Lorillard Tobacco Company (part of Carolina Group), and Vector Group's Liggett unit.

Legal battles continue to dog the tobacco industry. Smokers stricken with cancer and other smoking-related health problems have tried to pool their complaints together in large class-action lawsuits. Often, the courts frown upon such tactics; however, individuals have fared much better,

but face lengthy appeals from the tobacco giants. The US Department of Justice also is pursuing a case against the industry, citing 50 years of evidence it claims points to a cover-up of the health risks associated with smoking.

Tobacco companies have initiated ads and other material to help stop kids from lighting up. Also, many companies are pursuing cigarettes that they hope one day will prove to reduce the health risks associated with smoking. One such example is Brown & Williamson's Advance, which it says is not a safe cigarette but does reduce exposure to toxins. Of particular concern is nitrosamines or TSNAs. Other safety initiatives include improvement in the way cigarettes actually burn. The state of New York now requires cigarettes sold within its borders to be "fire-safe." Such cigarettes have bands of paper that will extinguish a cigarette unless it is puffed.

Ironically, the most immediate challenges to Big Tobacco lie within the industry itself. Smaller, discount cigarette manufacturers, many who are free from a massive \$246 billion settlement with US state governments, have gained nearly 15% market share as the cost of smoking has risen. Not only has Big Tobacco raised the price of smokes to help pay its lawyers, but federal and state taxes also have significantly boosted the retail price to more than \$7 per pack in some areas of the country. This high cost encourages smuggling. Contraband sales of cigarettes via the Internet and other means could represent as much as 10% of the US market. Perhaps hoping tighter regulation of tobacco will help curb illegal sales and reduce their exposure to lawsuits, at least one cigarette manufacturer, Altria, now endorses limited regulation by the US Food and Drug Administration.

The US Senate has approved a measure that would give the FDA oversight of the sale, marketing, and manufacture of cigarettes while also ending price and production controls the US government has placed on tobacco. The bill is now in conference committee.

These industry developments have forced some major reshuffling among members of Big Tobacco. To combat challenges from discount brands as well as the industry giant Altria, R.J. Reynolds and British American Tobacco joined forces in the US, forming Reynolds American.

Of course, Big Tobacco manufacturers aren't the only companies important to the tobacco industry. Companies such as Universal Corporation, DIMON, and Standard Commercial act as middlemen, buying from farmers and/or tobacco auctions and then processing and shipping leaf tobacco to manufacturers. Globally, other companies, such as Society BIC and Zippo Manufacturing, provide tobacco-related accoutrements; UST markets snuff and chewing tobacco; and companies such as Swedish Match sell a combination of tobacco-related products. Altadis, created from a merger of France and Spain's top tobacco producers, makes 50% of the cigars sold in the US. In Japan the tobacco industry is dominated by government-owned Japan Tobacco, which controls 75% of the market. Other top markets include Germany (dominated by Altria and Reemtsma Cigarettenfabriken), the UK (where smokes by Gallaher Group and Imperial Tobacco are preferred), and France. As discount manufacturers such as Commonwealth Brands chip away at market share, the global companies have increasingly turned to developing nations for new smokers. The Asia/Pacific region accounts for much of this new frontier. China, with some 25% of the world's 1.2 billion smokers, is the big prize. Government-owned China National Tobacco, the world's largest tobacco producer, principally serves China and the estimated 1.5 trillion in annual cigarette sales. Both Imperial Tobacco and Gallaher Group have signed agreements to produce and sell cigarettes in China.

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**So Smokers is Big Tobacco getting you to suck their dick until you DIE ?  
answer : YES**



**Big Tobacco Loves a Good Pres SUCK**

Smoking and addiction



# The Smoker's Body

Every 10 seconds, someone dies from tobacco use, says the World Health Organization. Medical research suggests that those who start smoking in their teens (as 90 percent of smokers do) and continue for two decades or more will die 20 to 25 years earlier than those who never light up. And there is growing evidence that it's not always lung cancer or heart disease that kills them. Below, some of smoking's less publicized side effects—from head to toe.

## 1. Hair loss

Smoking accelerates the natural aging process, leading to premature hair loss. In women, hair loss is higher in smokers, and in men, it's higher in smokers than in non-smokers. The loss is most noticeable on the face, scalp, and hands.

## 2. Cataracts

Smoking is a leading cause of cataracts, a clouding of the eye's lens that can lead to blindness. Smoking increases the risk of cataracts by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of cataracts in the eye.

## 3. Wrinkling

Smoking accelerates the natural aging process, leading to premature wrinkles. Smoking increases the risk of wrinkles by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of wrinkles in the face, neck, and hands.

## 4. Hearing loss

Smoking increases the risk of hearing loss. Smoking increases the risk of hearing loss by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of hearing loss in the ears.

## 5. Skin cancer

Smoking increases the risk of skin cancer. Smoking increases the risk of skin cancer by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of skin cancer in the face, neck, and hands.

## 6. Tooth decay

Smoking increases the risk of tooth decay. Smoking increases the risk of tooth decay by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of tooth decay in the teeth.

## 7. Lung ailments

Smoking is the leading cause of lung ailments. Smoking increases the risk of lung ailments by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of lung ailments in the lungs.

## 8. Osteoporosis

Smoking increases the risk of osteoporosis. Smoking increases the risk of osteoporosis by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of osteoporosis in the bones.



## 9. Heart disease

Smoking is a leading cause of heart disease. Smoking increases the risk of heart disease by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of heart disease in the heart.

## 10. Stomach ulcers

Smoking increases the risk of stomach ulcers. Smoking increases the risk of stomach ulcers by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of stomach ulcers in the stomach.

## 11. Discolored fingers

Smoking increases the risk of discolored fingers. Smoking increases the risk of discolored fingers by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of discolored fingers in the fingers.

## 12. Cervical cancer

Smoking increases the risk of cervical cancer. Smoking increases the risk of cervical cancer by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of cervical cancer in the cervix.

## 13. Deformed sperm

Smoking increases the risk of deformed sperm. Smoking increases the risk of deformed sperm by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of deformed sperm in the sperm.

## 14. Psoriasis

Smoking increases the risk of psoriasis. Smoking increases the risk of psoriasis by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of psoriasis in the skin.

## 15. Buerger's Disease

Smoking is a leading cause of Buerger's Disease. Smoking increases the risk of Buerger's Disease by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of Buerger's Disease in the arteries.

## 16. Cancer

Smoking is a leading cause of cancer. Smoking increases the risk of cancer by 25 percent. The risk is even higher in women who smoke. Smoking also increases the risk of cancer in the lungs, throat, and other parts of the body.

Illustration by [Name] for [Source].



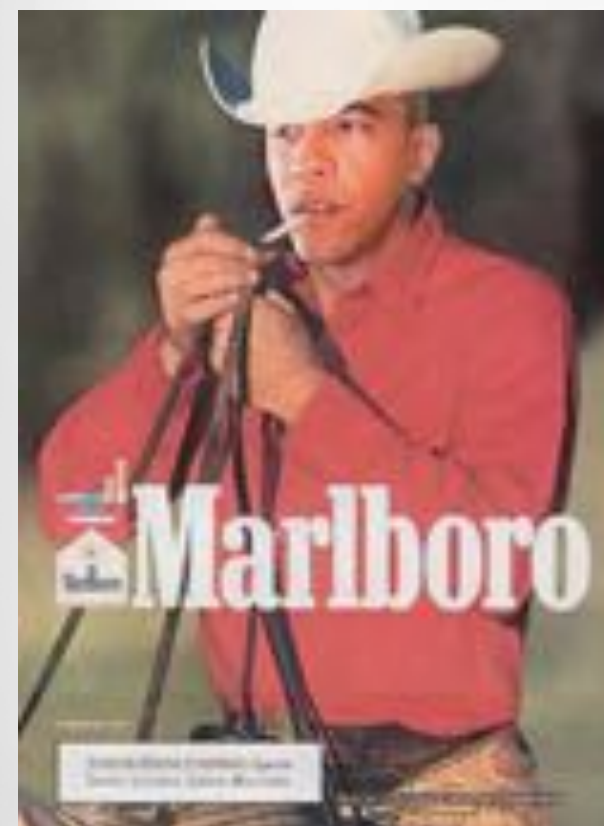
Smoking and addiction





148

Smoking and addiction



149



## Stop Smoking Tips - Provides all the information on how to quit smoking

According to a recent report from the U.S. Centers for Disease Control and Prevention, more than 20% of male and female adults in the U.S. smoke cigarettes, while more than 80% of them light up a cigarette every day. The reason why smoking has become such an issue is because the addictive effects of nicotine lead to various types of cancers, strokes, and heart attacks. As such, everyday is the RIGHT TIME to quit smoking.

The main goal of Stop-Smoking-Tips.com is to assist smokers aspiring to quit smoking and prevent smokers from having the urge to start smoking again. Once you quit smoking, you can immediately feel the health benefits of your decision within 24 hours, which could lead you to be free from smoking cigarettes forever.

The information on this website is based on evidence from research on stop smoking programs, stop smoking aids and counseling, which are aimed at helping people to quit smoking for good.

For smokers, to Stop Smoking is really a tough action to take. Majority of smokers want to quit smoking, but find it difficult to do so as nicotine is very addictive and hard to get rid of. We will teach you the easiest, most effective and systematic methods to stop smoking, which are tested by various studies worldwide. We will also provide you with a clear understanding of the dangers of smoking and the benefits of quitting smoking.

*There are two factors that will determine your success in quitting smoking for good. They are;*

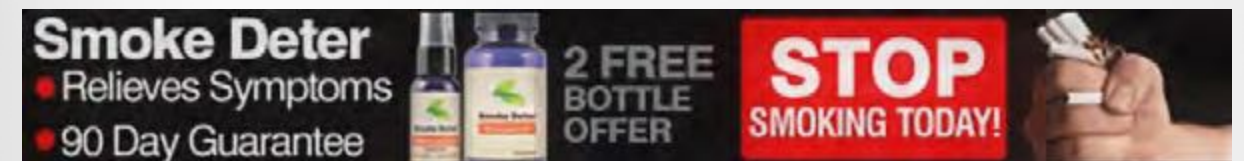
**Will** - You must have the desire to give up your habit of smoking and create a strong will to avoid a smoking relapse.

**Mindset** – You must learn about the effects of smoking, understand its consequences and face the fact that you need to stop smoking and follow, finish and maintain a quit smoking plan.

One of the top recommended products by some is Smoke Deter

Smoke Deter – Stop Smoking Today!

[Smoke Deter](#)



### How does Smoke Deter help to quit smoking?

Serious about quit smoking! Then you must try Smoke Deter to quit smoking forever. How does Smoke Deter Help to quit smoking? Smoke Deter is a natural product which contains all the ingredients that are required to stop your cravings for nicotine. This is a nasal spray which you need to use according to the dosage mentioned on the pack of Smoke Deter.



Why Smoke Deter is better product than others? That is because the way Smoke Deter helps you quit smoking perhaps no other product does so. First the smoke deterrent reduces your cravings for nicotine. The package contains Mp3 audio to help you fight smoking psychologically. Moreover the product contains all types of herbal extracts which help you overcome nicotine withdrawal symptoms like headache, fatigue, indigestion, tiredness and others. Above all Smoke Deter also contains all those natural ingredients which heal all the wounds that smoke caused to your body – respiratory problems, cough, insomnia, chest pain, chest burning, gastritis and to name a few.

I made the first homeopathic FDA ndc registered anti smoking formulas in the early 80's.

Here is the recipe for you to make it at home

Now nicotine is water soluble but tastes really bad. The main cancer causing compounds come from the fire produced cocktail of carcinogenic compounds. Even char broiling a steak makes carcinogens. The lung is extra sensitive to these carcinogens. But it is nicotine that is the addictive substance that produces the dependent craving. If we take tobacco and use a 40% alcohol like vodka we can extract some nicotine. Soak a 1/2 cup of tobacco and 1/2 cup dandelion leaves in a cup of vodka for 24 hours. Filter and add to the mixture if you can find them 20 drops of lobelia herbal concentrate (this is Indian tobacco and is very strong but safe at this dose). Homeopathic Nuxvomica (which is strychnine can be added if you use a 8x bought from a qualified homeopathic store). Also some black pepper to the mix for a little bit of chromium.



Lobelia Indian strong Tobacco

This mixture can be taken 10 drops under the tongue when the cravings come. This mixture will supply a little nicotine to the body. But intestinal absorption is much slower than inhaled. So please wait 10 to 15 minutes for the effect. If still the craving continues use 6 drops under the tongue every 5 min till craving starts to diminish. The nicotine is less but the brain will get some. The taste is terrible and this is also good for quitting.

Studies done at Tufts University in New York show that taking 1000 milligrams of absorbable calcium (from eggshell or other easy absorbed form) will stop weight gain. Watch craving for carbohydrates and eat protein and non starchy vegetables. See the Quantum Nutrition book for more info on good diet.

Taking 500 mg of Vitamin C and 1,000 iu of Vitamin A and 100 iu of Vitamin E will help as well. This helps the body repair. A little chewable Vitamin C can reduce cravings.

Many homeopaths confirm that Arnica 30c helps smokers to QUIT smoking. He is my fifth patient who has confirmed that Arnica helped to quit smoking by reducing the craving for a cigarette.

Chew a valerian root twig to relax and to replace the having something in your mouth need.



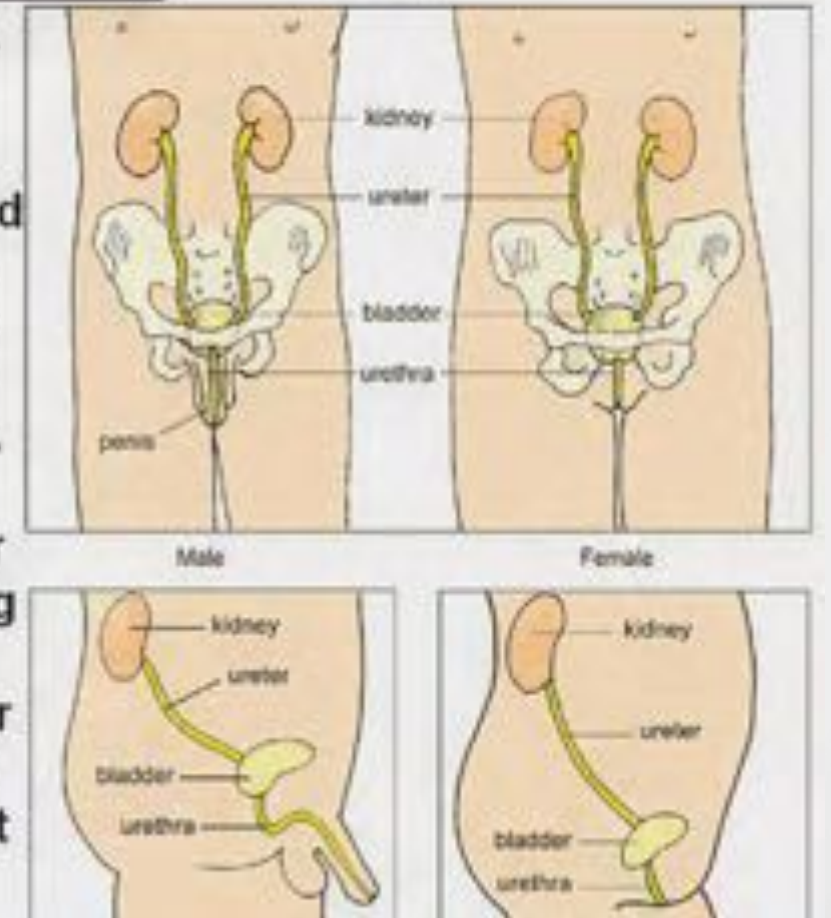


*The Smokers  
Brain is thier  
Bladder*

Nicotine is water soluble as such when ever a smoker shifts fluids like eating, sex, urinating, they dump their nicotine and the craving urge goes up

Urinary System

So we teach the smoker to not smoke after these events and thus they learn to deal with the craving when it is most intense. I make a deal with the smoker to not have a cig after urinating eating or sex for at least 2 hours they learn about the craving



**The Simplest Method to stop is**

1. Don't Buy Cigarettes ever
2. Don't Borrow Cigarettes ever
3. Don't Use Cigarettes ever
4. Don't be a smart ass and don't use any kind of smoked tobacco
5. When someone offers you one tell them they are a moronic idiot slave to addiction and they not only look foolish smoking they will look even more foolish with a pack of cigs stuffed up their ass if they offer this poison to you or your family again
6. Get serious and get off of a silly drug addiction that takes your Money and Health

*Getting off of Cigs takes some time*

Duration of Nicotine Physical withdrawal symptoms = 3 Days

Duration of the Physical Recovery and Mental addiction is as Follows:

*Dr. Desi Says*

Craving for tobacco	-- Few days, up to 2 months
Dizziness	----- Few days
Insomnia	----- 1 week
Headaches	----- 1 to 2 weeks
Chest discomfort	---- 1 to 2 weeks
Constipation	----- 1 to 2 weeks
Irritability	----- 2 to 4 weeks
Fatigue	----- 2 to 4 weeks
Cough or nasal drip	- Few weeks
Lack of concentration	Few weeks
Hunger	----- Up to several weeks



*You Can Get Off of this terrible Addiction*

To avoid depression and to keep yourself occupied for the next couple of weeks



**SOME LIKE IT HOT**

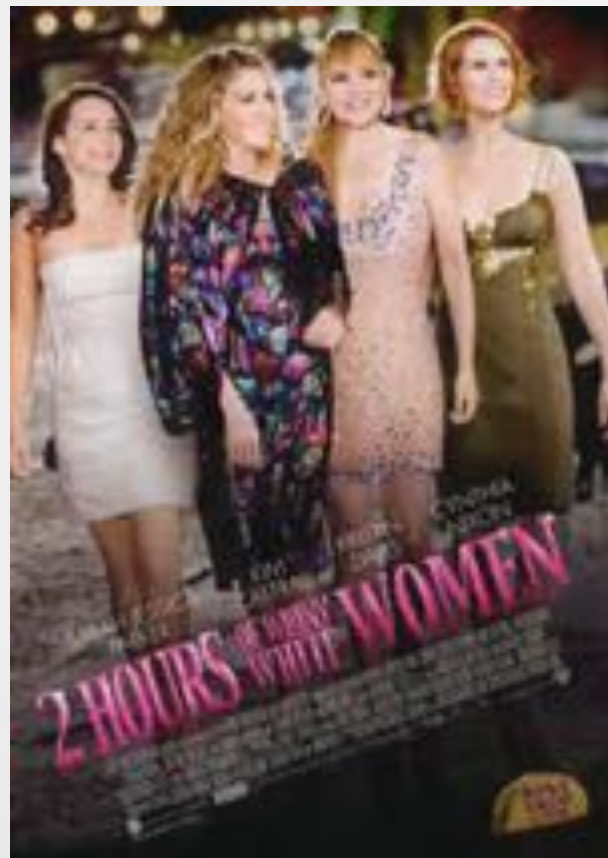
Watch a funny Movie Every Day or I'll scratch your Eyes out



**The Godfather**

it was my **DUTY** to please that **BOOTY**

**JESSE JACKSON**



158

Smoking and addiction



159



Stand up comedy of Desire' Delicious Dubounet. Proving the point that the sign of a latent Homosexual is over reaction to seeing gays. The medic will not cover this story for it would blow the cover of the latent homosexual working for CNN SKY, NBC, CBS etc. Desire put's them in their place.



*Change the world productions*



DESIRÉ DUBOUNET  
P R E S E N T S

WHAT ARE YOU  
AFRAID **OF?**



SLIPPING <sup>TO</sup> THE STUPID SIDE

A DOCUMENTARY OF THE DUMBING OF THE WORLD. THE RICH PEOPLE WANT TO CONTROL PEOPLE, SO THEY NEED TO HAVE STUPID PEOPLE. OUR SOCIETY IS PUSHING PEOPLE TO BE MORE AND MORE STUPID.

THE CONTROL OF THE MEDIA AND THE MASS MANIPULATION OF THE PEOPLE IS EVER INCREASING.

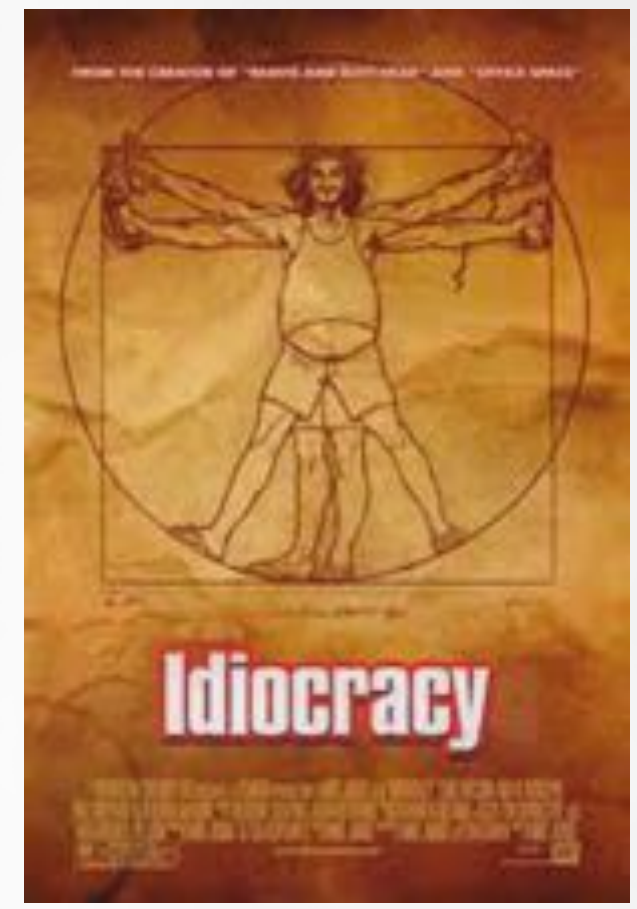


# Spinal injury and pain

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

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

Smoking and addiction



## There are hard ways to stop...

...but in some easy steps, you can stop smoking and live a normal and healthy life same as that of a non-smoker.



### **Step 1: Don't Think About Quitting, QUIT**

According to a recent survey, around 15 million smokers try to quit smoking each day. However, less than 3% of these people stop smoking successfully for 3 to 12 months. If you're thinking about quitting or have stopped smoking but failed to quit, don't lose hope because smokers often try to quit more than once before they actually succeed. Don't try, Do. Try implies failure and it opens the door for disappointment. The people who try to be successful have wishy washy lives of some success mixed with failure. The people who are successful don't try they do. This greatly increases your percentage of success.

In this section, you will learn about the history of cigarette smoking, facts about smoking, smoking cessation and benefits of quitting smoking. To give you a strong reason to quit smoking, this section will also tackle dangerous diseases – such as lung cancer, heart disease, strokes, diabetes, etc – caused by smoking cigarettes. In addition, this section will explain the reasons why it is extremely hard to quit smoking, hurdles in quitting and possible nicotine withdrawal symptoms that you may encounter throughout this process.

### **Step 2: Everything in Life uses Oxygen, Smoking blocks Oxygen transport and thus Smoking makes everything in your body work harder and all disease is increased.**

Years of clinical studies have proven that using Tobacco causes people to become sick, disabled or die. Since the first Surgeon General's Report in 1964, over 12 million direct provable smoking related deaths have occurred. More than 500,000 deaths in the U.S are caused from direct smoking-related illnesses. Adult smokers reduce their lifespan by an average of 13 to 14 years. If you start smoking before ten smoking takes 20 or more years off of your life. Smoking kills. Smoking makes everything in life more difficult.

In this section, you will learn about the dangerous effects and health risks of smoking. You will understand the facts about smoking addiction, the hazardous effects of smoking on a pregnant

woman, on passive smokers, on your facial charm, on your teeth and on your general well being. You will also learn how stress could play a role in cigarette smoking. This section also deals with the effects on secondhand smoke, effects of smoking on vitamin A, C and E, dangerous effects of smoking on men and women, as well as the differences between cigar and pipe smoking.

### **Step 3: Preparing To Quit Smoking**

The first key to quitting smoking successfully is planning and preparation. You need to prepare your body and mind before actually quitting. Determine your personal goals, discover your reasons for quitting and get rid of temptations that may become a hindrance to your stop smoking program. Tobacco smoke contains nicotine, a drug that is addictive and can make it very hard, but not impossible, to quit.

In this section, you will face the facts about nicotine addiction before your last stick of cigarette. You will learn the most effective steps to be followed when planning to quit smoking. You will also find out about the real reason why it is so hard to quit smoking. To help you plan your quit smoking program, you need to confront your personal reasons to start quitting and understand what you need to do stop smoking. This section also deals with the psychological recovery stages to stop smoking and provides helpful tips to quit smoking.

### **Step 4: Stop Smoking Tips**

Even if you have no idea where to start and what to do, you can quit smoking as long as you have the mindset and commitment to do so. Stop smoking tips can help you create a good stop smoking plan and lifestyle changes that could lead to a healthier, smoke-free life.

In this section, you will learn some of the simplest ways and useful tips to quit smoking for good. You can choose from several psychological areas that can help you to stop smoking based on your lifestyle. This section also deals with stop smoking tips that will help your loved ones quit this deadly habit and tips on how to overcome nicotine withdrawal symptoms using an effective stop smoking plan, attending support groups and establishing a smoking cessation program.

### **Step 5: Stop Smoking Aids**

When smoking cigarettes has played a large part in your life, quitting smoking may not be that simple. Fortunately, the U.S. Food and Drug Administration has approved seven over-the-counter stop smoking aids – five of these help in managing nicotine withdrawal symptoms, while the other two help in reducing cigarette cravings.

In this section, you will learn about different proven stop smoking methods like Water Therapy, Psychological Therapy and Nicotine Replacement Therapy. This section also deals with other useful stop smoking aids such as nicotine nasal sprays, nicotine lozenges, nicotine inhalers, nicotine patches, nicotine gum and stop smoking pills.

### **Step 6: Stay a Quitter**

After sometime, some quitters get back to their smoking habit due to temptation and persistent nicotine craving. Some may slip and puff "just one cigarette", while others experience total relapse. In fact, according to the Center for Disease Control and Prevention, smokers who quit are at greater risk of relapsing in the first three months of becoming smoke-free.

In this section, you will learn effective methods in avoiding nicotine cravings, while training how to control urges through breathing exercises. To understand what you are going to experience through this process, you need to learn and manage nicotine withdrawal symptoms. This section also tackles steps to manage weight gain, discusses FAQ on common frustrations of a quitter, handle traumatic events without a cigarette and other possible solutions for ex-smokers.

## Stop Smoking Products

(I list this as a last ditch effort only please try to get off of nicotine completely but if you can't at least use electric and have less carcinogens)

Some people may find it difficult to quit smoking without any aids, nicotine replacements, or an electronic cigarette. If you're one of them, you still have hope because there are numerous stop smoking products available in the market today to make quitting an easier journey.

In this section, you will discover the quit smoking products available in the market today, reviews of each product and ranking of the top quit smoking products. To understand what each product can do for your body, the frequently asked questions section about 'Quit Smoking' Products can help you understand and choose an appropriate stop smoking product for your program.

**Why SmokeTip?**

- Most Advanced Electronic Cigarette
- New Atomizer with Each Cartridge
- Easy-Draw System
- Lowest Prices Guaranteed
- Fast Free Shipping
- Easy Recharging
- Largest Flavor Selection
- Money Back Guarantee

**Benefits**

- Healthier Option
- Smoke Anywhere
- Cheaper than Cigarettes
- Non-Flammable

**SmokeTip**  
THE MOST ADVANCED ELECTRONIC CIGARETTE GUARANTEED!

Listen to a Testimonial

**Testimonials**

**SmokeTip Electronic Cigarette Kit**

**FAST FREE SHIPPING**  
(all orders shipped within 24 hours!)

**Lowest Prices**

**Money Back Guarantee**

**Lifetime Warranty**

**2 Piece Design**

**\$59.95**

(2) Rechargeable Lithium Batteries  
(6) Disposable Flavor Cartridges  
(1) Wall Adapter  
(1) USB Charger  
(1) Instruction Card

Choose Your Flavor

ADD TO CART

## Recommended Quit Smoking Products

The following products are the best quit smoking products available in the market and have been proven to help you stop smoking forever. Do try them out and stay smoke free forever.

**Nicocure** - Quit Smoking in Less than 30 Days

**Stop Smoking in a week** 100% Guaranteed! - Stop Smoking for Life



Do you know the risks of smoking? Do you want to stop?

***“Find out how to stop smoking in a week flat guaranteed or you will be refunded, no questions asked!”***

Sit back and relax as I guide you through the step-by-step process of quitting smoking.

“Father Son Story”

When I first tried to quit, I picked up a new pack the same day. I was devastated. How badly did I need to smoke? How did others quit so easily? After the first failure, I gave up till I heard my son say “Daddy can I have one?”

You guessed right he wanted to try smoking. After that day I knew I had to stop, not for myself, but for my son instead. I tried a couple different methods, including the patch. None of which really helped much. Then I took my search online and found this book. At first I was a little hesitant about it, but after reading the money back guarantee, I said what the heck and pressed the buy button.

After reading this book and using Jack's program I have to say, it was honestly the best choice I ever made. It's been 8 months and I haven't touched a single cigarette. Till this day, I've probably saved around two thousand dollars just by using Jack's 7 day program.



Ben Jamison & Frank Jamison( Son )

Date: Jan 05,2009 - From: Jack Kennon

**Quitting is possible the hardest thing to do, especially since it is so easy to light up another one.**

I can honestly say without the help of my family and friends, there was no way I would ever stop smoking. Simply because it was just so easy to put another one in my mouth and light it up. The truth is most people know the risks in smoking, they know it will destroy their organs, but either they don't care or they just can't quit, no more matter how hard they try. This was the case for, I struggled for 10 years before I could go to a hotel and say " Can I get a Non-Smoker Room?." Before I officially quit smoking, I had tried quitting at least 10 times. Each time which resulted in me throwing away my pack and buying a new one after 3 days. I was tired of trying until I got married... My wife has come from a family of smokers. She has gotten literally everyone in her family to quit smoking and she wasn't going to let me keep smoking, especially since we were awaiting a new baby. My wife devised a plan for me to stop quitting. She promised if I stuck with her plan for a week, I would stop smoking. I must say, I didn't believe I could stop smoking even if I tried for the next year. I was simply addicted. I had nothing to lose I gave her plan a shot. The first two days were the easiest, each day becoming easier than the previous. On day 7, I officially gave up smoking and have yet to touch a cigarette in a year.

When it comes to smoking there is only ,but one problem. That problem is not picking up another cigarette again. Throwing away the pack is simple, 95% of all smokers who try to quit can throw away their pack. 85% of them will pick it up within three days. Through my book I will show you how to truly quit and never pick up that cancer stick ever again. While many programs, suggest one route to achieve your goal, mine offers many routines which allow you to be flexible with your goal. My system will guide you through the whole week in a simple, but effective manner, Which I can guarantee will stop your smoking urges. If my program can not cure your smoking habit, you will be refunded every single penny you spent.



**The Real Secret Behind Cigarettes**

Tobacco companies will tell smokers, that smoking is bad for their health and will even try to help you quit by selling you a patch that convinces you can stop smoking without any urges. The problem with this theory is you cannot stop an addiction just by feeding it off with more tobacco through a patch. The addiction needs to be dealt with directly at the roots with a non-addictive product. That is exactly what my e-book will do. It will show you how to quit in 7 days flat. My system is unique and was created by my lovely wife, who has cured the addiction of hundreds of people. Many who never thought they could quit smoking. This system is proven to work and comes with charts that monitor your progress and show that you truly are making progress towards your goal.

**Health Risks of Smoking**

Smoking is one of the main causes of serious health diseases, such as cancer, stroke and heart problems. If you have no plans of quitting today, having knowledge of the different types of illnesses that you may experience through years of smoking may change your perception and lead you to stop smoking.

In this section, you will discover how smoking affects various parts of the body including the eyes, nose, throat, lungs, heart, skin, blood, etc. Here are some possible health effects of smoking:

- Lung Cancer
- Heart Diseases
- High Blood Pressure
- Bad Breath
- Gum Disease
- Depression
- Snoring
- Diabetes
- Infertility on men and women
- Thyroid Disease
- Harmful effects on Bones and Joints

This section also includes tips for reducing the health risks of smoking like heart attacks and blood pressure as well as dangers involved in breastfeeding while smoking.

### ***Help with the mental part of addiction***

There are a wide range of counseling services, self-help materials, and medicines available today, so smokers have more tools than ever to help them quit smoking for good.

Some people are able to quit on their own, without the help of others or the use of medicines. But for many smokers, it can be hard to break the social and emotional ties to smoking while getting over nicotine withdrawal symptoms at the same time. Fortunately, there are many sources of support out there -- both formal and informal.

### **Telephone-based help to stop smoking**

As of 2009, all 50 states and the District of Columbia run some type of free telephone-based program that links callers with trained counselors. These specialists help plan a quit method that fits each person's unique smoking pattern. People who use telephone counseling are twice as likely to stop smoking as those who don't get this type of help. Help from a counselor can keep quitters from making many common mistakes.

Telephone counseling is also easier to use than some other support programs. It doesn't require driving, transportation, or child care, and its available nights and weekends.

Counselors may suggest a combination of methods including medicines, local classes, self-help brochures, and/or a network of family and friends.

Call us to get help finding a phone counseling program in your area.

### **Support of family, friends, and quit programs**

Many former smokers say a support network of family and friends was very important during their quit attempt. Other people who may offer support and encouragement are co-workers and your family doctor. Try to spend time with non-smokers and ex-smokers who support your efforts to quit.

Members of support groups for quitters can be helpful, too. Nicotine Anonymous, for instance, is an open support group that offers a way to find others who are quitting tobacco. It also offers a long-term approach to quitting. (See the "Additional resources" section for contact information.) But it is only one of many types of support groups. Check with your employer, health insurance company, or local hospital to find support groups. Or call the American Cancer Society at 1-800-227-2345.

### **What to look for in a stop smoking program**

Stop smoking programs are designed to help smokers recognize and cope with problems that come up during quitting. They also provide support and encouragement in staying quit. Studies have shown that the best programs will include either one-on-one or group counseling. There is a strong link between how often and how long counseling lasts (its intensity) and the success rate. Overall, the more intense the program, the greater the chance of success.

For example, intensity may be increased by having more or longer sessions or by increasing the number of weeks over which the sessions are given. So when looking for programs try and find one that has the following:

- Each session lasts at least 15 to 30 minutes
- There are at least 4 sessions
- The program lasts at least 2 weeks -- longer is usually better

Make sure the leader of the group has training in smoking cessation.

Some communities have a Nicotine Anonymous group that holds regular meetings. This group applies the 12-step program of Alcoholics Anonymous (AA) to the addiction of smoking. This may include admitting you are powerless over your addiction to nicotine and having a sponsor to talk with when you are tempted to smoke. These meetings are free, but most will take donations.

Often your local American Cancer Society, American Lung Association, or your local health department will sponsor quit smoking classes, too. Call us for more information.

There are also some programs to watch out for. Not all programs are ethical. Think twice about any programs that:

- Promise instant, easy success with no effort on your part
- Use shots (injections) or pills, especially "secret" ingredients
- Charge a very high fee -- check with the Better Business Bureau if you have doubts
- Are not willing to give you references from people who have used the program

## Immediate rewards of quitting

Kicking the tobacco habit offers some benefits that you'll notice right away and some that will develop over time. These rewards can improve your day-to-day life a great deal:

- Your breath smells better
- Stained teeth get whiter
- Bad smelling clothes and hair go away
- Your yellow fingers and fingernails disappear
- Food tastes better
- Your sense of smell returns to normal
- Everyday activities no longer leave you out of breath (such as climbing stairs or light housework)

## How to quit

Smokers often say, "Don't tell me why to quit, tell me how." There is no one right way to quit, but there are some key elements in quitting with success. These 4 factors are key:

- Making the decision to quit
- Setting a quit date and choosing a quit plan
- Dealing with withdrawal
- Staying quit (maintenance)

## Making the decision to quit

The decision to quit smoking is one that only you can make. Others may want you to quit, but the real commitment must come from you.

Think about why you want to quit.

Are you worried that you could get a smoking-related disease?

Do you really believe that the benefits of quitting outweigh the benefits of continuing to smoke?

Do you know someone who has had health problems because of their smoking?

Are you ready to make a serious try at quitting?

If you are thinking about quitting, setting a date and deciding on a plan will move you to the next step.

## Setting a quit date and making a plan

### Pick a Quit Day

Once you've decided to quit, you're ready to pick a quit date. This is a very important step. Pick a specific day within the next month as your Quit Day. Picking a date too far away can allow you time to rationalize and change your mind. But do give yourself enough time to prepare and come

up with a plan. You might choose a date with a special meaning like a birthday or anniversary, or the date of the Great American Smoke-Out (the third Thursday in November each year). Or you may want to just pick a random date. Circle the date on your calendar. Make a strong, personal commitment to quit on that day.

**Plan for your prescriptions:** Remember that if you are planning to use a prescription drug, you will need to talk with your doctor about getting it in time for your Quit Day. If you plan to use bupropion (Zyban) or varenicline (Chantix), you must start taking the drug a full week before your Quit Day. If you are using one of these medicines, add a note on your calendar for the week before your Quit Day to remind you to start taking the drug. I don't ever recommend synthetic drugs but if they help you get off of tobacco then it could be useful. But always be careful.

### Prepare for your Quit Day

There is no one right way to quit. Most smokers prefer to quit cold turkey -- they stop completely, all at once. They smoke until their Quit Day and then quit. Or they may smoke fewer cigarettes for 1 or 2 weeks before their Quit Day. Another way involves cutting down on the number of cigarettes you smoke each day. With this method, you slowly reduce the amount of nicotine in your body. You might cut out cigarettes smoked with a cup of coffee, or you might decide to smoke only at certain times of the day. While it makes sense to cut down in order to reduce withdrawal symptoms, in practice this can be hard to do.

Quitting smoking is a lot like losing weight: it takes a strong commitment over a long time. Smokers may wish there was a magic bullet -- a pill or method that would make quitting painless and easy. But there is nothing like that. Nicotine substitutes can help reduce withdrawal symptoms, but they work best when they are used as part of a stop-smoking plan that addresses both the physical and psychological components of quitting smoking.

Here are some steps to help you prepare for your Quit Day:

- Pick the date and mark it on your calendar.
- Tell friends and family about your Quit Day.
- Get rid of all the cigarettes and ashtrays in your home, car, and place of work.
- Stock up on oral substitutes -- sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws, and/or toothpicks.
- Decide on a plan. Will you use NRT or other medicines? Will you attend a stop-smoking class? If so, sign up now.
- Practice saying, "No thank you, I don't smoke."
- Set up a support system. This could be a group class, Nicotine Anonymous, or a friend or family member who has successfully quit and is willing to help you. Ask family and friends who still smoke not to smoke around you or leave cigarettes out where you can see them.
- If you are using bupropion or varenicline, take your dose each day of the week leading up to your Quit Day.
- Think back to your past attempts to quit. Try to figure out what worked and what did not work for you.

Successful quitting is a matter of planning and commitment, not luck. Decide now on your own plan. Some options include using nicotine replacement or other medicines, joining a stop-smoking class, going to Nicotine Anonymous meetings, using self-help materials such as books and pamphlets, or some combination of these methods. For the best chance at success, your plan should include 2 or more of these options.

### **Your Quit Day**

- On your Quit Day, follow these suggestions:
- Do not smoke. This means none at all -- not even one puff!
- Keep active -- try walking, exercising, or doing other activities or hobbies.
- Drink lots of water and juices.
- Begin using nicotine replacement if that is your choice.
- Attend stop-smoking class or follow your self-help plan.
- Avoid situations where the urge to smoke is strong.
- Reduce or avoid alcohol.
- Think about changing your routine. Use a different route to go to work, drink tea instead of coffee. Eat breakfast in a different place or eat different foods.

Read on to find out more about the kinds of thoughts and temptations that come up when you try to quit, and ideas for ways to deal with or avoid them.

## **Dealing with withdrawal**

Withdrawal from nicotine has 2 parts -- the physical and the mental. The physical symptoms, while annoying, are not life-threatening. Nicotine replacement and other medicines can help reduce many of these physical symptoms. Most smokers find that the bigger challenge is the mental part of quitting.

If you have been smoking for any length of time, smoking has become linked with nearly everything you do -- waking up in the morning, eating, reading, watching TV, and drinking coffee, for example. It will take time to "un-link" smoking from these activities. This is why, even if you are using a nicotine replacement, you may still have strong urges to smoke.

### **Rationalizations are sneaky**

One way to overcome these urges or cravings is to notice and identify rationalizations as they come up. A rationalization is a mistaken thought that seems to make sense to you at the time, but the thought is not based on reality. If you choose to believe in such a thought, it can serve as a way to justify smoking. If you have tried to quit before, you will probably recognize many of these common rationalizations:

- I'll just have one to get through this rough spot.
- Today is not a good day. I'll quit tomorrow.
- It's my only vice.

- How bad is smoking, really? Uncle Harry smoked all his life and he lived to be over 90.
- Air pollution is probably just as bad.
- You've got to die of something.
- Life is no fun without smoking.

You probably can add more to the list. As you go through the first few days without smoking, write down any rationalizations as they come up and recognize them for what they are: messages that can trick you into going back to smoking. Look out for them, because they always show up when you're trying to quit. After you write down the idea, let it go from your mind. Be ready with a distraction, a plan of action, and other ways to re-direct your thoughts to something else.

Use the ideas below to help you stay committed to quitting.

### **Avoid temptation**

Stay away from people and places where you are tempted to smoke. Later on you will be able to handle these with more confidence.

### **Change your habits**

Switch to juices or water instead of alcohol or coffee. Take a different route to work. Take a brisk walk instead of a coffee break.

**Alternatives:** Use substitutes you can put in your mouth such as sugarless gum or hard candy, raw vegetables such as carrot sticks, or sunflower seeds. Some people chew on a coffee stirrer or a straw.

**Activities:** Do something to reduce your stress. Exercise or do hobbies that keep your hands busy, such as needlework or woodworking, which can help distract you from the urge to smoke. Take a hot bath, exercise, or read a book.

**Deep breathing:** When you were smoking, you breathed deeply as you inhaled the smoke. When the urge strikes now, breathe deeply and picture your lungs filling with fresh, clean air. Remind yourself of your reasons for quitting and the benefits you'll gain as an ex-smoker.

**Delay:** If you feel that you are about to light up, delay. Tell yourself you must wait at least 10 minutes. Often this simple trick will allow you to move beyond the strong urge to smoke.

### **Reward yourself**

What you're doing is not easy, so you deserve a reward. Put the money you would have spent on tobacco in a jar every day and then buy yourself a weekly treat. Buy a magazine or book, go out to eat, develop a new hobby, or take a yoga class. Or save the money for a major purchase. You can also reward yourself in ways that don't cost money: visit a park, go to the library, and check local news listings for museums, community centers, and colleges that have free classes, exhibits, films, and other things to do.

## **Staying quit (maintenance)**

Remember the Mark Twain quote? Maybe you, too, have quit many times before. If so, you know



that staying quit is the final, longest, and most important stage of the process. You can use the same methods to stay quit as you did to help you through withdrawal. Think ahead to those times when you may be tempted to smoke, and plan on how you will use other ways to cope with these situations.

More dangerous, perhaps, are the unexpected strong desires to smoke that can sometimes happen months, or even years after you've quit. To get through these without relapse, try these:

- Review your reasons for quitting and think of all the benefits to your health, your finances, and your family.
- Remind yourself that there is no such thing as just one cigarette -- or even one puff.
- Ride out the desire to smoke. It will go away, but do not fool yourself into thinking you can have just one.
- Avoid alcohol. Drinking lowers your chance of success.
- If you are worried about gaining weight, put some energy into eating a healthy diet and staying active with exercise.

### Recovering from slips

What if you do smoke? The difference between a slip and a relapse is within your control. A slip is a one-time mistake that is quickly corrected -- a relapse is going back to smoking. You can use the slip as an excuse to go back to smoking, or you can look at what went wrong and renew your commitment to staying away from smoking for good.

Even if you do relapse, try not to get too discouraged. Very few people are able to quit for good on the first try. In fact, it takes most people many attempts before quitting for good. What's important is figuring out what helped you when you tried to quit and what worked against you. You can then use this information to make a stronger attempt at quitting the next time.

Proper relapse training



176



177



## Hypnosis to Quit Smoking

### Put and End to Your Smoking Habit Once and For All With Hypnosis

I Smoke	I Suffer From	Recommended Program
Under ¼ Pack Daily	Cravings & urges.	Kick the Habit!
¼ – 3 Packs Daily	Strong cravings & urges.	I Quit Smoking!
¾ – 5 Packs Daily	Strong cravings & urges and a powerful compulsion to smoke. I have difficulty imagining myself as a non-smoker, or just want the strongest help available without prescription.	Quit Smoking in a Flash! Video Hypnosis Program

(Also available: Weight loss hypnosis programs)

Most people have an awareness of hypnosis as a way to make someone do something funny in front of an audience, such as purring like a kitten or roaring like a lion. That's the well worn and often unfortunate view of the extent of what hypnotism can do.

Hypnosis is more than just a stage show, more than just a parlor trick. Hypnotism is practiced by many professional hypnotherapists, and has been used to help millions of people to overcome fears, conquer difficult problems, and to relax and reduce stress.

### What Is Hypnosis?

Hypnosis is concentrated relaxation. In other words, hypnotism allows a person to relax, while focusing on a particular problem or desired result. It's not just relaxing or falling asleep. During hypnotherapy, you relax your mind and body, moving past the guard of your conscious mind, to the subconscious mind. Your conscious mind constantly edits and grades and judges your thoughts and inputs. Your subconscious mind is a sponge waiting to absorb whatever you give it. Your subconscious mind doesn't know the difference between reality and imagination. Therefore, if you can get past the locked gates of your conscious mind to your subconscious mind, you can feed the subconscious "imagined reality." So if you can imagine yourself as a non-smoker, your subconscious mind will accept that as reality.

By reprogramming your subconscious mind you can change your actual behavior. Hypnosis is the key to removing the barrier your conscious mind places in front of you, and reaching the subconscious.

### Can I Be Hypnotized?

The short answer is Yes! Hypnotism isn't some magical, mystical trance that someone places on you by swinging a watch back and forth. Instead, it is a natural state of your most amazing brain. When you access your subconscious, you are basically using self-hypnosis. Probably the most obvious example of this is when you are driving a car and begin to relax your mind and think about something other than the road in front of you. Five, maybe ten minutes later, you arrive at

your destination and suddenly realize you are there, but you don't consciously remember driving yourself there! You entered your subconscious mind. This is very similar to self-hypnosis. (this links to an article and video that discuss the hurdles to quitting smoking and provides some simple self-hypnosis exercises you can do right now).

### Should I Go to a Hypnotherapist to Quit Smoking?

Today, there are so many options for smokers who want to quit. The nicotine patch and nicotine gum are widely available, as are so many other helpful quit smoking aids. Hypnotism to stop smoking is an excellent way to end your smoking habit because the success rates are possibly double that of the patch and gum. You can also use hypnosis together with other stop smoking programs like the patch to achieve even better results.

There are a couple of ways that you can use hypnosis to stop smoking:

1. Self-hypnosis
2. Hypnotherapy by a certified hypnotherapist

Self-hypnosis involves using techniques to relax yourself, and guide yourself through the images that can make quitting smoking work. This technique can take practice and time to master.

A hypnotherapist is typically certified (or should be) and has specific training and expertise to help you relax and guide you using specific images and words that work to help a person quit smoking. Some hypnotherapists will offer a one-session program, while some may suggest multiple sessions to make sure you succeed.

A third alternative is really a combination of these first two methods: a recorded program produced by a professional, that you listen to in the comfort of your own home or office. This option is far less costly than visiting a hypnotist in person, and it gives you flexibility and repeatability in your program. Click here to read a review of a stop smoking with hypnosis program. There are audio hypnosis programs and video hypnosis program to help you quit smoking.


### Bottom Line: Can Hypnosis Help Me Quit Smoking?

Multiple studies have shown that using hypnosis to quit smoking works in a high percentage of cases-as high as 66%. (Read more about this and a quit smoking hypnosis program) While hypnosis may not be for everybody, it can aid in reducing stress, which is one of the reasons many smokers report that they smoke in the first place.

Hypnosis for smoking provides two main benefits:

1. Reduced stress and/or learning techniques for controlling stress
2. Effecting change in attitudes, beliefs and associations towards smoking, thus enabling elimination of the smoking habit.

### Give hypnosis a try!

Good (If You Smoke Under ¼ Pack Daily)	Better (If you smoke ¼ – 3 Packs Daily)	Best (If you smoke ¼ – 5 Packs Daily)
		
Kick The Habit! Audio Hypnosis Program	I Quit Smoking! Audio Hypnosis Program	Watch this Video and Quit Smoking. Video hypnosis works!

### Side effects of Quitting

#### Duration of nicotine physical withdrawal symptoms= 3 days

Duration of the recovery and mental addiction is as follows:

Craving for tobacco	Few days, up to months
Dizziness	Few days
Insomnia	1 week
Headaches	1 to 2 weeks
Chest discomfort	1 to 2 weeks
Constipation	1 to 2 weeks
Irritability	2 to 4 weeks
Fatigue	2 to 4 weeks
Cough or nasal drip	Few weeks
Lack of concentration	Few weeks
Hunger	Up to several weeks

# SCIO for autism

Maitreya Kft. tel: +3613036043 | web: www.qxsubspace.com | e-mail: info@qxsubspace.com

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



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*There is published research on these therapies  
The new world of energetic medicine can help you*

Smoking and addiction

### Weight gain

Some studies have concluded that those who do successfully quit smoking may gain weight. "Weight gain is not likely to negate the health benefits of smoking cessation, but its cosmetic effects may interfere with attempts to quit." (Williamson, Madans et al., 1991). Therefore, drug companies researching smoking-cessation medication often measure the weight of the participants in the study. In 2009, it was found that smoking over expresses the gene AZGP1 which stimulates lipolysis, which is the possible reason why smoking cessation leads to weight gain. Ex-smokers have to overcome the fact that nicotine is an appetite suppressant. Also, heavy smokers burn 200 calories per day more than non-smokers eating the same diet.

Studies done at Tufts University in New York show that taking 1000 milligrams of absorbable calcium (from eggshell or other easy absorbed form) will stop weight gain. Watch craving for carbohydrates and eat protein and non starchy vegetables. See the Quantum Nutrition book for more info on good diet.

### Depression

In the case of especially women, a major hurdle for quitting may emanate through clinical depression and challenge smoking cessation. Quitting smoking is especially difficult during certain phases of the reproductive cycle, phases that have also been associated with greater levels of dysphoria, and subgroups of women who have a high risk of continuing to smoke also have a high risk of developing depression. Since many women who are depressed may be less likely to seek formal cessation treatment, practitioners have a unique opportunity to persuade their patients to quit.

### Health benefits

Many of tobacco's health effects can be minimized through smoking cessation. The British doctors study showed that those who stopped smoking before they reached 30 years of age lived almost as long as those who never smoked. Smoking cessation will almost always lead to a longer and healthier life. Stopping in early adulthood can add up to 10 years of healthy life and stopping in one's sixties can still add three years of healthy life (Doll et al., 2004). Stopping smoking is associated with better mental health and spending less of one's life with diseases of old age.

Some research has indicated that some of the damage caused by smoking tobacco can be moderated with the use of antioxidants.

Upon smoking cessation, the body begins to rid itself of foreign substances introduced through smoking. These include substances in the blood such as nicotine and carbon monoxide, and also accumulated particulate matter and tar from the lungs. As a consequence, though the smoker may begin coughing more, cardiovascular efficiency increases.

Many of the effects of smoking cessation can be seen as landmarks, often cited by smoking cessation services, by which a smoker can encourage himself to keep going. Some are of a certain nature, such as those of nicotine clearing the bloodstream completely in 48 to 72 hours, and cotinine (a metabolite of nicotine) clearing the bloodstream within 10 to 14 days. Other effects, such as improved circulation, are more variable in nature, and as a result less definite timescales are often cited.

#### The immediate Positive effects of smoking cessation include:

- Within 20 minutes blood pressure returns to its normal level
- After 8 hours oxygen levels return to normal
- After 24 hours carbon monoxide levels in the lungs return to those of a non-smoker and the mucus begins to clear
- After 48 hours nicotine leaves the body and taste buds are improved
- After 72 hours breathing becomes easier
- After 2–12 weeks, circulation improves

#### Longer-term effects include:

- After 5 years, the risk of heart attack falls to about half that of a smoker
- After 10 years, the risk of lung cancer is almost the same as a non-smoker.

### **U.S. Clinical Practice Guideline**

The U.S. government study of smoking cessation research is of limited use because it only followed up about 6 months after "quit day,"[40] and it did not examine evidence regarding unaided quit attempts.[41][2] The Guideline was published in 2000 called Clinical Practice Guideline: Treating Tobacco Use and Dependence[42] and updated in 2008 in the publication "Clinical Practice Guideline: Treating Tobacco Use and Dependence: 2008 Update"[43] (to be called here the "Clinical Practice Guideline", or "2008 update" or simply "Guideline" report). Experts screened over 8700 research articles published between 1975 and 2007. More than 300 studies passed the criteria for the gold standard trials. Using these 300 studies for a meta-analysis of relevant treatments, it gives advice on smoking cessation treatment. An additional 600 reports were not included in the meta-analysis, but helped formulate the recommendations. In general:

- a) Control groups quit at a rate of around 10%.
- b) Pharmacological treatments resulted in 15-33% quit rates.
- d) Psychosocial interventions resulted in 14-25% quit rates.
- e) Little or no evidence was found to support use of hypnosis, acupuncture, or laser therapy as treatments for smoking cessation, alternate medicine or cigarette substitutes.

The following results are shown in Table 6.26 comparing placebo effect to pharmacological treatments.[citation needed] The Guideline followed up about 6 months after "quit day"[44] and did not examine evidence regarding unaided quit attempts.[45]

- The placebo quit rate for all of these comparisons was (13.8%) (table 6.26).
- All forms of drugs approved by the FDA for smoking cessation show more than twice the quit rate of the placebo group.
- The quit rate for using Varenicline(2 mg/day) (33.2%) as much as tripled over the placebo (13.8%) (Table 6.26). This was one of the highest quit rates for any single treatment. However, counter indications and adverse side effects might make it use undesirable for many smokers.
- Nicotine gum increased quit rate to 19%.

- All other FDA approved drugs alone increased quit rate about the equally well (22.5-26.7%).
- Use of non-FDA approved, second line medications, did not significantly increase quit rates.
- The Nicotine Patch plus ad lib use of gum or spray increased quit rates to 36.5%, the largest quit rate reported in the study.
- The patch plus other FDA approved medications raised quit rates to between 25.8-28.9%.
- **A physician's advice** to quit can, significantly, increase quitting odds by 25 percent to (7.9% for no advise to 10.2% for advice. (Table 6.7) Not reported in the Guideline, several studies have found that smoking cessation advice is not always given in primary care in patients aged 65 and older,[46][47] despite the significant health benefits which can ensue in the older population.[48]
- **Intensity of clinical intervention** affects the degree of successful cessations.
  - 1) Contact of 3 to 10 minutes can increase quit rate 60%. (Table 6.8)
  - 2) Cessation programs involving more than 30 minutes of contact time increased success rates over no contact (11%) as much as 2 to almost 3 times (26% to 38.4%), regardless of other quitting method included (Table 6.9)
- **Number of Sessions:** Programs involving 8 or more treatment sessions can double success rates (24%) over 0 or 1 session (12%). (Table 6.10)
- **Multiple formats** of psychosocial interventions increase quit rates: 10% for no intervention, average 15.1% for one format, 18.5% for 2 formats, and 23.2% for three or four formats (Table 6.14).
- **Self-help:** Evidence did not support the efficacy of any self-help method (Table 6.15). The Authors advise more research on this in the future.
- **Quitlines** counseling significantly increased quit rate (12.7%) over self-help, minimal or no counseling (8.5%). Quitline counseling combined with medication (28.1%) also increased quit rate over medication alone (23.2%).
- **Computerized Interventions** (web-based or stand-alone) was identified in the Guideline report as having significant effects on quit rate, but no specifics were given.
- High intensity counseling of two or more sessions increased success rates to 27.6 to 32% when added to using any form of medication (Table 6.22, 6.23)
- The success rate of counseling alone (14.6%) was improved by adding use of medication to any counseling form (22.1%)

**Cytisine (Tabex)** is the basis of Pfizer's development of varenicline, and is an extremely inexpensive plant extract. It has been in use since the 1960s in former Soviet-bloc countries. It was the first medication approved as an aid to smoking cessation, and has very few side effects in small doses. [16][17] Pfizer funded and managed all studies of varenicline that were reviewed in a 2008 Cochrane review[18] and unfortunately as of 2009, Cochrane reports, "The evidence on cytisine is limited at present, and no firm conclusions can yet be drawn about its effectiveness as an aid to quitting."

Cytisine, also known as baphitoxine and sophorine, is a pyridine-like alkaloid that can be toxic in

high doses. Pharmacologically it exhibits similar effects to nicotine due to structural similarity of the two molecules. In large doses it can interfere with respiration and become fatal.

Plants that contain the alkaloid in various concentrations include those from several genera of the Faboideae subfamily, including Laburnum, Anagyris, Thermopsis, Cytisus, Genista and Sophora. Also present in Gymnocladus of the Caesalpinioideae subfamily.

Cytisine is a nicotinic acetylcholine receptor agonist, and as a pharmaceutical preparation it is available for the treatment of nicotine addiction. The cytisine derivative varenicline was approved in 2006 as a smoking cessation drug. A 2006 literature review concludes that while trials performed with cytisine itself are mostly of poor quality, there is some evidence that cytisine may be prescribed to aid in smoking cessation.[1]

Pfizer, who markets varenicline, funded and managed all of the studies of varenicline that were reviewed in a 2008 Cochrane review which included one study of cytisine.[2] In this study, more participants taking cytisine stopped smoking compared with placebo at two-year follow up, but the researchers reported that "The evidence on cytisine is limited at present, and no firm conclusions can yet be drawn about its effectiveness as an aid to quitting." [3]

Plants containing cytisine, including the Common Broom and Mescalbean have also been used recreationally. Positive effects are reported to include a mild intoxication and heightened awareness of color. However this practice is not recommended since negative side-effects can include nausea, vomiting, convulsions, heart pain, headache and in larger doses even death via respiratory failure.

## Acupuncture against smoking

Heard this one before? "Nothing is easier than stopping smoking. I have given up about twenty times during the past few years."

Of course, for a smoker it is hard to stop smoking and it is often too difficult to do it alone. And it is nothing to be ashamed of if the first attempt does not lead to success. Giving up smoking often means a great change in the normal functioning of the body. To advise ill or old people that they stop smoking is thus rather dubious. Withdrawal requires a lot more energy than sick people have at their disposal.

Of course, there are always those phlegmatic people who claim to have stopped smoking without any help. And some of them really don't seem to have any problems. It should be kept in mind that a sensitive and nervous individual (even after a brief time as a smoker) can be far more addicted to nicotine than a strong person.

There are two forms of treatment: the first is the "normal" acupuncture once a week, the second the use of permanent needles which stay in the patient's ear for around two weeks. Permanent needles are to be preferred if the patient is in good health. Their continuous stimulation of the acupuncture points is extremely effective.

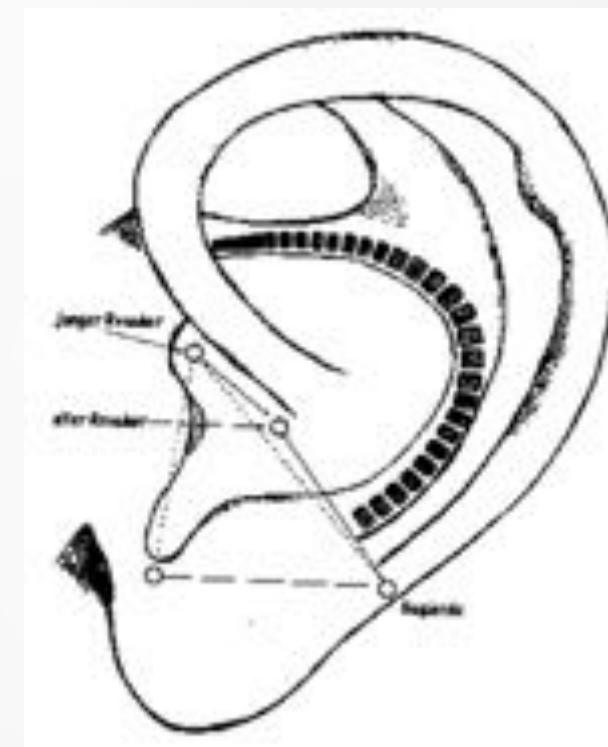
It is certain that ear-acupuncture generally removes all the withdrawal symptoms such as trembling, nervousness, aggression, circulatory disorders, nausea, etc., and it has been proved that the patient has no physical need to smoke. But it is also clear that a "militant" smoker smokes even if the cigarette has a disagreeable taste. Colds or other illnesses do not represent an obstacle.

"There's no relaxation and no pleasure without a cigarette!"

Smoking is a strong habit as well. The hands, often symptoms of insecurity during a conversation can be kept busy holding a cigarette. How elegant, how self-confident and how "complete" smokers feel while holding a glass of champagne in one hand and a cigarette in the other. And how lost they are when the cigarette has been put out and they are left without a "crutch". Smoking is not a mere physical desire but a psychological support, too. It is vital that patients understand this. They must realize that (in spite of all the help we can provide) they must have the will to stop smoking. Withdrawal can only be successful when carried through consistently, even with a therapy. From the first day of treatment on the patient has to realize that he or she DOES NOT SMOKE. ("I am a non-smoker!").

Treatment with homeopathic medicine while using permanent needles is not necessary. But it can be of help before or/and after the therapy, when the patient still exhibits symptoms. The permanent needles should be used as follows: in case of a right-handed person the first puncture has to be made in the left ear. After two weeks, the needles then have to be inserted in the right ear, and finally, after another two weeks the procedure has to be repeated in the left ear again. In my experience it has been of help to conduct an initiatory pre-treatment in each ear before puncturing commences.

It is absolutely essential that the patient has not smoked the day the treatment starts. The first reason is that patients will experience the feeling of release that the acupuncture provides, since they can probably feel the first withdrawal symptoms. The more important reason is that it is easier to find the relevant points in the ear. If the patient has smoked before treatment he or she will have just eliminated the very symptoms that are reflected in the important points in the ear, and which will consequently be very difficult to find.



Picture smoking/permanent needles

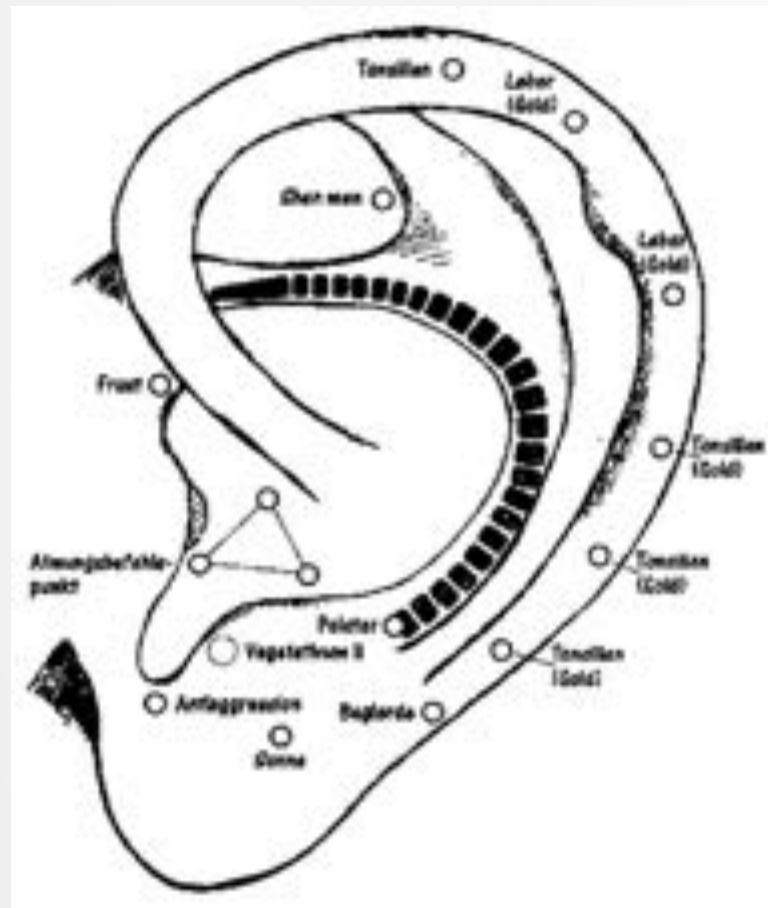
The following points are to be punctured:

1. "Anti-aggression" - this point is located on the lobulus below the incisura intertragica. It has to be punctured from below, going up into the cartilage.
2. "Desire" If one draws a horizontal line through the aggression-point to the edge of the ear, the desire-point is located in the point of intersection on the very edge of the lobulus.
3. One point in the lung-area in the lower concha. A virulent point has to be found in the area between the pharynx-point and the entrance to the stomach. It should be as close as possible to the crus helix. Heavy smokers are highly sensitive at this point and usually you will find it displaying noticeable indentations. If the person has not been smoking for a long period of time, the point will be located nearer to the pharynx-point. The point is located closer to the stomach area underneath the crus helix if the person is a long term-smoker.

If there is no indication for using the permanent needles, the following points should be punctured in addition to the initiatory basic-treatment, if these are virulent. Treatment should take place once a week, and at least five treatment sessions will be necessary.

The following points are to be treated:

Lung (be careful to find the right point), respiratory command point, tissue (Polster), sun, anti-aggression, Vegetativum I, Shen-men, frustration, desire3

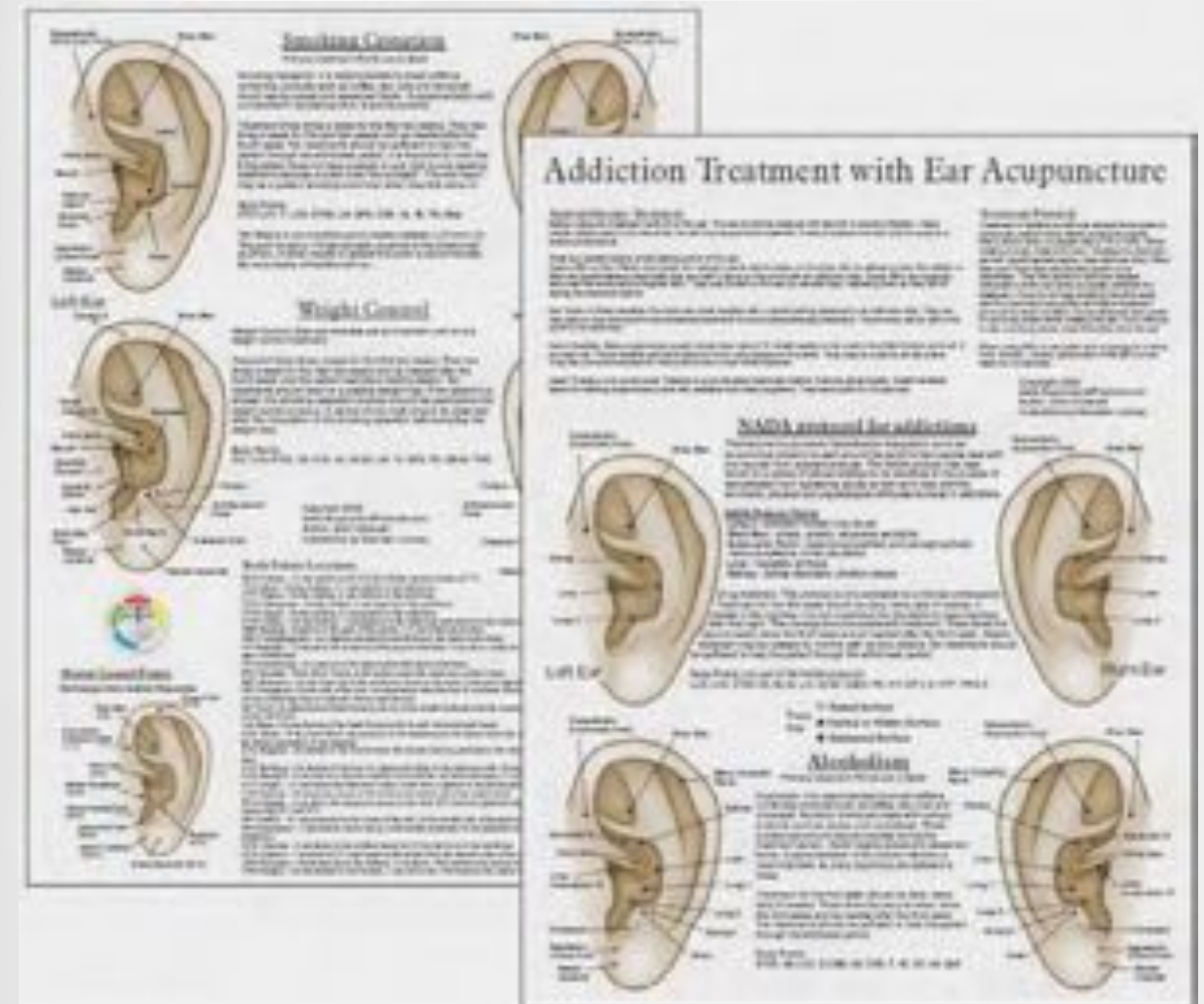


Picture smoking/ accompanying acupuncture

A supplementary therapy such as homeopathy is not usually indicated during the treatment. If some other supplementary help is needed, the patient can chew a mixture of calamus roots and liquorice. This will be very beneficial for gallbladder and liver. The very strong taste will mean that there will be no desire to smoke a cigarette.

If there are any withdrawal symptoms after completion of treatment, then supplementary therapy will be required.

Depending on the symptoms the patient shows, the most important homeopathic medicines are Staphisagria D 30 or Tabacum D 30.





## Yoga Helps Quit Smoking



Yoga Helps Quit Smoking-really sounds strange and to some impossible. But yoga can really play a vital role in quitting smoking. If you add yoga in your smoking cessation, you will get the best results and confidence to quit smoking. The best thing what yoga does is it improves your damaged smoking health. It improves your lung capacity and strength and ultimately it alleviates some of the dangerous effects of smoking.

### How yoga helps you quit smoking

- Yoga cultivates determination and willpower in a smoker which are the primary strengths needed to quit smoking. And no other techniques can work in overcoming this biggest weakness of a smoker.
- Many people smoke or start smoking due to psychological and emotional problems. And yoga is the only technique which helps best in overcoming these life taking traumas and maintaining psychological and emotional balance in the body.
- It creates awareness to lead a healthy life and to understand your own body. This awareness automatically let you know that your body does not want these types of dangerous toxins. And the same awareness brings a great change and improvement in your diet and lifestyle to quit smoking as well as to improve your health.
- The deep breathing techniques of yoga neutralize the irresistible cravings for nicotine which happens during the first days and weeks of quitting. And no other technique can work best in this regard.
- Yoga helps quitting smoking without weight gain and any other side effects. And no other techniques can help in this regard.

### What is the most important yoga technique which helps best to quit smoking?

One of the important yoga cleansing practices called as "Jala Neti," which works wonders for those who want to quit smoking. This technique effects at both physical and psychological levels. It is an integrated approach which works smoothly to help a smoker quit smoking.

### How yoga breathing techniques can help you quit smoking?

Here is a simple example of a yoga breathing techniques which helps best whenever you crave for a cigarette.

#### How to practice it?

- Inhale deeply as far as you can and then slowly exhale. Purse your lips so that the air will come out slowly.
- Slowly touch your chest with your chin as you exhale
- Imagine all your stress, tension and other emotional problems draining out of your fingers and toes.
- Practice it at least three times.

This deep breathing technique works as your greatest weapon during the strong cravings and gives you the best possible result.





## Handling Insecurity and Setting yourself Free from Peer Group Pressure

Insecurity is defined as:

- Feeling of not being "good enough" to meet the challenge of a situation you face in life. Always being rejected and not included. So you are susceptible to suggestions.
- Sense of helplessness in the face of problems, conflict or concerns, being pushed around. The sense you do not want to push back but go with the flow.
- Belief that one is inadequate or incompetent to handle life's challenges.
- Fear of being discovered as inadequate, ill-fitted or unsuited to meet responsibilities at home, school or on the job. Fear of self makes us pretend to be somebody we are not.
- Sense of not fitting in, being "out of sync or rejected" with those in your peer group.
- Perception that life is unpredictable with most of the expectations you have to meet not clearly understood. Inability to really understand life.
- Sense of always climbing up a mountain, never being able to reach the top.
- Sense of lacking support or reinforcement where you live, work or play.
- Results from a sense of being unaccepted, disapproved or rejected, so you seek to be like the others and when offered your first cigarette you mindlessly said OK.
- Inner turmoil coming from a lack of direction or bewilderment as to where you are going, what your goals are and what responses are appropriate for events in life.

Insecure people may have:

- Been raised in a chaotic, unpredictable or volatile environment in which they were kept off balance, on guard or on edge.
- Experienced a major tragedy or loss in their lives and are having a difficult time in accepting this loss and adjusting to the change.
- Experienced a major catastrophe in life (e.g., divorce, losing a job, bankruptcy, failure in school, losing a friend, lack of acceptance into social or civic groups, etc.) that led them to question their personal competency.
- A poorly developed self-concept with low self-esteem, lacking belief in their personal goodness, skills or abilities.
- Never felt accepted by the others' in their life, so much so that they became chronically shy, retiring and withdrawn in their interactions.
- Had an unrealistic list of rules and expectations prescribed by significant others in their life, rules they are striving to meet even in their current life.
- A poor body image, making them believe that others see them in a negative light. This makes them self-conscious, tense and anxious and wanting to please when dealing with others.
- Never received enough positive reinforcement or feedback from others or themselves about

their talents and abilities, leaving them unclear as to their skills.

- Been given very little direction, guidance or discipline in their earlier lives leaving them unable to cope with the current pressures of life.
- Always felt overshadowed or overlooked due to the people in their lives who seemed to be more successful, smarter, prettier, more handsome, more athletic or higher achievers, getting much attention.

This can foster doubt in an insecure person's ability to gain recognition for their successes, and can make them doubt their ability to achieve success.

#### What do chronically insecure people believe?

- I can never accomplish the task facing me.
- Everybody is looking at me, just waiting for me to make a fool of myself.
- I am a failure.
- I am ugly and awful to look at.
- I can never win. I am a loser.
- What is the sense of trying, I'll never get it right.
- No matter how hard I work to achieve, I never get any recognition.
- I am incompetent in everything.
- How could anybody ever say anything good about me?
- I failed them in the past; therefore, I am a failure today.
- Once a failure, always a failure.
- There is only one direction for me to go in this organization and that is down and out.
- No one could ever like, respect or accept me.
- I don't deserve to be treated nicely.
- I don't fit in here or anywhere else for that matter.
- Everyone else looks so good, so together; I feel so out of it compared to them.
- I am an incomplete person and will always be that way.
- I am so afraid that no one will like me.
- Why would anyone care to hear what I say, how I feel or what I think?
- People are just nice to you in order to use you and get something they want from you.

What are some negative effects of insecurity?

#### People who are insecure can:

- Have difficulties in establishing healthy, long-lasting relationships.
- Be perceived incorrectly by others as being snobbish or uppity.
- Become victims of fears that impair their freedom of action or choice.

- Be candidates for paranoia feeling others are out to get them.
- Scare others away from them by their defensive attitude.
- Be over-controlled emotionally, having problems letting others in on their emotions. This can lead others to guess what is going on until the passivity of the insecure person leads to an over-reaction by the others, resulting in conflict or rejection.
- Have problems on the job or in school when they have the knowledge, skills and abilities to do a task efficiently but are told to do it in a different, less effective manner. They get so uptight about the job and are fearful of standing up for what they believe that they get angry, hostile and resentful until they either quit or succeed in submerging their emotions.
- Get passed over for promotions, advances or honors because they are so quiet about what it is they do. This leads the insecure persons to feel more unaccepted, unappreciated and undervalued.
- Have problems meeting people and often can become debilitated socially by chronic shyness.
- Become so inward that they seek to escape into their fantasy life rather than deal with the reality of their lives.

#### In order to overcome insecurity, people need to:

- Be willing to be put in vulnerable positions in life where they might get hurt.
- Take risks to change their current behavior.
- Trust others enough to expose themselves to them, risking vulnerability and the possibility of being hurt.
- Have a healthy and humorous belief in themselves in order to overlook their exaggerated need for acceptance and approval.
- Take a rational approach to each problem they face so that they are no longer inhibited by debilitating fears or beliefs.
- Practice assertive behavior in their lives, earning respect and the acknowledgment of their rights.
- Arouse the courage to take small steps in learning to experience success and overcoming their lack of belief in self. Once the success is experienced, they can build on it to gain the courage to act out of a strong conviction in their self-goodness and worth.
- Break the barrier or outer shell of the self-doubt they have hidden behind and reach out to others. Breaking out of their "shells" requires letting go of past hurts (real or imagined) and moving on with life.
- Open themselves to the possibility of success and accomplishment. Visualize or make a prophecy of winning at life so their energies are focused in a growth direction.
- Reward themselves for who they are and capitalize on their strengths, attributes, skills and competencies.

What steps can people take to handle insecurity?

**Step 1: Answer the following questions in your journal:**

- a. What behavior traits signal my insecurity?
- b. What happened in my past to make me insecure?
- c. What are some of my beliefs that account for my insecurity?
- d. What are some negative consequences I've experienced due to my insecurity?
- e. What behavior traits do I need to develop in order to overcome my insecurity?

**Step 2: After identifying your insecurity, how can you handle it? Answer the following questions in your journal:**

- a. What substitute behavior traits could I develop that would indicate security in myself?
- b. What are some positive consequences of exhibiting such secure behavior traits in my life?
- c. What are some rational beliefs I must develop in order to exhibit secure behavior in my life?
- d. How will my life change if I exhibit secure behavior?
- e. What is my action plan to develop security in my life?
- f. What obstacles stand in the way of my executing this action plan?
- g. How can I overcome the obstacles to my development of self-confidence and security?

**Step 3: Implement the plan of action in Step 2. Keep a log in your journal as you go through each stage of handling your insecurity.**

**Step 4: The following project is designed to help you develop secure behavior by learning about yourself through the eyes of the other people in your life.**

*"Overcoming Insecurity" Collage*

Ask at least 6 close friends and/or relatives to assist you in making a collage. Tell them you have been assigned to make a collage about yourself for school, work or a club project. All collages must be 2 by 3 feet. The collage must be completed within 2 weeks of the time you ask your friends and/or relatives to help you. Ask them to send you magazine pictures, sayings, articles, photos, prizes, trinkets, cards, drawings, objects, ribbons, etc., indicative of the various strengths, attributes, talents, skills, knowledge, virtues, competencies or abilities you possess. Ask them to send a short explanation with each item they send you. Ask each person to send at least ten items.

Once you gather the items, paste them on poster board in collage fashion. On the back of the collage paste the explanations for the items.

Share your collage with your friends, family and helpers. Explain each item on the collage, and explain that they have helped you overcome some of your personal insecurity by giving accurate and honest feedback on reasons why you should feel secure and good about yourself.

**Step 5: If you are still feeling insecure after completing Steps 1 through 4, review the material, return to Step 1 and begin again.**





### Induction of Nicotine poisoning



When I was three years old I ate a pack of cigarettes. I probably saw my parents smoking and I thought they were eating them, and I would try it. I got green and was in the hospital critical ward for three days with nicotine poisoning. No I can't even think of touching a cigarette without an electric shock going up my arm.

A friend of mine was a chain smoker and he went into the army. He was caught smoking on watch when smoking was prohibited. The sergeant put a rubber band around twelve cigarettes, lit them and put a blanket over him and he was told to smoke them all. He got nicotine poisoning and had to be taken to the hospital. Now he cannot smoke. Nicotine poisoning is one extreme way to stop.



### Wacky and amazing stupid people

Nicotine poisoning is a serious matter and doing anything like this is risky. But I have known those who took the risk and were glad they did. So be careful and be prepared for a ride to the hospital.





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

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

**MICRO-CURRENT TRANSCUTANEOUS ELECTRO-NEURAL STIMULATION**

AND CAN HELP YOU TO REDUCE PAIN WHILE HELPING YOU FIND THE CAUSE...

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

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## Addictions

Many of the health problems in the world today are associated with addictive profiles, as people become addicted to a wide variety of substances and behaviors. Many people are addicted to coffee, sugar or cigarettes, or in some cases the harder substances such as cocaine, heroin, barbiturates and amphetamines. There also are addictive behaviors to sex, anger, fear, and other types of life patterns. Alcoholism is yet another extremely addictive behavior pattern that can cause tremendous problems.

In dealing with alcoholism and other addictions, one of the finest programs in the world today is the twelve step program authored by Alcoholics Anonymous. This twelve-step profile can be used for a wide variety of addictive patterns. For further information and help, we heartily recommend that you seek out Alcoholics Anonymous, Gamblers Anonymous, or whatever agency is applicable for the type of addictive problem your client has. Group therapy can be extremely helpful for clients to overcome addiction and the negative aspects that addiction produces.

**Step 1.** Self-realization. The client needs to realize that he has a sickness and an addiction. Your client must first accept the fact that there is a problem before he can seek help to overcome his problem. If the person does not accept that there is a problem, it will be hard for him to get help. The first step is for him to realize that he actually has a problem. Often relatives come to this realization, but the person involved does not. It is our job as consultants to help this person to make this realization and after this realization is achieved, to direct him to proper groups and professionals who can then help him to break his addictive pattern.

**Step 2.** The client realizes that there is a power greater than himself. Recognizing this higher power in whatever terms one wishes allows the client to tap into the grand powers of the universe, to heal and direct him away from negative behaviors and into more positive aspects of living. Sometimes it is wrong to spoon-feed an entire cosmology or philosophical belief to a client who does not share such a background. Sometimes it can be productive. Often it is up to the professional to make this type of judgment. He should recognize that there are limitations to the human conditions that led to the addictive behavior. Investing all his energy in himself only to rid himself of this problem is, most of the time, futile. He must direct his energy and tap into the energy of God, nature and the universe.

**Step 3.** The client makes the decision to turn his health and addiction situation over to his higher power, tap into that power, and let it participate in and control the healing process. This can best be done in groups with competent professionals who share a similar type of higher-power idea.

**Step 4.** The client is asked to direct himself in probing inquiry and soul-searching criticism of his life to find the sources of negativity, analyzing behaviors that have led to problems, and defining emotional insecurity. These often take place in bad relationship patterns, fear, anxiety, jealousy, anger, rage, mistrust, misunderstanding, delusions, excess worry, sadness, negativity, and a host of other environments. The client is asked to pursue these questions in an in-depth process to uncover the little flaws in his character. This process brings issues into awareness so that they might be dispelled

**Step 5.** The client is now asked to share these problems and the nature of his wrong- doings with himself, other people, and his higher power in a directive that is verbalized to allow other people in a family or professional health group to help him to overcome these disabling patterns.

**Step 6.** This step necessitates the action of initiating the process of this healing higher-power direction. Realizing that perfection cannot be attained and that this is an ongoing process throughout the rest of his life, he is able to deal with the negativities as they arise in his life. This is not thought of as a goal, but as a process that will continue forever and ever. By recognizing the lack of perfection through humility, he now seeks to notice the negative aspects of his behavior and life, and to deal with them on a daily basis.

**Step 7.** The client asks God's his higher powers) help to remove his shortcomings and to help him fight against negativity. In a day-to-day process he must realize, in a humble way, the limitations of the human spirit and the superiority of the higher power. He must ask for the strength to help him each day of his life.

**Step 8.** The client makes a list of all the people he has harmed. He must be willing to make amends for the harm. We also recommend that the client make a list of all the people who have harmed him, and be willing to make forgiveness a key factor in his life - to forgive the people who have harmed him. Here he asks to make amends for his transgressions and to forgive those who have transgressed against him.

**Step 9.** The client tries to reach out to the people he has hurt to try to make amends, talk to them, ask their forgiveness, and do whatever is necessary as long as he is not hurting, injuring or bothering these people. He now forgives the people who have hurt him. He reaches out and finds ways to heal the hurts and negativities that have occurred in his life. For some of the people who are hard to forgive (parents, teachers, or self), we ask to employ the forgiveness technique that was directed by Jesus, who said, "Do not forgive others seven times, not seventy times, but seven times seventy." Ask the client to write, "I forgive" seventy times for seven days on a piece of paper. This will have a healing and cleansing aspect on the soul. After four hundred ninety times, he really can forgive.

**Step 10.** This is the client's commitment to look at the negative aspects of his life; not just once, but for the rest of his life, as an ongoing process. When he is wrong, he should promptly admit it and make amends when he can with his fellow human beings. As this expands, he can start to examine the key factors of his motives and increase his understanding of himself and others. This is process of joy and compassion in processing the factors of his life.

**Step 11.** This step involves the client's commitment to learn to pray, meditate, and communicate with his higher power, making this a daily part of his life and realizing the superiority of that Force or Power. He should learn how to "make a joyful noise unto the Lord", and deal with negativity in a joyful way.

**Step 12.** Finally having had some spiritual awakening through this process, the client seeks to help others as well as himself on a daily basis. He must realize that the fruits of his actions are produced in the seeds of his thoughts. He must seek to work with his thoughts as well as his actions, and try to make his actions and thoughts more positive for himself and others. He must come to the realization that his mind, body, spirit, society and environment are one, and that he does at times have negativity in his life which he must deal with in a positive way. He must not succumb to this force of negativity. There is a force more powerful than he is that can help him to find the positivity, joy, compassion, and happiness to make his life on this planet a joyous and prosperous one.

In going through these twelve steps, often professional counseling is needed. We must emphasize that most people cannot complete this process alone. They will need group support, clergy support, counseling support, psychologists and the like. Often in groups such as Alcoholics Anonymous, addictions are transposed with coffee, sugar, and other substitutes. This can also be an addiction process: One addiction process done not mend another. Substituting a weaker addiction might be part of the pathway to healing, but sometimes it can be detrimental. We hope that the people who have addictions (we believe this represents ninety-seven percent of the population) can deal with them in very positive ways. We also heartily recommend professional intervention at every level.

I prefer to use the house-tree-person test, where the patient draws a house, a tree and a person, all on separate pages. By analyzing this, I can get a good perspective on some of the patient's unconscious ideas, and how he is involved physically as well as mentally. We also must try to avoid becoming too analytical or understanding too much. Life should be lived more than understood. It is helpful for us to analyze certain things, restructure ideas and so on, but we should resist the danger of over-analysis. The more we think about our digestion the more we hurt our digestion. We should let nature take its course in balancing digestion subtly, and forget about something we've eaten once we've eaten it. This is very important.

## The Electrical Nature of Everything

We are made up of atoms that are mostly electrons and protons. The outer electrons of any atom or molecule never touch. The outer electrons of any atom or molecule never touch another set of electrons. The entire interaction is through electro-magnetic-static quantic, or other interactive fields. The shape receptors on any and every cell then by definition are voltammetric field receptors that detect the shape and oscillations of the interactive fields of the outer electrons of an item. The most intense set of shape receptor cells are in the naso-pharynx to give us a sense of smell and taste. These shape receptors interact with the fields of an item to give us a sense of smell, taste, or electro-sensitivity. Nobel prize in medicine 2004, showed the overwhelming complexity, superiority, and dominance of the Olfaction sense. We now know that the sense of smell is much more important than we ever gave it credit.

### ***Our Sense of Smell is Electrical in Nature***

The sense of smell is an electrical sense. The sense of smell differs from our other sense in some key fashions. One it is connected more to our base brain or alligator lizard brain. As shown in the 2004 Nobel Prize in Medicine by Axel and Buck, the largest gene family found thus far is for olfaction. Over a thousand different genes about 3+% of the entire human genome is dedicated to for smell or should I say electrical detection. This exceeds all of the other sense put together by many times. The olfaction sense is the largest gene family known. Larger than all other relative organism development. The sense of smell is the largest most complex part of the developing genetic body known. However most of the sense of smell is non-verbal and wired into the unconscious or non-Reticular Activating System.

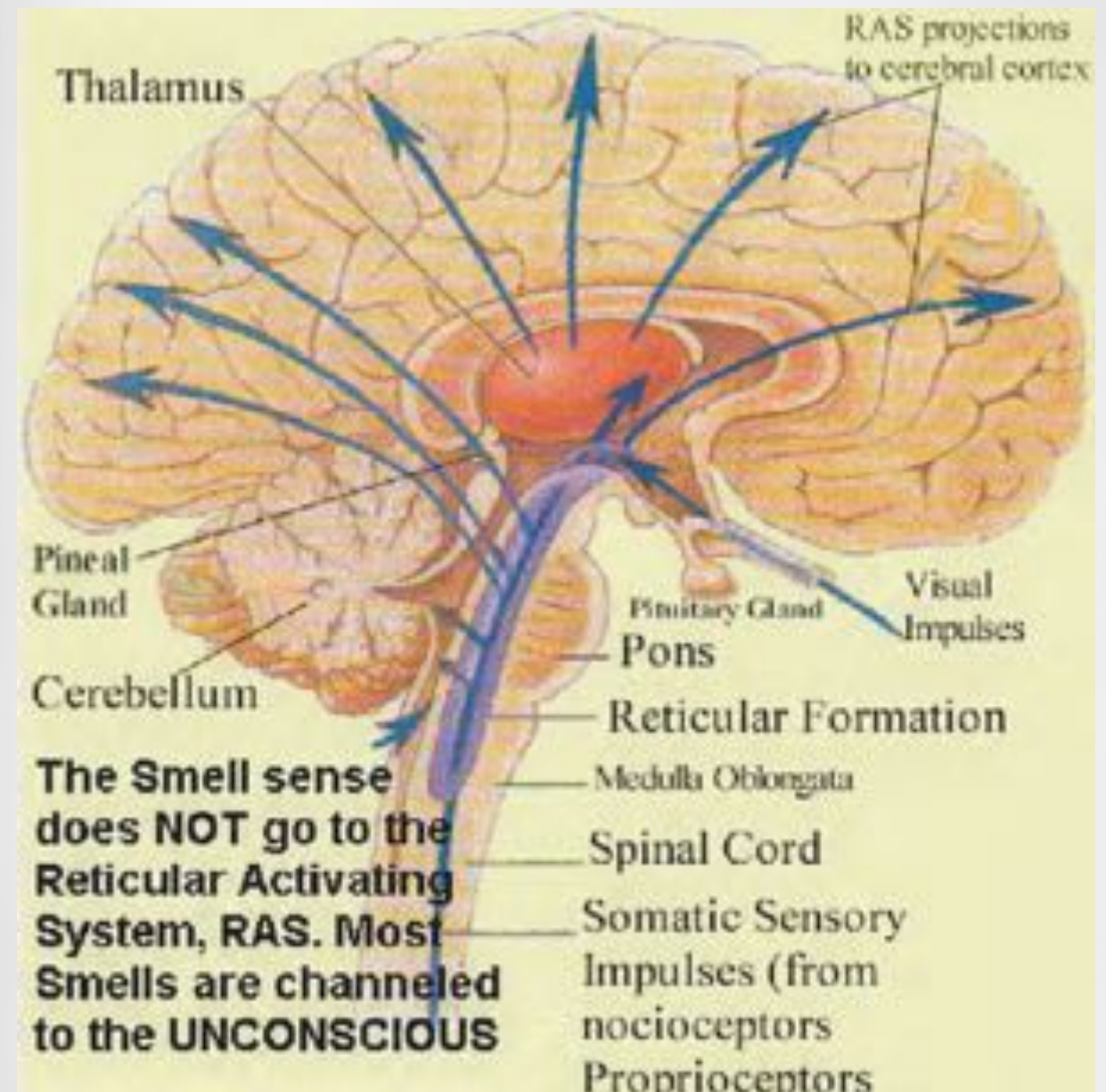
There are over 5 million olfactory neurons each with some ten detection hairs. By far the sense of smell has the largest amount of genetic material reserved for it and the largest enervation connections. Discover magazine Feb 2009 in the Quantum Secrets of Life article accounts that more and more scientists are having to use Quantum Physics to explain biology. Most having not read my 1982 book which proved that biology can only be explained with Quantum Electro-Dynamics, not thermodynamics. In the discover article it is pointed out that the scientist Luca Turin has found that smell is more than just shape detection and that vibrational rates are among other more Quantic criteria at work. He found that Quantum Tunneling might explain parts of the sense of smell.

Most smell is directed to non-verbal areas. The sense of smell is not part of the Reticular Activating System (RAS) that brings us out of sleep. Touch, light, sounds can awaken us but not smells. If your partner has flatulence while your sleeping it will go undetected. In the wakened state when the RAS is active, only strong smells are permitted to be verbally analyzed. The vast vast amount of other subtle smells are highly important but are non-verbal, autonomic, beneath conscious verbal awareness.

### ***The Importance of the Sense of Smell***

The sense of smell is the only Ipse-lateral sense. The other senses of vision, hearing, touch are mostly contra-lateral as the signals are sent mostly to the opposite hemisphere of the brain for analysis. This is for movement and coordination among other reasons. As that triangulation for hunting is improved with the cross over of the senses the contra-lateral senses. But smell as an

Ipse-lateral sense is more for electrical detection of the current environment.



The sense of smell is the key sense in sustained relationships. Men are activated mostly by the sense of sight to start a relationship. They like what they see. So the woman is forced to spend time on improving her looks. Women use the sense of hearing to start a relationship, they like what they hear. So the man works on his approach line. Men do not have to work so hard at looks, but need to be funny and say compliments to draw her closer. The next sense is the sense of touch for sex and sensuality. But for a relationship to last the sense of smell is the key. After the conquest the body tends to put out less and less attraction smells.

Males are turned on by the smell of blood and turned off by the smell of urine. Males are actually driven to anger and aggression by the smell of urine. Females are turned on by the smell of urine and turned off by the smell of blood. The man likes to hunt not to change baby. The woman needs to change baby, not to hunt. The wolf or other male urinates to mark his territory. This repels



competitors, while attracting mates. This research comes from the perfume industry who once they found out the smell of urine is an exciter to the female, they put urine into their perfumes. Women buy most of the perfume. Pregnant women's urine is most powerful. The male at home is slowly unconsciously driven into anger.

The male brain finds tasting the penis as extremely distasteful. The female brain likes it. And a cross gender male with a female brain finds it pleasurable as well. The other male brains see this as very distasteful and are driven to anger and homophobia. Even the joke about doing it can drive a man to anger, and if he is repressing feelings or latent desires homophobia can be excessive. The sense of smell is largely non-verbal but very important for humanity, it is the largest of all human gene families. But because of its non-verbal unconscious nature it was not studied much, till after the 2004 Noble Prize.

As we live we send of subtle smells reflecting our internal mind states. We send of attraction pheromones to attract, maintenance pheromones to maintain, and repelling pheromones to send away a bad person. If we go to sleep mad the bodies will send out the repel smells all night and push away the mate. After seven years we are all new as that most of the actual mass making up our bodies has been replaced. This means there is a constantly changing set of smells made by people. The "seven year itch " means that the couple has not grown together smell wise but have made to many repel hormones. Society had to make marriage laws for this reason.

Very few and only very healthy people continue to put out attraction pheromones later in age. Eating bad food, toxins, stressors, bad hygiene and mostly bad thoughts degrade our smell. Smoking is the worst offender. Bad perfumes or poorly designed aromas can mask our true smell and produce a disturbing quandary when the perfume or artificial aroma displaces. The unconscious complexity of the sense of smell is beneath our verbal mind awareness. Thus it has resisted statistical study. The unconscious is vastly more complex than we can even try to imagine with our little verbal mind. It is ever changing, a fractal by every definition, so things won't repeat, and small changes will produce big unpredictable results. This makes scientific reductionistic analysis difficult if not impossible.

The sense of smell being electrical also works to sense the electrical global environment we live in. The shark and other fish have a superb sophisticate electro sense, but they live in salt water. Water offers a more refined medium for the electro-sense. Our Air media electro sense is thus much diminished after evolution in an air environment with much less conductivity. But it is still active and radically challenged in today's electro smoke electro-pollution world.

In the Journal of Evolution and Development 8:1, 74-80 2006 there is a collection of professors from the University of Florida write "Vertebrates have evolved electro-sensory receptors that detect electrical stimuli on the surface of the skin and transmit them soma-topically to the brain". This is known in science although the electro-sense is often unpredictable in humans and always non-verbal. The electro-sense is very powerful and predictable in fish less in humans but still present and active.

### ***Voltammetry as the Key Sensory Mechanism of Olfaction***

There is undeniable evidence that the genetic family of the electro sense of fish is the same as the olfaction sense in humans. Humans have evolved a different use and utility for the voltammetric reception known as olfaction. Voltammetry is the science of the detection of this

field. Our literature review displays this. Since the olfaction sense is undeniable electric, a stimulus of a voltammetric signature amplified over ten thousand times and given globally through the SCIO harness will provoke a transcutaneous electro-dermal evoked potential reaction (TVEP) of the electro-olfactory system. This is the Xrroid part of the test classified in the 1989 510k of the USA registration. Siemens defines the reactance of an item to measure of the change in voltage, plus the change in amperage, plus the change in resistance. notice how in the articles that follow how change in trans-dermal resistance is the key factor in measuring the electro sense.

Electrochemical sensing methodologies are used in a wide range of applications, from understanding the physics of electron transfer (ET) to process monitoring. From a plethora of electrochemical techniques, voltammetry, where the electrode voltage is excited in a predetermined manner, has been heavily applied for various chemical, biological, environmental and industrial measurements. For instance, the widely used cyclic voltammetry, where the voltage excitation is a ramp, has provided new insights in phenomena as diverse as neurotransmitter dynamics, protein ET or fuel cell technology. Recently, more complicated voltage inputs such as ac voltammetry have been applied in order to probe the electrochemical system under investigation on different timescales, explore the kinetics and thermodynamics of different processes or selectively target specific process dynamics, such as parallel reactions, leading to comparisons with NMR or impedance spectroscopy but with the advantage of including in vivo applications.

Despite the obvious advantages of such voltammetric methodologies their application is demanding. The major challenge lies in the interpretation of the current response signal. Whilst previous work has revealed how the shape of the current response is related to different processes such as kinetic- or mass transport- control, it did not offer direct information about the relationship between the applied voltage and the resulting patterns in the current response. This is due to the highly nonlinear relation between the applied voltage and the transient current response which renders a direct association non-intuitive.

How do the parameters of the applied voltage influence the electrochemical current response? Indeed, how could the applied voltage waveform be manipulated in such a manner to quantify the underlying dynamics even more efficiently? Using voltammetry the experimentalist can apply a wide variety of voltage waveforms that can be used to analyse the electrochemical process. Hitherto, such possibilities have remained unexplored due to the mainly empirical knowledge regarding such processes. For instance, cyclic voltammetry or square wave voltammetry, the two most popular voltammetric methods, were developed over 50 years ago and the techniques used to analyse them, mostly empirical, have remained essentially the same for the past two decades.

The research proposed herein will enhance our understanding of the underlying phenomena and the governing parameters of such processes. Based on this knowledge we will design more efficient excitations and propose rules of extracting the information sought. For instance, the findings of this analysis could be used to enable harmonic time-dependent amplitude and frequency excitations, so-called chirps, to be used to provide fast and accurate information about various processes occurring on different timescales.

This would be a significant step towards the use and application of 'tailored' voltage waveforms to interrogate electrochemical systems. In this project we propose to study these effects theoretically using well-established analytical tools for four model cases: (a) an electrochemical species undergoing heterogeneous ET and 1-dimensional diffusion as in macroelectrode

experiments; (b) apply the findings of (a) for very slow diffusion ( $D \ll 0$ , where  $D$  is the diffusivity) in order to include cases for permanently adsorbed species on the electrode surface; (c) include uncompensated resistance in (a) and quantify its effect on the overall functionalities; and (d) an electrochemical species undergoing heterogeneous ET and 2-dimensional axis-symmetric diffusion as in microelectrode experiments. In order to conduct this research, we combine Dr Siggers', Dr Parker's and Dr Stone's expertise in perturbations methods, asymptotic analysis, fluid mechanics and biofluidics with Dr O'Hare's and Dr Anastassiou's background on theoretical and experimental aspects of voltammetry



The SCIO measures reactance or electro dermal changes of voltammetric reactivity to various voltammetric signals. To understand these signals more please see the Volt-Ammetry electro-chemistry thesis.

## SUMMARY

1. The outer electrons never touch, there is only electro-magnetic, static or quantic field interaction, thus all things are electro-magnetic-static and quantic. This is an undeniable scientific fact. The basic study of the shape receptor activity in the human falls under the scope of Voltammetry.
2. From genetics to utilization we know that the sense of smell is over 15 times greater in development and utilization from the other senses. The sense of smell is the largest gene family known.
3. The sense of smell is electrical and is largely non-verbal and is not part of the verbal Reticular Activating System
4. Olfaction is Electrical and Quantic in operation.
5. The Voltammetric field is the reactive component of interaction of all things, this can be measured with a voltammetric device.
6. The voltammetric field can be applied trans-dermal as a stimuli to provoke an transcutaneous voltammetric evoked potential.
7. There is over two decades of published literature confirming the safety and efficacy of the field of endeavor.

## Sex Attraction Pheromones are Capable of Natural Activation from an article in CTW press

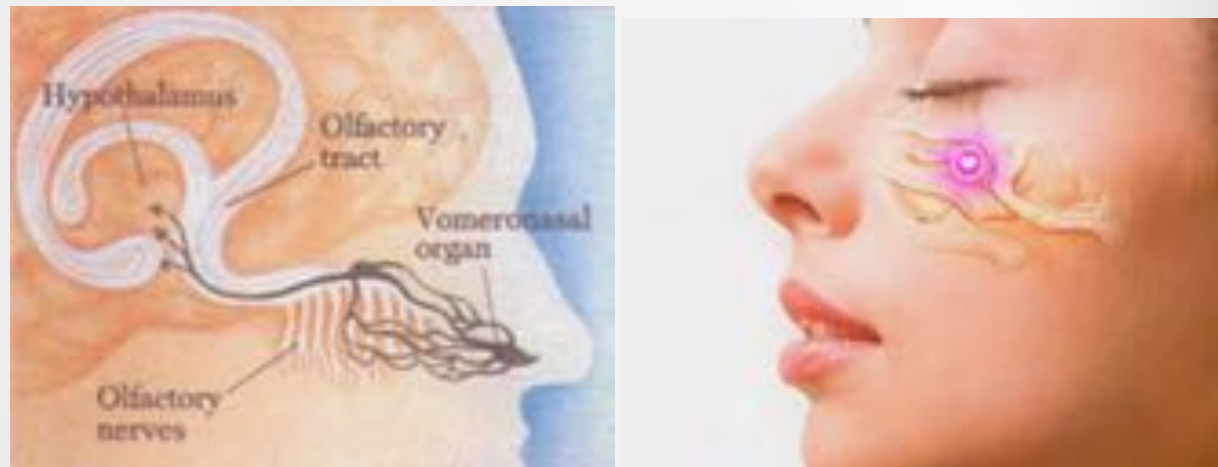


With excerpts from an interview with Dr Nelson or otherwise known as Desire' D. Dubounet

Our attraction to others may be about having the right chemistry after all. Throughout history, it has been a mystery why certain humans are attracted to each other. We have always said "Good Chemistry" or "Electrical Attraction". Scientific research has now concluded that dating and mating is highly influenced by pheromones, powerful chemicals produced by the body.

Pheromones are natural air-borne chemical hormones the body produces to attract the opposite sex. You can't see them or smell them, yet they can be powerful enough to instantly draw another person in.

Dr. W Nelson explains in detail the discoveries that led to the development of an effective pheromone formula for men and women called "Pheromone Activator".

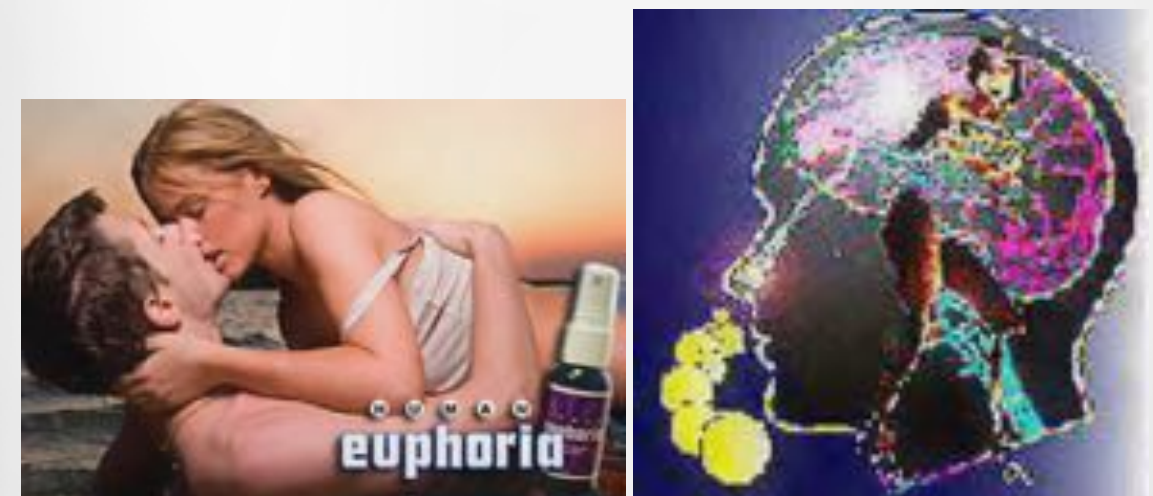


Dr. Nelson says, "We Scientists have known for decades about an organ just inside the nasal cavity called the vomeronasal organ (VNO). It appears that the sole function of the VNO is to detect trace amounts of pheromones, or their electrical shape, and in turn, stimulate the limbic region of the brain, also known as the 'Seat of Emotions'. This area of the brain is responsible for our emotions and passionate desires."



"What's quite interesting", Dr. Nelson explains, "the focused nerve pathways known as "Nerve O" run directly from the VNO to the limbic region. These specialized nerves were thought to remain dormant the majority of the time, but have now been confirmed to become quite active when subjected to specific human pheromones. The evidence tells us that humans do, in fact, respond to pheromones just as animals do, and the best part is this response can be triggered intentionally. The fact that it is much more a mental game than animals has prevented understanding".

"Attraction is really all about electro-chemistry" says Dr. Nelson, "After all, men and women have been hard wired from the beginning for some basic purposes ... and one is to reproduce. This formulation for men and women merely taps into the power of nature's electro-chemistry by triggering the signals men or women are programmed to sense and respond to".



Scientific understanding of the human capacity to sense electro-chemical pheromones, and the nerve pathways that deliver those signals to the brain, have paved the way to the development of a powerful formulation. "Had it not been for this understanding, we would not have known which pheromones, and the exact concentrations to use, and how to electrically activate them," explains Dr. Nelson.

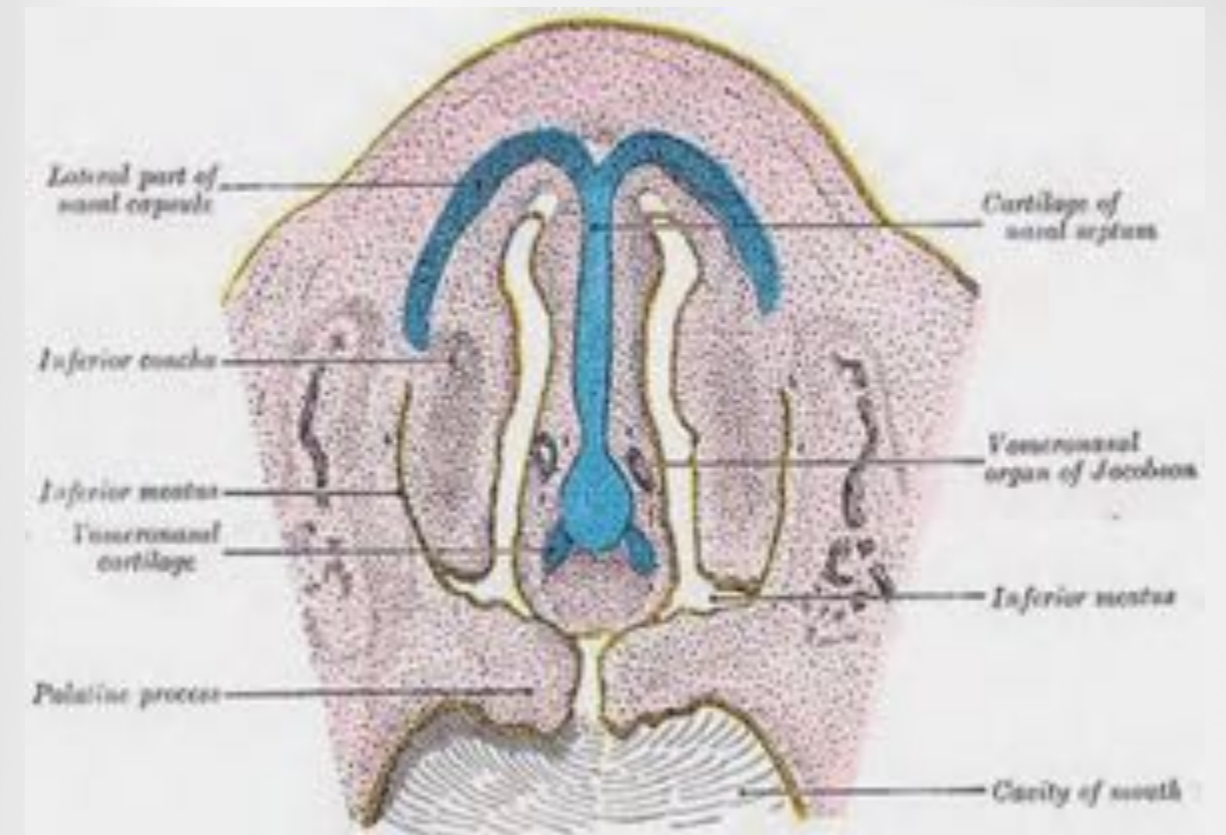
A precise electrically activated concentration of pheromones can kick off a rush of chemicals in the brain within a matter of seconds, and can make people feel a strong emotional and physical response. "The next thing we know, the sexual attraction is enhanced," says Dr. Nelson. "This formulation can produce that response, and while the chemical cascade may take mere seconds to occur, the memory of the effect can last a lifetime by activating deeper long term electro-chemistry."

Developed by Dr. Nelson, the Pheromone Activator formulation for men blends the four most powerful pheromones proven to activate the VNO organ in women in a highly concentrated electrically activated formula. The formulation for women blends the five most powerful pheromones proven to activate the VNO organ in men in a highly concentrated electrically activated formula.

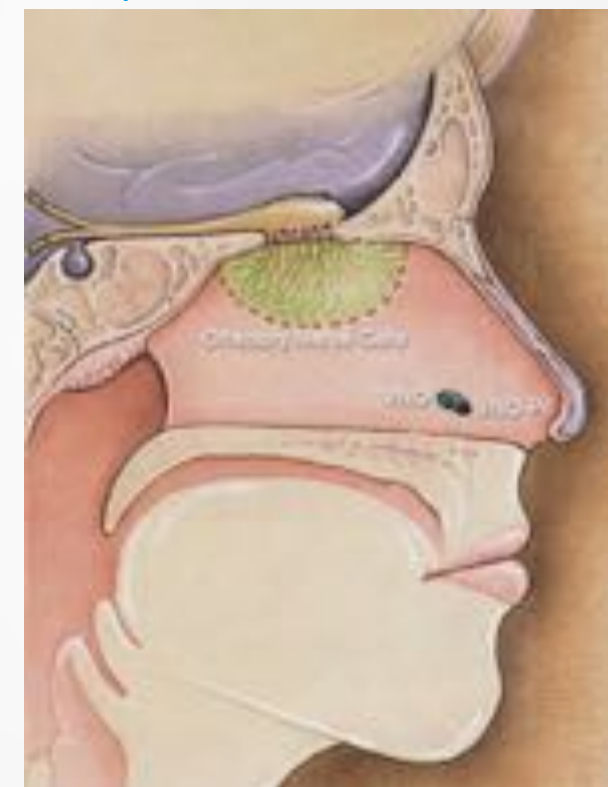
**Smoking can Block the sexual effect of Pheromones**



"Humans naturally produce their own pheromones." Dr. Nelson explains, "However, our cultural habits can wash away, distort or hide our natural pheromones with frequent bathing, detergents, antiperspirants, etc. By supplementing with a few drops of the Pheromone Activation formula, people can not only replace natural levels of these pheromones, but boost levels to the extent that the concentration is unavoidable in their presence."



*So smoking becomes the number one problem of sexual relationships because it blocks reception and transmission of the natural pheromones.*



### Human Pheromones from dictionary

Few well-controlled scientific studies have ever been published suggesting the possibility of pheromones in humans. The best known case involves the reported synchronization of menstrual cycles among women based on unconscious odor cues (the McClintock effect, named after the primary investigator, Martha McClintock, of the University of Chicago). This study exposed a group of women to a whiff of perspiration from other women. It was found that it caused their menstrual cycles to speed up or slow down depending on the time in the month the sweat was collected; before, during, or after ovulation. Therefore, this study proposed that there are two types of pheromone involved: "One, produced prior to ovulation, shortens the ovarian cycle; and the second, produced just at ovulation, lengthens the cycle". However recent studies and reviews of the McClintock methodology have called into question the validity of her results.

Other studies have suggested that people might be using odor cues associated with the immune system to select mates who are not closely related to themselves. Using a brain imaging technique, Swedish researchers have shown that homosexual and heterosexual males' brains respond differently to two odors that may be involved in sexual arousal, and that the homosexual men respond in the same way as heterosexual women, though it could not be determined whether this was cause or effect. The study was expanded to include homosexual women; the results were consistent with previous findings meaning that homosexual women were not as responsive to male identified odors, while their response to female cues was similar to heterosexual males. According to the researchers, this research suggests a possible role for human pheromones in the biological basis of sexual orientation. Gay men often have the female brain sense of turn on chemistry and lesbian women often have reversed sense of turn on smell as well.

Another study demonstrated that the smell of androstadienone, a chemical component of male sweat, maintains higher levels of cortisol in females. The scientists suggest that the ability of this compound to influence the endocrine balance of the opposite sex makes it a human pheromonal chemosignal. In 2002, a study published in the quarterly journal *Physiology and Behavior* showed an unnamed synthetic chemical in women's perfume appeared to increase intimate contact with men. The authors hypothesize, but do not demonstrate, that the observed behavioural differences are olfactory mediated.

In 2006, it was shown that a second mouse receptor sub-class is found in the olfactory epithelium. Called the trace amine-associated receptors (TAAR), some are activated by volatile amines found in mouse urine, including one putative mouse pheromone. Orthologous receptors exist in humans providing, the authors propose, evidence for a mechanism of human pheromone detection.



News article in *USA Today*, 11/19/86; Section D: Life *USA Today* [Excerpted]

### The Real Chemical Reaction Between the Sexes

by Kim Painter

*Chemicals in men's bodies can cause their female sex partners to be more fertile, have more regular menstrual cycles and milder menopause, landmark research shows.*

*And women who have sex with men at least once a week benefit most from the chemicals, which apparently work through the sense of smell.*

*"The exciting part is the effect we have on each other. Men are important to women," says Dr. Winnifred B. Cutler of Philadelphia, whose studies show for the first time that chemicals called pheromones exist in humans.*

*Pheromones have long been known to exist in animals, as scents that attract sex partners. Cutler's new studies...show women are affected by pheromones from men and women:*

- *Women with unusually long or short menstrual cycles get closer-to-average cycles after regularly inhaling male essence, described as a compound of male sweat, hormones and natural body odors. "You just walk into a male locker room," Cutler says, "that's the odor."*
- *Women exposed to another woman's "female essence" menstruated at the same time after*

a few months, confirming a long-observed phenomenon that women who live together menstruate at the same time.

Cutler's other studies show women who have sex with men at least once a week have regular menstrual cycles and fewer fertility and menopause problems, apparently because of exposure to pheromones.

End of Painter's USA TODAY article excerpt

Sometimes spray advertisers claim that their products contain human sexual pheromones which act as an aphrodisiac. In the 1970's, "copulins" were patented as products which release human pheromones, based on research on rhesus monkeys. Subsequently, androstenone, axillary sweat, and "vomodors" have been claimed to act as human pheromones.

There are many types of pheromones (all of these are blocked and interfered with by smoking)

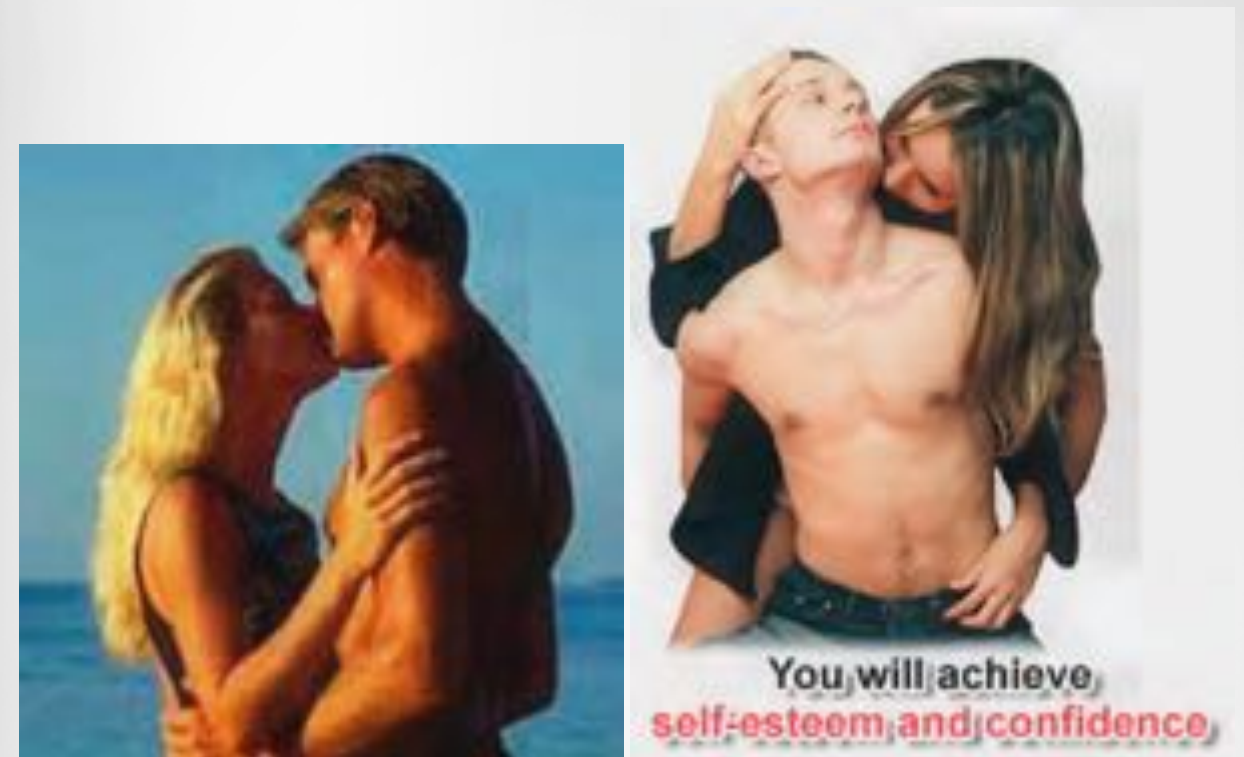
- Aggregation pheromones tell us to jump on the bandwagon
- Alarm pheromones flight or flight
- Epideictic pheromones go elsewhere get away from here
- Releaser pheromones intense attraction hormones I need you to survive
- Signal pheromones triggers a personality change
- Primer pheromones triggers a change in development or outcome
- Territorial pheromones marks territory
- Trail pheromones marks the way home
- Information pheromones conveys information
- Sex pheromones attraction for sex

Because there are repelling pheromones and redirecting ones it is important to try to resolve all arguments as best you can before going to bed in a swash of repelling I hate you smells.

As we have discussed, the sense of arousal smell differs for the sexes. The sex of the body might be different from the mind. In one out of ten a man can have a woman's brains, or a woman a man's brain. The following discussion is about the sex of the brain and not the sex of the body.

Male brains are attracted to blood and repelled by urine. Female brains are attracted to urine and repelled by blood. Watch women change baby. Who else would change baby but female brains? Who else would hunt and clean his kill but male brain? Science has shown that some homosexual men have the female brain. The homosexual woman sometimes has the male brain. So in making an attraction formula it is important to know what type brain we are dealing with.

Also attraction is started in men by sight. So appearances are vital. Women are started by sound so what you say and how you say it is very important. Women want funny, compassionate, caring and intelligent lovers that talk to them. A man is kept by a woman by keeping up her appearance. And a woman likes to be talked to and to be told she is pretty or some type of compliment. Feeling like kissing, massaging, a pat on the ass, are powerful next step process, but if used to fast the other might feel pressured.



So sight and sound kick it off, feeling deepens it and the sense of smell lurks in the back as an unconscious moderator of the process. The sense of smell is a very powerful part of the process of attraction. To this end I will tell you how to make a powerful attraction activator to help you.

To help the process, get sexy dress, make-up, hair to attract a male brain. High heels, tight dress, a woman is not right unless she is sacrificing comfort for stylish allure. Not too much or you scare him away. Attraction is always approach avoidance. The man likes to hone in on a hunt. If the hunt is too easy he will not respect the prey. Coax his ego, and tell him little about yourself. Ask him if he thinks you are pretty. Listen and find out if he is right for you.

For a female brain get comfortable but sexy clothes. The man should be comfortable, ready for action. Don't drink and slur your words. Talk intelligent, witty, and have some one liner jokes ready. Not too much. Be careful, be spontaneous, be yourself, and compliment her. Over and over compliment her. Never use the same exact line but give her some subtle compliments. Listen and find out if she is right for you.

There is a simple instinct to not give people things that they really want. If you go to a club in desperate need to find someone, you won't. But the guy changing the vending machine in the corner has girls all over him. Don't act desperate. Get your mind in the right area to attract, not force attention. Be ready to capitalize on the attention. And when you use these very subtle smells and incantations I give you, realize they help you find the right one. You do not want to attract the wrong one. You can see by the list of other types of pheromones that the mind can send out smell for communication. Your mind can attract and repel, alarm and redirect, even change another's personality. Powerful stuff this mind, spirit and body.

[The first formula for aphrodisiac perfumes with an edible aroma is very subtle. You can adjust the formula and play with the percentages till you get the right smell for you](#)

- 15 ml perfume alcohol or jojoba or I use Finlandia Vodka
- 13 drops black tea
- 7 drops vanilla, 5 drops chocolate essence (if you like, experiment )
- 13 drops cognac
- 13 drops rose absolute
- 2 drops champa
- 2 drops ginger
- 5 drops blood orange for attracting a male
- 5 drops pink grapefruit for attracting a female

Add 5 drops of Dr. Nelson VNO Pheromone Activation formula

And for the personal finish touch use 3 drops of your blood to draw a man, 3 drops of your urine to draw a woman. And 3 drops of your sweat after light exercise. Before getting the blood, urine or sweat, focus your mind on the object of your attention. Pray to the arch angels to protect you, and to God or the cosmic powers you respect to help you find and attract the right person to receive your love and companionship. As you deepen your trance and your mind focus on the desire, your body will make the appropriate pheromone for you. The additional products can intensify the effect. The alcohol and letting it sit for 24 hours will kill any risks. Do not let it sit open or in sunlight for it will kill the fragrance.

Mix together ingredients in a colored glass jar (preferably red), and store in a cool dark place. Rub perfume wherever you like. Remember the words of Coco Chanel when asked where to apply perfume, "Wherever one wants to be kissed!" This fragrance will attract the lips of your lover.

I always keep a bit of the body shops white musk to spray over the fragrance. The musk has a powerful attraction as we all know. Whale ambergris does as well. Both are animal products not for everybody.

Nature has provided us with an abundance of beautiful scents - Jasmine, ylang ylang, rose geranium, tea rose to name a few and all available as essential oils.

#### Ingredients

- Your favorite essential oil/s
- 2 1/2 oz of Vodka I use only Finlandia not because of my mother who was from Finland stock. but because I have found it to be the most pure.
- 2 tablespoons of Distilled Water

Add 5 drops of Dr. Nelson VNO Pheromone Activation formula

And for the personal finish touch use 3 drops of your blood to draw a man, 3 drops of your urine to draw a woman. And 3 drops of your sweat after light exercise. Before getting the blood, urine or sweat, focus your mind on the object of your attention. Pray to the arch angels to protect you, and to God or the cosmic powers you respect to help you find and attract the right person to receive your love and companionship. As you deepen your trance and your mind focus on the desire, your body will make the appropriate pheromone for you. The additional products can intensify the effect. The alcohol and letting it sit for 24 hours will kill any risks. Do not let it sit open or in sunlight for it will kill the fragrance.

It will take a little experimentation to achieve the right potency to suit your tastes; so start out with a single essential oil for practice - perhaps 4-8 drops. The general process is:

Add the essential oil to the vodka, stirring slowly until the oil is fully mixed in; and then let sit for 2 days. After this time, add the distilled water, slowly stirring it through; then let it sit another couple of days; longer for a more potent mix. Done! Don't forget to write down the essential oils and numbers of drops you use in each batch while refining your own natural perfume blend!

#### Homemade Attraction Recipe

Increases feelings of love, Aphrodisiac, draws love attention

- 3 drops sandalwood essential oil
- 2 drops vanilla essential oil
- 3 drops cedar wood essential oil
- 15 drops bergamot essential oil
- 1/2 pt (300ml) 70 percent alcohol or vodka

Add 5 drops of Dr. Nelson VNO Pheromone QED Activation formula

And for the personal finish touch use 3 drops of your blood to draw a man, 3 drops of your urine to draw a woman. And 3 drops of your sweat after light exercise. Before getting the blood, urine or sweat, focus your mind on the object of your attention. Pray to the arch angels to protect you, and to God or the cosmic powers you respect to help you find and attract the right person to receive your love and companionship. As you deepen your trance and your mind focus on the desire, your body will make the appropriate pheromone for you. The additional products can intensify the effect. The alcohol and letting it sit for 24 hours will kill any risks. Do not let it sit open or in sunlight for it will kill the fragrance.

Pour the alcohol into a bottle or jar. Add the oils and shake well. Leave for 1 week. Go easy on this stuff. You can always make more! Use love tonic in a diffusers, to scent body powders, to create a scented spray, in a massage oil or as a personal scent (dilute to 1% in jojoba) and worn on pulse points.

Sensual is the term for a passion perfume with an erotically-stimulating effect. An accentuated portion of animalistic components and exotic blossom notes is usually to be found in such perfumes. Properly used, many perfumes can produce pleasant emotions and moods, since the sense of smell is directly connected with the part of the brain in which feelings and sexual behavior are controlled.

#### Misty Passions Perfume Recipe

Easy to make and truly an exotic and sensual aroma for your senses. This recipe is sure to become one of your favorite passion perfumes.

- 3 drops passionflower essential oil
- 2 drops ylang ylang essential oil
- 3 drops neroli essential oil
- 1/2 pt (300ml) 70 percent alcohol or vodka

Pour the alcohol into a dark bottle or jar. Add the oils and shake well. Leave for 1 week. Store your passion perfume in a cool dry dark area. Dab on pulse points for long-lasting fragrance.

Add 5 drops of Dr. Nelson VNO Pheromone QED Activation formula

And for the personal finish touch use 3 drops of your blood to draw a man, 3 drops of your urine to draw a woman. And 3 drops of your sweat after light exercise. Before getting the blood, urine or sweat, focus your mind on the object of your attention. Pray to the arch angels to protect you, and to God or the cosmic powers you respect, to help you find and attract the right person to receive your love and companionship. As you deepen your trance and your mind focus on the desire, your body will make the appropriate pheromone for you. The additional products can intensify the effect. Shake with succession onto a book such as this one for fifteen times, this saturates your attraction body chemistry into the formula. The alcohol and letting it sit for 24 hours will kill any risks. Do not let it sit open or in sunlight for it will kill the fragrance.

#### Passionflower

Named because components of the plant such as the stigma, stamens, and sepals were thought to represent Christ's passion & crucifixion. The Aztecs and Incas prized this plant for its pain releasing properties. It has also been used to alleviate neuralgia and other irritating disorders. The scent will add a one-of-a-kind sexy scent to your passion perfume.

#### Ylang Ylang

The essential oil of ylang-ylang is believed to relieve high blood pressure, normalize sebum secretion for skin problems, and is considered to be an aphrodisiac. In Indonesia, ylang-ylang flowers are spread on the bed of newlywed couples. This is an oil you defiantly want in every homemade passion perfume recipe!



# CE Corpus

*The Energy Band*

## Callosum

*Regulator of the Body*

The SCID device can use the Trivector and Cybernetic Loop to rectify aberrant and disharmonious energy patterns in the body. This has profound effects on all body functions but affects the corpus callosum most intensely.

This means that the ability of the conscious verbal mind to relate to the subconscious is increased with the rectification process. The patient will probably not feel the effect. There will always be a positive effect. If there is a negative effect, it is because there is shielded or covert feelings or memories in the subconscious. These will cause disease if left untreated. A simple release may solve the problem.

#### The changes include:

1. Activate the innate intelligence to balance the body energies. This is the basic principle of chiropractic, acupuncture, and osteopathy medicine.
2. There is an easier exchange of energy and information from right brain to left brain via the corpus callosum. The corpus callosum is the largest energy form in the body and the rectification process has profound effects on stabilizing it, so it dramatically reduces switching phenomena.
3. The SCID thereby increases the ability of the conscious to interface with the unconscious. This allows greater knowledge of self and of the higher self.
4. There is a greater memory access, a more true access of memory without emotional clouding.
5. There is a greater flexibility of connective tissue, allowing for more resilience.
6. There is a greater oxygenation and hydration ability of the body.
7. There is a smoother muscle control.
8. There is a general increase in well being that the conscious mind is so often unable to perceive. And thus there are thousands of subtle improvements to be found.



## Neroli

A common essential oil in perfumes, Neroli is considered to have a soothing effect on the nervous system. Traditionally, neroli oil was used not only to relieve tension and anxiety, but also to increase circulation and heal scars.



"My aromatherapist finally zeroed in on which scent has the greatest effect on me... male sweat!"

## Awesome Perfume Recipe

This astonishing fragrance is sure to inspire awe, amazement and wonder.

- 2 cups distilled water
- 3 tablespoons vodka
- 5 drops hypericum perforatum essential oil (St. John's wort)
- 10 drops cypress essential oil
- 10 drops rosemary essential oil

Mix all the ingredients together, shake well. Place in a dark bottle. Then allow the perfume to settle for at least 12 hours. Store in a cool dry area. Dab Amaze perfume on pulse points for long-lasting fragrance.

Add 5 drops of Dr. Nelson VNO Pheromone QED Activation formula

And for the personal finish touch use 3 drops of your blood to draw a man, 3 drops of your urine to draw a woman. And 3 drops of your sweat after light exercise. Before getting the blood, urine or sweat, focus your mind on the object of your attention. Pray to the arch angels to protect you, and to God or the cosmic powers you respect to help you find and attract the right person to receive your love and companionship. As you deepen your trance and your mind focus on the desire, your body will make the appropriate pheromone for you. The additional products can intensify the effect. The alcohol and letting it sit for 24 hours will kill any risks. Do not let it sit open or in sunlight for it will kill the fragrance.

## St. John's wort (hypericum perforatum) oil:

For relief from neuralgia, sciatica, muscle and joint pain and inflammation. Soothes irritated skin, bruises, and mild burns especially sunburn.

## Cypress Oil

Has a calming and soothing effect on the nerves, is valuable as a vasoconstrictor, useful in the treatment of excessive discharge of fluids and beneficial for the respiratory tract.

## Rosemary Oil

As an herbal medicine it may improve memory, relieve muscle pain, and stimulate the circulatory and nervous systems. Topically, rosemary can assist in relieving wounds.

## Romantic Herbal Lore

Herbs have been used to enhance romance for centuries, by lovers and lovelorn alike. Among the herbs said to promote the course of true love is basil. Offer a sprig of basil to the man of your dreams and, if he accepts it, he is surely yours.

Tudor maidens who wished to marry would place a bay leaf beneath their pillow on Valentine's Day and whisper the couplet, "Saint Valentine, be kind to me, In my dreams, let me true love see." If they then dreamed of love, it was surely a prediction that they would marry within a year.

Gentlemen should put a pinch of dried sage under their tongue before approaching their intended

to ensure a love-swept courtship. They should also remember that many herbs are reputed to have aphrodisiac qualities; among them are sweet basil, thyme, rosemary, juniper, laurel, myrtle, sandalwood, patchouli, elderflower and jasmine. If you're feeling insecure in love, then tying three laurel leaves to the bottom of your bed will ensure that your lover sees no-one but you. For long-term fidelity, share the leaves of the periwinkle with your husband, or plant marigolds in the soil upon which your loved one has walked. He will be faithful to you forever.

Here's a love spell that has been used throughout the ages:

- Candle Spell for Lovers
- 2 red candles
- red wine
- ground cinnamon
- 2 shallow bowls/cups

Light the candles. Pour some wine in the bowls. Each person starts warming their bowl of wine over a candle. Add a pinch of cinnamon. Swirl the bowls to mix cinnamon while finishing the warming. Each person breathes into both bowls. Recite the following toast, and then touch bowls. Drink. Do what comes naturally. :) Don't forget to use your homemade perfume or tonic!!

*"May the union of man and woman bring pleasure and happiness to both."*

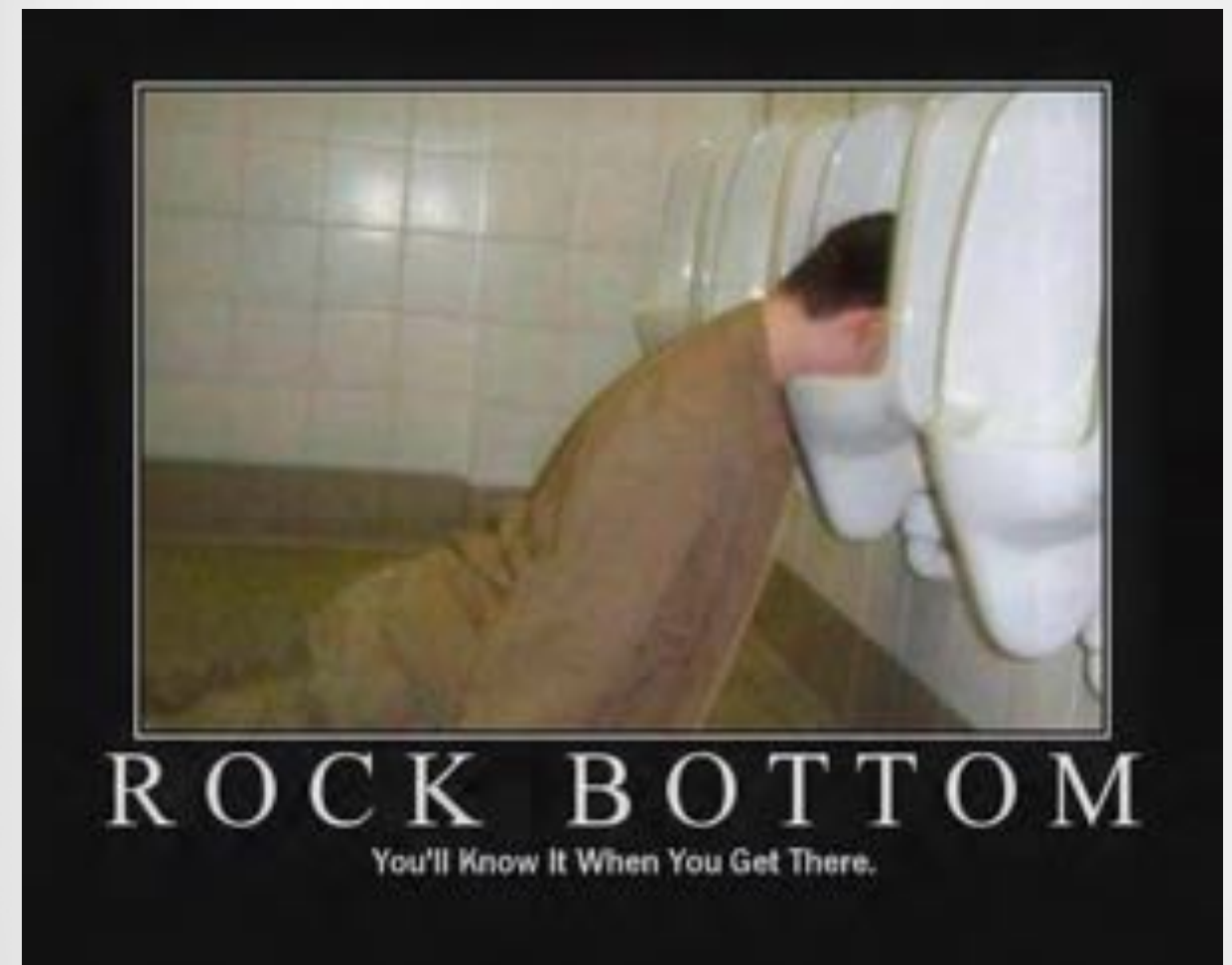
To restore a lost love, look into each other's eyes for 33 min, no talking. You can blink. But let the emotions flow, laugh cry, touch, feel. Let the emotions flow and resist urge for sex till the 33 minutes are up. This will drive ocytocin levels for bonding up. If either side does not have 33minutes, then call a divorce lawyer because there is someone else one of them has bonded too.

For an exciting sexual massage rub use

One part cinnamon oil, one part ginger oil, three parts light olive oil and put into it some cascara, let sit for one week. It has healing and spiritual powers. Once in a while try a drop or two of capsicum (Tabasco) for the spice of life. But just a drop or two, And not every time.



Smoking blocks long term stable relationships



*The end line for addiction*

## An Absolute Foolproof Cure to Stop Smoking

So now I promised an absolute cure for you that would work. I will give you many ways to quit but I will start with the most extreme the ultimate success that will work for anyone. It may sound Xtreme but it will work. If you take it far enough it will work on everybody even the most incredible ignorant fool.

You hire a good doctor to treat you naturally and to help you with consultation and homeopathic and nutritional help. Then you hire a team of very strong body guards. You organize a round the clock team to always be with your slimy lying ass to be sure that you never ever get any chance to smoke. This will probably mean handcuffs or worse. The body guards are paid to not listen to your whimpering cowardly rationalizing twisting shit or your inane excuses. Their job is to stop you from smoking. This usually takes about one week or less. Easy, and if you are so weak willed this might be the only way. We tell the body guards that this is not a joke it is serious. The client is an addict and not a human being. He will lie, cheat, steal, take a cig out of the toilet wipe off the shit and get a drag. He is a mental slave, a zombie, a ghoul, dishonest and cannot be trusted. The depth of deception is bottomless. Expect anything and do not let them smoke. After just three days the condition is improved and after a week the client becomes somewhat human. For the next month no contact with smokers can be allowed. After the month of treatments and complete abstinence, the person is healed the physical addiction is gone and the mental tendency for relapse is all that remains to be dealt with.

Next what to do when you are tempted. The temptation to relapse is greatest in 3 month intervals. We don't know why but it seems true. You see some nervous person lighting up and you want to be like them. You go into a bar and someone offers you a cigarette.

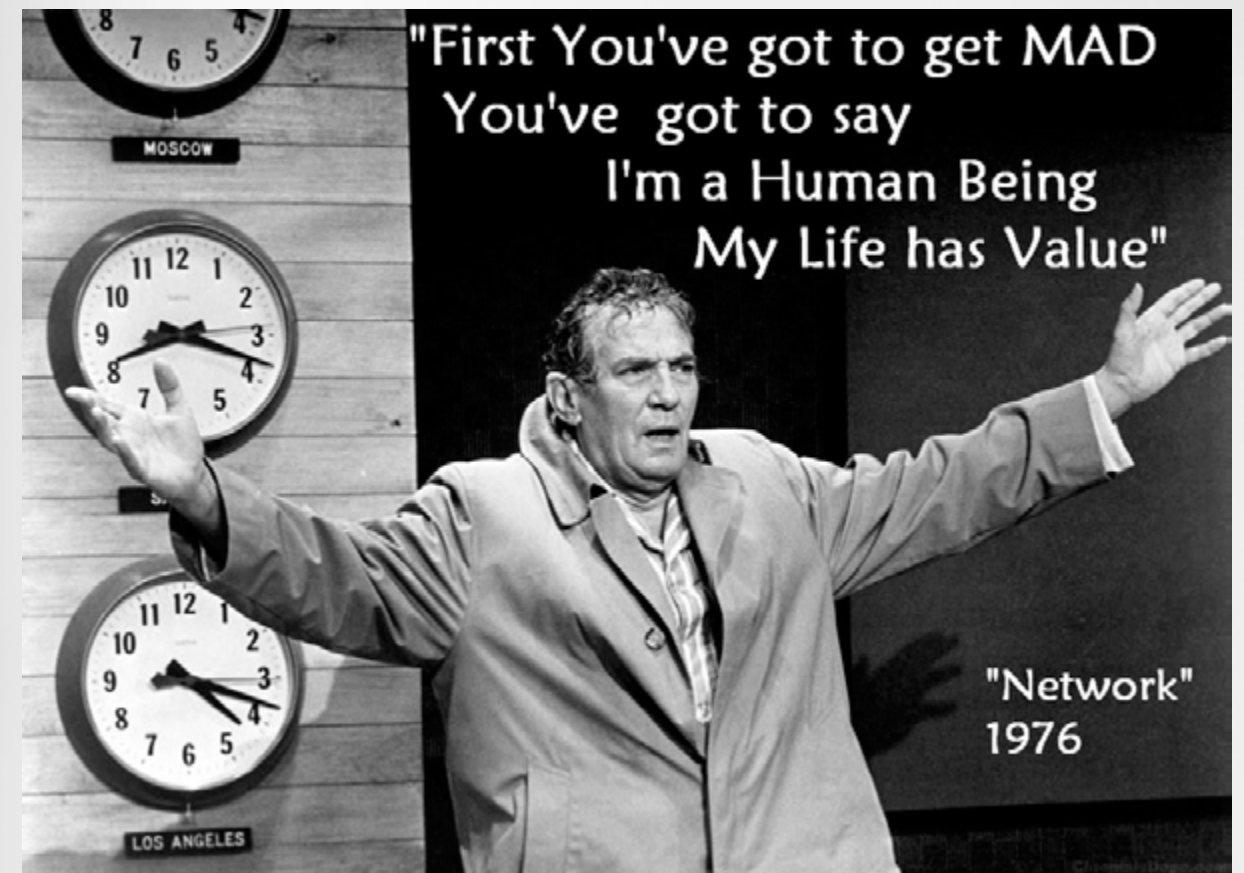
Here is what you do. You tell him that smoking is an addictive drug that kills and that you do not appreciate him pushing death, slavery, addiction, or other on you. It is not funny, cute, or trivial to push addictive drugs onto people. It is asinine, stupid and despicable. You give him a warning that if he does it again you will grab him by the throat and beat the shit out of him. If he is big then you bring back your body guards and have them beat him or do whatever it takes to get across a message that you are no longer a slave to Big Tobacco and you will not tolerate death drug pushing scum.

If you go to a family reunion or some other function and your uncle Joe laughs as he puts a cigarette into your baby's mouth, then you should stop him. You should explain to him it is not funny and do not do such a thing. If he does it again and won't stop, beat the fuck out of him. Hire your bodyguards and keep beating him till he either agrees to never push a drug on a baby and he admits that cigarettes are a drug, or until a month long hospital stay might get him aware of the problem.

This all sounds Xtreme and yes I am not so serious and I am being facetious and not truly serious. You don't want to go to jail and of course the police don't support you they are probably servants of Big Tobacco themselves. But you must do what it takes to protect you and your children.

You cannot protect your children from cigarettes unless you really mean it. Sometimes you got to get MAD. You've got to say I'm a human being not a cigarette buying slave. My life has value and it is not here to serve the Ultra Rich Big Tobacco and the Big Pharma cancer machine. If you just get mad now and then and tell people to stop pushing the slavery and addiction and of course the

sickness and death then maybe it will stop. If enough of you do this it will have an effect.



Now the body guard way sounds extreme but let's look at the cost versus a life of smoking. First we will explore the true total cost of smoking. A certain fact is that smoking takes years off of a life. Anybody you point to who lived a long life smoking every day would have lived a longer life without the demonic addiction. The fact that smoking takes years off of a life means that it is already too expensive. What is the cost of a year of life? What is the cost of not having a Christmas or birthday with your children? But even this ignored the cost of smoking is extreme. With some 3 trillion cigarettes being sold each year it is remarkably profitable business of death. Addicted slavery for the purpose of profit to some unknown entity of evil is not what most people want. Mindless excuses twisting and distorting reality to allow another drag of the toxic poison. Inane unintelligent droll of false pretext to justify killing themselves with a disgusting habit that hurts all around them. This is their way of life making any help difficult. But not impossible now for the cost.



230

Smoking and addiction

	1/2 PACK/DAY	1 PACK/DAY	2 PACKS/DAY
One Day	\$2.50	\$5.00	\$10.00
One Week	\$17.50	\$35.00	\$70.00
One Month	\$75.00	\$150.00	\$300.00
1 Year	\$912.50	\$1,825.00	\$3,650.00
5 Years	\$4,562.50	\$9,125.00	\$18,250.00
10 Years	\$9,125.00	\$18,250.00	\$36,500.00
20 Years	\$18,250.00	\$36,500.00	\$73,000.00
30 Years	\$27,375.00	\$54,750.00	\$109,500.00
40 Years	\$36,500.00	\$73,000.00	\$146,000.00

(Based on cost of \$5.00/pack of cigarettes)

**THE COST OF SMOKING**

**IMAGINE ALL THE OTHER WAYS YOU COULD SPEND THIS MONEY!**

**This is JUST Cigarettes**

### The high cost of smoking

The costs add up: Cigarettes, dry cleaning, insurance -- you can even lose your job. A 40-year-old who quits and puts the savings into a 401(k) could save almost \$250,000 by age 70.

By Hilary Smith

*If the threat of cancer can't persuade you to quit smoking, maybe the prospect of poverty will.*

The financial consequences of lighting up stretch far beyond the cost of a pack of cigarettes. Smokers pay more for insurance. They lose money on the resale value of their cars and homes. They spend extra on dry cleaning and teeth cleaning. Long term, they earn less and receive less in pension and Social Security benefits.

Indeed, being a smoker can not only mean you don't get hired -- you can get fired, too. After announcing it would no longer employ smokers, Weyco, a medical-benefits administrator in Michigan, fired four employees who refused to submit to a breath test. It began testing the spouses of its employees, too, levying an \$80-per-month surcharge on those who don't test clean.

Overall, 5% of employers prefer to hire nonsmokers, according to the most recent survey by the Society for Human Resource Management, and 1% do not hire smokers.

231

A few examples:

- Kalamazoo Valley Community College in Michigan stopped hiring smokers for full-time positions at both its Michigan campuses.
- Alaska Airlines, based in Washington state, requires a nicotine test before hiring people.
- The Tacoma-Pierce County (Wash.) Health Department has applicants sign an "affidavit of nontobacco use."
- Union Pacific won't hire smokers.

That same poll found that 5% of companies charge smokers more for health-care premiums. The costs don't stop with your paycheck. Figures from the Campaign for Tobacco-Free Kids assert that smokers cost the economy \$97.6 billion a year in lost productivity.

That's based on the number of working years lost because of premature death. (The Bureau of National Affairs says 95% of companies banning smoking report no financial savings, and the U.S. Chamber of Commerce finds no connection between smoking and absenteeism.)

An additional \$96.7 billion is spent on public and private health care combined, according to the Campaign for Tobacco-Free Kids, and each American household spends \$630 a year in federal and state taxes due to smoking.

#### Personal financial impact

The cost of a pack of cigarettes averages around \$4.50 to \$5, including taxes, depending on where you live. Using the lower number, a pack-a-day smoker burns through about \$31.50 per week, or \$1,638 per year. That's a fat house payment or a nice vacation with the family. A 40-year-old who quits smoking and puts the savings into a 401(k) earning 9% a year would have nearly \$250,000 by age 70.

But only you know exactly how much you pay and how often. Plug your yearly tally into our Savings Calculator and see what it'll cost you over the coming decades.

The one place many smokers feel free and comfortable to light up is in their car. Without consistent and thorough cleanings, however, a car that is smoked in will soon start to resemble an ashtray on wheels. The interior inevitably smells like smoke, and stray ashes and butts can burn holes in the upholstery and floor mats.

None of these things has much financial impact until you try to sell the car. Figure a minimum of \$150 for a good cleaning with an extractor.



#### WHO's anti-smoking effort

CNBC reports on the World Health Organization's plans to combat tobacco use globally.

On a trade-in, dealers can easily knock off more than \$1,000 on higher-end vehicles. Terry Cooper, a car dealer with seven new- and used-car stores, says he took a 1999 Porsche 911 Cabriolet in on trade for \$37,000. That sounds OK, but the owner could have fetched \$40,000 for it had he not "smoked out" the car's interior.

The criteria that apply to cars apply to homes as well, only on a bigger scale.

Smokers' houses often require all new paint and/or wall treatments, as well as professional drapery and carpet cleaning. According to Contractors.com, priming and painting an average-size living room, dining room and two bedrooms would cost more than \$2,000. The Carpet Buying Handbook puts the average cleaning cost per square foot at 28 cents, and the average home has 1,000 square feet of carpet. That's \$280. Add \$55 to clean a typical sofa and \$25 for a chair, says Diversified Carpet in San Diego.

Walt Molony with the National Association of Realtors says that "certainly the smell of cigarettes can be a turnoff to potential buyers."

#### Insurers weigh in, and they're not happy

We pulled some online quotes on 20-year term life insurance (a \$500,000 policy) for a healthy 44-year-old male through [BudgetLife.com](#). The lowest quote for a nonsmoker was \$1,140 in premiums per year; for someone smoking a pack a day, the lowest price more than doubled to \$2,571 per year.

The difference in health insurance isn't as dramatic. According to [eHealthInsurance.com](#), the monthly premium for a policy from Regence Blue Shield with a \$1,500 deductible for a 44-year-old male nonsmoker is \$292. The same policy for a smoker is \$338 per month, or \$552 more a year.

A few state governments also charge their employees extra for health insurance if they smoke, and others are gradually joining the trend. According to the ACLU, a majority of states do not have a state law preventing employers from discriminating against potential and current employees based on nonwork activities. Thirty-one states do have laws that protect smokers, including Colorado and North Dakota, which ban discrimination based on any form of legal, off-duty behavior.

When shopping for homeowners insurance, nonsmokers can generally expect to receive a minimum 10% discount. The insurer's point of view: Smokers burn down houses.

The most common homeowners insurance policies range from approximately \$457 to \$1,372 per year, depending on the home's location. With the discount, a nonsmoker would realize savings of at least \$45, but most likely more.

Few people set out to cut their life short, but smokers greatly increase their chances of dying sooner than nonsmokers. In his book "The Price of Smoking," Frank Sloan, the director of the Center for Health Policy, Law and Management at Duke University in Durham, N.C., details the financial impact of a shorter life span on retirement benefits.

"Smokers, due to higher mortality rates, obtained lower lifetime benefits compared to never smokers, even after accounting for their smoking-related lower lifetime contributions," the research says.

Sloan and his colleagues found that the effects of smoking on lifetime Social Security benefits were \$1,519 for 24-year-old female smokers and \$6,549 for 24-year-old male smokers. This is money paid into Social Security but never collected, because the beneficiary died prematurely of a smoking-related illness.

"You could be paying into Social Security year after year, and if you die at 66 because you're a smoker, it's money down the drain," says Sloan.

WHO's anti-smoking effort

CNBC reports on the World Health Organization's plans to combat tobacco use globally.

### Keeping up appearances

Numerous studies find that smokers earn anywhere from 4% to 11% less than nonsmokers. It's not just a loss of productivity to smoke breaks and poorer health that takes a financial toll, researchers theorize; smokers are perceived to be less attractive and successful as well.

Bad breath, yellow teeth and smelly clothes are just a few of the personal side effects of smoking, and all cost money to correct.

An extra pack of mints or gum a week adds up to about \$50 per year. Need your teeth whitened once a year? Brite Smile, which has offices across the country, sells its service for \$400 to \$600. Most professional-grade teeth whitening products retail for a minimum of \$200.

Dry-cleaning bills are likely to be higher also. Clean that suit one extra time a month at a cost of \$12, and there goes an additional \$144 every year.

## Smoking and your wallet

### The average smoker spends £1,750 a year on cigarettes.

Smoking is a costly habit in more ways than one. The financial cost of smoking should not be underestimated, and giving up can give you some immediate financial benefits.

Think about it, if you smoke an average 20-a-day, you will smoke 7,300 cigarettes a year. Even if you buy cheaper brands, that still means you spend at least £1,500 on cigarettes every year. So the cost of smoking really mounts up.

What could you buy with that? A holiday, maybe. Or a new wardrobe?

If you're a younger smoker, stopping could still mean you're around £8 per week better off. The average weekly cost of smoking for a teenager is roughly the same amount as the cost of a CD or DVD.

Quote

"It was 40 a day. It was £8, £9 a day, £60 a week. I realised it was the right time to do it."- Jeff, Dumfries

## The cost of smoking

The cost of smoking can be a burden on your household budget. One survey found that if both you and your partner smoke, you could be spending as much as 15% of your income on tobacco. There are other costs of smoking that you might not have thought about before. Some savings are less obvious:

- Long-term, because you're less at risk of developing a smoking-related disease or disability, you're also less likely to need to take time off work from ill health, or have to retire early.
- You will pay less for insurance premiums.
- There is reduced risk of damage to your home from fire, and you will save money on cleaning and redecorating to get rid of nicotine stains and the smell of smoke.

You can use our Cost Calculator to work out how much smoking costs you and how quitting could add money to your bank account.

But it's not just you who stands to gain from stopping. Before the smoking ban came in, some calculations were done. It was found that every year Scottish employers lose:

- £450 million in productivity due to smoking
- £40 million from smoking-related absences

The cost of smoking also affects the NHS – £200 million a year in hospital care. Cigarettes and matches are a common cause of fire – several million pounds worth of fire damage to Scottish homes each year is the result of fires caused by cigarettes left burning. Although it is likely to reduce as a result of people giving up smoking and as a result of less people being exposed to second-hand smoke due to the smoking ban, the costs still remain high. Finally, cigarette ends, packets and matches are the most commonly found items of rubbish and therefore add to the cost of keeping our cities and towns tidy.

## What It Costs For A Bodyguard

by Lisa Ellis

- \$200 to over \$900 per day plus expenses

It is worth noting that while finding someone whose services are properly licensed is important, that alone is not enough since some licenses don't require extensive training or regulation. So beyond checking license status, you will also want to probe more deeply to find out what background a potential bodyguard will bring to your job and make sure you feel confident that you have the right man (or woman) for the job.

### What It Costs

What you can expect to spend on a bodyguard varies a great deal depending on the level of personal protection you require. The region in which you live also can greatly affect the price. For instance, bodyguards in New York City or Washington, DC, can charge a much higher rate than one who works in a suburb somewhere in the Midwest. In addition, there is variation even between large cities. A recent study of bodyguards in different parts of the country revealed that bodyguards in New York make an average of \$65 an hour (or \$650 for a 10-hour day), while counterparts in Los Angeles command only \$20 an hour (or \$200 for a 10-hour day). If you hire these bodyguards through a well-respected agency, the rates may be even higher than this.

So aside from the loss of ten years of your life, which is priceless, cigarettes will cost you over half a million dollars to smoke from 20 till death at 50. This is all medical, clothing, job loss, emotional stress, and of course tobacco. The cost of a three shift body guard for one week is \$5,600 and upward. A good doctor consultation series of four meetings and supplements and you got less

than \$10,000 no matter how you see it. So which is cheaper \$500,000 or \$10,000?



This will work on anybody. Although there are some very weak willed addicts who will need to hire body guards for life. Some will need to have leashes made and they will have to spend their lives being lead around like a monkey. There weak will and stupid addiction will require a constant guard of trained professionals to guard against them lie, stealing, cheating, even killing for the real only thing that drives their life the CIG. But for those this will work. And even a team of bodyguards working year around is cheaper and better than dying in a puddle of your own piss and shit from lung cancer..

I was one of the original NLP counselors. I will use some NLP techniques and explore the first use of cigarettes, what was the base sexual and mental insecurity behind the first use. And I won't tolerate the excuses and the "I am perfect, my body is different from all others smoke doesn't really hurt me" shit that some confused bewildered fools try to use. I will use rational real advice to attack their false beliefs and expose the underlying cause for them starting to smoke. The enslaved mind will have made rationalization of an incredible degree to protect them and from not looking foolish. I will show them that just the opposite is true. They look foolish when they say stupid inane things to justify the addictive demonic habit.



So now that I have given you a sure cure let me progress to the next step. The insecurity that made you start smoking has been the real reason you can't stop. You are a weak willed idiotic fool. A spineless helpless worthless and less in every fashion human being who just doesn't care. You are living a lie and pretending to be a real human being because you don't have the guts to kill yourself. Simply put you don't care and you are immature.

You don't care about anything not just yourself. You don't care for your loved ones or your children. sit down with your children and tell them the truth. The truth is that the next cigarette is more important than them. You know you will be missing Christmases and birthdays and special days with your children but the butt of the cig is more important. It controls your day, controls your mind and controls the drool out of your mouth. The cigarette will not let you tell this truth to your children it makes you lie. The cigarette makes you pretend you will live a normal life, it makes you lie to yourself and your children. you are its slave. If you had an ounce of mental security you would not have started to begin with. But

But right now in the midst of deciding to put down this book because it hurts so much. Right now just pull up your socks and become free. Look into your child eyes and care for the first time really care. Really care enough to do something difficult to show your love. Stop the slavery stop the addiction stop the lies. You can do it you can become human. CARE. It is the start of stopping, the start of something big.

So sexual and mental insecurity with a little rebellion and the carefreeness of youth got you to start and now you have become a callous addict full of excuses and with no care for yourself, your family your children. Let's once again relive in memory that first cigarette. As you think about it in as much detail as you can listen to your body rejecting the addiction the toxin. Listen your body telling you NO! Why did you not listen, listen now and let your body help you. Resist the urge to kill yourself slowly. Freud called the instinct to kill oneself thanatos. He said that all must fight the negative force within. He blamed thanatos for the World Wars. He said it was a powerful force.

Now nicotine is a stimulant always never a relaxant.

### Effects of Nicotine Stimulation of the Nervous System

In tobacco smoke, nicotine "rides" on small particles of tar. When the smoke with this nicotine/tar mixture gets to the lungs, the nicotine is absorbed quickly - nicotine reaches the brain about eight seconds after the smoke is inhaled. American cigarettes contain about 9 mg of nicotine, but because much of the nicotine is burned off, a smoker gets about 1 mg of nicotine in every cigarette. Nicotine reaches the central nervous system in about 3-5 minutes when tobacco is chewed.

Smoking can be stimulating never really relaxing – the stimulation depends on a person's mood and dosage of nicotine. Nicotine acts on the central and peripheral nervous system. The rapid effects of nicotine include:

- Increases in blood pressure and heart rate
- Faster respiration
- Constriction of arteries
- Stimulation of the central nervous system.

Now when you first start to smoke the toxic fumes are rejected by your body. The first cig makes you feel unwell. If you didn't recognize it then you were distracted from the feeling. The first cig gave you a stimulation (after you coughed and or vomited). This stimulation makes you want more. But the stimulation is short lived.



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# SPORT history

pictures on China, AC Milan, San Antonio spurs, Dennis Johnson

The first sport study with the Quantum Xroid technology was on members of the Cleveland Browns football team in 1988. The results were amazing and all of the participants went all Pro over the next five years. Having worked with the power lifting team of Hungary in 1991 they went from moderate to gold medal performance.

AC Milan bought some systems and their injury level dropped 91%. This was because the system can stimulate and accelerate healing of injured tissue. They asked for us to develop the device to sharpen the athletic skills of the clients. With this in mind we developed a way to sharpen coordination endurance and strength. AC Milan won the European championship the next two years. We worked with Dennis Johnson ex twice NBA MVP in the San Antonio Spurs system. The results were amazing.

The Chinese Olympic team had us do a study. Out of their 487 athletes in the 2008 Olympic Games, they assigned 150 of the sick, old, weak, and tired to us. The study was to see if we could repair injured tissue and get an athlete back onto the field. The results were astounding. Out of the hundred medals won by the Chinese our 30% of the injured performers won 33 % of the medals. Our athletes were not supposed to win. And because of this 'Desire' was awarded an honorary Gold medal.

Sports medicine has entered the energetic arena. There are those who want to win and they differ from those who want to conform.

Some of the best cyclists in the world have used the SCIO to win championships

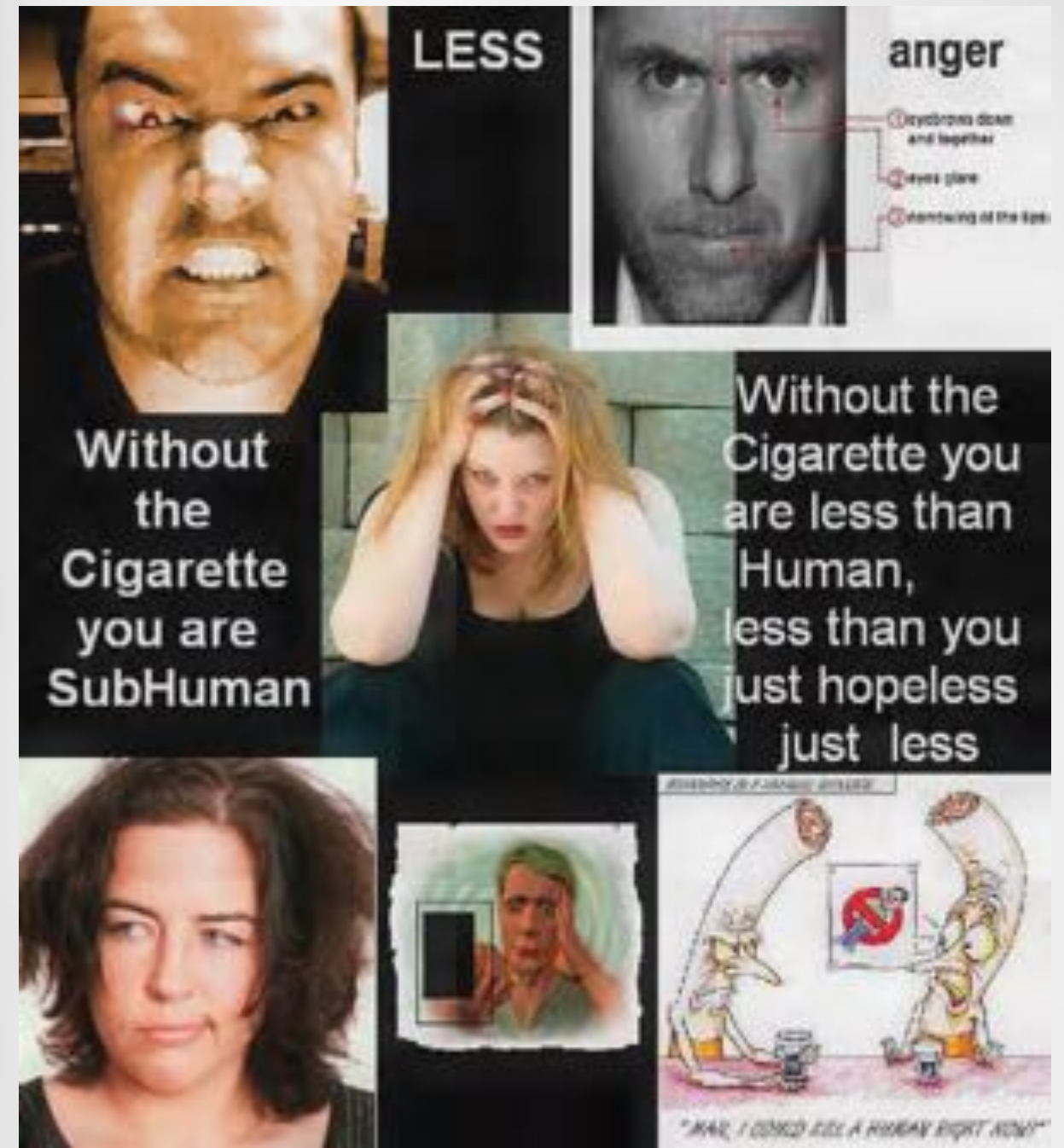




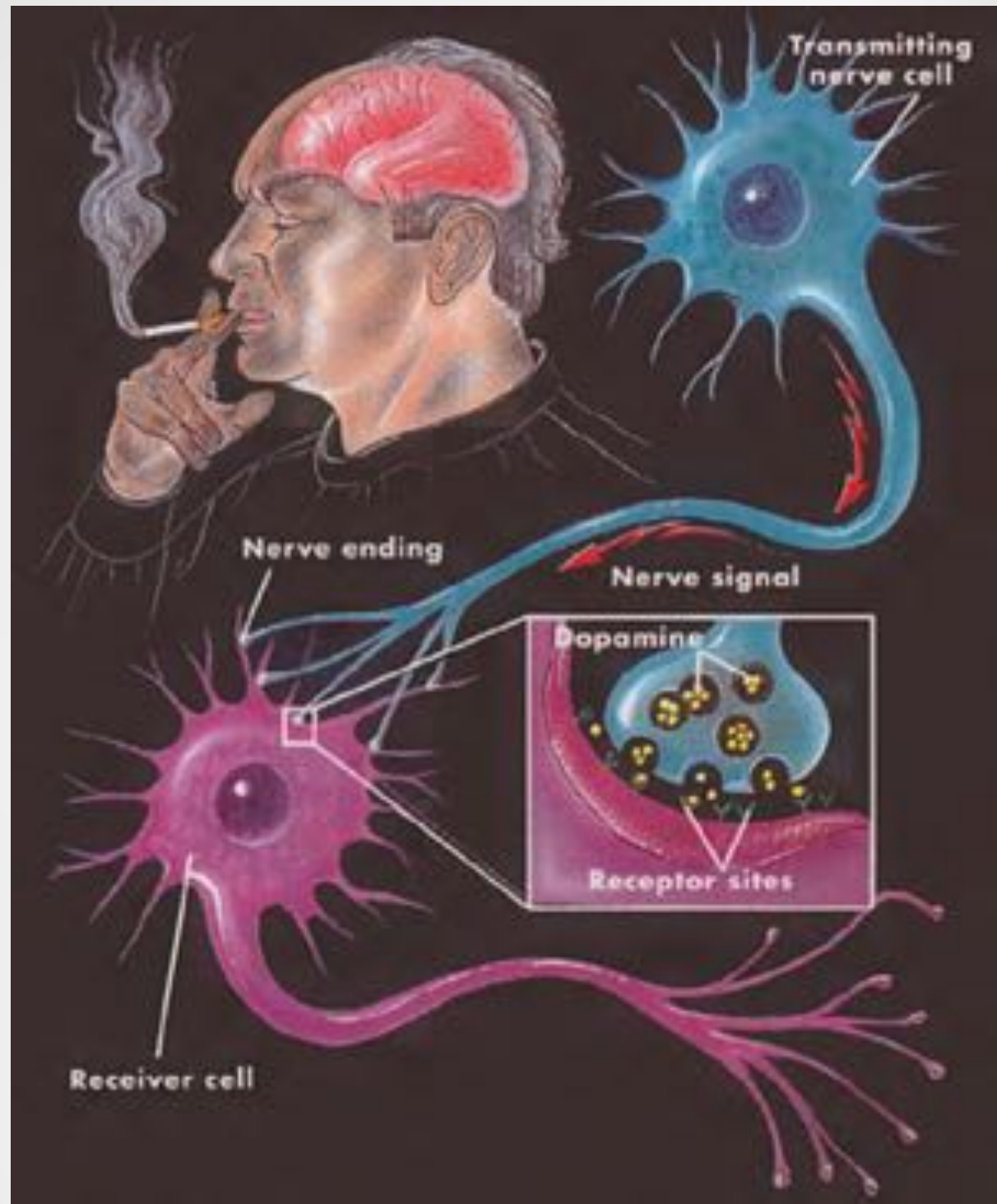


The stimulation effect is short lived perhaps 15 20 minutes followed by a reversal or 2 to 3 hours of a low. Whatever a drug does there is a reversal effect afterwards that is needed for balance and the reversal is most always five times or more longer. The smoker learns to do himself and his addiction triggers craving.

The next cigarette is less and less and then the addiction kicks in. Without the cigarette your body becomes less than human. Your reflexes are slower, your intellect dulled, your sense are less. Everything is less than human. And you crave the addictive drug to come close to being human again.



Being less than human is a bad feeling. The stimulation of the cigarette is no longer an increase. The cigarette is needed for you to just feel normal or human. But with smoking the lack of oxygen and the tar and toxic chemicals coming to further weaken you and you are never to be normal again as long as you are addicted.

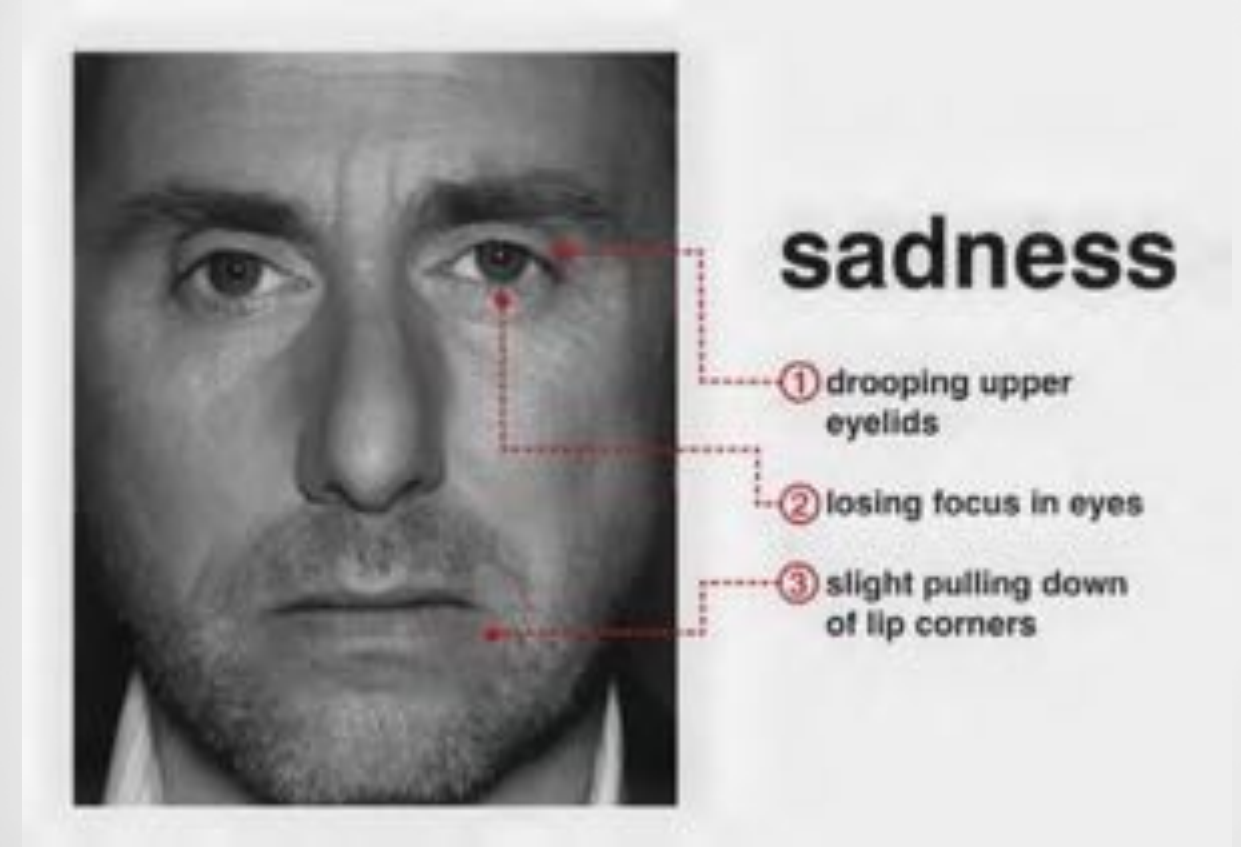


242

Smoking and addiction



And then the typical addictive stare of the tobacco zombie kicks in.



The smoker face. This leads to depression and more drugs and more drugs and more drugs to try to become human again. The cycle of addiction leads to other drugs, doctor or street.

243



The Typical Prozac Drug Cocktail Stare of false happiness, contrived satisfaction, and mid fix high. Life from a SINthetic Drug



*You are a prisoner to addiction. Your mind and intellect controlled by an evil force.  
Will the world leaders help you?*

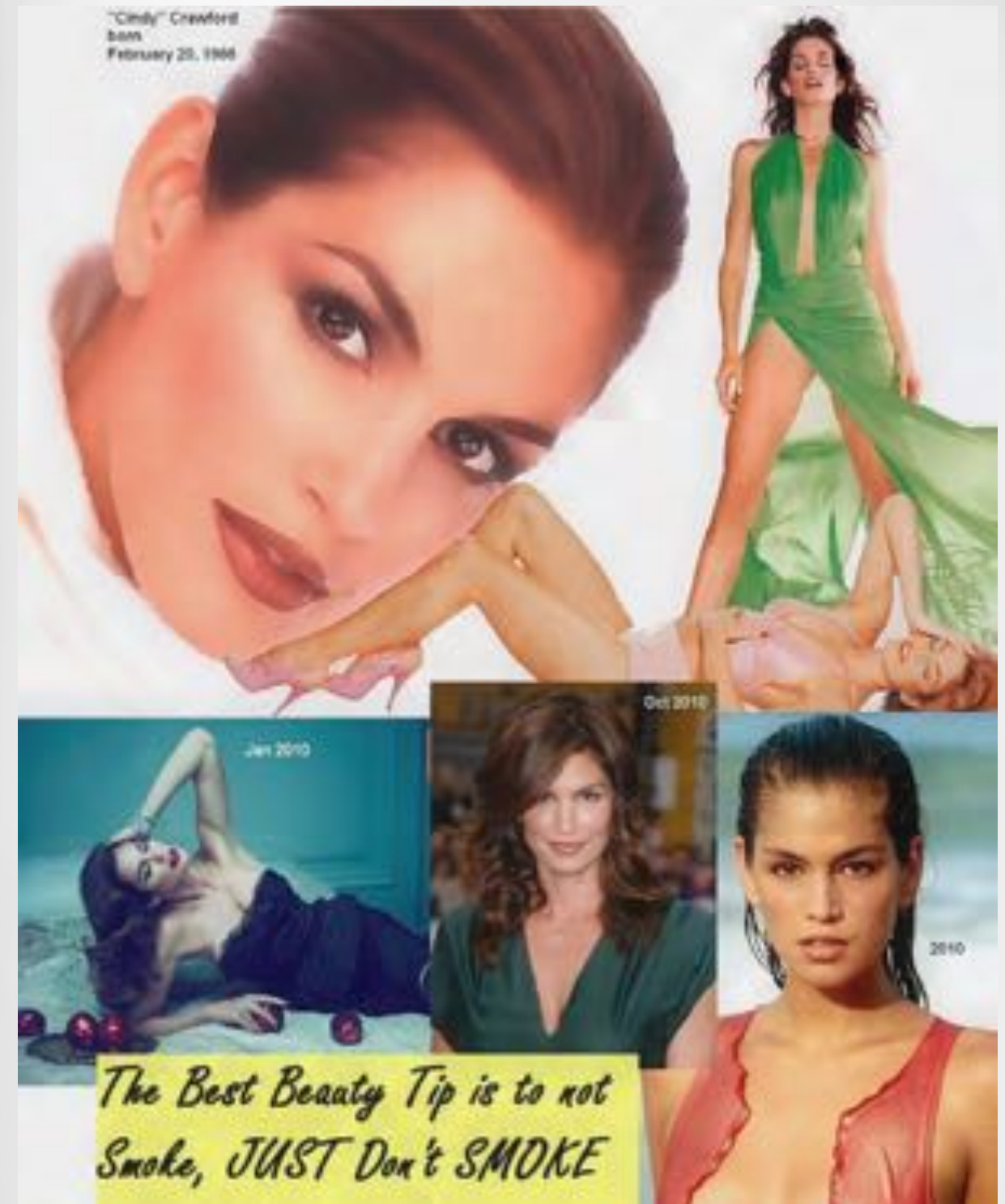


Will the police help you by preventing children from addiction?



NO.

No you need to help yourself. Stop lying to yourself. There is nothing at all good, nutritious, energizing or healthy in any cigarette. It is a slow acting poison. The Bible says that "your body is a temple and whoever defiles the Body him shall God destroy". Stop destroying your body, stop the excuses, stop the rationalization, stop the stupid pretext. STOP SMOKING.



Cindy has a life of no smoke versus the next pic of a life with smoke



### Neuroscience For Kids

**SURGEON GENERAL'S WARNING:**  
Smoking Causes Lung Cancer,  
Heart Disease, Emphysema and  
May Complicate Pregnancy.

**SURGEON GENERAL'S WARNING:**  
Quitting Smoking Now Greatly  
Reduces Serious Risks to Your Health.

A complete list of the reasons to avoid smoking and chewing tobacco is not necessary here, but for starters, how about lung cancer, lip cancer, throat cancer, respiratory problems, heart disease and bad breath?

Tobacco contains nicotine. Nicotine is a drug. Therefore, when people smoke or chew tobacco, they are using a highly addictive drug.

### Brief History of Tobacco

Christopher Columbus and his crewman on their voyage to the "New World" were the first Europeans to see tobacco smoking. The tobacco plant is called *Nicotiana tabacum* and is named

after an early importer named Jean Nicot. A water/nicotine mixture has been used as an insecticide since 1746. In 1828, nicotine was isolated from the leaves of the tobacco plant.

Percentage of Cigarette Smokers in the United States (over the age of 18 years)

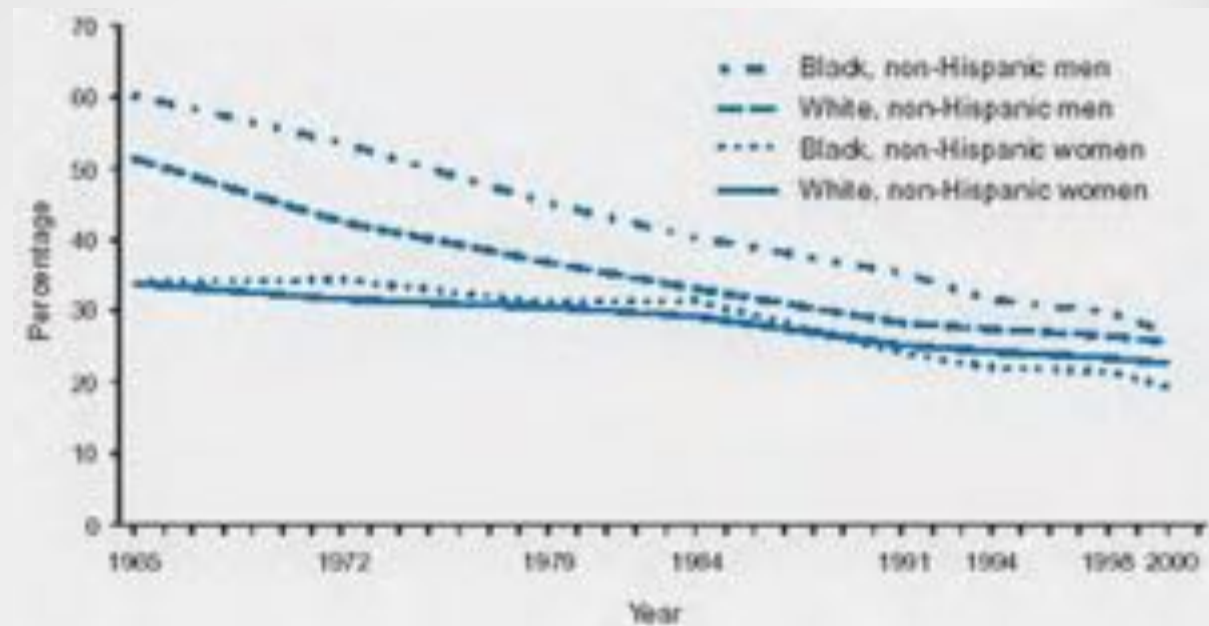


Image: Morbidity and Mortality Weekly Report, October 10, 2003, Vol. 52 No. 40

Long term exposure to tobacco and nicotine increases the chances of cancer and results in addiction and dependence. Exactly how nicotine produces addiction and dependence is not clear, but there are some theories. In the brain, limbic pathways that use the neurotransmitter dopamine are affected by nicotine and may be responsible for some of the addictive properties. It is clear though, that nicotine is one of the most addicting substances known...just ask anyone who has tried to quit smoking. Common withdrawal symptoms in people who are trying to "kick the habit" of tobacco include:

- Anxiety
- Depression
- Headaches
- Fatigue

"To cease smoking is the easiest thing I ever did. I ought to know, because I've done it a thousand times." - quote from Mark Twain

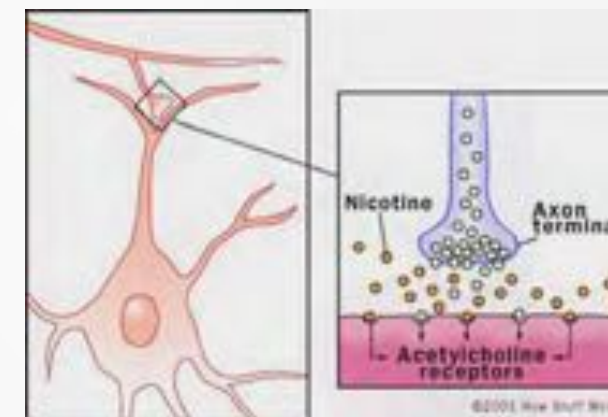
- According to the World Health Organization, there are 1.1 billion smokers worldwide and 6000 billion cigarettes are smoked every year.
- According to the US Centers for Disease Control, there are about 46.2 million adult cigarette smokers in the US. Moreover, tobacco use in the US results in more than 440,000 deaths each year (about 1 in 5 deaths.) The economic costs (medical costs and lost productivity) of tobacco use are more than \$150 billion.
- The New Straits Times (August 11, 1997) reported on a "smoking contest" between two young

men (ages 19 and 21 year old). These two men wanted to see who could smoke the most cigarettes at a single sitting. The result was tragic: the 19 year old died after smoking 100 cigarettes and the 21 year old was seriously poisoned after smoking 80 cigarettes. It goes without saying, "Don't try this at home!"

- "Bidi" cigarettes are NOT safe alternatives to regular cigarettes. A bidi cigarette has THREE times more nicotine and carbon monoxide and FIVE times more tar than a regular American cigarette. (Statistic from Yen et al., Archives of Pediatric and Adoles. Medicine, 154:1187-1189, 2000.)
- The cost of a pack of cigarettes in New York is about \$7.00. Therefore, a person who smokes one pack of cigarettes each day will spend \$2,555.00 each year on tobacco. (Reference: Associated Press story, "With packs hitting \$7, smokers try to kick habit" reprinted in the Seattle Times, July 13, 2002.)
- More than 100 chemicals are added to tobacco to make cigarettes. These chemicals include benzaldehyde, butyric acid, decanoic acid, ethyl acetate, hexanoic acid, 3-methylbutyraldehyde, methylcyclopentenolone, and tolualdehydes. (Reference: Philip Morris USA.)

### Nicotine and the Brain

Your brain is the key player in nicotine's action. Like a computer, your brain processes, stores and uses information. In a computer, information travels in the form of electricity moving through wires; information transfer is a binary process, with switches being either "on" or "off." In your brain, neurons are the cells that transfer and integrate information. Each neuron has thousands of inputs from other neurons throughout the brain. Each of these signals is included in the calculation of whether or not the neuron will pass the signal it receives on to other neurons in the pathway.



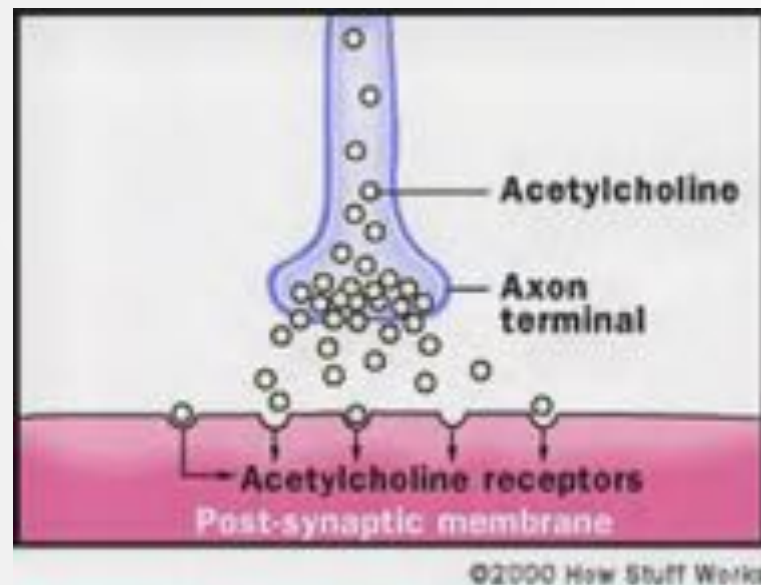
A synapse is the site where two neurons come into contact. The presynaptic neuron releases a neurotransmitter, which binds to receptors on the postsynaptic cell. This allows signals to be transmitted from neuron to neuron in the brain.

While signals are conducted through individual neurons as electric current, communication between neurons is mediated by chemical messengers, called neurotransmitters. Neurotransmitters traverse the physical space between two neurons and bind to special protein receptors on the

postsynaptic cell. Once bound, these receptors set in motion physiological changes within the neuron that allow it to send the signal on down the line.

Each neurotransmitter has its own specific family of receptors. Nicotine works by docking to a subset of receptors that bind the neurotransmitter acetylcholine. Acetylcholine is the neurotransmitter that (depending on what region of the brain a neuron is in):

- Delivers signals from your brain to your muscles
- Controls basic functions like your energy level, the beating of your heart and how you breathe
- Acts as a "traffic cop" overseeing the flow of information in your brain
- Plays a role in learning and memory



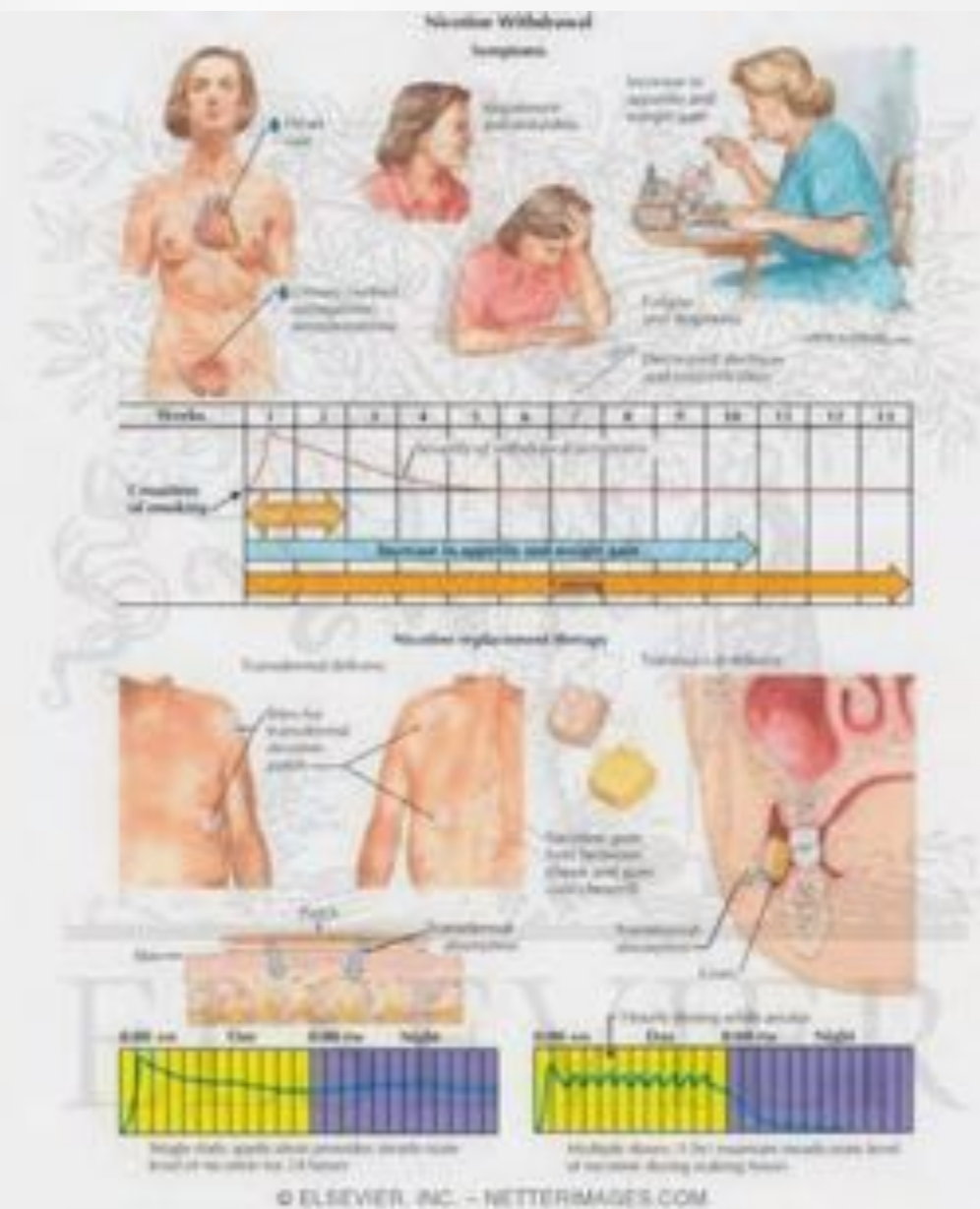
Acetylcholine is released from one neuron and binds to receptors on adjacent neurons.

Like acetylcholine, nicotine leads to a burst of receptor activity. However, unlike acetylcholine, nicotine is not regulated by your body. While neurons typically release small amounts of acetylcholine in a regulated manner, nicotine activates cholinergic neurons (which mainly use acetylcholine to communicate to other neurons) in many different regions throughout your brain simultaneously. This stimulation leads to:

- **Increased release of acetylcholine** from the neurons, leading to heightened activity in cholinergic pathways throughout your brain. This cholinergic activity calls your body and brain to action, and this is the wake-up call that many smokers use to re-energize themselves throughout the day. Through these pathways, nicotine improves your reaction time and your ability to pay attention, making you feel like you can work better.
- **Stimulation of cholinergic neurons** promotes the release of the neurotransmitter dopamine in the reward pathways of your brain. This neural circuitry is supposed to reinforce behaviors that are essential to your survival, like eating when you're hungry. Stimulating neurons in these areas of the brain brings on pleasant, happy feelings that encourage you to do these things again and again. When drugs like cocaine or nicotine activate the reward pathways, it reinforces your desire to use them again because you feel so at peace and happy afterwards.

- **Release of glutamate**, a neurotransmitter involved in learning and memory - Glutamate enhances the connections between sets of neurons. These stronger connections may be the physical basis of what we know as memory. When you use nicotine, glutamate may create a false memory loop of the good feelings you get and further drive the desire to use nicotine.

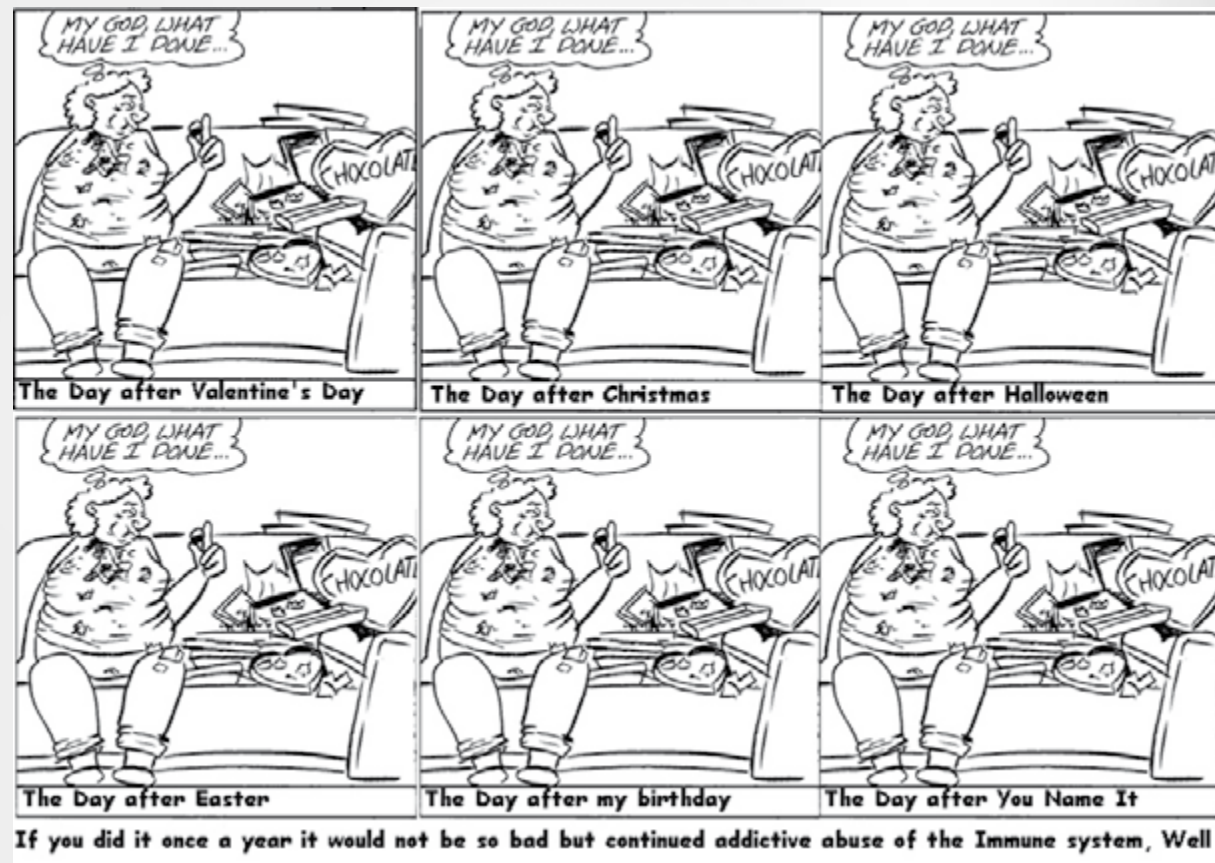
Nicotine also increases the level of other neurotransmitters and chemicals that modulate how your brain works. For example, your brain makes more endorphins in response to nicotine. Endorphins are small proteins that are often called the body's natural pain killer. It turns out that the chemical structure of endorphins is very similar to that of heavy-duty synthetic painkillers like morphine. Endorphins can lead to feelings of euphoria also. If you're familiar with the runner's high that kicks in during a rigorous race, you've experienced the "endorphin rush." This outpouring of chemicals gives you a mental edge to finish the race while temporarily masking the nagging pains you might otherwise feel.



First have the maturity to see the consequences of your actions.

One of the biggest problems with people today is that a SMALL reward NOW is more important than a BIG punishment later. So a simple cigarette as a small reward is more important than the threat of dying of lung cancer later. A small reward of a box of chocolates now is often more important than the threat of being fat and depressed later. Maturity is being able to see the future consequences of today's actions. The more mature a person the further into the future they can see.

One of the first steps of becoming an adult is to stop being an immature child. Get over your insecure immediate needs and see the future consequences of your addiction. To get over the craving and break the addiction you only need less than a week. Just one week. Find the maturity within and grow up.



# MATURITY

Maturity is the ability to judge the consequences of today's positive actions and translate them into the future. The further you can see the positive effects of your behavior in the future, the more mature you are. The problem with people is that a very small minuscule reward now easily takes preference over a powerful punishment tomorrow. The cigarette today becomes more important than lying in a puddle of your own piss and shit anguishing for each breath, expiring prematurely, leaving loved ones, and dying before ones time. Lack of care and maturity is the problem. Wellness is simply caring for oneself and Caring for your loved ones. Self Discipline is just as important as anything in Health and Wellness. Maturity and self Discipline also dictates the courage to stand against peer pressure and conventionality. Desiré stands for the fight for Health and Wellness. Desiré symbolizes this courage.

The intrepid fortitude to be one's self and fight for

**Health  
Wellness  
Freedom**





*"Quit smoking...  
you're  
breathing  
for two"*

*Joan Lander*  
Head of Social Marketing, America  
and National Chairman of ALA's  
Smoking and Pregnancy Education Campaign



To get a copy of "Freedom From Smoking" for You and Your Baby,  
contact your local American Lung Association.



AMERICAN LUNG ASSOCIATION  
The Organization That Inspires

This project is made possible in part  
by WARDER LINDBERG Charitable  
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Each Cigarette = One

256

Smoking and addiction

*Please Let us  
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257

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The world is awakening to WELLNESS. This was not even a word until recently. Now it is a world wide movement, people want to become WELL. Desire has developed and credentialed a new Doctorate in Wellness to awaken people and teach the art of making themselves and others WELL. For more details go to the International University at [www.imune.net](http://www.imune.net)



Smoking and addiction

The first step is saying I really want to quit



# The Scientific Results are in, the SCIO Works

Published in an ISSN Peer Reviewed Medical Journals



The SCIO will improve the body electric VARHOPE by five% as an average after just one session. The Autofocusing Harmonic therapies of the Cybernetic Loop of measuring, stimulating, re-measuring, all guided at maximizing the body electric potential will improve your body electric by an average of five%. Improvements of Voltage, Amperage and thus power. Improvements of Resistance and Hydration that means improved enzyme and osmosis transfer of nutrients and detoxification. Improvements in Oxidation meaning more endurance. And improvement in Ph meaning more health. No wonder there are a mile long list of testimonials. Now we can understand why the sport athletes get such great results. A five% improvement is a great edge for a professional sportsman. The patented and proprietary process of the SCIO and QDC have been proven on the world scientific stage to work wonders of improving and stabilizing the body electric.

## ACUPUNCTURE IN DRUG AND TOBACCO DETOXIFICATION

### An abstract review

#### **Evaluation on the treatment of morphine addiction by acupuncture Chinese herbs and opioid peptides.**

Yang MM; Kwok JS

Department of Physiology, Faculty of Medicine, University of Hong Kong.

Am J Chin Med (UNITED STATES) ,1986, 14 (1-2) p46-50, Experimental studies on the effects of acupuncture, combined Chinese herbs, and opioid peptides on morphine withdrawal symptoms were carried out in 119 addicted rats. Electroacupuncture was found to be the most effective method as it reduced the morphine withdrawal scores to -85%. The combined herbs, Qiang Huo, Gou Teng, Chuan Xion, Fu Zi and Yan Hu Suo suppressed the withdrawal scores of -68%. The opioid peptides, endorphin, enkephalin, and dynorphin, produced marked sedative effect and alleviated the withdrawal symptoms, reducing the scores from -28% to -74%. It is suggested that acupuncture and herbs, being non-opiate and having less side effect, might be used as alternative or supplementary treatment on morphine addiction.

#### **Smoking withdrawal and acupuncture.**

Fuller JA

Epworth Medical Centre, Richmond, Vic.

Med J Aust (AUSTRALIA) ,Jan 9 1982, 1 (1) p28-9

Nicotine addiction makes it very difficult for most smokers to quit. This study examined the relapse rate of 194 people (118 men and 76 women) who were given acupuncture treatment to help them stop smoking. Ninety five per cent of patients quit smoking after three acupuncture treatments. Fifty-five (32%) of the 174 patients who replied to a mailed questionnaire said they had not smoked since treatment; the success rate was: one week, 86%; six months 41%; 12 months, 34% and 24 months, 30%. There were no further relapses amongst those patients who abstained for more than 24 months. Eighty-five per cent of those who responded reported that acupuncture had eased the symptoms of smoking withdrawal. However, if the patient's motivation is weak, subsequent relapse will occur. [Acupuncture as a part of a program of detoxification and weaning from opiates: 25 cases]

#### **Agopuntura come parte di un programma di disintossicazione e disassuefazione da oppiacei: 25 cases.**

Lorini G; Fazio L; Cocchi R; Fusari A; Rocca L

Minerva Med ,Dec 15 1979, 70 (56) p3831-6

Presents results of a detoxification and habit losing program carried out in 25 morphine-like substances addicts (mainly heroine) aged 19-26. The therapeutic treatment based on gabaergic drugs (l-glutamine, sodium valproate and piridoxine), low doses psychodrugs (tricyclics and

Smoking and addiction

benzodiazepines) and acupuncture, began in 13 subjects at the hospital and continued at the outpatients' service, while 12 subjects were treated only at the outpatients' service. Follow up: 6 subjects of the hospitalized group free from the addiction (5 subjects from more than 1 year after their discharge); 3 subjects of the outpatients' group abstinent from no more than 4 months after discharge. Biochemical mechanisms involved in this therapeutic program are extensively discussed.

### **Rapid narcotic detoxification in chronic pain patients treated with auricular electroacupuncture and naloxone.**

Kroening RJ; Oleson TD

*Int J Addict Sep 1985, 20 (9) p1347-60*

Severe withdrawal signs which accompany the detoxification of narcotic addicts from opiate drugs are also a serious problem for chronic pain patients taking high levels of analgesic medications. A rapid narcotic detoxification procedure utilizing auricular electroacupuncture was applied to 14 chronic pain patients to be withdrawn from their opiate medications. All patients were first switched to oral methadone. They were then given bilateral electrical stimulation to needles inserted in the lung and Shen Men acupuncture points on the ear, followed by periodic intravenous injections of low doses of naloxone. Twelve of the patients, 85.7%, were completely withdrawn from narcotic medications within 2-7 days, and they experienced no to minimal side effects. These results are explained by the relationship of electro-acupuncture to the release of endorphins.

### **The role of endogenous peptides in the action of opioid analgesics.**

Adams ML; Brase DA; Welch SP; Dewey WL

*Department of Pharmacology and Toxicology, Medical College of Virginia/Virginia Commonwealth University, Richmond 23298-0001.*

*Ann Emerg Med (UNITED STATES), Sep 1986, 15 (9) p1030-5*

The observation that the narcotic antagonist naloxone could inhibit analgesia produced by electrical stimulation of the brain indicated the involvement of an endogenous chemical in the relief of pain. Multiple endogenous opioid peptides have been identified that have similar pharmacological properties to known narcotic analgesics. The biosynthesis, release, and degradation of opioid peptides have been studied in order to better understand how the manipulation of endogenous opioid systems can be used to produce or augment analgesia. The results of our studies reveal that various conditions and manipulations, such as electrical brain stimulation, acupuncture, stress, and the administration of opioid analgesics, can cause the release of endogenous opioid peptides and possibly endogenous non-peptide substances. It has also been discovered that non-opioid peptides, such as cholecystokinin, calcitonin, and angiotensin II, can alter the action of opioid analgesics by antagonizing or potentiating their effects. An understanding of the role of endogenous peptides in endogenous opioid mechanisms is necessary for the development of new ways to treat pain and such other disorders as sleep apnea in children (sudden infant death syndrome), head injury, and opioid addiction that involve the activation or alteration of endogenous opioid systems. (92 Refs.)

### **Evaluation on the treatment of morphine addiction by acupuncture.**

### **Chinese herbs and opioid peptides.**

Yang MM; Kwok JS

*Department of Physiology, Faculty of Medicine, University of Hong Kong*

*Am J Chin Med (UNITED STATES), 1986, 14 (1-2) p46-50*

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### **Morphine receptors in rat liver mitochondrial membranes. Recepteurs de membranes mitochondriales hépatiques de rat pour la morphine.**

di Jeso B; Truscillo A; di Jeso F

*Seconda Chimica Biologica Universite de Pavie, Faculte de Medecine, Italie.*

*C R Soc Biol (Paris) (FRANCE), 1984, 178 (1) p52-5*

In vitro essays carried out on rat liver mitochondria show that morphine enhances fluorescence of membrane-bound 1-anilinonaphthalene-8-sulphonate. These and our previous reports about morphine action on oxidative phosphorylation in rat liver mitochondria demonstrate that the neurotropic drug has also a more general effect on non-nervous cells, masked till now by the more impressive effect on the nervous system. Our results may open a way to explain how injecting opiates continuously and directly in the cerebrospinal fluid or producing endorphins directly at the cerebrospinal level by acupuncture prevent addiction, constipation and other side-effects.

### **Acupuncture therapy for the treatment of tobacco smoking addiction.**

Steiner RP; Hay DL; Davis AW

*Department of Family Practice, School of Medicine, University of Louisville, Kentucky.*

*Am J Chin Med (UNITED STATES), 1982, 10 (1-4) p107-21*

Acupuncture has been reported as an effective treatment for some addictions. The purpose of this study was to evaluate acupuncture treatment effect on the cigarette smoking habit with a motivated population in a controlled clinical setting. From a volunteer research population, sixteen matched pairs were assembled according to age, sex, and severity of smoking habit. Research subjects were randomly assigned to real or sham acupuncture treatment groups. Self-reported cigarette logs were measured pre-treatment and post-treatment. Analysis of variants confirmed homogeneity of group pre-treatment cigarette consumption. Cigarette consumption significantly decreased in both the real and sham treatment groups. Treatment group, age, sex, or severity of smoking habit were not significant factors in treatment effects for cessation of smoking. Legitimate crossover treatment for sham research group showed a significant decrease ( $p$  less than or equal to 0.05).

in cigarette consumption; this change was not statistically different from change in cigarette consumption during placebo treatment. A discussion of acupuncture point selection rationale is made as is an analysis of Tehchi sensations and subjective reports of appetite for cigarettes. Acupuncture did not enhance the cessation of cigarette smoking in this study.

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Fuller JA

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### **Immunoassayable beta-endorphin level in the plasma and CSF of heroin addicted and normal subjects before and after electroacupuncture.**

Wen HL; Ho WK; Ling N; Mehal ZD; Ng YH

*Am J Chin Med*, Spring-Summer 1980, 8 (1-2) p154-9

The present study was undertaken to evaluate if plasma or CSF beta-endorphin level can be induced to rise during the treatment of heroin addiction by electroacupuncture. Based on the examination of 30 addicts, we obtained no evidence indicating an increase of beta-endorphin level in either the plasma or the CSF after 30 min of acupuncture. In spite of this, the majority of the addicts experienced a reduction of withdrawal symptoms during treatment. Since electroacupuncture may only induce a highly localized secretion of beta-endorphin in the brain, our results cannot unequivocally exclude the possibility that this peptide is involved in mediating the action of acupuncture.

### **Acupuncture as a part of a program of detoxification and weaning from opiates: 25 cases**

*Agopuntura come parte di un programma di disintossicazione e disassuefazione da oppiacei: 25 cases.*

Lorini G; Fazio L; Cocchi R; Fusari A; Rocca L

*Minerva Med*, Dec 15 1979, 70 (56) p3831-6

Presents results of a detoxification and habit losing program carried out in 25 morphine-like substances addicts (mainly heroine) aged 19-26. The therapeutic treatment based on gabaergic drugs (l-glutamine, sodium valproate and piridoxine), low dose psychodugs (tricyclics and

benzodiazepines) and acupuncture, began in 13 subjects at the hospital and continued at the outpatients' service, while 12 subjects were treated only at the outpatients' service. Follow up: 6 subjects of the hospitalized group free from the addiction (5 subjects from more than 1 year after their discharge); 3 subjects of the outpatients' group abstinent from no more than 4 months after discharge. Biochemical mechanisms involved in this therapeutic program are extensively discussed.

### **Endogenous opiates (endorphins) and pain] Endogene Opiate (Endorphine) und das Schmerzgeschehen.**

Herz A

*Acta Med Austriaca*, 1978, 5 (3) p63-8

The current knowledge of the physiological role of endogenous opioid peptides and their receptors, is presented. The possible role for pain perception, acupuncture analgesia, stress analgesia and opiate addiction is discussed. (39 Refs.)

### **Reception of acupuncture by the scientific community: from scorn to a degree of interest**

Bowers JZ

*Comp Med East West*, 1978 Summer, 6 (2) p89-96

This article presents a comprehensive review of the clinical phenomenon of acupuncture. The historical development of this technique, in China, in other parts of Asia, and in the West is discussed. Contemporary advances in acupuncture applications, such as in anesthesia and in the treatment of drug addiction are reviewed. Up-to-date material regarding current physiological theories of acupuncture's mechanism is included. Acupuncture is seen as presenting of challenge to the scientific community which is moving from a posture of scorn to justifiable interest.

### **Reduction of adrenocorticotrophic hormone (ACTH) and cortisol in drug addicts treated by acupuncture and electrical stimulation (AES).**

Wen HL; Ho WK; Wong HK; Mehal ZD; Ng YH; Ma L

*Comp Med East West*, 1978 Spring, 6 (1) p61-6

Forty-two heroin addicts and 31 normal persons were examined for the effect of acupuncture and electrical stimulation (AES) on plasma ACTH, cortisol and cyclic-AMP levels. Both ACTH and cortisol levels were reduced significantly in the addicts after treatment whereas no such significant reduction was observed in the normals. Plasma cyclic-AMP level was not affected in either group.

Taken together, results from the present study suggest that the mechanism of AES in the treatment of addiction may have a neuroendocrinological basis. This hypothesis is particularly attractive in view of the isolation of opiate-like peptides from the brain.

## **Enkephalin, drug addiction and acupuncture.**

Chen GS

*Am J Chin Med*, Spring 1977, 5 (1) p25-30

From the results of clinical and basic research, there is clear evidence that acupuncture analgesia is closely associated with the nervous system, especially the central nervous system. Stimulation of certain acupuncture loci which have been used for analgesia during operations also can calm the withdrawal symptoms of morphine and heroin addicts. Acupuncture analgesia can be antagonized by the specific narcotic antagonist, naloxone. These findings suggest the factor or factors produced by acupuncture stimulation would also have agonist activity on opiate receptors. Moreover, the morphine receptors are most concentrated in those parts of the brain concerned with perception of pain and the pathway of acupuncture stimulation. Since the opiate receptors are associated with the synaptic fraction of brain cell membrane preparations, the natural ligand of these receptors may be a neurotransmitter. Enkephalin has stronger binding affinity to opiate receptors than morphine, which suggests that it is the natural ligand for these receptors. In other words, enkephalin might be the natural "pain killer" produced in the brain to suppress pain. If we summate all the information available now, it is possible to suggest that enkephalin may be the product of the nervous system released by acupuncture stimulation to create an analgesic effect as well as suppress opiate withdrawal symptoms. (41 Refs.)

## **Non-pharmacological approaches to the treatment of drug abuse.**

Bourne PG

*Am J Chin Med*, 1975 Jul, 3 (3) p235-44

As a result largely of dissatisfaction with existing treatment methods for narcotic addiction, there has been considerable recent interest in various non-pharmacological approaches to treatment. Acupuncture, transcendental meditation, electro-sleep, biofeedback and hypnosis all have generated considerable interest and seem to be effective in a number of cases. Although apparently quite different, all of these approaches seek to induce a state of relaxation which in turn appears to exert specific neurophysiological changes in the brain. These treatment methods not only help for some addicts, but should contribute to our overall understanding of the addiction process.

## **Detoxification from heroin dependency: An overview of method and effectiveness.**

Lipton, Douglas S.; Maranda, Michael J.; New York State Div of Substance Abuse Services, New York

*Advances in Alcohol & Substance Abuse* 1982 Fall Vol 2(1) 31-55 CODEN: AASADR

Reviews the history of opiate detoxification; research findings contrasting various contemporary approaches to detoxification that utilize methadone; and studies of different chemotherapeutic and other experimental methods such as acupuncture, propoxyphene napsylate, propranolol, ascorbic acid, and clonidine HCl. It is concluded that detoxification has not been successful in producing satisfactory retention rates and lasting abstinence from opiates. Nonetheless, detoxification remains an important emergency procedure and a humane means of withdrawing addicts from heroin prior to long-term treatment.

## **Acupuncture as a detoxification modality.**

Newmeyer, John A.; Johnson, Gregory; Klot, Steven

Haight-Ashbury Free Medical Clinic, San Francisco, CA *Journal of Psychoactive Drugs* 1984 Jul-Sep Vol 16(3) 241-261

Investigated the effects of acupuncture (APT) detoxification on heroin abusers (aged 18+ yrs), who were clients of a drug detoxification project in San Francisco. Of 460 Ss, 69% were male, 78% were White, and 65% were unemployed. Continuous APT treatment was made available to the Ss for a 21-day period; during this time Ss were assessed by an intake interview, a daily checklist of symptoms, a symptom evaluation sheet, the Profile of Mood States, a urinalysis, and a closing interview. After 3 mo, a follow-up interview was conducted. Ss were offered the opportunity to participate in (1) APT only (n = 72), (2) APT and medication (n = 334), or (3) medication only (n = 54) treatments. Findings provide limited support to the relative efficacy of the APT modality. Results indicate that soft-core users were retained longer in APT treatment than hard-core users. The short-term effects of APT treatment, overall S evaluation of APT, APT's successes, and a cost-benefit analysis are discussed. (41 ref)

## **Reduction of adrenocorticotrophic hormone (ACTH) and cortisol in drug addicts treated by acupuncture and electrical stimulation (AES)**

Wen, H. L. et al

Kwong Wah Hosp, Neurosurgical Unit, Hong Kong

*Comparative Medicine East & West* 1978 Spr Vol 6(1) 61-66

Examined 42 heroin addicts and 31 normal persons for the effect of acupuncture and electrical stimulation (AES) on plasma ACTH, cortisol and cyclic adenosine monophosphate (cAMP) levels. Both ACTH and cortisol levels were reduced significantly in the addicts after treatment, whereas no such significant reduction was observed in the normals. Plasma cAMP level was not affected in either group. Taken together, results suggest that the mechanism of AES in the treatment of addiction may have a neuroendocrinological basis. This hypothesis is particularly attractive in view of the isolation of opiate-like peptides from the brain. (12 ref)

## **Fast detoxification of heroin addicts by acupuncture and electrical stimulation (AES) in combination with naloxone.**

Wen, H. L

Kwong Wah Hosp, Neurosurgical Dept, Kowloon, Hong Kong

*Comparative Medicine East & West* 1977 Fal-Win Vol 5(3-4) 257-263

Used acupuncture and electrical stimulation (AES) in combination with naloxone for detoxification of 50 heroin addicts. 41 Ss were detoxified, and 9 failures occurred. It is suggested that AES increases endorphin and relieves abstinence syndrome, but also inhibits the autonomic nervous system, mainly the parasympathetic nervous system. The technique does not stop the craving. (16 ref)

## **Acupuncture and the treatment of drug withdrawal symptoms.**

Sharps, Holly

*PharmChem Newsletter 1977 Sep Vol 6(7) 6 p*

Briefly describes the history and technique of acupuncture therapy, and discusses Western theories for the effects of acupuncture based on neurological, biochemical, and biopsychological models. Research is summarized concerning the use of acupuncture in the treatment of drug addiction, but all the studies emphasize that the acupuncture treated only the withdrawal symptoms and did not cure drug addiction itself. Some success has been reported, however, in treating smoking and obesity. Controlled studies are urged to test the potential of acupuncture therapy for drug abuse; when supported by psychosocial counseling, acupuncture may prove to be a successful and cost-efficient treatment modality. (15 ref)

## **Acupuncture and addiction: An overview.**

Lau, M. P.

*Addiction Research Foundation, Toronto, Canada*

*Addictive Diseases: An International Journal 1976 Vol 2(3) 449-463*

Summarizes theories and hypotheses on the mechanism of action of acupuncture, and classifies existing studies that have acupuncture as their main theme. Clinical studies conducted in Canada and the US that used acupuncture in the treatment of narcotic, alcohol, and nicotine addiction are reviewed. Possible future applications of the technique in the field of addiction are offered. (23 ref)

## **Heroin detoxification with acupuncture and electrical stimulation.**

Severson, Larry; Markoff, Richard A.; Chun-Hoon, Albert U Hawaii

*Medical School International Journal of the Addictions 1977 Oct Vol 12(7) 911-922*

Used acupuncture with electrical stimulation (AES) to detoxify 6 male and 3 female heroin addicts. Results of immediate and 4-month follow-ups show that (a) 5 patients were successfully detoxified, (b) later reversion to heroin was comparable to that of other detoxification methods, and (c) none of the patients sought outpatient AES treatment.

## **Effects of neuro-electric therapy (N.E.T.) in drug addiction**

*Interim report.*

*Patterson, Margaret A. Bulletin on Narcotics 1976 Oct-Dec Vol 28(4) 55-62*

Presents a preliminary report on the use of electro-acupuncture (neuro-electric therapy) with hard-core heroin addicts, in London. Of the 10 inpatients treated, 6 showed marked improvement, 3 moderate, and 1 fair improvement. About half of the 13 outpatients showed moderate improvement, the others none. Detailed information is presented on the previous drug-taking, the treatment (including the frequency range, optimum frequency and wave-form used, and duration of the electro-acupuncture) and follow-up data. However, the neuro-electro treatment is only part of the work with the addict; equally important is intensive counseling during the therapy period. An important effect was that the sleep pattern returned to normal far more rapidly than usual in narcotic withdrawal.

## **Non-pharmacological approaches to the treatment of drug abuse.**

Bourne, Peter G. Drug Abuse Council, Washington, DC

*American Journal of Chinese Medicine 1975 Jul Vol 3(3) 235-244*

As a result largely of dissatisfaction with existing treatment methods for narcotic addiction, there has been considerable recent interest in various nonpharmacological approaches to treatment. Acupuncture, transcendental meditation, electro-sleep, biofeedback, and hypnosis have generated interest and seem to be effective in a number of cases. Although apparently different, all of these approaches seek to induce a state of relaxation which in turn appears to exert specific neurophysiological changes in the brain. These treatment methods not only provide help for some addicts, but contribute to our overall understanding of the addiction process. (23 ref)

## **ACUPUNCTURE FOR DYSMENORRHEA**

### **Transcutaneous electrical nerve stimulation in the relief of primary dysmenorrhea.**

Lewers D; Clelland JA; Jackson JR; Varner RE; Bergman J

*Spain Rehabilitation Center, University of Alabama Hospitals, Birmingham 35294.*

*Phys Ther (UNITED STATES) Jan 1989, 69 (1) p3-9*

The purpose of this study was to replicate a previous study to determine the effectiveness of acupuncture-like transcutaneous electrical nerve stimulation in treating primary dysmenorrhea. Twenty-one women with dysmenorrhea received a placebo pill or 30 minutes of acupuncture-like TENS. All subjects completed two pain questionnaires before treatment; immediately post-treatment; 30, 60, 120, and 180 minutes post-treatment; and the next morning upon awakening. Each woman also participated in a separate study measuring electrical resistance at four auricular acupuncture points before and immediately after treatment. The data were analyzed with a two-factor repeated-measures analysis of variance, which revealed statistical significance over time but not for group or interaction between group and time. Results revealed an average pain relief of at least 50% immediately post-treatment, indicating that acupuncture-like TENS may be useful for dysmenorrheic pain. This study also suggests that auriculotherapy via acupressure may relieve the pain of primary dysmenorrhea.

### **Acupuncture for the management of primary dysmenorrhea.**

Helms JM

*Obstet Gynecol Jan 1987, 69 (1) p51-6*

The effectiveness of acupuncture in managing the pain of primary dysmenorrhea was investigated in a randomized and controlled prospective clinical study. Forty-three women were followed for one year in one of four groups: the Real Acupuncture group was given appropriate acupuncture and the Placebo Acupuncture group was given random point acupuncture on a weekly basis for three menstrual cycles; the Standard Control group was followed without medical or acupuncture intervention; the Visitation Control group had monthly non-acupuncture visits with the project physician for three cycles. In the Real Acupuncture group, 10 of 11 (90.9%) women showed

improvement; in the Placebo Acupuncture group, 4 of 11 (36.4%); in the Standard Control group, 2 of 11 (18.2%); and in the Visitation Control group 1 of 10 (10%). There was a 41% reduction of analgesic medication used by the women in the Real Acupuncture group after their treatment series, and no change or increased use of medication seen in the other groups.

***Use of acupuncture in the treatment of primary dysmenorrhea, Primena akupunktura u lecenju primarnih dismenoreja.***

Maric R

*Jugosl Ginekol Opstet Sep-Dec 1984, 24 (5-6) p104-6*

Acupuncture was applied in the treatment of 32 patients with primary dysmenorrhea. Different acupuncture points on several channels were stimulated, depending on shi or xu types. The therapy proceeded in sessions for three consecutive days before the expected menstruation, in the course of three consecutive cycles. A relief of dysmenorrheic pain was already evidenced after the first menstruation. One year after the completed therapy there was a full disappearance of dysmenorrheic pain in 93% and a partial one in 7% of cases.

International Journal of the Medical Science of Homeopathy

## Smoking Cessation with the SCIO - Anti-Smoking Program

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## Abstract

In this study 105 patients (65 women and 50 men) all of ages 17 to 48 came to our office to stop smoking. This was in the months of February to November 2005. We used the new smoking cessation program from the SCIO device. The SCIO device uses a combination of NLP, CES, and suggestion training to get people to stop smoking. Eighty three of these patients were successful and quit for more than six months. One year follow-up has showed that 75 still had control over the habit and were not smoking. We compare this data to our standard techniques of smoking cessation therapy and the SCIO outperforms them. This was a highly successful and easy to operate system that was easy for the clinic and staff to perform.

## Introduction

Osmosis occurs when electrically charged particles move across a membrane. Osmosis is improved when we put a slight electric current over the medium. Since all neurological action involves extra charged particles, it should come as no surprise that neurological function will improve with cranial electrical stimulation. Thinking is clearer, autism is improved, insomnia is relieved, and addiction cravings are reduced.

The list of the exciting new technology of Cranial Electro Stimulation (CES) benefits go on and on. But the area of addiction release is perhaps most needed. Worldwide the numbers of smokers has dramatically increased over the last few decades in spite of incredible research showing it takes years off of your life. Smoking addiction is involved with one out of every three deaths.

SCIO CES has a proven track record as far as safety is concerned. There are no known negative side effects associated with its use. It also has a substantial body of research to support its claims. But because of the pharmaceutical bias in Western medicine, its deployment has been restricted and its use limited. It has also been difficult for people to find information on the topic. It has been challenging to define easy to understand parameters across traditional boundaries. This website seeks to be the definitive site for dissemination of information on CES and by doing so, nurture an expanded dialogue on health and wellness.

Thus an electrical signal could be made to the cranium that would help to stop smoker addiction. There were initial results from people like Margaret Patterson as you can see in her scientific articles and experiences. But when the technique was given a cybernetic feedback auto-focusing loop then the technology became much more powerful. The list of the exciting new technology of Cranial Electro Stimulation (CES) benefits go on and on.

## Overview

This paper discusses how, with nicotine addiction and interventions aimed at smoking cessation, CES, cognitive and behavioral strategies must recognize the degree of physiological and psychological addiction that impact on smoking cessation. It looks at how cognitive-behavioral therapy can be highly effective, but normally must be used in combination with pharmacotherapy and an adequate social support. This paper also agrees that quitting smoking is a matter of attempting to overcome a complex and addictive behavior which is shaped by potent physical, social, and emotional considerations.

"The factors that influence addiction to nicotine and smoking cessation success are not limited to the biology of anatomical structure and neurotransmitters. Cultural norms and exposure to associations between smoking and positive images in society played a crucial role in the growth of smoking in American Society throughout much of the 20th century (Kluger 1996). This was precisely the justification for prohibiting cigarette advertising on television, which together with increased public awareness campaigns designed to publicize the risks of smoking are likely the main reason that the percentage of smokers has decreased from approximately 50 percent to approximately 25 percent in the last two decades (Gerrig & Zimbardo 2005)."

- Part 1. The emphasis was on substantiating safety of the SCIO CES
- Part 2. Proving the efficacy of the SCIO CES on reducing smoking cravings in an abstinence program
- Part 3. Proving the efficacy of the SCIO CES on the other programs of memory, autism, IQ building etc.

Despite considerable advances in tobacco control, smoking remains the leading preventable cause of premature death in the United States. Nearly one-third of all cancer deaths are caused by smoking, including 87% of lung cancer deaths and most cancers of the larynx, oral cavity and pharynx, esophagus and bladder. Smoking greatly accelerates lung function decline, significantly increases the risk of coronary artery disease, accelerates the development of atherosclerotic vascular diseases, and increases the risk of acute coronary events, including sudden cardiac death. Smoking increases the risk of acute myocardial infarction (MI) threefold across all age groups, and fivefold in those under 50 years of age. Fortunately, smoking cessation, even in patients already diagnosed with smoking-attributable illnesses, reduces the risk of medical complications and premature death. Cancer survivors who smoke may have more progressive disease, increased morbidity and treatment complications, and lower treatment survival rates. Among smokers with coronary heart disease, those who quit smoking reduce their relative risk of mortality by over a third, and reduce their risk of sudden cardiac death to the risk of those who never smoke. Patients with mild to moderate lung function impairment who quit smoking for five years reduce the decline in lung function comparable to those who never smoked.

## Methods and Materials:

### *Interventions and Study Technicians*

Smoking termination interventions have always considered the range of synthetic side effect prone pharmacologics and behavioral smoking programs and/or combinations of these programs. In addition to content, the strength, timing, and period of these interventions also may be evaluated, particularly during the post-discharge period of the intervention. In choosing the interventions to be evaluated, applicants are stoutly encouraged to think not only the theoretical and empirical basis for the interventions proposed but also how these interventions will be disseminated, implemented, and sustained in the healthcare delivery system.

Now a new ultra safe drugless therapy is about to take its place in the market. By putting a small electrical current into the forehead of a person we can induce some interesting effects. And for this study the most interesting and remarkable effect is to reduce the addiction craving for cigarettes.

Studies addressing this mode of intervention delivery are also encouraged, including evaluation of the qualifications of the clinical staff, the training/supervision required to deliver the intervention with fidelity, and in- person vs. remote support utilizing communications technologies, particularly post-discharge. Regardless of mode of delivery of CES, applicants are required to use existing healthcare staff as interventionists, not research staff added to the healthcare delivery system to deliver these interventions. Biochemically-validated smoking abstinence of one year or more is expected to be the primary outcome measure in our present and proposed projects, but assessment of additional outcomes, particularly those related to cost-effectiveness such as rates of hospital readmission, medical care post-discharge, and other medical outcome measures should also be included.

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.

### **SCIO Device**

The SCIO is an evoked potential Universal Electro-Physiological Medical device with CES factors for addiction control that also 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 SCIO is a universal electrophysiological biofeedback system that can safely measure over the skin (transcutaneous) electro-potential oscillations down to the micro-volt range. Then the system can input a medically safe micro-current voltammetric oscillation to provoke a reaction or stimulate a measure. Virtual and mathematical calculations of the attained data can provide CNS (Central Nervous System) biofeedback data, so as to include simple EEG [electroencephalography], 3-pole ECG [simple stress electrocardiography], and global transcutaneous EMG [electromyography]. The system can measure the transcutaneous skin resistance by application of a medical safe micro-current voltammetric pulse, so as to measure GSR [galvanic skin response] and TVEP [transcutaneous voltammetric evoked potential]). The system is designed for the detection of stress and reduction of stress through CNS biofeedback data or stress lifestyle questionnaires. The stress and lifestyle questionnaires provide educational feedback through library referenced functions. The device can do electro-acupuncture, bio-resonance, stimulate super-learning, allergy testing and neurological stress analysis. Furthermore, the device can be used for the treatment of muscular re-education from injury, muscle weakness, sport muscular enhancement or various dystonia. The applied voltammetric pulse can be used to detect and affect through established modalities such as pain (TENS [transcutaneous electro neural stimulation]), trauma/wound healing, charge stability imbalance of global pH, Nernst equation analysis of electrolyte strength in the body, redox oxygenation potential and electrophysiological reactivity of nosode, isodes, sarcodes, allersodes or other voltammetric patterns. For this study the Cranial Electro Stimulation component is the most desired for its known abilities to reduce addiction.

The QX 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.

### **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.

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

1. Define smoking use and Patient Concerns pre and post
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.

## **Instructions of the SCIO Anti Smoking Program**

### **Introduction**

It has been designed to only work using the harnesses and with either the 'SCIO-Q' or 'SCIO' interface box. Before running a therapy make sure that the person does really wish to stop smoking and that has not smoked a cigarette at least two hours previous to the therapy. This is because the system needs to determine the frequencies of the smoke-free body. The patient needs to bring to the therapy at least one cigarette of the brand normally smoked. The information in the box regarding the percentages of nicotine and tar are necessary for best calibration of the system. During the therapy the person will be asked to smoke a cigarette. This is so that the system can determine the frequencies of the smoke-full body.

Using the 'Trivector' pattern principle the system will use 3 readings to best adjust the Anti Smoking frequencies, these are:

- Trivector pattern of smoke-free body
- Trivector pattern of smoke-full body
- Trivector pattern of sample cigarette

The total therapy last just about half an hour. It might be necessary to do more than one therapy on a very addicted patient.

If the software does not detect the 'SCIO' box (System for which it was originally designed but that works just as efficiently with the 'SCIO-Q' box), at start up it will advise: 'SCIO' DEVICE NOT DETECTED. YOU ARE USING A 'SCIO-Q' DEVICE. It will switch to the 'Parallel Port'.

This software has been designed as a standalone program and whilst it is being used it is not advisable to perform any other functions with the computer, even if the 'SCIO' interface box is being used.

### **Therapy protocol**

- Double click on the icon of program on desktop to initiate program.
- If the software does not detect the 'SCIO' box (System for which it was originally designed but that works just as efficiently with the 'SCIO-Q' box), it will advise: "SCIO' DEVICE NOT DETECTED. YOU ARE USING A 'SCIO-Q' DEVICE'. It will switch to the 'Parallel Port'.
- Click the 'OK' button.
- The Anti Smoking main screen will be displayed.
- Click on the button 'Patient Data'. Patient data window will open.
- To add a new entry click the 'New Patient' button. 'New Patient' panel will open. Enter all data required and click on 'Save'.
- Window will close and name and sex of person will be displayed in the 'Patient Data' sub group in the 'Main Menu' panel.
- Click on 'Therapy Panel' button. Therapy Panel will be displayed.
- Click on 'Evaluate'. Information window will be displayed. Click on 'OK' to initiate evaluation.
- The evaluation will last 3 to 5 minutes. Once concluded information window will appear with the message: 'Patient must smoke a cigarette now and then place the cigarette butt onto the test plate of interface box. Please click 'Treat'. Click 'OK'.
- 'Treat' button will be activated. Click on it.
- Process will take 12 to 15 minutes. When finished Information window will advise 'Therapy over'. Click on 'OK' to finish session and then on 'Close' to end.
- The data of the patient is stored in the computer and if further sessions are required, you have the option to load the person back, and modify the data if required. A 'delete' button has been provided to delete unwanted entries.

### **Results:**

#### **Statistical Analysis**

Baseline differences between the special SCIO intervention and usual care groups were tested by using t-tests for continuous variables and chi-square statistics for categorical variables. Cause-specific death rates and times to events were analyzed by using the Kaplan–Meier product-limit method . Cessation was compared among groups by using the log-rank test. Hazard ratios and

adjusted analyses were obtained by using the Cox proportional hazards model. Interactions were assessed by comparing hierarchically related proportional hazards models. All P values result from 2-sided tests; no adjustments were made for multiple comparisons. The comparison results were significant.

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.

### **OVERALL ASSESSMENT**

#### **A. SCIO Smoking Cessation Treatment 105 patients at first visit**

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

No 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
- 95%--- Percentage of Improvement in reduction of craving Symptoms
- 74%--- Percentage of Improvement in Feeling Better
- 87%---.Percentage of Improvement of VARHOPE Measured
- 67%-- Percentage of Improvement in Stress Reduction
- 85%----Percentage of Improvement in SOC Behavior

#### **B. SCIO Smoking Cessation Treatment 105 patients at second visit three days after first**

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

No 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

- 90%--- Percentage of Improvement in reduction of craving Symptoms
- 75%--- Percentage of Improvement in Feeling Better
- 84%---.Percentage of Improvement of VARHOPE Measured
- 69%-- Percentage of Improvement in Stress Reduction
- 83%----Percentage of Improvement in SOC Behavior

**C. SCIO Smoking Cessation Treatment 105 patients at six month follow up**

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

No 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
- 75%--- Percentage of Improvement in reduction of craving Symptoms
- 70%--- Percentage of Improvement in Feeling Better
- 67%---.Percentage of Improvement of VARHOPE Measured
- 55%-- Percentage of Improvement in Stress Reduction
- 81%----Percentage of Improvement in SOC Behavior

**USUAL or CUSTOMARY SUPPLEMENTARY TREATMENT PLAN**

Whatever your reasons are for having smoking in your life, there is an alternative behavior you can substitute in place of smoking which will achieve the same result in the end. Only you can determine what will work for you. Some examples include:

Purpose of Smoking	Sample Substitute Behaviors
Relaxation or stress reduction	Deep breathing exercises, meditation, massage or exercise
Boredom or Loneliness	Find something you're passionate about such as art, music, or literature
To feel more comfortable in social situations	Counseling, enroll in a public speaking class, join a support group or splurge on a makeover
A meal doesn't feel quite complete without a cigarette	Eat a healthy meal and then top it off with a delicious dessert

*START - mnemonic device*

- S = Set a quit date.
- T = Tell family, friends, and co-workers that you plan to quit.
- A = Anticipate and plan for the challenges you'll face while quitting.
- R = Remove cigarettes and other tobacco products from your home, car, and work.
- T = Talk to your SCIO therapist about getting help to quit.

**Cravings associated to sugar levels**

When you stop smoking, your body reacts very quickly to the lack of nicotine in your system. Over the course of three to five days, you are likely to experience a number of the following physical symptoms as the toxins are flushed from your body:

- Increased irritability, frustration, or anger
- Anxiety, tension or nervousness
- Restlessness
- Difficulty concentrating
- Fatigue
- Headaches
- Trouble sleeping
- Increased appetite and weight gain

As you smoke, nicotine is absorbed into your bloodstream and within 3 minutes, chemical reactions cause your body to trigger the release of sugar. After quitting, you may feel dizzy, restless, nervous or even have strong headaches. This is because you are lacking the immediate release of sugar that cigarettes provide – and why you may have a bigger appetite. These sugar-related cravings should only last a few days until your body adjusts to this new smoke-less state of being. So, for the first 3 or 4 days after you quit, make sure you keep your sugar levels a bit higher than usual by drinking plenty of juice. It will help prevent the craving symptoms triggered by a lack of sugar and help your body re-adjust back to normal. Taking 1000mg of Calcium a day and 1000 mg of chewable vitamin C will help stop the weight gain and reduce your need for sugar.

**Tips to deal with common cravings and withdrawal symptoms**

- Stay active: Keep yourself distracted and occupied, go for walks.
- Keep your hands/fingers busy: Squeeze balls, pencils, or paper clips are good substitutes to satisfy that need for tactile stimulation.
- Keep your mind busy: Read a book or magazine, listen to some music you love.
- Find an oral substitute: Keep other things around to pop in your mouth when you're craving a cigarette. Good choices include mints, hard candy, carrot or celery sticks, gum, and sunflower seeds.
- Drink lots of water: Flushing toxins from your body minimizes withdrawal symptoms and helps cravings pass faster.
- Look for new ways to relax and to cope with depression or anxiety: There are a lot of ways to improve your mood without smoking.
- **Dietary Recommendations**
  - The purpose of the Eating for Health™ food plan is to restore and replenish nutrient reserves. Emphasis is placed on a minimally processed, whole foods diet which is seasonal and organic whenever possible. Whole foods that are close to their natural state contain a healthy balance of nutrients, unlike processed foods that have had nutrients stripped

and then added back along with additives, stabilizers, and preservatives. Abundant fresh vegetables and moderate fruit become excellent primary sources of crucial vitamins, minerals, and accessory nutrients. At this point diet is geared towards building, with adequate intake of about 20-25% high-quality proteins, 50-55% complex carbohydrates, and 20-25% healthy fats.

- Consume 15 grams of protein plus EFA at breakfast to help feed the endocrine system. (Eat small amounts of protein at every meal.) Sugar cravings can be representative of protein deficiency at the cellular level. Good sources of protein include cold water fish, lean poultry, lean pork, lamb, and beef (organic is best for all animal sources), nuts and seeds, yogurt, cottage cheese, eggs, tofu, tempeh, legume and whole grain combinations.
- Limit simple sugars such as honey, fruits, and juices to one-third your carbohydrate intake. Increase your intake of fresh vegetables to 5-7 servings daily.
- **Booster Foods**
  - Booster foods are those that are nutrient-dense and exert beneficial effects in the body. Garlic, as an example, is high in sulfur and selenium, and helps pull cadmium from the body (a toxic mineral by-product of smoking). Garlic is beneficial to the immune system, is antimicrobial and anti-viral, and helps lower blood pressure and cholesterol. Ginger has antioxidant properties, and stimulates circulation and digestion. Cayenne aids digestion and circulation and is good for the heart, lungs, kidneys, spleen, stomach, and pancreas.
  - Green powder blends (spirulina, blue green algae, chlorella, etc.) are an excellent source of protein and essential fatty acid content, and a good source of trace minerals, B vitamins, beta-carotene, and enzymes.
  - Sea vegetables cleanse the lymphatics, alkalize the blood, and support the endocrine and central nervous system. They are also soothing to mucosal membranes, and aid elimination.
- **Fluid Intake**
  - Drink at least 1.5-2 liters of water, mineral broths, and herbal teas daily. Adequate fluid intake is essential for replenishing and counteracting the effects of the heating, drying, and acidifying effects of smoking. We recommend a tea formulated by Christopher Hobbs called Polari Tea. It is a blend of fennel, flax, fenugreek, peppermint, burdock root, and licorice root. These are all herbs which act to enhance digestion and assist in cleansing the blood and liver of stored toxins.
  - **MORNINGS:** start the day with 10 oz. of diluted citrus juice, alternate grapefruit, orange, lemon, lime, pineapple. Use 100% fruit juice diluted with water absolutely no white processed sugar allowed. Feel free to mix juices freely. Mix with water by 50% if juice is too strong and most store bought juice is often too strong. This will help to clean the lymphatic channels of the intestine.
    - 1 hour later you can have breakfast, but on 5 days a week just fruit till noon. This is for cleansing and detox.
- **Supplements for your Quit Smoking Program**
  - Supplementation is an integral part of our stop smoking plan, in complement with diet.

One thousand milligrams of vitamin C is recommended four times daily in divided doses, as your body is severely depleted of vitamin C by smoking. This nutrient is an instrumental antioxidant, neutralizing toxic by-products.

- **Other Recommended Supplements:**

- High Potency Multi-vitamin with extra antioxidants:
- Take 2 capsules 3 times a day with meals.
- Blood Sugar Regulating Complex:
- Take 1 capsule 3 times a day with meals.
- L-Glutamine: take 1000 mg 3 times a day between meals.
- L-Cysteine: 400 mg 1-2 times daily on an empty stomach.
- Antioxidant formula: take 2 capsules, 1-2 times a day.
- **VITAMINS:** good all around natural liquid is best. But extra vitamin C, vitamin A, vitamin E, Fatty acids, lecithin, pantothenic acid, and B12.

- **Things to Avoid**

When stopping smoking, you should avoid white sugar and white flour products such as flour breads, candy, pastries, cookies, soda, and sugary juices. These foods deplete nutrients and create an acid condition in the body. Stay away from highly processed and prepared foods. In addition, avoid deep fried foods, margarines, lard, and commercial oils, because they generate inflammatory and oxidative reactions.

### **SCIO TREATMENT SUGGESTED**

**Color** - set patient's favorite if desired, or choose color by chakra that is deficient, red and green stim immunity

**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 immunity

**Frequency** Low pass\_\_ 501hz\_\_777hz, High Pass 5321\_\_5787hz

### **Discussion:**

Eighty three of these patients were successful and quit for more than six months. One year follow-up has showed that 75 still had control over the habit and were not smoking. We compare this data to our standard techniques of smoking cessation therapy and the SCIO outperforms them. This was a highly successful and easy to operate system that was easy for the clinic and staff to perform.

Trans-cranial application of electro-stimulation is a form of treatment for drug and alcohol addiction whose clinical efficacy is no longer disputed; its application as trans-cranial or non-

trans-cranial electro-stimulation in tissue healing and pain control has now won wide acceptance. The proof of addiction applications comes from the wealth of independent replication of the results of controlled clinical trials. Here, the authors have presented the results of a published successful application of electro-stimulation in the treatment of drug and alcohol addiction. This study independently concluded that the specific parameters of electrical current application were central to therapeutic success. While the range of parameters covered in these studies suggests some tolerance in the overall mode of application, 'windows' of current level and pulse frequency have been identified that are no longer important for different clinical applications. Because the SCIO adapts to the individual body electric. We suggest that the future success in clinical settings may arise from the use of an auto-focusing system the SCIO.

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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SCIO  
super learning...



It is scientific fact that when a low level voltage and micro-current pulse is applied to the body osmosis, enzyme activity, and healing are increased. The SCIO will let the patient's body electric autofocus a harmonic pulse to maximize this effect. This current applied to the cranium has been shown to stimulate the learning process and increase memory retention, and learning. There is published research on these therapies. The new world of energetic medicine can help you to learn twice as much in half the time comfortably and easily.



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

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SUPERLEARNING

## The Remarkable Discovery

As we have said the body is made of atoms which are mostly electrons around protons. These electrons never touch each other and thus what we are is actually a complicated set of energy and electrical fields. All body processes are electrical. Even addiction is an electrical field. There was the remarkable discovery that by applying a certain type of safe low current, specialized frequency to the head (cranial area) that a pulse could soothe and weaken the addiction craving.

### **The Remarkable Discovery was that a cybernetic pulse to the forehead could reduce or eliminate addiction craving**

Thus an electrical signal could be made to the cranium that would help to stop smoker addiction. There were initial results from people like Margaret Patterson as you can see in her scientific articles and experiences. But when the technique was given a cybernetic feedback auto-focusing loop then the technology became much more powerful. The list of the exciting new technology of Cranial Electro Stimulation (CES) benefits go on and on. Here is an ultra brief review:

## Electrostimulation in Drug and Alcohol Detoxification Significance of Stimulation Criteria In Clinical Success

**Authors:** Margaret A. Patterson<sup>a</sup>; Lorne Patterson<sup>b</sup>; Noel V. Flood<sup>c</sup>; Joseph R. Winstond; Sean I. Pattersone

**Published in - Addiction Research & Theory**

ISSN: 1476-7392 (electronic)

### **Abstract**

Trans-cranial application of electro-stimulation is a form of treatment for drug and alcohol addiction whose clinical efficacy is disputed; although its application as trans-cranial or non-trans-cranial electro-stimulation in tissue healing and pain control has won wide acceptance. The dispute in addiction applications arises from the difficulty of independent replication of the results of controlled clinical trials. Here, the authors analyze the results of three published successful applications of electro-stimulation in the treatment of drug and alcohol addiction. All three groups independently concluded that the specific parameters of electrical current application were central to therapeutic success. While the range of parameters covered in these studies suggests some tolerance in the overall mode of application, 'windows' of current level and pulse frequency have been identified that are important for different clinical applications. Review of the scientific literature reveals reports of similar windows of current parameters for effects from gene activation to embryogenesis. We suggest that failure to replicate results in clinical settings may arise from lack of understanding of the importance of exact current parameters, and emphasize the necessity for accurate and complete descriptions of the currents used.

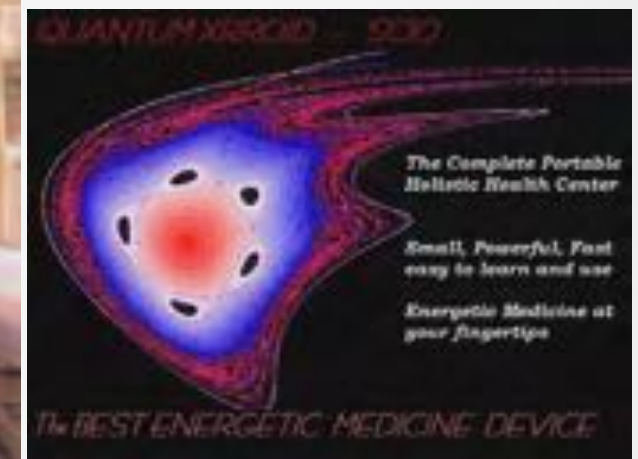
**Keywords:** Trans-cranial electro-stimulation; Addictions; Detoxification; Drugs; Alcohol; Parameters of current.

"Double-blind studies were done at the University of Wisconsin on the CES capabilities to overcome drug-withdrawal symptoms and it did the job. Studies at both Wisconsin and the University of Louisiana showed it could boost IQ from twenty to thirty points. CES stimulation appears to enhance neural efficiency," researchers stated.

"Users report the CES reduces stress, improves short and long term memory, helps learning, increases energy, improves concentration and reduces pain, anxiety, depression, and sleep requirements."

"Dr. Donald Kubitz, of San Francisco, one of the first American doctors to study Dr. Wen's work with electro-acupuncture on addicts, believed electro-stimulation could be enormously beneficial for autistic and other mentally handicapped children. Both the CES and electro-acupuncture could prove powerful new ways to open fabulous new dimensions of mind as well as overcome disabilities and addictions. "

Reference to Dr. Meg Patterson: "Scottish surgeon Margaret Patterson studied Wen's methods in Hong Kong. Back in England she developed highly sophisticated machines that produced neurotransmitters by electro-stimulation of the brain. Then she set up her own treatment center in California. Famous clients were flown in, some on stretchers – rock superstar Peter Townshend for one, guitarist and composer for The Who and creator of the hit rock musical Tommy. A drug addict for years, Townshend had spent a fortune trying to kick his habit. Within forty minutes of applying the device, the heroin was counteracted. Ten days of treatments later he was over his addiction to heroin, alcohol, and cocaine, with no withdrawal symptoms."



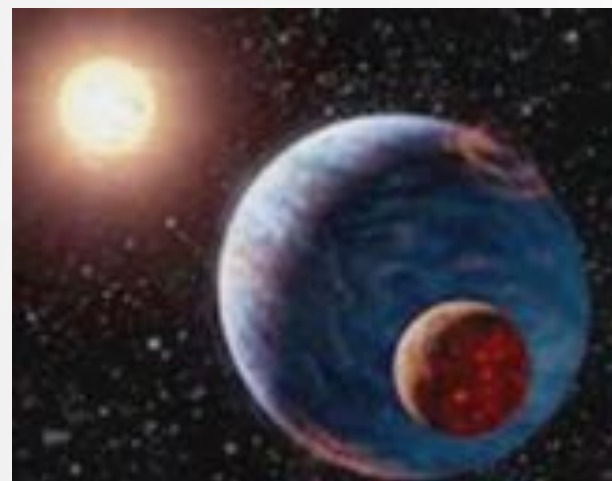
Quotes about the CES from Super-Learning 2000 by Sheila Ostrander and Lynn Schroeder

"Instruments like the CES for instance, generate frequencies that evoke both IQ- and memory-boosting chemicals while also proving to be powerful healers of addiction and depression."

A major Study done by medical doctors in Budapest shows that an auto-focused CES pulse with cybernetic loop properties has over 80% effectiveness, the SCIO system gets a CE mark for CES addiction release.



**Addiction control with CES**



“Homeostasis can be defined as the tendency for intrinsic balance within a system. Application of a range of CES appears to enhance the Balance of the biological central nervous system. A change in one system within the individual will have correlative effects upon other systems. Improvements in mood, cognitive function, self image, shift of locus , control to oneself, and sense of well being can be measured. When CES works, it enhances one’s ability to handle or deal with situations that were previously beyond the range of one’s control.”

Memory loss probably affects the majority of us in one way or another. More often than not, it is a momentary memory lapse; nothing to worry about – it happens to the best of us. However, when memory lapses begin to become a regular occurrence, it is wise to dig a little deeper and seek .



Memory can be affected by a number of factors, some more sinister than others: it may simply be lack of sleep; fatigue due to over-work, lack of exercise, or poor diet; or stress-related. These are all issue about which we can do something constructive to help us.

However, memory problems can also be the result of deeper-rooted issues such as brain disease, tumours, or the onset of a brain cell deteriorating disease such as Alzheimer’s. Sufferers that have any doubts at all should always seek medical advice with regards to continued memory lost. And addiction also involves memory pathways.

*The Tenuous Past: Memory and the Ways it Fails*

Dana Bakalar

“I remember it like it was yesterday!” you say. But how well do you really remember it? How well do you remember yesterday? Here’s a quick quiz: What time did you have lunch yesterday? What exactly did you eat? What did you say? What did the people around you say? If you read the paper yesterday, name all the stories you read and summarize them briefly.

Don’t remember yesterday as well as you thought? Don’t worry, nobody does. Our memories are often thought of as recording devices, mechanically noting what has happened during the day and replaying these events like a tape. In truth, memory is a function of the brain, which is constantly in flux, organic, and does not behave like a machine. Your memory can be affected in many ways by many things, which can cause you to forget, to change memories around, to repress memories, and even to invent completely new ones! And new memories could help us replace addiction themes.

**Chapter Reprint:** Don’t Go Blind! Patient guide for treating Macular Degeneration and



*Retinitis Pigmentosa and other chronic eye diseases using Micro-Current Stimulation Therapy by Thomas W Harold, Dr. Darrell DeMello, MD and Dr. Larry B. Wallace, OD, FCSO A 386% increase in attention span test results after just 20 minutes of a single CES treatment in healthy volunteers.*

The list of the exciting new technology of Cranial Electro Stimulation (CES) benefits go on and on. But the area of addiction release is perhaps most needed. Worldwide the numbers of smokers has dramatically increased over the last few decades in spite of incredible research showing it takes years off of your life. Smoking addiction is involved with one out of every three deaths.

Osmosis occurs when electrically charged particles move across a membrane. Osmosis is improved when we put a slight electric current over the medium. Since all neurological action involves extra charged particle osmosis, it should come as no surprise that neurological function will improve with cranial electrical stimulation. Thinking is clearer, autism is improved, insomnia is relieved, and addiction cravings are reduced.

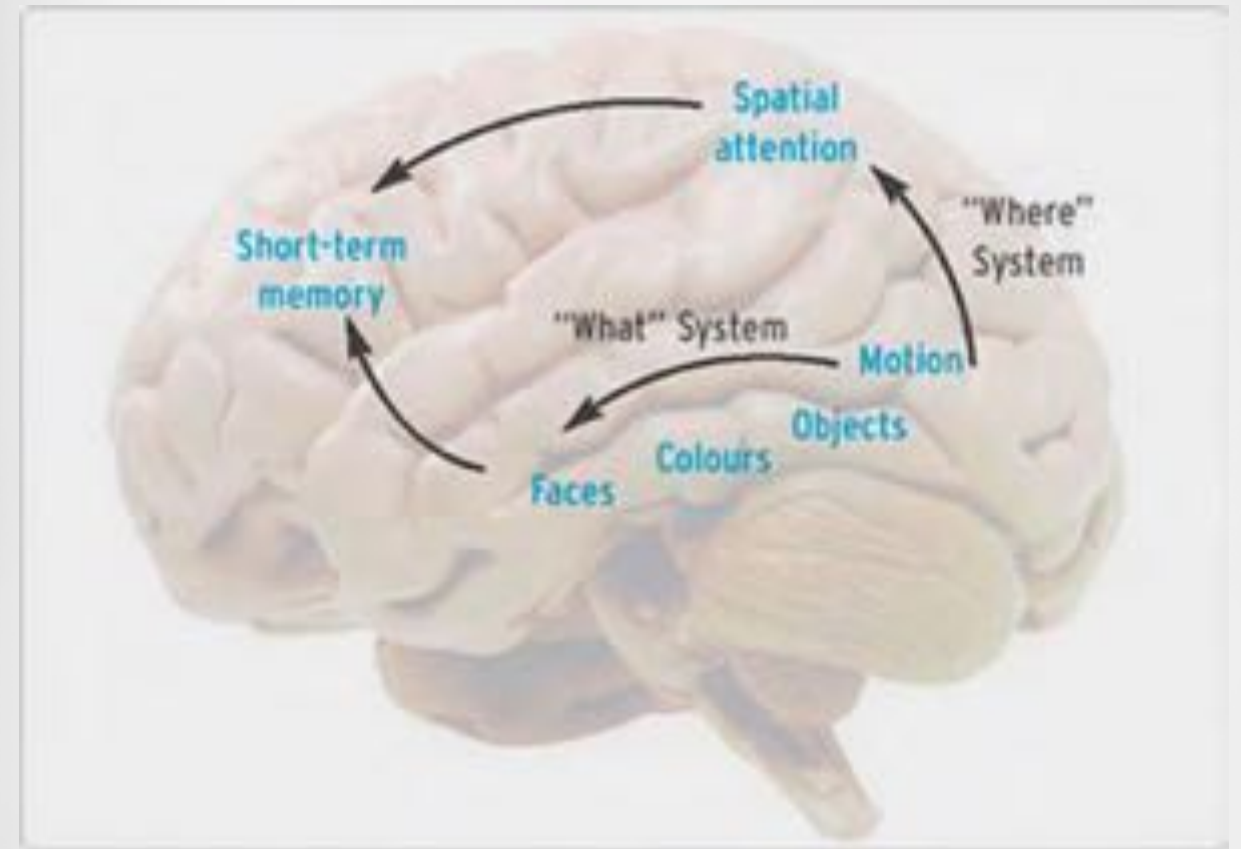
### ***The Remarkable Discovery was that a cybernetic pulse to the forehead could improve all neurological function***

Cranial Electro Stimulation is but one of the functions the SCIO has been given a medical CE mark for official sale as a medical device in Europe. The benefits over traditional CES systems is that the SCIO is a cybernetic system licensed to measure brain function with EEG and then to affect Brain function with CES. So the SCIO can sense the natural electrical variables of the patient's physiology and then work with a similar signal to balance the brain.

Everybody's electrochemistry is different. The Voltage, Amperage, Resistance, Hydration, Oxidation and Ph are all different in people due to genetic background and environmental factors of diet and health history. Only the SCIO designs a pulse for the individual and then modifies the pulse in an auto-focused way to direct the signal for the patient's changing electrical state.

### ***The Remarkable Discovery was that the SCIO could outperform the other CES devices in eliminating the need for smoking and for stimulating memory and mental functioning***

#### **How Memory Works**



Doctors think memory works in three steps, first is registration, sensory memory comes into play here, we perceive our surroundings and make our observations ready for storage. Retention is the second component followed by recall.

If sensory memory is considered important it is rehearsed, repeated, mulled over, and kept in STM for a time. Generally, we can only juggle about seven facts at a time in STM.

When new facts enter, they displace the old, which are either lost or, if they have been rehearsed enough, saved in LTM.

*Dr. Daniel Schacter of Harvard University lists "7 Sins of Memory," ways in which our memories fail us.*

#### **His list features:**

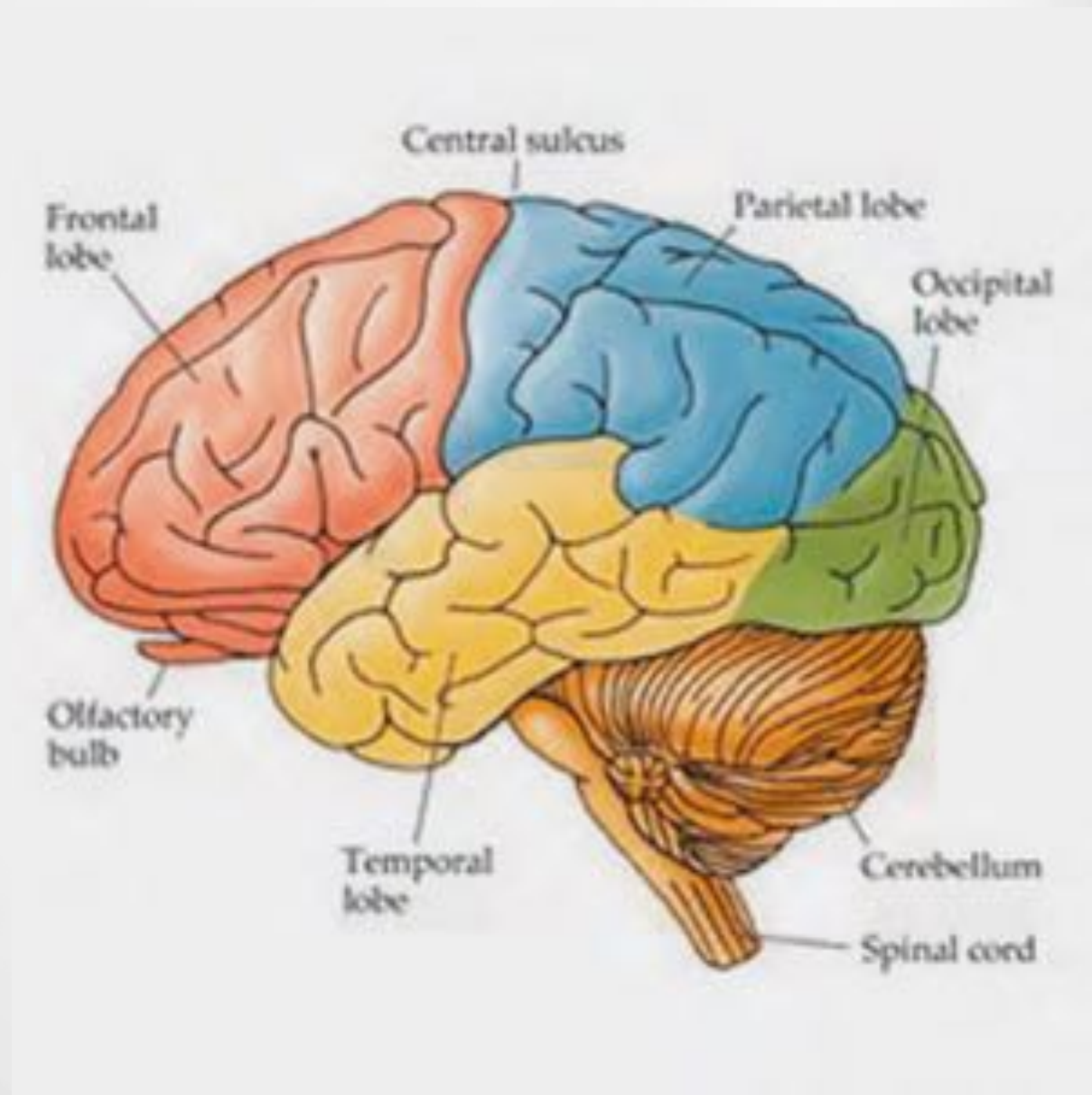
Short-term memory- (STM), immediate, or working memory is the ability to remember a telephone number for the time it takes to dial it. The item you are going to the closet to get is stored in short-term memory until you get there and retrieve it. You are supposed to forget these things after a brief period; otherwise your head would be full of trivial facts.

Sensory memory- also in the immediate category includes the ability to recognize smells, sounds, and sights. Unless considered important, visual memory usually lasts only half a second and sounds last a few seconds. Sensory memory is only lost in cases of brain injury and is usually considered as part of the process of perception. Recent memory- is the ability to recall day to day events and is involved in learning new information

Long term memory- (LTM), or remote memory, concerns itself with the more distant past, life events such as your childhood, or your visit to Paris last fall or the doctor last week.

Declarative memory - or is often considered part of remote, or LTM it includes semantic memory -the ability to remember the meaning of words, facts, and a generalized knowledge of the world and episodic memory- your autobiographical memories.

Episodic memory is often affected by amnesia.



Procedural memory- another part of LTM consists of remembering motor skills, knowing how to do things, such as how to walk, ride a bike and eat.

Prospective memory-refers to the ability to remember that you need to do something in the future such as planning, organizing, i.e. remembering to bring your purse with you when going to the store.

To this list, some would add “repression,” the conscious or unconscious suppression of traumatic memories. Repression was first conceived of by Freud, who felt that people could push memories out of their awareness (1).

This theory enjoyed new fame in the 1990’s, when hundreds of people, mostly women, ‘recovered’ repressed memories of abuse, fueling a Satanic Ritual Abuse scare during which many people were convicted of heinous crimes they may not have committed.

Herpes simplex virus in humans has long been known to prefer temporal lobe and limbic sites; and not only are olfactory nerves a possible route for infection, but so too might oral cavities provide entry: “Innuculation of murine tooth pulp with HSV selectively infected the mandibular division of the trigeminal nerve and caused encephalitis predominantly affecting the temporal cortex and limbic system, a pattern of disease similar to human HSE [herpes simplex encephalitis]...”

For years, physicians and Alzheimer’s experts have said that the earliest symptoms of the disease typically don’t appear until you’re in your 60s, 70s, or beyond. But now there’s reason to believe that the first warning signs may actually crop up much earlier than that, and in a seemingly much more benign way: as cold sores, those embarrassing blisters that can erupt on the lips of people who are sick or run-down,

Besides the more everyday ways memory fails, there are many diseases which can affect it. Alzheimer’s is probably the most well-known of these. Alzheimer’s impairs judgment and changes personality as well as affecting memory .. It occurs most often in older people, who make up about 50% of the population with the disease, and is very rare in individuals under 40 .. The memory loss in this disease, as well as in other brain-altering diseases, comes from changes in the physical structure of the brain, rather than from normal brain mechanisms.

“Beth was given anesthesia when she gave birth to her first baby and later found that she had lost part of her memory. She was forced to give up her job in an aerospace plant. Years later a friend gave her a small cranial electro-stimulation (CES) device and she began using it.

‘Almost overnight,’ she said, ‘all my memories started coming back, including everyone’s telephone extensions at the plant. It was uncanny – all those old extension numbers of people I hadn’t thought of in years.’

### Memory

What is it? Webster’s defines memory as “The mental capacity or faculty of retaining or recalling facts, events, impressions or previous experiences.” Scientists still do not understand how memory works witnessed by the numerous confusing categories and terms, they usually divide it into three types -immediate, recent and remote- based on time.

Children and young adults are often proud of their memories while as adults we generally complain about ours. Achievement in school and the work place is largely dependent on the ability to

memorize facts and social success is tied to the ability to remember names and faces. When we reach our forties things change.

Did you ever find yourself looking in the closet but not knowing what you are looking for only to remember what it was when you got back to the kitchen? This is a normal consequence of aging and usually only effects short-term memory.

### **Alzheimer's and Autism are linked?**

#### **There are 7 different types!**

Herpes simplex type 1 (HSV-1) and type 2 (HSV-2) causes cold sores and genital herpes. Many experts suspect HSV-1 may be involved in Bell's palsy and some other neurological disorders. Herpes zoster is responsible for chickenpox and shingles.

Cytomegalovirus, another member of the herpes family, can cause some cardiovascular diseases and eye disorders, and is particularly dangerous to developing fetuses, newborns, and people with depressed immune systems. The Epstein-Barr virus (EBV) is the virus that causes infectious mononucleosis. Human herpes virus type 6 (HHV-6) and 7 (HHV-7) are suspected of triggering autoimmune disorders, including multiple sclerosis, and roseola, a common illness of early childhood.

Human herpes virus type 8 (HHV-8) is very closely related to the Epstein-Barr virus, and may lead to cancer of the bone, chronic fatigue syndrome, Kaposi's sarcoma, and infection of the lymphatic system.

The good news is - we do become more intelligent and wise as we do age. Wisdom is demonstrated by our increased ability to make associations or links between past experiences and new. This function becomes easier as we accumulate more experiences with time.

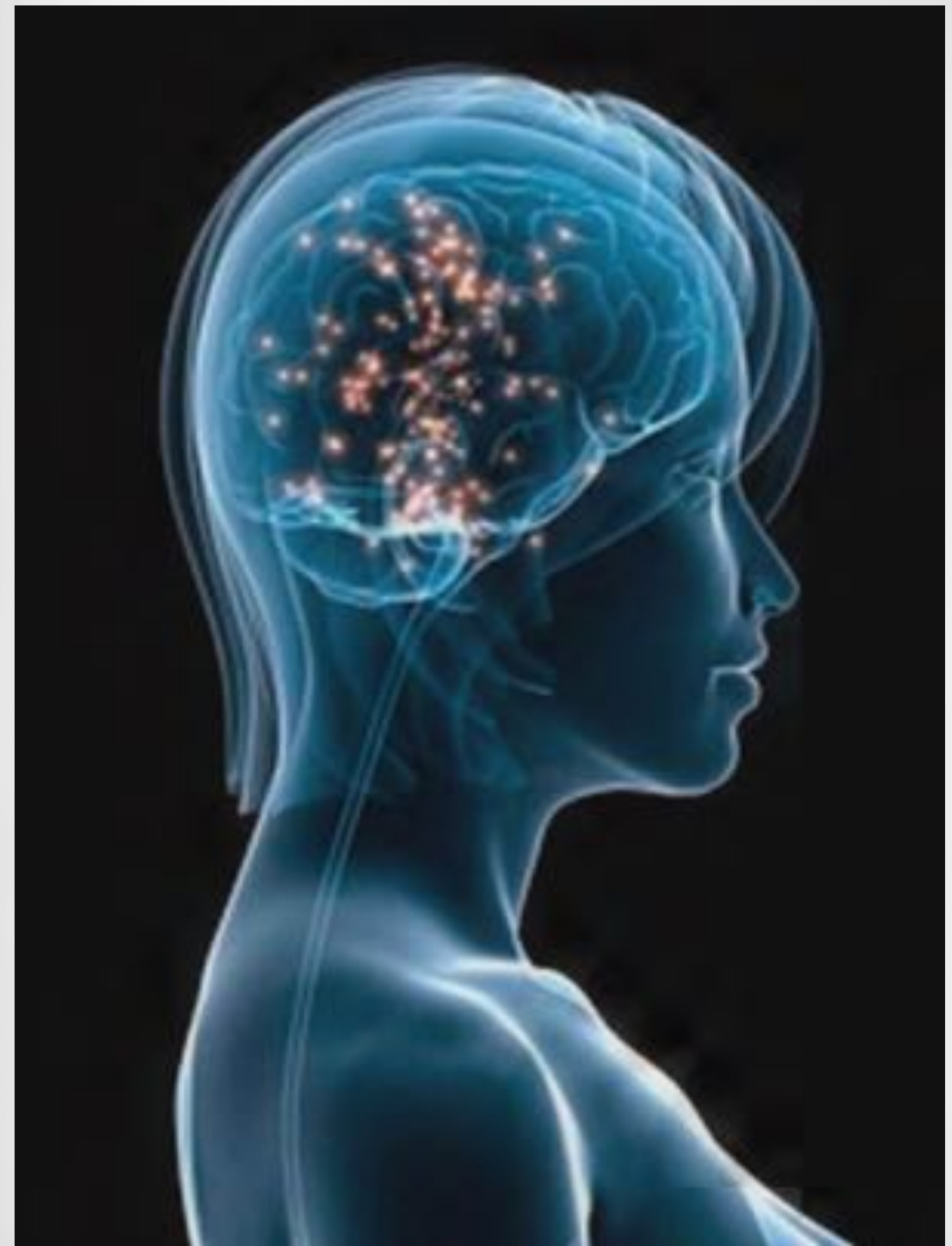
Does our memory fail or does it just slow and require more maintenance? This is controversial subject in medicine. Remember that all of the statements made concerning memory loss are based on studies that measure averages of groups of people not individuals. We all know of an 80+ year old who is as sharp witty and intelligent as ever.

"It's all about stimulation and evolution of the mind. Most of us carry too much fear from our childhood, then get lost in coping with the stress of adult life. Some people have the ability to easily take on new experiences and thus pushing the brain to further growth and expansion. Life is intrinsically evolutionary and we are made to evolve and explore our world."

#### **Unknown**

The brain shrinks as we age, some of the shrinkage is due to cells dying, but cell death is less of a factor than previously thought. Cell death begins as early as 40 but measurable intellectual slowing does not begin until age 60 and does not accelerate until age 80. Other cells take over the dying cell function and cell death alone does not significantly effect memory. The neuro-transmitter acetylcholine decreases over time and may contribute to age associated memory impairment

"Many studies have shown that low-level electrical stimulation actually promotes cell growth and regeneration.



A recent NIH study showed that low-level electrical stimulation of neurons increased the production of the all important myelin cells in the brain.

This could be an important discovery since myelin is shown to be decreased in patients with certain disorders and diseases, including bipolar disorder, schizophrenia, addiction complex and multiple sclerosis.”

### ***How often have you asked yourself the question:***

“Why can’t I remember everything I read?”

The problem with poor memory is not confined to reading. It is more generalized in that we also have difficulty remembering: names of people, Plus

- dates and times
- telephone numbers
- codes, passwords
- events and occasions
- business facts and figures
- jokes
- etc, etc

“Double-blind studies were done at the University of Wisconsin on the CES capabilities to overcome drug-withdrawal symptoms and it did the job. Studies at both Wisconsin and the University of Louisiana showed it could boost IQ from twenty to thirty points. CES stimulation appears to enhance neural efficiency,” researchers stated.

‘Users report the SCIO reduces stress, improves short and long term memory, helps learning, increases energy, improves concentration and reduces pain, anxiety, depression, and sleep requirements.’

It is not ONLY remembering what you have now read, but remembering what you read yesterday, last week, a month ago, a year ago, and so on.

The problem is not because you are running out of brain storage space. Even when we reach old age, we still have plenty of unused brain capacity available.

“Only one who devotes himself to a cause with his whole strength and soul can be a true master. For this reason mastery demands all of a person.” - Albert Einstein

The problem is not TIME. Information simply cannot “leak” out of our ears over time. Why can we remember vivid details of childhood yet the details of last week’s newspaper are vague? We remember perfect details of scenes that only happened once, yet information drummed into the brain just simply will not “stick”.

Reference to Dr. Meg Patterson: “Scottish surgeon Margaret Patterson studied Wen’s methods in Hong Kong. Back in England she developed highly sophisticated machines (of the time) that produced neurotransmitters by electro-stimulation of the brain. The SCIO technology has greatly surpassed the early developments by adding a cybernetic loop to the control factors allowing a feedback loop for auto-focusing and greater efficacy as well as safety.

Then she set up her own treatment center in California. Famous clients were flown in, some on stretchers – rock superstar Peter Townshend for one, guitarist and composer for The Who and creator of the hit rock musical Tommy. A drug addict for years, Townshend had spent a fortune trying to kick his habit. Within forty minutes of applying the device, the heroin was counteracted. Ten days of treatments later he was over his addiction to heroin, alcohol, and cocaine, with no withdrawal symptoms.”

OMNI Magazine, Volume 5, Number 4, January 1983 an Article was written by Kathleen McAuliffe, “The Black Box: Secret Drug Treatment of Rock Superstars” described how a “CES” black box was used by Dr. Margaret A. Patterson, MD., to cure British rock star Pete Townsend of “The Who” of his addiction to heroin.

Cranial electrical stimulation may be a very useful alternative to drug treatments in individuals that have treatment resistant anxiety and/or depression. Furthermore, CES used in combination with the natural amino acids may convert the amino acids more rapidly to neurotransmitters resulting in greater effectiveness.

*Eric Braverman, M.D.*

### ***21st Century Medicine & Learning***

*This response submitted by Ronald B. Keys, JD, PhD .*

Slow learners and, or, those with impaired nervous system development may have their brains and nervous system jump started. Little did we know back in the 1950s when the movie, Forbidden Planet, with Leslie Nielson, Ann Francis and Walter Pidgeon, that the technology to stimulate brain growth, with a form of cranial electrical stimulation, might be in use in the 21st century.

“Cranial Electrotherapy Stimulation (CES) is the application of low-level pulsed electrical currents (usually less than 1 milliamperere) applied to the head for medical and/or psychological purposes. There is now better than 20 years of medical experience with CES in America. Presently, its use requires a prescription by a licensed health practitioner in the anal retentive United States. It is available without a prescription throughout the rest of the world.”

*So, what other Perhaps is the cause of the memory problem?*

Every computer’s hard drive is organized. The aim of loading information onto the hard drive is not to leave it there, untouched and inaccessible, but to use it. Much thought was put into how the information will be filed away so that when it is needed it can be accessed quickly and easily. Your computer has a filing system to access all information placed in any possible location.

The key to enhancing human memory is very similar to the thinking behind a hard drive’s storage and retrieval system. To now, you have been uploading your information to your brain without an organized system. Getting the information in is no problem; it’s the retrieval process that needs polishing.

For young men like Rich P., who wonders what’s in store for him in the decades ahead, this would appear to be an enormous scientific misstep — particularly since Rich believes he’s seen firsthand the link between herpes and Alzheimer’s.

His girlfriend’s father, the one who passed away from Alzheimer’s? He battled cold sores all his life source.

Cranial electrical stimulation (CES) may improve memory, attention and focus; important studies are emerging on the uses of mild electrical current to enhance cognition and aspects of intelligence.

Think of the cells in your body as being a bit like a dry cell battery in your car. When the battery is fully charged, the car starts and everything works fine. When the car battery is discharged or flat, sometimes all its needs is a "jump start", a small amount of electricity, and everything is fine again.

82% of participants in one study suffering from an anxiety disorder reported a significant improvement in their symptoms after treatment with CES. As well as great reduction in addiction cravings.

*Kirsch D, Gilula MF, Electromedicine: CES in the Treatment of Anxiety Disorders, Practical Pain Management, March 2007, pp 40-47.*

Sick cells are merely like discharged battery cells: This may be an oversimplification, but is the best way to explain the technology of Micro-Current Therapy in lay person terms.

Scientists have found that different micro-current frequencies have different effects meaning this revolutionary medicine contains infinite applications and possibilities, especially in the areas of healthy new cell renewal and stimulation. The applications of Micro-Current Therapy appear to be endless!

"In the 1960's Robert O. Becker (1985) demonstrated that electrical current is the trigger that stimulates healing, growth, and regeneration in all living organisms. He found that repair of injury occurs in response to signals that come from an electrical control system, and suggested that this system became less efficient as we age. "

It is also believed that micro-current stimulation restores cellular electrical balance by changing potentials across cell membranes. This may alter the levels of certain ions and molecules toward a desirable equilibrium. Other physiological effects are believed to be produced: reduction of alkalinity proximate the passage of electrical current and the production of low levels of hydrochloric acid which can scavenge free radicals; attraction of oxygen to the region; localized vasoconstriction and vasodilation; reduction of local hemorrhage; sedation; increased tonicity of local tissues; antiseptis; production of desirable fibroplasia; and reduced neuromuscular irritability

So, it is believed that, if electrical stimulation is provided to the cells before they die, blood vessel permeability is increased, a more normal cellular electrical potential will be achieved, the ATP levels will increase, and protein synthesis will occur again.

"Adenosine triphosphate is an essential factor in the healing process. Large amounts of ATP, the cell's main energy source, are required to control primary functions such as the movement of vital minerals, like sodium, potassium, magnesium and calcium, into and out of the cell. It also sustains the movement of waste products out of the cell. Injured tissues are deficient in ATP.

As MET restores circulation and replenishes ATP, nutrients can again flow into injured cells and waste products can flow out. This is necessary for the development of healthy tissues. As ATP provides the energy tissues require for building new proteins, it also increases protein synthesis and membrane transport of ions. "

This has important implications also for increased nerve conduction. By increasing the flicker fusion resolution and refresh rates Micro-current therapy increases signal strength to the brain.

**Chapter Reprint:** Don't Go Blind! Patient guide for treating Macular Degeneration and Retinitis Pigmentosa and other chronic eye diseases using Micro-Current Stimulation Therapy by Thomas W Harold, Dr. Darrell DeMello, MD and Dr. Larry B. Wallace, OD, FCSO

A 386% increase in attention span test results after just 20 minutes of a single CES treatment in healthy volunteers - Southworth S, A Study of the Effects of Cranial Electrical Stimulation on Attention and Concentration, Integrative Physiological and Behavioral Science, 1999, Vol 34:1, 43-53.

To date, several tens of thousands Americans are treated with CES annually and more than twenty thousand persons own CES devices, which have been prescribed for their home use. Possibly the most exciting application of the CES is for drug addiction.

Further studies are needed to fully document use of the device for these purposes. In this technological age when we are surrounded by electromagnetic fields and currents, CES treatment may be necessary as an antidote and for maintenance of fully optimum health.

Electromagnetic "pollution" from video screens, televisions, stereophonic equipment, microwaves and phone lines may be destroying our health and may require a device of this type to counter these negative effects. CES may provide natural levels of supplementary current to keep the brain healthy in the electrical age.

*Eric Braverman, M.D*

"Micro-Current Therapy is a form of electric medicine used to naturally and safely stimulate cell growth, renewal and healing. It uses extremely low amounts of electricity measured in millionths of an Amp that most people can hardly feel."

### **CES A Unique Non-drug Therapy**

Every twenty-four to thirty-six hours, from 50 to 80 % of adults in the United States and the United Kingdom swallow a medically prescribed chemical. In the United States, the volume of the drug business has grown by a factor of 100 during the current century; 20,000 tons of aspirin are consumed per year, almost 225 tablets per person. In England every tenth night of sleep is induced by a hypnotic drug and 19% of women and 9% of men take a prescribed tranquilizer during any one year.

In the United States, central-nervous-system agents are the fastest growing sector of the pharmaceutical market, now making up 31% of total sales. Dependence on prescribed tranquilizers has risen by 290% since 1962, a period during which the per capita consumption of liquor rose by only 23% and the estimated consumption of illegal opiates by about 50 percent, leading Ivan Illich in Medical Nemesis, to note how that by 1975, "Medical addiction ...had outgrown all self-chosen or more festive forms of creating well-being."

Some people take the wrong medication; others get an old or contaminated batch, and others a counterfeit; others take medications in dangerous combinations. Some medications are addictive, others are devastating emotionally and physically from their side effects. Every year a million people--that is 3 to 5% of all hospital admissions --are admitted primarily because of a negative reaction to medications. The situation has become especially exacerbated by the medical profession's propensity to dole out medication like candy for the slightest sign of depression, anxiety, or insomnia, helping make drugs like prozac as chic in the suburbs as crack is in the inner

city. This has led to that plague of legal drug addiction, by Peter Breggin in his definitive study of the topic in "Toxic Psychiatry"

Well, I do not espouse an extremist position with regard to psychotropic medication such as Peter Breggin does but I believe that consumers should be aware that some of these substances are very powerful and will benefit people as much as they are intelligently prescribed and intelligently taken.

Worse yet, is the subversion of our independence. We are self-regulating beings in possession of our own pharmaceutical laboratory which our brain draws on judiciously on our behalf. An increased reliance on external drugs interferes with that self-regulatory process, reducing our ability to cope --to develop, strengthen, and effectively employ our own inner resources.

People speak today of being captive of unpleasant emotional states. The answer to this problem, however, does not lie exclusively with the development of better and more efficient drugs. Emotions are in part products of the chemical soup, and the elaborate electrical neuro circuitry which make up the working environment of our brain.

To reclaim control of our life we have but to learn how to alter that chemical composition and reorient that circuitry.

CES is a tool to help us achieve that end. As a similar ethic can ideally and practically guide pharmaceutical usage, CES offers a unique and viable "bioelectric" alternative. Personal autonomy and again with insight and self awareness is resultant because the learning of the intelligent application of CES permits individuals to have an amazing increase in their ability to experience a positive perception, to in effect reset the controls of their perception.

CES's primary goal is wellness, defined as peak emotional, mental, and physical health--a state of proper alignment --the balanced interplay of body and mind attained through personal empowerment rather than dependency. You know that nothing is good or bad intrinsically, it's more how it is utilized or misused. So I do not want to really put down the pharmaceutical industry, but actually want to extend the options available to people looking for answers and positive change. Pharmaceuticals may be used intelligently and wisely, both on the part of the professional and the patient.

What is homeostasis? Homeostasis can be defined as the tendency for intrinsic balance within a system. Application of a therapeutic range of micro-current intra-cranially seems to enhance the homeostasis of the biological central nervous system. An effect on one system within the individual will correlative effects upon other systems within the individual. Improved mood can be measured. Many times improved cognitive function can be measured. Improved self image, and sense of well being can be measured. An improved sense of locus of control or self determination can be easily measured. If a tool works it enhances one's ability to handle or deal with situations previously that were beyond the range of one's control

Intelligent choice, what is it? We have the ability to learn. We have the ability to gain experience. We have the opportunity to change and grow. We have the ability be in control of our lives. We can learn about anything we like. This researcher wants to acknowledge Delbert T. Goates, M.D. who was instrumental in many areas of research during his career, including work with the CES. He was an exceptional human being who finished this life earlier this month. He will be greatly missed.

CES is a simple treatment employing mild battery-powered electronic stimulation through clip-on electrodes that attach to the earlobes or by pre-gelled electrodes placed behind the ears. Current flow is limited so that the most a user will experience during the process is a brief tingling sensation. Its most immediate impact is reduction of anxiety. For most people, anxiety reduction is experienced in the course of treatment, but it also may be first seen hours, or as late as several days after. After a CES session you are left feeling both alert and relaxed.

Psychologists call this an "alpha state". The effect differs from pharmaceutical treatments in that people report feeling that their bodies are lighter and more relaxed and their mind more alert and clear. The results are cumulative and lasting.

CES has major implications in a number of areas. In the war on drugs, it is a formidable new weapon in the treatment of the symptoms accompanying detoxification and withdrawal. For those suffering from depression and anxiety, it means relief with none of the unpleasant side effects of prescription drugs. For those seeking nothing more than a good night's sleep, it is an alternative to habit-forming tranquilizers. For a public increasingly concerned with the effects of stress on physical health and emotional well being, it provides a way of addressing that stress in a safe and effective manner. CES---a treatment modality whose time has come.

CES has a proven track record as far as safety is concerned. There are no known negative side effects associated with its use. It also has a substantial body of research to support its claims. But because of the pharmaceutical bias in Western medicine, its deployment has been restricted and its use limited. It has also been difficult for people to find information on the topic. It has been challenging to define easy to understand parameters across traditional boundaries. This website seeks to be the definitive site for dissemination of information on CES and by doing so, nurture an expanded dialogue on health and wellness.

*Charles McCusker, Ph.D.*

### ***The Remarkable Discovery was that a cybernetic pulse to the forehead could improve all neurological function***

#### **CES Controls:**

- addiction craving
- stress and stress related disorders
- anxiety
- depression
- insomnia
- substance abuse

TREATMENT OF DRUG, ALCOHOL AND NICOTINE ADDICTION BY NEUROELECTRIC THERAPY: ANALYSIS OF RESULTS OVER 7 YEARS

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ABSTRACT

NeuroElectric Therapy (NET) is a 10-day treatment with a transistorized stimulator, which rapidly reduces both acute and chronic withdrawal symptomatology of all chemical substances, without drugs and with no negative side-effects. It is hypothesized that NET acts by specific electrical frequency stimulation of endorphin production that has been decreased due to chronic substance abuse. This has been demonstrated using NET in rat models; corticosterone levels and hepatic enzyme activity were also significantly altered. Of 186 patients, 98.4% were successfully detoxified, with marked feeling of well-being and no craving (in 95%) or anxiety (in 75%). Detailed assessments of abstinence syndrome in NET are given. Of a 50% response to follow-up, 78.5% were addiction-free (80.3% of drug addicts) 1 to 8 years after NET, although average time in rehabilitation was only 16 days. Alcohol, marijuana and cigarette use were decreased in 64%. Diminished substance use was reported in 76% of recidivists.

INTRODUCTION

In November, 1972 in Hong Kong, Dr. Wen, a surgical colleague of Dr. Patterson, while investigating the possible usefulness in neurosurgery of electroacupuncture for analgesia, made a serendipitous discovery of a potential "cure" for drug addiction (1). In the following 9 months, over 100 drug addicts were treated in Hong Kong, with consistent results. Dr. Patterson soon became convinced that the key curative factor lay in the electrical impulse and not in the acupuncture system (2).

Fifteen months' experimentation in London proved acupuncture needles unnecessary for effective treatment; the use of surface electrodes eliminated both needle pain and the risk of infection (3). Empirically, the area above the mastoid process was found to be a more effective site of stimulation than the original site in the concha of the ear. Subsequent laboratory research has shown that differing biochemical effects are produced by stimulation at different sites on the body (4).

Low voltage electrical stimulation is now used in the treatment of several ailments (5). The uniqueness of NeuroElectric Therapy (NET) lies in the precise selectivity of differing forms of current. Laboratory research into NET using animal models has confirmed to a remarkable degree the accuracy of the empirical clinical choice of optimum wave-shape (6), pulse-width and current frequency (7) for treating each group of psychoactive drugs.

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INTRODUCTION

In November, 1972 in Hong Kong, Dr. Wen, a surgical colleague of Dr.

Helps:

- Supercharge the brain
- Attain a state of relaxed awareness
- Optimize cognitive functioning
- Achieve higher levels of mental performance
- Enhance memory capacity
- Facilitate recall
- Increase IQ
- Helps Smokers to STOP



Smoking and addiction

This necessary specificity causes problems to practitioners who use NET without adequate experience. However, the latest model of stimulator is fully programmed and automated for different drug-groups, drug-combinations and the longer term abstinence symptoms such as depression and insomnia.

Although NET can be used either in an inpatient or outpatient setting (the stimulator is pocket-sized and the patient is completely mobile throughout the 10-day treatment), the first follow-up of NET patients (8) showed that long-term outcomes (LTO) are considerably better for inpatients. This may be due to the fact that unless the patient has a supportive family or community who are able to give constant supervision, he is likely to use drugs or alcohol during treatment; the clinical evidence is that concomitant drug use slows down the beneficial effects of NET. (It may, in fact, produce severe aversive effects, particularly cocaine use.) Even nicotine addicts find 3 to 4 days of inpatient treatment preferable, because it is easier for them to stop their cigarettes totally when away from the stresses or daily life.

It has been shown that NET produces enhanced hepatic function, and increased plasma  $\beta$ -endorphin levels in the human (unpublished observations); and alterations in corticosterone (7), tryptophan and HIAA levels (9) and hepatic enzyme activity (10) in rat models. Other researchers have demonstrated rapid rises of  $\beta$ -endorphin levels in the CSF of patients given per- or transcutaneous electrical stimulation (11, 12, 13). These findings support the hypothesis that NET produces its effects by biochemical or electrochemical processes (the stimulation of endorphin or enkephalin production, reduced by chronic drug use (14), being one) which are controlled by the type of electrical signal (5); and that the placebo effect plays only a minor part.

## METHODS

Patients treated by NET for addictions are described in Table 1. All but 4 in this review were treated in London or at a Clinic in Sussex but came from a variety of countries. The Clinic was operated from January to December, 1980, specifically for a larger-scale clinical trial of NET; it was staffed by qualified nurses who had been trained in NET and in the recording of assessment charts. Patients signed the Informed Consent Form after the treatment had been explained in detail by a doctor, in the presence of the next-of-kin/friend. There was no selection of patients except for the exclusion of any suspected of having an underlying psychosis, since there were no facilities for dealing with such conditions.

**Recorded Data.** Detailed data on the immediate effects of NET are presented only for one year, 1980, when nursing staff graded and recorded each patient's progress; these findings closely reflect the results of the previous 6 years, although improvements in techniques and instrumentation were constantly being introduced (15). There were no control groups but the majority of patients were their own controls; nearly all had made at least one and usually many attempts to stop their addiction without assistance.

The patients were treated continuously for the first six days and then for progressively shorter times during days 7-10, resulting in six hour' treatment on day 10. An asymmetric rectangular pulse, 0.22 msec, 1 Hz to 2000 Hz, was used to deliver 1.5-3 ma through 1 cm diameter electrodes. The choice of frequency was based on the

particular addiction being treated; details are given elsewhere (3, 24). Generally, lower frequencies were used for narcotic addiction, and higher frequencies for treating addiction involving stimulants. At night, all patients received a 100 kHz sinusoidal signal that was modulated by the patients' day-time signal.

TABLE 1

Description of patients treated by NET from 1973 to December, 1980, categorized by one main drug used.

n = 186	Her	Meth	Syn	Barb	Sed	Tran	C/Am	Hall	Alc	Nic	TOTAL	(%)
Male	59	7	6	4	2	3	5	0	17	11	114	61.3%
Female	31	3	6	1	1	1	0	1	13	15	72	38.7%
Age on receiving NET:												
< 18	5	0	0	0	1	0	0	0	0	0	6	3.2%
18 - 20	10	0	0	0	0	0	0	0	0	0	10	5.4%
21 - 30	64	7	7	3	1	1	2	0	3	5	93	50.0%
31 - 40	10	2	4	1	0	1	3	0	8	7	36	19.4%
41 - 50	1	1	0	1	1	0	0	1	7	5	17	9.1%
> 50	0	0	1	0	0	2	0	0	12	8	23	12.4%
Number of pre-NET treatments:												
None	47	2	7	2	1	2	1	1	8	19	90	50.3%
1	14	1	3	0	1	1	2	0	7	2	31	17.3%
2-4	17	3	2	2	0	0	1	0	9	4	38	21.2%
5 - 13	8	4	0	1	0	0	1	0	5	1	20	11.2%

	All Drugs	Alc	Nic	TOTAL	(%)
Number treated as Out-patients	17	7	17	41	22.0%
Number treated as In-patients	113	23	9	145	78.0%
Number who went to TC after NET 1973-1979 with an average $\bar{x}$ of 11.3 days (n = 72)	14		n/a	15	20.8%
Number who remained in Clinic after 10 days NET 1980 with average rehab stay of 19.2 days (n = 88)	58	14	n/a	72	81.8%
Mean, in days, of total stay in clinic for 10 second-admissions in 1980	12.7	4.7	0	10.0	days

- TC = Therapeutic Community
- n/a = Not Applicable
- Her = Heroin
- Meth = Methadone syrup or ampoules
- Syn = Morphine, opiates and synthetic narcotics
- Barb = Barbiturates
- Sed = Sedatives
- Tran = Tranquilizers and  $\bar{x}$  range of psycholeptic or neuroleptic drugs
- C/Am = Cocaine, amphetamines, and  $\bar{x}$  sumclants
- Hall = Hallucinogens
- Alc = Alcohol
- Nic = Nicotine

Patients' self-ratings were recorded with respect to quality of sleep and overall abstinence syndrome (AS). A random selection of urines was tested by a Government laboratory.

The standard AS as described by Himmelsbach (16) was recorded on a 0-4 scale, 4 indicating the worst and 0 absence of each of 19 symptoms or signs, the maximum possible in each assessment being 76 points. Craving and anxiety were recorded separately since these two symptoms are invariably present in any chemical withdrawal.



Records were kept of the time taken to fall asleep, the number of hours of sleep and the overall quality of sleep on a 4-point scale, as estimated both by night-nurse and patient.

Additional symptoms more specific to alcohol than other drugs - such as tremor and DT's - were recorded but not charted. Weight was taken daily; temperature, pulse, respirations and blood pressure were recorded twice daily, but apart from a brief and mild weight loss, the pattern detailed by Kolb and Himmelsbach in their classic description of the physiological signs in "abrupt withdrawal" from opiates, did not occur (16).

Follow-up. Before 1980, any patients who were willing to accept rehabilitation after NET had to be transferred to some Therapeutic Community (TC). Because so few would accept this, from January to December 1980, during the Pharmakon Clinic research period, patients were encouraged to remain in the Clinic for an additional stay of up to 30 days after NET (this is designated as days of rehabilitation in the Tables).

Questionnaires were sent by mail but some patients who did not reply were instead interviewed by staff. The questionnaires consisted mainly of multiple outcome variables. Because of inadequate funding, there was no follow-up of the 95 drug addicts, 32 alcoholics and 15 smokers who came for a single preliminary interview but did not return for treatment, for financial or other reasons.

## RESULTS

Extent of Drug Abuse. Every drug addict treated in 1980 checked a list of 41 drugs (excluding alcohol and cigarettes) most commonly abused, to indicate drugs used at any time in their past. The mean per person was 19.8 different drugs. There was a significant correlation between number of drug categories used daily at time of admission and the amount of main drug used (Pearson correlation coefficient was 0.81,  $P \leq 0.05$ ,  $n = 85$ ). This indicates that polydrug use and amount of main drug use were positively associated.

Of interest in the follow-up is the number of drug groups used on admission. The mean number for those who reported being drug-free was 2.45, while the mean for the readdicted was 3.27. The null hypothesis of no mean differences was examined via the t-test. The analysis indicated that the difference between the means was statistically significant ( $t = 2.22$ ,  $df = 80$ ,  $p \leq 0.05$ ).

Other t-tests were computed to test for differences between addiction-free and readdicted on the following variables: age, number of previous treatments, length of rehabilitation, duration of drug or alcohol history, overall indicator of AS, craving, amount of main drug and time on main drug. None of the mean differences were statistically significant.

No one requested assistance in stopping LSD although nearly all had used it and stopped without difficulty within a year. The drugs listed in Table 2 were those being used on a daily basis at the time of admission. Sometimes the amounts listed were being used simultaneously as in heroin/cocaine or methadone/methylphenidate combinations. On the other hand, the total dosage of methadone might not be used if an adequate supply of heroin were available. Daily amounts used ranged from 300 mg prescribed heroin to 9 g of street heroin, 10 to 10 g of cocaine, 40 to 800 mg of methadone and up to 70 tablets daily of various narcotics or psychotropic drugs.

These high dosages may reflect the fact that there was no selection of patients according to motivation or prognosis; and it is partly an indicator of the socioeconomic status of the majority of those treated, charity funding being available for only a small number.

TABLE 2

Analysis of drugs used daily at the time of admission, 1973-1980.

n = 186	Her'	Meth	Syn	Barb	Sed	Tran	CIA m	Hall	Alc	Nic	TOTAL	(%)
Number reporting daily use	110	39	31	28	43	55	53	26	46	26	457	
Years of use:												
0.5 - 1	8	6	5	1	5	5	3	0	2	0	35	8.6%
4-Feb	54	13	5	10	10	9	14	2	4	0	121	29.8%
10-May	42	13	13	10	9	15	26	15	18	5	166	39.7%
20-Nov	5	3	3	0	5	6	7	8	15	9	61	15.0%
21 - 30	1	0	0	1	1	1	1	0	5	7	17	4.2%
> 30	0	0	0	0	0	0	1	0	2	8	11	2.7%
Mode of use:												
Oral	0	16	8	15	38	45	2	2	46	0	172	40.2%
Snorted or smoked	20	0	1	0	0	0	18	20	0	26	85	19.9%
Subcutaneous or IM	4	1	3	0	0	1	0	0	0	0	9	2.1%
Main-lining (IV)	86	19	15	10	0	3	29	0	0	0	162	37.8%
Amount of daily use:												
Slight*	14	9	3	8	23	27	9	8	0	1	102	23.2%
Moderate	55	18	12	9	15	17	9	10	4	12	161	36.7%
Heavy	35	7	6	3	2	8	19	4	19	10	113	25.7%
Extremely Heavy	6	4	9	4	0	2	10	2	23	3	63	14.4%

Drug addicts only:

Total in years of abuse of any drug, including marijuana.

Age on Admission	Range in Years	Mean of Years
< 18	3 - 4	3.3
18 - 20	2 - 5	4.0
21 - 30	1 - 16	8.7
31 - 40	5 - 24	14.1
41 - 50	7 - 30	22.2

Drug Source:

Black Market	117
Legal prescriptions provided by doctors for licit/illicit use	72
Registered with a government Drug Dependency Unit	28
Standard prescriptions by doctors	4

\* Average purity of street heroin in London in 1980 was around 40%. Only two patients were receiving heroin legally from a Drug Dependency Unit (DDU), but several used pure (DDU) heroin obtained illegally.

.. Slight indicates up to the maximum prescribably daily dosage: for street heroin, up to 1/4 g daily.

Abstinence Syndrome. This is analyzed for each different drug group in Table 3 and for all addictions combined in Figure 1. Three factors emerged as influencing withdrawal symptomatology.

(i) A Kruskal-Wallis test for K independent groups was performed to determine if there was a difference between AS by mode of use of main drug. The results indicate that there was a significant difference between the rank sums of the various modes of use of the main drug ( $\chi^2 = 18.23$ ,  $df = 4$ ,  $P \leq 0.05$ ). The mean for intravenous use showed the highest AS.

(ii) The few patients treated a second time by NET experienced a considerable decrease in AS on the second treatment as compared to the first (Figure 2); possibly because of confidence gained from their first experience. There may also have been residual long-term effects from the previous NET.

(iii) The other factor is more difficult to explain. The few who insisted that they had absolutely no AS apart from the first few nights of poor sleep (and two even had no insomnia) were those using excessively heavy amounts of drugs. Urines were tested in all these patients, and in every such case the urine was negative for all drugs. A possible explanation is that an unnecessarily large total amount of electricity was being given to the majority but that this amount was required for the heaviest drug users.

TABLE 3

Abstinence Syndrome (AS) during 10-day course 01NET (5 days for nicotine). January 10-December, 1980 (n = 102\*)

		Her*	Meth	Syn	Barb	Sed	Tran	ClAm	Alc	Nic	TOTAL	
		n = 57	n = 5	n = 10	n = 2	n = 1	n = 3	n = 2	n = 18	n = 4	mean	
Mean daily AS out of 76:												
Days	1 - 2	5.01	5.22	8.06	3.56	2.62	159	187	3.07	0.58	461	
	3 - 4	5.07	5.90	4.59	8.12	6.71	1.56	550	0.69	0.33	410	
	5 - 7	3.79	7.70	4.40	4.25	n/a	2.50	1.50	0.84	n/a	331	
	8 - 10	1.23	2.53	1.38	1.17	n/a	1.00	2.08	0.30	n/a	110	
Mean AS rating by nurse: †												
Days	1 - 2	2.70	2.79	2.20	2.96	3.75	3.16	3.09	3.20	2.71	2.95	
	3 - 4	2.35	3.50	1.77	2.55	3.47	2.92	2.09	2.89	3.14	2.50	
	5 - 7	2.88	2.62	2.21	2.61	n/a	3.50	2.98	2.98	n/a	2.83	
	8 - 10	3.36	3.14	3.61	4.00	n/a	3.58	3.83	3.61	n/a	3.59	
Mean AS rating by patient: †												
Days	1 - 2	2.68	2.50	2.06	2.96	3.75	2.95	3.09	3.15	2.86	2.88	
	3 - 4	2.33	3.40	1.71	2.15	3.47	2.86	2.06	2.87	3.17	2.45	
	5 - 7	2.86	2.67	2.13	2.61	n/a	3.47	3.10	2.95	n/a	2.83	
	8 - 10	3.30	3.13	3.60	4.00	n/a	3.87	3.61	n/a	n/a	3.56	
Mean Sleep quality rating by nurse: †												
	3rd - 5th nights	2.92	2.27	3.02	3.33	2.25	2.75	3.08	3.60	3.67	3.05	
	6th - 8th nights	3.23	3.23	3.50	3.50	n/a	3.21	3.75	3.70	n/a	3.48	
	9th - 10th nights	3.63	3.40	3.55	3.50	n/a	3.44	3.75	3.83	n/a	3.63	
Mean Sleep quality rating by patient: †												
	3rd - 5th nights	2.84	2.13	3.04	3.33	2.50	2.62	3.17	3.77	3.00	3.00	
	6th - 8th nights	3.40	3.38	3.35	3.50	n/a	3.12	3.83	3.23	n/a	3.22	
	9th - 10th nights	3.60	3.25	3.58	3.50	n/a	3.37	3.75	3.83	n/a	3.59	
Total per day reporting freedom from Anxiety: ††												
Days	2 - 3	13	0	1	0	0	0	1	3	0	18	18%
	4 - 5	15	0	1	1	0	0	1	7	1	26	26%
	6 - 7	29	1	5	1	n/a	1	2	11	n/a	50	53%
	8 - 10	40	3	9	2	n/a	0	2	15	n/a	71	75%
Total per day reporting freedom from Craving: ††												
Days	2 - 3	29	3	3	1	0	3	1	16	1	57	56%
	4 - 5	33	3	6	1	0	2	1	17	1	64	63%
	6 - 7	40	3	4	2	n/a	4	1	16	n/a	70	74%
	8 - 10	52	4	8	3	n/a	4	2	17	n/a	90	95%

\* This analysis is based on one main drug per patient for 92 patients (n = 102 includes the 10 readmissions for a second course 01NET). The AS means do not accurately reflect the AS of individual drug groups, since, for example, only 21 patients used opiates alone and one, diazepam (100 mg daily).

\*\* Nineteen abstinence signs or symptoms, based on the Himmelsbach categorization (15), were recorded on a 0-4 scale for each symptom (4 being the worst) by qualified nursing staff. The observations were made 4 times daily from Day 1 to Day 5 (total score divided by 4 for each daily score) and twice daily from Day 6 to Day 10 (total score divided by 2 for each daily score).

† Recorded on a 4 point scale, 1 being the worst and 4 the best condition in each case.

†† n = 10 for Days 2-5 and n = 95 for Days 6-10.

	6th - 8th nights	3.40	3.38	3.35	3.50	n/a	3.12	3.83	3.23	n/a	3.22
	9th - 10th nights	3.60	3.25	3.58	3.50	n/a	3.37	3.75	3.83	n/a	3.59
Total per day reporting freedom											

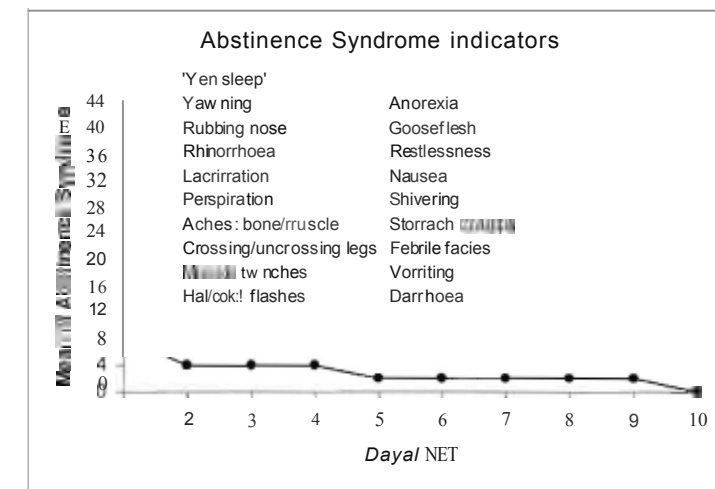


Figure 1

Mean of daily means of the AS for all addictions combined (n = 102), January-December 1980, based on Himmelsbach's categorization (14). Each of the 19 signs and symptoms were recorded on a 0-4 point scale, totaling a possible 76. No patient was graded 4 (the worst) in every indicator simultaneously. The dominant AS indicators varied between patients. The highest mean recorded was 9 points out of 76 because all drugs were totally stopped on admission and NET started immediately; thus withdrawal symptomatology was kept at a minimum from the beginning.

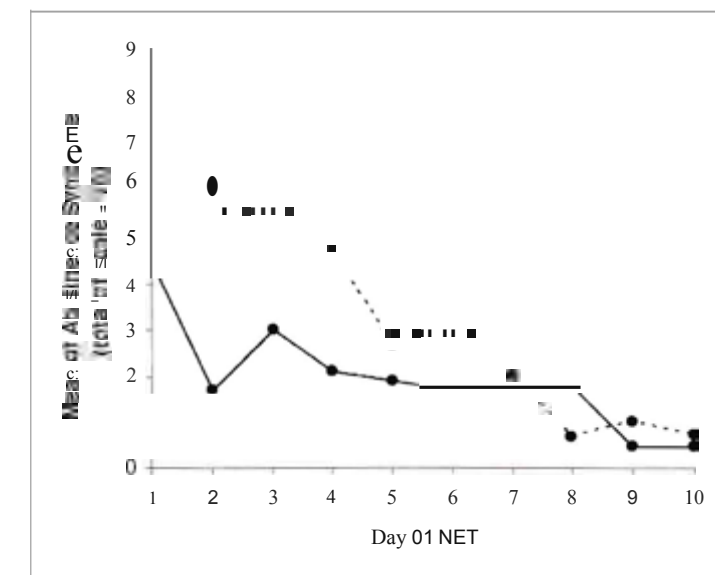


Figure 2

Comparison of the AS for 10 subjects on their first treatment (dashed line) and on admission for a second (solid line) by NET. The vertical axis has been shortened from 76 points to 9 to highlight the differences between reactions to first and second treatments.

Two of the AS have been analyzed separately (Figure 3) because of their significance: (i) craving for the drug because of its importance in recidivism; (ii) anxiety, which is not diminished by drug substitution, including the use of clonidine-like drugs (17,18,19,20), and is increased by gradual drug withdrawal. Ninety-five per cent were free of craving and 75% of anxiety by the 10<sup>th</sup> day of NET.

The follow-up questionnaires showed that craving tended to recur when patients returned to their former life-situation (Table 4), but for 80% it had finally disappeared within 4 months of NET. There are no known studies concerning the time it takes for drug craving to disappear after "standard" treatments, but methadone addicts in a drug-free TC indicated that it took at least 10 months to diminish and this while still resident in the TC.

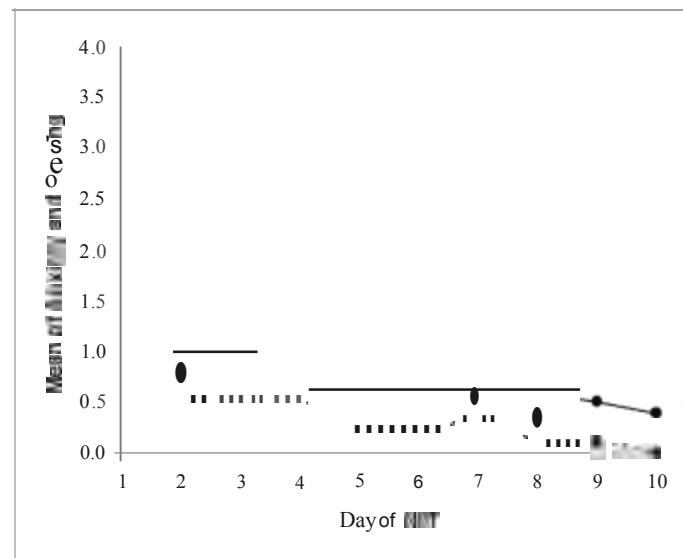


FIGURE 3

Mean of daily means for each subject for craving (dashed line) and anxiety (solid line), n = 102. Recordings were made four times daily Days 1-5 and twice daily Days 6-10. In each condition, 4 represents the maximum of the symptom and 0 the least.

Insomnia. After withdrawal from heroin and amphetamines, it takes two months for a normal sleep pattern to return (21, 22), up to four months after barbiturate withdrawal (23) and probably several weeks after stopping alcohol. The effect of NET, without hypnotics, on the sleep pattern is perhaps the most clear and impressive evidence of rapid physiological recovery, the majority regaining a normal, drug free sleep pattern between the third and ninth nights of NET (24). A specific frequency of current was found to stop persistent nightmares.

Most patients were willing to accept a drug-free program. In only a few cases was sedation considered necessary from the patient's well-being. Only oral paraldehyde was used because it would guarantee a full night's sleep without risk of overdose; in addition, the foul taste and after-effects insured no repeat requests.

Convulsions. Convulsions occur in withdrawal from a wide range of psychotropic drugs (25), e.g. persistent convulsions were reported in two infants born of mothers under treatment with the tricyclic antidepressant clomipramine (26). Even in withdrawal from diazepam at an average daily dose of only 10 mg or lorazepam at 4 mg, 2.5% of the patients in Tyrer's series of 40 suffered epileptic seizures (27). Few in the NET series used such small dosages (Table 3).

TABLE 4

Follow-up of patients treated by NET for drug, alcohol and nicotine addictions from 1973 to December, 1980.

Table with 11 columns: Outcome, Addictive substance, and Percentage. Rows include Long-term outcome (n=93), Time between NET and report (1-4 years), Time between NET and Readdiction (<2 weeks, 0.5-6 months, 6-12 months, 1-4 years), Using (Much less than before NET, Slightly less, The same as, More than), Age when treated by NET (<20, 21-30, >30), Pre-NET Treatment (None, 1, 2-4, 5-15), "Rehab" after NET (None, 1-4 weeks, 3-8 weeks, 2-4 months), Relapses after NET (None, 1-2, >2), Time between NET and first relapse (<2 weeks, 0.5-6 months, 6-12 months, 1-4 years), Duration of Longest Relapse (1-3 days, 1-3 weeks, 1-3 months, 6-12 months), Treatments since NET (other than second NET) (None, 1, >2), Second treatment by NET (...), Making Alcohol a substitute dependence (Never, Temporarily, To Date), Drug Addicts who used Alcohol daily, moderately to heavily, before NET, now (Alcohol-free, Much less, Slightly less, The same, More).

TABLE 4 (continued)

Follow-up of patients treated by NET for drug, alcohol and nicotine addictions from 1973 to December, 1980.

Table with 11 columns: Outcome, Addictive substance, and Percentage. Rows include Number who still feel Craving (Never or rarely, Occasionally, Frequently), Time when Craving finally disappeared (During NET, Within 1 month of NET, Within 4 months of NET, >4 months after NET), Quality of Sleep since NET (Much improved, Slightly improved, The same, Worse), Quality of Health since NET (Much improved, Slightly improved, The same, Worse), Cigarette use (Much decreased, Slightly decreased, The same, Increased), Marijuana use (Much decreased, Slightly decreased, The same, Increased), Relationships with family/spouse (Outstanding improvement, Slight improvement, The same, Worse), "Are you more able to cope with the problem of living than previously?" (Much better, Slightly better, The same, Worse), "If you were readdicted and wished to come off, would you do so by NET?" (Yes, No).

\* Total response rate... questionnaire, interview, was 50% (n = 186): for drug addicts 51% (n = 130), for alcoholics 60% (n = 30) and for smokers 35% (n = 26).
.. Another four were reported to be drug-free but these could not be confirmed.
.. 44% of these specified on admission that their aim was "controlled drinking", and achieved this goal.
... Percentages of addiction-free and readdicted were 6.8% and 5.0% respectively.
† Includes 3 who became nicotine-free and 2 marijuana-free.

Out of 126 patients who admitted to using drugs with the potential for causing withdrawal convulsions, 60 (47.6%) took above maximum therapeutic doses. Seven (5.5%) had seizures. No patient had more than one brief seizure except for one, treated in 1977, who had previously suffered multiple convulsions. He had been taking 1,000 mg pentobarbital, 1,000 mg chlome thiazole and 60 mg flurazepam daily for 3 years, and was

Smoking and addiction

on phenytoin on admission. His phenytoin was continued, the pentobarbital was slowly withdrawn, yet he had multiple seizures, hallucinations and delusions. In contrast, among the patients treated in 1980 who had only one brief convulsion and whose drugs had been totally stopped on admission, was one who had been taking 5,000 mg Tuinal daily for six months, in addition to 26 tablets paracetamol (for excruciating headaches), 2 g heroin and 3 g cocaine; his headaches also disappeared completely with NET.

Only two patients had alcohol withdrawal convulsions, although 69% of alcoholics treated were taking a hypnosedative or tranquilizer regularly; in both cases, the convulsions were hypoglycaemic.

Delirium Tremens. No patient experienced DTs and none had hallucinations or delusions except for the one case described above who was given a gradual withdrawal from barbiturates.

Long-term physical effects. The replies regarding post-NET health, including those referring to non-drug conditions (this review deals only with addictions), reveal no illness which could have resulted from NET, including those receiving long-term treatment for chronic pain. Table 4 shows a 75% overall improvement in health, whether or not there was a relapse in the addiction.

Deaths. There were eight reported deaths (4.3%) over an eight year period, all drug addicts. The average time between NET and death was 22 months, only one being less than one year. None were associated with NET and two were apparently unrelated to drugs. One was a suicide and three were not readdicted but died in their sleep or drowned in their bath after a single episode of heroin and alcohol.

This 6.1% death rate (out of 130 drug addicts treated) is disappointingly high even though it compares favorably with the 15% recorded in a representative sample of 128 patients of London Drug Dependence Clinics over ten years (28) or 21% in New York over 20 years (29).

## DISCUSSION

Drop-out rate (DaR). This is probably the most significant indicator both of patient acceptability of any treatment and of clinical effectiveness. In this series, the DaR over 7 years was 1.6%. The 10% who said they would not wish to have NET again did not object to the NET per se but indicated that the treatment they needed was psychotherapeutic.

Other programs report higher rates of DaR, e.g. Simpson (DARP, USA, mostly opioid users) records 71% (i.e. excluding their control group) (30) and Tyrer (low-dosage diazepam or lorazepam) 45% (27). The well-known Haight-Ashbury Drug Clinic in San Francisco use electro-acupuncture, yet there is a 90% DaR from the 21-day treatment; but of those who completed the course, 80% were drug-free at the end of one year (31).

Recidivism. More emphasis has recently been placed on the importance of prolonged dysphoria in the incidence of recidivism. This Chronic Withdrawal Syndrome (CWS) has been aptly described by a leading authority on drug addiction, Dr. Avram Goldstein (32): "It is still not understood why simple detoxification is so ineffective, but the facts are clear and inescapable...As I see it, the reason for the dismal failure of detoxification (the majority of subjects relapse before completing the customary 21 to 30-

day process) is that the newly detoxified addict, still driven by discomfort, physiological imbalances and intense craving, cannot focus attention on the necessary steps towards rehabilitation, but soon succumbs and starts using heroin again." Addicts and physicians alike agree that methadone is a much harder addiction to stop than heroin.

It takes at least six months for heroin addicts to return to physiological normality (16), probably about 10 months for methadone addicts and up to 18 months for alcoholics (33). Drugs which diminish the AS do not appear to affect this long-term dysphoria (17, 18, 19, 20); the evidence presented in Tables 3 and 4 suggests that NET diminishes it significantly and actually produces a positive mood state.

A low recidivist rate and improved quality of life are the best indicators of diminution of the CWS. Because of insufficient staff and funding, only 50% of patients treated over 7 years could be traced. Despite this low response rate, the NET drug-free rate of 80.3% (for drug addicts only) is encouraging. De Leon reports of Phoenix House in New York that "over 50% of those who had remained a year or longer in residence were successful across five years of follow-up" but his criteria of success included methadone maintenance. He goes on to say that "when effectiveness is defined in terms of heroin or methadone abstinence, less than 10% are judged successful, 10 years after treatment" (34).

Surveys world-wide have shown that "success" is directly related to the "time spent in treatment", usually in some form of TC (35); the majority insist on a "minimum residency of 18-24 months" (36). In contrast, only 42% of NET patients had any such residency and these for an average stay of only 16.06 days. A t-test was performed to determine if there was a mean difference in the days of rehabilitation between addiction-free and readdicted. The mean number of days for addiction-free was 10.92, and for the readdicted, 10.35. The t-test was not significant ( $t=0.16$ ,  $df=85$ ,  $p>0.05$ ) indicating that the duration of rehabilitation is unrelated to LTO after NET.

It is realized that many who are treated by NET still need the help of a TC or other support system, but the time required is considerably less if preceded by NET. In addition, there are many drug addicts and alcoholics who refuse hospitalization, let alone long-term residency. Thus the short duration of NET may encourage many who otherwise would make no attempt to discontinue drugs or alcohol.

Of respondents to follow-up, 17% had one treatment after NET (a second NET or other hospital treatment) and 1% had two treatments. In a 1982 US Government survey, 26% to 43% had repeat treatments every year (the number of treatments per year is not stated) after the initial treatment, for up to six years (37).

Of NET drug-free, 23.5% admit to having used alcohol as a substitute for their drug/s, but all of them only temporarily, an unusually low incidence of alcohol substitution. The same US survey reported 60% as drinking moderately or heavily 3 to 6 years after treatment (37). Other data from the NET questionnaires (Table 4) indicate a consistent improvement in quality of life and relationships, and some reductions in alcohol, marijuana and cigarette use. The readdicted also showed some improvements in these areas; in addition, 35% remained addiction-free for more than 6 months after NET and 76% were using less than before NET.

Twenty-eight (21.5%) of drug addicts treated by NET were registered with Drug Dependency Units and 10 of these responded to follow-up. Only 6% of drug-free were registered against 54% of the readdicted. Although not statistically significant, this

would tend to confirm the belief of many drug addicts that if they register, they "will never stop drug abuse because it is so easy to get the drugs".

Sixty-two per cent of the drug-free respondents have occasionally experimented with heroin after NET but discontinued it spontaneously because they found it "unsatisfactory". In contrast, when they had stopped heroin previously by any other method, a single episode was sufficient to readdict them.

Several nicotine addicts have observed that their cravings for cigarettes had been absent for about 6 months to a year after NET and had then returned; a brief "booster" treatment was effective in stopping the cravings again. This suggests a continuing effect of NET after completion of treatment (38).

Several papers have now been published on the profound effects of low intensity electrical currents on the individual nerve cell (39,40), and this review demonstrates one important clinical application of such laboratory research - a useful treatment that has no disadvantages or side-effects. The psycho-spiritual problems which make people take refuge in drugs or alcohol will continue to be a major problem in society, but a brief treatment that removes the very real dysphoria of both the acute and chronic withdrawal syndromes is a major step forward in dealing with the multifarious problems of addiction (41).

#### ACKNOWLEDGMENTS

We thank J. Leberman for the statistical analyses; the Home Office for making their records available; the Marie Curie Memorial Research Laboratories for their work with NET in animal models; the Rank Foundation for their generous support; and most of all, the Staff of Pharmakon Clinic for their dedication and enthusiasm. The follow-up was supported in part by a grant from the British Medical Association (Doris Odium Award, 1980).

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## Effects of neuro-electric therapy (N.E.T.) in drug addiction: interim report

**Author:** Margaret A. PATTERSON,

**Pages:** 55 to 62

**Creation Date:** 1976/01/01

### Effects of neuro-electric therapy (N.E.T.) in drug addiction: interim report

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#### Abstract

An interim report is presented of an in-depth study of the effects of neuro-electric therapy in the treatment of drug addiction. It prevents withdrawal symptoms and appears to remove the craving for the drug of addiction. The long-term results are significantly better in those who receive even a short period of in-patient therapy, than in those who receive out-patient therapy only.

The treatment of drug addiction by electro-acupuncture was described by Dr. Wen,<sup>1</sup> in Hong Kong in 1973, following on a visit to China in 1972 to study the techniques used there. He had started investigating electro-acupuncture in order to use it as analgesia in his operations, when some of the patients on whom he was experimenting volunteered the fact that after 40 minutes of electro-acupuncture, they lost their desire for heroin. (Hong Kong has a massive drug problem and it is estimated that an average of 15 per cent of the hospital's surgical patients were opiate addicts.)

The author had been involved with drug addicts on a personal level for several years, because her husband was investigating, filming and writing about the drug problem in the Far East on a political and sociological level. The author was therefore able to help Dr. Wen find addicts who were willing to be treated for their drug dependency, and it was established that:

1. A 40-minute treatment with electro-acupuncture consistently stopped all withdrawal symptoms for a period of time;
2. repeated treatments over a 10-day period, according to the addicts, completely removed the desire of the addicts to take their drug of addiction.

Dr. Wen reported on the first 40 cases in the Asian Journal of Medicine<sup>[1]</sup>; a single case was also described in detail by Dr. Sainsbury in the Medical Journal of Australia<sup>[2]</sup> and his results were witnessed by independent psychiatrists.

It is significant that over 100 cases treated in Hong Kong before the author left there to return to the United Kingdom in July 1973, received no counselling whatsoever, no social support, no psychotherapy. In fact, their presence in the surgical wards (no other hospital beds being available) was deeply resented by the overworked surgical nurses; also the doctors treating them, all surgeons, were frequently unavailable. In spite of this, there was complete success in taking them off their drugs without any medication. When some patients developed acute withdrawal symptoms while no doctor was available, the symptoms ceased within 15 to 20 minutes of the commencement of a treatment. No follow-up of these patients has been published so far, nor of patients who are being treated by the same method in other centres in Australia, the United States of America and the Far East <sup>[3]</sup>.

<sup>1</sup>The author was Head of Surgery in the 850-bed Chinese Hospital in Hong Kong, of which Dr. Wen was neuro-surgical consultant

The purpose of this preliminary report is to provide information on follow-up of 23 cases treated in London.<sup>2</sup> In addition, no cases who came to the author were refused treatment, and all were very hard-core addicts, except for cases 5 and 6 in the out-patient series. Two cases who were registered addicts had been pronounced by several psychiatrists as being "hopeless" cases who could never be taken off drugs. Another three cases, illegal users, were described by friend and foe alike as being "evil" in their drug-use and the author was warned not to treat them. These five cases were all treated as in-patients and have progressed well.

The technique, which the author is currently researching and developing, has been described in detail elsewhere <sup>[4]</sup>, <sup>[5]</sup>; it is a modification of Dr. Wen's original technique using acupuncture needles. The author now uses only blunt electrodes, incorporated in a comfortable headset, so that the patient is free to move around during treatment, and especially to sleep all night with the electrodes in situ. By using only blunt electrodes, there is no danger of infection or hepatitis <sup>[6]</sup>, <sup>[7]</sup>, and the pain of repeated needling is avoided.

The electrodes make contact in the concha of each ear, and a small electric current in the 1-2 mAmp range is passed through them from a portable stimulator with varied wave-forms and pulse-widths, and with a range of frequencies from 5 to 2,000 cps. The frequency is the most significant factor in the choice of parameters of current.

The immediate effect of this current-application in preventing or stopping withdrawal symptoms in drug dependency without the use of any substitute drug at all has already been demonstrated to be at least partly neuro-chemical <sup>[8]</sup>, <sup>[9]</sup>, but the long-term effects in removing the craving for the drug of addiction may eventually be shown to be due to actual reconditioning of certain brain-circuits <sup>[10]</sup>.

Laboratory research has been conducted into the electro-chemical effects of the currents used in order to determine the modus operandi, and to establish accurate parameters of current for treatment. The results of the first year's research in alcohol studies have shown to be of potential significance for clinical application in alcoholism, and similar studies are planned for other drugs such as heroin, methadone and barbiturates.

Two series of consecutive, unselected cases are summarized in tables 1 and 2. The first series were given in-patient treatment; the second series were treated as out-patients because of lack of appropriate residential facilities, and their drugs were therefore easily obtainable at any time during the course of treatment. The follow-up reports refer to mid-December 1975, and are based on personal interview and the reports of family and close friends.



TABLE I

TABLE  
I  
In-patient series: age, sex, previous drug

Previous drug taking									Details
Case	Age	Sex	Main drug/s	Maximum daily dosage	Duration of use of the main drug/s	Duration of use of any drug	Drugs given concurrently	Period of administration	
1	2	3	4	5	6	7	8 (a)	9	
1	28	M	Heroin (snorted)	2 g	3 yrs	12 yrs	Sedatives ++ Tranquillizers ++	21 days 35 days	
2	22	F	Heroin (snorted and i.v.)	2 g	3 yrs	6 yrs	Methadone 25 mg + nil Sedatives +++ Tranquillizers ++	21 days 28 days 21 days	
3	31	M	Heroin i.v. Cocaine i.v.	2 g 2 g	3 yrs 3 yrs	10 yrs	Nil	—	
4	22	F	Heroin i.v. Methadone oral (Prev. Heroin i.v., Cocaine i.v.)	600 mg (legal) 60 mg (legal) 3 g ?	3 yrs 3 yrs 3 yrs 3 yrs	11 yrs	Nil Then sedatives ++ Tranquillizers ++ Heroin + → → Methadone + nil	2 days 28 days 10 days 21 days 35 days	
5	24	M	Heroin i.v.	1 g	3 yrs	7 yrs	Sedatives ++	6 days	
6	23	F	Heroin i.v.	1 g	3 yrs	3 yrs	Sedatives ++	6 days	
7	43	M	Methadone oral (Prev. Heroin i.v., Cocaine i.v.)	500 mg (legal) 1 3/4 g 2 g	3 yrs 23 yrs 23 yrs	27 yrs	Methadone 200 mg + nil Intermittent sedatives (1 1/2 g)	14 days 28 days	
8	31	M	Heroin i.v. (Prev. illegal Heroin i.v.)	120 mg (legal) 1-1 1/2 g	2 yrs 10 yrs	13 yrs	Sedatives +	4 days	
9	26	M	Heroin (snorted) Cocaine (snorted)	1 g 1 g	3 yrs 5 yrs	10 yrs	Sedatives ±	6 days	
10	28	F	Heroin i.m. (or snorted)	Over 1 g	3 yrs	14 yrs	Sedatives ±	4 days	

(a) See (c) in table II.

(b) See (d) in table II.

\* Increased confidence; Increased motivation; Improved comprehension; Improved verbal facility and clarity; Perceptual and perceptual-motor improvement; More outgoing and less withdrawn manner; Greater calm as opposed to anxiety; Greater alertness as opposed to lethargy; Greater patience as

I  
taking, details of treatment and follow-up

of treatment			Follow-up					
Range of frequency used	Optimum frequency (cps)	Optimum waveform	Duration of neuro-electric therapy	Hours of treatment daily max.-min.	Follow-up period	Relapse lasting over one month	Drug-free at present?	Character improvement*
10	11	12 (b)	13	14	15	16	17	18
50 to 2 000	50	□	35 days	6-2	21 months	None	Yes	Marked improvement
111 to 2 000	111	△	28 days	3-1	20 months	None	Yes	Fair
8 to 400	95 8 for sleep	△ △	10 days	6-2	19 months	Two	Yes	Moderate
5-150	100	□	10 days	6-1	18 months	One	Yes	Marked improvement
90-110	110 90 for sleep	□ □	Relapse 28 days in N.H.S. hospital	7-6	1			
70-370	70	□	10 days	4-1	16 months	None	Yes	Marked improvement
40-400	40	□ + MOD	10 days	5-1	16 months	None	Yes	Marked improvement
10-110	90	△	28 days	3-1	5 1/2 months	None	Yes	Marked improvement
10-140	70 30 for sleep	△ △ + MOD	14 days	10-1 1/2	3 1/2 months	None	Yes	Marked improvement
10-100	95 15 for sleep	□ □	10 days	10-1	1 1/2 months	None	Yes	Moderate improvement
8-250	75 40 for sleep	□ □ + MOD	10 days	12-1	1 1/2 months	None	Yes	Moderate improvement

± very small dosage.

+ normal dosage.

++ large dosage.

+++ very large dosage.

TABLE II

TABLE

Out-patient series: age, sex, previous drug

Case	Age	Sex	Previous drug taking				Details	
			(a) Main drug/s	(b) Maximum daily dosage	Duration of use of the main drug/s	Duration of use of any drug	(a) Drug/s given concurrently	(c) Period of administration
1	2	3	4	5	6	7	8	9
1	24	M	Methadone oral (Prev. Heroin i.v.)	70 mg 10 g	6 mths 9½ yrs	10 yrs	Methadone 70 mg + nil	28 days
2	26	M	Ritalin i.v. Methadone i.v. Methadone oral (Prev. Heroin i.v., Cocaine i.v.)	12 tabs Over 30 g 28 mg (legal) Over 1 g 3 g	6 yrs 4 yrs 1 yr 5 yrs 2 yrs	11 yrs	Methadone 58 mg + nil 6 Nitrazepam 5 mg/tablets + nil	10 days 20 days
3	17	M	Mandrax oral (Prev. Heroin i.v.)	6 tabs 1½ g	2 mths 3½ yrs	4 yrs	Nitrazepam 2 <i>horæ</i> somni + nil	14 days
4	26	M	DF 118 oral	70 tabs	5 yrs	5 yrs	DF 118 tabs. 70 + nil	14 days
5	42	M	Valium i.v.	40 mg (legal)	5 mths	5 mths	Nil	
6	21	F	Heroin (snorted)	½ g	2 mths	2 mths	Nil	—
7	41	F	Hashish (smoked)	15-20 joints	7 yrs	7 yrs	Nil	
8	30	M	Heroin i.v.	1 g	8 yrs	14 yrs	Methadone 34 mg + nil	15 days
9	21	F	Heroin i.v.	1 g	3 yrs	5 yrs	Nil	
10	26	M	Heroin i.v.	1 g	3 yrs	6 yrs	Methadone 40 mg + nil	20 days
11	26	M	Heroin i.v. Cocaine i.v.	1 g ½ g	8 mths 8 mths	11 yrs	Methadone 90 mg + nil	7 days
12	27	M	Ritalin i.v. Methadone i.v. (Prev. Heroin i.v., Cocaine i.v.)	8 tabs (legal) 400 mg (legal) Very large dose Very large dose	1 yr 4 yrs 7 yrs 7 yrs	12 yrs	Methadone 40 mg + nil	24 days
13	20	M	Heroin i.v. Cocaine i.v.	1 g 1 g	5 yrs 5 yrs	6 yrs	Nil	

(a) The commercial names correspond to the following international non-proprietary names: Ritalin = Methylphenidate hydrochloride 10 mg/tablet; Mandrax = Methaqualone 250 mg — diphenhydramine 25 mg/tablet; DF 118 = Dihydrocodeine tartrate 30 mg/tablet; Valium = Diazepam.

Illegal consumption of drugs during treatment in out-patient series could only be speculated.

(b) "Legal" means prescribed by a doctor. All other dosages were obtained illegally in the black market.

(c) + indicates "gradually reduced to";  
→ indicates "gradually transferred to".

II

taking, details of treatment and follow-up

of treatment			Follow-up				
Range of frequency used	Optimum frequency (cps)	(d) Optimum wave-form	Duration of therapy	Hours of treatment daily max.-min.	Follow-up period	Drug-free at present?	Character improvement*
10	11	12	13	14	15	16	17
111	111	Λ	25 days	1½	19 mths	Yes	Fair to moderate
111 to 2 000	Methadone 111 Ritalin 2 000	Λ □	21 days	3-1	Nil	No	No improvement
10 to 2 000	49	Λ	18 days	3-1		?	No improvement
90 to 333	125	□ + MOD	14 days	1	18 mths	Yes	Moderate improvement
10 to 95	32	□ + MOD	5 days	1½	Nil	?	No improvement
10 to 140	10	□	18 days	1	12 mths	Yes	Moderate improvement
10 to 95	? 70 ? 10	□	10 days	1½ × 6 sessions	Nil	?	Fair improvement
10 to 2 000	2 000	□	28 days	6-2	Nil	?	Marginal improvement
10 to 150	95	□	5 days	4-2	Nil	Yes	Fair improvement
10 to 150	110	□	28 days	6-2	Nil	? No	No improvement
95	95	□	7 days	4	8 mths	? No	Moderate improvement
47 to 2 000	70	□ + MOD	28 days	9-2	7 mths	Yes	Moderate improvement
10 to 2 000	2 000	□ + MOD	56 days	¼ × 25 sessions	6½ mths	Yes	Moderate improvement

(d) The pulse wave-form was either square (□) or peak (·), with or without a modulation (MOD) of 50 kHz. Pulse-width of 0.25 milliseconds was most often used. Average amperage was in the region of 1.5 to 2 milliamperes. The voltage was always much higher in the first 1 to 2 days than subsequently.

\* Increased confidence; Increased motivation; Improved comprehension; Improved verbal facility and clarity; Perceptual and perceptual-motor improvement; More outgoing and less withdrawn manner; Greater calm as opposed to anxiety; Greater alertness as opposed to lethargy; Greater patience as opposed to aggression.

## Discussion

It is obvious from these brief records that a short initial period of in-patient therapy is preferable, because the addict under drugs lacks the will power not to take what is readily available to him.

*The follow-up in this brief outline is confined to [1] drug recidivism and [2] improvement in attitude and behaviour as estimated by the doctor and by relatives or close friends of the drug addict.*

Also, intensive "flooding" techniques can be used effectively only in an inpatient setting. This method has been employed, particularly in bereavement, to compel the patient to face up to the specific problems of his or her loss. Dr. Ramsay of the University of Amsterdam, for example, would give intensive psychotherapy over a period of 2 to 3 weeks, instead of allowing the bereaved to accommodate gradually over the months to new and difficult situations. It is claimed that this method diminishes both the suffering and the apathy. It is particularly applicable to drug addicts, who frequently describe their separation from heroin as resembling, but being more agonizing than losing husband or wife.

It must be strongly emphasised that, in order to prevent recidivism, this neuro-electric therapy is only part of the total treatment of an addict; of equal importance is the intensive counselling on the rebuilding of their lives, during the therapy period. However, evidence is emerging that the addict is significantly more receptive to such counselling or to psychotherapy when receiving simultaneous N.E.T., than in any other method of withdrawal from drugs.

All the cases described received some counselling during the therapy period, usually insufficient because of lack of time and personnel. None received any structured rehabilitation, and the long-term results have been remarkably successful notwithstanding this deficiency. It is hoped that adequate rehabilitation will be available in the future.

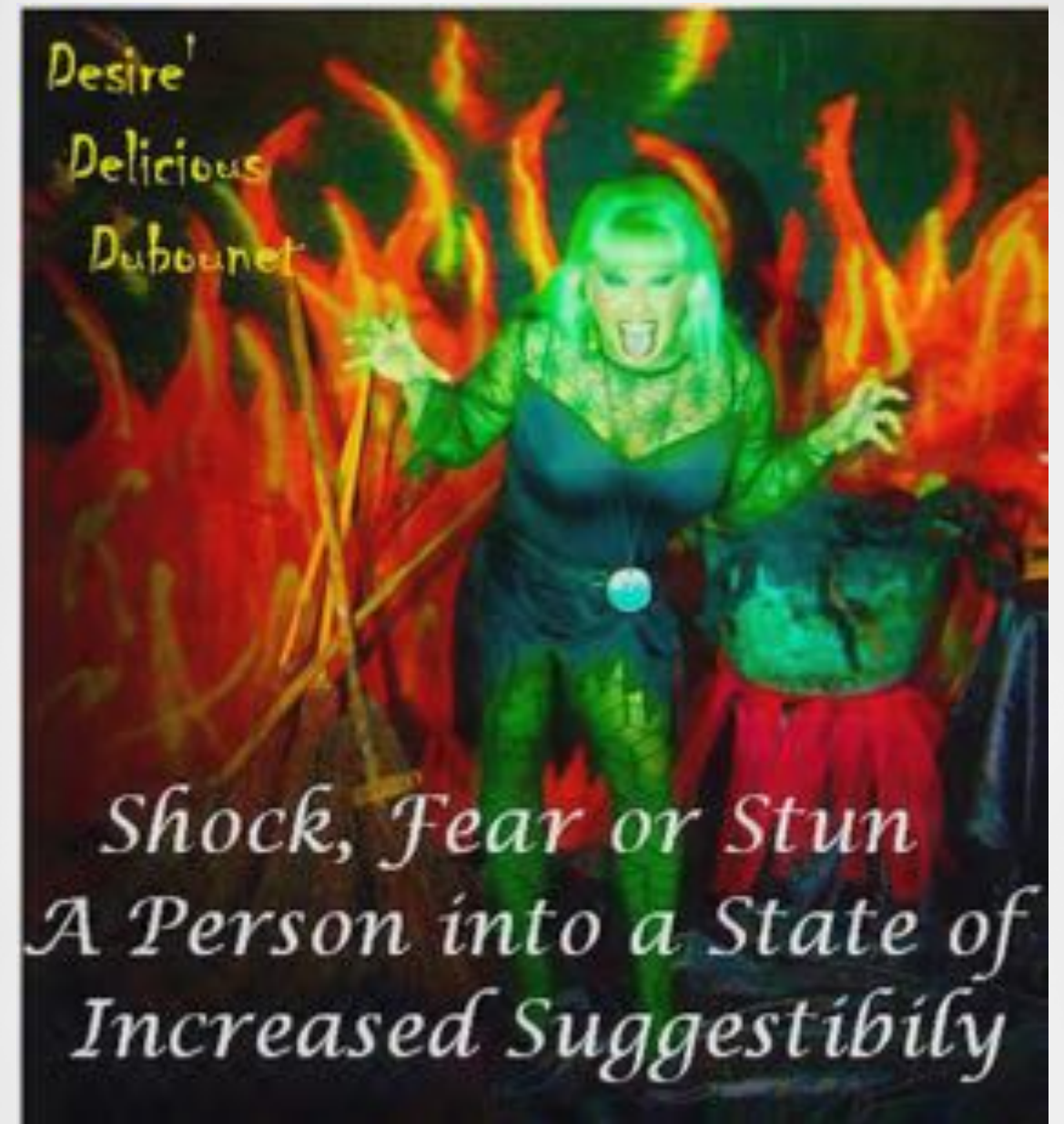
An important side-effect of the N.E.T. was regularly observed, viz. that the sleep pattern returned to normal far more rapidly than is usual in withdrawal of narcotics. This is a major problem to the addict in other methods of withdrawal, the sleep pattern taking 40 to 60 days to return to normal, with a consequent risk of addiction to sedatives. There is also a consistent increase in optimism, in contrast to the usual depression.

Addiction to barbiturates, alcohol and nicotine will be reported in a later series, as will dependency on tranquillizers and sedatives among the middle-aged.

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## Hypnosis or De-Hypnosis



We were all taught in 5th grade that we are made of atoms and atoms are made of electrons in energy states around protons and neutrons in the center. Electrons don't ever touch because they are so charged. So no atom ever touches the next atom. And when I slap my hands together nothing touches anything there is just repulsion of electrical fields.

If we take the number of all of the grains of sand on the entire planet earth and add to it all of the stars we see in the sky of our galaxy and times this huge number by 100 and we still have more electrons in one human body. These electrons never touch. What we are is an incredibly complex set of electro-magnetic-static-quantum and photonic fields. So nobody has ever perceived what we truly are.



# dehypnosis

Today people are hypnotized, they are told consciously and unconsciously what to think, say or do. There is direct undisguised outward mind control from education, marketing, entertainment, news services and the media. The powers of Big Money tell us to think with the little head, tell us other races and color are less than the norm. They tell us that different is evil. They can control the masses with ease.

Desiré has come to De-Hypnotize the Masses. To set people free to think, challenge false beliefs, recognize that there is such a rapid change happening in the world today that it takes large effort to keep up with changes. We must be humble and not rigid with false beliefs. Desiré has come to defeat the petty lizard brain and set us free.

Desiré has the ability to expose false beliefs with a simple phrase, and then set the people's minds free from their mind control hypnosis.



Smoking and addiction

As such the complex energy fields that make up us has a central guide and mind state of being that starts to make ideas and theories of what we are. No idea is fully right and no idea fully wrong. The brain is subject to suggestion. Greed does not exist we cannot touch it or see it. It is imaginary mental unreal concept. Love, anger, freedom, justice etc are called abstract nouns.

## Concrete Nouns

A **concrete noun** is a noun which names anything (or anyone) that you can perceive through your physical senses: touch, sight, taste, hearing, or smell. A concrete noun is the opposite of a abstract noun. The **highlighted words** in the following sentences are all concrete nouns:

The **judge** handed the **files** to the **clerk**.

Whenever they take the **dog** to the **beach**, it spends hours chasing **waves**.

The real estate **agent** urged the **couple** to buy the second **house** because it had new **shingles**.

As the **car** drove past the **park**, the **thump** of a disco **tune** overwhelmed the string **quartet's** **rendition** of a minuet.

The **book binder** replaced the flimsy paper **cover** with a sturdy, cloth-covered **board**.

## Abstract Nouns

An **abstract noun** is a noun which names anything which you can not perceive through your five physical senses, and is the opposite of a concrete noun. The **highlighted words** in the following sentences are all abstract nouns:

Buying the fire extinguisher was an **afterthought**.

Tillie is amused by people who are nostalgic about **childhood**.

**Justice** often seems to slip out of our grasp.

Some scientists believe that **schizophrenia** is transmitted genetically.

But at one sense of the deep energetic truth of existence all things are abstract. The brain exists to try to make sense of it all and in doing so the brain needs to judge when to take or reject a suggestion. Some 60% of the people are very prone to accepting any suggestion. Our minds are manipulated by expectations.

This is why celebrities are used to market us things because when we like someone as a well known person we like to be like them. When we are young we are more prone to suggestion and manipulation. So the peer pressure to smoke and the expectation of being cool combine to make us try a substance that we know is harmful. One person dies from cigarette smoke every 7 seconds.

The peer pressure manipulation got you addicted to a harmful substance. And now it is my job with this book to find a way to manipulate your mind back into your control and thus to set you free from the addiction.

If you are a smoker you have the suggestion that you need to cigarette to feel good. This is a false belief for the cigarette blocks oxygen, has poisons in it, and has a highly addictive substance that drives you to get a fix. It appears to make you feel good when actually it is stealing away your health beauty, and sexuality. The addiction fix makes you feel almost normal.

What will really make you feel good is quitting. What will really make you feel good is being in control. What will really make you feel good is being healthier. Foods will taste better. Your senses will be more alive. Your relationships will be more stable.

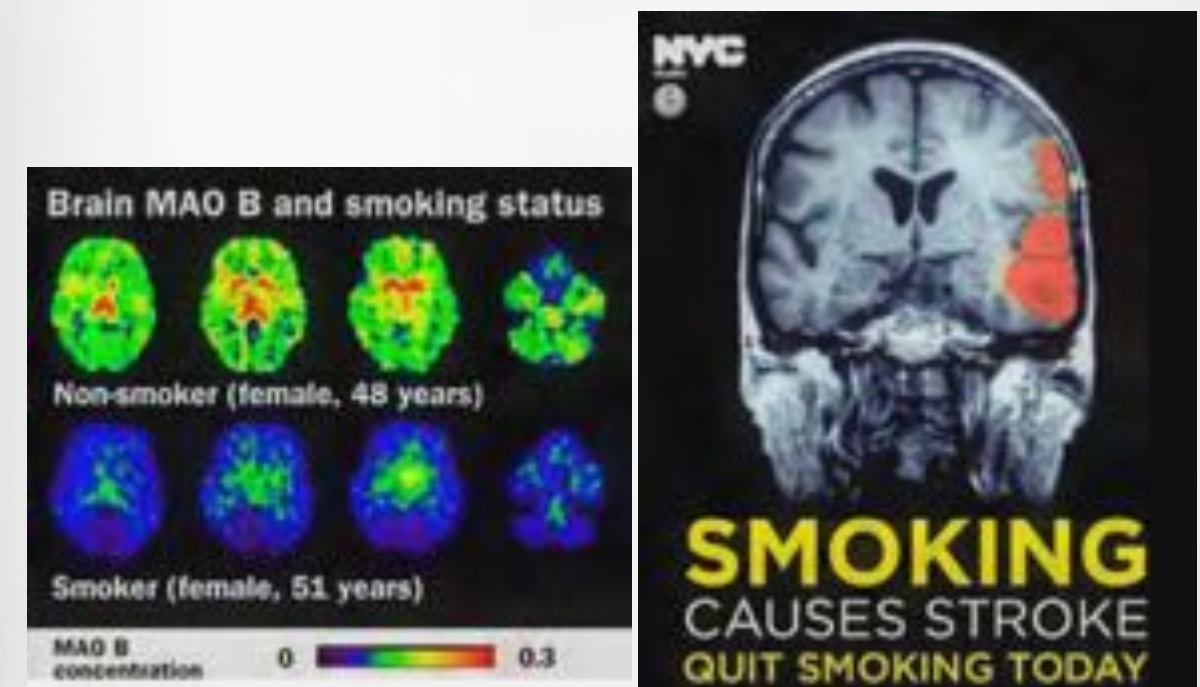
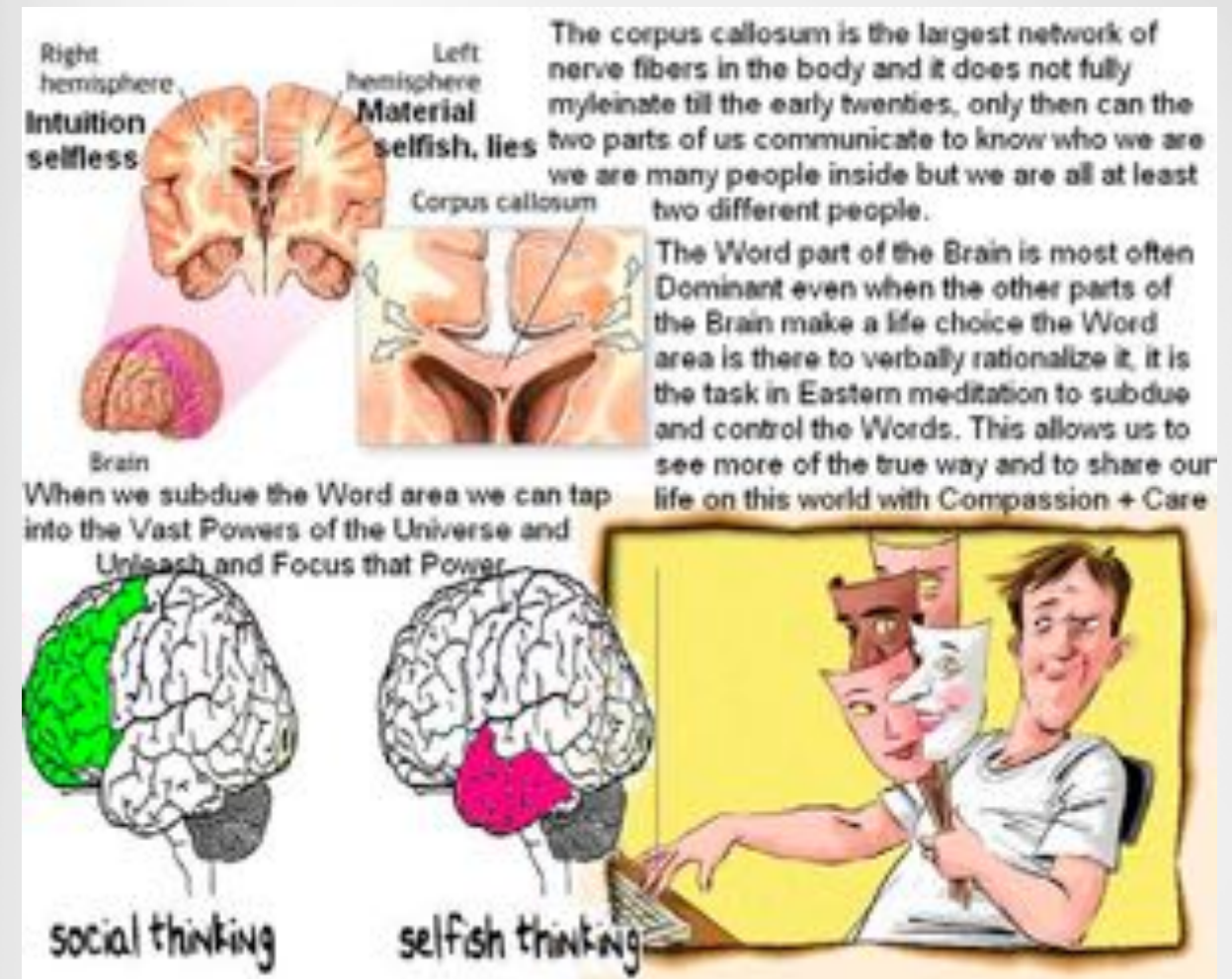
Now normal day to day meetings are also easy but you have to be careful to respect a person's privacy and dignity. You might go the whole route of your tired and your eyes are heavy. This is for a full induction of deep trance, like we all have seen on TV a hindered times. But as a witch if you want to be cleverer you need only use normal talking to plant your suggestion. If I say "Don't think of elephants" you must think of elephants.

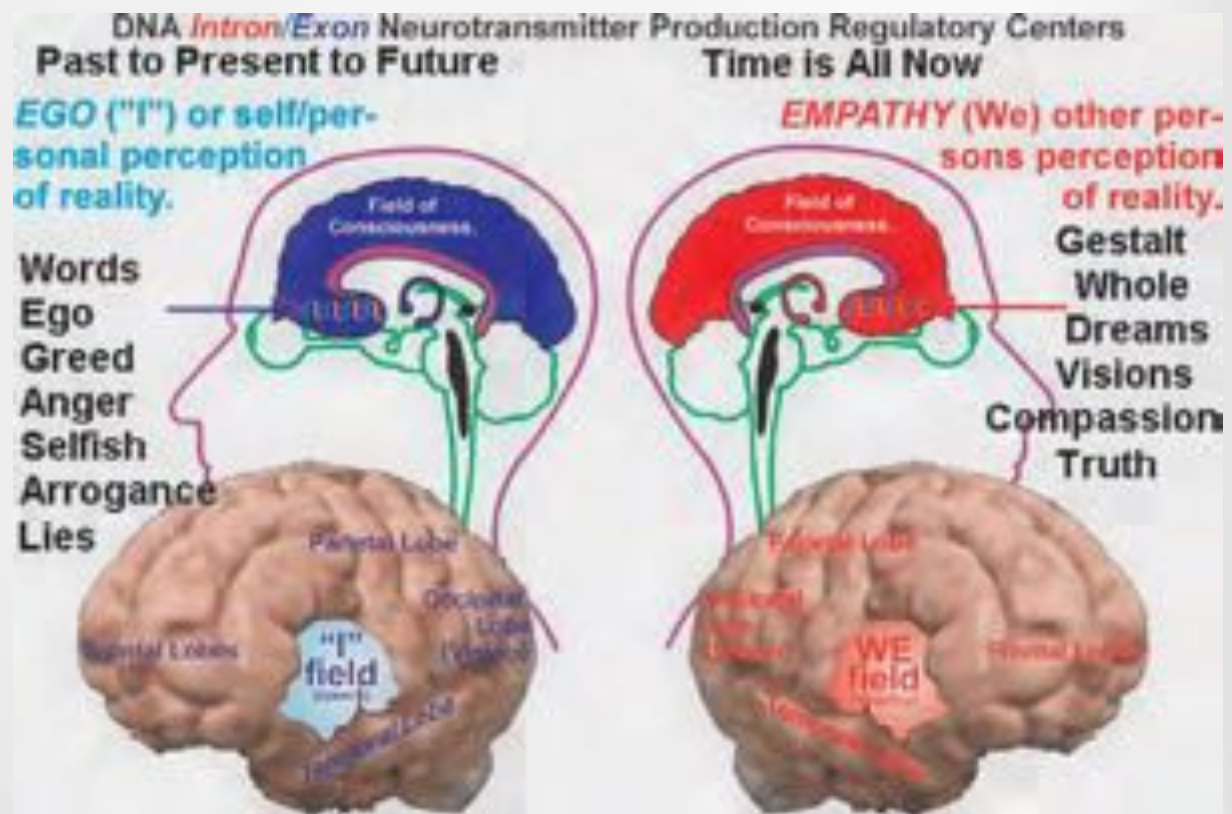
The brain treats don't in a special two brain way. It often ignores it. If you say to your child climbing a fence "Don't fall" the child's brain must access the word fall and visualize it and thus has an increased ability to fall. Don't goes to one part and the next suggestion goes elsewhere. So if I say "Don't you think I am Beautiful" the person will get the suggestion and agree with me. And if I say "whatever you do Don't think about having sex with me, don't think what grand and climactic orgasms we might shape together." The I am also planting the suggestion.

If I see that this is working then the removal of the don't can work with "Please release your inhibitions and relax into life's little pleasures, the intensity of anticipation is one of the pleasures." Use this gradual way to get suggestions for health, wellness and to dehypnotize or give suggestions for your clients or for your incantations. In my book on stopping smoking I go into more detail on addiction release with hypnosis. This book is about the sexual warrior witch.

If you say don't smoke there is a subtle suggestion to smoke. So to avoid the negativity and influence of the don't you should say "Keep your Lungs Clean", "Make your blood Healthy", or "Control your Mind", "Control Your Will". These are examples of positive suggestions.

I use negative suggestions with smoking to say "When you taste a cigarette, it will taste like dog shit", or "When you smoke you will feel the sickness of the tobacco eating away at your body".





Smoking and addiction

## PERCEPTION

Read the words in either of the triangles. Now, read the words **BACKWARD**, one word at a time. Did you notice anything different? Right brain people read the triangle on the right first. Left brain people tend to read the right triangle first. Excessive Left Brains notice the misspelling of triangle.

### THE PHONONENTIAL PWEOR OF THE HMUAN MNID

Acccdrnig to rsceearh at Cmabrigde Uinervtisy, it deoesn't mitaer in waht oredr the lttters in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltter be in the rghit pclae.

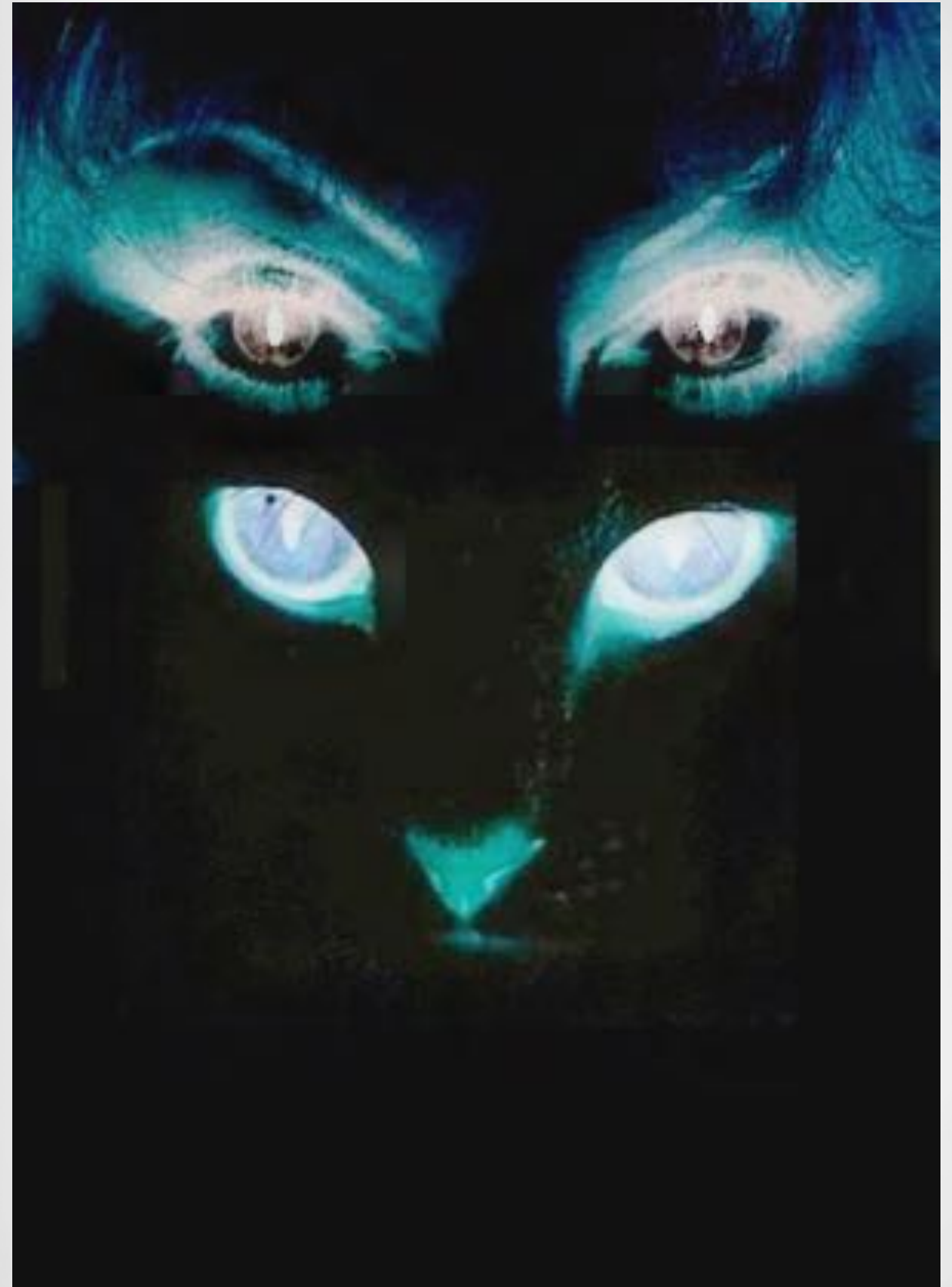
The rset can be a taotl mses and you can still raed it wouthit a porbelm. Tihis is bcuseae the huamn mnid deos not raed ervey lteter by lstief, but the entrie wrod as a wiohe. Eevn redanig wrods is a wolhe brian funtcoiln.

I cdnuolt bivelee taht I cluod atlcualy uesdnatnrd waht I was rdeanig! Amzanig ins't it?

*Left brain anal retentive types will struggle with reading this above passage. Their anal retentive spell check will be over loaded. Right brain free intuitive thinkers will read it quite easily and at normal speed.*



Smoking and addiction



333

So if you have read this whole book you are now de-hypnotized and you have seen and felt the truth if you need a last bit of strong help, LOOK at the next page and stare into my eyes for 3 min and repeat whatever suggestion you want to stop smoking. The suggestion will deepen with every day and it will become a part of you and set you free. You are no longer a smoker. You are free from the addiction. The bonds of your slavery have been cut.



334

Smoking and addiction



335





*Love  
is my  
Drug  
of  
Choice*



# QX World Conference 2010

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## Quantum Biofeedback Addiction Study

Dr Benjamin P. Licht – Diplomate Quantum Biofeedback, Naturopath, Therapist & Dietician

Hypothesis: Can biofeedback therapy: 1. Reduce the emotional stress on addicts; 2. Improve their mental ability to focus and think clearly; 3. Enable an overall physical stress reduction; and 4. Improve desire to change life circumstances (ie. Give up drugs).

Background: Many years ago I worked as a dietician in a drug rehabilitation facility. Therefore I am aware of the very low rate of success with addiction treatment. I thought that by using quantum biofeedback to: 1. rebalance a subject's brain wave patterns; 2. rebalance the Autonomic Nervous System (both sympathetic and parasympathetic; 3. rebalance emotions and neurotransmitter levels; 4. Rebalance neural defects and weaknesses; 5. Overall physical stress reduction; and 6. rebalance amino acids, minerals, essential fatty acids, and vitamins, I might assist addicts to get more from the treatment programs they were being exposed to. I know that most addicts, if not all, severely depleted their body's resources and its ability to function normally, especially in a mental capacity. This must be at least a part of the reason why so few in treatment succeed in making the transition to a normal life without drugs.

I met with the director of a local drug rehabilitation center, which actually had a fine reputation and a better than average record in getting good results with their clients. It should be recognized that said clients were not in these facilities by choice. They were there because the court gives them the choice to go to jail or take a treatment at an approved facility. From the state's position, this was a much less expensive solution than incarceration, and thus these facilities were permitted to operate. There was no charity or real intent to rehabilitate this population on the part of the state, it was simply an economic expediency.

Most counselors in drug treatment are ex addicts themselves. They have to be to really understand the inner stresses the addict endures. With all the effort and study in the field over the past 50 years, the success rate for addiction treatment remains very low. The facility's director, himself an ex addict, wanted to make our program available on a voluntary basis because he was very impressed with the personal demonstration and treatment I performed upon him. He believed it would have little effect on the population but wanted to give it a try. We had many obstacles to overcome just to start the clinical trial, the biggest being the treatment's scheduling plan.

Each client is expected to accept a full time outside job obtained by the facility within four weeks of beginning treatment. Once the job began, it would be up to the client to seek continuing biofeedback treatment. Although the client had to live in the facility for the next five months, they had only a few requirements to comply with the program. This consisted mostly of 4-5 hours of scheduled meetings with their counselors and a 4-5 hours of community service, such as cooking or cleaning up in the facility's kitchen. Before the start of their job, they were restricted to the facility 24 hours each day. This made the biofeedback treatment offer a novelty and boredom breaker for the clients. Once they were allowed off the facility to work, and they had much more control of their time, the biofeedback treatment might be seen by the clients as just another obligation.

I was permitted to speak with the entire population following a regularly scheduled informational session. I explained what we were offering, why I thought it might help, and that this was strictly voluntary. I also noted that we only had the ability to handle 8 inmates on this go around, so it was

Smoking and addiction

to be on a first come, first served basis. We immediately had over twenty volunteers. A weekly session schedule was set up allowing one hour per treatment for each inmate. This would allow us to treat 8 inmates at least four times before we'd probably lose contact due to the outside work job requirement. We ran this schedule through two sessions, treating 16 inmates in total over a two month period.

Results: We found that without exception, each subject had extremely low nervous system responses. Apparently the drug usage had "fried" their nerve's conductivity abilities. Also as anticipated, the overwhelming majority of subjects were severely nutritionally and functionally stressed. Neurotransmitter, amino acid, vitamin and essential fatty acid levels were quite low or functionally impaired. Although each subject was strongly stressed, as shown by adrenaline and cortisol levels, their resonant frequency scores were typically under 100 showing extreme nerval conductivity damage. Brain wave pattern testing (EEG) showed many functional and emotional abnormal patterns in every subject.

About half of the subjects were able to have most of these abnormalities corrected within the four week treatment period. Each subject was asked to fill out a questionnaire at the beginning and end of each session. The first questionnaire dealt with changes noticed in between treatment sessions, and was of the open ended type, such as "please describe any changes noticed by yourself from the last treatment until this session". The second questionnaire dealt with changes noticed during the treatment session itself from inception to completion, also open ended in nature.

Without exception, all subjects indicated that they felt less stress and enjoyed the session on the second questionnaire. Responses to the first questionnaire varied so much as to make it statistically insignificant. The only common thread was that several subjects reported that they slept better since beginning the treatment. All subjects showed up on time and appeared glad to be in the program, with only a few minor exceptions of mixups in appointments due to counselors rearranging appointments due to last minute changes in facility activities.

Clinically speaking, the results were less than expected or hoped for. While a few subjects reported feeling much better all around, the great majority had large swings in readings instead of steadily increasing towards normal test results. Perhaps there was simply not enough time for enough treatment, but within the limited scope of the four week, four treatment protocol, we could not find significant, consistent improvement in any of the areas measured and treated as mentioned in the hypothesis. While it is true that each and every subject said they liked the treatments, none were able to hold any improvements made by the treatments for any significant period of time. That is to say, we might balance their EEG readings, only to find on the next session an equally abnormal reading. The same result occurred with the other parameters.

Discussion: Positive results of varying kinds were had with each subject, both physically and emotionally. I believe that the physical damage done to the subjects by themselves due to their lives as addicts was simply too severe to achieve significant, lasting results within the time frame we were allotted. The simple fact that we were able to improve almost every parameter on each subject during such a short treatment session leads me to believe that if we were able to do a longer study we would have much better results.

The practicality of being able to do such a study is financially beyond our abilities at the present time. The subjects were mainstreamed very quickly with the result that we could not arrange any treatment following the initial four week regimen due to work and or social conflicts. The

same program should be attempted with a prison inmate addiction population where scheduling conflicts would be kept to a minimum, and where treatment could continue for at least three months allowing time for more physical and emotional healing of subjects to occur. An attempt was made to approach the local authorities with such a plan, but was met with extreme prejudice and difficulty. The security issues alone made the study unworkable as far as they were concerned, and there was no real concern for improving the inmates health or future ability to rejoin civilization.

# CLEARING THE CORE OF *AUTISM*

Gail Cunningham Wylie

## SCIOPATHY

ALL STEPS to the completion of TEST. (MAY REQUIRE Several Sessions - Record VARHOP/E values for each session)

### STEP 1 SETTING UP BACKGROUND PROGRAMS

#### (A) Hololinguistic Therapy:

Programs Therapy or (Universal Feedback Therapy)

Type the following words into the yellow spaces: (Centre of Therapy screen).

Primary Disease: *Autism, Virus* Organ Relation: *All* Emotional Blockage: *Resistance to Change, Anxiety*

- Add to Schuman Wave (box) – to start the Hololinguistic program.
- Multi Media (box) – at the bottom left of screen to start Manfly. Close (Returns to TEST screen).

#### (B) Body Viewer:

- Activate Body Viewer (Body viewer icon appears on screen). Body Viewer icon
- Program Start Load Individual Movie Program Stop Animation
- Load Unconscious Choice Stop Animation Treat Disease Path of all Trauma Stop Animation

Piggyback: Lymph System, Brain (Limbic system) to run in the background throughout the session.

- (a) The Lymph System: Organ Systems Lymphatics Lymph Stop Animation
- (b) The Brain Organ Systems Brain Limbic Stop Animation
- Body Viewer icon (Returns to TEST screen).

#### (C) Shaping Function:

- Programs NLP Emotional Growth Mental Factors + Emotion Chart
- Value of Neurotransmitters Close (Close until TEST screen appears).
- Close (Close Test screen). Shaping Function

TYPE: **FIVE** neurotransmitters into the white space following the word **LOVE** (Moving from the bottom of the list (*highest values*) upwards). **\*\* ALWAYS** leave two spaces between each neurotransmitter entered.

- Engage Reward Sample (3 times) – Listen for the word “Excellent” between each click.
- TEST (Returns to TEST screen)

COMPLETE the following therapies BEFORE continuing on to **STEP 2**.

Programs Therapy

- Complete: (a) Auto Colour Therapy
- (b) Auto Varhope
- (c) The Therapy suggested (highlighted in **YELLOW** at the top of the screen).
- (d) The Therapy suggested (highlighted in **PURPLE** at the top of the screen).
- Close (Close suggested Therapy screen). Close (Returns to TEST screen).

**\*\* IF** the suggested therapy is **NLP** – complete the Unconscious Choice of therapy.

Programs NLP Emotional Growth Therapies (Top of NLP Emotional Growth screen)

- Unconscious Choice of therapy (Message appears). **COMPLETE** the Therapy suggested in the message.
- Close (Returns to TEST screen).
- Programs Short Sarcodes (RECTIFY: Lymph, Liver, Kidneys, Large Intestine, Endocrine)
- Close (Returns to TEST screen).

### STEP 2 CLEARING THE RESISTANCE TO CHANGE

Programs NLP Emotional Growth Unconscious Reactivity

TYPE into the White hold tray: **Should resistance to change be inverted?**

- YES or NO Unconscious Reaction test IF the answer is “**NO**” - Close (Close until TEST screen appears).
- GO TO **STEP 3**.

IF the answer is “**YES**” or “**UNSURE**” – Return to TEST screen.

- Close (Close until TEST screen appears).
- Treatments or SCIO EPR Enhancements (Top centre of TEST screen). Stimulate Reaction/Duplicate Remedy (IRB)
- Type: **Invert Resistance to Change** Start Correction (Rectify to 100 or until button turns grey).
- Close (Returns to TEST screen).

### STEP 3 CONFIRMING AUTISM

Programs NLP Emotional Growth Unconscious Reactivity

TYPE: **Does n.a.m.e. have autism?** YES or NO Unconscious Reaction test

IF the answer is “**NO**” – use other terms for the spectrum\$: **Asperger’s Syndrome, Heightened Sensitivity to Sensory Stimulation.**

Smoking and addiction

342

343

IF the answer **remains "NO"** – then you are finished. If you have a good grounding in autism and autism like disorders you may want to ask other questions to determine the cause of the symptoms expressed. – i.e. **sulfur transferase dysfunction**.

IF the answer is **"YES"** or **"UNSURE"** – use that term throughout the rest of the session :autism, Asperger's, etc.).

## STEP 4 DETERMINING/CONFIRMING THE MIASMS INVOLVED

A LIST of the MIASM- is printed out in **Step 4** of the worksheet.

🔒 Programs      🔒 NLP Emotional Growth      🔒 Unconscious Reactivity

TYPE: **Is the ...** (i.e. MIASM-ALLER).. .. **miasm one of the causes of autism in n..a..m..e?**

(Repeat this question for each of the miasms listed.

🔒 YES or NO Unconscious Reaction test

**N.B.** CIRCLE the MIASM- answered as: **"YES"** or **"UNSURE"**.

TYPE: **Are the MIASM-VIR and the ...MIASM-** ( all miasms answered as "YES"), etc., **the only miasmic causes of autism for n..a..m..e?**

IF the answer is **"YES"** - **GO TO STEP 5.**    🔒 Close    (🔒 Close until TEST screen appears).

IF the answer is **"NO"** or **"UNSURE"** - **GO TO STEP 4** and REPEAT ALL steps *until "YES"* appears for the question asked above.

🔒 Close    (🔒 Close until TEST screen appears).

## STEP 5 DETERMINING WHICH VIRUSES ARE INVOLVED

Type: **Autism** into the **YELLOW** hold tray. (If "Autism" is no longer there).

Type: **Miasm-** into the "Search for Item" tray.    🔒 Search above Tray

🔒 (The MIASM-VIR miasm) and pull it into the **FUSCIA** Hold Tray. (On right side of matrix).

🔒 VIRUS (Filter or Sub file button located above the Hold Trays).      🔒 Both Trays

**N.B.** RECORD the names of the Viruses that appear highlighted in YELLOW. (Bottom right side of TEST screen).

FIND & RECORD the Matrix number for each Virus. TYPE **name** of the Virus into the "Search for Item" tray).    🔒 Search above Tray

To speed up the process, it is wise to recordsall of the numbers for a specific type of virus instead of just the one that comes up (for example all the gripes)

IF a treatment appears for a specific Virus instead of the Virus itself – SEARCH the **name** of the Virus and record **ALL** of the matrix numbers for this type of Virus.

IF **OTHER** miasms are involved: TYPE: **MIASM-** . . . into the "Search for Item" tray.    🔒 Search above Tray

🔒 (Left click on the other **MIASM-** . . .) and pull it into the **FUSCIA** Hold Tray. (On the right side of the matrix).

🔒 VIRUS (Filter or Subfile button located above the Hold Trays).      🔒 Both Trays

**N.B.** RECORD the names of the Viruses that appear highlighted in YELLOW. (Bottom right side of TEST screen).

FIND & RECORD the Matrix number for each Virus. (Type the **name** of the Virus into the Search Tray).    🔒 Search above tray

**REPEAT** this step for each **MIASM-** that received the answer "YES".

## STEP 6 CONFIRMING THE VIRUSES INVOLVED

🔒 Programs      🔒 NLP Emotional Growth      🔒 Unconscious Reactivity

TYPE into the Hold Tray: **Is the item located at** (the matrix number for each Virus) **on the main matrix one of the causes of autism in n..a..m..e?**

🔒 YES or NO Unconscious Reaction test

**N.B.** RECORD the matrix number that is answered with **"YES"** .or **"UNSURE"**. REPEAT this procedure for EVERY Virus recorded.

TYPE: **Are the only viral causes of** autism for n.a.m.e. **the items found at matrix #, matrix #, etc. on the main matrix?** (Use the matrix numbers you have gathered).

**\*\* TO SAVE TIME:** RIGHT CLICK – *copy* this question to save time later when you return to NLP with other Viruses.

IF the answer to the question is **"NO"** or **"UNSURE"** - **REPEAT STEP 5 & STEP 6** until **"YES"** appears for the above question.

IF the answer is **"YES"**: TYPE: **Should the Virus that appears at matrix # on the main matrix be exploded?**

🔒 YES or NO Unconscious Reaction test

**\*\* REPEAT** the above question for EACH virus found. IF the answer is **"YES"**: Circle the matrix number of that VIRUS.

🔒 Close    (🔒 Close until TEST screen appears).

## STEP 7 ZAPPING TO REMOVE THE VIRUSES

🔒 Information      🔒 INFO view (Blue box appears on TEST screen).

🔒 Information    🔒 Empty INFO to Start New    Message box appears: *Are you sure, empty info table?*

🔒 YES (Empties info table - - - Blue box on TEST screen is now empty).

TYPE: **The matrix number** of each Virus into the GO TO NO box. (Located on the right side of main matrix table on the TEST screen). (**ONLY one number at a Time!**)!

**N.B.** **LOAD** the **INFO GRID** with a **MAXIMUM** of **10 VIRUSES AT A TIME**

🔒 GO TO NO (Left CLICK and DRAG the featured item into the Info table on the TEST screen).

🔒 LOAD Report      🔒 LOAD Report (Report Items Loaded message appears).

🔒 AutoFocus ZAP (Top left on TEST screen).

🔒 9 Minutes (9 Min will appear on the main matrix Treat button).

🔒 9 Min Treat (Located on right side of main matrix on TEST screen). **Wait for treatment to finish.**

🔒 AutoFocus ZAP    🔒 9 Minutes    🔒 9 Min Treat    **Wait for treatment to finish. & REPEAT (At least 3 times).**

**N.B.** Viruses take a **minimum** of **15 minutes** to **CLEAR**, therefore it is more time efficient to run this step at least **THREE** times before proceeding to **STEP 8**.

**\*\* REPEAT** this procedure until ALL of the viruses identified as **causes** in the NLP program have been placed & treated in the INFO table.

Smoking and addiction

🔗 Programs      🔗 NLP Emotional Growth      🔗 Unconscious Reactivity

(For VIRUSES that DO NOT REQUIRE exploding) :

TYPE: **Has the item located at** (matrix #) **on the main matrix been cleared from n..a..m..e's body?** 🔗 YES or NO Unconscious Reaction test

- **AND** - (For VIRUSES that REQUIRE exploding) :

TYPE: **Has the item located at** (matrix #) **on the main matrix been exploded in n..a..m..e's body?**

Note: viruses are always cleared before they are exploded so don't waste time asking this question until after they have been cleared.

🔗 YES or NO Unconscious Reaction test

IF the answer is **"YES"** – Check the Virus off of your list.      If – "Yes" for ALL viruses on your list - GO TO **STEP 9**

IF the answer is **"NO"** or **"UNSURE"** - (For either question) leave the Virus on your list . . . . .

REPEAT **STEP 7** with **ALL** of the Viruses that have not been checked off of your list.

REPEAT **STEP 8** asking the questions regarding CLEARING & EXPLODING of ALL Viruses that have *not been checked off* of your list.

**KEEP REPEATING** these STEPS until ALL of the Viruses have been checked off of your list.

🔗 Close    🔗 Close until TEST screen appears).

### STEP 9 FINDING THE CHROMOSOMES INVOLVED

TYPE: **Autism** into the **YELLOW** Hold Tray.

Type: **Miasm-** into the "Search for Item" Tray.      🔗 Search Above Tray (Lists all of the miasms).

**Left CLICK & DRAG** the **MIASM-VIR** from the matrix into the **FUSCIA** Hold tray. (On right side of matrix).

🔗 Chromosomes (Filter/ Sub file located above the Hold Trays).      🔗 Both Trays

**N.B.** RECORD the **NUMBER & LETTER** for each Chromosome that appears highlighted in YELLOW.

IF items appear in the yellow bars that are NOT specific Chromosomes – Double CLICK the YELLOW highlighted line until that item has been rectified. (The **Reactivity/Rectify %** above the **BLUE bar graph** indicates the rectification value).

**N.B.** If an item appears – "CHANGE IN CHROMOSOME STRUCTURE" or "CHANGE IN CHROMOSOME NUMBER" – record the matrix number of this item in the **Step 9** chart.

REPEAT this process for ALL of the miasms recorded in **STEP 4**. (IF more than ONE miasm is involved).

### STEP 10 REPAIRING THE CHROMOSOMES INVOLVED

🔗 Programs      🔗 Therapy      🔗 Auto Trivector

🔗 DNA The Book Of Life (If "DNA The Book Of Life" does not appear; access it by clicking onto the atom icon).

CLEAR the word **ALL** from the "Insert Chromosome" hold tray.

TYPE: The Chromosome numbers and letters into the Hold Tray (DOUBLE SPACE between each Chromosome letter and only a single space between the Chromosome letter & it's number) i.e. 12 Q..double space..5 P etc.

🔗 Scan and Repair Genes (**Wait** for the process to complete).

🔗 Scan and Repair Genes (**REPEAT** until rectification is 100 or until bar turns white)

🔗 Telomere Repair (Seals in the DNA work done). (Run TELIOMERE for **5 minutes only!**)

🔗 Close    🔗 Close until TEST screen appears).

### STEP 11 CLEARING THE IMPACT OF MIASMS & CHROMOSOMES ON THE BODY

Type **AUTISM** into the **YELLOW** Hold Tray. (On right side of main matrix).

TYPE: *the number and letter of a chromosome* into the "Search for Item" tray. i.e. 5 P      🔗 Search above tray

Left Click & DRAG the information into the **FUSCIA** Hold Tray. (On right side of main matrix).

Left Click & DRAG the information into the **RED** Hold Tray. (Below the matrix).

Left Click & DRAG the information into the **PURPLE** (Harmonic Coupling of two items) Hold Tray. (Below the matrix).

🔗 Both Trays (Located on right side of matrix).

🔗🔗 Each highlighted YELLOW item until rectified. (95% to 100%)

**\*\*** Note SUGGESTIONS given for further treatment – These items appear with the first word NOT **capitalized** – **UNLESS IT IS AN EMOTION.**)

Note any virus, chromosome or miasm that appears. This info may be useful later.

( **% Reactivity/Rectify** above **BLUE bar graph** indicates rectification value).

🔗 Check for Mental Echo (Below matrix).      🔗🔗 Each item highlighted in YELLOW (until rectified).

🔗 Check for Causal Echo (Below matrix).      🔗🔗 Each item highlighted in YELLOW (until rectified).

🔗 Check for Etheric Echo (Below matrix).      🔗🔗 Each item highlighted in YELLOW (until rectified).

🔗 Check for Curative Echo (Below matrix).      🔗🔗 Each item highlighted in YELLOW (until rectified).

GO TO **PURPLE** Tray - 🔗 Search Harmonic (Right side - at the end of **PURPLE** Tray).

🔗🔗 Each highlighted YELLOW item until rectified. ( **% Reactivity/Rectify** above **BLUE bar graph** indicates rectification value).

**TWO tabs** have appeared under the items highlighted in YELLOW.

🔗 Emotion Focus      🔗🔗 Each item highlighted in YELLOW (until rectified).

🔗 Homeo Focus      🔗🔗 Each item highlighted in YELLOW (until rectified).

**A tab** appears.      🔗 General Focus      🔗🔗 Each item highlighted in YELLOW (until rectified).

**A tab** appears.      🔗 Top 6 Homeopathics      🔗🔗 Each item highlighted in YELLOW (until rectified).

**N.B.** IF your client has not alarmed you may use the Stimulate Reaction screen to treat the highlighted YELLOW items for each Echo & Focus button all at ONCE.

🔗 Treatments or SCIO EPR Enhancements (At top of the TEST page).      🔗 Stimulate Reaction/Duplicate Remedy (IRB)

TYPE: **T A Y F I** (Treat All Yellow Flagged Items) into the white Hold tray. 🔗 Start Correction (**REPEAT** until rectification is 85 to 100.

(**REPEAT** this whole sequence for EACH of the Chromosome numbers you have gathered.

Smoking and addiction

You may **add** the second Chromosome number on top of the one in the **RED** Hold tray as it will replace the existing number.

**N.B.** You **MUST CLEAR** the **PURPLE** hold tray (HARMONIC Coupling of two items:) or the Chromosome numbers will pile up there.

**FIND** each miasm involved by clicking *miasm-* in the "Search for Item" tray and Search Above Tray.

Individually bring each miasm into the **RED** Hold Tray and the **PURPLE** Hold Tray at the bottom of the matrix. REPEAT the above procedure.

You may do this procedure with each of the Viruses you have cleared. HOWEVER, it takes a long time and does not seem to be necessary. You may want to focus on specific Viruses that have been noted in the family history. i.e. "His maternal grandmother had polio" or were related to the regression of the child. i.e. "He lost everything after he received his MMR or DPT vaccination".

Return to: Programs NLP Emotional Growth Unconscious Reactivity

ASK: **Has the autism been cleared from n..a..m..e's body?**

IF the answer is **"YES"** - **CONGATULATIONS** for a job WELL DONE !! CELEBRATE !!

Close Close until TEST screen appears). **Go to STEP 12**

IF the answer is **"NO"** or **"UNSURE"** – You have missed something, either a Virus, a Masm or a Chromosome.

**RETURN TO STEP 3**, follow the processes outlined and ASK the following questions to determine what was missed.

Have we missed a virus in clearing autism from n.a.m.e.'s body?

Have we missed a miasm in clearing autism from n.a.m.e.'s body?

Have we missed a chromosome in clearing autism from n.a.m.e.'s body?

Follow through with the protocol on whatever was missed. You can use the information that you have noted as a starting point.

If you get a "no" as an answer for all of the above questions ask

Is there another cause of autism in \_\_\_\_\_? (such as Birth Trauma?)

### STEP 12 ENDING THE SESSION

Programs Body Scan And Face Therapy (Complete this therapy).

Close (Returns to TEST screen). Close (Closes TEST screen).

Check Current Rectifications (**NOTE the issues NOT RECTIFIED**).

Rectify of all Below Overall Rectify Tools+Data-Transfer

Save Load Back Yes (To EXIT)

### FOLLOW-UP

**348**

Although the autism has been cleared the body may still be experiencing numerous problems due to the blockage that the viruses caused over time and the trauma that the individual has experienced because of the autism. The body is now in a state in which it is able to begin the healing process and it will do so on it's own in time.. However, this process can be speeded up through regular EPIX treatments.

If there is no change in behavior (communication, social interaction, anxiety) in the individual reported over time, go back and ask whether the autism has been cleared. We often find that there is another layer buried under the first one which was hidden (thus the "yes" response) and exposed in time. Complete the whole procedure again.



## CLEARING THE CORE OF AUTISM

### WORK SHEET

Client Name:

Birth Date:

Birth Place:

SESSION DATE: \_\_\_\_\_, 2010 \_\_\_\_ Hrs. V A R H O P/E / CV ResFreq S

OC

SESSION DATE: \_\_\_\_\_, 2010 \_\_\_\_ Hrs. V A R H O P/E / CV ResFreq S

OC

SESSION DATE: \_\_\_\_\_, 2010 \_\_\_\_ Hrs. V A R H O P/E / CV ResFreq S

OC

### STEP 1. BACKGROUND PROGRAMS

- All steps to completion of TEST.
- THERAPY. Complete Trivector & Hololinguistic Therapy (Schuman Wave) and Multi Media  
**Primary Disease: Autism Virus Organ Relation: All Emotional Blockage: Resistance to Change Anxiety**
- BODY VIEWER: Piggyback: Lymph system, Brain (Reticular formation, Limbic system), etc. to run in the background.
- SHAPING FUNCTION: (Add 5 neurotransmitters).  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_
- Therapy: Complete the following therapies:

(a.) Auto Colour Therapy: \_\_\_\_\_ **349**

ALARM PHASE..... ADAPTATION PHASE..... EXHAUSTION PHASE

Smoking and addiction

(c.) Therapy Suggested (In YELLOW): \_\_\_\_\_

(d.) Therapy Suggested (In PURPLE): \_\_\_\_\_

IF the Therapy Suggested is NLP: NLP Emotional Growth – Therapies. Complete Unconscious Choice of therapy.

(e.) Short Sarcodes. RECTIFY: (Liver, Kidneys, Lymph, Large intestine, Endocrine,)

### STEP 2. CLEARING RESISTANCE TO CHANGE

1. NLP Emotional Growth - Unconscious Reactivity. ASK: *Should we invert the resistance to change?*

IF the answer is "NO": Go the STEP 3.

IF the answer is "YES": Go to TEST - TREATMENTS (SCIO EPR Enhancements)– Stimulate Reaction/Duplicate Remedy (IRB).

"Invert Resistance to Change": Rectified to \_\_\_\_\_% \_\_\_\_\_%

### STEP 3. CONFIRMING AUTISM AND THE MIASMS

(B) NLP Emotional Growth - Unconscious Reactivity.

(C) ASK: *Does \_\_\_\_\_ have autism?* Yes/No/Unsure

(D) If No ASK: *Does \_\_\_\_\_ have Asperger's?* Yes/No/Unsure

(E) If No ASK: *Does \_\_\_\_\_ have heightened sensitivity to sensory input?* Yes/No/Unsure

(F) If "No" you are finished the protocol.

If "YES" to any of these questions, use the TERM that "yes" appeared with for the rest of the session.

(Use this term in Hololinguistic and in the Yellow Hold tray on the Test page.

*Is the autism in \_\_\_\_\_ due to any other miasm other than the virus miasm?*

IF the answer is "NO": Go to STEP 5.

IF the answer is "YES": Go to STEP 4.

### STEP 4. DETERMINING / CONFIRMING THE MIASMS INVOLVED

# 1067 MIASM-ALLER (Allergies)

# 1068 MIASM-CAN (Cancer)

# 1069 MIASM-CF (Chronic Fatigue)

# 1070 MIASM-CHOL (Cholera)

# 1071 MIASM-FUN (Fungus)

# 1072 MIASM-LEP (Leprosy)

# 1073 MIASM-MEN (Mental)

# 1074 MIASM-MZL (Measles)

# 1075 MIASM-PSO (Psora)

350

# 1076 MIASM-SYC (Syphosis)

# 1077 MIASM-SYP (Syphillis)

# 0778 MIASM-TB (Tuberculosis)

# 1079 MIASM-TET (Tetanus)

# 1080 MIASM-VAC (Vaccination)

# 1081 MIASM-VIR (Virus)

NLP Emotional Growth – Unconscious Reactivity.

ASK the following question for each of the miasms in the ABOVE LIST:

*Is the \_\_\_\_\_ miasm one of the causes of autism in \_\_\_\_\_?*

**CIRCLE** all of the "YES" or "UNSURE" miasms in the above LIST.

ASK: *Are the MIASM-VIR miasm and the \_\_\_\_\_ miasm, and the \_\_\_\_\_ miasm, etc.*

*("YES" or "UNSURE" miasms) the only miasmic causes of autism in \_\_\_\_\_?*

IF the answer is "YES": Go to STEP 5.

IF the answer is "NO": REPEAT STEP 4.

### STEP 5. DETERMINING WHICH VIRUSES ARE INVOLVED

TEST page.

TYPE: **AUTISM** into the YELLOW hold tray. TYPE: **MIASM-** into the "Search for Item" tray. Search Above Tray.

Left **MIASM-VIR** and pull it into the **FUSCIA** hold tray. VIRUS filter button. Both Trays.

RECORD the YELLOW highlighted VIRUSES. TYPE the name of each virus into the "Search for Item" tray. Search Above Tray.

RECORD the MATRIX NUMBER for all of the viruses that were HIGHLIGHTED in YELLOW.

Complete this step by "Pulling each of the "YES" or "UNSURE" MIASMS into the **FUSCIA** hold tray and RECORDING the YELLOW highlighted viruses and RECORDING the MATRIX NUMBER for each of these items.

### VIRUSES from the MIASMS - BOTH TRAYS TEST

"AUTISM" with "MIASM-VIR"

# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____

351

Smoking and addiction



**"AUTISM" with "MIASM-FNG"**

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
-

**"AUTISM" with "MIASM-PSO"**

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
-

**"AUTISM" with "MIASM-TET"**

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
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**"AUTISM" with "MIASM-CAN"**

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**VIRUSES from the MIASMS - BOTH TRAYS TEST**

**"AUTISM" with "MIASM-LEP"**

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**"AUTISM" with "MIASM-VAC"**

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**"AUTISM" with "MIASM-CF"**

**"AUTISM" with "MIASM-MEN"**

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**"AUTISM" with "MIASM-SYP"**

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**"AUTISM" with "MIASM-MZL"**

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**"AUTISM" with "MIASM-SYC"**

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**"AUTISM" with "MIASM-CHOL"**

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**"AUTISM" with "MIASM-TB"**

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**"AUTISM" with "MIASM-ALLER"**

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**STEP 6. CONFIRMING THE VIRUSES**

ASK: **Is the item found at (matrix number) on the main matrix, one of the causes of AUTISM in \_\_\_\_\_?**  
 IF **"YES"** or **"UNSURE"** RECORD the matrix number in Column A below . IF **"NO"** DO NOT RECORD the matrix # in COLUMN A.

ASK: **Should the virus that is found at (# . . . ) on the main matrix, be exploded?**  
 IF **"YES"** or **"UNSURE"** - Place "YES" in Column C. IF **"NO"** Place "NO" in Column C.

REPEAT (A) and (B) for every virus previously noted in STEP 6.

ASK: **Are the items found at #... , #... , #... , #... , etc. on the main matrix the ONLY VIRAL causes of autism in \_\_\_\_\_?** IF **"YES"** Continue on to next step.. IF **"NO"** REPEAT STEP 5 and STEP 6. (Until the answer is "YES")

**STEP 7. REMOVING THE VIRUSES**

USING INFO TABLE (AUTOFOCUS ZAP)

Clear the info table. Load Report. 354 Go to M for all viruses recorded.  
 Left click – Drag viruses into the info table. (Maximum 10 at a time). Autofocus Zap for minimum of 27 minutes.

**STEP 8. CHECKING/CLEARING THE VIRUSES**

ASK: Has the item found at (# . . . ) on the main matrix been cleared from \_\_\_\_\_'s body?  
**and/or**

ASK: Has the item found at (# . . . ) on the main matrix been exploded in \_\_\_\_\_'s body?

A	B	C	D	A	B	C	D
CLEARED?	EXPLODE?	MATRIX # EXPLODED?	CLEARED?	EXPLODE?	EXPLODED?	MATRIX #	
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Smoking and addiction



"AUTISM" with "MIASM-PSO"

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"AUTISM" with "MIASM-TET"

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"AUTISM" with "MIASM-CAN"

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"AUTISM" with "MIASM-LEP"

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"AUTISM" with "MIASM-SYC"

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"AUTISM" with "MIASM-VAC"

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"AUTISM" with "MIASM-CF"

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"AUTISM" with "MIASM-MEN"

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"AUTISM" with "MIASM-SYP"

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"AUTISM" with "MIASM-CHOL"

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"AUTISM" with "MIASM-TB"

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"AUTISM" with "MIASM-MZL"

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"AUTISM" with "MIASM-ALLER"


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### STEP 10. REPAIRING CHROMOSOMES INVOLVED USING DNA

**DNA** - - Remove "ALL" & insert the Chromosome numbers (Numbers need to be entered only ONCE in this tray).  
Complete the DNA program for all of the chromosomes listed. REMEMBER - List the chromosome numbers ONLY ONCE !

### STEP 11. CLEARING CHROMOSOMES USING ECHO, & FOCUS THERAPIES


Type *AUTISM* into the **YELLOW** Hold Tray. (On right side of main matrix).



TYPE: **Chromosome** into the "Search for Item" tray. i.e. 5 P  Search above tray

Left Click & DRAG the information into the **FUSCIA** Hold Tray. (On right side of main matrix).

Left Click & DRAG the information into the **RED** Hold Tray. (Below the matrix).

Left Click & DRAG the information into the **PURPLE** (Harmonic Coupling of two items) Hold Tray. (Below the matrix).

 Both Trays (Located on right side of matrix).

  Each highlighted **YELLOW** item until rectified. (95% to 100%) **\*\* Note** The **SUGGESTIONS** given)

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Smoking and addiction

BOTH TRAYS:	----	----	----	----	----	----	----	----	----
Mental Echo: ( <b>RED</b> tray):	----	----	----	----	----	----	----	----	----
Causal Echo:	----	----	----	----	----	----	----	----	----
Etheric Echo:	----	----	----	----	----	----	----	----	----
Curative Echo:	----	----	----	----	----	----	----	----	----
( <b>PURPLE</b> tray)									
SEARCH HARMONICS:	----	----	----	----	----	----	----	----	----
EMOTION FOCUS:	----	----	----	----	----	----	----	----	----
HOMEO FOCUS:	----	----	----	----	----	----	----	----	----
GENERAL FOCUS:	----	----	----	----	----	----	----	----	----
TOP 6 HOMEOPATHICS:	----	----	----	----	----	----	----	----	----

Suggestions: ----- **359** -----

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BOTH TRAYS:	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Mental Echo:</b> <i>(RED tray):</i>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Causal Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Etheric Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Curative Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<i>(PURPLE tray):</i>																				
<b>SEARCH HARMONICS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>EMOTION FOCUS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>HOMEO FOCUS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>GENERAL FOCUS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
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Suggestions: \_\_\_\_\_  
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<b>Mental Echo:</b> <i>(RED tray):</i>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Causal Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Etheric Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>Curative Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<i>(PURPLE tray)</i>																				
<b>SEARCH HARMONICS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>EMOTION FOCUS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>HOMEO FOCUS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>GENERAL FOCUS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
<b>TOP 6 HOMEOPATHICS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

360

Suggestions: \_\_\_\_\_  
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Smoking and addiction

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<b>Mental Echo:</b> <i>(RED tray):</i>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
<b>Causal Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
<b>Etheric Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
<b>Curative Echo:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
<i>(PURPLE tray)</i>																				
<b>SEARCH HARMONICS:</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
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Suggestions: \_\_\_\_\_  
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HAS THE **AUTISM** BEEN CLEARED FROM \_\_\_\_\_ BODY? **YES/NO/UNSURE**

**NO???** **UNSURE???** – Return to **STEP 3** – ASK questions to determine what was missed during the clearing.

i.e. Have we missed a virus in clearing autism from \_\_\_\_\_ 's body? (Miasm, Chromosome?, etc.)

Is there another cause of autism in \_\_\_\_\_ ? (Such as Trauma?)

**STEP 12 CLOSING THE SESSION**

Reward your client with some FEEL GOOD or RELAXATION energies

*Via:* NLP-Relaxation pulse, or SPINAL-Timed Therapy, AUTOFOCUS Zap or Biofeedback

Complete: Body Scan and Face Therapies. **361**

Current Rectifications.

Save the data from the session.



Desire  
Delicieux  
Dubonnet