



Strannik Virtual Scanning & Strannik Light Therapy

Case Studies

The following case studies illustrate the broad scope of Strannik technology:

Section 1: Case Studies from the Treatment of Patients in the UK

Section 2: Case Studies Extracted from various Medical Reports ex Russian Medical Institutes

Section 3: Case Studies re Treatment of Migraine

Section 4: Case Studies re Diagnosis or Treatment of Patients with Cancer-related Issues

Section 5: Case Studies re diagnosis and/or Treatment of Patients with Dyslexia

1. CASE STUDIES from the UK:

1. an academic with dizziness: was advised to cease specific meditation exercises in order to prevent further damage. The issue was identified as restricted circulation in the neck. The dizziness ceased within several days. He has written to advise the improvements and his admiration for the technology.

3. a man in his late 40's had become severely **depressed** following the loss of his employment several years previously. His friends described how he would often remain drunk and in his bed for several days. His condition was one of depression and of near alcoholism. After 1-2 modules of therapy this man has re-emerged into the world and is now once again taking an active and positive approach to life.

4. a letter received from a lady of 59 years, who experienced **migraines** from the age of 11 until 59 years, thanks us for immeasurably improving her health following increasingly severe migraine attacks - the most recent resulting in her being hospitalised in a semi-conscious state.

At the first consultation we noted that her skin was white, her eyes dull and her movement slow and careful - she was a lady in very poor

health. **The health assessment gave an excellent assessment of the medical conditions which were responsible for her migraines: migraine and epilepsy, impaired cerebral circulation, impaired spinal circulation as a result of vertebral artery syndrome, osteochondrosis and idiopathic hypotension. Since starting therapy she has not had any migraine symptoms and is now completely free of migraines.** This lovely lady is now in excellent health. She is fit and well, she looks healthy and attractive, her demeanor is bright, and she is now enjoying her life to the fullest extent.

A further effect of this therapy is worth noting. Several years ago this lady had required a single mastectomy to remove cancer. This involved removal of the lymph nodes which resulted in poor drainage and hence swelling of her arm. After 4 months Virtual Scanning therapy the lady returned to her oncologist for her annual check. He was astonished to note that the lady had little, if any, remaining swelling in her arm.

5. recent consultations in London indicate the higher prevalence of allergic conditions in many organs of the body in people working in the London environment.

6. a man in his late 30's received an assessment. We commented upon his flatulence often a symptom of dyskinesia of the intestines, stressed heart and neck problems and identified that the latter two issues were due to over-exercising in the gymnasium and having undergone excessive training probably going onto heavy weights without preparation. Our assessments were 100% correct.

7. SMOKERS

- a 50 yo man putting off the day when he has to give up cigarettes has been shown the developing problems with his current health - which he recognises. He is already reducing his cigarette intake and intends to cease by the end of 2004.
- in 2003 a lady smoker when shown her health report with severe indications of heart problems and a wide range of other medical issues gave up smoking on the spot!
- a 40 a day male smoker of 49 years has realised the extent of damage to his body arising from smoking. Hardening of the arteries and kidney problems have been identified, which are corroborated by independent findings. He is reducing his smoking in efforts to finally give up.

- a 40 a day smoker and drinker of circa 40 years has been made aware of the general deterioration in his health. He has reduced his smoking to less than 5 per day and has severely reduced his alcoholic intake.

8. a man of 78 years was dissatisfied with his GP's diagnosis when he consulted him with **diabetes, circulatory problems and a swollen foot**. He became disillusioned with the diagnosis when prescribed antibiotics - presumably as a preventative measure against infection. His mobility and quality of life was at a very low level.

He has completed a course of Virtual Scanning colour therapy over a 6 month period and now comments **upon improved stability of blood sugar levels, improved mobility, improved circulation, improved energy, and dramatically improved quality of life**. He has discontinued therapy and now has complete mobility and restored quality of life.

9. a lady of c29 years related her health assessment of a **back problem** to her bed (which had already been the subject of discussion between her and her husband). The assessment indicated the developing medical problem and she is now seeking to buy a new bed.

10. A man in his 60's suffering from **severe depression** and who had been treated over many years with many different forms of medication which, he advised, never had any effect on his health: **following Virtual Scanner Colour therapy he has been completely free of depression**. He speaks favourably of Virtual Scanning technology and comments with astonishment that it has not become more widely accepted.

11. A man in his 60's suffering from **dysarthria** who had been unable to speak, only mumble inaudibly for almost 5 years. His hospital could not identify the problem despite using MRI, checking for Parkinsonism and Alzheimers, and finally was unable to assist him. Virtual Scanner detected encephalopathy, impairment of cerebral circulation, etc. Following light therapy **he was able to speak clearly within 6 days - he phoned to speak to us after 6 days!** He now speaks clearly and audibly and is delighted with the results. His current state of health is excellent.

12. A young man of 27 years, absent from work for over 4 months, with a **slipped disc** and in severe pain was being offered back surgery by his local hospital: was given a course of Virtual Scanning therapy and the positive results **enabled him to return to work, free of pain, in 3 weeks**.

13. A lady in her 40's with **migraine** (attacks 2-3 times per week), Tinnitus and other stress symptoms and who reported that medication could not assist her: Following the commencement of Virtual Scanning therapy **was free of migraine attacks within 3 weeks, reported to be free of tinnitus within 4 weeks, and reported significantly improved memory which improved her ability to pass examinations, weight loss and general state of health.** She is delighted with the results.

14. A teenager was successfully treated for **dyslexia** over a period of 6 months, despite his lack of response to other types of treatment. **A letter of thanks was received from the parent who commented that it was the only therapy, of many, which had any effect upon his son's health.**

15. A man of 50 years with **gastric reflux** which required an endoscopic examination with discussion of possible surgical options **undertook a 1-2 week course of Virtual Scanning therapy. The ailment was not detectable at the following medical examination!**

16. A man in his mid-late 50's with **asthma** undertook a course of therapy and subsequently **was able to dispense with the asthma inhaler for a period of circa 12 months.**

17. A lady consulted us about a **duodenal problem** following unsatisfactory results from her GP who advised that she did not have a problem. Virtual Scanning detected a problem with the duodenum, probably an ulcer, and referred her to her GP who under duress carried out a further consultation and again gave a negative report. She reported her dissatisfaction with the Virtual Scanning result yet she was admitted to hospital with blood discharges just one week later and spent over one week in hospital being treated for a perforated duodenal ulcer. Upon discharge from hospital she phoned to apologise re doubting her report and contacted her GP to report her dissatisfaction. We understand that **the lady gained a compensatory settlement as a result of the misdiagnosis by the GP.**

18. In several patients it is noticed that a regime of meditation, abstinence from alcoholic beverages and a natural diet is hugely beneficial in the control of health of the body. Is this a surprise?

19. The identification of clear patterns in the health assessment report for patients with **Chronic Fatigue, Chronic Fatigue Syndrome and Fibromyalgia.** Patients have failing activity of the thyroid gland and other glands in the endocrine system including little or NO compensatory response in the endocrine system i.e. NO compensatory

response to 'chronic fatigue' (at the cellular level) for some of the glands of the endocrine system.

This pattern appears also to be the case for Fibromyalgia but with further medical indications which are indicative of deteriorating health including diabetes and osteoporosis.

20. A regular pattern is emerging for patients showing **migraine** at the presymptomatic and/or symptomatic level and include most or all of the following indications: impaired cerebral circulation, impaired spinal circulation, vertebral artery syndrome, osteochondrosis (with neurological effects), idiopathic hypotension (low blood pressure).

The obvious conclusion is that impaired flow of blood and spinal fluids to the brain reduces the flow of nutrients and oxygen to the brain and is in many cases responsible for the condition which we recognise as migraine and perhaps also contributes to epilepsy and stroke.

This can be assisted by Virtual Scanning therapy which stimulates the flow of blood to the brain, improves the flow of cerebral and spinal fluids, improves the control of blood pressure, etc.

21. A lady of circa 60 years spent **2-3 years without sleep following a brain operation to remove a cancerous tumour**. Her condition was highly unstable accompanied by tearful outbursts. **Within 2 weeks of receiving her first therapy she had settled into regular sleeping and enquired whether it was reasonable to sleep for 12-14 hours.**

Further reassessment has revealed steady improvements in health, improved emotional stability with no further tearful outbursts, and a general improvement in her 'inner feeling of wellbeing'. Her health and demeanor is greatly improved. Following 4 months of therapy which the lady undertook with the greatest diligence the lady's demeanor is greatly improved, she is happy and healthy, and now comments upon joining a dating agency.

23. A lady of 82 years who developed slight shaking and tremors was initially diagnosed with **Parkinsonism** and then latterly with a Brain Tumour which was not confirmed by MRI or related testing. Virtual Scanning indicated the absence of any brain tumours which was subsequently confirmed. **Virtual Scanning therapy has clearly improved the lady's alertness and demeanor although the tremors remain. Subsequent retests have confirmed the steady improvement in the patient's health.** These are able to be determined by visible means and by comparison of test reports. The lady is very happy with progress.

24. A man of circa 40 years running a small commercial business consulted MDL and advised that he had been experiencing **stress-related headaches** for several years. The first 1-2 month of therapy have significantly reduced the extent of the headaches, his stammering has been eliminated, his voice is more relaxed and vibrant, his general demeanor improved.

25. A man of 56 years having been treated by conventional medicine and by ElectroAcupuncture for **general poor health, asthma, irregular sleep**, etc; undertook a preliminary course of therapy. Following the first module of therapy **the patient no longer required their inhaler to treat their breathing insufficiency and had significantly improved sleeping patterns.**

26. A blinded study was established to compare the performance of Virtual Scanning with ElectroAcupuncture. 15 patients were selected who had not responded to conventional medical technologies and whose response to ElectroAcupuncture remained at an unsatisfactory level. They were considered to be the most challenging of patients. *In one single module of therapy of circa 30-50 days duration one patient reported **hugely improved sleeping patterns** (his wife commented that 'he had not slept so well for years') and he ceased to require his Asthma inhaler.* His wife who works in an osteopath's health practice has been so impressed that she has enrolled for a consultation. *Of the remaining 14 patients in the trial there has been noticeable improvement in several others (1) significantly **reduced indications of emphysema and persistent cough**, and improved feeling of wellbeing, in a man of 80 years, (2) improved response in a lady with Chronic Fatigue who reported 'having her best day in months' following treatment, in lady of 44 years, (3) **improved sleeping patterns in a man of 49 years who was suffering from severe stress.*** After just one therapy module (of circa 1 month): four patients commented in writing of clear improvement i.e. of lesser symptoms, and the reports of three other patients gave clear indications of improvements although remaining above the symptomatic level.

Virtual Scanning diagnosed **all** reported indications of health and other minor indications which the patients had overlooked.

28. A man of late 30's, with mobility problems due to severe **inflammation in one knee**, was assessed. The consultation revealed a pattern of 40 cigarettes per day, heavy drinking and marital problems. His report revealed an alarming indication of pathological process development throughout his system which if allowed to continue would have created further discomfort and damage to his health. He

immediately chose to give up drinking and resolved to reduce his 40 per day pattern of smoking.

Following the first module of therapy (of psychotherapy), which he completed twice per day, he reported significantly improved mood, less depression, increased relaxation, significantly improved concentration and organisation, reduced cigarette consumption (without increasing weight), and that his general feeling of well-being is greatly improved. His report indicates that the pattern of pathological process development is now substantially compensated and, moreover, **he reports that the pain and inflammation in his knee shows signs of improvement.** His improved health, well-being and concentration has been favourably received by his wife and he now considers that his marital crisis is steadily and noticeably declining and under control.

Following/during the second module of treatment the pains in his knee have finally ceased.

29. Following a short article in **Migraine** Action News which was published in early April 2005 we have been contacted by a number of people in the age group 30-80 years who seek therapy to relieve their migraines. Within one month we have received the first successful report from the first lady treated.

A lady in her late 50's has reported that she no longer has her migraine attacks which occurred regularly each tuesday and friday. **They are either reduced to only one migraine or have now been completely eliminated. She is sufficiently impressed to have referred us to others and to sports psychologist and complementary health practitioner who have patients with similar conditions.**

30. A lady of 40 years, with ME since the age of 27 years and with severe psychological problems including phobias due to the steady prescribing of benzodiazepines and other antidepressant drugs, commenced treatment and initially commented upon the disturbing effect of feeling highly emotional and tearful. This initial phase of therapy has been followed by a positive improvement in which **she commented upon 'having her best days in months'.**

31. Whilst on Holiday we engaged a lady who broke down in tears advising that her husband, age mid-late 50's, has been left semi-paralysed following a **stroke** in 2004. We undertook to assess her husband. It is worth noting that for many years before his stroke this man had been a regular cigarette smoker. The assessment was difficult due to the effect of the man's ability to control the computer mouse. Nevertheless the man completed the test. The results indicated the

expected range of results and reflected the almost complete absence of the compensatory signal and the extensive and significant development of pathological processes across many organs in the body i.e. that his brain was badly affected and unable to implement the compensating response which is necessary to control the operation of the organs, that the control of his functions were largely autonomic and independent of the brain. A programme of treatment has been given which is hoped will stimulate the brain's compensatory responses including blood flow to the brain, etc.

Assessment of the health of others in the family revealed chronic breathing insufficiency, and developing heart problems in the son of 22 years. It was recommended that the son should cease smoking immediately.

32. A pleasant lady of mid-40's contacted us for a consultation. Her indications of **Chronic Fatigue** started shortly after her husband had a mental breakdown. Over the last 4-5 years she has tried many remedies including Acupuncture but none have had any effect. Her condition was one of extreme fatigue following short (10 minute) periods of exertion and of aches and pains in her hip. Her cardiovascular system was showing signs of deterioration.

Following the first month of therapy she noted no improvements and considered ceasing the treatment. We encouraged and cajoled her to return for a reassessment which subsequently indicated some improvements in the reports. She consulted her Acupuncturist who conceded that Acupuncture had achieved nothing in over two years of regular treatments and that she should consider an alternative. As a result she has persevered with the therapy and, after 3-4 months, is now showing positive signs of improvement. She is now able to jog for short periods and the aches and pains which have plagued her have now ceased.

33. An NLP practitioner with **dizziness, headaches/migraines, and severe circulatory problems**. His medical condition was of exceptionally low blood pressure (100/70). After one month of therapy the patient has reported distinct signs of improved blood circulation. The client is pleased with the progress and therapy is continuing.

34. A lady of 82 years with **migraines** for many years contacted us following discussions with her GP daughter. In the first module of therapy (i.e. within 2 months) she has now reported being free of migraines for over 3 weeks. After 4 weeks migraine attacks have resumed but at a lesser level of severity. The lady also reports a weight

loss of 2 kgs. **During the third module of therapy her migraine attacks have ceased.**

In addition the lady was scheduled for a knee replacement operation. **She no longer suffers from pains in her knee and as a result has postponed the operation.**

By the fourth course of therapy this lady has reported reduced the rate of occurrence and severity of migraines which are clearly stress-related. In addition she has greater vitality and mobility, and her blood pressure is at normal levels. Her weight has reduced by 5 kgs during the period of therapy and in the following 3-4 months.

35. A lady of mid 30's with **migraines** for several years. Following the first month of therapy she has confirmed that the occurrence of migraines has reduced from up to 4 times per week to just once per week.

36. A nurse/complementary health practitioner with severe indications of **Chronic Fatigue Syndrome, Severe Weight Loss and Depression**, consulted us early in 2005. **Initial therapy made little progress and she was clearly uncommitted to this approach until noting the very clear improvement in the health of others within her circle of friends who undertook Virtual Scanning Colour Therapy. She recommenced treatment in May 2005 and her progress (by July 2005) is excellent. Her energy levels and her demeanor are greatly improved.**

37. We demonstrated Virtual Scanning to the Medical Director of a leading hospital in the East Midlands and carried out an assessment on a patient who's health was not disclosed to us. We assessed the patient and were advised by the Medical Director that our assessment was 100% correct. We also advised several other issues which were not known to the patient and which should be monitored in future.

38. A patient of 76 years attended for his first check. His condition is of **prostate and asbestos-induced lung cancer** and he required assistance to walk. Following chemotherapy and radiotherapy he had severely restricted breathing due to fluid on the lungs which required surgical intervention but which failed to cure the problem of accumulating fluid. In the last 6 weeks **he no longer has fluid on the lungs to the astonishment of his consultant.** Medical Scanning techniques (x-rays) show the complete absence of fluid on his lungs. As a result he no longer has chronic breathing insufficiency, he can walk unaided and his overall health is much improved.

After 3-4 months of Virtual Scanning his health is much improved. His weight has increased by 5 kgs, he walks unaided although slowly, his breathing is dramatically improved, his eyes are alert, his mental clarity is much improved and he is happy. He died 1-2 years later i.e. 1-2 years later than forecast by his consultant. His son wrote to Montague Healthcare expressing his thanks.

39. A patient of late 20's with a history of **Epilepsy**. His condition was characterised by drowsiness during the day whilst at night with irregular sleeping patterns and interruptions. Since changing medications in the last year his weight has significantly increased with a range of associated side-effects. He was very uncommunicative as a result of the extreme drowsiness. Within 3 days (i.e the patient has been undertaking therapy 2 times per day for three days) we have received an email of thanks from the patient which comments upon significantly improved sleeping patterns i.e that he no longer suffers from drowsiness during the day and that his nightly sleeping patterns have become much improved. After 5 weeks of therapy his mental clarity is greatly improved to the satisfaction of his immediate family. He is clearly very much happier and is now able to talk in a clear, lucid and normal manner.

40. A man of mid-late 30's, unable to work due to the severity of **migraine** attacks. After the first month of therapy he reported that the frequency and severity of his migraine attacks had reduced. **Whereas before he could walk for only 5-10 minutes before experiencing a migraine attack which would almost paralyse one side of his body. He is now able to walk freely for 2-3 hours at a time without experiencing a migraine attack and the severity of the migraines is dramatically reduced.**

When he initially consulted us he was virtually disabled and unable to work. **Following 4-5 months of therapy he has returned to full-time work.** Whereas he knows that his health has dramatically improved during the course of therapy, he remains highly sceptical that Virtual Scanning has been responsible for his improvement but nothing else can explain the improvement.

41. A lady in her 70's with Lyme disease (Borreliosis) and almost daily **migraines**. When commencing therapy this lady commented that 'if we could cure her we could cure anyone'. Her medication comprise a combination of drugs including ergotamine and her primary objective is, she advises, to reduce her need for the drugs which have very unpleasant side-effects. The therapy has been showing signs of progress and her use of medication has been significantly reduced. The rate of occurrence of migraines, which the lady now refers to as

headaches, have been significantly reduced. Moreover the lady's demeanor is undoubtedly much brighter. Our conclusion is that her migraines are the result of the Lyme disease which is known to cause a range of conditions including myocarditis.

42. A pretty lady of 56 years with the after effects of a **head trauma** consulted us after the lack of progress by conventional healthcare. She has been receiving Virtual Scanning therapy for several months. Her initial health was of **migraines and of taking anti-epilepsy medications**. She was very fragile, had the appearance of being sedated and was depressed by the effect that her condition was having upon the quality of her life and of the lives of her immediate family. **After 2 modules of therapy she now looks great and, once again, she looks fit and well, happy and healthy. She comments upon feeling calmer and more relaxed** and her husband is clearly delighted with the progress.

42a This lady, in common with so many others, has been seeking a cure for her medical condition for many years. To this end she has travelled widely and in her words 'has lost count of the money spent seeking a cure' and she flew to Nottingham for a consultation. She is a vivacious lady of mid-30's suffering facial neuralgia or **Trigeminal Neuralgia**. **In the first week of therapy she has advised that she is delighted with the progress which has drastically reduced if not eliminated her pain.**

43. A practitioner working with Virtual Scanning, at the introductory and investigative stages of her work, noted the steady reduction of cell content in her blood as indicated by Virtual Scanning. As she had previously been treated for leukaemia and her most recent test had shown a steady level of leukocytes she discounted the possibility of reoccurrence of her lymphoblastic leukaemia. A subsequent medical check identified the reoccurrence of leukaemia. Her remaining doubts about this technology were dispelled.

44. A lady in her 50's with the most regular and intense **migraines** which have affected her life for 20-30 years. During her 20's her migraines were sufficiently severe that she agreed to having her uterus removed to relieve the problem. The surgery did not eliminate the cause of the migraine attacks! Her uterus had been removed as a result of the misdiagnosis of the problem and prospects for cure. During the second course of therapy i.e. within 2 months, this lady has reported being free of migraines for over 2 weeks. This may not yet have clinical significance but, for this lady, this is hugely significant.

45. A lady of 4.. years with the most regular and intense **migraines** which have affected her life for 20-30 years **has been free of migraines for four weeks during her first course of therapy.** She has the occasional headache but is no longer affected by migraines which cause the most severe distress, upset her digestive system, etc.

48. A number of patients who describe themselves as being very low, out of colour, or lacking in energy and vitality have attended for consultations. **In all cases we have been able to significantly improve their demeanor following 1-2 courses of therapy. One such lady in her 60's described her health as 'sparkling' after a one month course of therapy.**

49. Lady of 50 years comments: "I have to say that all the NHS medics could do for me was to send me to a psychologist which may have helped a little to aid me in letting go of the past which was dragging me down (including infertility), but they could not find what was wrong and only prescribed toxic drugs which I refused to take. **I do feel better in both body and mind since beginning VS** and I shall be interested to see what improvements you have found.

50. A lady c60 years commenced therapy for a spectrum of ailments including dramatic mood swings, instability, lack of energy/chronic fatigue, **sleeplessness, tinnitus,** digestive problems, etc

Following a course of therapy – currently after 4-5 monthly blocks – **the lady reports that she now sleeps uninterrupted throughout the night whereas previously she would awake typically 4-5 times; and that the extent of her tinnitus is dramatically reduced.**

51. A man of c60 years, working in the security profession, commented **after one course of therapy of 1-2 months duration that he could not recall his hay fever/allergy to pollen having been so insignificant.** Each year, like so many others, he has suffered with the sore throat, streaming eyes, and blocked nose which afflict hay fever sufferers. This year, despite the high pollen levels his hay fever is insignificant.

52. A man of late 50's feeling very low, lacking energy and his usual 'joie de vivre': After the first course of therapy he had recovered his energy and natural levels of vitality and humour.

53. A lady of 57 years: stressed, frozen shoulder, poor quality and duration of sleep, emotionally unstable i.e. breaking out in tears. The lady's concentration was very poor which made taking the test, during her first two consultations, very difficult. After 4 visits the lady's

health has dramatically improved. **Her sleep patterns are normalized, the frozen shoulder is gone, the lady is relaxed and content.**

54. A lady of 65 years: regular stress induced breathing spasms. **Within one month of commencing therapy the lady's health had dramatically improved with the complete cessation of her breathing spasms.**

55. At a recent complementary health exhibition we were approached by a lady, mid-50's whilst we were in discussions with a most eminent medical researcher. We left the lady to talk to him and he recommended that she should consult a surgeon in New York. She had decided to avoid surgery because she did not want to risk becoming injured, damaged or invalidated as a result of the surgery; and was looking for a non-drug alternative. She had her first Virtual Scanning consultation several days later. We advised and wrote to her that she should trust the health services and accept their recommendations and undergo the surgery.

She was extremely emotional - tears flowing all of the time - and very unstable. Her husband, a modern-day saint, was with her and was struggling to cope with the stress. She had asked him for divorce. We started to treat them both. She was at that time also trying some other therapies and had a very bad experience with some people in the Manchester area who treated her with some form of oxygen therapy. Her health was very badly affected. Her face was in lumps, bumps, discoloured – she looked terrible and felt very ill. Nevertheless she settled down with Virtual Scanning and over the period October 06 - February 07 we have seen the most dramatic improvement in her health - which was initially brain cancer/sarcoma. **Her medical report, obtained from her oncologist, reveals that she is now completely free from any detected biomedical components associated with cancer and that CAT scans do not detect the presence of any tumours. It appears that she does not have cancer any more although she continues to have swollen lymph glands although not as badly as before.** Nevertheless he still insists that there is the possibility that she has cancer and he wants her to have surgery.

Her relationship with her husband is greatly improved. We have seen their psychological ratio of success recover from a dismal 27% to 100% which is a normal or slightly above average figure for a well adjusted couple. Whereas before disaster was looming now they are much happier, stable, and planning for the future.

We cannot claim to have been the only procedure during the last 5 months but we have been her main treatment and she considers that

Virtual Scanning has been responsible for her greatly improved mental/psychological/emotional stability and for much of her improvement. She has been trying various remedies - most of which, in my opinion, have little effect. Irrespective if she feels good and it helps to keep her positive and focussed then they are helping. She is continuing with Virtual Scanning therapy.

56. Lady of c60 years: **reported much improved sleeping patterns.** After several modules of therapy: whereas before she slept very badly now she sleeps through the night. Her quality and quantity of sleep are much improved. Whereas before she would not sleep if she were to be visiting friends and staying in a hotel, now she can stay in hotels and get a good night's sleep.

57. a lady of 68 years with breathing and coughing problems which were affecting her quality of life e.g. she could not go to the cinema without having a coughing outburst. Virtual Scanning diagnosed the condition – of bronchiectatic disease - several months before it could be confirmed by conventional diagnostic procedures at her local hospital. **After several months of therapy she was able to resume her life without fear that these fits of coughing would occur.**

58. a lady of c21 years was fainting up to 5 times per day. Medical tests were inconclusive. She had been steadily losing weight for several months. Virtual Scanning identified that her problem was due to low blood volume and anaemia. **Within one month of commencing Virtual Scanning therapy the fainting episodes ceased.**

59. Male c 59 years with **sleep apnoea** was suffering from abnormal sleep episodes which were affecting his ability to drive and the quality of his private life. Oxygen therapy was able to reduce the severity of the symptoms. He was offered surgery to improve his breathing which was hoped would mitigate the condition. He refused the surgery and undertook several months of Virtual Scanning therapy. **After c6 months his consultant advised that he was no longer suffering from the condition.**

‘I just had to write and tell you how much better I feel after using your treatment therapy. I recently went to the hospital for my annual Sleep Apnoea appointment and the professor told me that I no longer had the condition. He asked how this could be and I told him of your therapy. To say he was stunned would be an understatement. My general wellbeing has also improved. Thank you once again.’

60. female, mid-20's, 58kgs – no significant health issues.

‘I just wanted to update you about my therapy. The installation wasn’t too bad – but the therapy is fantastic. **I feel much more relaxed and I feel absolutely amazing when I get up in the morning. Woow.** It takes patience to look at the flashing screen for 20 min but its definitely worth it. Thank you again’.

61. male, 59 years, 75 kgs

‘I consulted my GP in late spring. I have had a problem with my digestion and elimination for many years. In the last year this has flared up to an alarming extent. I have suffered with severe bloating/wind and severe diarrhea, typically 90 minutes after a meal. I tried milk of magnesia and this had some effect so I knew that gastric acidity was playing a role in the problem. My doctor, a newly qualified doctor, was unable to advise anything other than an endoscopic examination. At a subsequent consultation I was also asked to take a blood test: I have not been recalled by my doctor so I guess that I am not infected with helicobacter pylorii.

My Virtual Scanning results indicated symptomatic levels of stomach ulcer, duodenal ulcer and colitis in the intestines. Also minor indications in the gall bladder, perhaps small gall stones.

Omeprazole improved the situation however it was not a cure. If ceasing omeprazole for a day or so the symptoms would reoccur. After two months it was clear that the medication was not a long-term option. I started to use Virtual Scanning Light Therapy, initially alongside the omeprazole, and completed a one-two month course of therapy. I have not used omeprazole since the mid-end of July (2012). **I no longer need to use omeprazole** but I have to avoid fatty foods e.g. fried bacon. I am not completely free of this problem but I am distinctly improved. I no longer have the bloating and pains or the bowel spasms but I am not yet confident that this situation is permanent’.

62. female, circa 36 years

Family-related pressures, considering separation and divorce. Successfully treated for depression over a 1-2 month period.

63. female, circa 45 years

Family-related pressures in particular the health of one of her children. Depression-type symptoms. Successfully treated for depression over a 1-2 month period.

64. male, 16 years

Teenager was experiencing regular epileptic occurrences which were affecting his ability to concentrate and to learn. He was subscribed a course of Strannik Light Therapy. The initial consultation identified a pathological functional system(pfs) comprising 7 organs. He was prescribed a dose of 55% Virtual scanner Light Therapy. Over a period of 2 months his health improved to the point that he no longer experiencing any epileptic-type events. At the second consultation there was only one remaining organ in the pfs. The dose of his therapy was increased to 85%.

In addition, the mother was very stressed as a result of this problem affecting her son's health. She undertook Strannik Light Therapy which eliminated her stress.

65. Male, circa 37 years

Demonstration of the technology as part of business discussions. Client had specific health issues which were withheld until after the test was completed. SVS determined problems with the nose, posture, and sleep. Specific issues identified included allergic condition in the nose (cold/viral infection), myositis (as a result of a whiplash injury), and poor sleeping patterns (typically 3-5 hours per night). The report was completely correct.

2. CASE STUDIES Extracted from various Medical Reports ex Russian Medical Institutes

1. MD, 16 years old, was observed at endocrinology department with the diagnosis: **Diabetes, 1 type**, heavy form, labile process. Diabetic encephalopathy, polyneuropathy, retinopathy; concentration of sugar in blood was up to 28.4 mmol/l; she got insulin – 24 units of prolonged and 28 units of simple one. She passed the colour therapy for the cerebrum. As a result, after 5 sessions the level of sugar in the blood lowed to the 7-9 mmol/l.

2. SR, 23 years old, was observed at endocrinology department with the diagnosis: **Diabetes, 1 type**, heavy form. Diabetic encephalopathy, polyneuropathy, microangiopathy. Narcotic dependence, concentration of sugar in blood was up to 10-17 mmol/l, he got insulin up to 40 units per day. After 5 sessions of colour therapy the level of sugar in the blood lowed to 5 mmol/l, and it was accompanied by hypoglycaemia, and then it was set at level of 7-8 mmol/l. The insulin dose was lowered and the drug dependency decreased.

3. AM, 9 years old. Diagnosis: **Enuresis (involuntary urination 3-4 times per night)**. The boy got treatment for the cerebrum and urinary

bladder. After the fourth session the involuntary urination was observed once in 4 days.

4. NB, 14.5 years old. Complaints for **absence of menstruation** during 1.5 years against the background of nervous anorexia, hypothyroidism. After 2 series of cerebrum treatment, menstruation recommenced in 3 weeks.

5. Patient M., 23 years old. Complaints about repeated **sexual weakness** against the background of narcotic dependence at the stage of remission. After cerebrum course of treatment the libido and potency were restored.

6. MYV, 50 years old. She was observed at the physician with the diagnosis: **Myocardious myocardiocardiosclerosis with rhythm disorders**: extrasystolyl sino-tachycardia. During the diagnostics with the help of "Virtual Scanner" system the data was confirmed, and besides that the calcium deficit was revealed. After cerebrum, heart and the microelements metathesis course of treatment the patient condition noticeably improved, the heart rhythm disorders fully disappeared.

7. Patient S., 42 years old. **Endogenous depression**, 2 group of disablement, doesn't work, doesn't do even simple house work. During 8 months he took 2 courses of informational colour therapy for the cerebrum. Patient began working not only at home, but also, at the state farm. The suicidal tendencies fully disappeared.

8. Patient Ts., 54 years old. Diagnosis: **disseminated sclerosis**, 1 group of disablement. Complaints: general weakness, shaky walk, moved only with the help of others, irritability, disturbed sleep, bad appetite, weight deficit, depression. After the first course of general informational correction he began walking without any help, put on weight (2kg in 1 month), had good appetite and normal sleep. After the second course of cerebrum treatment he began doing simple work at home.

9. Patient K., 60 years old. Diagnosis: **neuritis of facial nerve and of the second branch of trifacial nerve**. Complaints for skin desensitisation of the right face part, speech infringement, and headaches. After the fourth session of the general informational correction the speech became better, and at the end of treatment course it was fully restored, headaches disappeared.

10. Patient A.C., 53 y.o. Twenty years ago she was operated on with diagnosis of Ewing's sarcoma, two course of radiotherapy from 93 she

started to develop a weakness in the legs and she stopped to walk. In addition she lost the sensitivity in the lower limbs but functions of organs of the small pelvis (bladder and anus) was retained.

Diagnosis after Virtual Scanning: **encephalomyelitis, impairment of circulation in the spinal cord**. She started a course of therapy, two modules: spinal cord and skeleto-muscular system. After the second sessions she experienced a very intense pain in the legs which could not be reduced/stopped by analgesics. Next sessions decreased the pain. After third module for peripheral nervous system this patient was very well, standing on her legs and started to take steps. Treatment continued and included a fourth module brain. At present she can move around the house and cook and live by herself.

11. Patient PB., 19 y.o. At 18yo was established diagnose with **leukoencephalitis**. During 5 years was sitting in the chair all of the time, during all of this time was treated in different clinics by different methods without any success.

VS diagnosed encephalomyelitis. Two module: brain and spinal cord. After second session of treatment started to move. When he finished both modules he can manage to walk freely.

12. Patient JK, 10 y.o. Invalid from the age of 5 y.o. Diagnosis **epilepsy**. 10 attacks every day in spite of taking all necessary medications. Also headaches.

After the first course of treatment with brain module (for 21 days) - all attacks stop. Ceased medications. In 2001 she was given another course of prophylactic treatment by VS. Still no attacks. Clinical investigation showed that the specific local area of the cortex which is responsible for the attacks has disappeared. The categorisation of disability was taken removed/withdrawn.

13. Patient EA., 43 y.o. **Paralysis. Slipped/ruptured disc L (lumbar) 3-4 vertebrae and also slipped disc of T (thoracal/chest) 6-7-8 vertebrae**. Disorder sensitivity and plegiae left upper limb, left lower limb, disorder of sensitivity and irradiating pain along the sciatic nerve and movement disorder function of left leg.

Course for spinal cord, next module - PNS. Pain in the back gone, sensitivity recovered in the left part of the body, limp disappeared and irradiating pain on the sciatic nerve disappeared. At the present time she is working as a driver.

14. Patient U., 44 y.o. Was operated 1987 concerning diffuse toxic **nodular goitre third stage (of the thyroid)**. From 1999 it recurred as Autoimmune thyroiditis. She received replacement medication L-Thyroxine and Mercasolil. TTH hormone ≤ 0.16 .

After Virtual Scanning she was given a module for thyroid gland and module for brain. After one month level of TTH is normalised at 4.1

15. Patient C., 44 y.o. Invalid/disabled for three years with diagnosis **slipped disc of L 3-4 vertebrae, spondylolisthesis. Walking with aid of walking stick**. Continuous Pain in lumbar region of spine, disorder of sensitivity, disorder of sexual functions, impossible to sit for a long period due to pain.

After VS he was given module for spinal cord and secondly for PNS. Sensitivity was normalised, low back pain disappeared completely, left the stick after the first course, after second course sexual function improved, and he started to drive his car once again. Disablement was withdrawn, general feeling of well being returned, and well for one year after the treatment.

16. Patient AS, 14 y.o. Annually for age of 8yo getting treatment in St Petersburg clinic with diagnosed **Epilepsy**. During clinical investigation clear proven sensitive area of brain responsible for epilepsy. Sedative medication morning and evening,

VS gives diagnosis of epilepsy. After that the patient starts a course of treatment for module brain and after the first session happens an intense seizure, ambulance called at home. Treatment continued with no further seizures/fits. Next module - spinal cord. After two months during investigation in St Petersburg clinic during investigation this local area was no longer detected. During a year antiseizures medication terminated, no headaches and no further seizures. Leading an active normal life, fit and without colds or other infections.

17. TP, 42 y.o. Was offered an operation for **endometriosis** in Sept 1999.

VS diagnosis endometritis course of treatment with module for womb and appendages. Next module - ovaries. Second visit to gynaecologist with diagnostic 'scrape' did not find endometriosis and cancelled the operation Third visit to gynaecologist - full recovery. Presently general condition satisfactory with no complaints.

18. MS, 42 y.o. Diagnosis **slipped disc L 3-5 vertebrae**, offered urgent operation.

After third session of VS treatment from module for spinal cord, back-pain disappeared after 5th session stopped limping and started to walk normally, after 8th session full recovery of sensitivity in lower limb. At present moment, no complaints, very active and playing basketball.

19. AP, 42 y.o. During 2 years undergoing treatment for diagnosed **plexitis** (right). Movement of right hand restricted, bent/cupped inwards, restricted movement of shoulder joint unable to be moved above horizontal.

Started treatment module for spinal cord and after only third session (was given three sessions one-after-the other) on the next day he moved his hand out of the cupped position, full range of movements in shoulder joint. After completing this course of treatment full recovery.

20. SS., 46 y.o. Operated 1989 with diagnose **diffuse toxic nodular goitre**, in 1999 condition recurred. Taking replacement medications and was offered a second operation.

Two courses of VS with modules for thyroid and module for brain after which replacement therapy cancelled. After ultrasound it was decided to withhold operation and at the present time her condition is satisfactory without need of replacement therapy.

21. Family couple A. & E., 37 and 43 y.o. **Infertility**. During 8 years she could not conceive.

After VS was detected a problem with the man which was chronic prostates and from her side chronic adnexitis (inflammation of appendages). Cyst in ovaries man was given module for prostate gland, woman module for womb and appendages plus ovaries. Only two months later she became pregnant, normal birth girl 4.3 kgs.

22. Family couple, S&E. **Infertility**. During **10 years without conception**.

He was diagnosed with oligoazospermi. She - with ovarial cyst and abnormal mucous layer of womb. VS module for prostate gland and module for metabolism for man, and for woman - VS module for womb and appendages plus ovaries, plus brain. It was in need of two courses of therapy with an interval of three months. Pregnancy by caesarean, healthy girl 3.9 kgs

23. S, 28 y.o. **Bleeding in the womb continuously during 8 months** she was hospitalised several times in gynaecology dept for scrape of

uterus plus conservative treatment plus hormonal treatment without any positive results. Husband put question about divorce. Intense anaemia, erythrocytes 2.8M

After VS module for ovaries plus womb and appendages, two sessions daily. After several first sessions blood discharges started to thicken and suddenly stopped after the fourth session. Finished complete treatment, three months later her menstrual cycle stabilised/normalised. At present moment no complaints, generally good feelings and family stable.

24. VB., 58 y.o. Continuous **tinnitus**. Irritability, dizziness, bouts of sickness. Treatment during 4 months without positive results.

VS diagnosed Menieres disease. After 4 sessions of therapy with module for ear, tinnitus, dizziness and sickness disappeared. At present moment general feeling is satisfactory. No attacks for 7 months and second course of treatment not required.

25. V, 42 y.o. Surgeon. **Allergic reaction to latex in surgical gloves**. Considering change of career after 20 years surgical experience. Hands swollen, intense redness, itching which not helping any hormonal or other medication. Condition continued for 18 months.

VS gave diagnosis of erythema multiforme - treatment modules skin plus liver. After 5th session redness and itchiness disappeared, at present continuing to work without any problem. No reoccurrence in 8 months.

26. Patient S. - woman, 38 y.o., was suffering from severe attacks of **migraine 2-3 episodes weekly**. After first course of informational therapy attacks changes - become easier, she stops take medications/analgetics, 1-2 episodes a month). After second course of treatment – she is free from this condition during 8 months at the moment.

27. Patient K. - woman, 31 y.o., **hypofunction of thyroid gland**. After course of informational therapy patient's conditions significantly improved, which was confirmed by objective paraclinical investigations.

28. Patient M. – man, 40 y.o., is suffering from **endogenic depression**, having 2-nd group of disability. After two courses of informational therapy suicidal tendency is disappeared and he started to work again.

29. Patient P., 14 years, 56 kgs. Complaints: **gasping for breath/asthma/asphyxia several times per week**, this complaint during 2 years. Investigated by pulmonologist, allergologist, and endocrinologist with diagnosis of bronchial asthma (hormonal dependent) hypofunction of thyroid gland, and allergy on house dust. During 1-year different inhalation devices prevented asthma attacks. After diagnosis on VS was detected two destabilised functional systems: system which maintains optimal sleeping pattern and system which maintains optimal breathing level. We will not analyse in details all organs which contain this systems we just discussed the organs which are most relevant in this case i.e. brain: morphological changes own mechanism of compensation not able to resist for aggression of the external environment/weak compensatory process; Nose: morphological changes permanent, signs of rhinitis, lack of blood circulation; Pituitary Gland: morphological changes periodical, significant reaction on stress; Lungs and Bronchi: hypofunction signs of formation of bronchiectatic disease; Skin: tension of compensatory abilities

Analysing the condition of each organ of this patient, attention taken by displacement of balance - increasing number of new cells in prostate gland and stable appearance in pathological connections of the brain. Patient got treatment modules for brain and module for support of optimal sleeping pattern. After finishing treatment asthma attacks no longer happening and our conclusion that bronchial asthma in this case were provoked by disbalance of functioning of system during period of puberty and using the signal therapy allow us very tenderly to stabilise the processes without medication.

30. Patient S., 38 years, 110 kgs. Complaints: during the last year **increasing blood pressure due to stress**. He went through GP and cardiologist diagnosed hypertension first stage, during diagnosis on VS detected pronounced reaction due to stress with disorders (mainly hypofunction) in the small intestine, thyroid gland, skin, pituitary gland, adrenal glands, prostate gland, testicles, gall Bladder, spleen, and lungs.

For this patient was given module of treatment for brain and pituitary gland. From third till 8th day of treatment patient noticed periodic intensive headache and increased blood pressure during the day, then his condition was stabilised and during two months the frequency of these isolated adverse events decreased. After that to stabilised results patient was recommended module against psychoemotional strike factors.

31. EB, 65 years, 93kgs. Diagnosed discirculatory **encephalopathy**, moderately low hearing function, chronic sinusitis, osteoporosis, chronic hepatitis (in anamnesis viral hepatitis A), chronic cholecystitis, risk of gallstones, chronic pancreatitis, high risk of diabetes, myocardial dystrophy, problems with rhythm and conduction, signs of latent deficit of iron, predisposition for development of allergic bronchitis, dermatitis, chronic gastroduodenitis, dyskinesia of intestine (syndrome of irritable bowel syndrome), osteochondrosis with neurological manifestation, most destabilised systems of organism: system with maintain optimal level of glucose in the blood, second system with maintains optimal volume of circulation blood, and system which maintains blood pressure. Organs under tension are blood and peripheral blood vessels, pancreas and large intestine. Morphological changes were detected in 9 organs. Was recommended block of treatment for corrections of weight also was prescribed two courses of biologically active supplements. Re-diagnosis shows significant improvements in main functions absence of morphological changes remission of chronic conditions improvement of general state and lowering of weight from 93 to 84 kg.

32. Patient G., 55 years, 78 kgs. Was prescribed module for support of optimal quantity of glucose in blood, on 50th day of treatment patient lost 5 kg without dieting and general state improved.

33. Norlan, boy, 7 years. Diagnose **type 1 insulin dependent diabetes** developed acutely 6 months ago diagnosis on virtual scanner detected the main cause of development of this condition – chronic psychogenic stress (that parents was long time in process of divorce with major rows and upheaval) this child was getting 5 or 6 injections per day of insulin, glucose in blood was from 4.5-9.5mmol/litre with tendency to ketoacidosis, was prescribed a course of treatment for 3 months. After one month glucose in blood stabilised within the normal range, the general state of health improved and he continued treatment

34. I, 12 years. Diagnosis: **Neurosis, night phobias, claustrophobia**, was prescribed a module for supporting optimal sleeping pattern. On first treatment session the girl experienced horror scenes as a result of the flashing colour range on the monitor. After one week of treatment her phobias had disappeared and her night dreams had normalised.

3. Case Studies MIGRAINE

4. a letter received from a lady of 59 years, who experienced **migraines** from the age of 11 until 59 years, thanks us for immeasurably improving her health following increasingly severe

migraine attacks - the most recent resulting in her being hospitalised in a semi-conscious state.

At the first consultation we noted that her skin was white, her eyes dull and her movement slow and careful - she was a lady in very poor health. The health assessment gave an excellent assessment of the medical conditions which were responsible for her migraines: migraine and epilepsy, impaired cerebral circulation, impaired spinal circulation as a result of vertebral artery syndrome, osteochondrosis and idiopathic hypotension. **Since starting therapy she has not had any migraine symptoms and is now completely free of migraines. This lovely lady is now in excellent health. She is fit and well, she looks healthy and attractive, her demeanor is bright, and she is now enjoying her life to the fullest extent.**

A further effect of this therapy is worth noting. Several years ago this lady had required a single mastectomy to remove cancer. This involved removal of the lymph nodes which resulted in poor drainage and hence swelling of her arm. After 4 months Virtual Scanning therapy the lady returned to her oncologist for her annual check. He was astonished to note that **the lady had little, if any, remaining swelling in her arm.**

13. A lady in her 40's with **migraine** (attacks 2-3 times per week), Tinnitus and other stress symptoms and who reported that medication could not assist her: Following the commencement of Virtual Scanning therapy **was free of migraine attacks within 3 weeks**, reported to be free of **tinnitus** within 4 weeks, and reported significantly improved memory which improved her ability to pass examinations, weight loss and general state of health. She is delighted with the results.

21. During a stressful period, due to the pressure of work, a businessman's **sleep patterns** deteriorated and he was experiencing headaches. He was sleeping typically 5-6 hours per night, his sleep was being interrupted by long and intense periods of dreams, and he was waking with the onset of daylight. He was feeling fatigued and experienced his first ever migraine. A programme of therapy commenced. The first 'emotional' therapy (of 6*20 minute sessions) made no change but **after just one session of 'brain' therapy he slept 9-10 hours without being interrupted by periods of dreaming.**

24. A man of circa 40 years running a small commercial business consulted MDL and advised that he had been experiencing **stress-related headaches** for several years. **The first 1-2 month of therapy have significantly reduced the extent of the headaches, his stammering has been eliminated, his voice is more relaxed and vibrant, his general demeanor improved.**

29. Following a short article in Migraine Action News which was published in early April 2005 we have been contacted by a number of people in the age group 30-80 years who seek therapy to relieve their migraines. Within one month we have received the first successful report from the first lady treated.

A lady in her late 50's has reported that she no longer has her **migraine** attacks which occurred regularly each tuesday and friday. They are **either reduced to only one migraine or have now been completely eliminated**. She is sufficiently impressed to have referred us to others and to sports psychologist and complementary health practitioner who have patients with similar conditions.

33. An NLP practitioner with **dizziness, headaches/migraines, and severe circulatory problems**. His medical condition was of exceptionally low blood pressure (100/70). **After one month of therapy the patient has reported distinct signs of improved blood circulation.**

34. A lady of 82 years with **migraines** for many years contacted us following discussions with her GP daughter. In the first module of therapy (i.e. within 2 months) she has now reported being free of migraines for over 3 weeks. After 4 weeks migraine attacks have resumed but at a lesser level of severity. The lady also reports a weight loss of 2 kgs. **During the third module of therapy her migraine attacks have ceased.**

In addition the lady was scheduled for a knee replacement operation. She no longer suffers from pains in her knee and as a result has postponed the operation. By the fourth course of therapy this lady has reported reduced the rate of occurrence and severity of migraines which are clearly stress-related. In addition she has greater vitality and mobility, and her blood pressure is at normal levels. **Her weight reduced by 5 kgs during the period of therapy** and in the following 3-4 months.

35. A lady of mid 30's with **migraines** for several years. Following the first month of therapy she has confirmed **that the occurrence of migraines has reduced from up to 4 times per week to just once per week.**

40. A man of mid-late 30's, unable to work due to the severity of **migraine** attacks. After the first month of therapy he reported that the frequency and severity of his migraine attacks had reduced. **Whereas before he could walk for only 5-10 minutes before experiencing a**

migraine attack which would almost paralyse one side of his body. He is now able to walk freely for 2-3 hours at a time without experiencing a migraine attack and the severity of the migraines is dramatically reduced. When he initially consulted us he was virtually disabled and unable to work. Following 4-5 months of therapy **he has returned to full-time work.** Whereas he knows that his health has dramatically improved during the course of therapy, he remains highly sceptical that Virtual Scanning has been responsible for his improvement but nothing else can explain the improvement.

41. A lady in her 70's with Lyme disease (Borrelia) and almost daily **migraines.** When commencing therapy this lady commented that 'if we could cure her we could cure anyone'. Her medication comprise a combination of drugs including ergotamine and her primary objective is, she advises, to reduce her need for the drugs which have very unpleasant side-effects. The therapy has been showing signs of progress and her use of medication has been significantly reduced. The rate of occurrence of migraines, which the lady now refers to as headaches, have been significantly reduced. Moreover the lady's demeanor is undoubtedly much brighter. Our conclusion is that her migraines are the result of the Lyme disease which is known to cause a range of conditions including myocarditis.

42. A pretty lady of 56 years with the **after effects of a head trauma** consulted us after the lack of progress by conventional healthcare. She has been receiving Virtual Scanning therapy for several months. Her initial health was of migraines and of taking anti-epilepsy medications. She was very fragile, had the appearance of being sedated and was depressed by the effect that her condition was having upon the quality of her life and of the lives of her immediate family. **After 2 modules of therapy she now looks great and, once again, she looks fit and well, happy and healthy. She comments upon feeling calmer and more relaxed and her husband is clearly delighted with the progress.**

46. A lady in her 50's with the most regular and intense **migraines** which have affected her life for 20-30 years. During her 20's her migraines were sufficiently severe that she agreed to having her uterus removed to relieve the problem. The surgery did not eliminate the cause of the migraine attacks! Her uterus had been removed as a result of the misdiagnosis of the problem and prospects for cure. During the second course of therapy i.e. **within 2 months, this lady has reported being free of migraines for over 2 weeks.** This may not yet have clinical significance but, for this lady, this is hugely significant.

47. A lady of 40 years with the most regular and intense **migraines** which have affected her life for 20-30 years **has been free of**

migraines for four weeks during her first course of therapy. She has the occasional headache but is no longer affected by migraines which cause the most severe distress, upset her digestive system, etc.

4. Case Studies: Cancer

1. a patient who had several years previously been treated for leukaemia. Virtual Scanning diagnosed that she had the indications of leukaemia which contradicted the results of her blood test several days previously. Her next blood test, 3 months later confirmed the reoccurrence of myeloblastic leukaemia.

2. a patient in his late 70's who had been receiving chemotherapy for the treatment of an asbestos-related cancer and prostate cancer. He could not walk and could only be supported by his son. He was expected to die in the near future. This was due to the excess amount of fluid on his lungs. **He started VS therapy. Several months later he visited his oncologist and spent the time of the consultation discussing why he was so well and why, according to his x-rays, he did not have any fluid on his lungs.** We met with him several times more and he walked unaided to the consultation and his results were of clear improvement to his health. Regretably cash was an issue for this family and he was unable to continue the therapy. We received a letter from his son, thanking us for our work, and commenting upon the deterioration of his father's condition and of his death (almost one year later i.e. over one year beyond the prognosis given by his oncologist).

3. a patient who had been diagnosed with lung cancer and the results indicated that this was the case. At the first consultation we received a man who, following treatment with chemotherapy, had been damned by his oncologist with a very poor prognosis. He was very depressed and was being supported and encouraged by his wife who was doing everything to support the man whom she so very clearly loved. At the second consultation, **after he had been doing VS therapy for a month, he was very much better. He was chatty and happy and his results were confounding expectations. His blood cell count was substantially higher than expectations and his lung capacity was also at a higher than expected level.** We were all encouraged by the results yet at his next meeting with his oncologist – the x-ray showed a smaller tumour but with signs that it could be spreading – he was advised by the oncologist that he was going to change his medication because of the very poor prognosis. That evening we received an agonised phone call from his wife who was most critical of the oncologist. That is the last we heard from this couple.

4. a patient, lady of mid-70's, who had been diagnosed with the possible reoccurrence of breast cancer. She doubted the diagnosis and was having other tests conducted to aid her to make a decision. Her thermogram was inconclusive. **Virtual Scanning indicated that she did not have indications of cancer.**

5. a male of mid-30's who had been diagnosed with the possible reoccurrence of a cancer. His immediate concern was of a 'fluid capsule' on his leg – a repeat of a previous episode - which was being considered to be potentially cancerous. His dilemma was that he could lose his mobility as a result of the damage caused by an operation to remove the capsule. A visual inspection of his leg showed the nature of the problem and this was confirmed by an MRI scan and thermogram – both of which could not show whether it was a cancerous growth. **Virtual Scanning indicated that it was not cancerous – it showed some new cell formation consistent with the growth of the capsule but without any indications of increased blood flow.**

6. one other lady who's condition was so very advanced with breast cancer that she was immediately referred to her oncologist. Her condition was so very distressed that we could not conduct a satisfactory test.

7. a male, late 40's, believed to be a type A personality, with severe health problems including breathing problems, heart palpitations, etc.

Virtual Scanning indicated that the morphology of the patient as being the pre-indications of prostate cancer. Let me be clear it was NOT showing prostate cancer but the morphological indications indicated that if his health was to deteriorate further it would be likely to transform into prostate cancer.

He undertook therapy and his health and demeanor was clearly improved in 2-3 months of therapy which he undertook with reluctance – preferring to criticise or ridicule the possibility that a light-based therapy could be of value. Nevertheless, **whereas before he could not trust himself to drive and was chauffeured by his wife and/or son, he now undertook to drive unaided from his home in London to our clinic.**

He discontinued therapy and reverted to his obtrusive, confrontational, and unforgiving manner. He ceased contact with Montague Healthcare. 6 months later we were advised he was subsequently diagnosed with a virulent form of prostate cancer.

8. At a recent complementary health exhibition, the Harrogate Natural Trade Show, we were approached by a lady, mid-50's whilst we were in discussions with a most eminent medical researcher. We left the lady to talk to him and he recommended that she should consult a surgeon in the US. He gave her the contact details of the surgeon.

She had decided to avoid surgery presumably because she did not want to risk becoming damaged or invalidated as a result of surgery. She was therefore looking for a non-surgical and non-drug alternative. She had her first Virtual Scanning consultation several days later. We advised her that she should trust the health services and accept their recommendations and undergo the surgery. This was confirmed in a letter sent several days later. She was extremely emotional - tears flowing all of the time - and very unstable. She had lost a lot of weight, was very thin, and clearly very distressed. Her husband, a modern-day saint, was with her and was struggling to cope with the stress. She had asked him for divorce. We started to treat them both with Virtual Scanning.

She was at that time also trying some other therapies and had a very bad experience with some people in the Manchester area who treated her with some form of oxygen therapy. Her health was very badly affected. Her face was in lumps, bumps, discoloured – she looked terrible and felt very ill. Nevertheless she settled down with Virtual Scanning therapy and over the following 6 month period we noted dramatic improvement in her health - which was initially cancer of the lymph glands/lymphoma/brain cancer/sarcoma. Her medical report, obtained from her oncologist, reveals that she is now completely free from any detected biomedical components associated with cancer and that CAT scans do not detect the presence of any tumours. **She does not have any indications of cancer any more although she continues to have swollen lymph glands but not as badly as before.** Nevertheless her oncologist still insists that there is the possibility that she has cancer and he wants her to have surgery.

Her relationship with her husband is greatly improved. We have seen their psychological ratio of success recover from a dismal 27% to 100% which is a normal or slightly above average figure for a well adjusted couple. Whereas before disaster was looming now they are much happier, stable, and planning for the future.

We cannot claim to have been the only procedure during the last 5 months – she has tried other remedies - but we have been her main treatment and she considers that Virtual Scanning has been responsible for her greatly improved mental/ psychological/emotional stability and for much of her improvement. She has been trying various remedies -

most of which, in our opinion, have had little effect. Irrespective, if she feels good and it helps to keep her positive and focussed then they are helping. She is no longer in contact with Montague Healthcare.

9. A female mid-40's was suffering from an undiagnosed disorder which caused severe loss of energy perhaps akin to chronic fatigue. The onset of this condition appears to have commenced when her husband became clinically depressed and was unable to work. She had been using acupuncture for 1-2 years but without effect. Virtual Scanning showed a number of possible ailments including the **early onset of new cell formation in the pancreas at a presymptomatic level. This would normally be associated with pancreatic cancer.** Virtual Scanning light therapy improved her condition to the extent that she had more energy and was able to start jogging around her village. She ceased contact with Montague Healthcare. The lady died several years later of pancreatic cancer.

10. 9th November 2015/Germany

‘.....to let you know about the great improvement through Colour Therapy in the case of thrombocytopenia/atypical leucemia. You possibly remember that my father-in-law is suffering from that condition. To our great relief, his thrombocyte count has risen from around 60.000 to nearly 125.000 in the meantime. At least this is what the hospital doctors told him where he is now being treated for his broken femur. We will still have to double-check with his usual doctor to make sure, but after nearly two rounds of Strannik therapy I am much inclined to believe there is an improvement, and that it is down to Strannik’.

5. Dyslexia Case Studies

The following case studies supported with testimonials

(i) **Child, female 10years, reading age minus 2 years i.e. that of an 8 yo. At the end of a 6 month course of therapy the child, now of 11 years was reassessed as having the reading age plus 3 years i.e. that of a 14 yo.**

(ii) Teenager, male was successfully treated over a period of 6 months, despite his lack of response to other types of treatment. **A letter of thanks was received from the parent who commented that it was the only therapy, of many, which had any effect upon his son's health.**

(iii) Child B, male, 10 years: **reported to have much improved sleeping patterns (dropping off to sleep quickly in contrast to**

taking several hours previously, improved quality of sleep, less interrupted sleep/waking during the night).

(iv) Child A, male 7 years: reported **behaviour has become less dramatic/more calm**. The parent reported, after 5 months of therapy: **‘Thought you may like to know A has managed to get the alphabet and can now say it all the way through - we had been plugging away with it for years with no success so we are really pleased. You may wish to attribute this to the therapy’.**

The mother wrote: “When B and A first started therapy the change in B was the most dramatic. B had always had trouble getting off to sleep and therefore was unable to get up in the morning. After just 2 sessions he was in bed early and fast asleep almost immediately, he then found getting up not such a chore and he was much less tired. Unfortunately this effect was short lived and with the next set of treatments he reverted back to his old ways and he is rarely asleep before 11pm, despite the routine not changing over many years, (perhaps the treatment changed it's emphasis and didn't cover sleep). There have not been any other noticeable changes in B due to the therapy. A on the other hand found it difficult to sit still enough to watch a full session at first. He now has no trouble and seems to enjoy the time (he listens to a CD whilst he is doing the treatment). I found he will now sit still far longer than before and he finds it easier to concentrate. When A first started there seemed to be no change but over time improvements have been made. A had very poor reading and writing skills and found sequencing (i.e. the alphabet) very difficult. He now has a reading and spelling age just above his chronological age. He now loves reading - getting him to stop is the hardest part!! His fine motor skills (i.e. handwriting) are still poor but this has also improved. Perhaps the most exciting thing to me is that he can now say the alphabet all the way through with no problem what so ever. We are very pleased with his progress, Thanks”.

As a general observation, we noted that both children appeared brighter, happier, more content, more expressive, and more communicative.

(v) Male, circa 21 years. The parent, a complementary health practitioner, reported: **‘his short term memory has improved, he is more out-going in his personality, he no longer moves his lips when he reads, he is more communicative and initiates more conversations, he is more physically coordinated in his movements, his verbal responses are quicker and more confident’.**

(vi) Male, 19 years. **A male university student of 19 years reports after the first module of therapy of ‘phenomenally improved**

concentration'. His mother, a SENCO at an independent school, is delighted with the progress. She comments upon his improved 'organisation'.

(vii) Child, female, circa 10 years: was identified with severe colitis and anaemia and the mother was recommended to change her daughter's diet from a heavily vegetarian diet to include protein and in particular red meat. The initial reaction from the parent was 'difficult' although the recommendations were accepted. The daughter commenced Virtual Scanning therapy.

Within 2 months the parent that her daughter has noted much less pain due to the colitis and that her daughter's behaviour and concentration is noticeably improved. These were confirmed by Virtual Scanning results and moreover the parent commented of improvements in her daughter's reading and writing. **After a very difficult start the parent has been convinced that her daughter's health is improving due to Virtual Scanning therapy and that her education is improving.** She has become very warm in her attitude towards Montague Healthcare. **This child's end of term report noted significantly improved levels of concentration.**

(viii) Child, female, circa 10 years: **her mother has noted improved sleeping patterns and concentration.**

(ix) Child, female, circa 10 years: historically categorised as 'special needs'. Her maths improved – her historical level was of typically 30% but is now at 70%. **This child whilst being categorised as 'special needs' had no reading problems. She is more organised and contributes more in class.**

(x) Child, female, circa 10 years: improved neurological profile, supported by **improved in-class performance.**

Graham Ewing

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Mimex Montague Healthcare Limited, Mulberry House, 6 Vine Farm Close, Cotgrave,
Nottingham, United Kingdom NG12 3TU
tel: (0044)-115-9890304 / 9899618 / fx 9899826 / mob (0044)-7885-755847

email: graham.ewing@montague-diagnostics.co.uk;



graham.ewing@montaguehealthcare.co.uk

Skype: quemaco1

Company registered in England & Wales no 8439352