

# Study to assess the use of NES miHealth 'MIND functions' with the meta-healing process

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## Abstract

The aim of this study was to assess whether or not the NES miHealth was an effective adjunct tool for resolving conflict shocks during meta-healing therapy. The method used to collect the data was an online self-assessment questionnaire. 60 participants took part in this study 48 female and 12 male. Results showed that for all variables an improvement in main presenting issue was obtained. The greatest difference in scores was seen for Emotional issues and Digestion issues.

The conclusion of this study is that the NES miHealth is a useful adjunct to energy psychology techniques in general and meta-healing /ACE in particular. The use of the NES miHealth allows the patient to access the conflict shock more easily and in less time than when the usual meta-healing technique is used.

## Introduction

The META-Healing Process was developed by Richard Flook after 20 years practice in applying, training and working with a multitude of therapeutic and energetic disciplines, plus a special collaboration with the late Peter Fraser Chief Scientific Officer for NES Health. The META-Healing Process is not one standalone therapy but a unique combination of the NES brain holograms including Liberator, talking therapies, METAMedicine and new understandings of the influence the heart has on the human body field.

The META-Healing Process works by first uncovering the trapped energy relating to specific stressful events that cause certain diseases; this we know from META-Medicine. However META-Medicine usually takes 1-2 hours to find this event and has no solutions to resolving the conflict. Through the use of the NES Brain Holograms and a set of questions related to where the disease is located in the body, brain and heart, questions that Richard developed, a META-Healing Process practitioner can effortlessly find the underlying energy that created the disease to occur in the first place. Once this energy has been

uncovered, which usually takes minutes, the energy is then released using NES Liberator and some simpler questioning.

The benefits of the META-Healing Process is its speed and ease to use in clinical practice. Plus the client often feels a dramatic shift in their pain and behavior towards others directly during and after clearing. Typically the process can take 15-20 minutes to carry out, often less. It can be learnt very easily and it integrates well with other disciplines. Another bonus is that unlike many other talking therapies the client does most of the work, often all the practitioner has to do is guide them to various locations in the body whilst asking specific targeted questions. Its beauty comes from its simplicity and the timeframe it takes to uncover and release the trapped energy therefore allowing the body the best possible chance to heal itself from pain and many chronic diseases naturally.

## Method

Online self-assessment forms were completed at each stage of the therapy (see appendix 2). Clients were asked first to rate the severity once before the therapy and again asked to rerate it after receiving the therapy. The clients rated on a scale of 0 -10; '0' meaning 'no issue at all' (GOOD) and '10' being 'issue as bad as it could be' (BAD).

The meta healing protocol involved using one of the four NES 'Brain Infoceuticals': BSH (Brain Stem Hologram), CH (Cerebellum Hologram), CMH (Cerebral Medulla Hologram), CCH (Cerebral Cortex Hologram) as a NES miHealth function, either via the magnetic field on broadcast mode or transmitted alongside electro-stimulation via the electrodes. The practitioner, who is META-Medicine trained, established which embryonic layer and therefore which NES Brain Infoceutical to use. As an example, if the issue was related to digestion then BSH was used, as the brain stem contains fibres that innervate the digestive tract.

As the Infoceutical was applied specific questions relating to the trapped energetic shock were asked.



As the trapped energy that was causing the disease/pain/issue came up, a net effect of the questioning and brain Infoceutical combined, other specific questions were asked and the practitioner took the client back in time to the root of their problem. Then Liberator was applied and the energy was released.

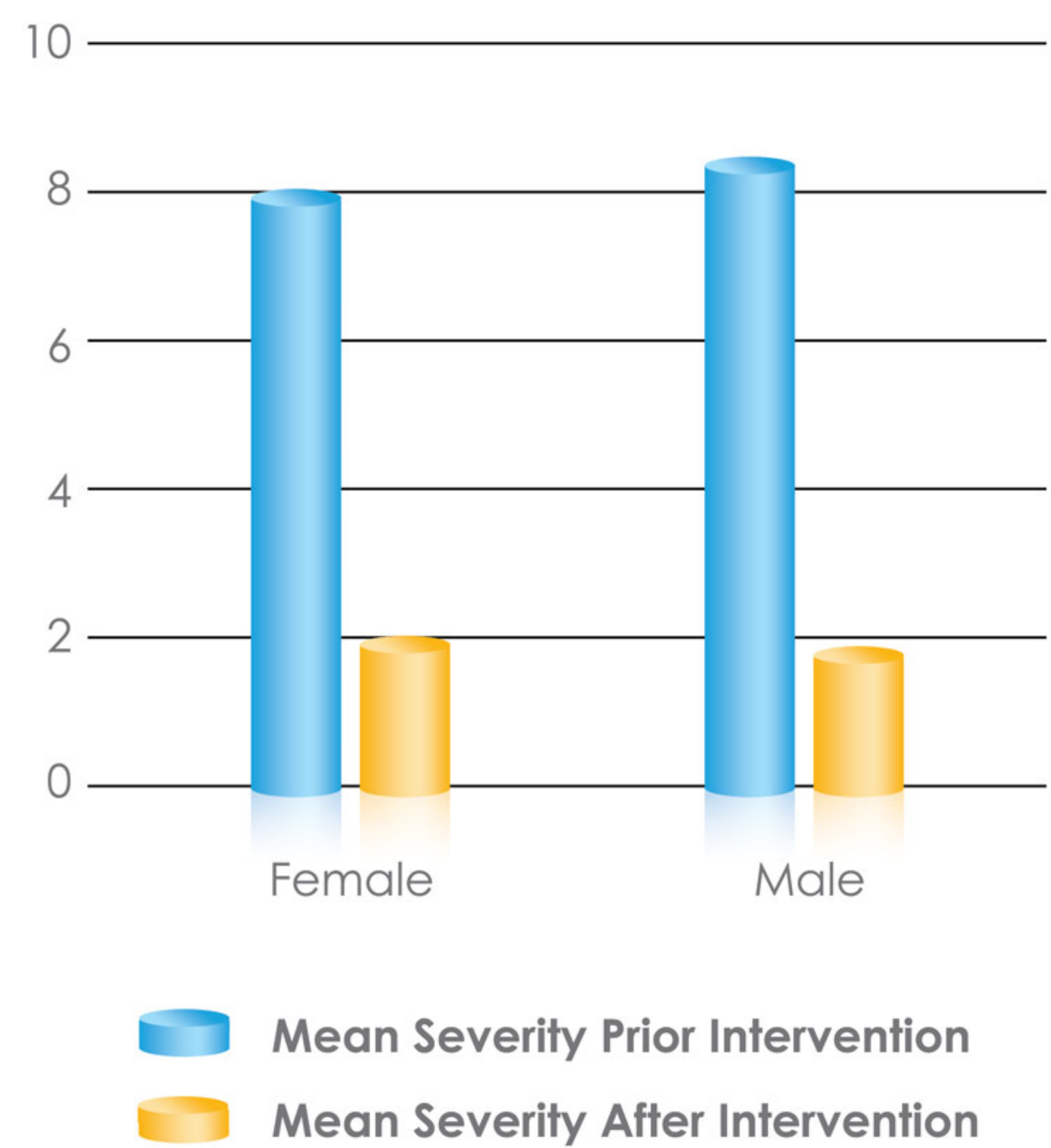
Changes in the underlying energy behind the symptoms were quickly noted by the client and the client was then tested for how the disease/pain/issue had changed.

## Results

In order to test for the difference, and thus the effectiveness of the therapy, a mean test of the severity rating prior to and after the therapy was carried out. The following variables were tested: gender; presenting conditions including Acute Pain, Chronic Pain, Digestion, Emotional, Energy issue, Joint issue, Muscular skeletal, Skin issue and Stress; right or left wired (determined through hand clapping); META-Healing diagnosis including stress and rest phase; and functions selected for majority of therapy including Brain Stem Hologram (BH), Cerebellum Hologram (CBH), Cerebral Cortex Hologram (CCH), Cerebral Medulla Hologram (CMH) and Liberator (L).

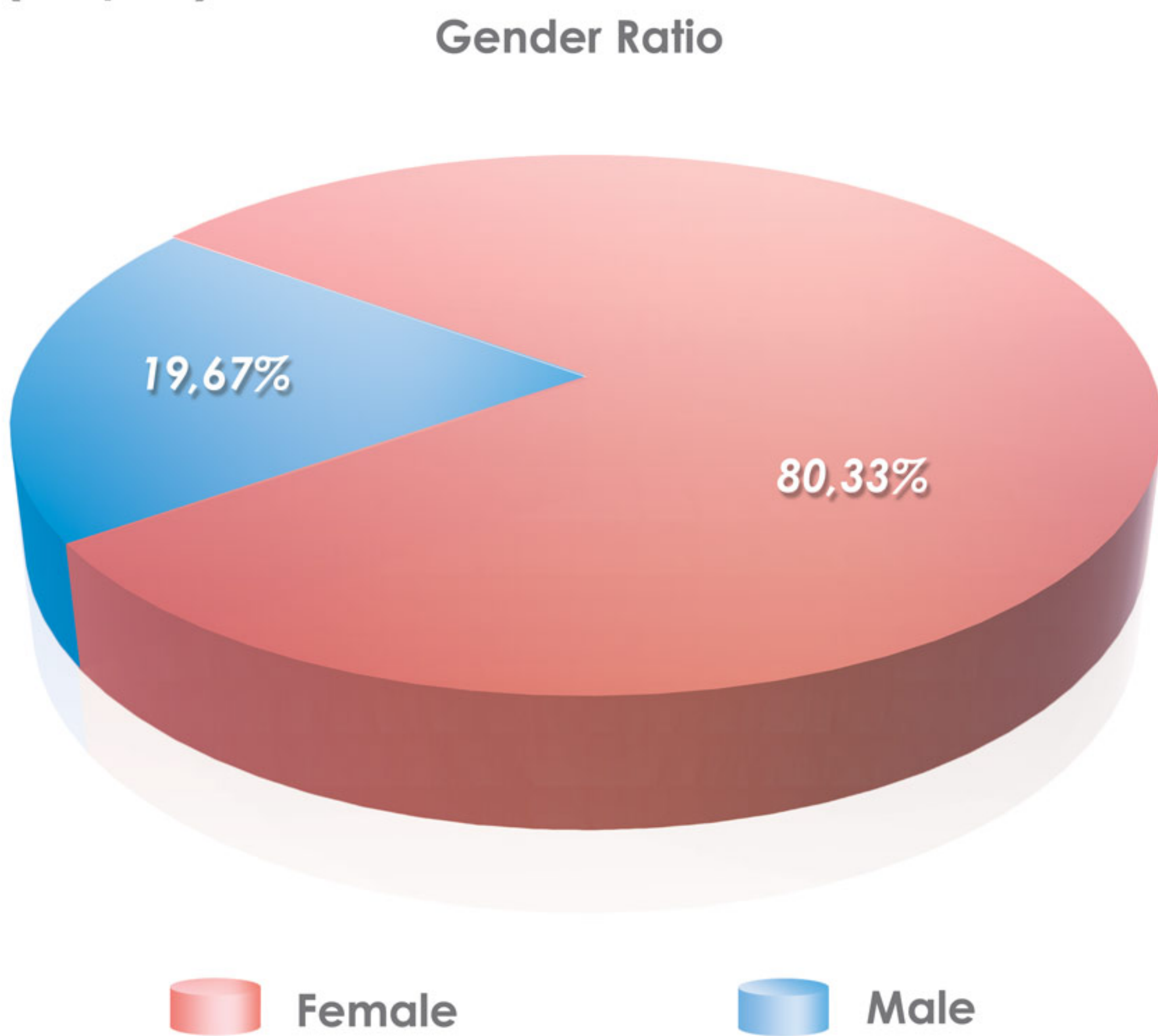
The results are depicted and described below. Please note that a higher mean refers to an improved condition, whereas a lower mean indicates a deterioration of condition. Thus while conducting the mean test we expect the mean rate of severity after intervention to be lower than the mean rate of severity before intervention. In other words the mean rate of severity before intervention should be higher than the mean rate of severity after intervention and the mean difference should be positive.

Figure 1: Mean Severity Prior to and After Intervention across Gender



The intervention had positive effect on both male and female clients.

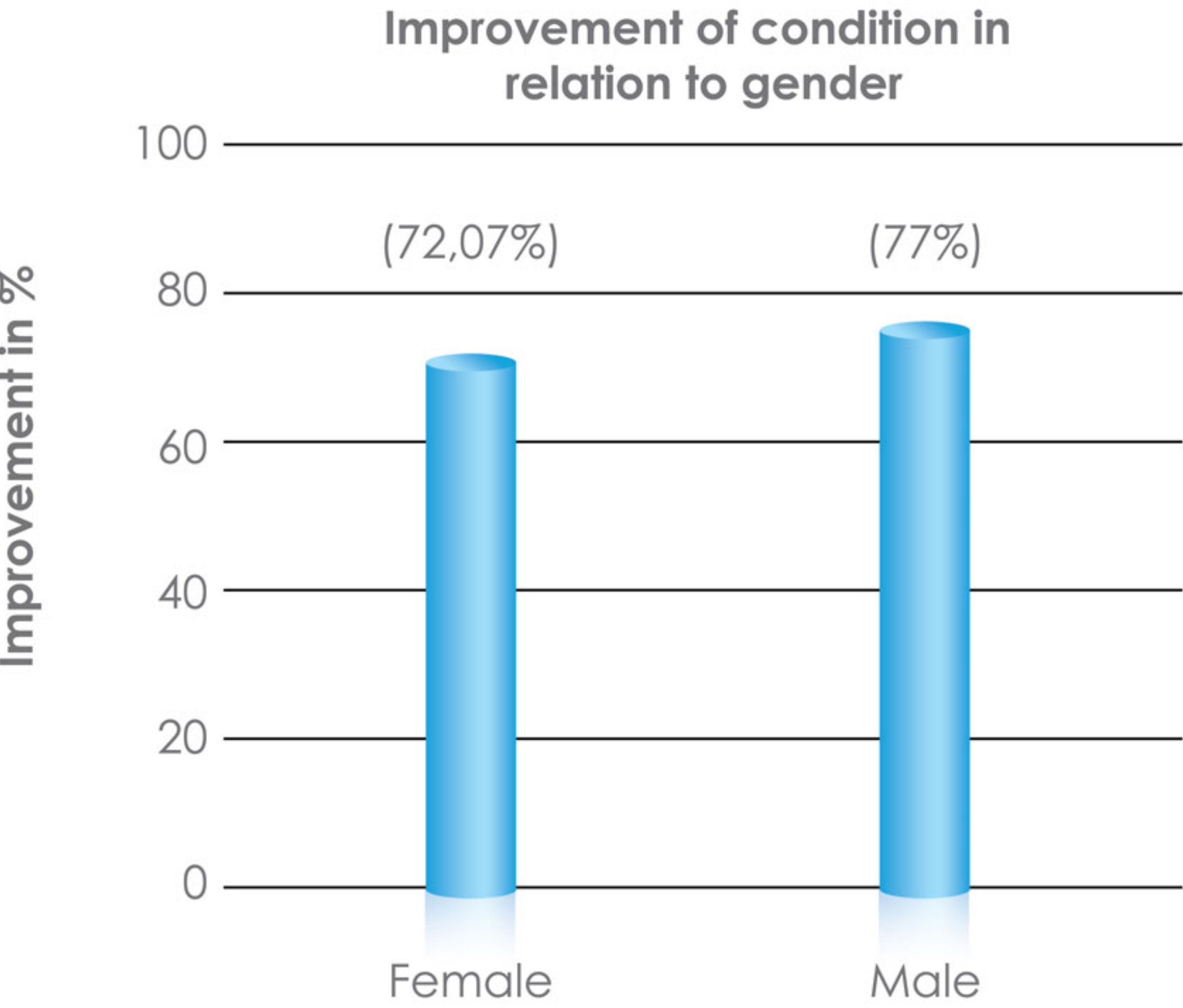
(Graph 1)



It has been analysed whether the gender can have an effect on NES miHealth-therapy outcome. The results can be seen in the graph below.

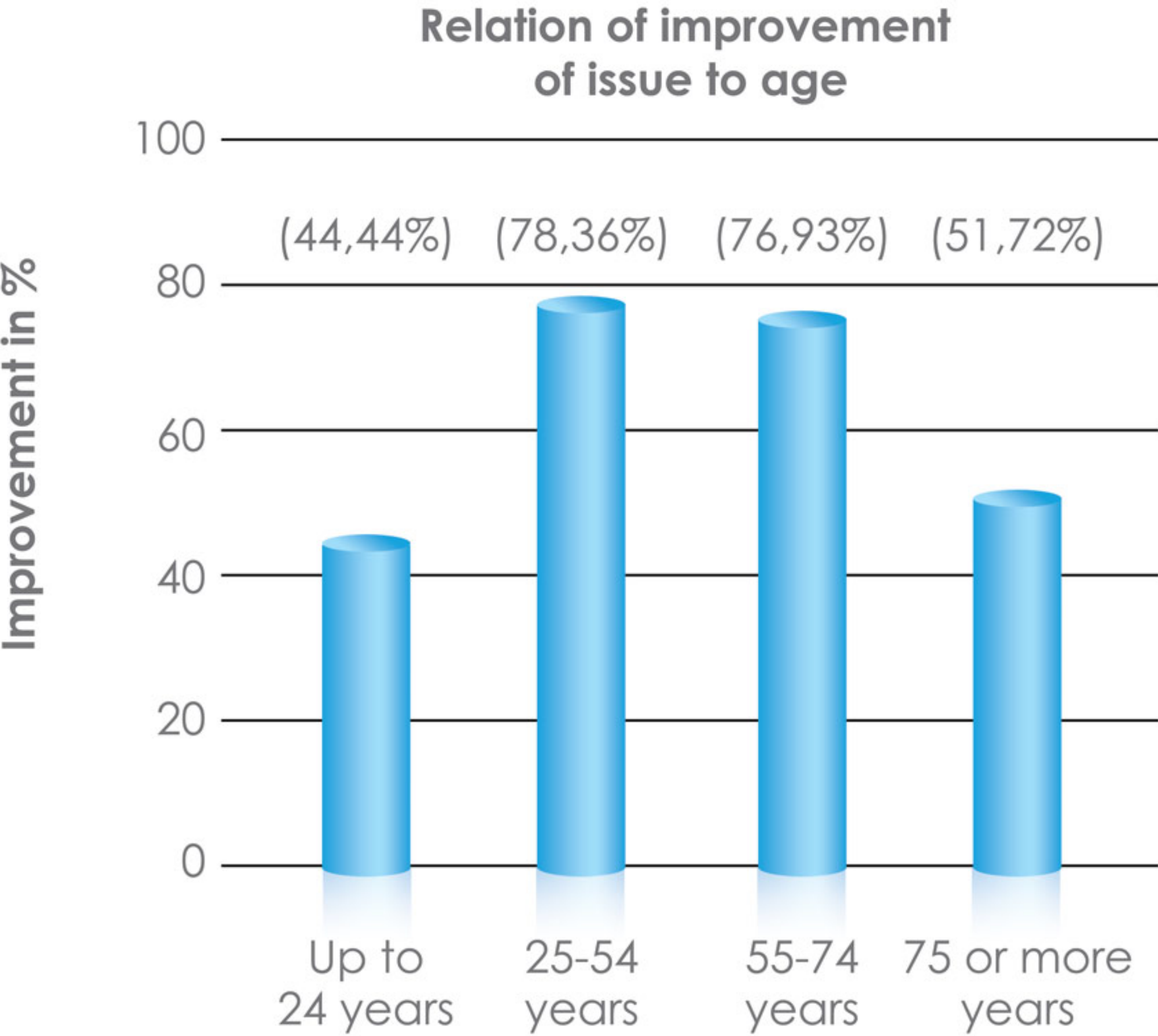


(Graph 2)



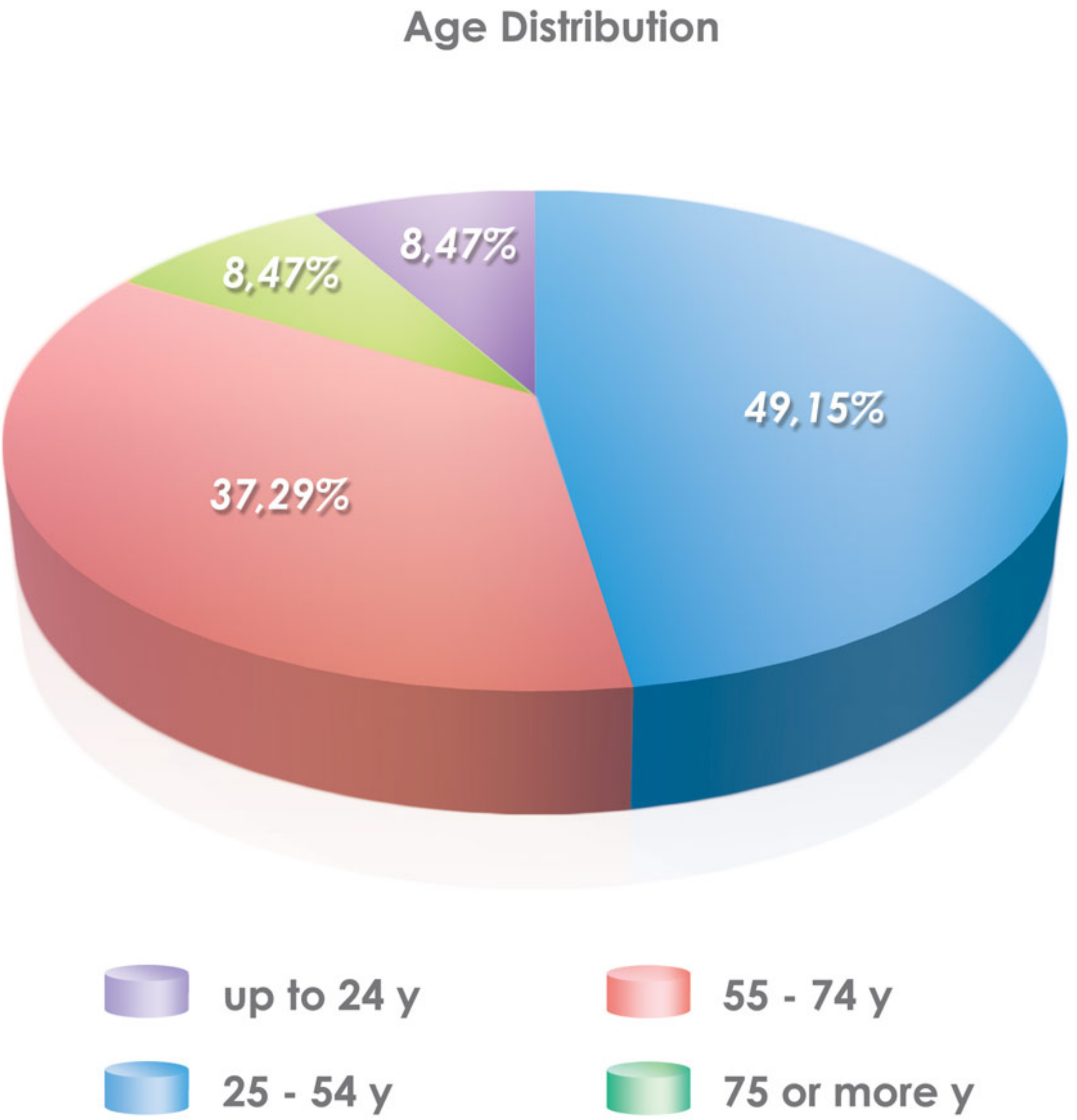
There was no significant difference in the response between male and female. Females showing an average reduction in point of 6.02, compared to males having a reduction in points of 6.75.

(Graph 4)



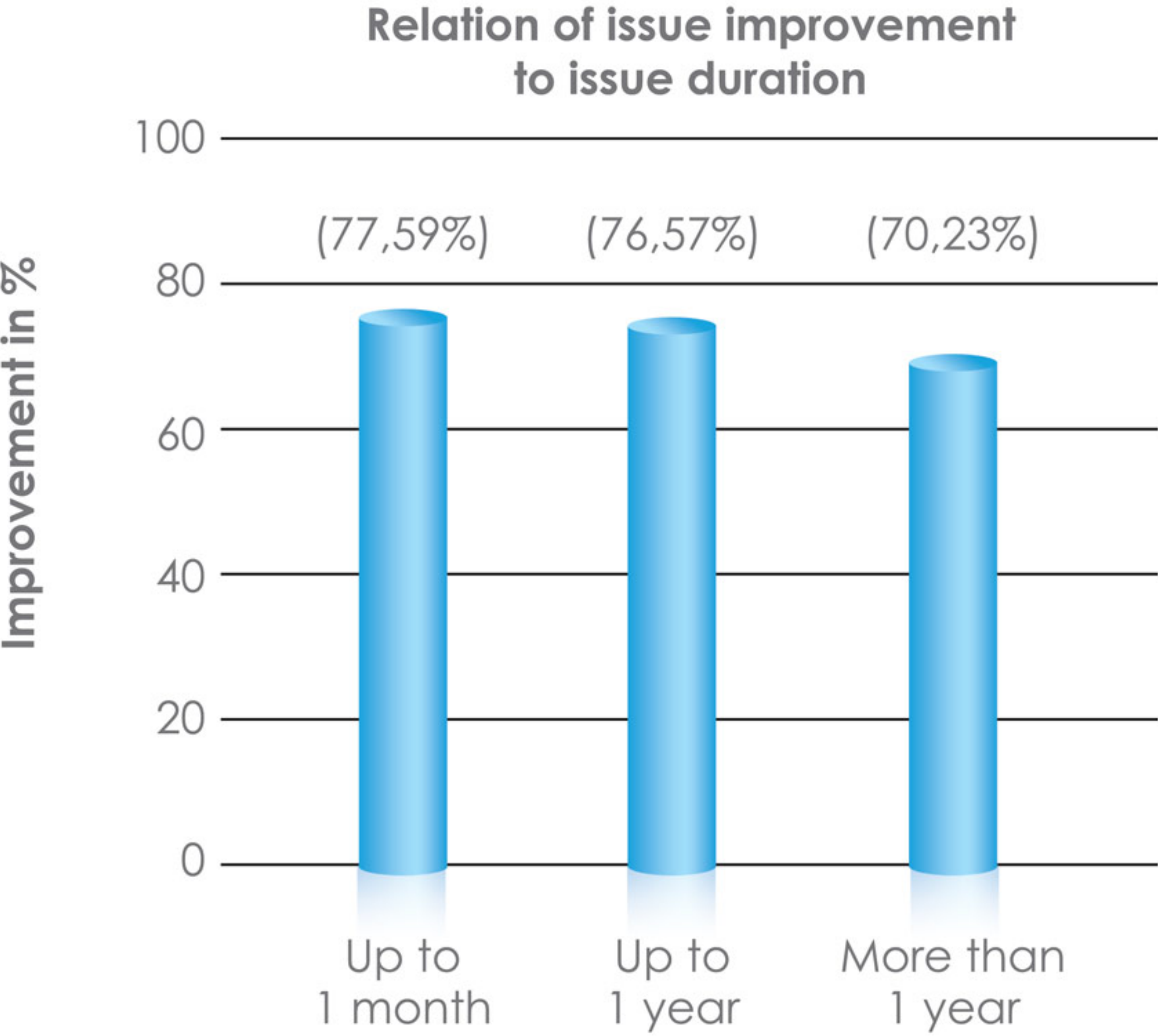
As can be seen in the graph below, most patients have had the issue for more than a year, so for most patients the issue that has been treated is considered to be chronic.

(Graph 1)



A better outcome of the therapy could be observed in the age range of 25 – 74 years than for younger or older patients. The results are shown in graph 4.

(Graph 5)



The therapy can be considered as similarly efficient for both, acute and chronic issues



(Graph 6)

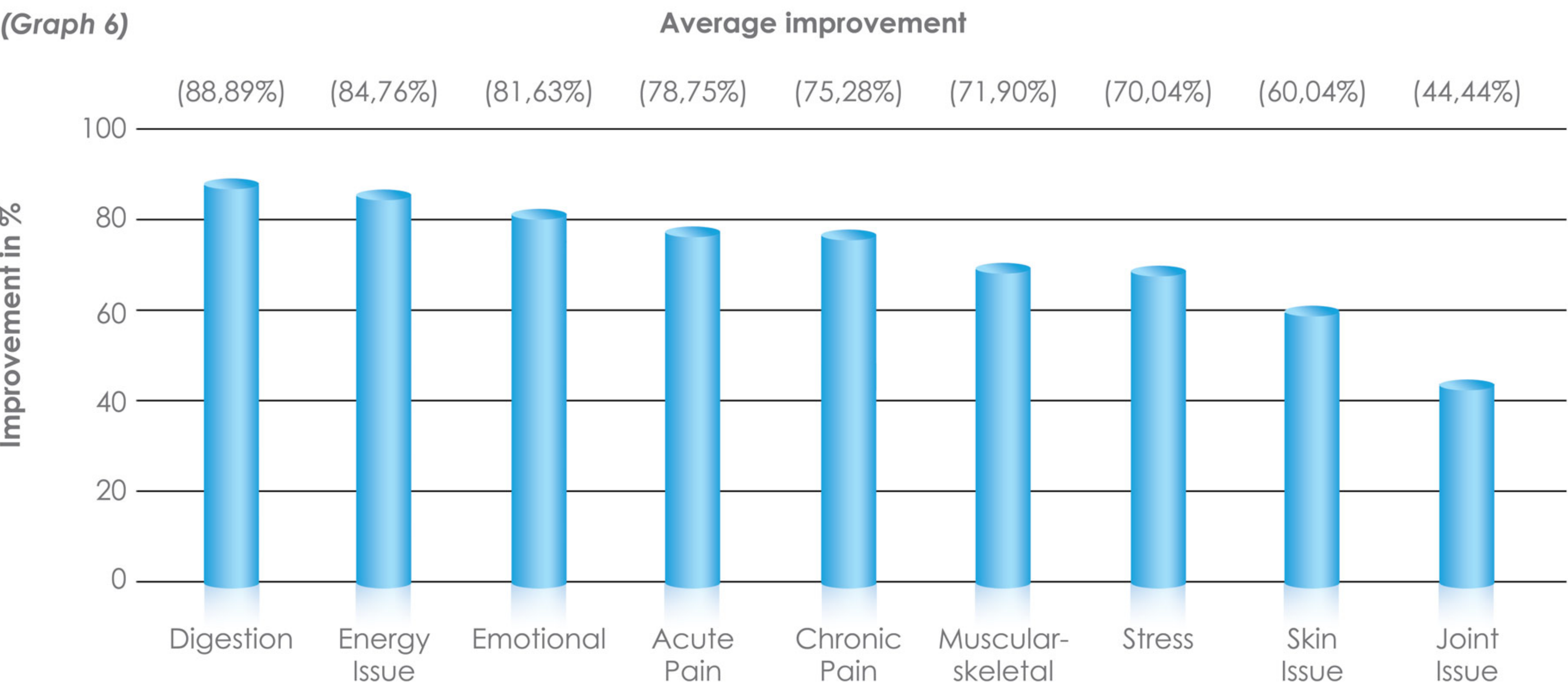
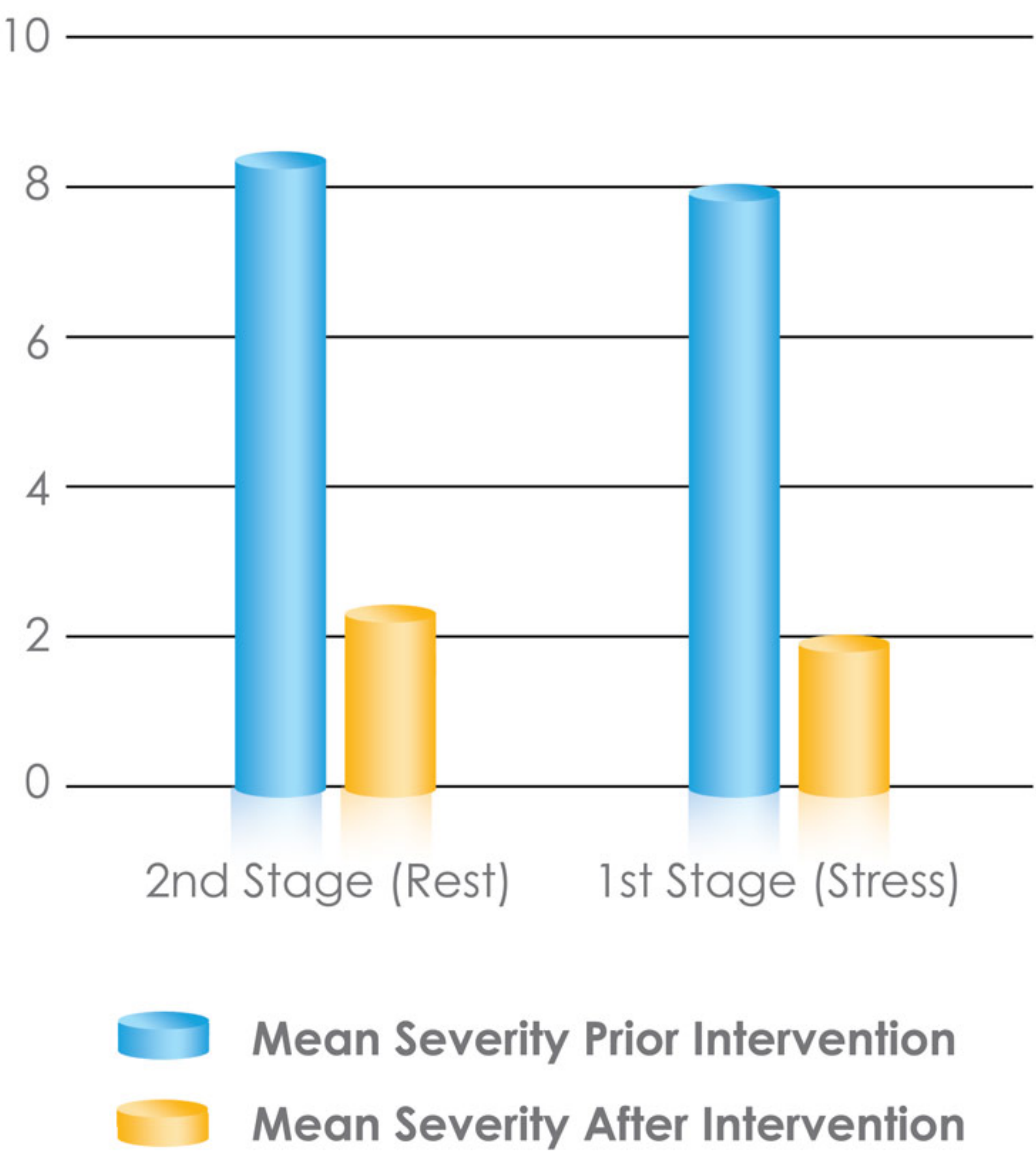
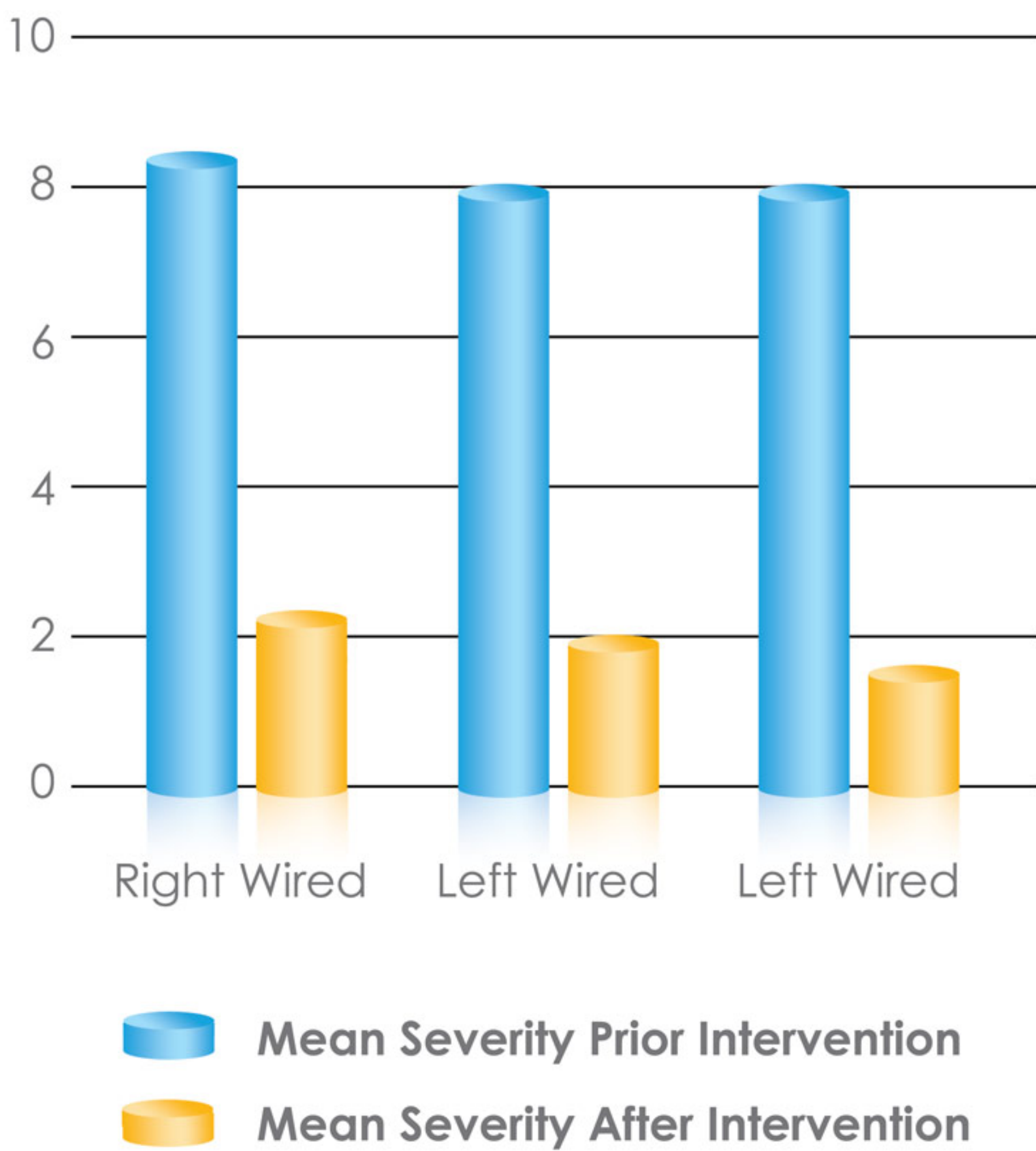


Figure 3: Mean Severity Prior to and After Intervention across Phases of META-Healing Diagnosis



The clients reported a lower mean severity rate after intervention than before intervention. This was found to be statistically significant for clients those were 1st stage (Stress) and 2nd stage (Rest). Thus the intervention proved to have a significant impact for both phases of the clients.

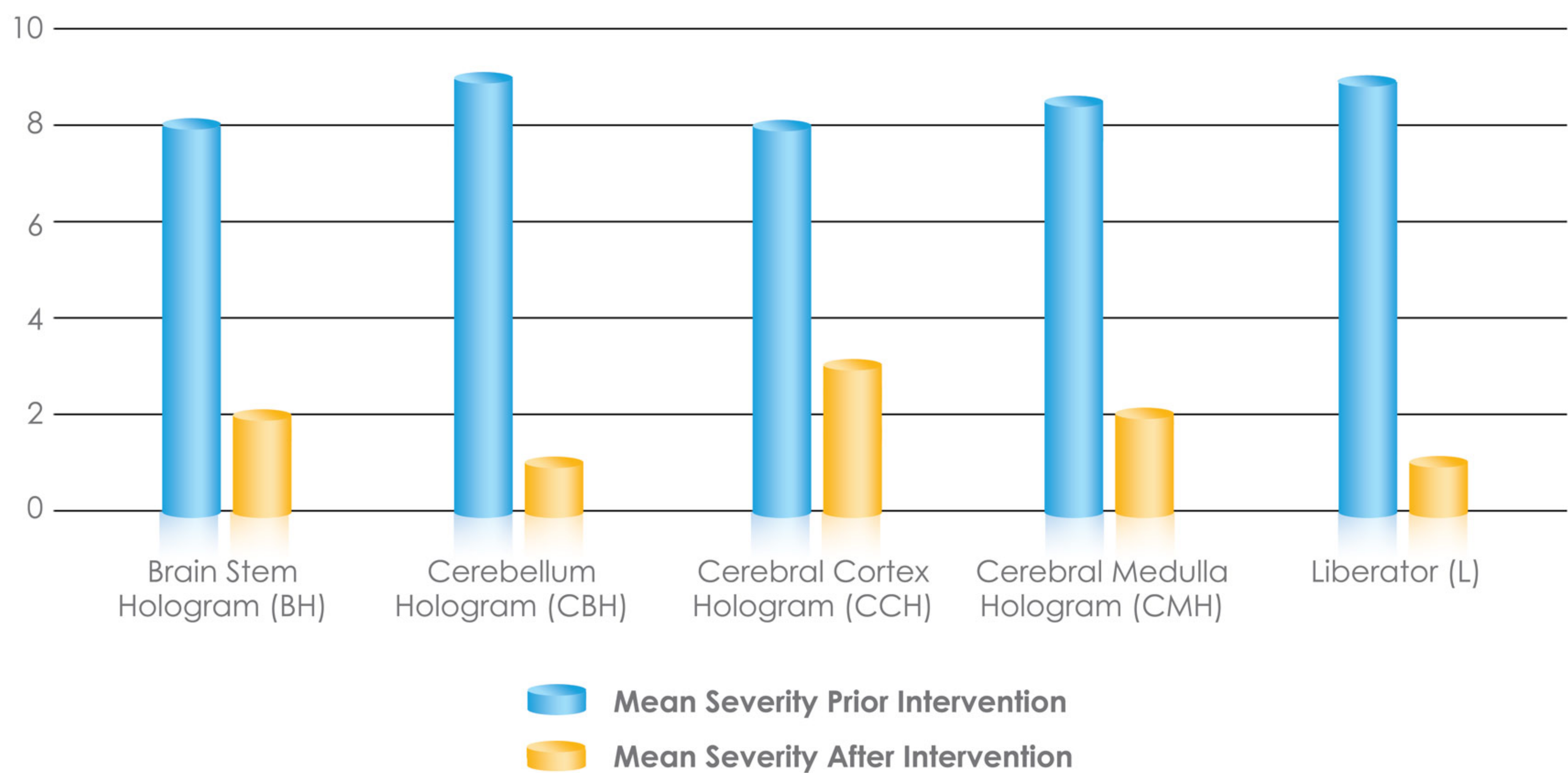
Figure 4: Mean Severity Prior to and After Intervention across Right and Left Wired



The mean rate of severity after intervention was significantly lower for both the right and left wired clients and also for those that were not relevant. This indicates that the intervention had a significant impact on the clients. There was no significant difference between the results of the subjects that were left wired or right wired. That is, in this study the way the brain was wired had no effect on the result.

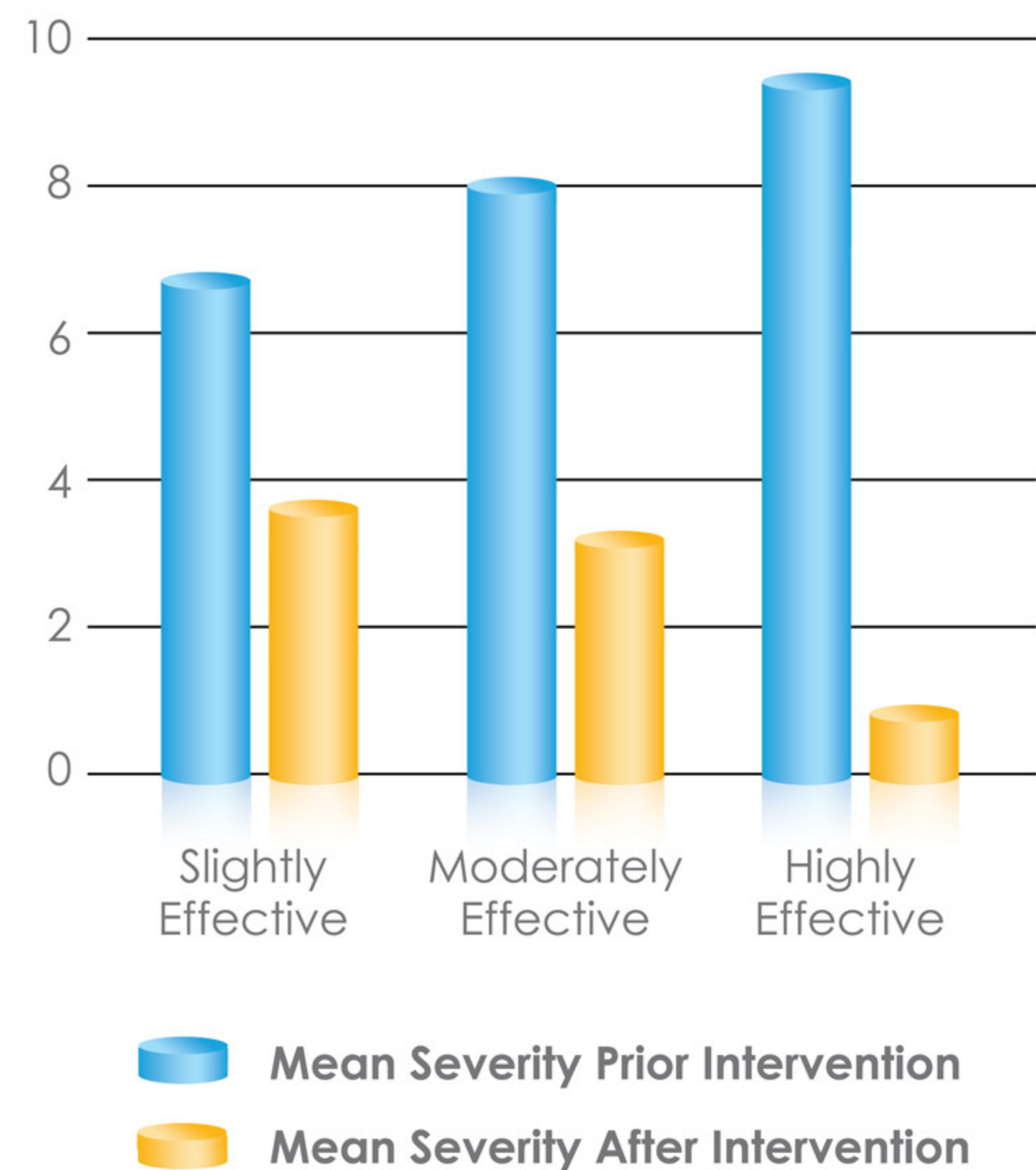


Figure 5: Mean Severity Prior to and After Intervention across Selected Functions



Clients who selected functions including Brain Stem Hologram (BH), Cerebellum Hologram (CBH), Cerebral Cortex Hologram (CCH), Cerebral Medulla Hologram (CMH) and Liberator (L), all had a significant impact of the intervening therapy.

Figure 6: Mean Severity Prior to and After Intervention across Effectiveness of the Intervention



For analysis purpose three effectiveness groups were created – slightly effective, moderately effective and highly effective. The groups were created by following the procedure described below. At first the difference between the rate of severity after

intervention was deducted from the rate of severity prior to intervention (rate of severity prior to intervention - rate of severity after intervention). The resulting number were then grouped into the above three groups. For clients who had difference of 3 or below were grouped as slightly effective; for those with a difference between 4 – 6 were grouped as moderately effective; and for those who had higher than 7 were grouped as highly effective.

The above graph shows the mean severity before and after intervention across the effectiveness of the intervention.

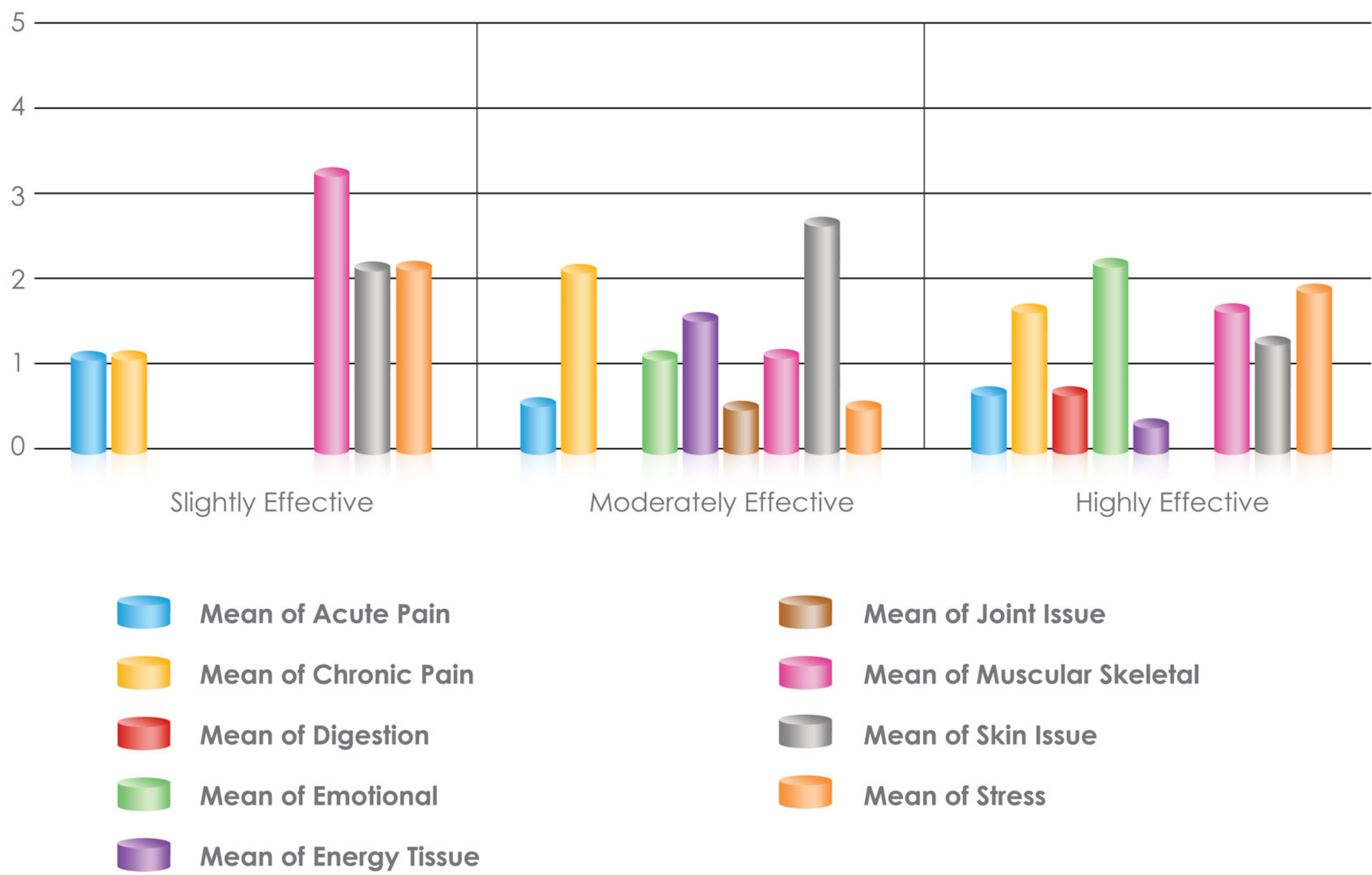
Over 50% of all participants saw a high effective of the therapy, see table 1. This means that over half of the subjects reported a reduction in their main issue of 7 points or more.

Table 1 – Effectiveness of the intervention

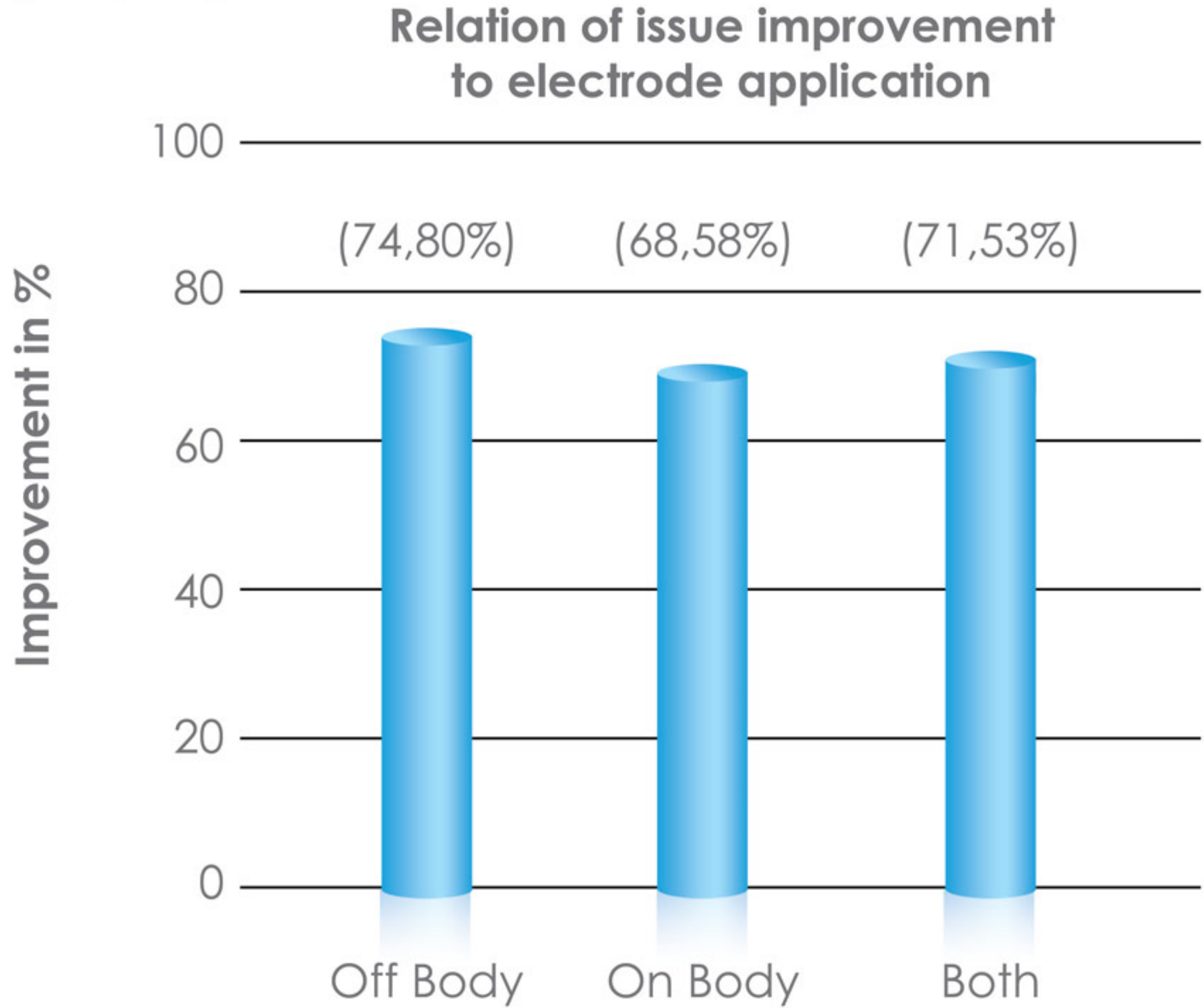
Effectivenes of the Intervention	Freq.	Percent
Slight	9	15
Moderate	19	31.67
High	32	53.33
Total	60	100



Figure 7: Effectiveness compared to main presenting condition



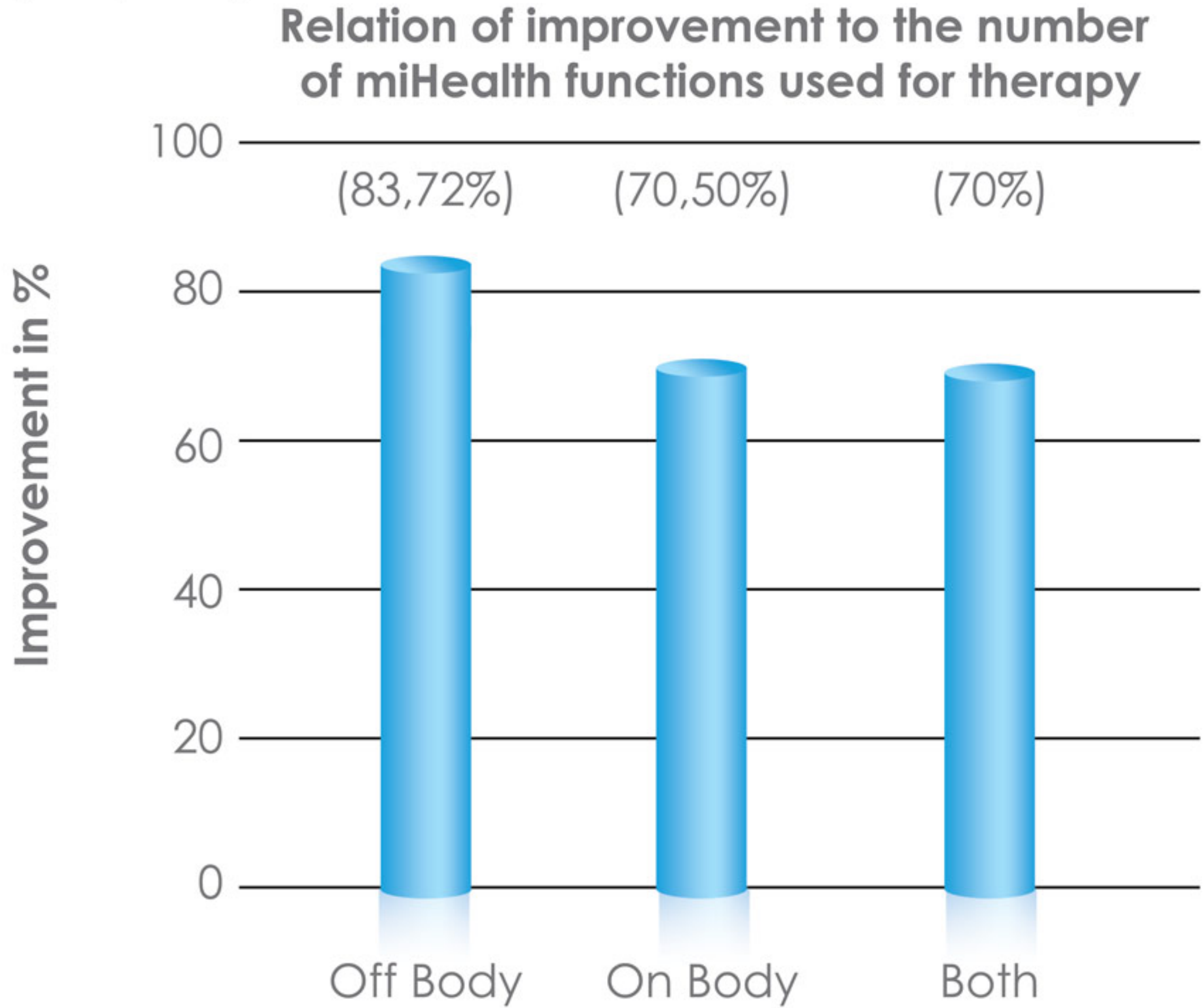
(Graph 9)



There is no significant difference in therapy outcome regardless of the application of electrodes.

An interesting aspect is the number of functions that have been used for the treatment of the described issues. The following graph shows the effect of therapy in relation to the number of functions that have been used for the treatment of one issue.

(Graph 10)



A significantly better outcome can be seen if three functions have been used compared to 2 or 1 function for one issue.



## Discussion

The theory behind NES miHealth is that the body is surrounded and permeated by an energy field which carries information. Disturbances in this energy field are reflected in emotional disturbances. When a person thinks about an emotional problem, the central nervous system is activated. When the miHealth is simultaneously introduced at the time that the emotional event is brought to mind, the receptors that are present in the skin send an afferent signal to the central nervous system. It is suggested that the signal sent by the miHealth adds “noise” into the emotional process, which alters its nature and its capacity to produce symptoms.

In the trial we asked if the client was male or female this was because we wanted to ascertain if there was any difference between the commonly held belief that women are more emotional than men and therefore more likely to suffer from diseases. What was found from the trial was that there was no difference between the results experienced in men and women, something that been concluded in various studies. (see Cognition and emotion Lisa Feldman Barrett, Lucy Robin, Paula R. Pietromonaco & Kristin M. Eysell - Pages 555-578 <http://www.tandfonline.com/doi/abs/10.1080/026999398379565>). Therefore this commonly held belief was not substantiated.

However what was significant was the number of men who were involved in the trial. Men are less likely to ask for help when dealing with stressful events. (Gender differences in negative affect and well-being: The case for emotional intensity. Fujita, Frank; Diener, Ed; Sandvik, Ed Journal of Personality and Social Psychology, Vol 61(3), Sep 1991, 427-434.) We can therefore hypothesis that men could be more likely to suffer from diseases related to emotional stress than women. Though this was not discussed or proposed as an outcome from this trial. It was found that emotional issues and digestion responded best in the trial, the probable reasons can be drawn from this regarding the META-Healing Process and the use of the miHealth are that digestive issues are regarded as relatively straightforward to deal with out of all the issues that are presented to a trained META-Healing Process practitioner. As regards emotional issues all of the trained practitioners have their basis in healing using techniques that involve clearing of emotions; their experience in this area was a probable reason for these results showing so well.

Acute pain responded least well was significant because in META-Healing Process teaching acute pain is brought on by a part of the body healing swelling often occurs during this time to support this healing, this swelling, due to edema (water collecting in and around the location of the healing) are required by the body to complete its healing.

Common symptoms associated with this point are excruciating pain in the location of the wound or are where the body is healing. This pain is often acute and can last minutes, days or even in extreme cases months. Although these symptoms are very painful they are necessary for healing as the body rebuilds itself, relieving the symptoms is possible but removing them or reducing them to an insignificant level is not, even in medical terms using gold standard drugs such as morphine, the pain does not fully disappear. Therefore the removal of acute pain even by a trained META-Healing Process practitioner is unlikely. However acute pain could have been brought on by the Kidney collecting tubule syndrome, something noted by the META-Healing Process as making pain feel 100% worse due to excessive edema (water collecting in and around the conflict area). Each META-Healing Process practitioner is taught to deal with the underlying issue behind the Kidney collecting tubule syndrome and to be aware of the problems associated with this common problem. If the pain does not subside significantly after the first treatment then the practitioner will address the Kidney collecting tubule syndrome often reducing the acute pain very significantly but not completely. The study did not address this possible situation.

No difference between left and right wired: In the META-Healing Process a test is carried to establish whether the subject is left or right wired. This has significance with how we are naturally wired in the brain and therefore how we respond to different emotional challenges which do vary between left and right wired clients. These main differences are found with women and men and how they respond to cortex related issues. Just as we found that there was no difference in the male or female responses it was also significant that women and men experience the same diseases and emotional stresses as each other. The fact that these issues all responded positively shows that treatment using the META-Healing Process and the miHealth can be successful regardless of gender and how we our brains are wired.



Protocol of Infoceuticals – seems to show that is best when Liberator used first. The way the META-Healing Process is taught is to find the underlying conflict using the brain holograms first followed by clearing the trapped energy using Liberator. Some students are also taught that if they do not know which brain layer a specific symptom comes from that they can use Liberator first, because liberator is derived from all 4 of the brain Infoceuticals. Knowing the brain layer a disease comes from is not straightforward to learn and takes time, many of the META-Healing Process - miHealth practitioners will not have known these brain layers, hence the skewed result in this case.

## Conclusions

The meta-healing process is greatly enhanced by the use of the NES miHealth, and this combination therapy is an effective therapy for resolving emotional conflict shocks that underlie physical and emotional illness.

## References

Cognition and emotion Lisa Feldman Barrett, Lucy Robin, Paula R. Pietromonaco & Kristin M. Eysell - Pages 555-578 <http://www.tandfonline.com/doi/abs/10.1080/026999398379565>

Fujita, Frank; Diener, Ed; Sandvik, Ed Journal of Personality and Social Psychology, Vol 61 (3), Sep 1991, 427-434