

## ME: Lightning cure or a flash in the pan?



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### **As a new study into ME treatment triggers fierce debate, a former sufferer claims the process saved his life**

My memories of 2007, the year stolen from me by ME, have become like a series of video clips. Each little MPEG is a bit crueller than the last. There's the one before the diagnosis where I'm trying desperately to walk through a Tube station but my legs give in leaving me clinging to a railing. I start weeping, suddenly overwhelmed by the realisation that my body is morphing into that of a 90-year-old's. People stare.

Then we jump a few weeks to the one of me in bed with the curtains closed at 2pm because, like everything else, daylight has become intolerable (light hurts. Sound hurts. Breathing hurts). There are some of me where I'm unable to brush my teeth. Several where I'm too weak to eat. And then there's the one that always gets me — lying under a blanket in the garden watching my retired mother kneeling on her arthritic joints. She's bashing at the soil with a trowel to plant flowers in the hope that they will make life seem bearable for me. I am 30 years old.

In a few months I had gone from being a busy journalist, darting about London, to an invalid, signed off sick, barely able to get out of bed. I could not manage more than a few steps before acrid pain scorched my muscles. In hindsight, my physical breakdown had not emerged from nowhere. During those months my partner had walked out. I then had to move house. My grandmother had died. And then, for extra fun, I had an (albeit benign) intestinal tumour removed.

Being a prolific “cyber-chondriac”, I had been warned by Google about the pain and exhaustion that I might suffer, so I persuaded my GP to refer me to a chronic-fatigue clinic. A few weeks later, a specialist at St Bartholomew’s Hospital, London, diagnosed ME.

Last week, those memories taunted me once more while reading the results of the biggest study so far into the condition. The report, called PACE, published in The Lancet, found that psychological rather than pharmacological treatments are the most effective. It cited cognitive behavioural therapy (CBT) and graded exercise treatment (GET) — where patients are encouraged to gradually build up their activity levels — as the overwhelmingly successful interventions.

The ME Association responded by saying that the study was “extremely worrying” and that, “this is not a good day for people with ME”.

Action for ME said that the findings contradicted its own research. Both organisations believe that because ME has been categorised as a neurological illness a cure must come from a pharmacological/biological breakthrough.

Reading their responses, I wanted to cry with frustration. Why? Because I know that what cured me was an entirely psychological treatment. I know, too, that it worked almost instantly. After a few hours of it I went on a long bike ride. The treatment is called the Lightning Process (because of the speed at which it works). It’s a three-day seminar that fuses elements of CBT with neuro-linguistic programming (NLP), life coaching, osteopathy and hypnotherapy. You learn, essentially, how to transform destructive thoughts into constructive ones. In doing so, the physical symptoms disappear, because — goes the theory — they result from an ever-looping over production of adrenalin (caused by the unhealthy thoughts), which devastates the central nervous system.

The British osteopath, Phil Parker, devised the Lightning Process (LP) in the late 1990s. I’d tried other things — supplements and a treatment called the Perrin Technique — but nothing had worked. Then, while researching different approaches, I came across LP.

The seminar took place in a converted house in Crouch End, North London (those too ill can be visited by an LP practitioner). There were six of us in the small, bright room, including two women who’d been bed-bound for 20 years. Also with us was the discarded debris of success: disabled parking badges and walking sticks left behind by former alumni.

The first step was learning to identify any thought that isn’t “life-enhancing”, such as “I can’t walk”, or, “I’m exhausted”. As soon as that thought occurs, you shout “Stop”, jump to the side and put your hands up as if intervening in a bar brawl (you can do this in your head if you’re too ill to move). Then you learn how to replace the thought with a healthy one. This begins with a selfcoaching process, where you play both coach and student: “Well done ... you can do this ... what is it that you want?”

“I want to feel energetic.”

“How are you going to achieve this?”

“By taking myself back to a time when I felt full of energy.”

Here you recall a memory of when you felt incredibly energetic and relive it as vividly as possible, thereby accessing all the energetic feelings. The adrenalin loop is interrupted. We also learnt to change the passive language in our heads. A thought such as, “I’m really anxious”, becomes, “I’m doing anxiety”. Because you tell yourself that you are an active participant in it, you can therefore “do” something else. Realising that I had a choice changed my life.

There are visualisations, too. When, for example, you approach seemingly insurmountable stairs, you imagine yourself bouncing up them like an excitable puppy. There are many more techniques besides these but this forms the basis. By the third day, the bed-bound women had gone shopping.

To constantly interrupt destructive thoughts requires Samsonian determination but it becomes increasingly automatic. By the following week I was working again, happier, more positive and with more energy than I’ve ever had — all for £600. It has remained thus.

More than 2,000 people a year say that their lives have been transformed by the process (including Esther Rantzen’s daughter, Emily Wilcox, and the wife of the rugby player, Austin Healey). In 2009, an independent study by the Brighton and Sussex Medical School reported that 80 per cent of those who tried it found it helpful. The NHS is now conducting pre-trials to study its efficacy in adults and children.

But it remains highly controversial. Indeed, the aforementioned ME charities don’t recognise it as a viable treatment and continue to campaign for medicinal cures. When I ring the ME Association’s honorary medical adviser, Dr Charles Shepherd, he calls the process a “threeday brainwashing session”. While he doesn’t believe that you can cure physical conditions with psychological treatments, he concedes that “you can use psychological techniques to help people cope with their symptoms — you can help to relieve pain”.

Action for ME tells me, via e-mail: “The Lightning Process ... benefits some but either has no effect or carries risk of harm for others.” Despite this, I remain convinced. Not just because I’ve experienced the process but because I’ve witnessed others recover, too.

Jane Smith (name changed), who attended the course with me, was one of them. “I was at rock bottom when I did the LP,” she says. “I’d been housebound for a decade with my parents looking after me. The process didn’t just make me well; it helped in other areas, such as giving me more confidence. I’ve never looked back.” She went on to train as an LP practitioner. There are now dozens of them around the UK, as well as in the US, Australia, Norway and Sweden.

But is there a scientific explanation? I contact Dr Rajesh Munglani, who is a consultant in pain medicine at West Suffolk Hospital. He has treated people with ME and fibromyalgia, and has attended a Lightning Process seminar to observe the techniques.

“ME or CFS (chronic fatigue syndrome) is a constellation of symptoms and often we don’t know what causes them,” he says. “It can be a viral trigger, a trauma, an accident or any number of things. But what happens is that when the body gets better the patient’s brain continues to focus on the symptoms. The result is a behavioural response to those symptoms. For example, ‘I’m tired, so I won’t do anything’. What you have to do is try to switch off that mechanism.

“The hardwiring in the brain can be changed because it responds to different stimuli. But it’s hard for people to accept that there’s a psychological way of controlling symptoms. For that reason lots of people aren’t suitable for the Lightning Process.”

Since attending the seminar, Dr Munglani has started referring patients that he thinks might respond to the process. “I’ve seen great results,” he says. “They’ve come off opiate-based medication, for example. This is because the process has optimised parts of CBT, NLP and self-hypnosis and put them all together. The patient stops focusing on the symptoms and focuses on what they’d like to do instead.”