M.E., C.F.S. and Fibromyalgia in the 21st Century

+ Treatment Outlines at The Optimum Health Clinic

The Optimum Health Clinic
Winner of CAM Magazine Outstanding Practice Award
The Optimum Health Clinic
More than just a clinic...

About The Optimum Health Clinic
The Optimum Health Clinic (OHC) is an award winning integrative medicine clinic with a specialism in the treatment of M.E., C.F.S. and Fibromyalgia along with CAM (complementary and alternative medicine) based approaches for optimising health, relaxation and generally well-being. OHC was set up in 2004 by Alex Howard (author of WHY ME? My Journey from ME to Health and Happiness) and is recognised for its innovative approach of systematically researching and testing different approaches, and integrating them together in the most effective way. With over half the team having had personal experience of ME/CFS, the clinic is also well known for its caring and empathic approach.

The clinic’s team of fourteen practitioners has supported thousands of patients with M.E./C.F.S./Fibromyalgia in over thirty-five countries around the world. Their patient range is vast, and covers the complete spectrum from medical doctors and board members of FTSE 100 companies, to students and housewives.

About The Optimum Health Clinic Foundation
In 2013, Alex Howard gifted OHC to registered charity The Optimum Health Clinic Foundation (charity number 1131664). As a result, all profits generated by OHC are invested directly into the charity’s research programme, with the aim of one day government funding being available for treatment. Trustees of OHC Foundation are all either former patients or relatives of patients. The charity’s Patron is Shirley Conran, OBE.

Randomised Controlled Trial
OHC’s research department has so far had studies published in peer reviewed journals such as Psychology and Health, Journal of Integral Theory and Practice, Medical Hypothesis and The Nutrition Practitioner. In November 2012 the team had a prospective preliminary study published in the British Medical Journal Open demonstrating statistically significant changes at three months using the OHC approach.

At the House of Lords, in November 2013, OHC launched its fundraising campaign for a full randomised controlled trial with planned collaboration with a leading NHS hospital. The hope is that through completion of this research, one day government funding will become available for OHC’s treatments. If you would like to support fundraising for this project, please visit www.FreedomFromME.co.uk/foundation

Beyond the clinic’s psychology and nutrition departments, we also have a world-leading online resource called Secrets to Recovery.

Secrets to Recovery
Secrets to Recovery is an immense resource for those affected by M.E./C.F.S./Fibromyalgia. With over 100 hours of audio and video content, there is guidance and support for almost every aspect of the healing path. There are 18 video modules with around 90 audio support sessions covering all the key areas specialised in by the clinic, such as psychology, nutrition, meditation and EFT. There is also a vast archive of inspirational recovery stories with patients of the clinic sharing the intimate details of their recovery paths. Additionally, there are several support packs, covering areas such as benefits, caring for someone with M.E./C.F.S./Fibromyalgia and also handouts explaining this group of illnesses which you can give to friends and family.

You can find out more at www.SecretsToRecovery.com
Do you ever feel that your diagnosis is possibly the least informative diagnosis you could possibly be given?

The Fukuda definition of C.F.S (1994), which most researchers use in studies, defines M.E./C.F.S. as ‘unexplained, persistent or relapsing fatigue’ for six or more months. This of course tells you nothing about what is wrong with you. Effectively, this is a diagnosis of exclusion when your doctor can find nothing wrong with you. Similarly with Fibromyalgia, the key defining difference is the symptom of pain also being in the mix.

There is no test, no consistent set of symptoms amongst cases, and not even an international agreement on how to classify these symptoms, or even what to call the condition.

The orthodox system sees the human body as a simple physical machine where you need to either fix or replace the parts when they go wrong...

- The endocrinologists have found some limited hormone imbalances, but no genuine hormone disease
- The immunologists have found some imbalances, but cannot find a single ‘bug’ or immune system dysfunction
- The neurologists cannot find a specific problem within the nervous system in a large enough population of people to provide a diagnostic marker

Much of the problem is, none of these ‘specialists’ step out of their specific fields to examine the overview of how all the systems in the body may be interacting together to cause dysfunctional symptoms.

Many alternative therapies fall into the same trap, claiming for example, that candida, adrenal fatigue, or a state of hyper-anxiety, is the single cause affecting everyone.

The truth is that there is an element of truth in all of these approaches.

The problem is, they only have a part of the picture, and yet, they are claiming it to be the whole picture.

Having supported thousands of patients in 35 countries with this group of illnesses, at The Optimum Health Clinic we believe that they are a process where multiple systems, both psychological and physical, are interacting together in a dysfunctional way, resulting in the various symptoms experienced.

Research note: For details of research publications supporting the OHC approach, including a landmark study published in the British Medical Journal Open (reference below), please visit www.FreedomFromME.co.uk/current-studies

Results in the mechanisms and symptoms of M.E./C.F.S./Fibromyalgia

Two examples of mechanisms:
1. Mitochondrial malfunction
2. Maladaptive Stress Response

Stage 3
- Post exertional fatigue
- Muscle Pain
- Brain Fog
- Poor Temperature Control
- Poor Sleep
- Poor Digestion
- Headaches
- Wired but tired
- Reactions to food and supplements
- Anxiety and panic attacks
- Exhausted but can't sleep

Common Triggers of ME (FAST ONSET)
- Emotional or mental trauma/stress
- Vaccinations
- Infection—viral/bacterial
- Physical accident
- Pregnancy
- Operations
- Drugs

Gradual onset (no triggers)

Stage 2

Stage 1
- Life Stresses
- Diet, nutrients, air, water and exercise
- Psycho-Social (family, community, economic status)
- Xenobiotics (drugs toxins), micro-organisms, radiation
- Trauma Type
- Achiever Type
- Helper Type
- Anxiety Type
- Structural Type
- Adrenal Type
- Toxic Type
- Immune System Type

Environmental Inputs (external factors)

Subtypes (internal factors)
Our experience suggests that there are a number of predisposing factors to M.E./C.F.S./Fibromyalgia, both internal and external. Most sufferers have a combination of a number of these, and some have all of them.

### Physical subtypes:

**Immune System Types:** may have pre-existing genetic issues, constitutionally weak immune systems, or have been exposed to excessive stressors to their immune system. Patients tend to have signs of digestive, hormonal or immune problems right from early childhood, such as chronic constipation or diarrhoea, IBS, asthma, allergies, eczema, migraines, menstrual problems, and possibly a family history of similar problems. This subtype may suffer with chronic infections.

**Toxic Types:** have problems with toxicity, caused by pre-existing genetic or constitutional weaknesses rendering them poor detoxifiers, or they may have had major exposure to toxins through either their work or a specific event. Early signs include sensitivity to chemicals in paint, petrol or perfumes. Other risk factors can include mercury fillings, vaccinations, living in a polluted area, pesticide exposure, or having worked in a building where ‘sick building syndrome’ was suspected.

**Adrenal Types:** tend to have poor stress tolerance, both physical & emotional. These types may have been exposed to stress in the womb, or may have suffered physical or emotional stress or trauma/abuse from a young age—in this case the nervous system may have become “hard-wired for stress”. There may also have been a significant stressful event or series of events leading up to their illness, such as divorce or bereavement.

**Structural Types:** may have been born with a spinal imbalance, which can lead to poor lymph drainage and poor clearance of toxins from the body, and also pain and headaches. Once ill, patients can also become structurally imbalanced, leading to these detoxification complications. Patients with temperomandibular joint disorder (TMJD) also fall into this category.

### Psychological subtypes:

**Achiever Types:** constantly push themselves to do and be more than they are currently capable of. Characterised by an inability to ‘be in the moment’, and enjoy ‘what is’, and instead, always focusing on how they can be and do more. This can also show up as perfectionism and always trying to ‘get it right’.

**Helper Types:** constantly place the needs and wants of others above their own. They value themselves by their helping and supporting of others, and although in the eyes of society might be perceived as a ‘good person’, are often actually giving from a place of inner lacking and neediness.

**Anxiety Types:** have an internal sense of fear, danger, and threat. They deal with this either by being an outwardly fearful type, or by becoming the opposite, and constantly trying to convince themselves and others they are not afraid. Under the surface is an ongoing sense of things ‘not being OK’ and the world not being able to support them.

**Trauma Types:** trauma can either be a major event such as a natural disaster, or some kind of physical, mental, emotional or sexual abuse, or what is known as ‘Developmental Trauma’ where there is no single event, but this can happen to someone who has grown up in an ‘unheld and unsupported environment’ - these kinds of trauma are not generally digested without professional assistance, and therefore take a long term toll on the body when not healthily worked through.

Research note: For details of the scientific research behind the OHC model, please see the below paper, available at www.FreedomFromME.co.uk/current-studies

Stage 2: Triggers

This explains the factors that predispose us to develop M.E., although for many of us these were already there – so why did we develop M.E./C.F.S./Fibro when we did?

Fast Onset:
With these predisposing factors, it usually takes a trigger to push us into M.E./C.F.S./Fibromyalgia. This is akin to ‘the final straw that breaks the camel’s back’.

Examples include:
- Severe emotional or mental distress – including divorce, loss of a loved one
- Vaccinations
- Infection – viral or bacterial

Gradual Onset:
Sometimes there is no ‘final straw’ but a gradual emergence of symptoms. This is the result of too many of the predisposing factors being out of balance for too long.

Predisposing factors (the subtypes), followed by a trigger (or not if a gradual onset), finally result in illness

Stage 3: The resultant symptoms

What symptoms you develop depends upon:
1. Your genes (although the research suggests that genetics play a relatively small role in M.E./C.F.S./Fibromyalgia)
2. What stage of the illness you are at
3. What your predisposing factors were

As explained on page 5, every case of M.E./C.F.S./Fibromyalgia is different, and there are many ‘mechanisms’ that actually explain the symptoms that people experience. In this basic outline we are going to focus on just a few of those. And yet, these two factors alone can explain a great number of the symptoms experienced by many patients.

Mitochondrial malfunction – please refer to page 7

Maladaptive stress response – please refer to page 8

“Working with Anna at the clinic has begun to build my energy now, and I have to say it feels miraculous! I recently went on a full-on camping trip in Canada, we were staying in a camper van every night, and I was able to do some ten mile hikes, some of them even in the snow!”

Thea Anderson, Secrets to Recovery interview number 7
**Mitochondrial malfunction... just one example**

*Your mitochondria are effectively the powerhouses of your cells, and therefore responsible for your energy production at a cellular level.*

They are the equivalent of the engine in a car. If you’ve ever wondered what on earth is actually causing so many people to feel fatigued, the research suggests this area is critical:

You have **50 trillion or so cells in your body**, and nearly all of them have little component parts in them called ‘mitochondria’. The mitochondria produce A.T.P. (adenosine tri-phosphate) which is the “energy currency” of your body. When A.T.P. releases a phosphate molecule (P) energy is created, and the A.T.P. becomes A.D.P. (adenosine di-phosphate).

So A.D.P. must be continually recycled back to A.T.P. by adding back another phosphate molecule. When this recycling is going too slowly, your energy can become severely rationed, and in desperation, the body converts the remaining A.D.P. to A.M.P. (adenosine mono-phosphate), which releases a bit more energy, but A.M.P. can’t be recycled.

So your A.T.P. supply runs out — patients often describe this as “like someone pulling the plug.” Your body then has to re-make A.T.P., and this is why it can take days or even weeks to recover from a ‘crash.’ What is particularly interesting about this for patients is that it explains the delayed fatigue response, where they can be fine doing a particular activity, fine even the day after, and then suddenly, ‘out of nowhere’, they ‘crash’; it is at this point that the A.T.P runs out - prior to this, there is often a day or so of feeling ‘hyper’ and unable to relax.

The key to working with this is understanding what is hampering A.T.P production, and giving the body the support it needs to rebuild its reserves. By testing A.T.P. production via a blood test, we can measure (on a cellular level) your body’s ability to produce energy - we can then work with this directly, by supporting your body in correcting the underlying imbalances.

**A few other examples of physical imbalances:**
- Thyroid and adrenal imbalances
- Digestive imbalances - e.g. parasites, candida, dysbiosis, gut permeability, malabsorption
- Growth and sex hormone imbalances
- Allergies/Food intolerances/Multiple Chemical Sensitivity
- Blood sugar imbalances
- Metal or chemical toxicity
- Immune system dysfunction (chronic viral, bacterial infections and TH2 dominance)
- Lymph and liver detoxification problems
- Nervous system and neurotransmitter imbalances (insomnia/anxiety etc)

**Research note:** The OHC Foundation is currently conducting a research study with Duke University in the USA to explore the possibility of Mitochondrial Function being a possible biomarker for a sub-group of ME/CFS.

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**Diagram:**

- ATP
- ADP
- AMP
- L-Carnitine
- B3 (NADH)
- Co-enzyme Q10
- Co-enzyme A
- Magnesium
- D-ribose

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www.FreedomFromME.co.uk
The maladaptive stress response is the state of ‘high alert’ the body often goes into in reaction to chronic ongoing stress—often exacerbated by the experience of an illness such as M.E./C.F.S./Fibromyalgia.

For most patients, their stress ‘load’ prior to getting ill has been enough to cause the body to function at a higher level of ‘alert’ over a prolonged period of time than is normal or healthy. Yet even if this were not the case, the actual experience of M.E./C.F.S./Fibromyalgia is a major trauma in itself. For example, not knowing what is wrong, why it is wrong, will you ever recover, are you going to relapse, all creates a massive state of ‘danger’ within the nervous system.

This combination of circumstances mean that as far as your body is concerned, your survival is under major threat. As a result, it goes into a state of “Fight, flight or freeze,”. The body is designed to sustain this state for a short period of time only—yet what we observe in these kinds of conditions is that because this sense of ‘danger’ is ongoing, the body begins to normalise this state—the exact opposite of state that you need to be in in order to heal.

This failure to adapt is why it is called the maladaptive stress response.

There are very real physical effects of being in this state:
- Digestive system – reduced ability to absorb nutrients from food
- Immune system – adverse reaction to supplements
- Nervous system – ‘tired but wired’- exhausted all day but unable to sleep at night

Approaches such as Reverse Therapy and The Lightning Process have become popular over recent years for working with M.E./C.F.S./Fibromyalgia from a psychological perspective. Although looking at different aspects of the Maladaptive Stress Response, the OHC approach sees these approaches as only being partial in their understanding (each see some but not all of the subtypes for example).

Furthermore, the traditional approach of cognitive behavioural therapy (CBT) is offered to many individuals. Although having its place, once again the OHC approach sees it as only working on some elements, especially ignoring the role of the unconscious. Many sufferers also feel frustrated at the CBT approach not fully understanding the very real physical nature of M.E./C.F.S./Fibromyalgia.

The problem is that because such approaches are only partial in their understanding (not understanding for example different subtypes, stages of recovery etc), they can sometimes be counterproductive, further adding to the confusion and frustration already being felt by patients. The OHC approach is the only approach available that fully integrates the detailed model that it does.

In reality, you need to treat the subtype causes, and the Maladaptive Stress Response reaction.

Research note: The first of a series of planned papers exploring the role of the Maladaptive Stress Response was published by OHC in Medical Hypotheses in July 2013. More information can be found at www.FreedomFromME.co.uk/current-studies

Nutrition

How does your approach differ from other practitioners and clinics?
Most nutritional practitioners are 'general' practitioners, meaning that their daily experience is working with and treating general nutritional issues right across the board. This means that in an average year they may see one or two people at most who have the kinds of issues we work with. The practitioners at the clinic have, after a period of general practice, gone onto specialise in the OHC approach and are therefore seeing a vast number of ME/CFS patients year on year. Additionally, they have vast amounts of experience and more importantly specialist training in the area - virtually all of the protocols used have been developed in-house based on the clinic’s world-leading knowledge. This level of specialist knowledge is just impossible to be achieved by a general practitioner, or in fact by many ‘specialist’ practitioners that have only trained in one component of the clinic’s approach.

What is involved in your first two consultations?

Initial Consultation
Initial consultations can either take place face-to-face, or if travelling is not possible then by telephone or Skype. You will be asked to complete an in-depth questionnaire specifically designed by the clinic team, which will be analysed by your practitioner before your initial consultation.

Your practitioner will then discuss the intricacies of your case history with you in great detail, and advice will be given as to what are likely to be the key health issues and priorities for you now, with an initial roadmap of the suggested way forward. Additionally, the questionnaire will help the practitioner to analyse your nutritional needs based on how you digest and absorb food, so that your diet can be optimised for supporting your body. You will then be given an overview of your food and dietary recommendations, and if relevant given an initial supplement programme (or you will have your current programme updated to the latest protocols). You may also be recommended to carry out some simple home tests (see over page) and possibly a functional test (such as an adrenal stress test) before your first follow-up consultation, if appropriate & relevant to your situation.

Recommendations and Treatment Plan
A few days after your consultation, you will receive:
- A supplement recommendation sheet
- Detailed and easy to understand dietary advice
- A list of all foods to emphasise, de-emphasise, and avoid
- Some example plans for your diet
- Several pages of recipe ideas
- Some simple, quick-to-prepare food in line with your dietary advice
- General guidelines on all foods and beverages
- Home test and functional test instructions (as relevant)

Research note: An example of the OHC nutrition approach was published in the below paper, available at www.FreedomFromME.co.uk/current-studies


www.FreedomFromME.co.uk
### Follow up Consultation (4-6 weeks after Initial Consultation)

Prior to your follow up consultation, we generally ask that you request from your GP a series of standard blood tests (if these haven’t been done recently), including the following:

- Full blood count
- Blood glucose
- Thyroid function (TSH and T4)
- Uric acid
- Liver function test
- Electrolytes (including phosphorus, chloride and bicarbonate)
- Serum ferritin
- Lipid profile
- B12 and folate ("active" B12—holotranscobalamin—if possible)
- ESR
- Vitamin D3
- We also request that you have your blood pressure checked at the same time.

Your GP will most likely tell you that the results are ‘normal’ but we will then re-analyse the results from an optimal or ‘functional’ perspective – meaning that we will look at these results within narrower reference ranges.

Additionally and if relevant to your case, we may have asked you to complete one or more home tests, including the following, which we will also analyse if completed:

- Basal temperature (requires a thermometer)
- Metabolic and Salivary pH test (requires some pH strips)
- Various digestive system related tests (may require typical kitchen cupboard items)

In this first follow-up, the results of any tests (recommended in the initial consultation) and their implications will be discussed and pertinent recommendations made. Supplement and dietary changes that have been implemented will also be discussed and adjusted as necessary, taking account of relevant test results.

### What happens after the first follow-up consultation?

It is unusual for the nutrition process to stop after the first follow-up unless basic dietary and supplement advice was all that was required. For ongoing work, subsequent follow up consultations to monitor progress and adjust programmes are recommended at 6-12 week intervals (depending upon individual circumstances) as some protocols can be around 12 weeks long. Your practitioner will guide you as to what is most appropriate for you.

**N.B. Please note that follow-up sessions are ALWAYS by telephone or Skype even if the initial one is face to face.**

### What further tests might you use?

Taking into consideration individual circumstances, such as the response to a patient’s initial programme and financial limitations, further testing may be done in subsequent follow up consultations, including the following (this list is by no means exhaustive):

- Adrenal Stress Index Test
- Comprehensive Stool Analysis
- Blood Vitamin & Mineral status
- ATP Profile/Mitochondrial Function
- Short Chain Fatty Acids
- Intestinal Permeability ("Leaky Gut")
- Urine iodine/halides
- Full thyroid panel
- Epithelial growth factor (sEGF)
- Candida Antibodies
- Toxic metals
- Metal & Chemical Sensitivity
- Pesticides/Volatile Organic Compounds screen
- Essential fatty acid profile
- Food & Environmental Intolerances/Allergies
- Glutathione Studies
- DNA Adducts
- Kryptopyrroles

For full details and costs you can ask your practitioner.

[www.FreedomFromME.co.uk](http://www.FreedomFromME.co.uk)
Nutrition

What do supplements cost?
The cost of supplements varies. Patients receive supplement recommendation sheets with information about where they can order the supplements for themselves. The clinic policy is to recommend the most effective supplement to do a particular job, but all recommendations also take into account the patient’s financial and practical limitations - for example, the budget available per month or the ability to swallow capsules or not.

How long are consultations?
Initial consultations are charged at a fixed rate, which includes up to 1 hour directly with your practitioner. Your practitioner will spend at least another hour on your case (often considerably more) in preparation of your appointment, and writing up afterwards. Follow-up consultations are charged as 1 hour — up to 45 minutes spent directly with your practitioner and the remaining time for analysing test results and writing up recommendations after the consultation. Any additional practitioner time required would be chargeable on a pro-rata basis but always agreed by you in advance.

I’m concerned my case is complicated, will you be able to help?
Many of our patients have highly complicated situations, from having seen numerous practitioners before with potentially conflicting information and multiple test results, to being on medical drugs, or to sensitivities to supplements. Our team are highly experienced in dealing with these kinds of issues. Each practitioner in our nutrition team will only see around 12 patients a week, and the rest of the time is spent researching, discussing case studies with other practitioners in the department, and also receiving ongoing internal training. For every “chargeable” hour that our team do, there is actually about three hours of work.

To find out more, please book a free 15 minute chat at www.freedomfromme.co.uk/book-a-free-15-minute-chat by calling us on 0845 226 1762 and leaving your contact details or by emailing directly at enquiries@TheOptimumHealthClinic.com

“A friend of mine bought me some running shoes a couple of month ago. For the first time since I was 17 I actually went running. It was like, "Oh, I can run," it was so cool. I also now go swimming and play badminton.”

Lindsay Oliver, 32 - Freedom From M.E. (Free DVD available from clinic)
In October 2008, Lindsay completed a half marathon in a very respectable 1h 31m, raising funds for The Optimum Health Clinic Foundation

“In March 2006 when I was very ill, I imagined myself age 60 still in bed. I didn’t see myself as totally recovered in 2 years and having another baby - so you can really turn it around if you really work hard on it.”

Sarah Veasey, 42 - Secrets to Recovery interview number 37

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What methods are you using?
The methods we use are a combination of all of our research over the years, together with our personal experiences of what worked in helping with our own experiences, and what has worked for the thousands of people we have worked with. Some areas that we have considered are:

- Neuro-Linguistic Programming (NLP)
- The Lightning Process (Alex’s book originally helped establish it)
- Reverse Therapy
- Mickel Therapy
- Emotional Freedom Technique
- Cognitive Behavioural Therapy (CBT)
- The Enneagram
- Life Coaching
- Hypnotherapy and self-hypnosis

Key to our success is our understanding that every case is different; what works for one person does not necessarily work for another. For example, as mentioned in the first section of this document, although approaches such as The Lightning Process can be helpful in some cases for dealing with patients’ Maladaptive Stress Response, they ignore the background emotional—and complicating physical - components. With a wealth of experience, we take the best from all approaches and tailor our treatments specifically to each patient’s needs. By mapping exactly where a patient is in their recovery path and what they need to make a difference, we find we are able to get solid and long lasting results.

How do sessions work?
We offer three different treatment options through our psychology department:

1. **The 90 Day Programme:** This is our groundbreaking psychology based training programme which we recommend the majority of patients start with, as we find it to be the most effective kickstart for our psychology approach. There is a powerful combination of pre-course materials, private and group sessions, and post-course support over a period of around 90 days.

2. **Telephone Treatment Programme (TTP):** also lasts around three months (although there is flexibility to adjust this as appropriate), and serves as the best way to kickstart treatment on the psychology side for patients unable to attend The 90 Day Programme. TTP Sessions can also be done by Skype if preferred.

3. **One-on-One sessions:** these take place either by phone or at our North London Training Centre. Initial sessions are usually 1 ½ hours, and follow-ups last 1 hour.

To find out more, please book a free 15 minute chat at [www.freedomfromme.co.uk/book-a-free-15-minute-chat](http://www.freedomfromme.co.uk/book-a-free-15-minute-chat) by calling us on 0845 226 1762 and leaving your contact details or by emailing directly at enquiries@TheOptimumHealthClinic.com
The 90 Day Programme

Stage 1: Preparation

Prior to attending the workshop, delegates are sent our “Psychology Foundation Pack” which is to be used throughout the programme (and beyond), including:

- Learn to Relax (4 CD audio download)
- The Sleep Inducer (4 CD audio download)
- Beat Fatigue with Yoga (Book and DVD)
- Alex Howard’s book ‘WHY ME? My Journey from ME to Health and Happiness’

Stage 2: Intensive

The Intensive part of The 90 Day Programme teaches you the core components of the OHC psychology approach. Included are:

The core components covered at the programme are:

1. **The Healing Zone:** This section teaches you the latest ideas specifically developed at OHC from what Alex originally helped establish as ‘The Lightning Process’.
2. **Your Body’s Intelligence:** In this section you will learn how to communicate with and understand your symptoms. By listening to the message about your symptoms, you will learn to change the responses of what Reverse Therapy calls your ‘Bodymind’.
3. **Emotional Freedom:** This section will give you the fundamentals of EFT (Emotional Freedom Technique) which is at the forefront of the new field becoming known as “Energy Psychology.” This way of working is immensely powerful for clearing and balancing blocked and unwanted emotions.

Groups are strictly limited, with usually around 6-9 delegates, and so there is space for a great deal of attention from your practitioner.

This intimate 2½ day workshop takes place at our Training Centre in North London and is the recommended option for those able to travel to London. Delegates are encouraged to continually listen to their bodies throughout, rest when needed and apply the techniques as they are learning them.

Stage 3: Integration

Once back at home the real work begins. For the following nine weeks, participants have consistent contact with their practitioner in the form of one-on-one telephone sessions, conference calls (with fellow participants), and home study CDs and exercises.

**Topics covered include:**

Reviews and implementing your toolkit, setting intelligent goals, how to eliminate self-judgement and self-sabotage patterns, how to understand the deeper reasons behind your situation and how to gently rebuild your body and increase activity in a way that works for you.

A key part of the integration period is the free online access to www.SecretsToRecovery.com which is the clinic’s world-leading recovery group. The archive includes over 100 hours of material, including patients’ stories and review sessions of tools taught at the programme.
TTP was specifically designed for patients when The 90 Day Programme is not appropriate. TTP is an immensely effective way to kick-start treatment and see real improvements, working purely by telephone/Skype and home study.

Delegates benefit from much of the same material used in The 90 Day Programme, including:

- **Four hours of one-on-one sessions with their practitioner.** The one-on-one sessions can be tailored in length depending upon your situation, but are generally a 1 hour initial, followed by four sessions of 45 minutes.

- **“Psychology Foundation Pack”** which includes
  - Alex Howard’s book ‘Why ME?’
  - Learn to Relax (4 CD audio download)
  - The Sleep Inducer (4 CD audio download)
  - Beat Fatigue with Yoga (Book and DVD)

- **4 Home Study CDs from The 90 Day Programme**
  - Beliefs
  - The Inner Critic
  - The Principles of Happiness
  - Creating Your Future

- **Free online access to www.SecretsToRecovery.com**

If you are unable to attend The 90 Day Programme, TTP is a very powerful alternative that you can do at home at your own pace, with the support of one of the clinic’s highly experienced practitioners.

These are generally appropriate for those who:

- Prefer not to work in a group
- Are able to travel to sessions
- Have covered some of the material from The 90 Day Programme or TTP and would like to focus on tailoring the approach to their own individual needs
- Have a significant background of complicated emotional issues which need more one to one attention

Of course you can start with The 90 Day Programme or TTP and follow on with one on one sessions if/when appropriate.

“If you have M.E. then don’t believe the hype. You can get better with effort and time. You may even find that it improves your life in the long run. I would recommend The OHC to anyone who has M.E., they are fantastic practitioners and their results speak for themselves.”

Tim Bichara, 40 - Secrets to Recovery interview number 2
Here are the answers to some general questions you might have...

**This all sounds very exciting, but are you really saying it is possible to change my situation?**
After so many years of intensely researching the areas we do, and having worked with several thousand people in over 35 countries around the world, it is now unquestionable that the people we work with see real changes. Many patients that come to the clinic have already worked on parts of their situation, but the real key lies in working in an integrated way with truly specialist practitioners. Our job is to act like a detective, to systematically work out which bits are relevant to you, and determine the most effective ways for you to move forwards.

**I've tried everything...**
It really can feel like that sometimes - however, the vast majority of people we work with feel like that at the start, and yet, almost immediately after starting work with us, discover a whole new world of possibilities opening up. There really is no other integrative protocol like ours available. We are in fact, the only clinic in existence that has integrated so many different approaches, in the unique research focused way we have.

**This sounds expensive and I have limited funds?**
The level of integration of our protocol (looking at ‘the whole picture’), means that patients ultimately save a lot of money, by avoiding trying other individual approaches in isolation, whose practitioners do not have our expertise to know in advance what is likely to work. Our experience takes the ‘hit and miss factor’ out of your journey. Our approaches are all made as cost-effective as possible, and compared to the cost of things not changing are actually very affordable. And, without intending to be too political, we believe our approach should be funded by the NHS, and it is for this reason that we are investing significant resources in supporting research through our own in-house research department, as a first step towards this.

**What do I do next?**
The next step is to book a free 15 minute chat to discuss your possible way forwards with the clinic; either with psychology, nutrition or ideally both. Our 15 minute chats are most definitely not a sales call - they are simply an opportunity to get your personal questions answered, and essentially, to explore how our approaches may be of benefit to you.

To find out more, please book a free 15 minute chat at [www.freedomfromme.co.uk/book-a-free-15-minute-chat](http://www.freedomfromme.co.uk/book-a-free-15-minute-chat) by calling us on 0845 226 1762 and leaving your contact details or by emailing directly at enquiries@TheOptimumHealthClinic.com

Additionally, if you haven’t already seen our free DVD “Freedom From M.E.: Journeys to Recovery” following three patients’ inspirational stories, please do contact us to receive a free copy.
Winner of CAM Magazine Outstanding Practice Award

“After ten years as a trustee of Action for ME, and after struggling to get clarity when I wrote a book on ME in the late nineties, I just wish that the thorough and integrated approach at The Optimum Health Clinic had been available then.” Gill Jacobs

The Optimum Health Clinic is one of five clinics recommended by readers of Interaction (Issue 64, Summer 2006), published by Action for M.E., the UK’s largest M.E. charity.