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**Treatment of Chronic Fatigue Syndrome with Neurofeedback and Self-Hypnosis:
A Case Report**

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Research suggests that there may be two clusters of chronic fatigue patients: A group with relatively rapid onset and no psychiatric symptom history, and a group with a gradual onset and a significant history of depression and other psychiatric disturbance. It has been suggested that the former may represent patients most likely affected by a virus. This paper describes the treatment of a young woman with more rapid onset CFS without a psychiatric history. QEEG results will be presented showing a mild left frontal theta excess. This was treated with three sessions weekly with a Lexicor neurofeedback unit utilizing a protocol to increase 12-15 Hz while inhibiting theta frequencies at F3. Within only a few sessions, symptomatic improvement was occurring. Two efforts to increase 15-18 Hz activity resulted in unpleasant responses. After 15 sessions and considerable improvement, the patient had a training session with a Roshi unit utilizing photic stimulation, reinforcing 12-15 Hz while inhibiting theta. Her immediate post-session response was: "The other sessions have been good, but this was terrific." A few subsequent sessions with traditional neurofeedback received continued positive responses, but her strong subjective response was that treatment with Roshi was clearly more powerful. The patient was found to frequently have very cold hands (70's and low 80's). Subsequently she began doing daily self-hypnosis, gradually being able to warm her hands to 94 degrees after self-hypnosis. Regular evaluations were conducted using the Profile of Mood States, which showed excellent improvement in Vigor and decreases in Fatigue and Confusion as treatment progressed. The patient has used a light/sound device on 14 Hz stimulation for 15 minutes twice daily as a follow-up maintenance procedure, reporting very positive results. It has also been important to counsel her to not "overdo," and to maintain balance in her activity level. Periodic follow-up reinforcements and evaluations have occurred confirming maintenance of progress.