

# EMOTIONAL FREEDOM TECHNIQUE (EFT) AND THETA SUPPRESSING HARMONIC MARKEDLY ACCELERATES SMR TREATMENT OF SEIZURE DISORDERS

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## ABSTRACT

SMR (13-15 Hz) neurofeedback, a successful treatment for seizure disorders, is found to be markedly more efficacious when combined with a self-administered treatment consisting of EFT and the Theta suppressing harmonic. Data from 145 clients demonstrated that EFT increases SMR amplitude. Case studies of clients treated for seizure disorder with SMR enhancement at C<sub>4</sub> combined with self-administration of EFT and the Harmonic are presented.

KEY WORDS: EPILEPSY, NEUROFEEDBACK, SMR

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# EMOTIONAL FREEDOM TECHNIQUE (EFT) AND THETA SUPPRESSING HARMONIC MARKEDLY ACCELERATES SMR TREATMENT OF SEIZURE DISORDERS

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## INTRODUCTION

The Emotional Freedom Technique (EFT) consists of tapping acupuncture meridians. After mentally focusing on a specific problem and acknowledging to oneself that even though one suffers from a specific problem, “I deeply and completely accept myself”, the following acupuncture meridians are lightly tapped: S13, B2, G1, S1, DU26, REN24, K27, G22. There are variations of this form of energy psychology technique, but the above is the sequence that was administered to clients for the present study. My experience with EFT parallels that reported by other clinicians. With one exception. My first exposure to EFT exacerbated the condition I was attempting to inhibit! Prepared to dismiss EFT as yet another placebo-based protocol, a colleague whom I hold in very high regard persuaded me to have a closer look at energy psychology. As a psychoneurophysiologist, the obvious way to have a closer look was to see what effect EFT had on brain functioning. Given that EFT uses acupuncture meridians as stimulation points it was not unreasonable to expect some changes in the EEG when the points are stimulated. The acupuncture point Pericardium 6 (P6), for example, when stimulated with a 20 Hz, electrical pulse at an intensity that is below feeling threshold (less than 500 uv) increases Theta (3-7 Hz) amplitude measured at locations Cz and O<sub>1</sub> (Swingle, 1998). Microampere stimulation of P6 was reported to suppress autonomic arousal in the treatment of pseudoseizure disorders (Swingle, 1998). On the other hand, electrical stimulation of DU 26 suppressed 3-7 Hz activity when measured at Cz. Although the opposite effects on the EEG are found for two sites, such apparent contradictions were also found among manipulations in the craniosacral treatment protocol (Swingle, 1997). For lack of a better metaphor, one might assume that the efficacy of some of these techniques that have both enhancing and suppressing effects on the same brain activity might be “brain aerobics”. If one assumes that most clinical conditions are characterized by the brain being “stuck”, then such brain aerobic procedures as EFT, acupuncture, craniosacral therapy, EMDR and audio visual stimulation might be efficacious simply because they “nudge” the brain thereby stimulating some degree of reorganization.

EFT appears to be very effective in the treatment of phobias. The data that are available in EFT are outcome studies in phobia treatment. My first use of EFT, was with one adult and one child with elevator phobias. Both walked up stairs to enter my office and both left my office by elevator. Although outcome research is useful in demonstrating that a technique has merit, a far more powerful approach is to determine the underlying process that makes the technique efficacious. The event described above indicated that the outcome of EFT for some clients was positive and that EFT should be seriously investigated.

## METHODS

In the context of practice oriented research, clients under neurotherapeutic treatment for a variety of disorders were taught the EFT techniques while their EEG was being measured. The assessment procedure was a 60 second EEG baseline, self-administration of EFT followed by a 90 second EEG measurement. The percent change in SMR was the difference between the last 30 seconds of baseline measurement versus the first 30 seconds of the post EFT, EEG measurements. The next 14 clients who were receiving neurofeedback treatment at either Cz or C4 were included in the first study. The results indicated that regardless of age, gender or disorder under treatment, EFT resulted in an increase in the SMR amplitude. The average percent increase in SMR amplitude was 26.9% (SD=14.1;  $t=7.47$ ,  $p<.01$ ).

### Case I:

Since EFT increased SMR amplitude as measured over the sensory motor cortex, it seemed likely that clients being treated for seizure disorders might benefit from the technique. The first client so treated was a woman with epilepsy. She was partially maintained on medication but discovering that she was pregnant, wanted to stop the anti-seizure medications. She reported that the seizure frequency with medication was .67. The client also reported that she had a clear prodromal feeling prior to experiencing a seizure. Treatment was SMR enhancement at C4. After the first session she was taught EFT and instructed to use the technique immediately when she experienced a prodromal. She was instructed to administer the technique 10 times per day in addition to when she felt an impending seizure. The results were remarkable. This client accomplished a reduction in the Theta/SMR ratio in dramatically fewer sessions than the number usually required in the treatment of seizure disorders. She was in fact seizure free after 2 sessions. The client titrated off the anti-seizure medication with the understanding that her physician would likely reinstate the medication immediately prior to the birth of her child to minimize the risk of a seizure during the birthing process. Follow-up after 14 months finds that this client remains seizure free.

#### Case II:

This 3-year-old male with a history of “infantile, partial complex seizures”, which did not respond to medications is presently under treatment with emphasis on preparing the child for neurotherapy. At present he is being habituated to electrode placement on his head and ears, wearing headphones and visual stimulation glasses. The parents were advised to administer the EFT procedure about 10 times per day. The child’s frequency of seizures prior to EFT treatment was one seizure about every 4-5 weeks and presently he has been seizure free for 16 weeks. On the advise of a “medical intuitive”, the frequency of EFT administration was reduced to three repetitions of EFT three times per day.

#### Case III:

This 31-year-old woman has an 18-year history of uncontrolled seizure of three varieties. Her seizure frequency was 1.8 per day on average. Treatment again consisted of SMR enhancement at C4. The client was taught EFT and advised to self-administer the treatment 10 times per day. Initial EEG assessment of the EFT procedure indicated a SMR enhancement. After 3 sessions and self-administration of the EFT, the client reported complete absence of seizures for 5 days. Interestingly, seizures returned after the next session. Assessment of the client’s EEG revealed that in addition to increased SMR amplitudes, Theta amplitude has also increased. Lubar points out that seizure threshold can be lowered when Theta amplitude increases when doing SMR enhancement neurofeedback. To correct for this negative effect of the EFT procedure, the client was instructed to use the Theta suppressing harmonic (Swingle, 1996), while administering EFT. The Theta suppression harmonic is contained on a cassette tape and is routinely used in the treatment of ADD MTBI and cognitive impairments associated with high Theta amplitudes. The combination of the Theta suppression harmonic with EFT resulted in reduction of seizure frequency of all three varieties of seizures monitored by the client. Her present seizure frequency is .75 per day on average and no grand mal seizures.

#### Case IV:

This 14-year-old female was scheduled for surgery to correct uncontrollable seizures. The parent of this client was greatly opposed to surgery and had carefully researched the available literature on neurotherapeutic treatment of seizure disorders. Fortunately, she was also familiar with, and supportive of, energy based protocols such as Reiki, acupuncture and therapeutic touch as was very enthusiastic about the use of EFT in conjunction with the neurotherapy. Based on the experience with client III reported above, this client was instructed on the use of the harmonic cassette while administering theft. The seizure activity of this client as recorded and reported by the parent indicated a pretreatment average frequency of 1 per day. The present frequency is .29. This client continues under treatment at the time of this writing. The surgery has been postponed.

#### Case V:

This 13-year-old male had a pretreatment frequency of 3 to 4 seizures per week. The parent reported a complete remission of seizures after the first session of neurotherapy with adjunctive use of the EFT/Theta suppression harmonic. After 7 sessions the parent reported greatly improved cognitive functioning, improved peer relationships and absence of any seizure activity. Presently under the follow-up protocol of neurofeedback sessions at two month intervals, the mother left the following message on my voice mail, "Hi Dr. Swingle, this is \*\*\*\* calling. I have been bringing my son John to see you now since March (2000), and I just wanted to pass on some very good news...We went for an EEG yesterday and for the first time in Eight Years (8)...our EEG actually showed quite significant improvement! He's always had a bad EEG, now he is getting a fairly good EEG and he got an excellent report from the Psychologist as well, so I just wanted to pass on the news to you, and I'll be back in on August 9<sup>th</sup> - so I'll see you then! Bye-bye."

## DISCUSSION

This last case nicely illustrates circumstances that are frequently observed with seizure disordered children. Heavily medicated for seizure maintenance, these children have difficulty in school, appear “slow” and “strangely awkward”, have no or poorly developed peer relationships, and are often socially inappropriate. Like many successfully treated ADD children, successfully treated seizure disordered children experience life altering changes. They develop friendships, become more socially appropriate, advance markedly in school achievement and most importantly develop a healthy and positive self-concept.

The results of the preliminary study and 5 seizure clients indicated the efficacy of EFT for increasing the SMR over the sensory motor cortex. Since SMR enhancement is a neurotherapeutic protocol with considerable data supporting efficacy in seizure reduction the addition of EFT to this protocol seemed appropriate. Evidence from clients treated for seizure disorders strongly supports the propitiousness of combining self-administration of EFT and SMR enhancement neurofeedback. Complications associated with elevating Theta amplitude with neurotherapy and/or EFT are successfully controlled with the use of the Theta suppression harmonic (Swingle, 1996).

The use of the Theta suppressing harmonic in the treatment of common ADD (CADD) has reduced the number of sessions from about 40 (Lubar, 1991) to less than 15 (Swingle, 2000). Similarly the addition of EFT and the harmonic to the SMR neurofeedback treatment for epilepsy and other seizure disorders (Swingle, 1998) can markedly reduce the number of sessions required to successfully treat these disorders.

KEYWORDS: EPILEPSY, NEUROFEEDBACK, SMR