Request for Research Grant Funding

Project: *Stepping-Up*

The Effect of Transgenerational Traumas in the Psychobiology of Duchenne Muscular Dystrophy

A Pilot Epigenetic Research Study

Wellness Through Awareness
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Executive Summary

Introduction

Duchenne Muscular Dystrophy is the most common fatal genetic disease of children worldwide. It affects approximately 1 in every 3,500 births in the United States and 1 in every 2,400 boys worldwide each year. It is a progressive genetic disease in which the degeneration of muscles leads to the inability to stand or walk and ultimately losing the capacity to breathe. Muscular Dystrophy is incurable and is often fatal by late teens or early twenties. Currently, there is no cure, no significant treatment, and no long-term survivors.

Duchenne Muscular Dystrophy is a catastrophic heartbreak for families of all nationalities and ethnic backgrounds. This disease scourge has no boundaries and universally these young victims suffer agonizingly slow and progressively painful deterioration from the ravages of this condition.

This is an appeal to support an evidence–based research study evaluating a new treatment model that investigates the effect of transgenerational traumatic memory imprints on the psychobiology of Duchenne Muscular Dystrophy.

Statement of Need

The first historical account of Muscular Dystrophy was written by Sir Charles Bell in 1830. Ever since, there have been scores of medical research trials exploring various avenues for effective treatments for this fatal genetic disease.

Statistically, science has documented that approximately 60% of the Duchenne Muscular Dystrophy cases are inherited from the mother and the remaining 40% of this terminal diagnosis is the result of apparent spontaneous gene mutation.

According to the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention(CDC), a total of over three billion dollars has been raised to support extensive research for Duchenne Muscular Dystrophy and has resulted, to date, in no effective treatments.

The present medical protocols of this incurable disease, after decades of research and billions of dollars, continues to be predominantly symptom management and palliative care.

An urgent call to unify the best outcome driven contributions in every healing model—allopathic, complementary and energetic medicine—is needed for the prevention and treatment of this life–threatening genetic condition.

The purpose of this pilot Epigenetic research study: *The Effect of Transgenerational Traumas in the Psychobiology of Duchenne Muscular Dystrophy* is to contribute to the ever growing critical need for pioneering research and new treatment models.

Background Information

The Science of Epigenetic Medicine

The science of Epigenetics is the study of the bi-directional interchange between heredity and the dynamic interactions of our unique psychobiology. This branch of medicine examines the modulations, communication and coordination of 'messenger molecules' that contribute to 'switching' genes on and off.

Historically, the universal belief was that genes exclusively control our biology and that DNA was the sole determiner of who we are—not just our eye color or racial origin, but also habitual predilections, emotional disorders, and susceptibility to diseases. Currently, science has demonstrated that this prevalent conventional theory is a fundamental misconception—DNA is *not* the singular determiner that controls the cell's life.

Living systems are neither pre-set nor static, but rather, are in a constant dynamic state of adaptation and adjustment. Current research studies cite that the regulation of specific gene expression may be more influenced and remediable than previously thought possible—demonstrating that we are not passive victims of our genetic inheritances but rather interactive participants.

Scientific evidence reveals that even though genes are the formative molecular blueprints utilized in the construction of cells, tissues and organs, our DNA is not the initiator of these sequenced commands. Rather, it is the cell membrane's sensitivity and perception to environmental cues and informational signals that are the triggers.

It is the DNA codes, working in concert with the cell's membrane receptor sites, that selects the activation of specialized genes. More precisely, targeted genes are stimulated specifically as an interactive response. Current studies state that genetic mutations are not random or capricious, but rather are expressed in precise predetermined pathways in direct response to informational signals.

The human body is an interconnected network of information systems—genetic, hormonal, immunological that communicate in specific signature codes. To transmit the accurate information between systems necessitates a specific transducer allowing the signature code of one system to be translated into a reliable readable code of another system.

Ancestrally inherited traumatic memories are also coded information signals. These coded signals can adversely influence the extensive network of cellular communication that is distributed throughout the body. These traumatic memory imprints produce minute repetitious changes in energy pathways that affect organ systems, cells and DNA. These inherited 'molecules of memory' can impact genetic expression by encoding misinformation that affects the physiology of all biological functions.

It is in this context that researching transgenerational inherited traumatic memory patterns may be an important missing link in understanding the nature of cellular communication. The future identification of acquired epigenetic markers, like methylation and histone modifications, may be the means by which 'molecules of memory' are passed on from one generation to the next.

Current scientific framework views the genome as flexible, fluid and responsive to the environment in ways that were previously unknown. Gaining a more comprehensive understanding how these factors impact the working of the genome has far-reaching implications in developing new approaches to deciphering the codes of genetically inherited diseases.

The Genetics of Ancestral Inherited Traumatic Memory Patterns

Current research documents that transgenerational inherited trauma can be encoded into the psychobiology of chronic, degenerative, incurable and life threatening conditions. Inherited traumatic patterns that occur in parents, grandparents, great-grandparents and beyond can be passed on through multiple generations and have bearing on current gene expression. These inherited 'traumatic memory molecules' can influence genetic composition and biological predispositions.

Trauma is the psych-biological response to horrific life events such as: accidents, natural disasters, injury, war, illness and so much more. The history of humanity is defined by trauma. Every person's personal timeline and ancestral genealogy is strewn with cumulative traumatic events to varying degrees and intensities. It is not *if* traumas have happened, but rather; *how many* and *to what extent* their impact defines a lifetime. Ultimately, it is the degree of adaptation and assimilation of these traumatic experiences that defines the physiological impact on biological systems. The cumulative effect of impactful life issues are referred to as negative stress factors. Each individual, given their unique biological constitution and environmental conditions, navigates the amount of negative stress load in the body-mind differently.

Cumulatively, the body-mind reflects the sum total of our psychogenetic inheritance. These traumatic encoded patterns of pain, conflict and repression are like 'neural software,' running preset programs influencing every cell, organ and system—transforming negative stress responses into body chemistry. This is the 'chemistry of consciousness' that converts the invisible world of memories and thoughts into the visible effects in the body.

It is well documented that the etiology of 90% of all diseases is the result of negative stress factors. Traumatic experiences imprint memory patterns in every cell via stress hormones of the hypothalamic-pituitary-adrenal axis. This is one of the means by which mental-emotional experiences transform into psychosomatic conditions.

Additionally, evidenced–based studies conclude that inherited traumatic memory patterns are also encoded within the limbic-hypothalamic systems and act as filters which control and modulate the mind-to-body communication pathways. These encoded 'messenger molecules'—neurotransmitters, hormones, immuno-transmitters, proteins, enzymes and more, regulate the autonomic, immune, endocrine and neuropeptide systems and other structures. Traumatic 'memory molecules,' like 'messenger molecules,' influence and define the expression of our psycho-genetic blueprint.

Further research demonstrates that the evolution of DNA is functionally designed for the purpose of biological information storage. The human genome consists of approximately 3% of coding genes, like eye color and racial origin, leaving 97% of our genes to be noncoding in nature. Researchers have labeled these 97% noncoding genes as 'junk DNA'. This is the area that is

most important to pursue in therapeutic treatment research today—determining how ancestral traumatic inherited memories are transformed into bio-chemistry.

The art of medicine, using the tools of science, urgently need to study disease patterns at a deeper and more comprehensive level of causation. Transgenerational inherited traumas convert into emotional, mental and physical negative stress responses that strain the body's chemistry and adversely impact immunology, neurophysiology, endocrinology, psychology and more. This deeper investigation may uncover previously undetected linkages that may unravel current roadblocks to treating many diseases. In the future, differential diagnosis of disease may be accurately assessed and measured by the discernible effects of inherited psychogenetic patterns.

The clinical challenge today is to build the bridge converting traumatic 'memory molecules' into regenerative 'messenger molecules,' through new treatment options that contribute to reversing degenerative genetic patterns.

The Influence of Energy Information and the Future of Medicine

The history of science in general and medicine specifically has been driven and defined by the ability to observe. Before the advent of the microscope in the early 1600's, the idea of the 'cell theory of life and the germ theory of disease' was only a vague speculation. With the enhanced ability to perceive the microscopic world of cellular structure and function, medicine took a quantum leap.

So too, with the development of x-rays in the late 1800's, medicine improved its ability to 'see' into the body without the invasion of surgical dissection. And with the medical introduction of CT scans in the 1900's, this innovation also heralded in a new age of mapping the body and significantly influenced the capacity to diagnosis and treat disease.

Each expansion in our ability to observe has been the precursor to an age of discovery and innovation that has ultimately brought life–saving benefits to millions of people.

Every quantum leap of expanded scientific observation has exposed, layer–by–layer, Nature's secrets—and revealed the laws of scientific healing. Each new revelation has extended the field of knowledge, resulting in making the invisible world more observable and accessible. The result has been powerful breakthroughs in treatment protocols—savings lives and restoring hope to once hopeless conditions.

Once again, there is an opportunity to explore the new frontiers of mind-body-energy healing. Epigenetic medicine states that the most significant and potent leading edge of healing will ultimately come out of the 'epiphenomenon of matter'—the arena of consciousness, as the most seminal, formative, and primary organizing force. Consciousness lies behind, and ultimately organizes all matter. As consciousness is directed, energy follows and where energy is focused, matter responds.

Everything in the Universe is made up of matter, energy and Intelligent Consciousness, and is in a constant state of vibration. The frequency of the vibrations defines the level of consciousness, its potential and function. Transforming levels of consciousness by converting lower energy

states into higher-order conditions can initiate an elevated level of healing potential. Albert Einstein's special relativity theory, $E=mc^2$, helped us understand and proved that energy and matter are unified as one interchangeable building block. Energy can neither be created nor destroyed, but rather only transformed. Thus, the ability to harness and direct higher–order energy has immediate and direct treatment implications and targeted healing applications.

Today's leading edge scientists studying the impact of subtle energies assert that modern medicine lags behind quantum physics in accepting that the entire universe is one indivisible, dynamic whole, and that energy and matter are undeniably entangled—making it is impossible to consider body and mind independently. The most accurate comprehension of health and disease can no longer be seen in a limited linear mechanistic understanding of the infinitely complex information–energy exchanges involved in body–mind functioning.

Therapeutically Resolving Imprinted Traumatic Memories

The human body, through a subtle and complex organization, is made up of interdependent communication programs and information systems. Every bio-chemical category—hormonal, endocrine, genetic, immune systems and others—resonate and transmit signature codes and distinct energy frequencies relative to their specialized functions. When the bio-systems are synchronized and work in harmony with the 'design specifications,' health is maintained. And conversely, when the genetic 'software' codes cannot be read by the inherit 'operating system,' or, if there is a 'bug' in the program, blockages result. Blockages obstruct molecular communication pathways resulting in inaccurate messages with undesirable consequences.

Nature communicates and connects through the medium of energy—the ubiquitous dimension of the body–mind. Energy carries information that vibrates through resonance, changing amplitude and frequency that is capable of coding information to be stored and applied. Resonance implies vibration. Every biological component of the body from cells, cell units and organs, to complex systems such as cardiovascular, respiratory or neuromuscular systems are resonating in continuous streams of vibratory information. The basic requirement for complete health is the unobstructed interconnection of subtle information-loaded energies to all body systems. When these connections are impaired by physical damage, emotional trauma or ancestral imprinted blockages, the body's systems are vulnerable to breakdown.

New clinical findings predict that the underlying formative influences of invisible energy fields in managing health will be the foundational principle in medicine of the future for prevention and treatment. To alter our biology requires new treatment models that embody two essential principles: first, that everything is composed of matter, energy and intelligence that resonates at a specific vibrational frequency. Healthy cells, tissues, muscles, organs and systems resonate at a higher frequency than dysfunctional disease conditions. And second, by introducing living systems to higher–order energy that carries conscious information, precise effects may be achieved by matching specific frequencies targeted to a desired outcome.

This is the treatment potential of *information transduction.* Information transduction is the transformation of information—the conversion of lower energy levels into higher energy resonant frequencies. Information transduction is the means by which new vibrational messages

can inform, direct and express specific communication instructions to targeted biological systems.

Purpose of *Project: Stepping-Up*

The purpose of *Project: Stepping-Up* is to investigate the link between transgenerational traumatic memories, information transduction and Duchenne Muscular Dystrophy.

Research Questions

The Effect of Transgenerational Traumas in the Psychobiology of Duchenne Muscular Dystrophy research questions:

1. Is Duchenne Muscular Dystrophy a transgenerational inherited psychosomatically-induced illness wherein the unconscious imprints of inherited psychogenetic encoding have activated a degenerative genetic pattern?
2. Can encoding new bio-energetic imprinted messages via information transduction, replace degenerative blueprints with regenerative patterns?
3. To what degree does imprinted transgenerational inherited trauma, as the central progenitor, link psychobiology and biochemistry?

Methodology

Clinical Interventions and the Energy Field Influence on Psychobiology

Consciousness is foundational to all life. Science has demonstrated that we are not limited by our genetic inheritance, but have an infinitively flexible state of Intelligent Consciousness capable of catalyzing unlimited desired outcomes.

Traditional models of treatment have limited impact on challenging health conditions because they may not be able to reach the core source of the underlying condition. Western medicine almost exclusively addresses the level of physical matter and symptom management. Traditional Chinese Medicine, including acupuncture and herbs, concentrates on energy levels, defining the development of disease in terms of life-force obstructions. Psychology and other related systems operate at the mental and emotional levels. However, the deep roots and hidden seeds of persistent degenerative conditions may be created in an embedded level of consciousness—as transgenerationally inherited memory imprints that remain out of perceptible awareness.

Many currently used therapies *see* the body or mind more mechanically and take a *divide and conquer* approach—treating parts and pieces only. Few treatment approaches recognize or treat diseases comprehensively on multidimensional levels of consciousness, energy and matter. A singular model, in which core psychogenetic etiologies are recognized for the purpose of effectively transforming the underlying transgenerationally inherited patterns is required. It is

imperative that this more inclusive and unified model of body, mind and consciousness is utilized to integrate every aspect of the human template to optimize facilitation of treatment and prevention.

The history of healing models has evolved from Newtonian mechanics dominated by rigid materialism and a mechanistic worldview to more contemporary genres of healing that espouse mind-over-matter as the dominate contributing role in healing transformation. However, today's leading edge scientists are emphasizing the 'field-of-healing' as an indivisible, dynamic unity of energy, matter and consciousness that are inseparable. Addressing biological activities at this undividable level—at their energetic foundations, can regulate physiological processes as an integrative system of body, mind and consciousness. This current healing system introduces 'consciousness over mind and matter' as a ground-breaking healing template.

The objective of this pilot research is to introduce and utilize 'consciousness over mind and matter' through information transduction as the primary therapy with Duchenne Muscular Dystrophy children. This new treatment model was introduced as "The Soul, Mind, Body Science Healing System" and was developed by a world renowned healer, Dr. and Master Zhi Gang Sha —a conventional medical doctor and doctor of Traditional Chinese Medicine.

The Soul, Mind, Body Science Healing System treats at the level of causation by transforming the root underlying energy patterns of an individual's core blockages where the seeds of the conditions originated. This healing system—through the processes of information transduction, energy conveyances and purification—dissolves the obstacles at the formative levels, resulting in potential transformation in previously blocked areas of encoded inherited traumatic memories and imprinted unconscious conditioning.

These inherited traumatic memory imprints act as communication blockages causing matter, energy and information to fragment and separate. This fragmentation sets in motion a disintegration of matter, collapse of energy and catastrophic breakdown of information. This is the root cause of disease. When matter, energy and information are reunified, aligned and congruent, the result is a higher capacity for healing and greater restoration of health.

The core treatment modality of The Soul, Mind, Body Healing System is specifically encoded energy circuits of consciousness that address the 'how and why' the underlying conditions were originally created as ancestral imprinted traumatic memories. This healing system, through a process of energetic transmissions and purification, dissipates the blockages at the formative blueprint level.

The Soul, Mind, Body Science Healing System:

- Is compatible with western medicine, alternative healing modalities and all other healing systems.
- Is life transformative by clearing the blockages and addressing the 'how and why' these underlying conditions exist, helping to bring your whole system back into a state of balance.
- Restores the natural healing power at the body-mind-being levels through new applications of ancient principles and cutting edge science.

- Has no counter indications of treatment application and no adverse side effects.

Each person—given their unique transgenerational traumatic inheritances—will experience this transformational healing in their own distinct way. For some individuals, clearing the blockages is like dislodging a logjam that is preventing the free-flow of water in a stream. Removing these obstacles is fairly straightforward and significant results may be experienced fairly rapidly. Everyone's inherited transgenerational traumas accumulation is different. For some, these blockages can be formidable and dissolving them can be likened to dismantling the Hoover Dam—a much more complex project. Although no results can be guaranteed, it can take longer to experience the desired outcomes given the long standing underlying conditions. Like all projects that endure, these more complex cases require patience and persistence to achieve potentially measurable results.

How The Soul, Mind, Body Science Healing System Works

Just as the earth is encased in an outer atmosphere that supports, protects and sustains life on this planet, so too, the human body has a subtle energy field surrounding it as well. This invisible field, though imperceptible to the senses, is an information conduit that converts vital life force into energy the body can utilize to heal and rejuvenate.

The physical body is animated and organized by information-energy fields. All forms of biochemical regulation are expressions of this energy and information. The progenitor of all disease is an obstruction to this energetic flow.

The unified model of The Soul, Mind, Body Science Healing System is based on several underlying principles:

- The nature of the cell is a complex, highly ordered, intelligent system.
- The physical body is animated and organized by information-energy fields.
- All forms of biochemical regulation are expressions of this energy and information.
- Consciousness is the ultimate, universal life-substance that manifests in infinite degrees of density and in endlessly varied forms, and as such, the soul, mind and body are one communication network and cannot be treated separately.
- Everything resonates at a specific vibrational frequency and by matching the frequency and information of a specific resonance, the outcome is a transformed effect.
- The progenitor of all disease is an obstruction to this energetic flow in the field of consciousness.

Healthy cells, tissues, muscles, organs and systems resonate at a higher frequency than underlying disease conditions. By dissolving the blockages of the causal imprinted energy patterns—transgenerational inherited memory traumas—transformation becomes possible.

Conclusion—New Frontiers in Healing

One of the formative challenges facing modern medicine is the need to understand the interactions of psychogenetic inheritances and biochemistry. Even though science has mapped the human genome, the current understanding of its vast interactive functions still remains uncharted. Each innovate contribution reveals Nature's previously hidden laws of health and healing. This is a new era of healing possibilities in which the role of energy medicine stretches the boundaries of the previous traditional disciplines revealing new healing dynamics. As such, Epigenetic medicine is today one of the most active areas of scientific research studying the full spectrum of environmental and informational influences related to gene activity.

Call to Action

Once a child is diagnosed with Duchenne Muscular Dystrophy all other life issues become seemingly irrelevant. It's a genetic time bomb—a death sentence. Today, families are powerlessly holding their breath, desperately seeking hope as their dying child slips from their grasp. It is a parent's worst nightmare to watch their hopelessly ill child's last years of life spent in a state of motionless, painful helplessness.

This is a request for research grant funding for *Project: Stepping-Up: The Effect of Transgenerational Traumas in the Psychobiology of Duchenne Muscular Dystrophy.* As such, I personally appeal to your generosity of spirit and humanistic compassion in contributing to this important research project.

Thank you for your helpful support, and generous assistance,

Cheryl Malakoff, Ph.D.

Section 2—Strategies and Evaluations

The Clinical Model, Assessment Tools, Request For Grant Assistance

Research Description

Project: Stepping-Up Goals

Project: Stepping-Up is an evidence–based research study examining an innovative treatment protocol for genetic diseases. By combining information transduction messages with the resonance of vibrational energy signatures, new synergistic communication provides a quantum healing transmission. Current Research has demonstrated that treatment interventions, such as energy medicine techniques, have confirmed the replicable ability to positively influence gene expression.

Project: Stepping-Up Objectives

Project- Stepping-Up will enroll ten families, 30 individuals: Mother, Father and Child, for a one year treatment protocol to assess the therapeutic outcomes of information transduction on Duchenne Muscular Dystrophy.

The main objective is to assess the significance of transgenerational inherited patterning on the structure and function of Duchenne Muscular Dystrophy patients for the following:

1. Greater range of motion, mobility, stamina, endurance and vitality
2. Greater weight bearing strength
3. Greater self-care abilities
4. Greater lung capacity and less breathing assistance
5. Assessment of structure and function
6. Parental reports relative to their child's pre and post functioning levels
7. When age appropriate, self-evaluation for Muscular Dystrophy patient

Additional research objectives include:

- The evidence–based outcome of unifying a multidisciplinary approach of integrating allopathic, complementary, energy medicine and consciousness healing treatment modalities.
- To evaluate the effects of transgenerational traumatic imprinted memories on the psychobiology Duchenne Muscular Dystrophy patient.

Project: Stepping–Up Description

10 Duchenne Muscular Dystrophy patients, ages 4–18 years of age, and their parents—a total of 30 individuals—will be enrolled to receive daily transmissions as well as individual and family counseling, and assessment once a week.

The Duchenne Muscular Dystrophy patients will be assessed according to standardized assessment protocols including: North Star Ambulatory Assessment (NSAA) and Quality of Life Questionnaires.

This study will analyze the longitudinal data of different assessment tools assessing the outcome measurements.

Study Population

10 Duchenne Muscular Dystrophy patients, ages 4–18, will be enrolled, along with their parents.

Inclusion Criteria For Patients

1. Children and teenagers ages between 4 and 18 years (inclusive) with the diagnosis of Duchenne Muscular Dystrophy as documented by genetic testing.
2. Patients should be capable of sitting upright in a wheelchair for at least one hour.
3. Patients should be stable from a respiratory point of view. Artificial ventilation with either Bipap or tracheotomy is not a contraindication to the study.
4. Informed consent signed by a parent and age appropriate children (16 years of age or older).

None of the current treatments for Duchenne Muscular Dystrophy are an exclusion criteria.

Primary Outcome Measures

Prolonging the length of time patients with Duchenne Muscular Dystrophy are ambulatory is important for delaying complications of this disease such as lung hypoventilation and scoliosis, as well as adequate bone health. Additional outcomes will evaluate changes in muscle strength and endurance.

The primary outcome evaluation is to assess this therapeutic treatment's impact on improved muscle strength and prolong ambulation from baseline: weeks 1 through 52 of treatment protocols.

Secondary Outcome Measures

1. Does the therapeutic treatment result in any change in muscle strength?
2. Does the therapeutic treatment result in any measurable change in muscle function?
3. Does this therapeutic treatment result in any measurable change in muscle endurance (total number of steps taken each day)?

4. Does this therapeutic treatment result in any change in patient and family reported quality of life report? Measured by the Peds Q of L questionnaire?
5. Does therapeutic treatment result in any change in patient's gait?

Project: Stepping–Up

Outcome Measures

Evaluate disease progression from ambulant to non-ambulant patients through a composite assessment tools.

1. Assigned Interventions:
   - Daily transmissions
   - Nightly energy field immersion
   - Weekly counseling and evaluation
2. Quality of life questionnaires:
   - North Star Ambulatory Assessment—pre and post study

Study Design Limitations

The limitations of this study are in three categories:

1. Study design limitations
   - The population size of this pilot will be limited to 10 Duchenne Muscular Dystrophy children and their parents for a total of 30 individuals. Inherently this is a small population study.
   - This is self-selected, non-randomized population. The families will be solicited through a volunteer enrollment.
   - Cooperation and coordination with their primary Physician and/or Pediatric Neurologist is also an aspect of the self-selection process.
   - Willingness to commit and participate in a 12 month treatment program.
   - This is an experimental treatment protocol. There are no guarantees of any result, since this therapy has never been tried with this population prior to this research study.
2. Impact limitations
   - There is an inherent vulnerability component in any human research study. These families are particularly at risk and every available effort to protect and support each family member during this study is essential.
   - Informed consent limitations. Every effort to disclose the parameters and limitations of this research will be secured.

- This study is targeting only one specific disease condition and population. The findings may not translate to other genetic conditions, diagnosis or patients.
- There is also an unknown factor—if there are ranges and subsets of transgenerational imprinted traumas. The replicability may not translate from one population to another or even within the same diagnostic category.

3. Data limitations

The collection of data has the possibility of being skewed or inconsistent due to the following factors:

- Limitations of collecting data due to the subjective evaluation and self-reporting of the patient and parents.
- Enrollment into this study is voluntary. The self-selected population may have inherent biases due to the novel nature of the treatment protocol. Statistical limitations may limit the interpretation of the findings.
- Caution should be noted relative to causal inferences in this natural experimental design. Thus, there is always a concern that merely by participating in this study, this may influence the results.
- This study also has a narrow perspective. Until this treatment protocol is evaluated on 1,000's of Duchenne Muscular Dystrophy patients over a longer duration with continuous follow-up relative to evaluating the findings, the results are subject to many variables. All findings, interpretations and implications should be evaluated within these parameters.
- This study and research treatment are novel and relatively untested as a new scientific treatment. And as such, it is difficult to generalize interpretation to other populations.

Request for 18 month Research Grant Budget Funding: $480,000

- Daily conveyances to each person in every family for a period of 12 months.
- Weekly family consultations.
- Ongoing assessments for each member of the family.
- Pre and post evaluation testing.
- Additional consultations, including; pediatrician, pediatric neurologist, physical therapists, occupational therapist, educators and all other significant professionals that support and interface with the families and patient care throughout the 18 months of the study with each family.

Five Key Phases and Timeline for 18 Months Pilot Research Study.
Start Date: TBD Estimated Study Completion Date: TBD + 18 Months.

Phase One – $16,000 Months 1 – 2 Commencing phase one families, 12 month treatment protocols.	Identify, educate and enroll 10 Duchenne Muscular Dystrophy patients and their families. Pre-evaluations, assessments and treatment protocols completed. Begin 12 month treatment protocols with 2 families. Weekly counseling sessions begins. (Total: 6 individuals).
Phase Two – $48,000 Months 3 – 4 Commencing phase two and continuing phase one, 12 month treatment protocols.	Begin treatment protocols with 4 additional families. Pre-evaluations and assessments and treatment protocols completed. Weekly counseling sessions begins. Continuing phase one families protocols. (Total: 18 individuals).
Phase Three – $320,000 Months 5 – 12 Commencing phase three and continuing phases one and two, 12 month protocols.	Begin treatment protocols with final phase, 4 additional families. Pre-evaluations and assessments and treatment protocols completed. Weekly counseling sessions begins. (Total: 30 individuals). Continuing phase one, two and three families protocols. (Total: 30 individuals).
Phase Four – $64,000 Months 13 – 14 Continuing daily treatment protocols for 8 families	Continuing treatments phase two and three families, weekly counseling sessions and post evaluations, beginning at the end of year 1 with Phase 1 group at week 52; followed by Phase 2 group at week 52 and Phase 3 group sequentially as they complete the 52 week treatment protocols. (Total: 24 individuals).
Phase Five – $32,000 Month 15 – 16 Continuing daily treatment protocols for 4 families Month 17 – 18	Continuing treatments phase three families, weekly counseling sessions and post evaluations. (Total: 12 individuals). Final assessment, evaluations, analysis, research conclusions. Findings will be submitted to peer reviewed journals and presented at professional conferences.

Appendix A—Curriculum Vitae

Cheryl A. Malakoff, Ph.D.

EMPLOYMENT

1988 – present, Wellness Through Awareness Institute

As Director of Wellness Through Awareness, a private consulting and teaching practice, I specialize in the science of transformation and the art of healing through restoration of soul, mind and body health.

1984 – 2003, The Transformation Lessons Research Project

For nineteen years, I have clinically interfaced with The Transformation Lessons research project under the direction of the founder and developer, Robert Raleigh. This experimental technology is a method of movement communication that activates and deepens special abilities that are inherent to the human makeup, but which are usually undeveloped or inactive. These lessons work to increase core-level abilities that enable one to become a more fully actualized human being. The Transformation Lessons facilitate the ability to feelingly understand one's drives and unconscious motives by activating dormant functions of the nervous system.

1986 – 1989, Humanistic Therapy

While at Humanistic Therapy, I specialized in behavioral medicine that addressed the effects of emotions, life-stress patterns and behavioral strategies on physical disease. Treatment included a wellness training program addressing the bio-psycho-social challenges including psychotherapy, imagery and visualization, as well as clinical hypnosis.

1985 – 1989, Oceanview Wellness Center & Cancer Care Center

As Director of Psychological Services for the Cancer Care Center, a non-profit comprehensive cancer counseling organization specifically designed for cancer patients and their families, I administered therapy and treatment protocols.

EDUCATION

1982 – 1984	Doctor of Philosophy in Psychology from United States International University, San Diego, California.
1973 – 1977	Master of Arts, Communicative Disorders from California State University at Long Beach, Long Beach, California
1969 – 1971	Bachelor of Science, Speech Pathology/minor Psychology from State University of New York at Albany.
1968 – 1969	State University of Ohio at Bowling Green.

Additionally, I have 35 years of extensive training in other energy medicine methods and healing systems—including radiesthesia (remote/distance healing), meridian therapies (Emotional Freedom Technique) and kinesiology, as well as epigenetics, psychoneuroimunology and Tao Calligraphy Grand Master Practitioner.

Appendix B

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