LP and PoTS: a starting point for discussion and research
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Mind

Brain

Body
Topics

- Early stages of evidence base
- Comorbid PoTS
- Overview of LP and concepts
- Relationship to CBT/Mindfulness
- PoTS: hypothesised mechanism for LP in PoTS & brief cases
RCT NHS & University of Bristol; ‘The Lightning Process is effective and is probably cost-effective when provided in addition to specialist medical care for mild/moderately affected adolescents with CFS/ME.’

- Chronic pain- 9 out of 12 reported that they had significant pain reduction.
- 9 participants with CFS/ME “7 were satisfied and were much improved”- Harvard and Kings
- Increased health status (RAND SF-36) at 6 weeks, persisting at 3 months
- Provides measurable benefits to those with MS – MSRC
- 81.3% of 1,200 clients report improvement after the LP
What is the LP?

- Pre-course preparation - 3 consecutive ½ day training
- Lectures, exercises, tools, homework
- Classroom style (2-8 attendees)
- Post-course support
- Register of LP Practitioners (CPD, ethics, etc.)
Conceptual basis

- Teaches how to consciously influence physiological processes & retrain brain pathways
- Self coaching & awareness of language’s influence on brain activation
- Tools to access the brain body connection, to reset physiology – at will and moment by moment
- Training not treatment
CBT, Mindfulness & LP

**CBT:**
- To accept and cope better with symptoms
- Prevent cycle of anxious responses to symptoms causing symptoms. (Opie-Moran, 2016)

**Mindfulness:**
- Noticing and disengaging from anything distracting from being present, with non-judgmental acceptance (Kabat-Zinn, 2003)

**LP:**
- Shift physiological responses, as well as break anxiety spiral.
- Be present in a deliberate way/state...
Aetiology?

Dysautonomia

PoTS symptoms

Stress of symptoms

Neuroplastic learning

- Repetition
- Expectancy response

Homeostasis

Down-regulate

Enhance new pathways

LP


PoTS

- Comorbid
- Cases
L, 30 yr old female. Diagnosed with PoTS (and EDS) by a consultant cardiologist in 2013, after 18 months of resp/cardio/psych investigations.

Symptoms: Asthma-type shortness of breath. Severe nausea, dizziness and raised BPM and lowered BP on standing. Midodrine 15mg pd

Impact: Very nauseous, disrupted breathing, tired, max exertion<4 mins

LP 2014

Ran a ‘comfortable 10k’ 3 weeks post course. Still occasional flare ups in breathing when under intense pressure but can down regulate them rapidly.
Case 1


Symptoms: anxiety, severe nausea, dizziness, elevated heart rate (up to 188 BPM on standing).

Impact: Was only able to work part time, very nauseous, very tired, unable to exercise or go out socially.

LP 22-24/11/2016

Followed up on the 8/12/16. Reported: ‘Definitely better. More energy. Felt really good. Been on holiday in Cornwall and have been running – so back to normal. I’ve got my life back’.

Case 2
V, 25 yr old female, was diagnosed with tachycardia on sitting up and movement (145bpm and upwards)

Rx propranolol 40mg pd

Comorbid with CFS/ME

‘My tachycardia lowered as soon as I'd done the LP and kept lowering the better I got.

Now off meds with no POTS at all.

I consider myself completely cured.’
Summary

- LP and PoTS - a starting point for discussion and research
- It is hypothesised that LP appears to help some PoTS sufferers reset their ANS
- Are these cases representative and replicable?
- To what extent is that possible for all?
- Lightningprocess.com