

# 'The Lightning Process' and chronic fatigue syndrome/myalgic encephalomyelitis

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As Medical Advisor to the NZ ME Association (ANZMES) and having worked in this area of medicine for 40 years, I am concerned that recent GP educational events have promoted 'The Lightning Process',<sup>1,2</sup> predominantly used for treatment of chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME). I do not consider that this is a treatment that GPs should be advocating for use in people with CFS/ME.

The Lightning Process is a treatment offering psychological management and potential 'cure' for an illness with disordered immunological and biochemical parameters. There is strong evidence, in particular research by Prof Warren Tate (Otago) and Prof Sonya Marshall Gradisnik (Queensland) confirming immunological changes. The Otago research has shown that a SWATH-MS analysis of ME/CFS peripheral blood mononuclear cell proteomes reveals mitochondrial dysfunction.<sup>3</sup> This supports a model of deficient ATP production in ME/CFS, compensated for by upregulation of immediate pathways upstream of Complex V that would suggest an elevation of oxidative stress. There were 20–30 times higher unstable genetic codes. A second study has shown evidence of neuroinflammatory changes.<sup>4</sup>

The Queensland research which looked at transient receptor potential (TRP) pathology found that in ME/CFS patients' natural killer cells there are fewer functioning TRPM3 receptors and some are defective.<sup>5</sup> TRPM3 receptors control movement of calcium in and out of cells. Damaged single-nucleotide polymorphism leads to decrease in the TRPM3 receptors causing changed function leading to decreased intracellular calcium in cells and impaired lysis. These abnormalities affect many systems throughout the body, leading to multiple symptomatology.

While I acknowledge that psychologically-based therapies such as the Lightning Process can have benefit for some patients with any illness, 'curing' a serious illness such as ME/CFS is unlikely. The UK ME association describes the Lightning Process as a commercial treatment programme promoted as a cure for ME and CFS. A combination of neurolinguistic programming and osteopathy, its exponents claim that it can cure the condition in 3 days. The UK ME Association recommends that the 'The Lightning Process is not a treatment that we endorse or recommend for people with ME/CFS' (Dr Charles Shepherd, Medical Adviser). It views this intervention as using an over-simplistic and largely psychological model of ME/CFS causation that is totally out of step with emerging scientific evidence as to its cause. Further, The UK Advertising Standards Authority have upheld complaints relating to therapeutic claims being made for the Lightning Process.

It is also important to note that the recent National Institute for Health and Care Excellence (NICE, UK) updated clinical guidelines for management of ME/CFS recommend that the Lightning Process, or therapies based on it, should not be offered to people with ME/CFS.<sup>6</sup> NICE came to this conclusion after a rigorous evaluation of the evidence base.<sup>7</sup>

I would therefore recommend extreme caution in promoting this expensive treatment modality without careful evaluation of its suitability.

## References

- 1 GoodFellow Symposium. The Lightning Process Training. 26–27 March 2022. Available at <https://www.goodfellowunit.org/node/946722>
- 2 GP CME Rotorua. The Lightning Process Training – Evidence Based option for Patients who are 'Stuck' (WS#166). 11 June 2022. Available at <https://www.gpcme.co.nz/speakers.php>

- 3 Sweetman E, Kleffmann T, Edgar C, *et al.* A SWATH-MS analysis of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome peripheral blood mononuclear cell proteomes reveals mitochondrial dysfunction. *J Transl Med* 2020; 18: 365. doi:[10.1186/s12967-020-02533-3](https://doi.org/10.1186/s12967-020-02533-3)
- 4 Tate W, Walker M, Sweetman E, *et al.* Molecular mechanisms of neuro-inflammation in ME/CFS and long COVID to sustain disease and prevent relapse. *Front Neurol* 2022; 13: 877772. doi:[10.3389/fneur.2022.877772](https://doi.org/10.3389/fneur.2022.877772)
- 5 Eaton-Fitch N, Du Preez S, Cabanas H, *et al.* Impaired TRPM3-dependent calcium influx and restoration using Naltrexone in natural killer cells of myalgic encephalomyelitis/chronic fatigue syndrome patients. *J Transl Med* 2022; 20: 94. doi:[10.1186/s12967-022-03297-8](https://doi.org/10.1186/s12967-022-03297-8)
- 6 National Institute for Health and Care Excellence (NICE). Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management. NICE guideline [NG206]. 2021. Available at <https://www.nice.org.uk/guidance/ng206>
- 7 National Institute for Health and Care Excellence (NICE). Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management. Evidence reviews for the nonpharmacological management of ME/CFS. NICE guideline [NG206]. 2021. Available at <https://www.nice.org.uk/guidance/ng206/evidence/g-nonpharmacological-management-of-mecfs-pdf-9265183028>

**Conflicts of interest.** Rosamund Vallings is Medical Advisor to the NZ ME Association (ANZMES).

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