



# **The Lightning Process**

## **A Position Paper**

**2022**

**World  Alliance**





## Our position

**The World ME Alliance and its members do not endorse the Lightning Process for people with Myalgic Encephalomyelitis (ME), sometimes called Chronic Fatigue Syndrome (CFS).**

The Lightning Process is a commercial training programme that is promoted by practitioners as a cure or treatment for ME<sup>1</sup> without due evidence. Additionally, there are reports of people with ME experiencing a worsening of their symptoms and functioning after undertaking the programme.<sup>2</sup>

## Assessing the evidence

In November 2021, following extensive evidence checking and analysis, the National Institute for Health and Care Excellence (NICE) in the United Kingdom published new guidance that explicitly states “Do not offer the Lightning Process, or therapies based on it, to people with ME/CFS.”<sup>3</sup>

There is only one clinical trial of the Lightning Process in people with ME, which was undertaken in children. All outcomes relating to this trial were graded as “low” or “very low” quality of evidence by NICE.<sup>4</sup>

Of the research (both grey literature and peer reviewed) into this training programme, a significant amount has been written and undertaken by practitioners of the Lightning Process,<sup>5</sup> including Phil Parker who developed the Process, and Fiona Finch who is on his management team.<sup>6</sup> This creates a clear bias in the evidence base.

Even so, Phil Parker’s research recognises that research into the Lightning Process suffers from “a lack of control groups, a lack of clarity of aspects of the methodology and potential sampling bias.”<sup>7</sup>

Both the British Advertising Standards Authority (ASA)<sup>8</sup> and the Nordic Consumer Ombudsman have ruled that promoters of the Lightning Process should not claim it is effective against specific illnesses without due evidence, which they found the Lightning Process does not have.

Further concerns have been raised about the secretive nature of the Lightning Process,<sup>9,10</sup> with participants reporting that they are told not to share details of the process, and must not talk about their symptoms.

## Post-exertional malaise

Post-exertional malaise is now considered the hallmark symptom of ME, and a mandatory symptom of all recent diagnostic criteria.<sup>11, 12</sup> This key aspect of the disease means that when people with ME expend energy beyond their limits they experience an increase in many of their symptoms, or new symptoms emerge. This can happen right away, but can also be



delayed and manifest 24-48 hours later. Undertaking a programme such as the Lightning Process, that claims to be able to enable normal functioning within three days, goes against all common understanding of post-exertional malaise.

## **Ensuring follow-up**

On top of concerns around the evidence base, our Alliance is concerned at the lack of follow-up many practitioners of the Lightning Process reportedly provide. Without follow-up practitioners are not seeing the long term effects of the Lightning Process, with organisations in our Alliance instead picking up the support and care needs of individuals who relapse.

## **A void in treatment approaches**

There is a void in effective treatment options for people with ME. This creates a market that is exploited by certain practitioners, at the expense of people with ME.

The Lightning Process is costly in all countries that it is delivered in, which can leave people who undertake the process in financial difficulty, as has happened to individual members of organisations within our Alliance.

The void in treatment options leaves people with ME in an impossible position. They can choose to pursue unproven treatments, commonly at great expense, or accept living with an average quality of life worse than that of people with various cancers, heart failure, diabetes and other serious diseases.<sup>13</sup> Public institutions have a duty to safeguard people with ME from biased promotion of therapies, programmes, and other treatment approaches that are unproven and do not have a scientific basis.

Unbiased, impartial information on programmes such as the Lightning Process should be made available to all people who consider undertaking one.

## **An extraordinary statement**

World ME Alliance members have decided to make this extraordinary statement in response to growing concerns that continued promotion of the Lightning Process is likely to cause more harm to people with ME. On the basis of the best available evidence, our Alliance member organisations collectively agree that we do not endorse the Lightning Process for people with ME.

People with ME deserve evidence-based healthcare and research into the causes and treatment of their disease.

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This statement is made by the World ME Alliance and our members.



## Endnotes

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3. “Myalgic Encephalomyelitis (or Encephalopathy)/Chronic Fatigue Syndrome: Diagnosis and Management | Guidance | NICE.” NICE. Accessed June 13, 2022. <https://www.nice.org.uk/guidance/ng206/chapter/Recommendations#lightning-process>.
4. “[G] Evidence Reviews for the Non- Pharmacological Management of ME/CFS | Myalgic Encephalomyelitis (or Encephalopathy) / Chronic Fatigue Syndrome: Diagnosis and Management.” NICE, October 2021. <https://www.nice.org.uk/guidance/ng206/evidence/g-nonpharmacological-management-of-me-cfs-pdf-9265183028>.
5. “Research - The Lightning Process (LP),” June 8, 2022. <https://web.archive.org/web/20220608161201/https://lightningprocess.com/research/>.
6. “Meet Our Practitioners: Fiona Finch - The Lightning Process (LP),” June 13, 2022. <https://web.archive.org/web/20220613151827/https://lightningprocess.com/meet-our-practitioners-fiona-finch/>.
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10. Hawkes, Nigel. “Training for Children with Chronic Fatigue Works Better than Medical Care Alone, Finds Study.” *BMJ* 358 (September 21, 2017): j4372. <https://doi.org/10.1136/bmj.j4372>.
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12. *Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness*. Washington, DC: The National Academies Press. 2015. Accessed June 13, 2022. <https://doi.org/10.17226/19012>.
13. Falk Hvidberg, Michael, Louise Schouborg Brinth, Anne V. Olesen, Karin D. Petersen, and Lars Ehlers. “The Health-Related Quality of Life for Patients with Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS).” *PLoS One* 10, no. 7 (2015): e0132421. <https://doi.org/10.1371/journal.pone.0132421>.