

DISCLAIMER

The information contained within this document does not constitute medical advice or diagnosis and is intended for education and information purposes only. It was current at the time of publication and every effort is made to keep the document up to date.

The information contained herein includes both psychological and non psychological interventions. The delivery of psychological services requires a medical referral whilst non psychological services do not.

Each person is an individual and has a unique psychological profile, biochemistry, developmental and social history. As such, advice will not be given over the internet and recommendations and interventions within this website cannot be taken as a substitute for a thorough medical or allied health professional assessment or diagnosis.

Roshi

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WHAT IS ROSHI?

Roshi is a form of EDF (Electroencephalographic Driven Stimulus) or more specifically, EDF (Electroencephalographic Disentrainment Stimulus), which is a type of brainwave entrainment utilising variable light and /or magnetic stimulation to disentrain or "reset" the brain's activity to a more desired state. The stimulation can be set so that the frequency of the stimulation varies depending on the trainee's existing dominant brainwaves.

HOW DOES IT WORK?

The Roshi trains simultaneously at two electrode sites. The system samples at 128 samples per second and amplifies the raw EEG at a gain of 82000 in each channel. The signals obtained are subjected to a Fourier Transform analysis that is preformed at the 128 samples per second data rate. These Fourier magnitudes are then subjected to the standard 1-4 Hz (Delta), 4-7 Hz (Theta), 8-13 Hz (Alpha), 12-15 Hz (Beta) frequency filters.

For example, ADD/ADHD and many other mild neuropathologies usually have lower than usual blood flow and since Roshi is marketed only as a meditation and peak performance trainer, not a medical device, its task is to normalize individuals for improved, clearer thinking performance.

When the individual's own brainwaves are played back to the brain using the Roshi, the brain goes about the task of correcting the apparent errors in its own patterns, seeking coherence, synchrony and balance. This effort calls for more energy, thus more blood flow and this increases the overall neurometabolism.

The Roshi system is more variable since it is EEG-driven and not delivered at a set frequency so therefore it is less likely to produce habituation or fatigue. With less fatigue there follows a more enhanced effect.

Using power and / or coherence EEG training, coupled with complex adaptive Audio Visual Stimulation (AVS) or Electro Magnetic Stimulation (EMS), the training becomes very powerful and changes in perception reported by the trainee are fast, strong, long lived, if not permanent. The changes are reflected in all areas in which the brain is responsible for control.

Choice of the electrode placement is made following a [QEEG](#) assessment. Depending upon the electrode positions chosen and the frequencies trained (in an Enhance or Inhibit mode), changes in the cognitive, emotional as well as in the body's perceptual functions will be observed. These changes are often correlated to constant changes followed by stabilization and enhancement of parasympathetic / sympathetic nervous system ratio to achieve the relaxation response.

HOW IS ROSHI DIFFERENT FROM OTHER NEUROFEEDBACK SYSTEMS?

Traditional neurofeedback or other small audiovisual stimulation (AVS) devices require the therapist to determine targeted brainwave frequencies independent of the client's existing brainwave activity. With the Roshi, the reward frequencies are determined by the client's own dominant brainwave activity. Although traditional neurofeedback and AVS devices evoke similar changes in brain functioning, with Roshi this rate of change is greatly accelerated. The Roshi is unique to all other systems in that it accomplishes change through *phase-shifting*. Many other types of neurotherapies accomplish change through *frequency-shifting*. (Phase-shifting is concerned with correcting imbalances of power between different parts of the brain. Frequency-shifting is concerned with changing frequencies at one location at a time in the brain.)

The Roshi is an *inhibit-based* strategy, focused on changing or diminishing ongoing or "stuck" dominant patterns in the brain. This is a complement to traditional neurotherapies which are reward-based.

ARE THERE ANY SIDE-EFFECTS WITH THE ROSHI?

Most side effects reported are unexpected pleasant results. Discussions with therapists who have used the Roshi on hundreds of clients has disclosed that negative side-effects are rarely if ever encountered. If they are, they usually involve short-term fatigue or a transient headache. Whether this occurs from session fatigue (working too hard or straining during the session) or from the mechanism of action of the Roshi is unclear.

WHO CAN BENEFIT FROM A ROSHI SESSION?

Just about anyone can benefit from Roshi. It has been utilised since 1992 in the United States of America as a peak performance enhancer, however, in the past five years the device has been used clinically with some success in the following conditions:

- ADD/ADHD
- Mood disorders: Depression, Anxiety and panic attacks
- **OCD**: **O**bsessive **C**ompulsive **D**isorder
- **PTSD**: **P**ost **T**raumatic **S**tress **D**isorder
- **CFS**: **C**hronic **F**atigue **S**yndrome
- FMS: Fibromyalgia
- Brain Injury - Mild closed head injury and Traumatic (TBI)
- Tremor
- Arrhythmia
- Sleep disorders

HOW LONG DO THE SESSIONS TAKE?

Generally a Roshi session lasts for half an hour, but may be extended depending upon presentation. 2- 3 sessions often have immediate and noticeable results, but in some chronic conditions 70 sessions or more may be required to have maximum benefit and provide lasting tangible effects.

For more information or to make an appointment please contact us on (02) 9637 9998 during business hours.

FURTHER READING SUGGESTION

- Quantitative Electroencephalography (QEEG)

REFERENCES

1. Chuck Davis: Inventor of the Roshi by email letters
2. Dr Victoria Ibric: "Roshi Brain/Link Protocols" - Professional workshops - iSNR Conference, 2002, Scottsdale, Arizona.
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4. D. Corydon Hammond, Phd.: (1999), "Roshi Compared With Rosenfeld Depression Protocol,. A Case Study", Journal of Neurotherapy, Vo. 3(4).
5. D. Corydon Hammond, Phd.: (2000), "Neurofeedback Treatment of Depression with Roshi", Journal of Neurotherapy, Vol 4(2).