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Real-World Quality of Life Observations in Individuals with Lupus Using Ultra-Weak Photon Environment Products: A Descriptive Case Series

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ABSTRACT

Systemic lupus erythematosus (SLE) and related autoimmune disorders are chronic inflammatory diseases associated with fatigue, pain, sleep disturbance, mood changes, and reduced quality of life. Despite advances in medical management, many patients continue to experience persistent symptoms and seek complementary wellness approaches. This report summarizes a series of unsolicited real-world user feedback cases describing quality-of-life improvements following use of Tesla BioHealing® products designed to create an Ultra-Weak Photon Environment (UWPE). Reported benefits included reduced fatigue, improved sleep quality, decreased pain, enhanced mood, reduced headaches, and increased daily functioning. These observations are anecdotal and do not establish causation, but they may support future observational and controlled studies evaluating wellness-oriented environmental interventions in individuals living with lupus and related autoimmune conditions.

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Introduction and Supporting Scientific Background

Systemic lupus erythematosus (SLE) is a chronic multisystem autoimmune disorder characterized by persistent inflammation, immune dysregulation, fatigue, pain, cognitive dysfunction, and fluctuating disease activity [1-3]. Despite advances in immunomodulatory therapies, many individuals with lupus continue to experience substantial reductions in quality of life, particularly related to chronic fatigue, sleep disturbance, mood impairment, and impaired daily functioning. Fatigue is among the most common and disabling symptoms reported by patients with lupus and often persists even during periods of relatively stable disease activity.

Sleep dysfunction is also highly prevalent in autoimmune disorders, including lupus, rheumatoid arthritis, and mixed connective tissue disease. Poor sleep quality may contribute to worsened pain perception, autonomic imbalance, impaired emotional well-being, cognitive dysfunction, and reduced recovery capacity. Conversely, improved restorative sleep has been associated with enhanced immune regulation, reduced fatigue, improved mood, and better overall quality of life in chronic inflammatory conditions. These observations have led increasing attention toward non-pharmacologic wellness-oriented interventions designed to support recovery, sleep quality, stress management, and autonomic regulation.

Lupus shares several clinical features with chronic post-infectious and neuroimmune disorders, such as Lyme disease, including persistent fatigue, cognitive dysfunction, sleep impairment, autonomic imbalance, and reduced daily functioning [4-6].

Ultraweak photon emission (UPE), sometimes referred to as biophoton emission, is a naturally occurring phenomenon observed in living biological systems. Research has demonstrated that cells, tissues, plants, microorganisms, and human bodies emit ultraweak photons associated with metabolic activity, oxidative processes, mitochondrial function, and cellular communication. Although the biological significance of ultraweak photon signaling remains incompletely understood, investigators have proposed that ultraweak photon activity may reflect aspects of physiological regulation and systemic biological coherence [7-14].

Ultra-Weak Photon Environment (UWPE) products are designed to create a passive environmental exposure involving ultra-weak photon emissions. Users commonly report improvements in sleep, relaxation, fatigue, and overall wellness [15-20].

This report presents selected real-world experiences from individuals with lupus or lupus-associated disorders who voluntarily provided feedback after sleep within the Ultra-Weak Photon Environment (UWPE) formed by Tesla BioHealing® products [21].

Related scientific interest has also emerged in the broader field of photobiomodulation, which investigates the biological

effects of light exposure on cellular metabolism, mitochondrial activity, inflammation, circulation, tissue repair, and neurological function. Experimental and clinical photobiomodulation studies have reported potential benefits in pain reduction, sleep quality, neurorecovery, wound healing, mood regulation, and fatigue-related conditions. While conventional photobiomodulation typically involves localized delivery of higher-intensity light for short durations, Ultra-Weak Photon Environment (UWPE) products are designed to create prolonged passive environmental exposure involving ultraweak photon emissions during daily living and sleep [22-25].

Environmental factors are increasingly recognized as important contributors to recovery quality and overall health. Sleep environments involving reduced stress, improved comfort, optimized lighting conditions, noise reduction, and restorative recovery practices may influence autonomic balance, perceived well-being, and quality of life. Within this broader wellness-oriented framework, Ultra-Weak Photon Environment products are being explored as environmental recovery-support interventions intended to promote relaxation, restorative sleep, and subjective well-being.

Given the persistent unmet quality-of-life burden experienced by many individuals living with lupus and related autoimmune disorders, descriptive real-world observations may help support future prospective observational studies and controlled clinical investigations evaluating environmental wellness interventions designed to improve sleep, recovery, fatigue, and overall daily functioning.

Individuals with lupus and chronic Lyme disease frequently report overlapping symptom clusters, including persistent fatigue, cognitive dysfunction ("brain fog"), sleep disturbance, pain, mood changes, impaired daily functioning, and reduced quality of life [4-6]. In both conditions, symptom severity may persist even when conventional medical management has reduced active inflammatory or infectious processes. Chronic fatigue and impaired recovery capacity are among the most disabling features reported by patients with autoimmune and post-infectious syndromes.
Emerging evidence suggests that shared mechanisms may contribute to these chronic symptom patterns, including mitochondrial dysfunction, autonomic dysregulation, neuroinflammation, oxidative stress, impaired sleep quality, and altered systemic bioenergetics. A recently published case report involving biophoton therapy in chronic Lyme disease described improvements in fatigue, cortical regulation, sleep-related recovery, reaction time, respiratory function, and patient-reported quality of life following prolonged exposure to an Ultra-Weak Photon Environment (UWPE) [26].

The Lyme disease report proposed that ultraweak photon-related interventions may influence biological systems through support of mitochondrial activity, cellular communication, autonomic balance, and systemic recovery processes. Although lupus and Lyme disease are distinct disorders with different underlying etiologies, the overlap in fatigue-related and neurophysiological symptom burdens suggests that wellness-oriented environmental recovery interventions designed to improve sleep quality, relaxation, and recovery capacity may warrant broader investigation across chronic inflammatory and post-infectious conditions.

This conceptual overlap may help provide a broader scientific framework for investigating Ultra-Weak Photon Environment interventions as supportive wellness-oriented approaches intended to improve restorative sleep, recovery quality, and overall well-being in individuals living with chronic multisystem disorders.

Methods

This report summarizes unsolicited customer testimonials voluntarily submitted by individuals using Tesla BioHealing® products in real-world settings. No controlled study design, placebo group, randomization, or formal medical assessment was used. Information was self-reported and reflects individual experiences only. Symptom descriptions were not independently verified. The purpose of this report is descriptive and hypothesis-generating.

This was not an interventional clinical trial, and no medical claims are made. All information was voluntarily provided by users for educational and research purposes. Identifying information was omitted to protect privacy.

Case Summaries

Case 1

A woman in Florida with lupus, arthritis, and osteoporosis reportedly experienced improvement in pain symptoms after using the products. Her husband also reported that her prednisone dosage had been reduced to 2.5 mg daily, although he expressed caution regarding attribution of the improvement solely to the products.

Case 2

An 82-year-old woman from Mississippi with lupus and multiple health disorders reported significantly improved sleep quality and reduced debilitating fatigue after using Tesla BioHealing® BioHealers. She expressed gratitude for the improvement in daily well-being.

Case 3

A woman from Ohio recovering from breast implant illness with severe joint pain, inflammatory symptoms, thyroid dysfunction, and elevated lupus-related ANA markers reported improvements in overall well-being and sleep while using four units of BioHealing® BioHealers alongside other detoxification protocols. She stated that the products appeared to contribute positively to her healing journey.

Case 4

A 21-year-old woman with mixed connective tissue disorder involving lupus symptoms, chronic pain, headaches, migraines, concussion-related complications, and depression reportedly experienced improved sleep quality, better mood, fewer headaches, and modest pain reduction within days of using two BioHealers for Adults. Her mother described the products as having made a meaningful difference in her daughter's quality of life.

Case 5

A woman from Alabama with lupus-associated chronic pain, fatigue, swollen legs, sore feet, and lower back pain reported progressive improvement after BioHealing® BioHealer product use. She stated that she no longer experienced chronic pain and was able to go through most days without requiring naps.

Case 6

A woman from Arizona with lupus reported decreased fatigue, reduced anxiety and depression, improved energy levels, weight loss, and lower blood pressure after prolonged use of four BioHealing® BioHealers for Adults. She also reported discontinuing certain medications under her personal care decisions.

Discussion

Across these real-world reports, the most consistently described improvements involved reduced fatigue, better sleep quality, decreased pain, improved mood and emotional well-being, reduced headaches, enhanced energy levels, and improved daily functioning. Fatigue reduction and improved sleep quality were among the most frequently reported observations and may be particularly relevant in lupus, where chronic fatigue is often one of the most debilitating and persistent symptoms affecting quality of life.

Lupus-associated fatigue is multifactorial and may involve chronic inflammation, autonomic dysregulation, sleep disturbance, pain amplification, mitochondrial dysfunction, emotional stress, and impaired recovery physiology. Many individuals with lupus continue to experience disabling fatigue despite pharmacologic management of disease activity. Sleep disruption is also highly prevalent in autoimmune disorders and may further worsen pain perception, mood instability, cognitive dysfunction, and overall functional capacity [1-3]. Consequently, wellness-oriented interventions designed to improve restorative sleep and recovery quality may have potential relevance as supportive complementary approaches in chronic autoimmune disease management.

Several users in this report specifically described improved sleep continuity, deeper sleep, reduced need for daytime naps, increased daytime energy, and enhanced overall resilience. These observations are noteworthy because sleep quality is increasingly recognized as an important regulator of immune balance, neuroendocrine function, autonomic regulation, mitochondrial recovery, and psychological well-being. Improvements in restorative sleep may secondarily influence fatigue perception, pain tolerance, emotional health, and daily functioning even in the absence of direct disease modification.

Another recurring theme across the reports involved reductions in generalized pain, headaches, migraines, joint discomfort, and bodily tension. Chronic pain is common in lupus and related connective tissue disorders and may arise from inflammatory, neurological, musculoskeletal, vascular, and central sensitization mechanisms. Although the present report cannot determine causality, the repeated descriptions of improved comfort and relaxation may justify further investigation into whether Ultra-Weak Photon Environment (UWPE) exposure could potentially influence recovery-related physiological processes associated with pain perception and autonomic balance.

Several individuals also described improvements in emotional well-being, mood stability, anxiety, depression, motivation, and overall outlook. These observations may be clinically relevant because chronic autoimmune disease frequently imposes substantial psychological burdens related to pain, fatigue, uncertainty, reduced independence, impaired social functioning, and chronic stress. Interventions that support relaxation, perceived recovery, sleep quality, and emotional resilience may therefore contribute meaningfully to patient-centered quality-of-life outcomes.

Chronic lupus is frequently associated with fatigue, sleep disturbance, pain, stress, autonomic imbalance, and impaired daily functioning. These overlapping factors may contribute to a cycle of impaired recovery physiology and reduced quality of life. Figure 1 presents a conceptual wellness-oriented framework illustrating how prolonged Ultra-Weak Photon Environment (UWPE) exposure during sleep may hypothetically support restorative sleep, autonomic regulation, recovery physiology, and overall well-being in individuals living with chronic autoimmune conditions.

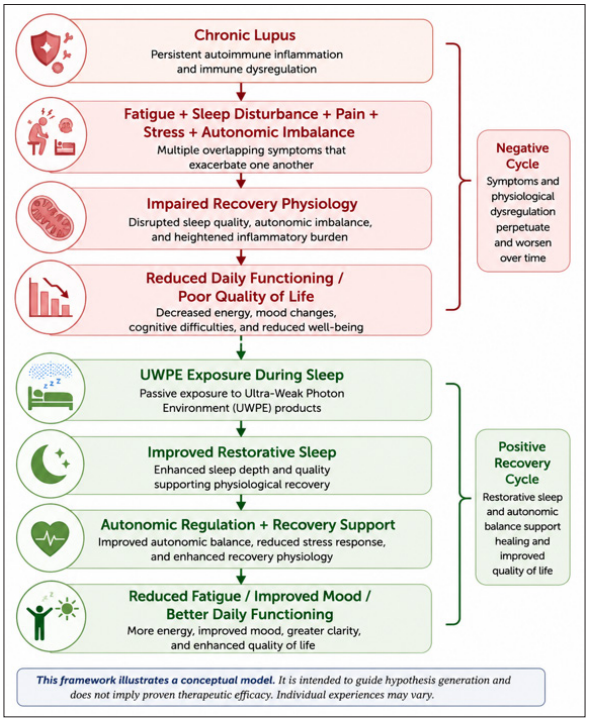

Figure 1: Proposed UWPE recovery framework in lupus. This conceptual model illustrates how chronic lupus-related fatigue, sleep disturbance, pain, stress, and autonomic imbalance may contribute to impaired recovery physiology and reduced quality of life. The figure also presents a hypothesized wellness-oriented recovery pathway in which prolonged Ultra-Weak Photon Environment (UWPE) exposure during sleep may support restorative sleep, autonomic regulation, improved recovery, reduced fatigue, enhanced mood, and better daily functioning. This framework is intended for hypothesis generation and does not imply proven therapeutic efficacy.

Importantly, lupus, chronic Lyme disease and Myasthenia Gravis share several overlapping symptom domains, including persistent fatigue, cognitive dysfunction, sleep impairment, headaches, chronic pain, autonomic dysregulation, and reduced daily functioning (Appendix Table 1). A recently published case report involving biophoton therapy in chronic Lyme disease and Myasthenia Gravis described improvements in quality of life, reaction time, vigilance regulation, systemic energy balance, and fatigue-related outcomes following prolonged exposure to a biophoton-generating environment [26,27]. Although lupus, Myasthenia Gravis and Lyme disease are distinct disorders with different etiologies, all three conditions may involve chronic inflammatory stress, impaired recovery physiology, mitochondrial dysfunction, and neuroimmune dysregulation. The overlap in symptom patterns suggests that supportive environmental recovery interventions may warrant broader investigation across chronic inflammatory and post-infectious conditions.

Key Similarities

Fatigue is Central in All Three

One of the biggest overlaps is persistent debilitating fatigue. Patients with lupus, chronic Lyme disease, and myasthenia gravis often report exhaustion disproportionate to activity, reduced stamina, impaired recovery, "crash" after exertion, and reduced quality of life. This is important scientifically because fatigue may involve overlapping pathways, mitochondrial stress, autonomic imbalance, chronic inflammation, neuroimmune dysfunction, and sleep impairment.

Neurological and Cognitive Symptoms

All three conditions can involve brain fog, slowed thinking, concentration difficulty, memory impairment, and reduced mental endurance. Lyme disease and lupus are more strongly associated with neuroinflammation, while myasthenia gravis primarily affects neuromuscular transmission, but patients can still experience profound cognitive fatigue secondary to energy depletion and sleep disturbance.

Fluctuating Symptoms

All three disorders commonly show "good days and bad days", waxing and waning severity, stress-triggered worsening, and fatigue-triggered worsening. This fluctuation often makes management difficult.

Sleep and Recovery Problems

Poor restorative sleep is common across all three conditions. Sleep dysfunction may worsen pain, fatigue, immune imbalance, autonomic dysfunction, and emotional well-being. This overlap is relevant when discussing wellness-oriented recovery interventions.

Quality of Life Burden

All three diseases can severely affect daily functioning, work ability, social life, emotional health, and independence. Even when standard therapies help disease control, many patients continue experiencing fatigue, low energy, impaired resilience, and reduced functional capacity.

Major Differences

Myasthenia Gravis (MG)

Primary problem: autoimmune attack against acetylcholine receptors or related proteins at the neuromuscular junction. Key hallmark: muscle weakness that worsens with activity and improves with rest. Typical symptoms: drooping eyelids, double vision, chewing/swallowing weakness, limb weakness, respiratory weakness. Pain is usually not dominant.

Lyme Disease

Primary problem: infection-triggered inflammatory and neurological dysfunction. It can involve nervous system, joints, heart, cognition, and autonomic function. Persistent symptoms after treatment may involve immune dysregulation, neuroinflammation, mitochondrial dysfunction, and autonomic imbalance. Fatigue and pain are especially prominent.

Lupus

Primary problem: systemic autoimmune inflammation affecting multiple organs. It can affect skin, joints, kidneys, brain, blood vessels, heart, and lungs. Often associated with chronic inflammation, pain, fatigue, immune dysregulation, and flares/remissions.

Although lupus, Lyme disease, and myasthenia gravis are distinct disorders with different underlying etiologies, they share several overlapping symptom domains that substantially impair quality of life. Commonly reported features across these conditions include fatigue, cognitive dysfunction, sleep disturbance, autonomic imbalance, and reduced daily functioning. Figure 2 summarizes the major areas of symptomatic overlap and highlights the potential importance of supportive recovery-oriented interventions across chronic autoimmune and post-infectious disorders.

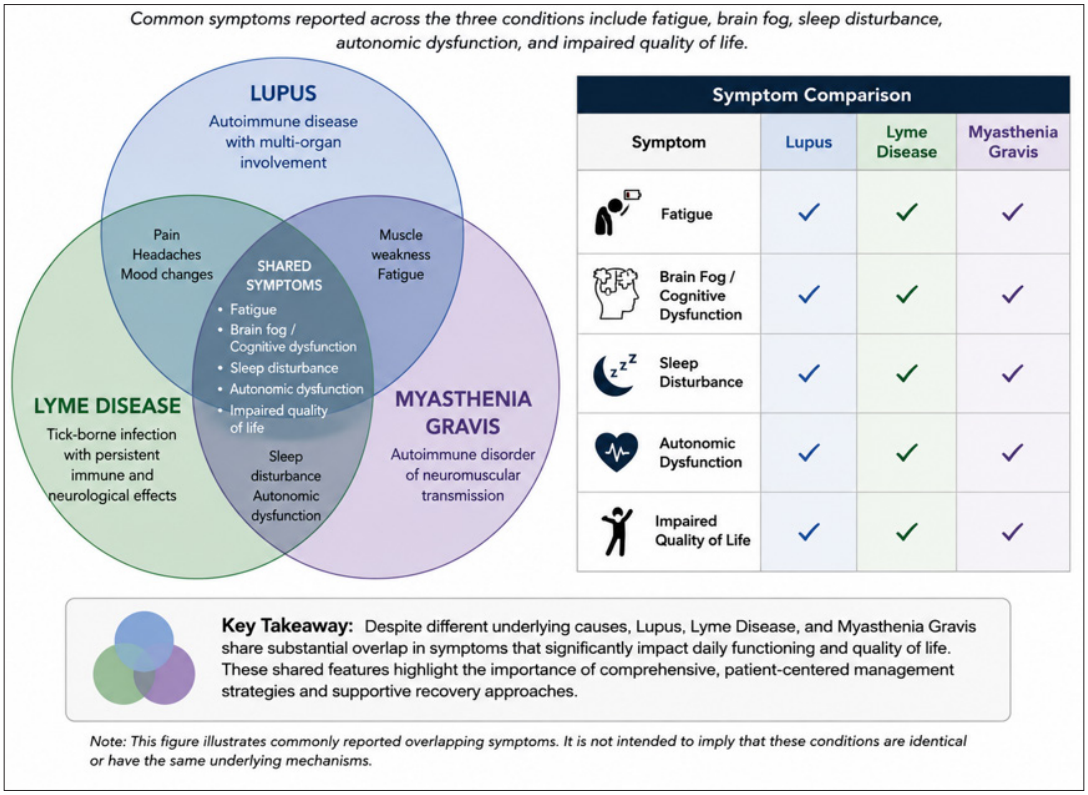

Figure 2: Shared symptom overlaps between lupus, Lyme disease, and myasthenia gravis. This figure illustrates commonly reported overlapping symptoms among lupus, Lyme disease, and myasthenia gravis, including fatigue, brain fog, sleep disturbance, autonomic dysfunction, and impaired quality of life. Although these disorders have distinct underlying etiologies, the shared symptom burden suggests that supportive wellness-oriented recovery interventions aimed at improving sleep quality, recovery physiology, and overall well-being may warrant broader investigation across chronic autoimmune and post-infectious conditions.

Why These Overlaps Matter Scientifically

The overlap suggests these disorders may share downstream pathways involving impaired recovery physiology, mitochondrial dysfunction, autonomic dysregulation, neuroimmune stress, sleep disruption, and chronic inflammatory burden. This does not mean the diseases are the same.

However, it does support investigating whether supportive wellness-oriented interventions aimed at improving sleep, reducing stress, supporting recovery, improving autonomic balance, and enhancing perceived energy, might have broader applicability across chronic inflammatory, autoimmune, and post-infectious conditions. That conceptual framework is scientifically reasonable for using the UWPE as a supportive wellness-oriented approach to improve quality of life.

The potential biological mechanisms underlying these observations remain speculative. Ultraweak photon emission, sometimes referred to as biophoton emission, has been studied as a naturally occurring phenomenon associated with oxidative metabolism, mitochondrial activity, and cellular communication. Emerging literature in the broader field of photobiomodulation suggests that light-related biological signaling may influence mitochondrial function, circulation, autonomic balance, inflammatory signaling, tissue recovery, and neurological function. Unlike conventional photobiomodulation, which typically involves localized higher-intensity light exposure, UWPE-related products are designed to create prolonged passive environmental exposure during rest and sleep. Whether such exposures can meaningfully influence human physiology remains incompletely understood and requires rigorous scientific investigation.

These observations should be interpreted cautiously. The reports are anecdotal, uncontrolled, and subject to placebo effects, reporting bias, expectation bias, recall bias, spontaneous symptom fluctuation, and concurrent intervention effects. Several users were simultaneously using medications, detoxification protocols, supplements, lifestyle modifications, or other wellness interventions, making it impossible to isolate the contribution of UWPE exposure. In addition, symptom improvements were self-reported and were not independently verified through physician assessment, validated fatigue scales, disease activity measures, sleep studies, or laboratory biomarkers.

Nevertheless, the consistency of symptom themes across geographically distinct individuals and three chronic diseases may justify further scientific investigation. Future prospective observational studies could incorporate standardized outcome measures such as fatigue severity scales, sleep quality assessments, pain scores, SF-36 quality-of-life questionnaires, autonomic measurements, wearable sleep monitoring, inflammatory biomarkers, and neurophysiological assessments. Randomized controlled trials would ultimately be required to determine whether Ultra-Weak Photon Environment interventions produce measurable benefits beyond placebo effects.

Overall, this real-world case series does not establish efficacy or demonstrate disease modification in lupus. However, the repeated reports involving improved sleep quality, fatigue reduction, pain relief, emotional well-being, and enhanced daily functioning suggest that wellness-oriented environmental recovery interventions may warrant additional exploratory investigation as complementary supportive approaches for individuals living with chronic autoimmune disease.

Limitations

This report has several important limitations that should be considered when interpreting the findings. First, the observations were derived from unsolicited self-reported real-world user experiences rather than from a prospective controlled clinical study. As such, the information is descriptive and anecdotal in nature and cannot establish causality or therapeutic efficacy.

Second, the report lacked a randomized control group, sham exposure condition, or blinded assessment process. Therefore, placebo effects, expectation bias, reporting bias, spontaneous symptom fluctuation, and regression toward the mean cannot be excluded as contributing factors to the reported improvements.

Third, no standardized clinical outcome measurements or validated disease activity instruments were systematically collected. Objective assessments such as lupus disease activity indices, validated fatigue scales, sleep studies, inflammatory biomarkers, physician evaluations, or standardized neurological and functional testing were not available for most cases.

Another important limitation is the presence of potential confounding factors. Several individuals reported simultaneous use of medications, supplements, detoxification programs, lifestyle modifications, dietary interventions, or other complementary wellness approaches during the observation period. Consequently, it is not possible to isolate the independent contribution of Ultra-Weak Photon Environment exposure to the reported changes.

In addition, the sample size was small and based on voluntarily submitted feedback, which may preferentially capture positive experiences while underrepresenting neutral or unfavorable outcomes. The duration of product use, adherence patterns, baseline disease severity, and long-term follow-up information were also variable and incompletely documented across cases.

Finally, most reported outcomes involved subjective quality-of-life measures such as fatigue, sleep quality, mood, pain perception, and energy levels, which are inherently influenced by psychological, behavioral, environmental, and social factors. Although these patient-centered experiences remain clinically meaningful, rigorous prospective studies with standardized methodologies will be necessary to determine reproducibility, clinical significance, and potential biological mechanisms underlying the observations described in this report.

Conclusion

This real-world case series describes self-reported quality-of-life improvements among individuals living with lupus or lupus-associated autoimmune conditions while using UWPE-related wellness products. The most frequently reported benefits involved improved sleep quality, reduced fatigue, decreased pain, better mood, fewer headaches, increased energy, and enhanced daily functioning.

These observations are anecdotal and should not be interpreted as evidence of clinical efficacy or disease modification. Because the reports were uncontrolled, self-reported, and potentially influenced by placebo effects, concurrent therapies, and reporting bias, causation cannot be established.

Nevertheless, the consistency of reported improvements across several individuals suggests that Ultra-Weak Photon Environment wellness approaches may warrant further formal investigation. Future prospective observational studies and controlled clinical trials using validated measures of fatigue, sleep quality, pain, mood, inflammatory status, and quality of life are needed to determine whether UWPE exposure may provide reproducible supportive benefits for individuals with chronic autoimmune conditions.

Conflict of Interest

James Z. Liu, Helen Y. Gu, and Devin R. Liu are affiliated with organizations involved in the development, research, and distribution of Tesla BioHealing® products and Ultra-Weak Photon Environment (UWPE) technologies discussed in this manuscript, including Brain Healing Inc., Bio-Dao Organization, and/or related entities. The authors acknowledge that these affiliations may represent potential conflicts of interest. The manuscript is intended as a descriptive real-world observational report and not as proof of therapeutic efficacy.

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Ethics and Consent Statement

This report summarizes voluntarily submitted real-world user feedback and anecdotal experiences. This was not a prospective interventional clinical trial, and no experimental medical intervention was administered as part of this report. Identifying personal information was omitted to protect participants' privacy. All information was voluntarily provided by users for educational and research purposes. Because this manuscript is descriptive and retrospective in nature using unsolicited testimonials without intervention or identifiable patient information, formal institutional review board approval was not obtained.

Author Contributions

James Z. Liu contributed to the conceptualization of the manuscript, scientific interpretation, literature review, and manuscript preparation. Helen Y. Gu contributed to manuscript organization, editing, data collection coordination, and literature support. Devin R. Liu contributed to manuscript formatting, case compilation, figure preparation, and reference management. All authors reviewed and approved the final manuscript.

Data Availability

The data supporting the findings of this report consist primarily of voluntarily submitted real-world testimonials and anecdotal user feedback. Due to privacy considerations and the descriptive nature of the report, raw identifiable data are not publicly available. De-identified summary information supporting the conclusions of this manuscript may be available from the corresponding author upon reasonable request.

Appendix

Table 1: Similarities and Differences between Myasthenia Gravis, Lyme Disease and Lupus

Feature	Myasthenia Gravis	Lyme Disease	Lupus
Primary Cause	Autoimmune attack on neuromuscular junction	Infection by Borrelia burgdorferi	Autoimmune systemic inflammation
Main System Affected	Neuromuscular transmission	Multisystem infection/ inflammation	Multisystem autoimmune disease
Common Fatigue	Very common	Very common	Very common
Muscle Weakness	Hallmark symptom	Can occur	Can occur
Brain Fog / Cognitive Issues	Sometimes	Common	Common
Sleep Disturbance	Common secondary effect	Common	Common
Pain	Usually less prominent	Common	Common
Headaches	Possible	Common	Common
Mood Changes / Anxiety / Depression	Can occur	Common	Common
Autonomic Dysfunction	Sometimes	Frequently reported	Frequently reported
Immune Dysregulation	Yes	Yes (infection-triggered)	Yes
Mitochondrial Dysfunction Hypothesis	Emerging interest	Strongly discussed	Increasingly discussed
Fluctuating Symptoms	Classic feature	Common	Common
Relapsing/Remitting Pattern	Often	Often	Often
Diagnostic Challenges	Moderate	Often difficult	Often difficult
Standard Treatment	Immunosuppressants, pyridostigmine	Antibiotics ± supportive care	Immunosuppressants, steroids
Chronic Residual Symptoms	Possible	Very common	Very common

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