A REPLICATION OF A CLINICAL SOCIAL EXPERIMENT OF DEVICE-INFUSED RESONANT WATER

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Introduction and Background

This study is the third in a series of clinical social experiments designed to test the feasibility of transitioning "healing by intention" from its historically dominant one-on-one method of administration to one that potentially provides a scalable method for widespread dissemination. One-on-one administration most typically involves a single healer and a single healee. While at this point in time there are ample data indicating healing efficacy using individual healers (*see some examples at bengstonresearch.com*), the simple reality is that the number of people needing or desiring healing far exceeds the number of healers who can deliver healing services. If healing by intention is ever to become widely available to all those who need it, then the development of a reliable scalable system of delivery will become necessary. Central to this quest will be the development of a technology that can "store" healing and administer it on demand.

Previous experimental research has indicated multiple ways of "storing" healing intention in both organic and inorganic materials. For example, on the organic side, experiments involving treated cell medium resulted in significant changes in cancer growth in-vitro. Experiments involving treated cotton have shown that cells in-vitro which have a "need" exhibit significant genomic changes when exposed to the treated cotton. This effect has been demonstrated on both cancer cells and non-cancerous cells which have been injured. Additional examples indicating organic storage involve the transfusion of blood from cancerous mice that have been treated by healing intention into mice that have not been treated by healing. That transfusion of blood from treated mice into untreated mice can reproduce the healing in those mice treated only with the transfusion.

On the inorganic side, experiments using treated water that is given to cancerous mice have produced resolution of the cancer without direct healing of the mice.

Clinical application of treated water and cotton are extremely suggestive of the "storability" of healing intention. Anecdotally, people have reported the seeming resolution of such conditions as leukemia and irritable bowel syndrome from drinking

treated water, and likewise have reported resolution of more localized conditions such as cancerous growths through the application of treated cotton.

While these experimental and clinical applications indicate the storability of healing, they don't necessarily indicate whether healing can be scaled. For example, if water is the medium of storage, and even if treated water seems to reproduce the effects of one-on-one therapies, unless there is a technology to scale and mass produce the treated water then the central problem remains unsolved. Our three clinical trials have focused on testing different technologies to store and scale healing through the medium of water.

Previous Clinical Trials

Our first attempts to deliver healing using a scalable technology began with "ordinary" tap water that had been "charged" by the Bengston Method ™ of healing. That treated water was then multiply succussed and diluted in an analogous way that homeopathic formulations are produced, except that we were *not* using anything like dilutions from substances that had been approved by the materia medica or even a standard dilution process. We began with only treated water.

Eighty six volunteers from the US agreed to take two sublingual drops four times/day for eight weeks, with detailed self-reports coming in every two weeks. Participants reported on their progress using a variety of metrics designed to gauge changes in physical, emotional, and spiritual well-being. We found statistically significant improvements in all indicators of well-being, with the largest improvements found at earlier time periods. Also interesting, a clear majority of subjects reported improvements in a variety of health conditions that were not their primary condition, and that majority wanted to continue taking the drops even after the experiment was officially over.

Our second attempt to deliver scalable healing involved testing a physical device that we designed to reproduce the proven effects of the successful water therapies found in our first clinical trial. The water therapy used in the first clinical trial was now to be produced by an actual physical device able to mass (re)produce the "healing intention" information in the water.

Ninety one people in the Netherlands and Belgium who had health conditions and concerns volunteered to take the water formulation for eight weeks, and to report back to us every two weeks. In this study, we randomly assigned volunteers to ingest the water either sublingually 4 times/day or by sucking on a "jelly" 3 times/day that had been infused with two drops of the treated water in it. In addition to testing the efficacy of the device generated water, we wondered whether the method of ingestion was important.

We found statistically significant improvements in a variety of measurements of physical, emotional, and spiritual well-being. And, there was no difference in outcome whether the

volunteers ingested the water by sublingual drops or in jellies mechanically infused with the water. *Importantly, these effects were comparable whether the water was produced by the dilution and succussion methods found in the first clinical experiment or by the physical device designed to mass produce the treated water.*

The Present Study

Since there were no significant differences in health improvements in the volunteers whether the water was produced using dilution/succussion or through the physical device, it is apparent that the device technology affords greater ease and scope of scalability. Since we have treated only 91 subjects with the device generated water with the second clinical study, the present study was designed to check treatment reliability and to increase our confidence in its efficacy by increasing the number of subjects.

Participants

We called for volunteers in the US who had health conditions and concerns to take the device generated water formulation for eight weeks, and to report back to us at baseline and at two-week intervals. Ninety people participated in this study, and each agreed to take two drops under the tongue, four times a day.

We were deliberately targeting volunteers who had serious health concerns. Of the 90 volunteers, 78 (87%) reported that they had a serious illness. A partial list of primary conditions includes Multiple Sclerosis, spinal stenosis, bi-polar disorder, hyper and hypotension, celiac disease, kidney disease, fibromyalgia and chronic fatigue, dementia, psoriasis, Lyme disease, heart conditions (including congestive heart failure), chronic hepatitis C, arthritis, Hashimoto disease, diverticulitis, hypothyroidism, Tourette syndrome, diabetes, hearing loss, chronic pain, allergies, low testosterone, sensory processing disorder, ALS, lymphoma, metastatic cancers, tinnitus, lupus, chronic lung disease.

In addition to these physical conditions, we also asked whether they also had any serious depression or emotional issues. 41 (46%) answered in the affirmative.

Participant Compliance

We asked each participant whether they had taken the prescribed dose (2 drops/4x day).

92% reported compliance at 2 weeks

87% compliance at 4 weeks

86% compliance at 6 weeks

78% compliance at 8 weeks

These compliance numbers are roughly in line with those from our two previous clinical trials.

Change in Primary Condition

We asked for self-report data on whether there had been a change in the primary health condition of the participant at each of the two-week intervals.

41% reported improvement at 2 weeks

54% reported improvement at 4 weeks

51% reported improvement at 6 weeks

59% reported improvement at 8 weeks

Because of the wide variety of conditions treated, and by extension low subject numbers for any individual condition, we made no attempt to correlate condition with probability of improvement in the primary condition.

Change in Other Conditions

We asked for self-report data on whether there had been a change in non-primary "other" health conditions at each of the two-week intervals.

63% reported improvement in other conditions at 2 weeks

71% reported improvement at 4 weeks

68% reported improvement at 6 weeks

56% reported improvement at 8 weeks

A qualitative look at the meaning of improved "other conditions" indicate a tendency to have less pain, an elevation in mood and positivity, better sleep, and improved general sense of well-being.

Adverse Effects

Respondents were asked whether they experienced any adverse effects from the formulation at each of the two-week intervals.

10% reported some adverse effects at 2 weeks

14% reported adverse effects at 4 weeks

13% reported adverse effects at 6 weeks

10% reported adverse effects at 8 weeks

A qualitative look at descriptions of the adverse effects experienced by the (few) participants indicated minor complaints, often accompanied by an ambivalence about whether the effects were due to the water. For example, one participant passed a kidney stone when they started the water! None of the adverse effects were startling or scary to the participants, certainly not to the extent that they might be sufficiently concerned to pull out of the study.

Physical, Emotional, and Spiritual Self-report Ratings

We asked volunteers to self-rate their physical, mental, and spiritual state on a 10-point scale before the study began, and also at 2, 4, 6, and 8 weeks after ingestion of the water formulation. The initial **baseline** ratings were

Variable	Obs	Mean	Std. Dev.	Min	Max
physicalb	90	6.088889	1.833793	2	9
emotionb	90	6.533333	2.178547	1	10
spiritualb	90	7.311111	2.080646	1	10

Since this study was intended to be a test on the reliability and efficacy of the device generated water formulation, we compared the baseline self-rated scores obtained above with the baseline scores of the previous European-based clinical study. There were no statistically significant differences between the European clinical trial and the US clinical trial on the *physical* baseline scores (t=1.08, 89df, p=.28), *emotional* baseline scores (t=1.2, 89df, p=.23) or *spiritual* baseline scores (t=.09, 89df, p=.93). In practical terms, we can say that the two clinical trials are comparable at least in the self-report states. *There is a case to be made, then, that in the future we can combine the two studies (and perhaps more) to create a database with even more power.*

Some Interesting Trends

If we look for compiled trends among each of the physical, mental, and spiritual self-report scores, we find the following:

Physical:

Variable	Obs	Mean	Std. Dev.	Min	Max
physicalb	90	6.088889	1.833793	2	9
physical2	88	6.375	1.717473	2	9
physical4	87	6.586207	1.674374	2	10
physical6	81	6.753086	1.608811	2	9
physical8	82	6.95122	1.706216	2	10

Analysis of variance indicates that there are statistically significant improvements across time in the self-report physical ratings (F=5.26, 26df, p<.0001).

Emotional:

Variable	Obs	Mean	Std. Dev.	Min	Max
emotionb	90	6.533333	2.178547	1	10
emotion2	88	7	1.761661	3	10
emotion4	87	7.287356	1.683767	3	10
emotion6	81	7.345679	1.659522	4	10
emotion8	82	7.646341	1.613002	3	10

Analysis of variance indicates that there are statistically significant improvements across time in the self-report emotional ratings (F=2.74, 27df, p=.0013).

Spiritual:

Variable	Obs	Mean	Std. Dev.	Min	Max
spiritualb	90	7.311111	2.080646	1	10
spiritual2	88	7.568182	1.861871	2	10
spiritual4	87	7.781609	1.68043	3	10
spiritual6	81	7.790123	1.821511	1	10
spiritual8	82	7.914634	1.758234	2	10

Analysis of variance indicates statistically significant improvements over time in the self-report spiritual ratings (F=9.63, 27df, p<.0001).

Some observations:

Participant compliance – was generally quite good (never below 78%), even though the eight week trend showed some diminishment. This is quite normal for clinical trials, but we need to think of ways to further improve compliance.

Safety – we can be reasonably confident that the water formulation, whether produced by dilution/succussion, a device, or simply by an initial "treatment," is safe. Though a few people indicated that they experienced some adverse effects, those effects were apparently not sufficiently concerning to have them drop out of the study. And though we have no way of independently checking, many of the so-called adverse effects were interpreted by the participants as something positive, such as a "cleansing" or "detoxification."

Participant open ended comments – were almost uniformly positive and appreciative, even for those who reported only minimal improvement in their conditions. A recurring comment was concern that they be able to get more drops! It seems apparent that

participants were aware that "something" good was going on, whether their primary condition was fully resolved or not. And, as reported, by eight weeks, 59% had reported improvement in their primary condition, and overall improvements in "other" conditions even stronger.

Going Forward – we need to systematically focus analysis on elucidating which conditions are most (and least) responsive to the water therapy. This problem is analogous to an attempt to understand which conditions are most/least responsive to any healing modality, whether conventional or unconventional.

In the (unconventional) hands-on Bengston healing method ™, we have observed that conditions which need to have something "taken away" seem to be more responsive than conditions which need to have something "added." And so, for example, Alzheimer's disease presents with plaques on the brain which need to be taken away. Cancerous tumors need to be taken away, etc. Conditions such as these show tremendous promise for clinical treatment. On the other hand, type I diabetes is "missing" something that the body is not naturally producing. The same goes with Parkinson's, etc. Conditions such as these have presented clinical challenges. Does the water therapy work especially well on X condition, but perhaps less so on Y condition? Could the therapy be tweaked to improve?

The advantages of employing a water therapy over a one-on-one therapy include 1) *scalability*, in that virtually limitless amounts of water can be produced; and 2) *standardization of application*. If we presume that the water application is constant (this needs to be tested), we have more control over possible variation in therapeutic application. Simply put, it is likely that taking a certain number of drops has less variation than taking a certain number of treatments by a healer. Enormous research and clinical possibilities are opened when application can be standardized.

A Heartfelt Thanks to All the Participants

We are In Your Debt