A CLINICAL SOCIAL EXPERIMENT OF DEVICE-INFUSED RESONANT WATER

Margaret Nies
Bill Bengston
Coen van Veenendaal
Ted den Ouden

Background

For some time we have been looking into a variety of ways that healing can be "stored" and thus be made more "scalable" than more traditional one-on-one therapies.

Investigations to date have included experiments in storing healing intention using sophisticated EM equipment inside of a shielded Faraday cage. These have yielded very promising results, including the demonstration of reliable genomic changes in cancer in both in-vitro and in-vivo models. Published peer reviewed journal articles with these results can be found at bengstonresearch.com. We are currently replicating these experiments in independent labs, as well as investigating whether healing "storage" can be achieved using other methods of recording.

Previous work has also been suggestive that healing intention can be stored in materials, both organic and inorganic. To illustrate on the organic side, experiments involving treated cell medium resulted in very significant changes in cancer cell growth in-vitro. And, after cancerous mice have been treated by healing, a simple transfusion of mice blood can apparently reproduce the healing effect in non-treated mice.

Inorganically, experiments have also been done using treated water. In one experiment, water was treated once/week, and that water was fed to cancerous mice, which resolved in the same pattern as if they had been treated by hands-on techniques.

In clinical applications, both treated cotton and water have been used to resolve a wide variety of conditions. Anecdotally, people have reported that the drinking of treated water has seemingly resolved leukemia and irritable bowel syndrome, to name but a few examples.

The application of treated cotton and water are interesting in addressing whether healing can be stored, but the simple application of either doesn't address whether it can be made scalable. Producing a scalable method for the delivery of healing is our goal.

Previous Clinical Trial

While investigating scalable healing, some months ago we reported on the results of a "social experiment" clinical trial of treated water that had been multiply succussed and diluted. In that experiment, 86 volunteers from the US agreed to take two sublingual drops four times/day for eight weeks. Participants self-reported on their progress every two weeks 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.

A stark analysis of the numbers doesn't adequately convey the degree to which participants overwhelmingly expressed appreciation for taking part in the study. Reports include tumors shrinking or going away entirely, arthritis 98% gone, emotional concerns resolved. Even the very few who reported adverse effects in weeks 4 and 6 sometimes accompanied that assessment with dramatic symptomatic relief, and they themselves wondered whether the noted increase in fatigue or pain might be positive in the long term.

One interesting observation is the number of participants who wanted to continue even after 8 weeks, and who wanted to know how they could get more drops. And while the dilution and succussion method of producing the formulation in this previous study was far more scalable than the more traditional one on one healing methods, the question arose about whether we could continue to make healing even more scaled by producing formulations in a standardized device. This present report is about those continuing efforts.

The Present Study

The four of us started a wellness company based in the Netherlands. We developed a physical device that was designed to reproduce the proven effects of successful therapies by infusing the "information" from those proven therapies into ordinary water. If successful, this device would potentially allow the widespread production of a variety of formulations.

The present study was designed to test two questions: 1) whether the newly developed device can reproduce the significant health improvements found in the previous "energized water study"; and 2) whether the health effects of the treated water vary by the method of ingestion. In the present study the methods of ingestion were by sublingual drops administered as in the previous energized water study, and also by sucking on jellies that have been infused with two drops of the water. Put more simply: does the device reproduce the therapeutic effects that were previously obtained by hand processed succussion and dilution, and does it matter whether the drops are administered sublingually or by infusion into a substance.

Participants

We called for volunteers in the Netherlands and Belgium who had health conditions and concerns to take the formulation for eight weeks, and to report back to us at baseline and two-week intervals. Ninety-one people volunteered to participate in this study, and to either take two drops under the tongue, four times a day, or to ingest a jelly three times a day that had been infused with two drops of the water.

The participants were randomized to be in either the "sublingual drop" group or the "jelly" group. There was a small number of requests by participants to change from the jellies to the drops in order to avoid any sugar, and we allowed this. The final distribution ended up having 50 assigned to taking the drops, and 41 assigned to taking the jellies. We found no significant differences between the two groups in terms of health issues and such, indicating that the two groups remained reasonably randomized.

We were deliberately targeting volunteers who had serious health concerns. Combining the groups, 71 (78%) reported having a serious illness, and 19 (21%) reported serious depression.

Participant Compliance

A subset of the second question involved participant compliance in taking the dose, and whether that compliance varied by method of ingestion.

Combining the two groups together, we found:

91% compliance at 2 weeks

92% compliance at 4 weeks

83% compliance at 6 weeks

75% compliance at 8 weeks

There was no statistically significant difference in compliance between those ingesting the drops and those ingesting the jellies. However, for future clinical applications it should be noted that about halfway through the protocol, compliance began to diminish in both groups.

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.

Combining the two groups together, we found:

36% reported improvement at 2 weeks

47% reported improvement at 4 weeks

44% reported improvement at 6 weeks

57% reported improvement at 8 weeks

Once again we found no statistically significant differences in primary condition improvement between those taking the drops and those taking the jellies.

We were also interested in whether there was a difference in self-reported change in primary condition between those who took the formulation by the diluted and succussed method found in the previous clinical trial, and those who took the drops produced in the device in the present study. At week two, there was a slightly higher increase in self-reported improvement in the diluted/succussed group from the previous study compared to that of the device generated formulation in the present study ($chi2(1) = 6.98$, $p=.008$). *In subsequent comparisons at 4,6, and 8 weeks, there was no statistically significant differences between the succussed/diluted formulation and the device generated formulation.* There should be caution exercised when interpreting this finding, as we don't know whether the groups in the previous clinical trial were comparable to the groups in the present trial.

Change in Other Conditions

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

Combining the two groups together, we found:

64% reported improvement in other conditions at 2 weeks

50% reported improvement at 4 weeks

48% reported improvement at 6 weeks

56% reported improvement at 8 weeks

Once again we found no statistically significant differences in "other" condition improvement between those taking the drops and those taking the jellies.

We didn't have a comparable question on whether there was a change in "other conditions" in the previous dilution/succussed formulation study, and so no comparisons between the two groups are possible.

Adverse Effects

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

Combining the two groups together, we found:

13% reported some adverse effects at 2 weeks

8% reported adverse effects at 4 weeks

13% reported adverse effects at 6 weeks

9% reported adverse effects at 8 weeks

We found no statistically significant differences between the drop and jelly groups in the reporting of adverse effects. Apparently the adverse effects were not sufficiently concerning to participants to warrant any reluctance to continue participating in 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. The initial **baseline** ratings were

Variable	Obs	Mean	Std. Dev.	Min	Max
physicalb	91	5.879121	1.511696	1	9
emotionb	91	6.813187	1.873275	0	10
spiritualb	91	7.32967	1.789196	1	10

We tested the mean scores at baseline, comparing the output to that of the previous clinical study on the diluted/succussed formulation. Interestingly, the baseline scores indicated that the present study group began with significantly lower self-report baseline scores on their **physical** condition (t=2.66, 90df., p=.0094) and **spiritual** condition (t=2.5, 90df., p=.0139) than did the previous dilution/succussion study group. The baseline *emotional* scores were statistically comparable across the two studies.

We don't know whether these lower baseline physical and spiritual scores in the present study reflect a real difference in the baseline health of the two groups, nor the source of the difference, and so caution should be exercised when comparing the two studies.

Two-week self-ratings

Volunteers rated themselves at the two-week mark on their physical, mental, and spiritual health on a 10-point scale:

Variable	Obs	Mean	Std. Dev.	Min	Max
physical2	89	6.348315	1.567432	0	9
emotion2	89	7.033708	1.441664	3	10
spiritual2	89	7.573034	1.304604	3	10

- Note that these self-reported ratings have improved since the 2-week reporting. Later in this report will be statistical tests for significance.

Four-week self-ratings

Volunteers rated themselves at the four-week mark on their physical, mental, and spiritual health on a 10-point scale:

Variable	Obs	Mean	Std. Dev.	Min	Max
physical4	90	6.644444	1.384595	1	9
emotion4	90	7.233333	1.543744	1	10
spiritual4	90	7.533333	1.515463	1	10

Six-week self-ratings

Volunteers rated themselves at the six-week mark on their physical, mental, and spiritual health on a 10-point scale:

Variable	Obs	Mean	Std. Dev.	Min	Max
physical6	89	6.595506	1.600562	1	9
emotion6	89	7.146067	1.55615	2	10
spiritual6	89	7.393258	1.497103	2	10

Eight-week self-ratings

Volunteers rated themselves at the eight-week mark on their physical, mental, and spiritual health on a 10 point scale:

Variable	Obs	Mean	Std. Dev.	Min	Max
physical8	89	6.696629	1.647343	1	9
emotion8	89	7.359551	1.611374	1	10
spiritual8	89	7.494382	1.596328	1	10

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	91	5.879121	1.511696	1	9
physical2	89	6.348315	1.567432	0	9
physical4	90	6.644444	1.384595	1	9
physical6	89	6.595506	1.600562	1	9
physical8	89	6.696629	1.647343	1	9

Analysis of Variance indicates that there are statistically significant changes across time in the self-report physical ratings (F=2.66,27df, p=.0009). The bulk of the physical improvements occur during the first half of the study.

Emotional:

Variable	Obs	Mean	Std. Dev.	Min	Max
emotionb	91	6.813187	1.873275	0	10
emotion2	89	7.033708	1.441664	3	10
emotion4	90	7.233333	1.543744	1	10
emotion6	89	7.146067	1.55615	2	10
emotion8	89	7.359551	1.611374	1	10

Analysis of Variance indicates that there are statistically significant changes across time in the self-report emotional ratings (F=4.52,27df, p<.0001). Again, the significant changes are predominantly in the first half of the study.

Spiritual:

Variable	Obs	Mean	Std. Dev.	Min	Max
spiritualb	91	7.32967	1.789196	1	10
spiritual2	89	7.573034	1.304604	3	10
spiritual4	90	7.533333	1.515463	1	10
spiritual6	89	7.393258	1.497103	2	10
spiritual8	89	7.494382	1.596328	1	10

Analysis of Variance once again indicates statistically significant changes across time in the self-report spiritual ratings (F=6.53,25df.,p<.0001), with the bulk of the improvement coming in the early stages of the study.

Comparisons of the physical, emotional, and spiritual self-rating scores across the drops and jelly groups indicate virtually identical patterns, suggesting that once again there are no differences resulting from varying methods of formulation administration.

Some observations:

Participant compliance – there was a drop off rate in dose compliance over the course of the study in both the drops and jellies groups. And, some reported difficulty taking four doses during the course of the day. Some stopped taking the doses at arbitrary points in the study for days at a time just to see what would happen. Some complained about the taste of the jellies.

These of course are common problems in clinical trials, but with our relatively small sample sizes can become problematic for drawing any firm conclusions.

Participant open ended comments – we provided opportunities for participants to describe any conditions, symptoms, and changes over time.

We found that participants descriptions often did not match their "forced choice" answers. For example, a respondent might answer "no change in primary health condition" even while describing how much better they feel, how pain has been diminished, and the like. And conversely, their forced choice answers on the various health indicators over time might indicate improvement, even as their open-ended descriptions seemed more pessimistic. Whether one pays attention to the forced choices or the descriptions, many times they did not match.

We found the forced choice responses to be the most useful.

Overall trends – the majority of the respondents reported positive experiences either from the open ended or forced choice responses. Only a handful reported anything negative from the experience, and these negative reports tended to be complemented with other positive reports. This was extremely encouraging for a potential clinical application.

Because of the relatively small number of participants and the wide variety of conditions reported, it is premature to make any conclusions about whether the formulations are most efficacious for any particular health condition. It may be advantageous for future work to limit the study participants to a small number of conditions.

Positive trends – the most standardized and consistent measurement of changes over time were the self-reported scales of physical, mental, and spiritual health. All three of these reported increased health over the eight week course of the study. These time comparisons all reached statistical significance as an overall model, with the bulk of the changes also coming towards the earlier part of the study.

With extreme speculation, it could be that more change occurs earlier in the time frame, because the participants are at their maximum point of need. Later, with continued improvements there is less potential need, and so relative improvements diminish

naturally as health increases. Simply put, individuals with more relative need have more opportunity for improvement; conversely, those who have little or diminishing need have less opportunity.

Some final observations – clinical applications

As with any clinical trial, there were some who reported no meaningful change, and thought they might have received a placebo (they hadn't). Nonetheless, whether the participants perceived a benefit or not, we can be confident that the formulation is indeed safe.

A stark analysis of the numbers doesn't adequately convey the degree to which participants expressed appreciation for taking part in the study. Reports include a wide variety of physical and emotional conditions being improved or resolved. Even the very few who reported adverse effects accompanied that assessment with some sort of relief, and they themselves wondered whether the noted increase in fatigue or pain might be positive in the long term.

One interesting observation is the number of participants who wanted to continue even after 8 weeks. We're in discussion about the possibilities of producing this formulation to make it widely available.

Future studies

As you've probably surmised, any study, particularly a pilot study such as this, tends to raise more questions than it answers. To understate, certainly something interesting is going on with the machine produced formulation (as it was with the diluted/succussed formulation), whether administered in drops or jellies. We are extremely confident that future studies are both warranted and safe for participants.

It may be that widespread clinical application will yield sufficient data to make more firm conclusions. In the meantime, future study questions will benefit from similar sized samples focused on targeted conditions. Since there appears to be real improvement in physical, emotional, and spiritual dimensions, subsequent studies might pick only one area in which to concentrate.

The possibilities are indeed endless!

A Heartfelt Thanks to All the Participants

We are In Your Debt