

Title:

VARHOPE Changes in a SCIO Session

Subtitle:

Correction of aberrant body electric profiles such as proton pressure, electron pressure, reactivity patterns, oscillation disorders, trivector imbalance.

Part of the Following:

Large Scale Study of the Safety and Efficacy of the SCIO Device

**Chief Editor:
Prof N. Vilmos**

Edited and Validated By:

**Mezei Iosif, Sarca Ovidiu
,Somlea Livia**

**Consultant:
International Ethics, Lebedei 58,
Oradea, Romania**

Developed By:

**The Centro Ricerche of Prof. William Nelson University of Venice +
Padova, Italy**

This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study.

Introduction:**Over View:**

This Large scale research was designed to produce a extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is a evoked potential Universal ElectroPhysiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S. America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

An European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There were 98,760 patients. 69% had more than one visit. 43% had over two visits. There were over 275,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. It must be pointed out that the Therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCIO therapist.

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.

Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)

Part 3. Proving the efficacy of the SCIO on the avant garde therapies of Complementary Med

Part 4. QQC standardization

Methods and Materials:

SCIO Device:

The SCIO is an evoked potential Universal Electro-Physiological Medical device that measures how a person reacts to items. It is designed to measure reactions for allergy, homeopathy, nutrition, sarcodes, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-diagnostic work and or therapy.

The QXCI software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body. For complete functional details and pictures, see appendix.

Subspace Software :

The QXCI software is designed for electro-physiological connection to the patient to allow reactivity testing and rectification of subtle abnormalities of the body electric. If

a patient is not available a subspace or distance healing link has been designed for subspace therapeutics. Many reports of the success of the subspace have been reported and thus the effectiveness and the safety of the subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and their counterfeit attempts have ended in failure.

SOC Index :

The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. Named after the work of Samuel Hahneman the father of homeopathy, he said that the body heals itself with it's innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahneman said that the worst way to interfere with the healing natural process was allopathy or synthetic drugs. These upset the natural healing process by unnatural intervention and regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.

The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the SOC index questions appear in the appendix.

Study Technicians :

The study technicians were educated and supervised by medical officers. The study technicians were to execute the SCIO therapy and analysis. All were trained to the standards of the International Medical University of Natural Education. Therapists from all over the world including N. America, Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according to the Helsinki study ethics regulations.

They were to chronicle any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on any disclosed observations during the test and on follow-ups report any measured changes.

To test the device as subspace against the placebo effect, two of the 2,500+ therapists were given placebo SCIO devices that were totally outwardly the same but were not functional. These two blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double blind factor of the placebo effect as compared to the device. Thus the studied groups were A. placebo group, B. subspace group, and C. attached harness group.

Cross placebo group manipulation was used to further evaluate the effect.

Important Questions : these are the key questions of the study

1. *Define Diseases or Patient Concerns*
2. *Percentage of Improvement in Symptoms*
3. *Percentage of Improvement in Feeling Better*
4. *Percentage of Improvement Measured*
5. *Percentage of Improvement in Stress Reduction*
6. *Percentage of Improvement in SOC Behavior*
7. *What Measured+How (relevant measures to the patient's health situation)*

8. *If Patient worsened please describe in detail involving SOC_*

After the patient visit is was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

Results:

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions.

1. *Percentage of Improvement in Symptoms*
2. *Percentage of Improvement in Feeling Better*
3. *Percentage of Improvement Measured*
4. *Percentage of Improvement in Stress Reduction*
5. *Percentage of Improvement in SOC Behavior*

The SOC index gives us great insight to this study. Each disease has a different cut off where the ability of the SCIO to help was compromised. As a general index scores of 200 + where much less successful.

This groups significant SOC cut off was ----.

The Large scale study had over 98,000 patients and 275,000 patient visits we have direct evidence of the safety and efficacy. A placebo group was used for the large scale test to help validate the results.

This disease group total number of patients was 98,760 **Total patients**

Subspace Treatment ----- patients, ----- SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 80,688 patient visits

There were 453 cases of patients who reported a negative Improvement.

There were

433 cases reporting no improvement of Symptoms, .005% of group

567 cases reporting no improvement in feeling better, .007% of group

322 cases reporting no improvement in stress reduction .004% of group

35%--- *Percentage of Improvement in Symptoms*

46%--- *Percentage of Improvement in Feeling Better*

12%--- *Percentage of Improvement Measured*

49%-- *Percentage of Improvement in Stress Reduction*

14%---- *Percentage of Improvement in SOC Behavior*

since the VARHOPE is not accurately or scientifically measured in subspace, there is

no reported changes

B. SCIO Harness Treatment 196,312 patient visits

There were 658 cases of patients who reported a negative Improvement.

There were

512 cases reporting no improvement of Symptoms, .003% of group

759 cases reporting no improvement in feeling better, .004% of group

460 cases reporting no improvement in stress reduction .002% of group

65%--- *Percentage of Improvement in Symptoms*

56%--- *Percentage of Improvement in Feeling Better*

24%--- *Percentage of Improvement Measured*

53%-- *Percentage of Improvement in Stress Reduction*

20%----*Percentage of Improvement in SOC Behavior*

There was a overall 43% average improvement in the VARHOPE score from the therapy on each visit. There was an additional improvement on persuing visits.

Discussion:

The results show significant improvement in symptoms and feeling better. The Collective results show a dramatic benefit to the SCIO therapist visit.

Energetic Medicine has concentrated on resistance for too long. There is much more to the body electric than resistance. It is impossible to measure a frequency with a resistance device such as the Listen, Voll, Vega or other simple resistance devices. This makes for a very complicated fractal system that can be difficult to analyse. With a computer a vast amount of electrical data can be collected and analysed. This can then allow for the beginning of a true energetic medicine. Below is a abreviated list of electrical variables and thier coresponding components that our Quantum Med system can analyse in the short space of minutes in a clinical setting. The time of ionic exchange is approximately one hundredths of a sec. Thus it would be impossible for a person who wants to test a patient with a manual device.

Criteria	Medical Implication
Amperage	Life force measurements - cellular capacity Indolamine connection (see* Voltametry)
Voltage	Willpower, catecholamine connection (see *Voltametry)
Resistance	Inflammation versus degeneration - reactivity Medication testing (see *Electroacupuncture)
Capacitance	Charge transfer and storage, voltage and amperage regulation
Reactance	Variance in capacitance, resistance that determines the ability of the body to react to medication testing
Induction	Magnetic control, voltage and amperage regulation

Worberg's Law	Interaction of capacitance and frequency that allows for medication testing*
Resonant Frequency	Cancer versus nervous tendencies (see* Mitogenic Radiation)
Redox	Oxygenation potential (see* The Biological Pool)
Hydration	Water Stability (see *Polymorphic Studies)
PH, EH	Proton-electron transfer (see *The Biological Pool)
Phase Angle	Fricke's law sets boundaries of electroacupuncture testing

*articles in Promorpheus

As we pointed out in the *Promorpheus*, electricity as an electrical entity travels in the direction of, for example, your right thumb. Then for conduction of the electron, there is a magnetic field produced at 90°, and a static field will be produced at another 90°. This electromagnetic and electrostatic combination and its effect on conductance and *from* conductance is the basis for understanding electrical phenomena.

The factors of the electrolyte in the body greatly effect the electrical nature of the body. The amount of minerals, liquids, oxygen, amino acids, fatty acids and others effect the nature of the electrolyte. So our total energetic medicine (beyond simple resistance variables) can offer us great insights into many factors of health. Since so much of energetic medicine is fixated in one channel resistance point probotechniques it is time for a quantum leap in the technology. In this article we will outline some basic aspects of energetic medicine for electroencephalographs electrocardiology and energetic medicine.

This article will outline the electron and its action. The photon link is outlined in the Promorpheus.

French physicist Coulomb laid out a law, which states: "The force of attraction or repulsion between two charged bodies is directly proportional to the product of the charges and inversely proportional to the square of the distance between them."

Thus the force can be allowed in the following equation

$$F \sim \frac{Q_1 \times Q_2}{D^2}$$

The inverse square law is a dictum of four-dimensional physics. Our ten-dimensional model questions its pervasiveness.

Here Q represents the force of the charges, D is the distance, and F is the force in dynes. A coulomb of charge, C, is nearly 3 times 10⁹ esu. The strength of an electrical field will have the equation

$$E \sim \frac{9 \times 10^9 \times q}{R^2}$$

This is called the *electrical potential*. The potential at a point is equal to the work needed to bring one coulomb charge to the point from an infinite distance away. Biology will need to monitor this effect very closely.

An electric potential is thus work per unit of charge. Kinetic energy, which is equivalent to work, is measured in a relationship of force to distance. A gram that is moved at one centimeter per second of velocity is an *erg*. A kilogram that is moved at one meter per second is known as a *joule*. When we have a joule per coulomb, this is known as a *volt*. One volt equals one joule divided by one coulomb. The volt is often a measure of potential energy. It is the difference between two points, between positive and negative charge; thus a six-volt battery with a potential difference of 6 joules or coulombs that can flow from one terminal to the other. Potential difference, thus, is an integral measurement of profound importance in biology and medicine.

If the surface of an item has a charge that is stored as potential energy, the ratio of charge to potential is called the *capacitance* of the body. The basic unit of capacitance is known as the *farad*, which is one coulomb per volt. If one coulomb of charge added to a body gives it potential of one volt, it has the capacitance of one farad. In a capacitor current is proportional to the rate of change of voltage.

Thus capacitance can be measured as a fluctuation in voltage (DV) over a qualitative time.

1 Farad = {1 Coulomb} over {1 Volt} **BOLD**

{Capacitance} {dV} over {dT} = Amps

The farad is a very large unit, measuring a lot of potential. Often in electronics we use *micro*-farads, or even *pico*-farads; a micro-farad being 10^{-6} farads and a pico-farad being 10^{-12} farads. By having two sheets of a high conductor, such as metal, with an insulating material between them, we can produce a condenser or capacitor. In biology cellular forces will invoke pico-farads. Organismic forces must relate to and control micro-farads.

The capacitance of the capacitor is the amount of the electrical charge on its plate divided by the potential difference between its plates. This depends on several factors, such as the area of the plates. If the plates are made larger, greater charge can be put on them. The thickness of the insulating layer is important. The closer the plates are to one another, the greater the amount of charge that is held. It is the strength of the electric fields of the electric plates as they are brought closer together. In biology organs, cells, organ systems, and organisms must store charge to deal with metabolism and growth.

The material between the plates will have an influence on the capacitor. These insulators, or non-conductors between the plates, are also known as *dielectrics*. Biology is filled with membranes that act as storage entities. We have only to review neuronal axon transfer to see biocapacitance at work.

The dielectric constant of an insulating material is a relationship between the effect of the material and that of a vacuum between the plates. The dielectric constant of water is 80; the dielectric constant of air is 1.001, as compared to a vacuum. The dielectric constant of rubber is 2.5.

Water has such an enormous dielectric constant because the water molecule is already polarized, even if it is not in an electric field. One end of the water molecule is positive and the other negative, because of the dipole magnetic effect. Biology uses this concept of water to store and use energy. The molecules can now rotate easily in the liquid state, and in response to the electric forces on them can readily produce strong layers of induced charge on its surfaces. Capacitance action is of extreme importance to biology.

When we move one coulomb of charge per second, this is known as an *ampere*. An amp is movement or quantity of charge. Movement of charge, amps, is the most important criteria of biology. This correlates to life force and indolamine production.

1 Amp = 1 Coulomb per second #

phantom x #

Volts = Inductance \times {d Amps} over {d Time} #

phantom x #

Amps = Capacitance \times {d Volts} over {d Time}

Dr. Ohm, a German physicist, found that electric current in a conductor is directly proportional to the potential difference between its ends. Thus he generated Ohm's law, finding that the resistance of one ohm is generated in a conductor if the potential difference of one volt between its ends will cause a current of one ampere to flow through it. Thus we have generated and found Ohm's law, which is

Ampere = Volts DIV Ohms #

phantom x #

For Volts = Amps TIMES Resistance

Ohm's law is not strictly adhered to in electrolytes, discharge of gasses, and semiconductors; nor is it followed perfectly applicable to biology, for there are many different factors that can affect it. Changing potentials over time causes an instability in Ohm's law for biology. But in knowing an electrical system we must know the amperage, the voltage, and the resistance in order to be able to calculate variables more accurately. Ohm's law, when involved in quantic systems, is not precise, but still shows the tendencies of electromotive force. For biology Ohm's law offers an invaluable systemic measuring system for easy bio force analysis.

Now let us look at some of the basic components and relationships of magnetic fields.

When strongly polarized molecules align, they induce stronger and stronger magnetic poles. An electric current flowing through a wire will also generate a magnetic field of 90° (right-hand rule). The strength of the magnetic field created by a current is directly proportional to the strength of the current and inversely proportional to the distance from the wire. The formula for this will show that

Magnetic Fields left ({Amp} over {2 pi d} right)

Thus a magnetic field strength can be measured in units of amperes per meter. Inductance is the factor measured for biological significance. Magnetic and paramagnetic forces can have strong implications in the long- and short-range forces of biology (see PROMORPHEUS).

A magnet near a stationary electric charge will not have an effect on it. If there is movement, then they have a natural influence on each other. Biology will need to be dynamic, and move constantly to use magnetic properties. The force of this influence is at right angles to both the velocity of the charge and the direction of the field. Stagnation is a magnet's enemy.

The magnitude of this force is

Force = Charge in Coulombs x Velocity in meters per second
and Magnetic Force of Amperes per meter x the Permeability
Factor through which the Magnetic Field permeates.

This permeability factor times the magnetic factor, which is amperes per meter, is known as the *magnetic flux density*, or the *magnetic induction*, and is expressed in *Webers* per square meter. In an inductor the voltage is proportional to the rate of change in the current.

Inductance ~ TIMES ~ {d ~ Amps} over {d ~ Time} ~ = ~ Volts #

phantom x #

1 ~ Henry ~ = ~ 1 ~ Volt/~ (1 ~ Amp/1 ~ Sec) ~ = ~ 1 ~ Volt ~ Second/Amp

These permeability factors are rated between that of the material and that of permeability of a vacuum. Materials that are high-ratio (that increase the flux density) are called *ferro-magnetic*; such as iron, cobalt, and nickel. Substances that are close to the ratio of 1, or other substances (which are very near to the relationship of the vacuum) are *para-magnetic*, and will contribute weakly, such as aluminum. There are substances like bismuth that are actually detrimental to the magnetic field. These are called *diamagnetic*, and their ratio is actually less than 1. Items which are non-magnetic will have no influence, and thus have a ratio of 1. Bismuth will have a place in biology, and is used in several homeopathics for energetic stability. Magnetic induction can be measured by changes in amperage over a qualitative analysis, such as the QXCI[®] machine test. This might be used to infer magnetic interaction, and thus, involvement of geopathic stress.

Thus we have outlined the concept of magnetic, static, and conductive forces, which are used to our understanding of the electrical nature of our homeopathic pharmaceuticals. By measuring the inductance, the dielectric constant and the conductance relationship, we can find an electrical profile for these various substances. This makes up an electrical fingerprint that allows us to calculate and plot its electrical nature. The trivector analysis is born. The long-range implications on energetic medicine are profound.

By charting the resistance, inductance, and dielectric constant of various homeopathic items we can get a trivector analysis of their electromagnetic fields. This trivector analysis gives us three vectors, which we will be able to apply to a three-dimensional space. Thus a variety of homeopathics have been analyzed for their trivector analysis. The dimension of time gives us a four-dimensional relation that with some superb mathematics we can extrapolate the six virtual dimensions using a trinary logic system.*

Here we can see some of the effects that sarcodes, nosodes, allersodes and classic herbals have in their relationship to each other. This trivector analysis gives us a quality control factor for the electric field of a homeopathic item. In analyzing patients we can analyze serum in blood or personal field in a similar fashion. We can measure body pH from urine, blood, breath, etc., as well as redox capacity and body fluid resistance. Skin resistance readings can be taken at several points and easily averaged.

* Licensed Trinary Biofeedback Manufacturers

* *

The remainder of this chapter contains excerpts from the book, "Electrodes and the Measurement of Bioelectric Events", by L. A. Geddes, Publ. Texas, Wiley-Interscience, 1972.

Body voltage can be easily measured by dissimilar metals creating potential across the electrolyte capacity of the body, just as in a battery. Most proficient instruments choose to use silver and zinc (zinc because of its equi-potential for giving or receiving electrons, silver because of its great medicine history). Amperage is a correlate of voltage and resistance by placing similar metals in contact with the body (two silver probes contacting the frontal eminences). We can get an amperage reading. Capacitance is measured by changes in voltage during a scheduled interview. Inductance can be calculated through changes in amperage over the same interview. Resonant frequencies of the body can be calculated from the equation

$$\text{Resonance} \sim \text{Freq.} \sim \frac{10 \sup 6}{\sqrt{\{1 \sim - \sim (\text{CAP}) \sup 2 \sim + \sim (\text{IND}) \sup 2\}}}$$

From these readings we can now calculate a true metabolism chart to define a patient's overall health and energetic well-being. We can now compare a patient's readout to the homeopathic product's trivector analysis.

The preliminary work has shown that where patients have valleys, or dips, in their fields, homeopathic peaks will be helpful. Work on this is just starting; more work, funding and time will be needed before we can find out if this is a viable technique for quality control and/or for homeopathic utilization. Now, with the help of the computer, matching remedies is high-tech and easy.

Another factor that we can use with this trivector analysis is that once we know the first three vectors, and the vector of time, we might be able to extrapolate the other six virtual dimensions. If we know the four factors of conductance, capacitance, inductance and time, we might be able to extrapolate other dimensional effects from this four-dimensional type of field.

Biology needs to not only look into quantum physics but also needs to embrace an energetic philosophy as well. This seems complicated at first, but is easy with today's tools. This author has written some energetic articles on medical application of these theories in *A Legal Outline of the Medical Practice of Electroacupuncture*. Applying our right-hand rule and Ohm's Law to energetic medicine represents a dramatic quantum leap in energetic medicine which is significant to the field. Many doctors who just do resistance will have their egos assaulted, and will thus have a hard time accepting such a technological jump. Let me assure you that the jump does not take as much mental activity as you might fear.

--- BIBLIOGRAPHY ---

BOOKS

1. **An Advanced Treatise in Quantum Biology.** The Staff of Maitreya, Ltd. *Acad. Press*, 1989.
2. **Towards a Bio-Quantum Matrix.** The Staff of Maitreya, Ltd. *Acad. Press*, 1992.
3. **Quantum Biophysics.** The Staff of Maitreya, Ltd. *Acad. Press*, 1993.
4. **Quantum Vibrational Medicine.** The Staff of Maitreya, Ltd. *Acad. Press*, 1993.
5. **Quantum Quality Control.** The Staff of Maitreya, Ltd. *Acad. Press*, 1993.
6. **Experimental Evidence for Homeopathy.** The Staff of Maitreya, Ltd. *Acad. Press*, 1992.

7. **Experimental Evidence for Homeopathy II.** The Staff of Maitreya, Ltd. *Acad. Press*, 1992.
8. **A Complete Guide to Pediatric Symptoms, Illnesses and Medication.** H. W. Griffith, M.D. *Body Press*, 1989.
9. Disease Dictionary (Nelson) The Staff of Maitreya, Ltd. *IMUNE. Press*, 1993.

ARTICLES AND STUDIES

1. **A Practical Definition of Homeopathy.** Maitreya of Magyar; 1993.
2. **Full Spectrum Micronutrient Treatment of Bacteria (Homeopathic Treatment of Bacterial Infections).** Maitreya of Magyar; 1985.
3. **Homeopathic Stimulation of White Blood Cell Motility as Analyzed under the Microscope (A Proposed Mechanism for Homeopathic Immuno Stimulation).** Maitreya of Magyar; 1988.
4. **A Short Review of Fatty Acids in Treatment of pH Disturbance.** Maitreya of Magyar; 1985.
5. **A Clinical Study of Glandular Efficacy.** Maitreya of Magyar; 1984.
6. **Homeopathic Treatment of Pain.** Maitreya of Magyar; 1990.
7. **Proteinuria.** Maitreya of Magyar; 1984.
8. International Medical Journal of the Science of Homeopathy,, IMUNE PRESS