Title: Large Scale Study of the Safety and Efficacy of the SCIO Device with SUBSPACE Proven Effective

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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 Centro Ricerche, University of Venice + Padova, Italy

Abstract:

A global and momentous research project was developed for the last two years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

The device and thus the study have insignificant risk. There was a staff of medical doctors who designed and supervised the study.

Over 98,000 patients gave informed consent and participated in the study. The study would conclusively prove safety and efficacy of the SCIO Device. With over 60% of these patients having multiple visits. There were over 275,000 patient visits. With a total record of the SCIO patient information, therapy parameters and reactivity data. No names of patients were recorded for confidentiality.

Two of the 2,200 plus therapists were given blank devices that were completely visually the same but were none functional. These two blind therapists were then given 35 patients each. This was to evaluate the double blind component of the placebo effect as compared to the device. Thus the studied groups were a placebo group, a subspace group, and a attached harness group.

This is just the first study in a long task of analysis in truly break down the data totally. This study verifies the safety and efficacy of the SCIO device. There were small effects seen in the placebo group, larger effects in the subspace, and astounding effects in the real harness group.

Introduction:

This research is to study millions 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 Electro-Physiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, 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.

An ethics committee was formed 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, 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).

2,256 therapists enlisted in the study. There were 95,832 patients. 69% had more than one visit. 43% had over two visits. There were over 250,000 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. Unlicensed personnel are not to diagnose. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations.

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)

**Methods and Materials:**

**SCIO Device:**

The SCIO is a Universal Electro-Physiological Medical biofeedback 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 SCIO software will allow the unconscious of the patient to guide to repair electrical and vibration aberrations in your body. For complete functional details and pictures, see appendix.

**Subspace Software :**

The SCIO 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 Hahnemann 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. Hahnemann said that the worst way to interfere with the healing natural process was Allopathy or synthetic drugs. Theses 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, 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. Unlicenced personnel are not to diagnose. 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 2,200+ 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.

**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*
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.

**Part 1. 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. With over 96,000 patients and 256,800 patient visits we have direct evidence of the safety and efficacy.

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.

OVERALL ASSESSMENT

A. Placebo Group- 63 cases with a Dbl Blind System and no Treatment

There were no cases of patients who reported a negative Improvement.

There were

19 cases reporting no improvement of Symptoms, 30% of group
12 cases reporting no improvement in feeling better, 19% of group
13 cases reporting no improvement in stress reduction 20% of group

12%--- Percentage of Improvement in Symptoms
15%--- Percentage of Improvement in Feeling Better
2%---. Percentage of Improvement Measured
12%-- Percentage of Improvement in Stress Reduction
3%---- Percentage of Improvement in SOC Behavior
B. Subspace Treatment 75,688 patient visits

There were 45 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

C. SCIO Harness Treatment 190,312 patient visits

There were 65 cases of patients who reported a negative Improvement.

There were

532 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
GROUPS B+C - SOC Index 150 or below = B, above = C

B. Subspace Treatment 35,621 patient visits SOC Index 150 or below

There were 25 cases of patients who reported a negative Improvement.

There were

123 cases reporting no improvement of Symptoms, .003% of group
211 cases reporting no improvement in feeling better, .004% of group
97 cases reporting no improvement in stress reduction .004% of group

38%--- Percentage of Improvement in Symptoms
48%-- Percentage of Improvement in Feeling Better
20%--- Percentage of Improvement Measured

48%-- Percentage of Improvement in Stress Reduction
13%---- Percentage of Improvement in SOC Behavior

B. Subspace Treatment 40,067 patient visits, SOC Index 150 or below

There were 20 cases of patients who reported a negative Improvement.

There were

310 cases reporting no improvement of Symptoms, .008% of group
356 cases reporting no improvement in feeling better, .009% of group
225 cases reporting no improvement in stress reduction .007% of group

32%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
16%--- Percentage of Improvement Measured
54%-- Percentage of Improvement in Stress Reduction

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

C. SCIO Harness Treatment 101,832 patient visits SOC Index above 150

There were 45 cases of patients who reported a negative Improvement.

There were

213 cases reporting no improvement of Symptoms, .002% of group
230 cases reporting no improvement in feeling better, .006% of group
143 cases reporting no improvement in stress reduction .005% of group

67%--- Percentage of Improvement in Symptoms
54%---- Percentage of Improvement in Feeling Better
28%----.Percentage of Improvement Measured

C. SCIO Harness Treatment 88,480 patient visits, SOC Index above 150

There were 45 cases of patients who reported a negative Improvement.

There were

213 cases reporting no improvement of Symptoms, .003% of group
529 cases reporting no improvement in feeling better, .004% of group
317 cases reporting no improvement in stress reduction .002% of group

64%---- Percentage of Improvement in Symptoms
56%---- Percentage of Improvement in Feeling Better
22%----.Percentage of Improvement Measured
Discussion:

There are several quite apparent results from our study. First the safety of the device is firmly established as a minimal risk. There is an insignificant report of negative results and no reports of any significant problems.

Second the difference in the placebo group versus the subspace group is significant although minimal. This proves the efficacy of the subspace therapy. There is a large difference in the harness group. This notes the large effect of the harness versus the subspace.

Next there is a significant difference in the SOC Index. Patients below SOC Index 150 had significantly better results in all conditions. This points to value of behavioral medicine interview and the need to reduce suppression and obstruction of cure ability.

The major findings are the significant positive effect on healing the SOC Index and the harness have. Users should note this result.

The significant measured criteria of the diseases will take volumes in reporting. There are case studies and measured criteria that will be presented. This will be in a continuation of this study in part 2. A list appears in the Appendix.
Appendix SCIO device description

To Whom It May Concern:

Re: Proprietary Rights of Medical Device known as- SCIO

Ownership of all software rights to inventor William Nelson, all rights assigned to QX ltd

Basic SCIO System Description

The SCIO system is a Universal Electro-Physiological Patient Interface. It can measure changes of electrical nature such as electro-potential, micro-amperage, voltage, galvanic skin resistance. This allows inference of oscillations, frequency, capacitance, electrostatic potential, inductance, electromagnetic potential, susceptance, reactance, micro-wattage, resonant frequency, oxidation potential, hydration potential, and proton versus electron pressure.

A subspace component of the software allows for a distance patient link using an intent driven quantic subspace interface.

The basic science was generated by Prof. William Nelson. His book the PROMORPHEUS was registered in its first form by the Library of Congress USA in 1982. Thus book introduces the concepts of the SCIO.

The basic technology was developed in 1985 and was registered as the EPFX in America in 1989. The EPFX stands for the acronym Electro-Physiological Feedback Xroid. A Xroid is the rapid testing of homeopathic medicines by an electrical reactivity device. The reactions are of a ionic nature as they reflect electro-potential changes. The speed of ionic exchange in the human body is approximately one hundredth of a second. So a computer device was needed for such testing.

Analysis of the trivector field of a homeopathic is developed in this work and patented in Ireland in 1995. All substances have a particular volt-ametric or polography field. By description of the right hand rule all electrical activity takes place in three dimensions, Conductivity, Static, and Magnetic. An
advanced three dimensional field analysis device known as the QQC was made and patented by William Nelson.

Since the measure of galvanic skin resistance requires a applied current, the applied current could be of the trivector analysis variety. The applied current could also be used for electro- therapy. Aberrant electrical patterns of the patient could be corrected by application of electro-dynamic theory. When electricity flows thru healthy tissue it has a known result. When it flows thru injured or diseased tissue it has a different result. Application of electro-dynamic theory produces the ability of the SCIO device to treat and correct injured or diseased tissue. This process is known as rectification.

These trivector signatures could be computerized and duplicated by the computer. A quantic coherency test kit was coupled to the system to improve data. The SCIO was then able to measure before and after electro potential changes to determine reactivity and susceptance. Providing a reactivity profile. When this is done at biological speeds of about one hundredth of a second it is called the Xrroid.

Thus the SCIO system could measure the basic elements of the body electric. Aberrant reactivity patterns could also be corrected using the principles of bio-resonance in a process also known as rectification of electrical patterns.

The Electro-Physiological-Feedback-Xrroid / SCIO is also a biofeedback system. The definition of biofeedback is measuring a physiological response and feeding it back to the patient. Most of the devices feedback the information primarily to the conscious and thus then to the unconscious of the patient. The EPFX-SCIO system differs in that it feeds back the information or signal to the unconscious primarily and conscious secondarily. The unconscious should be directing these autonomic processes. So our device focuses on repairing the unconscious link directly.

Feedback of electro physiological processes are given as relaxation signals to the patient. The EPFX system measures a combination of the following physiological functions, voltage potential, current potential, skin resistance, Electro Physiological Reactance, Electro Physiological Susceptance, skin temperature and Frequency. These are the raw readings made at the extremities and the head harness. (see Diagram). The EPFX system applies a variant set of signals and then measures changes in the readings. The changes determine resonance, reactivity and coherency.
The QQC is a trademarked and proprietary process that does an analysis of the Polographic or voltametric three dimensional electrical pattern of a substance. This produces a substance electronic signature field. The Fields of these substances are sent into the patient via the harness. These variant patterns are of 0 Hz to mega Hz and of variant wave forms.

The total current is never over 5 milliamps. This represents a safe system rated as insignificant risk. All medical safety tests and quality control processes are applied.

The patient is evaluated before and after stimulation to measure any evoked potential changes that show patient reactivity. The type intensity and style of reactivity evoked potential offers insight into the patient health. Types of item reacting can be a link to therapy or deeper diagnosis.

The variant wave forms are trivector (voltammetric signatures of the Acupuncture points, nosodes, sarcodes, allersodes, etc.) This allows Electro-Physiological-Reactivity measurements (EPR).

The evoked potential differences (EPR) are used to show a provocative allergy component. Provocative allergy tests show how a patient reacts electro physiologically to an item. Changes in histamine and other allergic reactions are preceded by electrical reactivity.

The EPFX measures the Electrophysiologic Reactivity intensity of the patient to thousands of QQC trivector patterns. These are patterns of reactions to Sarcodes, Nosodes, Allersodes, Isodes, Nutritional, Acupuncture points, Herbal, Imponderable and Classic Homeopathics. The reaction patterns or profiles can relate disturbances of the patient. Therapies can then be arranged to develop harmonic reactions, desensitizations, biological resonance or rectification processes. Biofeedback is the operation that allows for the cybernetic loop of systemic feedback. The loop of measured reaction and bio-varied resonance response allow for a true feedback for self corrective Electro-physiological therapy. Hence it is called the Electro Physiological Feedback Xrroid or as known in Europe SCIO.

**Thus the SCIO device can perform the following functions**

1. Provocative Allergy Tests
2. Infection Reaction Testing and Immune Stimulation
3. Electro-Acupuncture

4. Neurological-Stimulation

5. Biofeedback-Psychological Interaction - Unconscious Interface

6. Muscle-Nervous System Reeducation

7. Homotoxicity and Homeopathy Scan

8. Injured or Diseased Tissue Detection and Repair

9. Dental Disease Detection and Repair

10. Superlearning

11. Electrophysiological Diagnosis and Therapy

12. Behavioral Management Profiles and Therapy

13. Chiropractic Analysis and Therapy

14. Bioresonance

15. Brain wave detection and correction

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

17. Report Development

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